

HIV prevention, care and treatment services for key populations in Nampula Province, Mozambique.

Marzio Stefanutto

Care & Treatment and TB Senior Advisor

ICAP Mozambique

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Background

Mozambique

- Estimated HIV prevalence in Mozambique: 13.2% (IMASIDA 2015)
- Number of PLHIV: 2,101,222 (Spectrum 6.06, 2021)
- Number of PLHIV on ART: 1,846,992 (ART coverage: 88%)
- Estimated 22% of FSW and 9% of MSM living with HIV (Spectrum v7.584; Shiny 90)

Nampula Province

- 23 districts and 246 government health facilities (HF)
- ICAP supports comprehensive HIV/TB prevention, care and treatment (C&T) services at 61 HF across 19 districts through CDC/PEPFAR funds.
- Estimated HIV prevalence: 5.7% (IMASIDA 2015)
- 55,151 initiated ART, 3,532 (6.4%) were KP (PEPFAR, FY22)
- 192,320 currently on ART, 6,736 (3.5%) are KP (PEPFAR, FY22)



Mozambique map

Stakeholder engagement

Coordination across multiple levels:

Government

- MOH
- National Council to Combat HIV/AIDS (CNCS)
- Mozambican National Directorate for Penitentiary Services (SERNAP)
- Provincial Health Directorate (DPS) and Provincial Health Services (SPS)
- Provincial Directorate for Penitentiary Services
- Provincial Health Focal Point for Penitentiaries

Implementing (clinical) partner

- ICAP

Community partners

- PASSOS (ICRH, LAMBDA)
- FDC (Watana, UNIDOS, LAMBDA, Ovarelelana)
- Other members participating in the provincial and district technical groups

Models and package of services provided for KP in Nampula Province

ICAP-supported DSD models:

- **Health facility** services
- **Community-based** services at hotspots through mobile units, which can be mobile clinics (MC) or double-cabin vehicles equipped with tents, foldable tables and chairs.
- Services in **prisons**

Logistics support:

- Transport and sample collection
- Transport HCW from HF to prisons on a monthly basis
- Allocate M&E tools and job aids
- Provide materials and consumables

HIV prevention and C&T services integrated with general health services in all models.

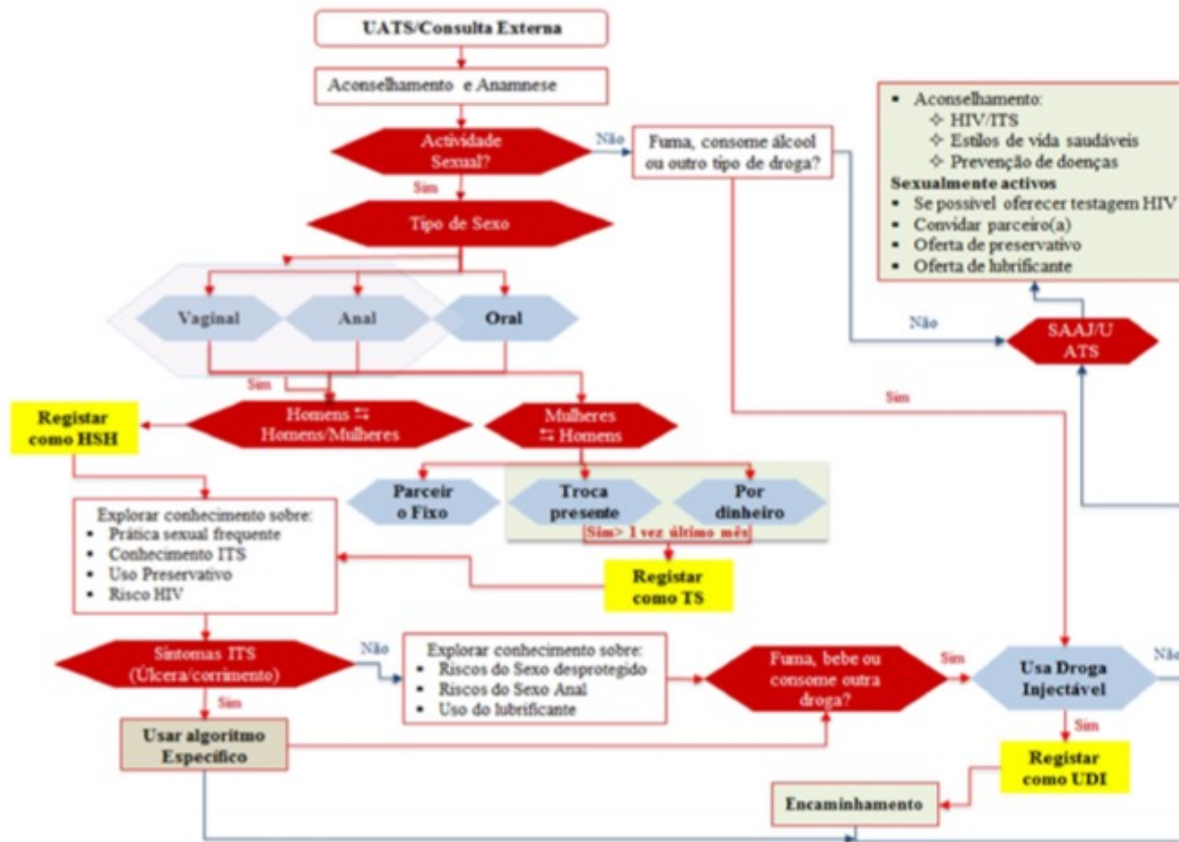
Services include:

- Outpatient consultation
- COVID-19 and HIV screening and testing
- Condom and lubricant distribution
- PrEP initiation and continuation
- STI and TB screening and treatment initiation
- Psychosocial support
- Sample collection (EID, VL and TB)
- Maternal and child health services (ANC, FP, at-risk children consultation, cervical cancer services)
- ART initiation and continuation including multi-month dispensing (3MMD, 6MMD, DDD)

Key Population MOH screening algorithm



ALGORITMO PARA AVALIAÇÃO DE COMPORTAMENTOS DE RISCO



Service model at supported HF to optimize HIV prevention and C&T services:

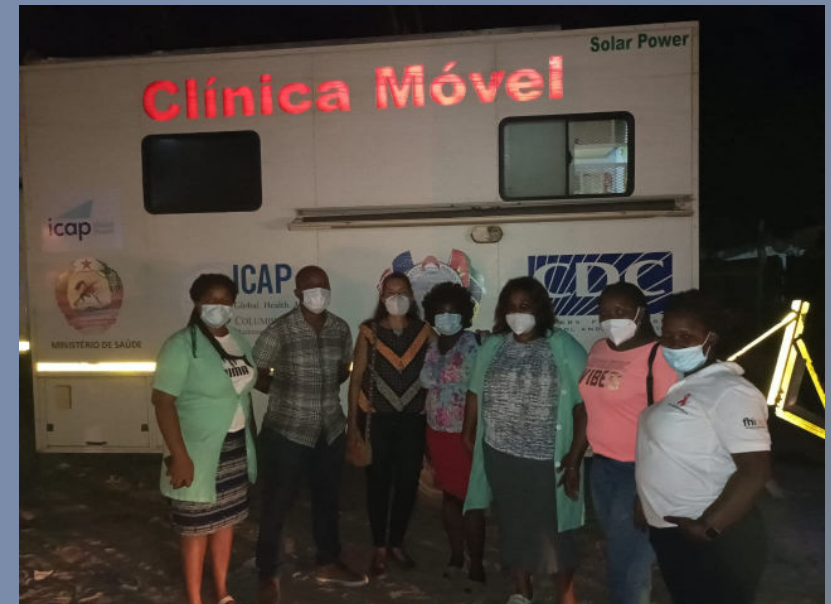
- Systematic screening of clients at all entry points (HTS points, consultations) using the MOH algorithm.
- Allocation of peers navigators to support linkage of clients referred from community outreach.
- Health care workers trained in the MOH stigma and discrimination reduction package.
- Weekly meeting at HF with community partners to discuss linkage and outreach activities for KP.
- Routine data triangulation at HF level to monitor KP cascade, including routine identification and linkage to services.
- Monthly district-led data review meetings to review KP prevention cascade and C&T services.

Mobile unit outreach

- HIV package delivered through 10 mobile units at 51 hotspots serving sex workers and clients, MSM and PWID.
 - KP-focused mobile units operate at night and on weekends in hotspots where PWID, FSW and clients of SW congregate.
 - KP-focused mobile unit operates at Lambda office where MSM congregate.
 - Venues are mapped and updated monthly to adjust for demand and target performance.
 - Frequent refresher trainings for community partner's peer educators to create demand for MC services.
 - Clients are mobilized and escorted by peers while the clinics are there.
- HIV services also delivered through 21 mobile units at selected communities serving general populations, including KP.
- Mobile units are staffed by ICAP staff (including a clinical officer, lay counselor, MCH nurse, and MC driver); or HF staff (including a clinical officer, MCH nurse and lay counselor), with ICAP support for logistics and fees.



Lambda office MSM hotspot



Hotspot in Nampula City

Service models at prisons in Nampula

Model 1 – prison health post and staff (5 prisons)

- Minor renovations and allocation of medical, office and M&E/support material
- Identification and training of prison staff to provide clinical services, including cervical cancer screening at the female prison.

Model 2 – mobile unit (12 prisons)

- Services provided within the prison compound using ICAP vehicles with tents, foldable tables and chairs, or utilize existing space within the prison

Both Models

- TA/mentoring provided on fortnightly or monthly basis by provincial and HF ICAP focal point
- Technical and logistic support for sample collection and transport
- Data reported through prison-based EPTS or the referral HF

Data used to track and improve treatment outcomes

- Monitoring of VL coverage and suppression
- Monthly discussion of HIV cascade data (HTS, PrEP, TX_New, TX_Curr, TX_PLVS) using data stratified by KP subgroups
- Weekly EPTS-based report to identify KP clients eligible for VL

C	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ
Semana 10 a 14 Outubro 2022																					
Numerador PVLS D Q1FY23					% cobertura CV Q1FY23					# Pacientes com CV Suprimida Q1FY23					% Supressao CV Q1FY23						
Total KP	People who inject drugs (PWID)	Men who have sex with men (MSM)	Female sex workers (FSW)	People in prison and other closed settings	Total KP	People who inject drugs (PWID)	Men who have sex with men (MSM)	Female sex workers (FSW)	People in prison and other closed settings	Total KP	People who inject drugs (PWID)	Men who have sex with men (MSM)	Female sex workers (FSW)	People in prison and other closed settings	Total KP	People who inject drugs (PWID)	Men who have sex with men (MSM)	Female sex workers (FSW)	People in prison and other closed settings	Total KP	
All Sites	3778	56	969	2592	161	71%	49%	76%	70%	62%	3613	50	919	2496	148	96%	89%	95%	96%	92%	3820
Nacala Porto CS I	878	3	322	519	34	86%	300%	86%	86%	77%	872	3	320	515	34	99%	100%	99%	99%	100%	878
Nacala Porto HD	122	6	7	108	1	82%	100%	100%	80%	100%	120	6	6	107	1	98%	100%	86%	99%	100%	124

LISTA DE PACIENTES ELEGIVEIS PARA CARGA VIRAL (v3.9.1)

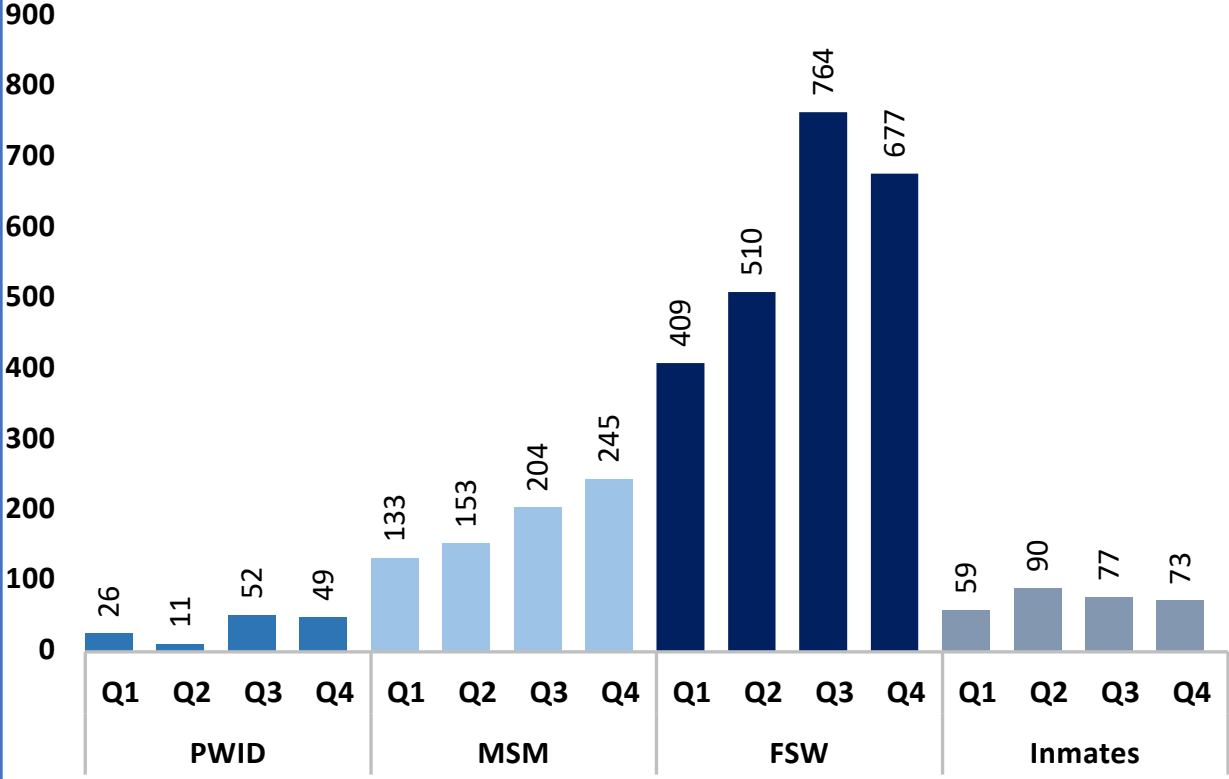
UNIDADE SANITÁRIA: CS Urbano - Nacala

Periodo de 15-11-2022 Até 16-11-2022

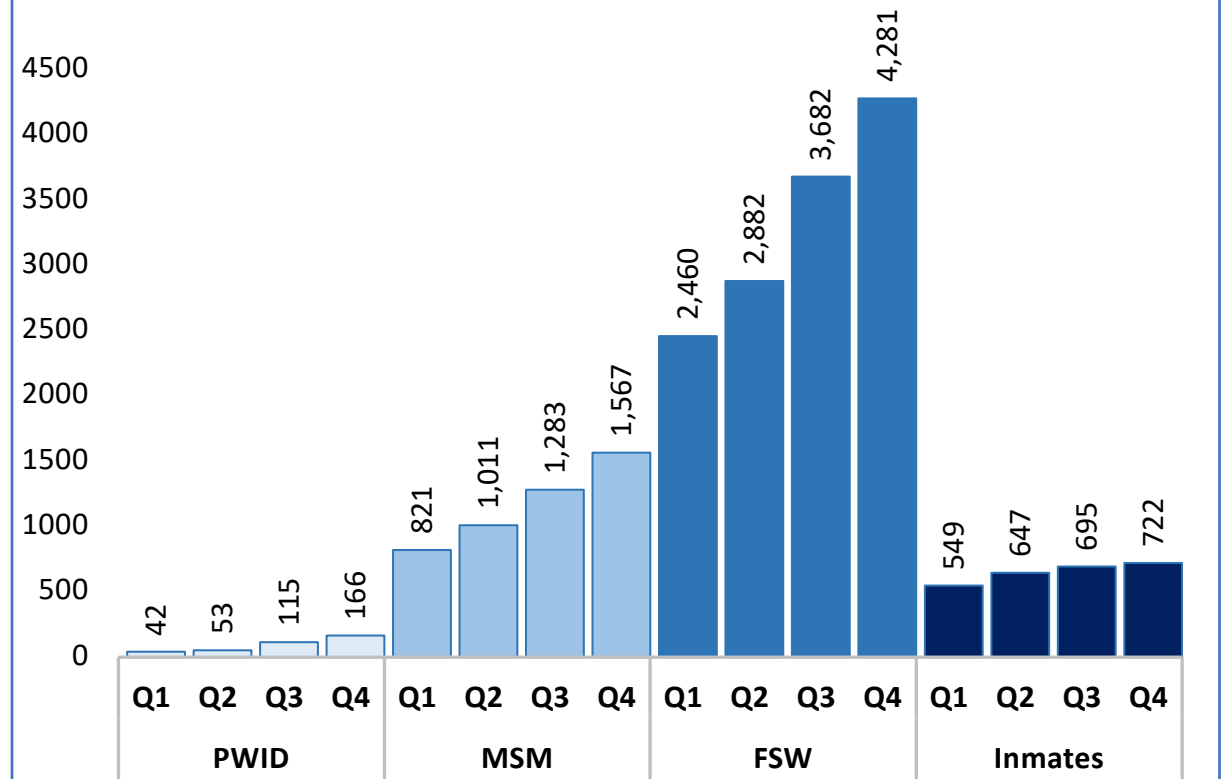
NID	NOME	SEXO	IDADE	DATA DE INICIO TARV	DATA DO RE-INICIO TARV	LINHA TARV	REGIME	DATA DA TROCA DO REGIME	DATA DA ÚLTIMA	RESULTADO	CARGA VIRAL		CONSULTA		LEVANTAMENTO		POPULAÇÃO CHAVE
											DATA DA ÚLTIMA	RESULTADO	DATA DA ÚLTIMA	DATA DA PROXIMA	DATA DO ÚLTIMO	DATA DO PROXIMO	
		F	54	28-01-2020		PRIMEIRA LINHA	TDF+3TC+DTG		15-06-2021	-50	10-08-2022	08-11-2022	10-10-2022	09-11-2022		MTS	
		F	28	06-01-2021		PRIMEIRA LINHA	TDF+3TC+DTG		16-11-2021	-50	04-05-2022	02-11-2022	04-10-2022	03-11-2022		MTS	

Results: HIV care and treatment among KP in 59 HF, Nampula FY22

TX_New trend by subgroups Q1-Q4

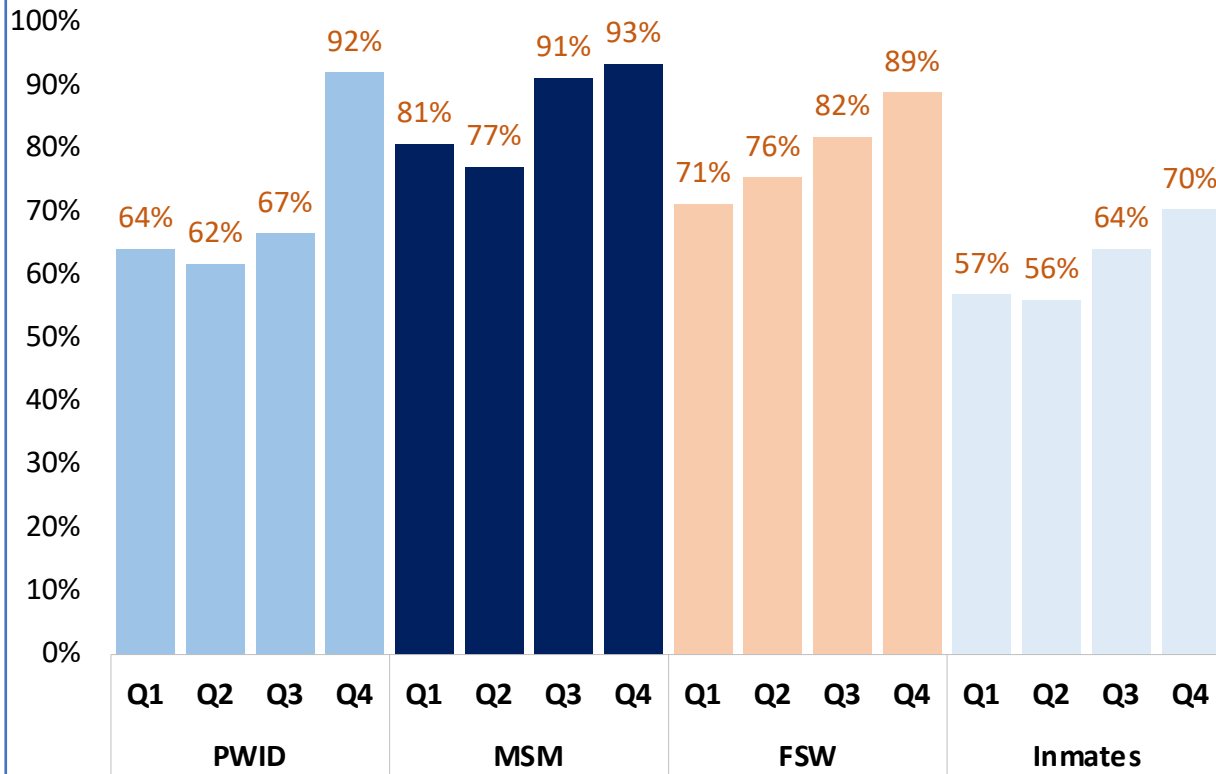


TX_CURR trend by subgroups Q1-Q4

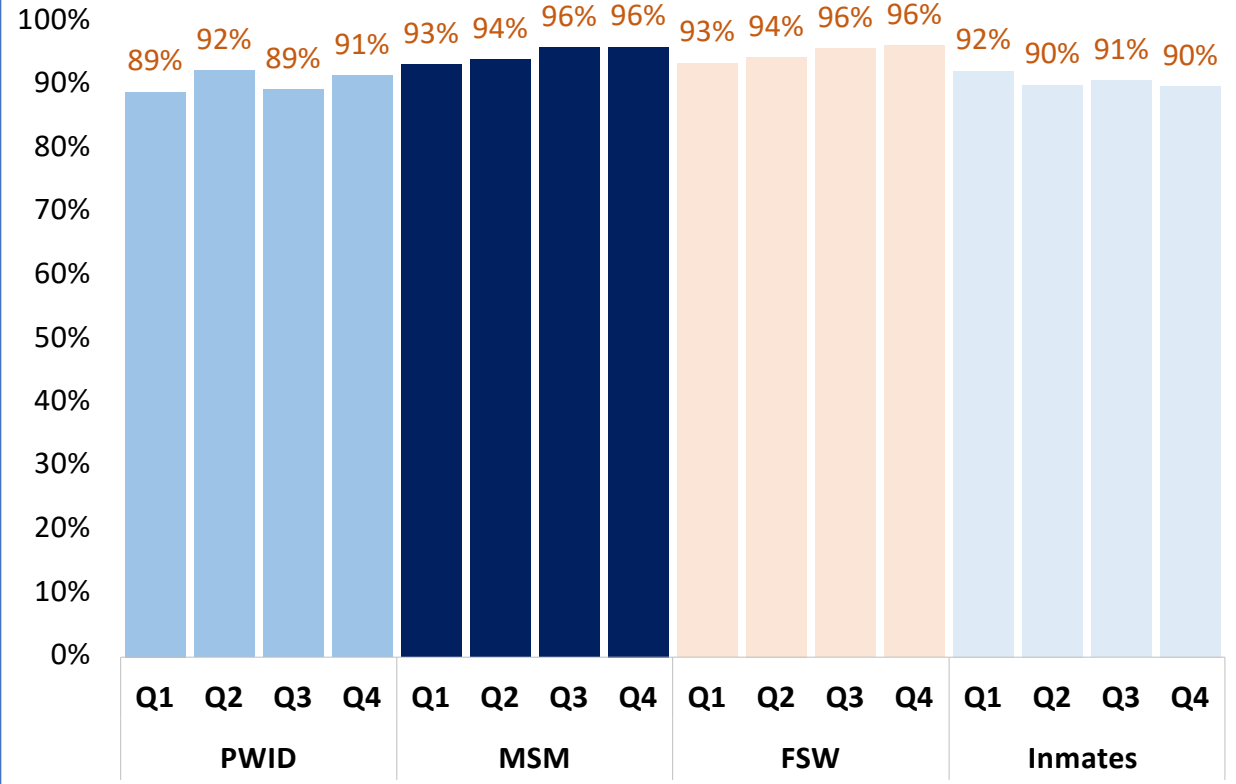


Results: Viral load coverage and suppression among KP in 59 HF, Nampula FY22

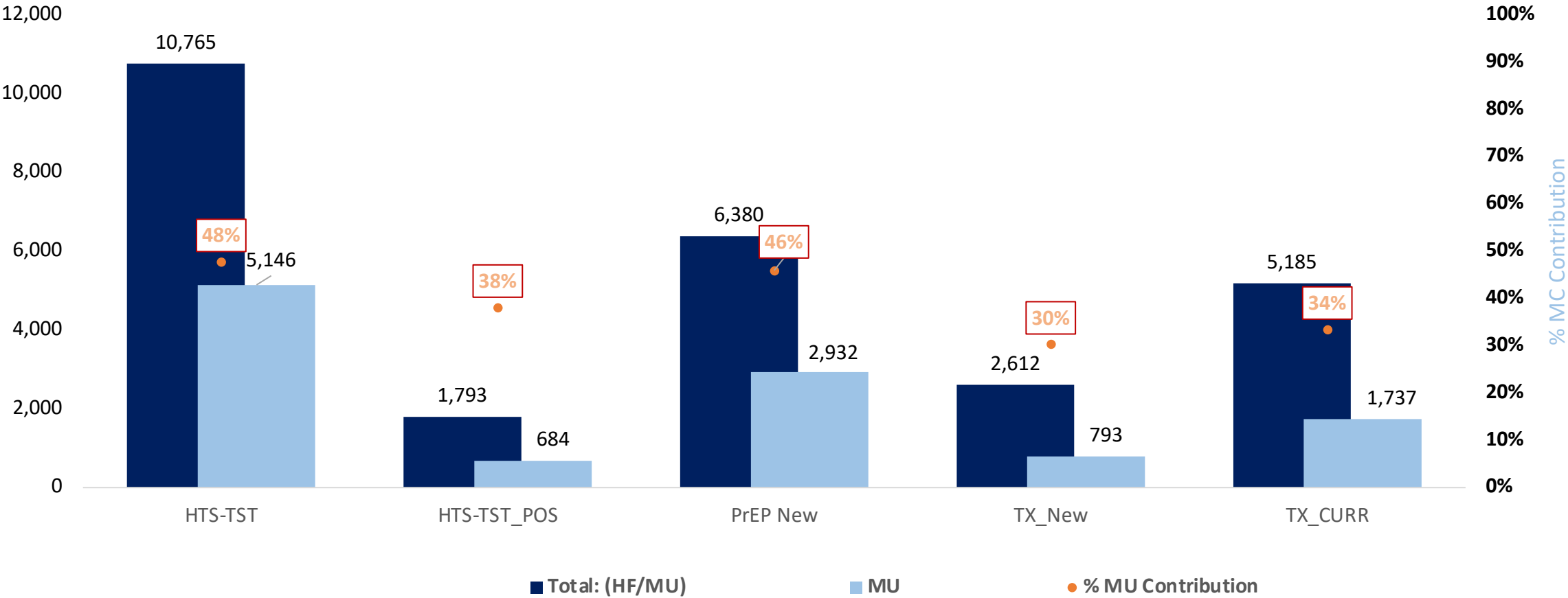
Viral Load Coverage (%)



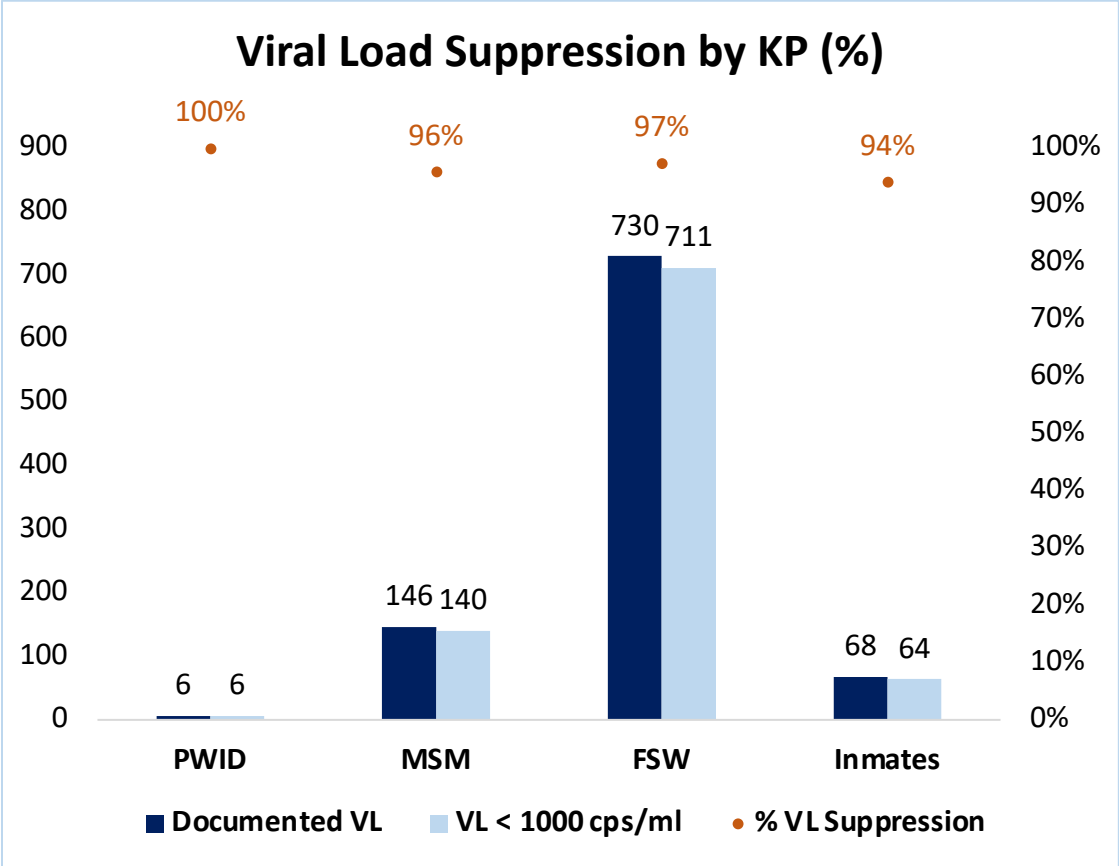
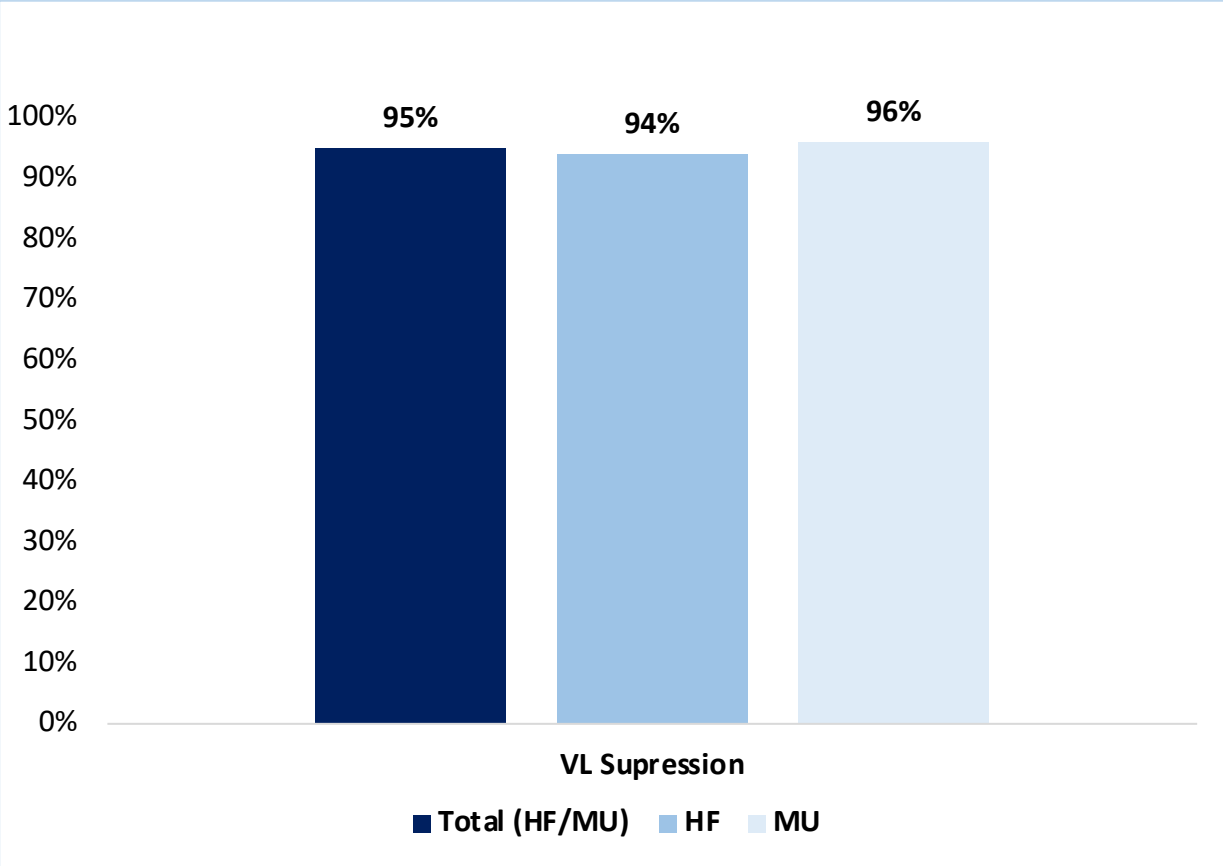
Viral Load Suppression (%)



Prevention and C&T results: Mobile unit contribution to performance at 14 HF with nearby hotspots, FY22



Comparison of VL suppression at 14 HF with nearby hotspots, Q4FY22



Lessons learned

- Involvement of KP community partners is crucial to address gaps in access to HIV prevention, care and treatment at both community and HF level
- Implementation requires flexibility; service delivery should be contextualized according to the needs of each subpopulation
- Implementing mobile units at community level improved health service provision for FSW and MSM in Nampula
- Utilizing different service delivery models, including mobile units increased access to essential HIV prevention and care and treatment interventions for underserved populations, such as prisoners
- Close coordination with provincial penitentiary directorates is essential for successful implementation

Way forward

- Align ICAP-supported DSD models for KP with the new MOH guidelines on DSD models (to be released in early 2023).
- Strengthen collaboration with KP community partners to provide and/or increase access to health prevention and care for lesbians, transgender people and PWID.
- Coordinate with KP community partner for post-release interventions for ex-inmates.

Thank you!

