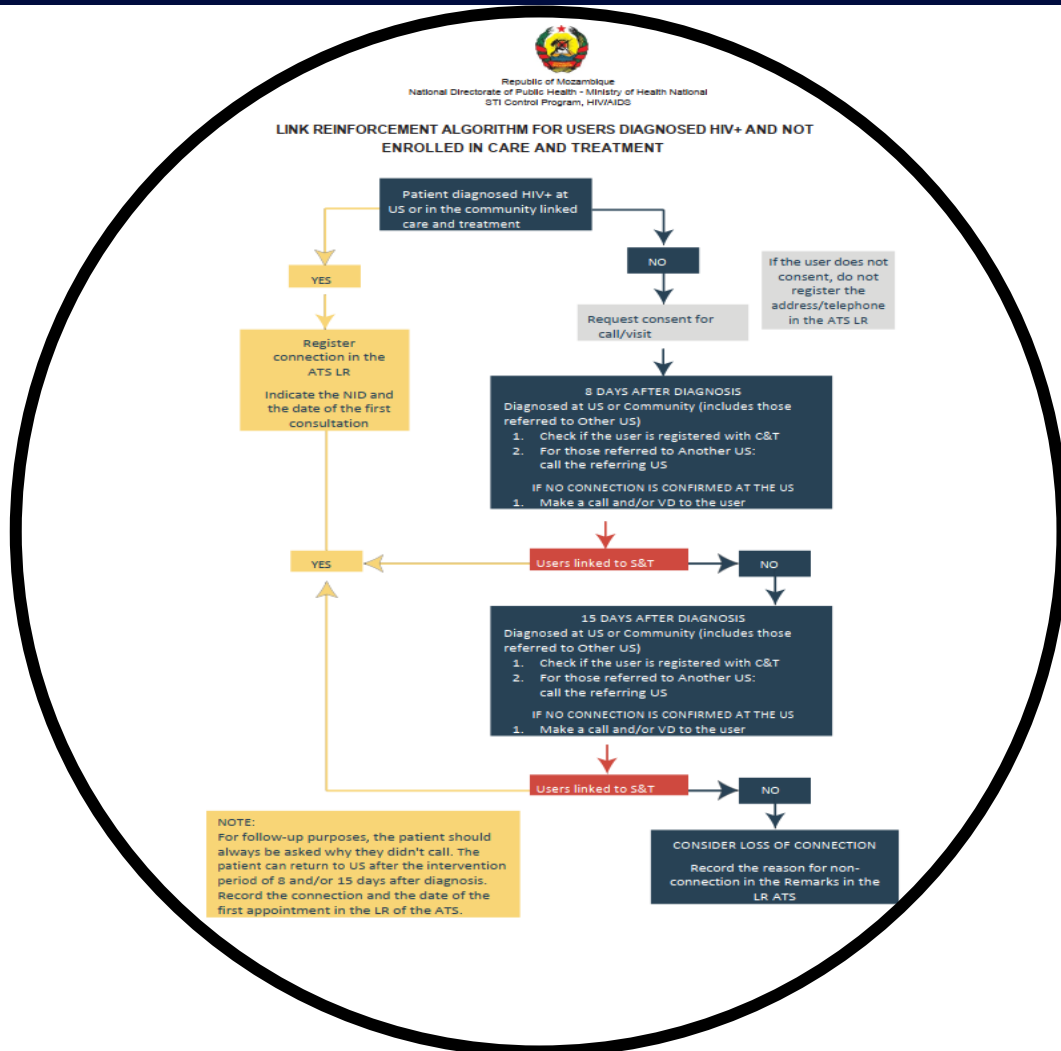


Strengthening Linkage to Treatment for Newly Identified People Living with HIV

Experience from Mozambique



Background



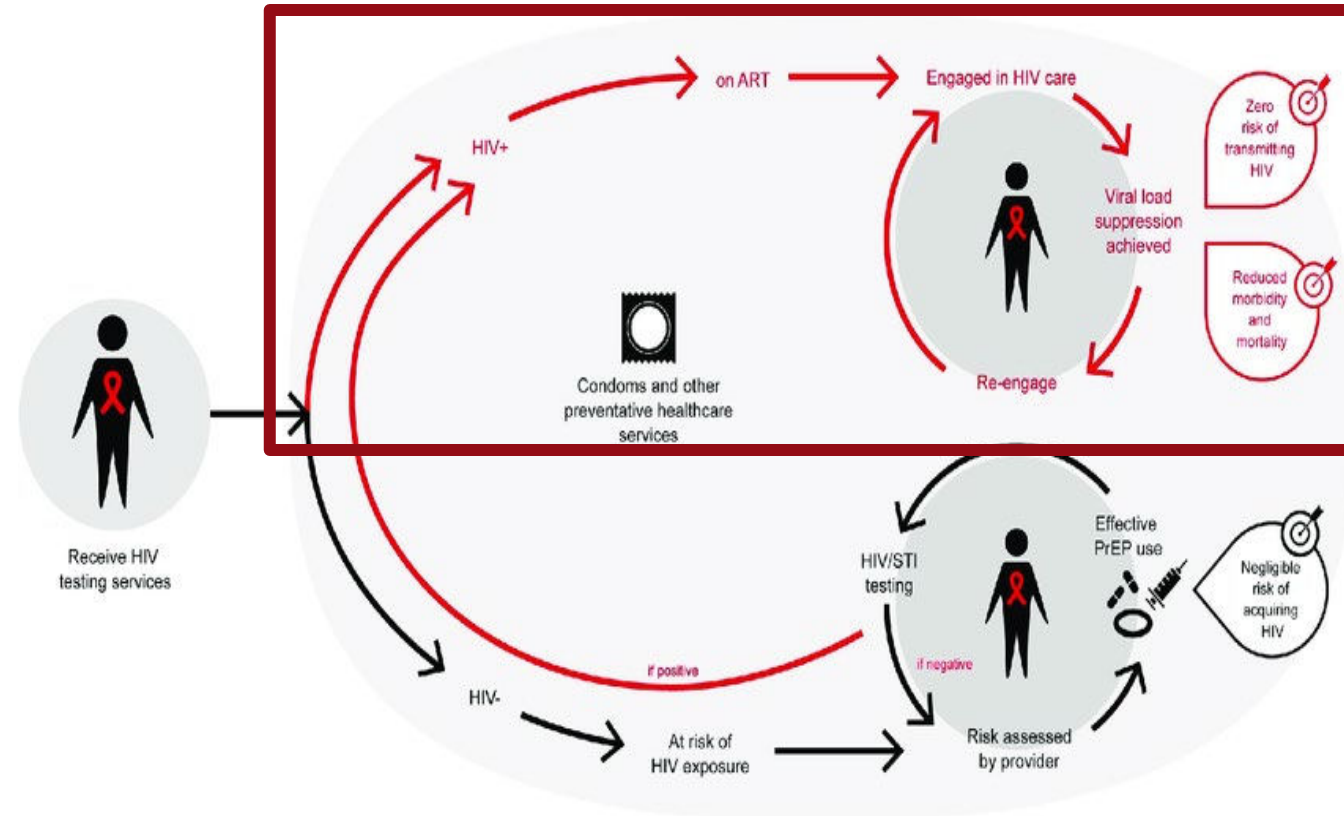
Despite advances in HIV testing and treatment, some newly diagnosed individuals do not promptly enter care programs, which can lead to worsened health outcomes and increased risk of HIV transmission.

Mozambique has a national linkage reinforcement algorithm for newly identified HIV-positive patients not enrolled in HIV care and treatment to ensure standard intervention at countrywide.

Why Linkage Reinforcement Matters?

Linkage reinforcement focuses on identifying barriers to care, providing support and resources, and ensuring that newly diagnosed HIV-positive individuals are effectively connected to the healthcare system.

By reinforcing linkage to care, it aims to improve individual health outcomes, enhance retention in care, and contribute to the broader goal of controlling and ultimately ending the HIV epidemic.



Core Interventions of the Linkage Reinforcement Algorithm

Newly identified HIV-positive individual at the health facility and/or in the community not linked to HIV C&T

8 days after the diagnosis:

- (1) check if the patient is enrolled in the C&T
 - (2) For those referred to other health facilities, make a call to the reference health facility to confirm the patient's linkage
- If there is no confirmation of linkage to care and treatment at the health unit, a phone call should be made and/or a home visit to the patient should be conducted to explore the reasons for non-linkage and provide psychosocial support

15 days after the diagnosis:

- (1) check if the patient is enrolled in the C&T;
 - (2) For those referred to other health facilities, make a call to the reference health facility to confirm the patient's linkage
- If there is no confirmation of linkage to care and treatment at the health unit, a phone call should be made and/or a home visit to the patient should be conducted to explore the reasons for non-linkage and provide psychosocial support

Note:

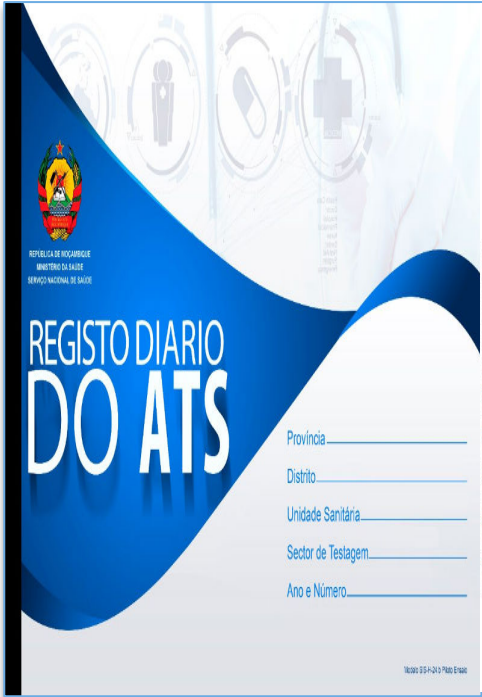
For follow-up purposes, always ask the patient the reason for non-linkage.

The patient may return to the health facility after the intervention period of 8 and/or 15 days post-diagnosis.

Record in the daily ATS register book the linkage and the date of the first consultation

Core Interventions of the Linkage Reinforcement Algorithm

HTS register book used to document the linkage



DAILY ATS LOG
 Page 1

| Date year-month-day | Client age | Sex | Prog. Chain & Missions | 1 Contacts (How many contacts) | | TEST RESULTS | | Results by Age Group and Sex | | | | | | | | | | | | History of Testing | |
|------------------------|------------|-----|------------------------|--------------------------------|----------|--------------|----------|------------------------------|--|--|--|--------------|--|--|--|----------|----------|--|--|--------------------|--|
| | | | | 1st Test | 2nd Test | 1st Test | 2nd Test | Negative (-) | | | | Positive (+) | | | | 1st Test | 2nd Test | | | | |
| 1 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
| 2 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
| 3 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
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| 6 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
| 7 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
| 8 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
| 9 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
| 10 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
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| 34 | | | | | | | | 15-24 | | | | 25-34 | | | | | | | | | |
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Left Page (HTS)
 Use: To register HIV testing data

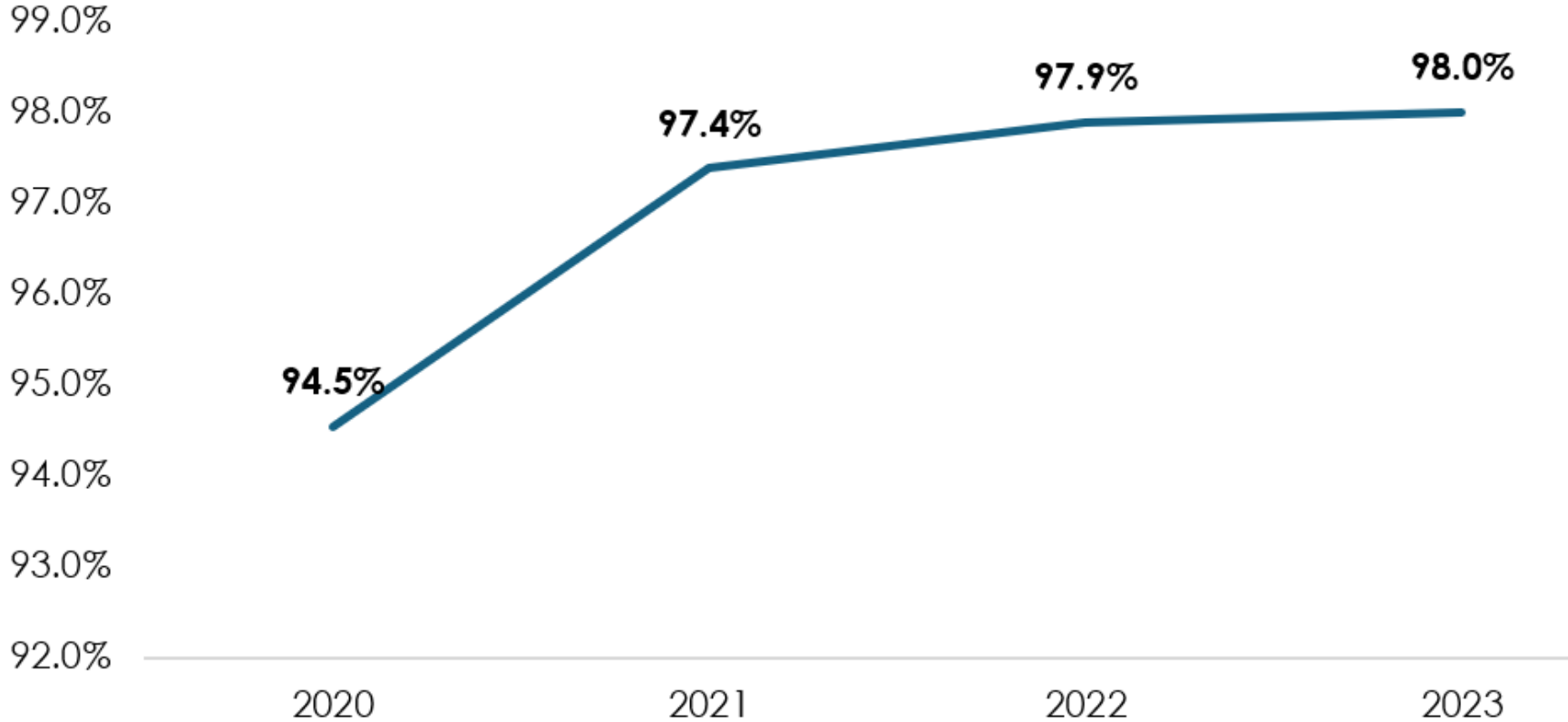
CLINICAL LIAISON AND CONTACTS
 Page 2

| Name | Address / Telephone (only fill in if the client has given consent) | Clinical Follow-up US | | Connection confirmation | Eligible Contacts | | | | Observation (Pre-TARV/TARV registration in the past, transfers, provision of other services such as TB treatment, etc.) | |
|------|---|-----------------------|-------------|-------------------------|-------------------|-------------|-------------|-------------|--|----|
| | | In care US | Not in care | | 1st Contact | 2nd Contact | 3rd Contact | 4th Contact | | |
| | | | | | | | | | | |
| 45 | 45 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 |
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Right Page (Linkage and contacts)
 Use: To register HIV testing data
 Use: Monitor linkage to care of all HIV+
 Monitor eligible contacts for HIV testing

Linkage to care 2020- 2023

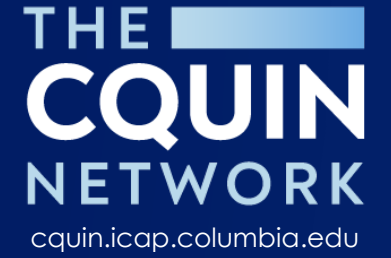
% Newly diagnosed with HIV linkage to care



Linkage have been increased over the year (94.5% vs 98.0% from 2020 to 2023)

Lessons Learnt from Implementation

- Linkage reinforcement interventions typically include provision of psychosocial support and counseling which further help patients overcome stigma and discrimination associated with HIV
- Prompt linkage to care facilitates early initiation of antiretroviral therapy (ART)
- Structured linkage to C&T can improve patient retention in care, ensuring they receive continuous medical attention and support
- Effective linkage to C&T can lead to viral suppression, reducing the likelihood of HIV transmission to others



Thank You!

