

Differentiated Care to Expand Access to HIV and Supportive Services in Maputo City

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Demographic data

- Mozambique - total population: 28.8 million
 - **Maputo city: 1,1 million**

- Mozambique – Prevalence: 13,2%
 - **Maputo City: 16,9% (IMASIDA 2015)**

- Mozambique – Stimated number of PLHIV: 2.1 million
 - **Maputo City 127,840;**
Children count for 6%

- Mozambique – Number of new HIV infections: 126.165 (~ 346 per day);



Healthcare sector – Maputo City

37 Health facilities:

- 1 Central Hospital
- 1 Provincial Hospital
- 5 General Hospitals
- 30 Primary care facilities offering ART treatment

All facilities are implementing test and treat strategy



Differentiated care models available

- **One-stop shop** (maternal and child consultation; TB sector; and adolescents and youth friendly services);
- **Fast flow:** one- or three-month delivery ART
- Community adherence support group;
- Adherence Club (newly implemented – early 2019);
- Family approach.

Differentiated care model: objectives

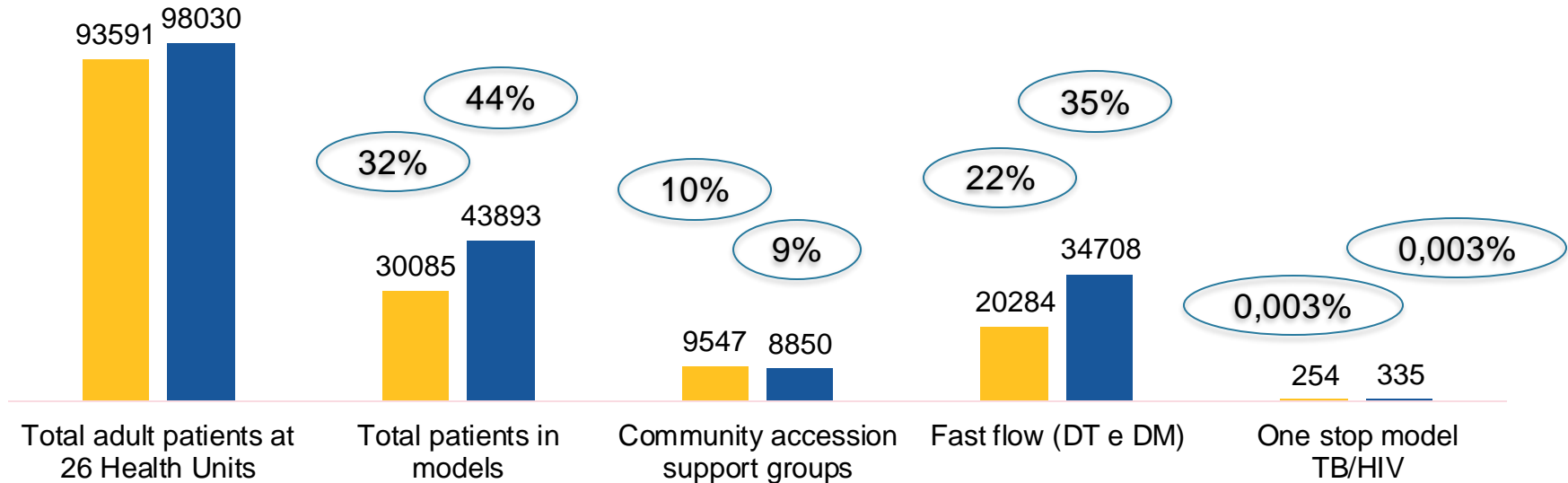
Differentiated Care Model	Advantages
One stop shop	Provide integrated patient and family care in a single consultation office
Fast Flow	Reduce patient's length of stay in the health facility
Community adherence support group	Reduce the frequency of patients visiting the Health facility
Adherence Club	Provide integrated patient and family care in a single consultation office; meetings are held outside the HF; Allows experience exchange between patients
All	Workload reduction for health care provider Accession Improvement; Increase retention rates

Differentiated care model: coverage



Differentiated Care Model	Number of implementing HF	Coverage
One stop model	31	84%
Youth friendly services (SAAJ)	7	19%
Fast flow: 1 month drug distribution	37	100%
Fast- flow: 3 months drug distribution	29	78%
Community adherence support group	31	84%
Adherence Club (started early 2019)	3	8%
Family approach	37	100%

Adult Patients in Differentiated Care Models (without PW and BFW) – 2018 vs 2019



Challenges

	Challenge
Patients level	Poor compliance with the follow-up schedule, adherence
	Poor knowledge of differentiated care models
	High patient mobility (self-transfers without informing the health facility)
Health facility level	Weak domain of the inclusion criteria for the models
	Poor management of clinical records
Health system: Monitoring and evaluation	Inability to measure retention of patients included in each model (work in progress)

Lessons Learned

- Differentiated care models improved patient's quality of life;
- Is important to have in-service training sessions with clinicians/ providers for better inclusion of patients in the models;
- It improves patient engagement with services provided in health facilities.

Acknowledges

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- Maputo City Health Directorate (DSCM);
- Health Collaboration Center (CCS);
- Ministry of Health (MISAU).



Thank You!