Case Study
Maputo City
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Director of Health in Maputo City Council
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- Impacts of COVID-19 on Family Planning
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Mozambique is a country on the eastern coast of southern Africa, bounded by:

North – Tanzania to the north;
Northwest – Malawi and Zambia;
West – Zimbabwe, South Africa and Swaziland;
South – South Africa;
East – Indian Ocean, Mozambique Channel

City of Maputo - Capital of the Country
Population: 1,120,867 inhabitants (INE, 2017)
Population density: 3,224 inhabitants/Km²

- 36 Health Facilities (including 6 Hospitals)
- Doctor/inhabitant ratio: 1/5559
- Nurse/inhabitant ratio: 1/754
- Number of PLWHIV: 144,387
- New infections estimated/year: 3,700
- Maputo HIV prevalence: 16.9% (15 - 49Y)
- National HIV prevalence: 13.2% (15 - 49Y)

Source: IMASIDA 2015 Spectrum version 5.87
CHRONOLOGY OF COVID-19

- 22/03: First COVID-19 case diagnosed
  - An imported case
  - 30/03: State of Emergency
- April: 15 cases; Created a Center for COVID victims
- May: 33 cases; Intensified testing capacity
- 18/06: first death from COVID-19
  - June: 92 cases
  - July: 223 cases
- August: 951 cases
- 22/03: First COVID-19 case diagnosed
- 10/08: community transmission declaration (3rd place in country)
- COVID-19 prevalence study conducted
  - August: 951 cases
- September: Exponential rise in cases
  - Currently 1.781 cases and 15 deaths (Sept 9, 2020)

Maputo city concentrates most cases in the country 25%
<table>
<thead>
<tr>
<th>Category</th>
<th>Cumulative</th>
<th>Last 24H</th>
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<tbody>
<tr>
<td>Tested</td>
<td>107,758</td>
<td>675</td>
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<tr>
<td>Positive</td>
<td>4,764</td>
<td>58</td>
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<tr>
<td>Recovered</td>
<td>2,763</td>
<td>141</td>
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<tr>
<td>Death</td>
<td>28</td>
<td>0</td>
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<tr>
<td>Active Cases</td>
<td>1,969</td>
<td>58</td>
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</table>
EPIDEMIOLOGICAL SITUATION

Evolution of COVID-19 in Maputo City

COVID cases by Age groups

COVID cases by Sex

Distribution by sex
Methodology

- Qualitative Rapid Test (Panbio Abbott)
- Detects the presence of antibodies against the new Coronavirus: IgM and/or IgG
- Participants: 10,237 being
  - Professional groups = 54%
  - Community = 46%
- Duration: 19 days (August)

Preliminary results

- Community exposure rate = 3.79%
- Adolescents/young adults and elderly people are more exposed to Coronavirus ≈ 4.4%
- All professional groups are affected, with market and store vendors most exposed to the New Coronavirus.
- Market employees have the highest SARS-CoV-2 exposure rate = 5.22%
- Among health professionals, lab technicians have the highest exposure rate = 3.64%
- Majority of those exposed are asymptomatic = 70.62%
CURRENT SITUATION OF COVID-19 IN THE MUNICIPALITY OF MAPUTO

- Tested: 13977
- Positives: 1781
- Recovered: 605
- Deaths: 15
- Active: 1168

Positivity Rate: 12%
Current Situation of HIV in Maputo City

New ART 2019/2020

<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>January</td>
<td>1867</td>
<td>1524</td>
</tr>
<tr>
<td>February</td>
<td>2202</td>
<td>2069</td>
</tr>
<tr>
<td>March</td>
<td>2051</td>
<td>2165</td>
</tr>
<tr>
<td>April</td>
<td>1789</td>
<td>1467</td>
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<td>May</td>
<td>1939</td>
<td>1363</td>
</tr>
<tr>
<td>June</td>
<td>1862</td>
<td>1246</td>
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16% decrease

Active ART 2019/2020

<table>
<thead>
<tr>
<th>Month</th>
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<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>140248</td>
<td>155991</td>
</tr>
<tr>
<td>February</td>
<td>146055</td>
<td>146213</td>
</tr>
<tr>
<td>March</td>
<td>146422</td>
<td>148536</td>
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<tr>
<td>April</td>
<td>149081</td>
<td>142691</td>
</tr>
<tr>
<td>May</td>
<td>1524</td>
<td>144479</td>
</tr>
<tr>
<td>June</td>
<td>2069</td>
<td>144427</td>
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</table>

1% decrease
Some services for PLHIV were interrupted specially, community activities such as counseling and testing in community as well as household follow up visits.

Community visits to support adherence and engagement in care were replaced by phone calls made by care providers and community workers.

In order to keep providing care to PLHIV, the following Pillars of uninterrupted provision of HIV services are being observed:

- Reinforce infection control measures and patient education;
- Reduce patient visits to health units (3/6 months ART delivery and 6m appointments);
- Implement the policies and operational norms of the HIV program in the best way in the context of a national emergency.
Child at Risk (HIV) Consultations

- Suspension of home visits to support adherence to ART;
- Use of telephone calls to reintegrate / re-engage in ART.

**Preventive measures adopted:**

- Reinforcement of identification / inclusion in differentiated care models (quarterly dispensation; adhesion clubs);
- Quarterly ARV dispensation for those on ART for more than 3 months (regardless of CD4 and CV) as long as they are in good clinical condition.
- Psychosocial telephone support for everyone for more than 3 months of treatment (Support and reintegration interventions)
Preventive measures adopted

- Creation of additional ART pick-up points → reducing high flux of patients in pharmacies/HF;
- Management of queues and spaces of health units by administrative assistants
- Supply chain for drugs and consumables
  - Intensification of the monitoring of ARV stock, treatment drugs for opportunistic infections and prophylaxis and guaranteed availability of ARV for quarterly delivery

Human Resources

- Allocation of lay personnel to:
  - Dissemination of educational messages about Covid-19
- Support the integrated flow of screening for suspicious signs and symptoms of Covid-19
% of Patients in differentiated care models

January: 69%
February: 73%
March: 74%
April: 82%
May: 89%
June: 92%
July: 93%
August: 93%
Lessons learned in relation to emerging pandemic preparedness and resilience to response:

- PLHIV because they already have a chronic pathology, they are the most careful with their health, obeying preventive measures, they serve as a good example for other people.
- Use of the mask has become common.
- Among all, massification of the successful use of virtual platforms for mentorship and patient monitoring.
Impact of COVI-19 on New Users in family planning consultation

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<tbody>
<tr>
<td>2019</td>
<td>5452</td>
<td>6300</td>
<td>5847</td>
<td></td>
<td>3589</td>
<td>3766</td>
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<tr>
<td>2020</td>
<td>7787</td>
<td>8586</td>
<td>8391</td>
<td>8408</td>
<td>10078</td>
<td>10900</td>
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</table>

46% decrease
Continuity of family planning services

- Provision of door-to-door family planning methods by Maternal and Child Health nurses, thus avoiding clusters that mobile brigades could cause.
- Training of other community agents in order to spread the supply of contraceptives in the community.
Maputo PWUD Center
Background Information

- Integrated Biological and Behavioral Survey Among PWID, 2013/2014 showing 50% and 44% of HIV and HCV prevalence in PWID
- Mode of Transmission study Moz - 29% of new infections by key population
- Current law criminalizing PWUD (in revision)
- Currently no actors providing Harm Reduction services besides Mafalala pilot
- Willingness from Government to move towards Harm Reduction: MoH, Cabinet for Drugs Prevention and Traffic, National Aids Council
- WHO current consultancy supporting MoH on Harm Reduction Plan
Virtual Fast-Track Cities 2020 • September 9-10, 2020

Opioid substitution treatment

Anti-retroviral treatment

HIV Testing and Counseling

Distribution of condoms

IEC

Distribution of needles and syringes

Prevention and treatment of STIs

Management of viral hepatitis

Management of tuberculosis

Overdose management

Maputo PWUD center (harm reduction package)
### Achievement, Challenges & Way Forward

<table>
<thead>
<tr>
<th>Achievements</th>
<th>Challenges</th>
<th>Way forward</th>
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</thead>
<tbody>
<tr>
<td>• 1st Harm reduction intervention in Moz</td>
<td>• Full Harm reduction package not implemented</td>
<td>• Differentiated Models of Care, including decentralization of care</td>
</tr>
<tr>
<td>• High community acceptance</td>
<td>• Low women/men ratio</td>
<td>• Identification and link to services of PWID through a peer leded intervention</td>
</tr>
<tr>
<td>• Harm reduction Plan and Guidelines being drafted</td>
<td>• Prioritizing access to health care to PWUD</td>
<td>• Increase needle and syringe distribution coverage</td>
</tr>
<tr>
<td>• Law revision being currently revised – aiming to ensure harm reduction</td>
<td>• No guidelines or other full harm reduction service available</td>
<td>• Harm reduction Guidelines</td>
</tr>
<tr>
<td></td>
<td>• Great impact of criminalization of drug use on access to health services</td>
<td>• Law revision ensuring Harm reduction and decriminalization of PWUD or alternative policies.</td>
</tr>
</tbody>
</table>
Community Interventions – Outreach Environment
Some of the most common manifestations of mental disruptions in times of the pandemic are the acute reactions to Stress and the Burn-out Syndrome, especially among health providers.

A timely intervention is needed to prevent a more serious condition/pathology (depression, alcohol abuse and suicide attempts).

Preventive measures adopted:

- Provision of psychological support focused to positive diagnosed patients, their contacts and to health providers;
- Teleconsultation line with clinicians;
- Quarterly dispensing of ART for all mentally compensated and stable patients;
Mental Health and COVID-19

Call center for APSS in response to COVID19

- Total teleconsultations: 3063
- New positive cases: 1574
- New Cases contacts: 864
- Follow-up: 625

10% Health Workers
Thank you from Maputo City Council!
Obrigada!