

Mozambique MCHIP Technical Briefs

Prevention of Mother-to-Child Transmission (PMTCT)

Introduction

Mozambique bears a high mortality rate due to HIV both in mothers and children. It is the third leading cause of indirect maternal mortality (19% of maternal deaths, INCAM 2009), the third leading of post-neonatal (11%) mortality, and the second cause of mortality in children 1-4 years (13%) (Study on Child Mortality, 2009). Geographically, HIV is the second most frequent cause of death in urban areas while in rural areas, it is the third. To overcome the burden of transmission of HIV from mother to child, the government of Mozambique endorsed the Global Action Plan for the Elimination of Mother-to-Child Transmission (eMTCT) of HIV in July 2011. The Plan aims to reduce the number of new pediatric HIV infections by scaling up effective PMTCT interventions to at least 90% of pregnant women living with HIV and their infants by the end of 2015, with at least 30% of pregnant women initiating antiretroviral treatment for their own health (HAART).

The eMTCT plan (2012 -2015) was designed to rapidly increase service coverage, improve the quality of services, and increase utilization so as to reach the ambitious goals set in the Government of Mozambique's Health Sector plan. As part of this strategy, Option B+ was officially introduced in June 2013, with the eventual goal of expanding this PMTCT



services to all health facilities with antenatal care and maternity wards in the country, and of reaching 861 facilities – almost 90 per cent of all facilities – by 2015.

To help the national effort to increase the coverage of prevention of mother-to-child transmission of HIV, MCHIP promotes and supports the integration of the PMTCT services to improve the provision of comprehensive maternal, newborn and child health (MNCH)/PMTCT services in Model Maternity Initiative (MMI) sites.

MCHIP Program Activities and Key Accomplishments

From April 2011 through December 2014, MCHIP has achieved the following:

- Provided technical support to the MOH in the development of the eMTCT Plan ;
- As a member of the MOH PMTCT Technical Working Group, provided technical assistance to review and update the PMTCT training materials to incorporate the Option B+ protocol aimed at Maternal and Child Health (MCH) nurses;
- Provided technical assistance and supportive supervision visits for the implementation of Option B+;
- Supported the MOH to organize two regional meetings to disseminate the eMTCT Plan;
- Trained 1,559 MCH health providers in MMI, including PMTCT approaches, to increase their capacity to prescribe ART for pregnant women;
- Trained 143 health providers in Option B+;
- Was invited to be a “Padrinho” (godfather) for Niassa Province regarding PMTCT issues. Consequently, MCHIP has focused much its technical support to this province in the implementation of Option B+;

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- Ensured that Option B+ has been initiated in all MMI sites;
 - Enabled women in ANC and labor and delivery in all health units participating in the MMI are able to access HIV testing and counselling services;
 - Ensured that pregnant mothers testing positive for HIV are linked to the ART sites for antiretrovirals or prophylaxis;
 - Trained 60 ISCISA MCH nurses and Faculty of Medicine recent graduates on MMI, which includes PMTCT components;
 - Organized regional coordination meetings to share experiences and best practices between provinces during Option B+ implementation;
 - Supported Option B+ training in Niassa province and regional Option B+ trainings;
 - Promoted demand for HIV testing of women and couples through MCHIP's community work;
 - Promoted and emphasized the importance of keeping women engaged in life-long care, supporting innovative means to minimize loss-to-follow up;
 - Increased the number of pregnant women in all MMI sites receiving ART for their own health;
 - Ensured support from family members, in particular involvement of men and mothers-in-law through MCHIP's community work; and
 - Strengthened monitoring and evaluation, including the availability of M&E tools that incorporate all aspects of the PMTCT and promote the correct use of these tools for service delivery improvement.
 - Strengthened the Provincial Health Directorate staff's capacity to conduct supportive supervision and provide technical assistance visits to sites offering Option B+, ensuring that they follow MOH guidelines;
 - Through the MOH PMTCT Technical Working Group, MCHIP provided support to develop several policy guidelines such as training materials, treatment materials, and supervision tools. These instruments have contributed to creating significant momentum for PMTCT expansion and quality improvement;
 - Promoted facility-based deliveries, through MCHIP's community engagement component, so that optimal care and prophylactic treatment for mother and child can be provided; and
 - Provided technical support to the MOH to update monitoring and evaluation (M&E) tools for PMTCT.