



Progress and Challenges in Mozambique's Vertical Transmission Prevention Program

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Mozambique epidemiology

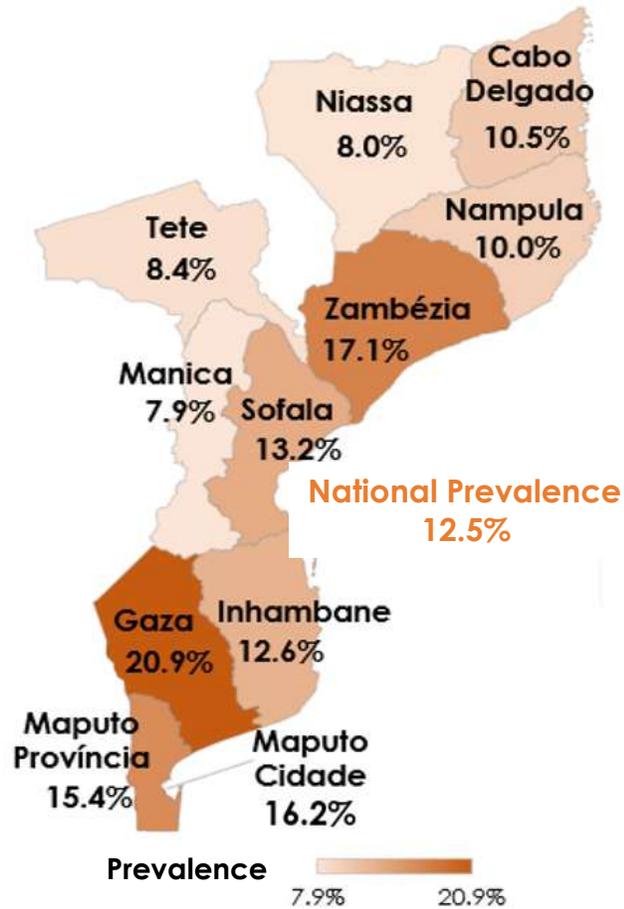
In 2023, the country generated new estimates using Spectrum v 6.36, of which the projections are below:

| Mozambique | 2023 | 2024 |
|--|-------------|-------------|
| Number of Pregnant Women HIV+ | 125,298 | 121,185 |
| New Infections in Children from VT | 12,200 | 10,344 |
| Vertical Transmission Rate | 10% | 9% |
| New infections averted in Children with VTP | 24,608 | 25,090 |
| Deaths averted in children with VTP | 15,641 | 15,540 |
| * Pregnant women who know their HIV status | 99.9% | 99.9% |
| * Pregnant women with know positive HIV status | 6% | 5% |

* Routine data

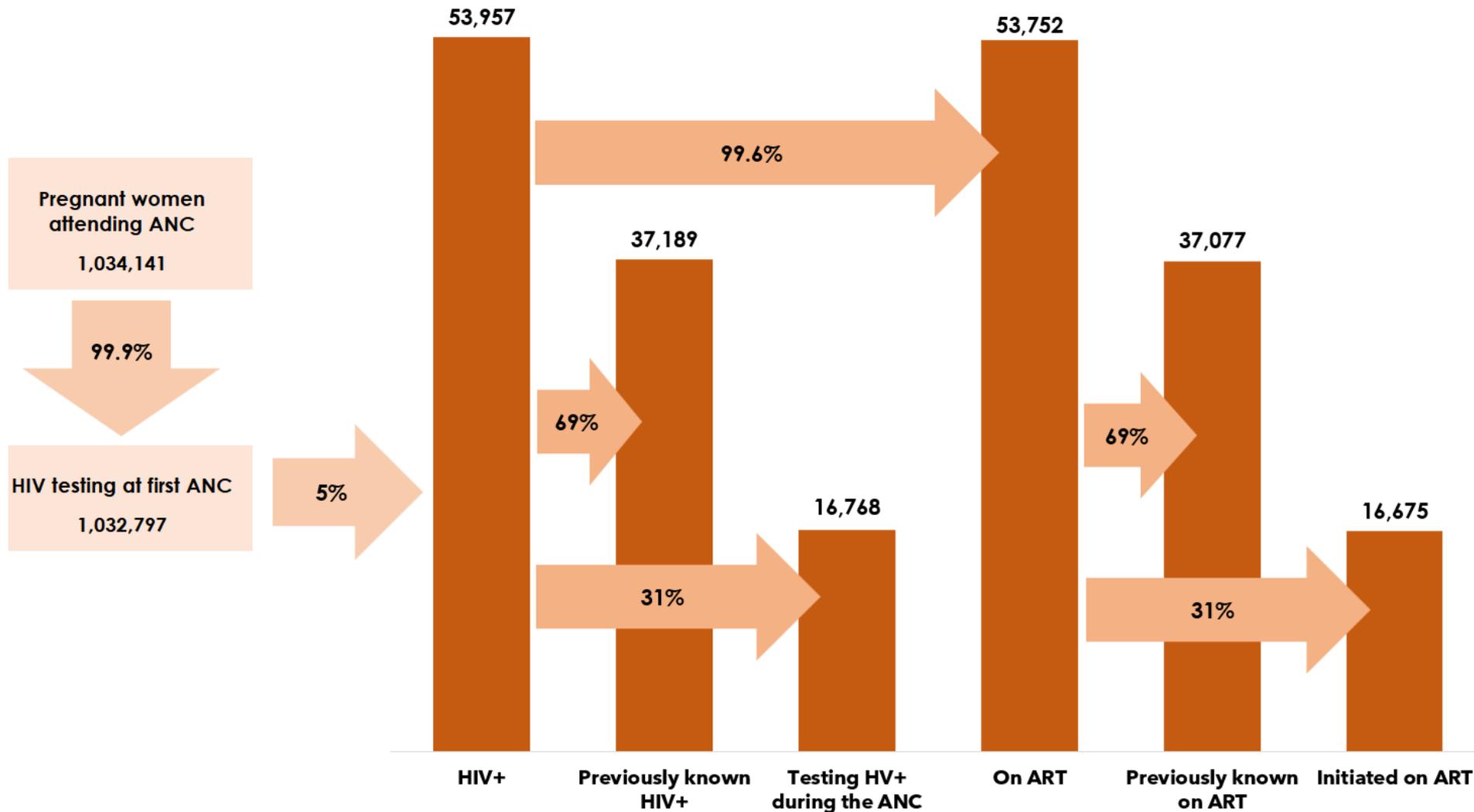
Prevalence of HIV in Women (INSIDA 2021):
15 to 49 years: 15.4%
15+ years: 15.0%

Mozambique epidemiology

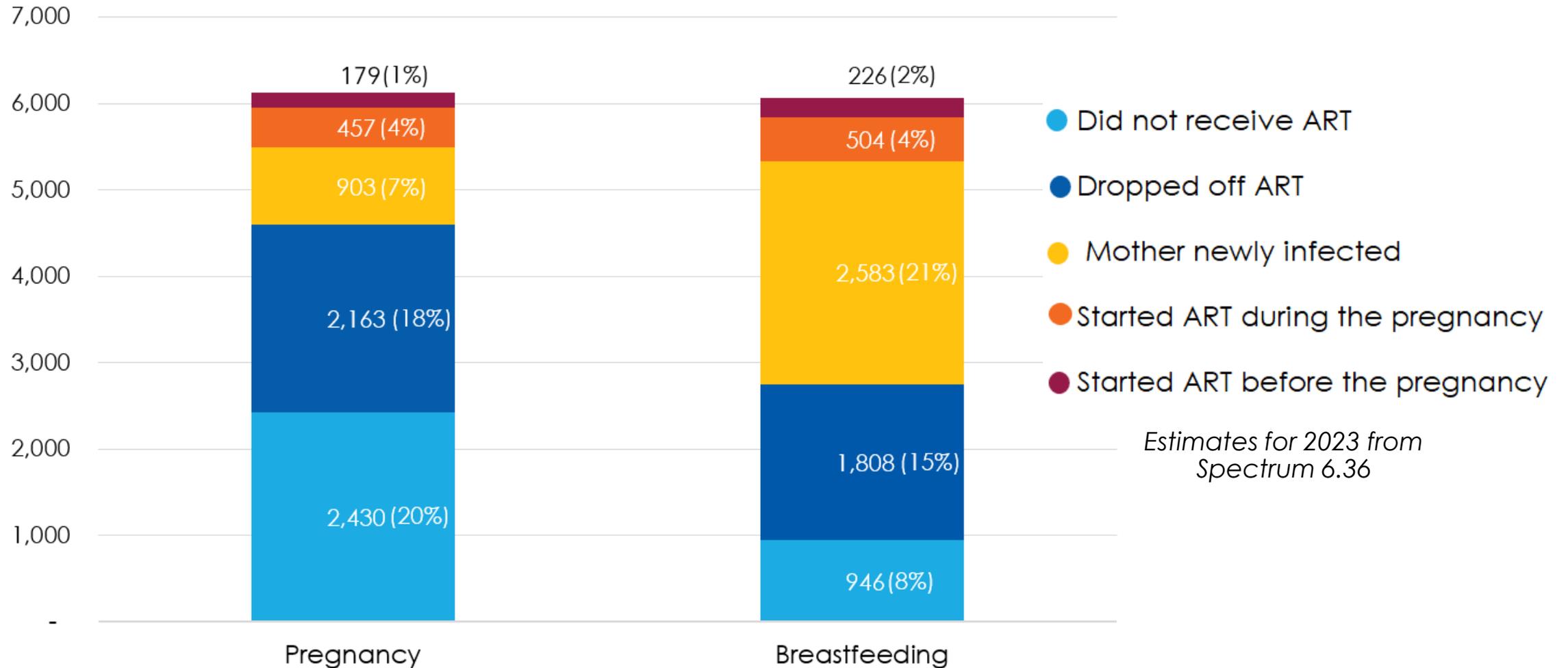


Percentage of men and women 15/+ years living with HIV, by province, **INSIDA, 2021**

Mozambique VTP Cascade, 1st Semester of 2024



Number of new HIV infections among children by source of infection, 2023



Estimates for 2023 from Spectrum 6.36

Strategies for identifying (testing) PBFW living with HIV (Facility)



One stop shop for MCH

Offering HIV and syphilis counseling and testing to all women registered for prenatal care.

Physical invitation and testing of Pregnant Woman sexual partners at the appointment



Testing of women in the delivery room

Approaches for identifying incident HIV infection during pregnancy and breastfeeding (Re-testing),

Testing and retesting of all pregnant and lactating women up to the 9th month after delivery.

Identifying BFW at immunization point and health children consultancy to refer them for testing

Strategies for identifying (testing) PBFW living with HIV (community)



Outreach (including lectures, awareness-raising and referral for testing and follow-up at the health center) for all pregnant women and women who give birth outside the maternity ward



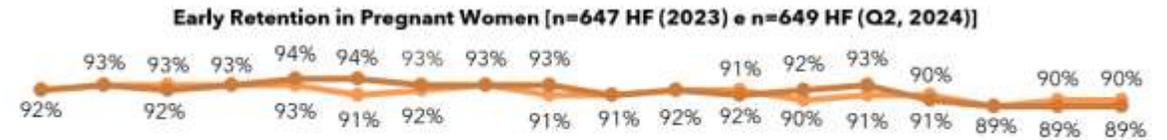
Implementation of mother-to-mother support groups in the community

Implementing mobile brigades

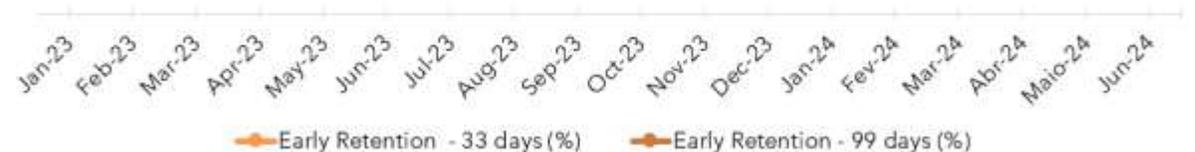
Identify breastfeeding women and children in the immunization sector and pediatric services to refer them to the testing services

Strategies for continuity of antiretroviral treatment during pregnancy and breastfeeding

- **Psychosocial support** for all PW and BW in all consultations
- Monthly MCH ward **and bi-monthly dispensation** for lactating women and their exposed children at mobile brigades.
- Implementation of the **mentor mother strategy** to support adherence to ART at the health centers and in the community.
- Implementation of **mother-to-mother support groups** in the community

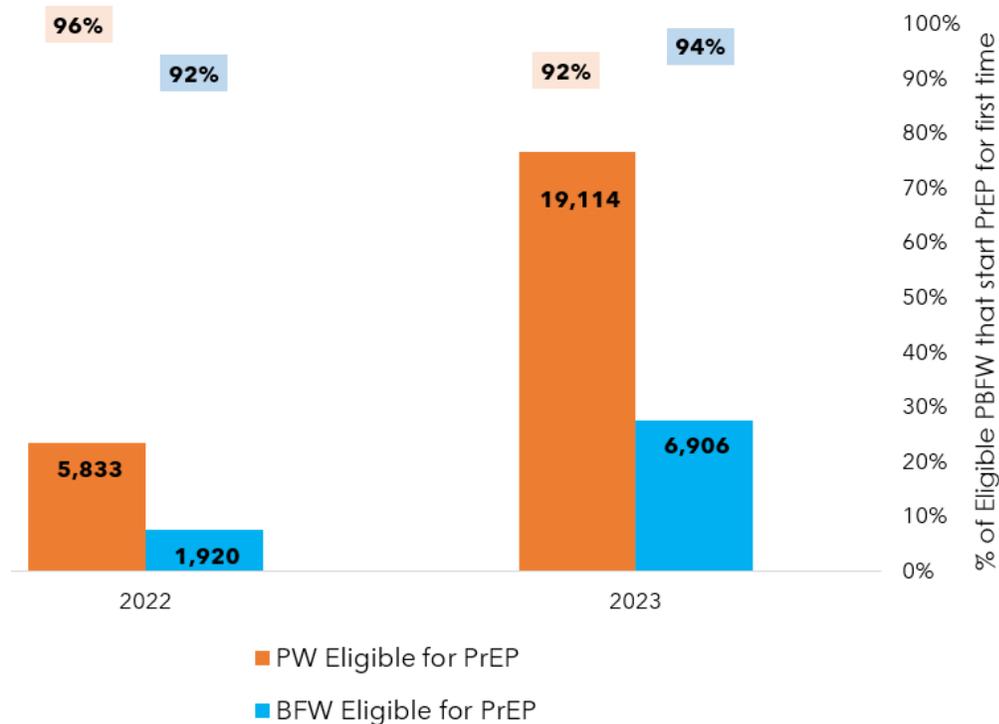


| | Minimum | Maximum | Average |
|-------------------------------|---------|---------|---------|
| Early Retention - 33 days (%) | 89% | 93% | 92% |
| Early Retention - 99 days (%) | 89% | 94% | 92% |



Source: PEPFAR, IM ER Dashboard

Strategies for preventing incident HIV among women during pregnancy and breastfeeding



- Offering PrEP to all PW and BFW that are at risk
- Offering condoms to pregnant and breastfeeding women and their partners.
- Screening and treatment of sexually transmitted infections among pregnant women and their partners.
- Syphilis testing and treatment for pregnant women and offering treatment to their partners

Early infant diagnosis (EID) approaches

Interventions

| | | | | | |
|---|--|--|---|--|--|
| Existence of Tools to link ANC, Maternity and HEI | Mentor mothers support during pregnancy, postpartum and breastfeeding. | HIV testing offered to all children followed up for other risk reasons (contact with TB, malnutrition) | PCR testing to all HEI at first contact, preferably <2 months old Second PCR at 9 months | Use of POC in 44 HF for early infant diagnosis- Conventional EID in 38 HF testing | Final outcome: <ul style="list-style-type: none">• Children ≥ 18 months: serological tests (Rapid Test)• Children < 18 months: virological tests |
|---|--|--|---|--|--|

Postnatal prophylaxis and early infant diagnosis (Algorithm)

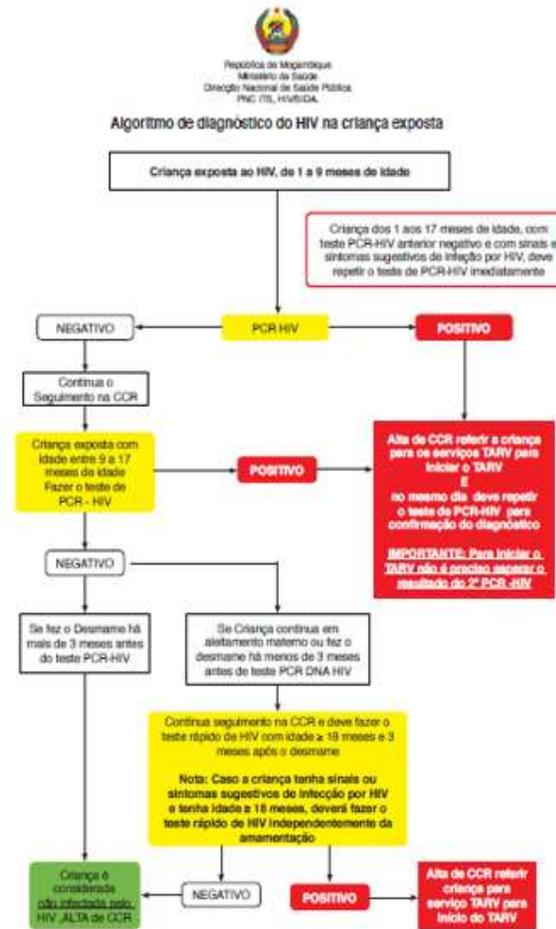
In Mozambique, all infants with perinatal HIV exposure are considered to be at high risk for the following reasons:

1. High rate of vertical transmission of HIV at the national level (currently 10%).
 2. Low retention of Lactating Woman along the continuum of postpartum care and HIV C&T.
 3. A population that breastfeeds for long periods of time.
- All infants born to women living with HIV must receive AZT and NVP prophylaxis

Postnatal prophylaxis and early infant diagnosis (Algorithm)

PCR Testing offered to all infants with perinatal HIV exposure at first visit < 2 months. If Negative the second PCR is offered at 9 -17 months

All HEI aged 1 to 17 months, with a previous negative PCR-HIV test and with signs and symptoms suggestive of HIV infection, should repeat the PCR-HIV test immediately



Best practices on prevention of vertical transmission of Hepatitis B and Syphilis

Integration of all VTP services in the same sector (one stop shop)

Implementation of young mother mentors to improve adherence and referral of children to the health facility

Retesting of lactating women up to 9 months postpartum

Key challenges in implementing HIV vertical transmission prevention programs

Loss of opportunity in the provision of services offered to the MCH/VTP and youth one-stop-shop: diagnosis and treatment of STIs, provision of Prep, HIV and Syphilis retesting, provision of Prophylaxis, collection and delivery of CD4, CV and DPI.

Management of VTP supplies: frequent shortages of syphilis tests and AZT and NVP syrups

Quality of SMI/PTV one-stop records

Insufficient equipment for biosafety in childbirth care: delivery kits.

Priorities for 2025; HIV vertical transmission prevention

Development of a new National Plan for the Triple Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B 2025-2029

Creation of the HIV, Syphilis and Hepatitis Triple Elimination Certification Committee

Implementation of Hepatitis B standards in MG ML and exposed children; and offering the vaccine to newborns

Carry out implementation research to identify gaps and good practices for PMTCT

Thank You!



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Impact Network *for*
Vertical Transmission
Elimination

