

Community ART groups support ART access and retention among HIV-positive dependent children in rural Tete, Mozambique



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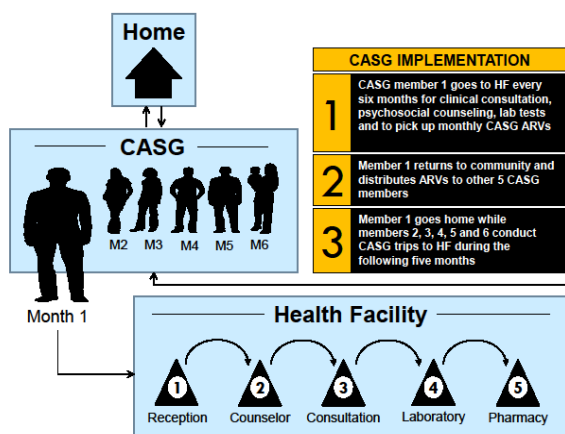
Background

- Rural province of Tete
- Need for 7 times more human resources for health to reach WHO minimum
- HIV prevalence 7%
- Limited decentralization of HIV services for HIV care
- Barriers to access and adherence to HIV services:
 - distance from home to clinic with ART
 - time spent queuing
 - lack of information
 - poverty
 - stigma
 - unavailability of staff

Community ART Groups (CAGs)

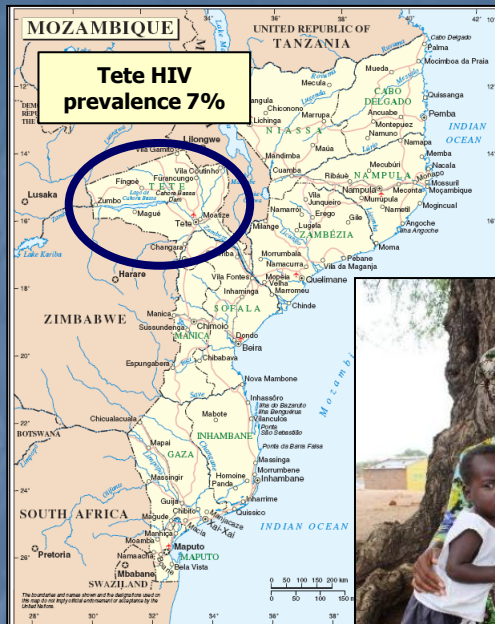
- Interested adults on ART formed Community ART Groups (CAGs) and were involved in:
 - ARV distribution,
 - Treatment support and monitoring of adherence,
 - Monitoring of symptoms,
 - Information sharing,
 - Referral of problem cases
 - Outcome reporting
- Monthly each CAG met in the community and chose one representative to collect ARV refills for group members.

Circuit for patients in CAGs



Children benefit from CAGs

- Sensitization of members of CAGs to bring children for testing, and start ART if eligible
- Children of CAG members receive treatment, and psychosocial support through the CAG
- Bimonthly the children go with the group representative to the clinic for a consultation (weight, ARV dosage)



CAG members in the community

Results

- Between 27/02/2008 and 31/12/2011:
 - 4410 people formed 1023 CAGs
 - 276 (6%) of CAG members were children <15 years
 - Median age: 7 years (IQR 5 – 10 years)
 - Median follow-up time: 13 months (IQR 8– 27 months)
- Of the 276 children:
 - 11 transferred out
 - 16 died
 - 0 lost to follow up
 - 4 deaths per 100 patient-years
 - Retention in CAGs was high, and similar to adults

Conclusions

- Retention on ART was high among children supported by this community-embedded ART delivery and peer-support program.
- Access to care and treatment for children is feasible in a resource-poor setting through adult patient involvement in service delivery.