

Abstract category: E54 Decentralization of services for ART, community care and continuity of care health services

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

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Background: Mozambique has decentralised HIV services for children, but not all health centres dispense ART and many have limited health care workers. Distances, lack of information, poverty, stigma and unavailability of staff are major barriers to access and adhere to HIV services. To overcome these barriers, interested adults and their dependents on ART formed Community ART Groups (CAG) in the rural Province of Tete.

Methods: At community level, adult CAG members were involved in drug distribution, monitoring of ARV adherence and symptoms, information sharing, treatment support, outcome reporting and referral of problem cases. Monthly each CAG met in the community and chose one representative to collect ARV refills for group members. CAG were sensitised to bring dependent children for counselling and testing and to start ART when eligible. Dependent children received ART and psychosocial support through the CAG. Bimonthly the CAG representative accompanied child group members to the health centre for verification of weight and ART dosage. Six monthly CD4 were done. We analysed program monitoring data to describe the cohort of children in CAG.

Results: Between 27/02/2008 and 31/12/2011, 1023 CAG with 4410 people on ART were formed, of which 276 (6%) were children below 15 years, with median age of 7 years (IQR 5-10). Eleven children were transferred out. Of the remaining 265 children, 249 (94,0%) were retained, 16 (6%) died and 0 were lost to follow up during a median time in CAG of 13 months (IQR 8-27). Child retention was similar to adult retention in CAG (96,8%).

Conclusions: Retention on ART was high among children supported by this community embedded ART delivery and peer support program. Preliminary results suggest that access to care and treatment for children is feasible in a resource-poor setting through adult patient involvement in service delivery and the social capital among CAG members