Health systems, operational, social and economic research

PO - (8296) - REDUCING LOSS OF FOLLOW-UP OF CHILDREN EXPOSED TO HIV IN THE PROVINCES OF MANICA AND SOFALA- CENTER OF MOZAMBIQUE

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Background: The Early Childhood Diagnosis of HIV It is a challenge in many developing countries, including Mozambique. About 50% of exposed children and HIV+ are lost during follow-up, in the Postpartum Consultation (CPP), at-risk child consultation (CCR) or ART consultation in the country. The Objective was carry out an intervention to reduce the loss of follow-up of children exposed and positive to HIV in Manica and Sofala provinces.

Methods: Intervention study in HIV+ women and their children in CPP and CCR in 6 health facility (HF) in 2016. Stepped wedge Design with 3 cohorts for 3 months of 2 HF randomly selected. Interventions included activist’s allocation, telephones to contact the mothers, guide the mothers with exposed child from CPP to CCR, active outreach to missed mothers and initiation of ART in the CCR for 3 months. Data were collected from the HF and study books. Analysis was binomial logistic regression model with mixed effects.

Results: Of the aggregated data, PCR+ was 7.7%, proportion of HIV+ women in CPP 17.4%. In the control group only 24% of the mothers had more than 2 visits to US compared with 60% in the intervention group OR = 2.05 (95% CI: 1.60, 2.62). In the intervention group, more children were transferred to CRC 52% vs 32% in the control OR = 1.7 (CI: 1.3-2.41), 65% of the mothers in intervention group reached at CCR vs 57% of the mothers in the control group OR = 1.69 (CI: 1.27-2.41) and returned to receive the PCR result of their child 6.7% in the control Vs 8.2% in intervention OR = 2.3 (CI: 1.36, 3.87).

Conclusion: The intervention had a greater impact on the number of visits to CPP, the transfer mothers from CPP to CCR and the reception of PCR results in CCR by the companion.