

# In Southern Mozambique, only half of people diagnosed with HIV enroll in medical care

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People waiting to be attended at Maputo Hospital in Southern Mozambique.  
Credit: Author: Andalu Vilasanjuan

HIV diagnosis is the first of many steps in the path to global disease control. However, in Southern Mozambique, more than half of people

diagnosed with HIV do not initiate the next steps in the cascade of HIV care, and this is particularly true for those that perform the test at home. The study, led by ISGlobal—an institution supported by "la Caixa" Foundation—reveals the need to develop interventions to facilitate access to care and treatment among the population.

To achieve the 90-90-90 target set by the UNAIDS (diagnose 90% of people living with VIH, treat 90% of them, and achieve [viral suppression](#) in 90% of treated patients), one must increase the percentage of people that, once diagnosed, start care and adhere to the treatment. In Mozambique for example, it is estimated that barely half of the [people](#) with HIV initiate treatment after diagnosis, and less than half continue taking it 3 years later.

The team led by Denise Naniche, ISGlobal researcher, aimed to evaluate whether the uptake and adherence to HIV care and treatment depend on where and how the diagnosis was done.

The study was performed in Southern Mozambique and included over 1,000 adults newly diagnosed at the clinic, either voluntarily or upon health personnel recommendation, or at their homes. Three months after diagnosis, barely 44% of the participants had attended a medical visit and only 25% had initiated antiretroviral treatment. Uptake of care and treatment was particularly low among those that were tested at home, which represent an older and less knowledgeable population than those attending the clinic. In contrast, among those that did initiate treatment, 84% were still taking it 12 months later.

"These results are similar to those reported for other African countries with high HIV prevalence," says Naniche, "and they show that most patients are lost to follow-up in the first phases after the diagnosis, regardless of where and how the test was done. They also reveal that those that perform the test at home represent a sociodemographically

distinct population, and that we need to develop interventions such as SMS messages to help them initiate medical care and treatment.

**More information:** Elisa Lopez-Varela et al, Continuum of HIV Care in Rural Mozambique, *JAIDS Journal of Acquired Immune Deficiency Syndromes* (2018). [DOI: 10.1097/QAI.0000000000001720](https://doi.org/10.1097/QAI.0000000000001720)

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