



Enhancing HIV Treatment Outcomes for Migrant Populations in Gaza:

Differentiated Service Delivery
to Achieve Viral Suppression



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

The Elizabeth Glaser Pediatric AIDS Foundation in Mozambique

Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported Mozambique’s Ministry of Health (MoH) to scale and improve access to comprehensive HIV prevention, care, and treatment services. EGPAF has done so with funding through the President’s Emergency Plan for AIDS Relief (PEPFAR) and in partnership with the United States Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC).

Currently, EGPAF supports HIV services in 101 health facilities in Gaza Province and 50 health facilities in Inhambane Province. EGPAF works in close partnership with the MoH to ensure that women, children, adolescents, and families affected by HIV/AIDS receive the care and treatment they need for healthy and productive lives. Activities include increasing and expanding access to HIV-related services, strengthening prevention of mother-to-child transmission (PMTCT) and HIV care and treatment services, improving monitoring and evaluation systems, and improving the capacity of national, provincial, and local health systems. EGPAF also collaborates with community organizations to promote literacy, awareness, and mobilization on HIV/AIDS-related issues.

To support the MoH to achieve the UNAIDS 95-95-95 targets in Gaza, EGPAF provides technical assistance and health system strengthening to identify and link people living with HIV to antiretroviral therapy (ART) and supports their treatment adherence to achieve sustained viral load suppression (VLS).

HIV Context and Migrant Healthcare Challenges in Gaza

According to the National Survey on the Impact of HIV and AIDS (INSIDA, 2021) in Mozambique, the HIV prevalence among adults aged 15 and older is 12.5%. Gaza has the highest HIV prevalence in the country at 20.3%.

In 2019, EGPAF conducted a study titled “Where Are the Men in Gaza?” after noting a significant disparity in ART coverage between men and women (47% vs. 78%, respectively; see Figure 1). The study aimed to examine how residency patterns among male partners of women accessing HIV services in Gaza contributed to the low ART coverage among men.

The study found that among women with a primary partner, 49% reported that their partner resides and works outside of Gaza or outside of Mozambique for at least nine months of the year. The study also revealed that most migrant partners (61%) return to Gaza only once or twice a year, mainly during the Christmas and Easter holidays, staying on average a total of 17 days. This arrangement presents challenges for these men to access health services, limiting their opportunities to be tested for HIV and enrolled on ART.

For migrant clients enrolled on ART, treatment continuity is a challenge for both men and women. These clients often depend on a trusted person to pick up their antiretroviral (ARV) refills and must pay to have the medication delivered to them. Furthermore, their frequent absences from clinic appointments mean they do not receive other HIV-related healthcare services, such as counseling, viral load monitoring, and TB screening.

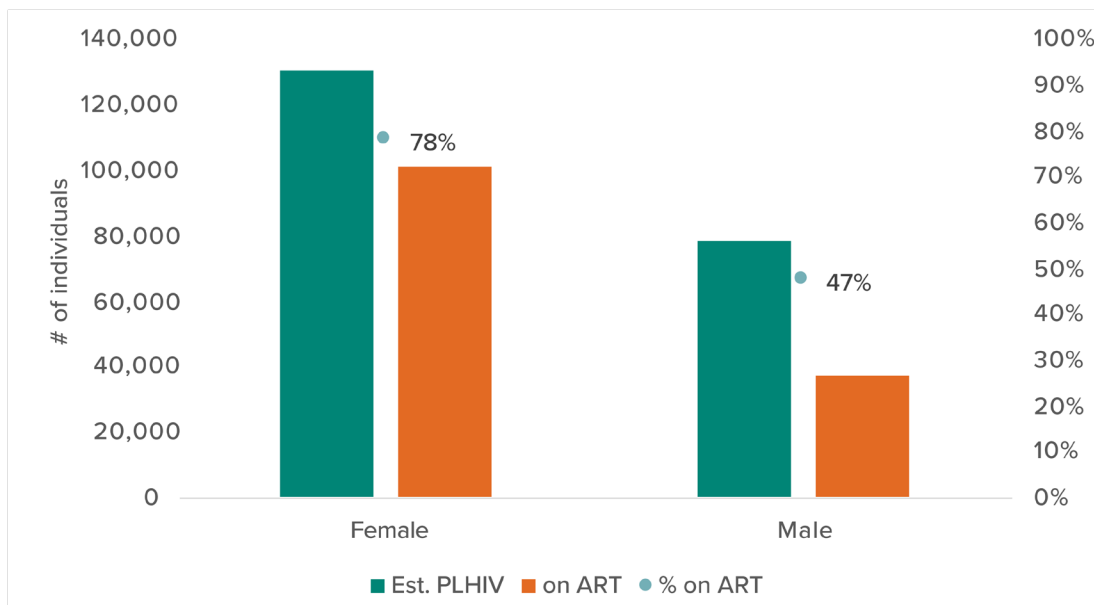


Figure 1. ART coverage among female and male adults in Gaza, 2019

Differentiated Services to Achieve Viral Suppression Among Migrant Clients

In response to these study findings, EGPAF collaborated with the Gaza Provincial Health Directorate to develop a differentiated package of care adapted to the needs of migrants living with HIV to increase ART coverage, continuity of treatment, and viral suppression. The package included ARV multi-month dispensing for either six months (6MMD) or 12 months (12MMD) regardless of VLS. At the time, Mozambique’s national guidelines had not yet adopted 6MMD for clients stable on ART.

With MoH approval, EGPAF, in partnership with Gaza health authorities, piloted this package in a phased approach, starting in seven health facilities in December 2019 and expanded to 14 health facilities in December 2020.

Enrollment of migrants on 6MMD began in December 2019. Clients enrolled on ART were eligible for enrollment on 6MMD if they were residing outside of Gaza, 15 years or older, not pregnant, did not have TB, and committed to attending clinical consultations twice a year. Clients who met these criteria could be enrolled at the time of ART initiation. Clients also had to attend the clinic appointment in person on the day of enrollment to be clinically screened and receive treatment literacy, adherence counseling, and psychosocial support (which continued remotely through monthly phone calls). After initial promising results, 12MMD was offered to migrant clients who had achieved viral suppression, starting in December 2020.

Results of 6MMD and 12MMD Implementation

Between December 2019 and September 2022, a total of 6,586 adult migrants were enrolled in the differentiated package of care, 50% of which were migrant women. Of the clients enrolled, 51% were 35-49 years old and 31% were 25-34 years old. Most of the migrants (89%) were enrolled on 6MMD (see Figure 2). Forty percent of migrant clients had been on ART for six or more months at the time of enrollment, while 10.5% of those enrolled on 6MMD were enrolled at ART initiation.

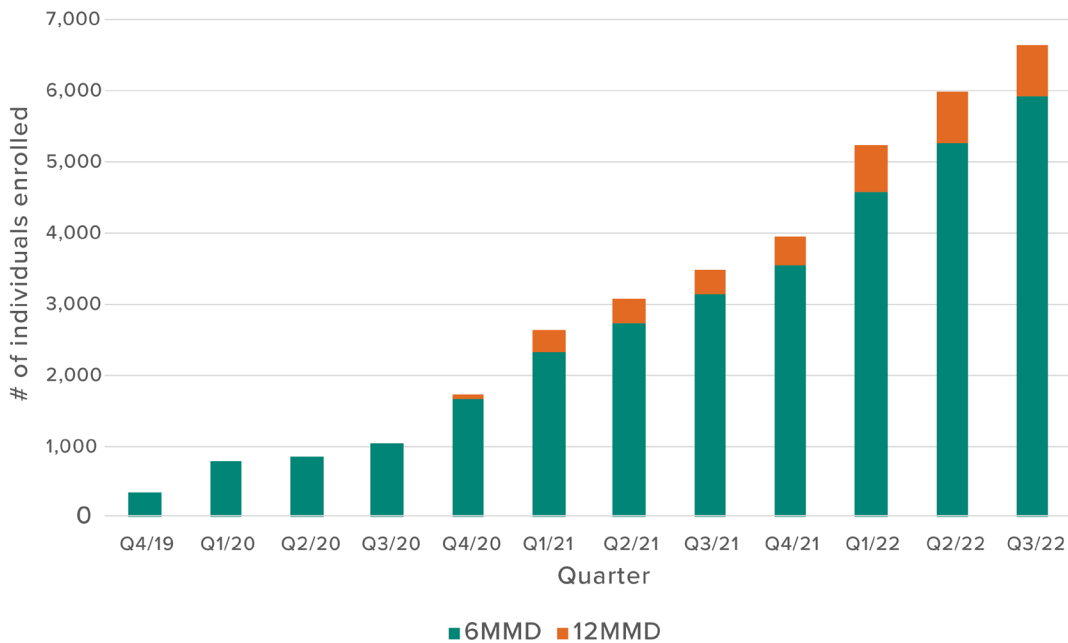


Figure 2. Cumulative enrollment of migrant clients on 6MMD and 12MMD between December 2019 and September 2022, by quarter

Viral Load Coverage and Suppression Among Migrants in Gaza

EGPAF analyzed data from 13 of the 14 participating health facilities¹ to understand the impact of multi-month dispensing on migrant clients' viral load coverage and suppression. Of clients enrolled on 6MMD at their ART initiation, 44% had their viral load tested after six months, and 95% of these clients had achieved viral load suppression. Of the 17% of clients who had their viral load tested at 12 months, 92% were virally suppressed. For 28% of clients enrolled on 6MMD, the health facility databases held no information about their viral loads. The majority (62%) of these clients had not attended any clinical appointments, and therefore had not yet had their viral load tested at the time of data collection for this analysis. A large portion of migrant men come home only once a year, and therefore miss biannual clinical appointments and viral load tests, and COVID-19 exacerbated this effect.

Among clients enrolled on 6MMD who had previously been diagnosed with HIV and already were on ART, 55% had their viral load taken at 12 months and another 32% at 24 months. Of these clients, 97% and 100%, respectively, were virally suppressed. Before the commencement of the 6MMD program, the level of viral suppression among clients already on ART was 89%.

Of clients enrolled on 12MMD, 94% of eligible clients had their viral load taken at 12 months and 96.6% were virally suppressed. With annual clinical consultations and ARV refills, migrant clients enrolled on 12MMD were able to sustain VLS.

Overview of the Differentiated Package of Care for Migrant ART Clients in Gaza

- All clients are enrolled on 6MMD, regardless of VL and including at time of ART initiation for clients newly identified as living with HIV
- At time of enrollment:
 - Single session of comprehensive treatment literacy and adherence counseling, which includes the importance of VL monitoring, suppression, and positive prevention
 - Screening and prophylaxis for TB and opportunistic infections
 - Provision of complete course of TB preventative treatment
- Monthly phone calls to reinforce ART treatment literacy, adherence counseling, and psychosocial support
- Contacting of client (or trusted person) in case of missing clinical appointment
- Bi-annual clinic visit with viral load monitoring and counseling (and other exams as needed)

Conclusion and Looking Forward

Migrants from Gaza on ART face challenges with treatment adherence and retention due to extended periods without access to healthcare services. A differentiated package of care aligned to the timing of their visits back home, that includes 6MMD or 12MMD of ARVs, can support these clients to achieve viral suppression.

EGPAF's study findings revealed that the introduction of 6MMD and 12MMD of ARVs had a positive impact for migrants working outside Gaza, given the fact that migrant clients achieved viral load suppression after 12 and 24 months. These outcomes encourage the continuation and expansion of the differentiated services package.

Furthermore, the study's findings significantly influenced the adoption of national guidelines for 6MMD among the general population in Mozambique. Moreover, the pilot implementation of 12MMD in Gaza for migrants underscores the imperative to extend this tailored approach nationwide.

The differentiated package of care in Gaza replaced the previous policy of using viral suppression as an eligibility criterion for MMD, and this new approach delivered positive outcomes. Considering the significant numbers of Mozambican migrants living abroad, the multi-month dispensing approach should be scaled up not only within Gaza, but also in other regions with high numbers of migrants who are unable to frequently access healthcare services.

¹ One of the health facilities did not have a patient-level database and was therefore not included in the analysis.

Elizabeth Glaser Pediatric AIDS Foundation

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