



Taking Differentiated Service Delivery to Scale in Mozambique: Expanding Community ART Groups through Evidence



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BACKGROUND

As one of the earliest adopters of community adherence support groups, Mozambique has made ground-breaking advancements in differentiated service delivery (DSD). As part of the Ministry of Health (MOH) National HIV and AIDS Response 2017 Strategic Acceleration Plan, the country has emphasized the need to enroll more patients on treatment, and specifies three models of DSD for antiretroviral therapy (ART): community adherence support groups, three-month drug distribution, and six-month clinical visit spacing. Two additional models are being piloted in two provinces: the family approach and adolescent adherence clubs. Results of these pilot projects are expected to inform the national DSD guidelines, currently in development.

Mozambique's Ministry of Health considers the community of people living with HIV (PLHIV) and civil society as key stakeholders for advancing the roll-out of DSD. Despite the mandate for involvement of the PLHIV community and the Mozambican Civil Society Platform for Health (PLASOC-M) in the implementation of DSD, Mozambique still has progress to make in the area of community engagement. Increasing the level of involvement of community groups is among Mozambique's priorities as DSD implementation is scaled up.



Left: MOH engagement with community members can drive up demand for DSDM

Mozambique does not currently have national guidelines for DSD models (DSDM) in place; however, a Community Adherence and Support Group Strategy, adopted in 2015, details the procedures for operating community group models. Other challenges faced by Mozambique in the scale-up of DSD include insufficient infrastructure and health systems resources, such as coverage of viral load monitoring. The MOH has national policies supporting DSD in place, and has plans to continue progress in such areas as building effective data collection systems, learning from the evaluations of the pilots mentioned above to inform the updates to the national guidelines, and finalizing standard operating protocols, training manuals, and tools for providers and communities that support the provision of quality DSD programs.

DSD MODELS OFFERED

Mozambique offers both facility-based and community-based models of DSD for ART. **Community Based ART Groups** are known in Mozambique as Community Adherence Support Groups (CASG) or Community Antiretroviral Groups (CAG). The facility-based services are individual models offering **Appointment Spacing** and **Fast Track Refills**, and the **One-Stop Models** which offer consolidated services for patients visiting both the HIV Clinic and either the Tuberculosis (TB) Clinic or the Prevention of Mother-to-Child Transmission of HIV (PMTCT) Clinic or patients who are adolescents accessing Youth Friendly Services (YFS).

DSD COVERAGE

DSDM is supported in all 11 provinces of Mozambique. While there are currently 1,292 health facilities offering ART in Mozambique it is not known how many facilities offer DSDM, due to a lack of data on the number of facilities providing Fast Track, or how many offer more than one DSDM. It is known that One-Stop for YFS is supported by 113 facilities, One-Stop for PMTCT is offered at 1,310 facilities, CAGs at 576, and Appointment Spacing at 72 (Figure 1).

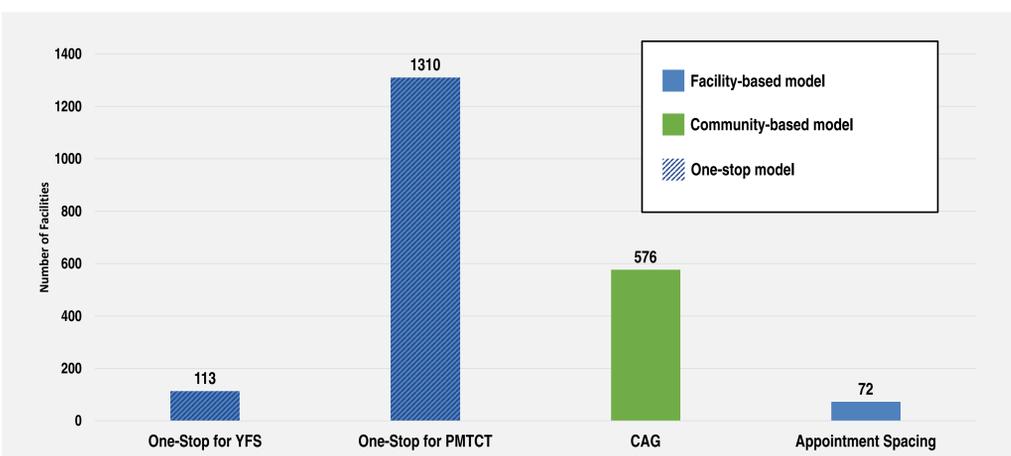


Figure 1. DSDM for ART in Mozambique, by Facilities Offering Each Model

DSD DASHBOARD

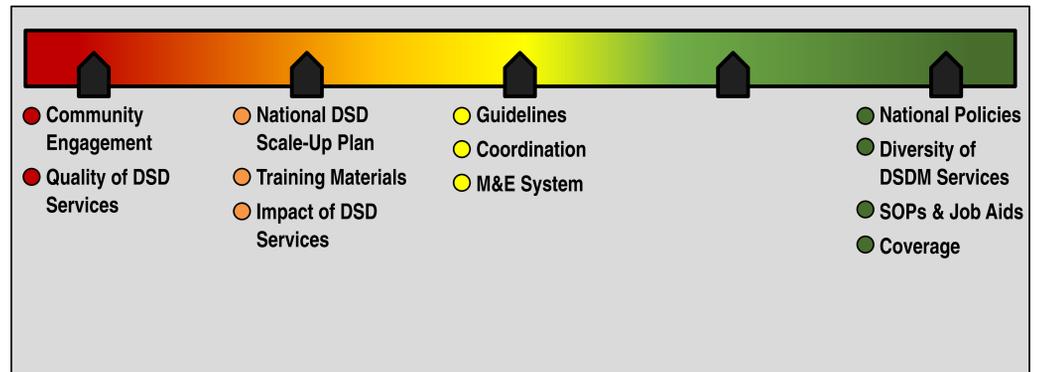


Figure 2. Mozambique DSD Dashboard, January 2018

A self-assessment tool known as the CQUIN DSD Dashboard was used to quantify the progress being made as Mozambique rolls out its national DSD guidelines. Across 12 different domains, a five-step color scale was used to rank progress and performance from red, indicating no activity, to dark green, indicating significant and robust implementation.

Mozambique found that four domains were in the dark green category, the highest level of development (Figure 2). In the highest-ranked domains, the system met the clearly-defined set of standards: **National Policies** actively promote the use of DSDM for diverse patient groups: national policies actively promote use of DSDM; **Diversity of DSDM Services** was determined to be high due to the provision of models for diverse patient groups; step-by-step national standard operating procedures and job aids (**SOPs and Job Aids**) are available for at least three DSDM; and **Coverage** of DSDM reaches >75% of the health facilities that provide ART in Mozambique.

Mozambique has made substantial progress in developing the domains in the dark green category, but the remainder of the domains assessed are in the categories indicating mid-level or lower levels of progress. Some of these domains, such as the **M&E System**, represent areas posing challenges to all countries implementing DSDM. Mozambique is in the process of revising the national HIV/ART program M&E system and, though involvement in the CQUIN M&E Community of Practice (CoP), the MOH has the opportunity to learn from the experience of countries with more advanced M&E systems in this area while aiding countries that have just begun to consider M&E for DSD.

As Mozambique continues to scale up implementation of DSD, the two domains with the lowest level of progress, **Community Engagement** and **Quality of Services**, represent opportunities for the MOH to direct resources on areas of particular need in order to strengthen the overall DSD program.

CASE STUDY/BEST PRACTICE

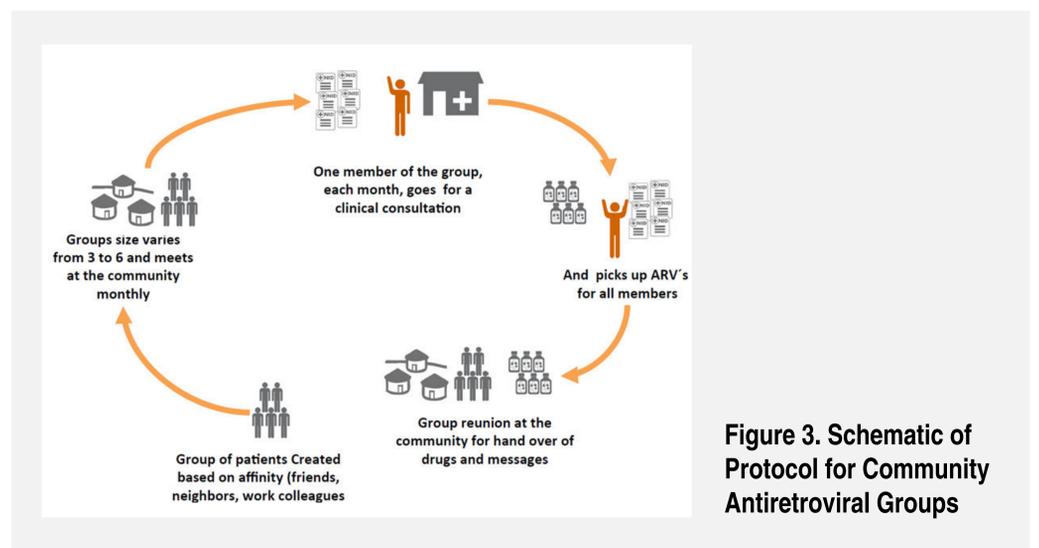


Figure 3. Schematic of Protocol for Community Antiretroviral Groups

Scale up of **Community Antiretroviral Groups (CAG)** is believed to improve overall retention on ART compared to the standard care model. Mozambique's CAGs (Figure 3) were originally designed for stable patients; however each group can now accommodate up to two non-adherent patients, if the patients enrolls in the group immediately following a clinic visit. Due to the benefits of psychosocial support and lower burden of accessing care, and it was thought that those with poor adherence could most benefit from the adherence-promoting characteristics of the CAG model.

NEXT STEPS/WAY FORWARD

Mozambique recently completed a retrospective cohort study comparing retention in care of patients enrolled in CAGs to those receiving routine care. The findings will be used to inform the national DSD guidelines and the further scale-up of DSDM throughout the country.

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