

The CQUIN Learning Network

Annual Meeting

Taking CASG to Scale Up

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MoH - Mozambique

February 12-15

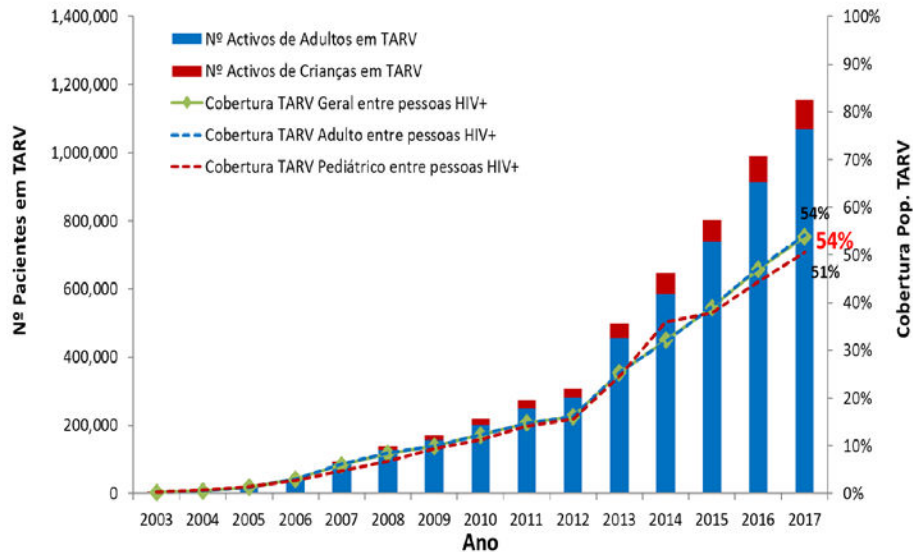
Maputo, Mozambique



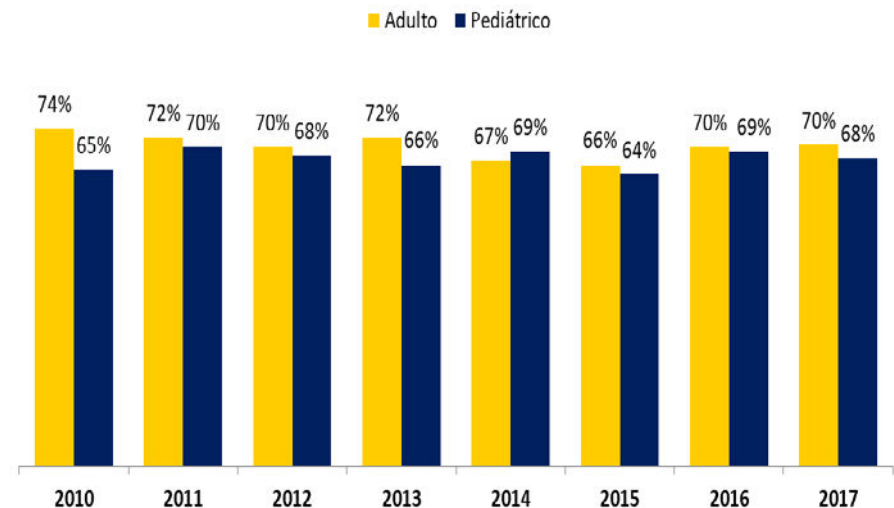
HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery



Context : Problem Statement



Increase the number of patients
but suboptimal retention



Context : Challenges

- ***Health system challenges:***
 - **Access to Health Facilities**
 - **Human Resources:**
 - **Clinical officers**
 - Poor quality of services (Overloaded)
 - Long waiting lines
 - **Pharmacists**
 - Long waiting lines
 - Lack of privacy (public pharmacy)
 - **Stigma and Discrimination**
- ***Patient challenges:***
 - **Poverty**
 - Transport costs
 - Food Insecurity
 - **Missed Opportunities**
 - Time out of the house, job, family farm
 - **Stigma and Discrimination**



Context : What works?

The CASG model was piloted by MSF in Tete province in 2008. This pilot demonstrated improvement on retention in care :

Between Feb 2008 -May 2010:

- 291 groups (1384 members) : 6 % where transferred out , 2 % died, 0.2% LTFU and 97,5 % where retained in Care after 12.9 months (Tom Decroo et al 2011)

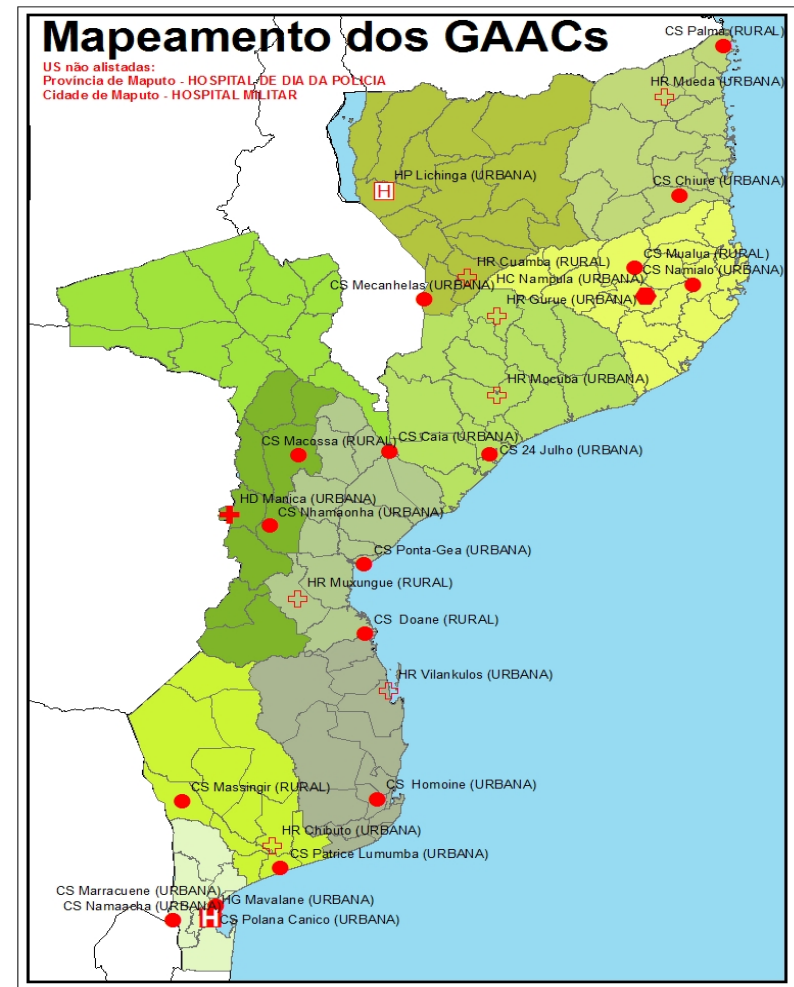
Between Feb 2008 -Dez 2012:

- 5729 members : Retention of 97.7% at 12 months, 96% at 24 months, 93.4% at 36 months and 91.8% at 48 months (Tom Decroo et al 2014)



2011 : National Pilot (30 months)

- 10 provinces involved except Tete province
- 72 HF (urban and rural) involved :
 - ✓ High volume : more than 1000 patients
 - ✓ Medium volume : between 500 – 1000 patients
 - ✓ Low volume : less than 500
- Development of tools (patient card, register books, monthly reports)
- Training of all HF selected
- Supervision every semester was done by central level teams to all 10 provinces



Who can be in CASG?

- **Population:**

- General Population (above 14 years old)



Less than 15 years

- **Stable Patients**

- Being on ART at least 6 months
- CD4 above 200 or vL less than 1000
- Clinical approval by the clinician
- Patient consent



Being on ART less than 6 months



Pregnant women



Patients active conditions of Stage 3 or 4



No willingness to be part of the group



NO clinical approval

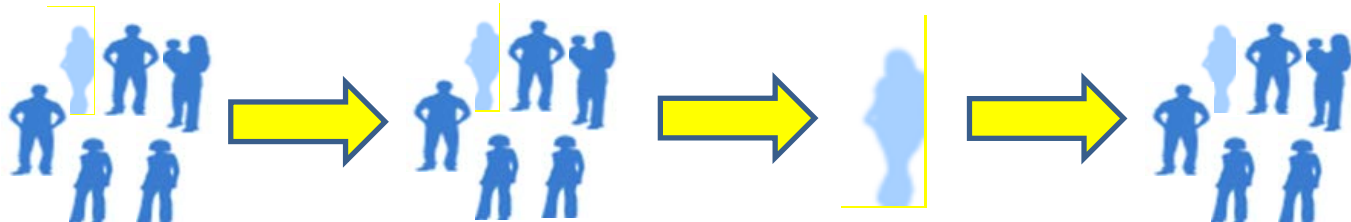
- **Context**

- Urban/rural
- Willingness to be part of group

Exclusion criteria

An Overview of the intervention: CASG

How it works



**Create a group
based on affinity**

**Groups varying
from 3 to 6
members meets
before scheduled
Health Facility**

**One member of
the group
collects
information
from all
members
(clinical screen,
adherence) and
goes to clinical
for consultation
and ART refills**

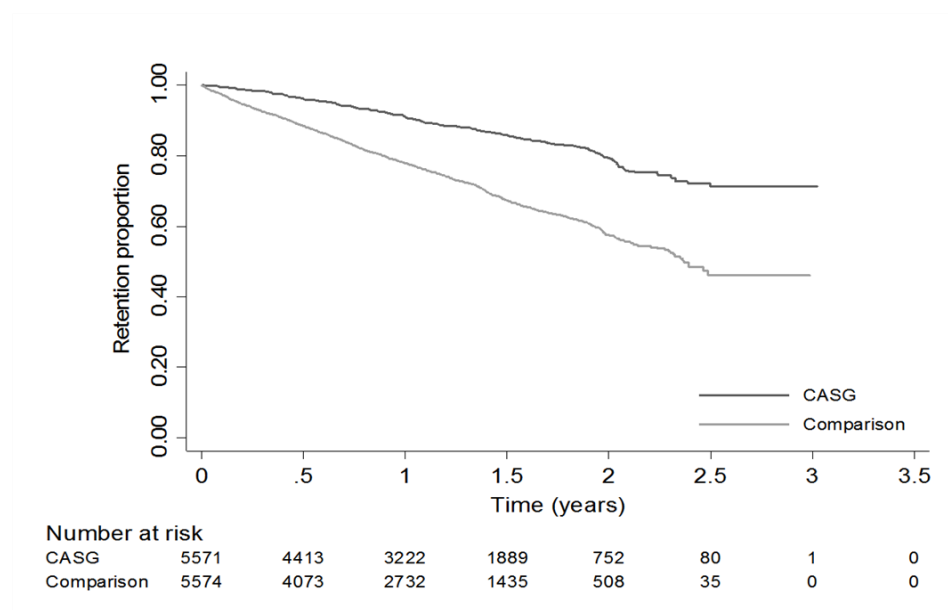
**Group reunion
in the
community after
clinic visit for
hand over of
drugs and
messages and
group support**



National Pilot : Results

Sample

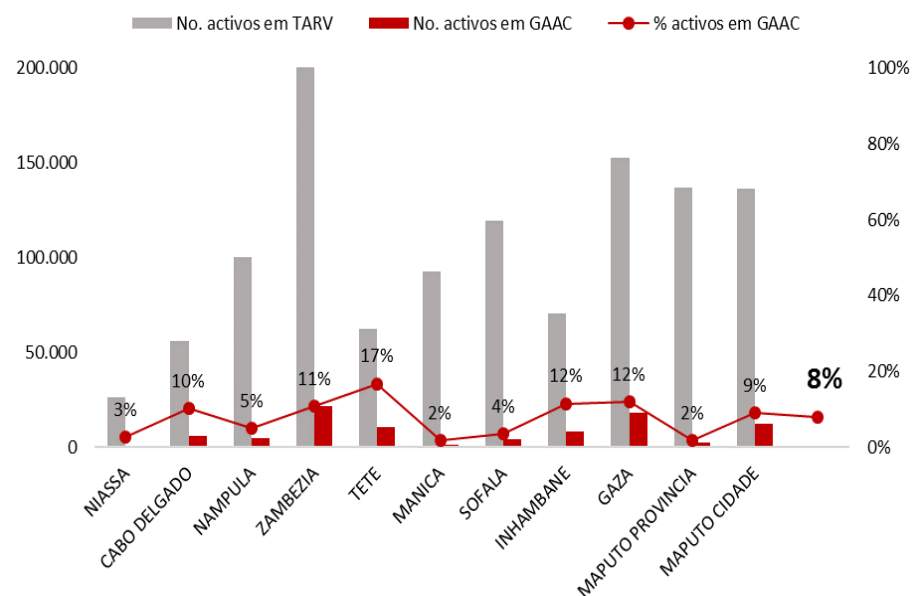
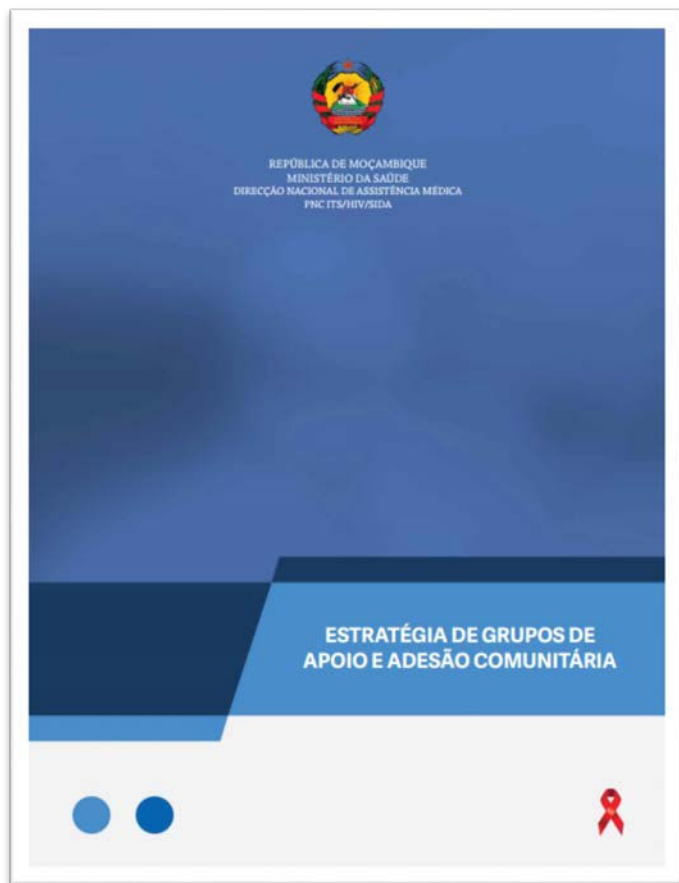
Provinces	10
Health Facilities	72
Number of Patients Enrolled Nationally	10,198 (17,272)
Number of Patients Enrolled in EPTS sites	7503
Number of Matched Patients Included in Analysis	5581
Time	30 months



CASG	96%	91%	86%	79%	71%
Comparison	88%	78%	67%	57%	46%



2015 : National Strategy



Dec 2017: 8 % patients on ART on CASG





10 years: what Tete (Changara and Marara) can tell us? (Preliminary Results)

ART cohort of 5365 patients



80% had fluent rotation/representation in the clinic

1625 patients on CASG (30 %)

34.7% of CASG members were men

- 88% of CASG members with CD4 monitored (median when entering CASG 347
- VL routine monitoring (Q4/2013): 794/1190 (66.7%) VL uptake
- **vL results : 63.6 %**

- **Retention in HIV care:** 98.5% at 6 months, gradually decreasing to 87.5% at 9 years*
- **Retention in CASG:** 97.51% at 6 months, gradually decreasing to 76.44% at 9 years.*



Lessons learned...

- Improve retention
- Key to invest in the community : demand creation and helps supervision
- Most of the members of the groups are women
- Inclusion non adherent patients
- *Way forward:*
 - Include CASG in the DSD guidelines...
 - Unstable patients (what to do?)
 - DSD for children and adolescents



Points for further discussion..

- What are the reasons for poor implementation?
- Do CASG improve adherence?
- Where CASG should be created? (community vs HF)
- Where are the men and adolescents in CASG?



Muito obrigado

- Médicos Sem Fronteira
- ICAP
- Bill and Melinda Gates Foundation
- PEPFAR

