

South to South Visit: Mozambique to Malawi

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery



Presentation Outline

- South-to-South Experience
 - Mozambique → Malawi
- Lessons Learned
- Next Steps

South-to-South Experience – continued

Members of the Mozambican Team

- Hélder Macul - Focal person for quality improvement, HIV Program – MoH
- Eudoxia Filipe - Focal person for opportunistic infections, HIV Program – MoH
- Sónia Chilundo - C&T Deputy branch Chef CDC Mozambique
- Dário Aly - MCH, PMTCT and Care & Treatment Manager - ICAP Mozambique
- Lionel Zevo - Care and Treatment Advisor - Ariel Foundation
- Jeremias Pita – Technical Director – Ariel Foundation Cabo Delgado

South-to-South Experience: Mozambique in Malawi

Purpose of the visit was to collect experiences related to Differentiated Service Delivery (DSD) implementation specifically for:

- ✓ Adolescent clubs
- ✓ Community ART Dispensing



Visit to Light House Hospital Mozambican team receiving explanation of tools and flow of patients

South-to-South Experience: Mozambique in Malawi (cont.)

What did the Mozambican team experience?

We visited:

- Adolescent Camp
- Adolescent Clubs
- Community ART Dispensing
- Lighthouse Hospital
 - Observed services for patients with advanced HIV disease

South-to-South Experience: Mozambique in Malawi (cont.)

ADOLESCENT CAMP

- Concentration of adolescents living with HIV in an out-of-town camp
- Adolescents are selected at HF, and are patients from the adolescent club
- **Periodicity:** during the vacation period (once a year), during 5 days
- **Main objective:** contribution to strengthen adherence and retention
- **Mentors:** community volunteers or former adolescents who also went through the camp. The ratio is 1 mentor to 3 teenagers
- **Activities :**
 - group discussion on sexual and reproductive health, adherence to treatment stigma and discrimination;
 - Art, Cooking, Music, sports, games
 - Learn values: Love, Respect, Safe behaviors
- **Funds:** from 3 different partners

ADMISSION CRITERIA

- Adolescent living with HIV on antiretroviral treatment
- Full disclosure of the serological status
- Age between 11 and 15 years
- Informed consent of caregivers
- Clinically stable patients
- Not attended previous camps
- Interested in progressing with studies

STRENGTHS

- **Disclosure of HIV status to adolescents and caregivers and as well Support groups are contributing to reduce stigma and discrimination and improve adherence and retention**

South-to-South Experience: Mozambique in Malawi (cont.)

ADOLESCENT CLUB

- Meetings on Saturdays at Health Facility
- **Number of sessions per patient:** one session every two months
- **Age subgroups** (to adapt the subjects to be addressed):
 - 10 to 14 years
 - 15 to 19 years
- **Main Topics:**
 - Adherence to treatment
 - Sexual and reproductive health
 - Nutrition

Duration of each session: 5 hours

Number of participants per session: 80

ADMISSION CRITERIA

- Being in ART for more than 6 months
- Fully disclosed
- Age between 10 and 19 years
- Be clinically stable
- Informed consent from caregivers

STRENGTHS

- **Teen Clubs allows better interaction and exchange of experiences between adolescent patients, and between them and health care provider, this can contribute to improve adherence to treatment and retention to care among this age subgroup.**

South-to-South Experience: Mozambique in Malawi (cont.)

COMMUNITY ART REFILL

- Aims to improve adherence and retention through quarterly ART refill in the community. The ART refill is done by nurses assisted by community volunteer activists at CBO



ADMISSION CRITERIA

- Have been in ART for at least 1 year regardless of the therapeutic line
- Have undetectable viral load
- Have good adherence
- Clinically stable according to WHO definition
- Be enrolled in a health unit supported by a Lighthouse partner
- Be part of one of the community support groups

STRENGTHS

- Good organization of community services in terms of patient mapping by geographical area.
- Mentors /activists responsible for each geographic area.
- Involvement of local community leadership.

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Lessons Learned

- Support groups
 - Can contribute to improve adherence to treatment and retention in care
 - Possible to have different approaches focused in youth (Camps/Teen clubs)
- Decentralization of services to the community
 - Reduces workload for health care workers at Health Facility Level, allowing concentrated efforts for unstable patients, and spare time to provide quality services
 - Reduces distance that patients need to walk to have access to health services
- There is a need to standardize interventions to be offered to unstable patients (advanced disease package for HIV)
- Electronic systems are crucial and an important platform to ensure adequate management of the HIV Program (EPTS, Pharmacy and LAB)

Lessons Learned (cont.)

- **What did you learn that was relevant to your “home” country context?**
 - Implementing DSD needs resources and partners support. This is key to build and put in place a system with human resources, tools and platform for monitoring and evaluation (all the models we saw in Malawi are supported and implemented by NGO's)
- **What surprised you?**
 - Implementation of community ART dispensing: clinics are only for HIV positive patients, and stigma and discrimination at community level is reduced (i.e. not a big issue).

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Next Steps (1)

- **How did you transfer what you learned to your "home" setting?**
 - The transfer was made through:
 - Meeting to share the visit report (main findings/experiences were shared)
 - TWG's meetings to discuss retention and DSD models at Ministry of Health (HIV Program)
- **What actions did you (or will you) take as a result of the visit, and how will they contribute to the scale-up of DSD in your country?**
 - Contributions as input during the DSD guide development process
 - DSD guide was released last month (i.e. October), TOT was held and the scale up is ongoing

Thank You!
Obrigado!
Khanimambo!