Taking Differentiated Service Delivery to Scale in Mozambique: Putting Quality at the Center

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BACKGROUND

Mozambique has made progress in addressing the country's HIV epidemic with an estimated 72% people living with HIV aware of their status and 56% of people living with HIV on antiretroviral therapy (ART) in 2018 (UNAIDS 2019). This year Mozambique implemented multiple initiatives to contribute to the scale-up of differentiated service delivery (DSD). While recipients of care are not engaged in strategic planning related to DSD, they are heavily engaged in implementation, demand creation, and discussions about the quality of DSD services.

In September 2019, MOH rolled out new M&E registration tools that allow manual collection of information about DSD. This involves the use of a master-card and the electronic patient tracking system (EPTS) to collect DSD-specific data at the patient level. MOH also defined quality standards for less-intensive DSD models and developed a supervision form to evaluate the quality of DSD services including assessment of eligibility, prophylaxis, lab tests, clinical appointments, and drug pickups.

DSD IMPLEMENTATION

Currently, 10 models of ART services are available in Mozambique—six less-intensive DSD models (DSDM) and four more-intensive models. The less-intensive models include two facility-based individual models—**3-month MMS** and the **Appointment Spacing Model;** one facility-based group model—**Adherence Clubs;** one community-based individual model—**Integrated Mobile Brigades** with Community ART Refills; and two community-based group models—**Community Support and Adherence Groups (GAAC)** and the **Family Group Model.** The more intensive models include the conventional model, one-stop-shops for ANC/PMTCT and TB/HIV and youth friendly adolescent services.

Since January 2019, Médecins Sans Frontières (MSF) has been piloting a new Perinatal Adherence Club model in one health facility. This model is aimed at pregnant and breastfeeding women and features monthly meetings where adherence club services are provided. The main goal of the club is to support prevention of mother-to-child transmission (PMTCT), so the groups contain a mix of women who are doing well on ART, those who are 'unstable' on ART, and their spouses or partners. As of October 2019, three of these clubs are being piloted with 44 women (27 of whom were breastfeeding and 17 who were pregnant). To date, 27 of the 28 babies delivered to women in this model have tested HIV-negative.

> **Features of the Perinatal Adherence Club pilot model:**
> - Members attend usual antenatal care clinic or child welfare clinics and come to monthly club meetings for HIV-related issues
> - Health providers include a nutritionist, counselor, pharmacist, and medical doctor
> - Services include early morning testing and results, adherence monitoring, drug resistance testing, regimen switching if needed, support for partner disclosure, ART refills, family planning, and support for formula feeding

As of August 2019, Mozambique estimates that 41% of all those active on ART were enrolled in one of the six less-intensive DSDM, *vs.* 59% who were receiving ART services through the conventional model (Figure 1). This estimate is based on data from 127 sites covering 553,034 (46%) of the 1,203,607 PLWH current on ART in the country. However, MOH is not able to estimate the numbers of people enrolled in each less-intensive model

Figure 1: DSD Model Mix, August 2019

- 41%
- 59%
- Conventional Model
- Any DSD Model (monthly to 6-monthly refills)
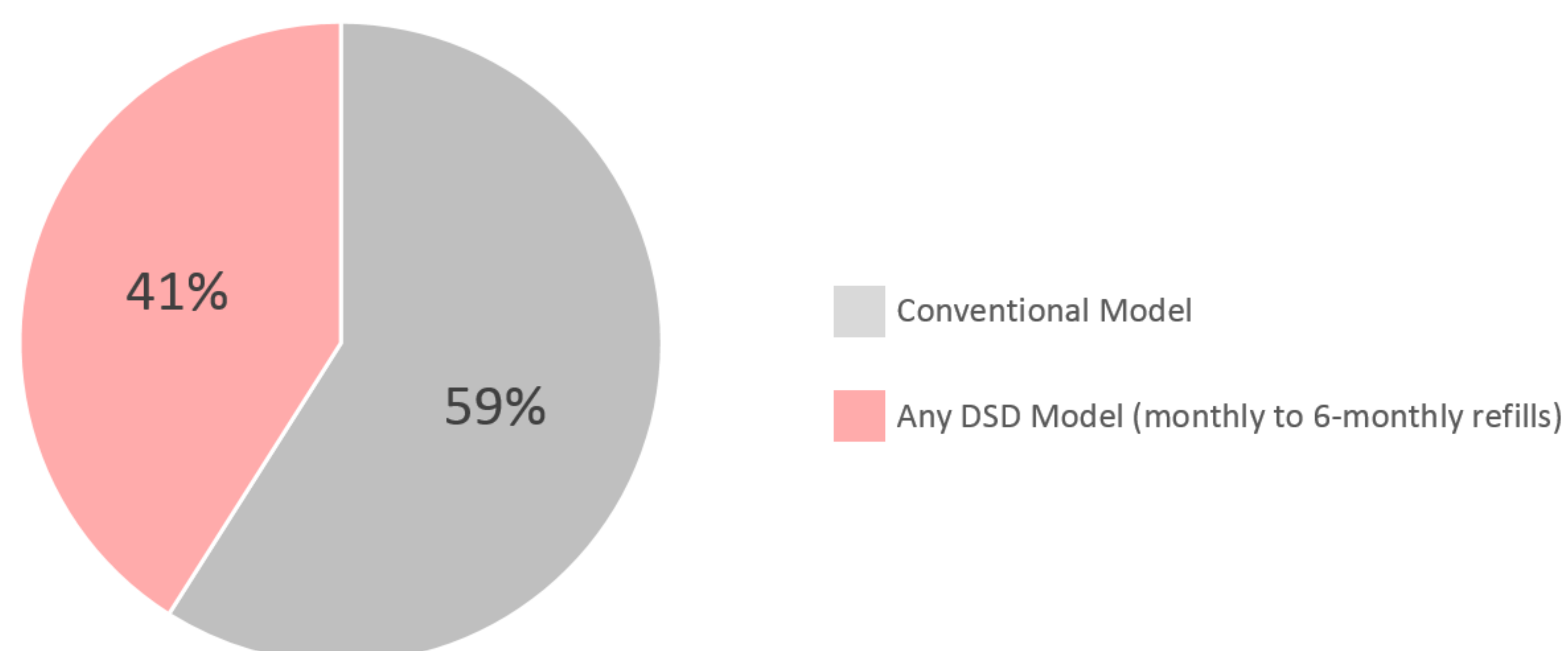
DSD DASHBOARD

Figure 2: Dashboard Results 2019
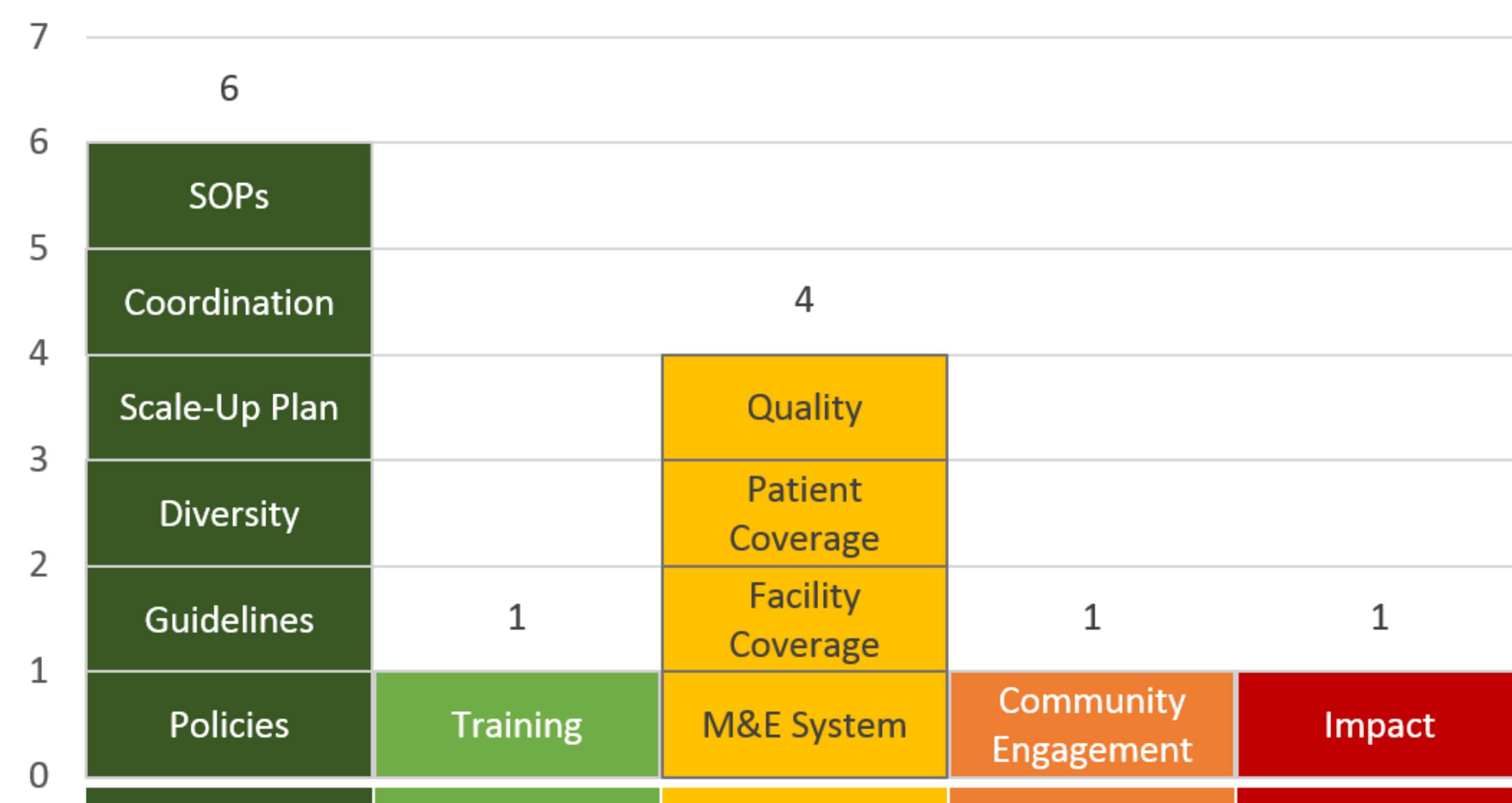
The CQUIN DSD Dashboard assesses the maturity of national DSD programs across 13 domains. During an October 2019 staging meeting, Mozambique found it had reached the highest-possible level of maturity measured by the tool in six domains—Policies, Guidelines, Diversity, Scale-Up Plan, Coordination, and SOPs—and a high level of maturity in a further domain of Training (Figure 2). Six domains remain staged at mid-to-low levels of development and are areas to prioritize over the coming year.
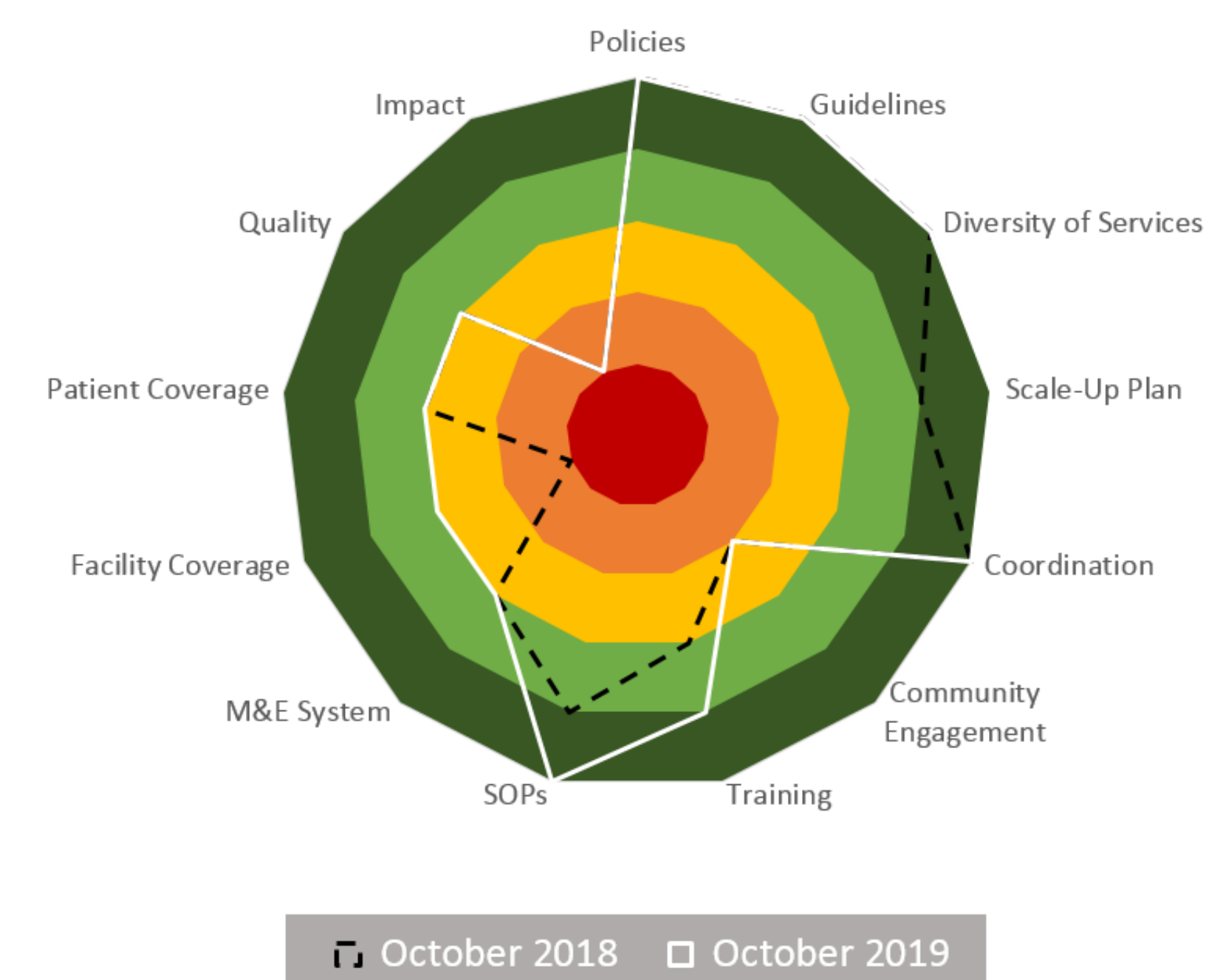
Figure 3 describes the progress Mozambique has made from October 2018 to October 2019, highlighting the success in advancing the maturity of the Scale-Up Plan, Training, SOP, and Facility Coverage domains.

Figure 3: Dashboard Results 2018 *vs.* 2019

October 2018   October 2019

SUCCESS STORY

MOH developed a national QI framework to improve the quality of HIV services, including DSD, based on assessment of clinical performance standards and the development of improvement plans for weak performance areas. The purpose of this document is to guide health managers and providers in the implementation of a standardized approach to QI. This national QI framework has enabled HF to implement different QI-DSD activities, and enrollment in less-intensive DSD models has improved.

The plan is to assess health care worker and recipient of care satisfaction through the QI platform, by integrating relevant questions into routine health facility mentorship and supervision visits.

NEXT STEPS/WAY FORWARD

Key lessons were learned in the first phase of DSD scale-up.
- It is crucial to focus on DSD demand creation and community engagement strategies to ensure that all eligible recipients of care have the option to enroll.
- Diversity of models is essential as different models fit various contexts. Availability of different models allow patients to choose the model that serves them best. In 2020, new community models will be incorporated into the DSD program.
- Quality standards are critical, especially in the scale-up process, to ensure that all people on ART are enrolled in DSD using the correct criteria. After a year of scaling up and creating demand, Mozambique will focus on quality over quantity in the next phase.
- Continuous training of healthcare workers is essential.
- Evaluation of impact is also a priority. MOH and its partners will begin analyzing the data to see the impact of the DSD models, including evaluation of healthcare worker and recipient of care satisfaction.

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