

# Mozambique – Ethiopia S2S Visit (6MMD): Lessons learned

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**ICAP**

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**HIV LEARNING NETWORK**

The CQUIN Project for Differentiated Service Delivery

# Outline

- S2S Visit Contextualization;
- S2S Visit preparation;
- Team composition;
- Sites Visited;
- Key Lessons;
- Challenges;
- Actions in country;
- Next steps.

# S2S Visit Contextualization (1)

- Currently we are consolidating the scaling up of our DSD models:
  - Mainly the 3 months drug refills;
- In this process we started thinking about the introduction of new models;
  - To face the challenges we are having with some specific group populations (miners, farm workers, etc);
  - And that would best fit these groups;
- 6 months ARVs refills was one of the options;
- Ethiopia was the first country implementing 6 months refills so with guidance from CQUIN team, a S2S visit was encouraged;

# S2S Visit Contextualization (2) – Questions

- How did Ethiopia's Federal Ministry of Health (FMOH) and its partners planned and implemented the rapid scale-up of 6 months refills?
- How did ARV forecasting, procurement, distribution and storage systems adapted to facilitate the scale-up?
- What changes had to be made at the central medical store and health facilities?
- Is 6 months refills affecting the country's supply chain system (stock outs) for ARVs?
- How is 6 months refills affecting clients satisfaction and adherence to ART?

# S2S Visit Contextualization (3) – Questions

- What lessons have been learned about dispensing and storage of this larger supply of ARVs?
- Is 6 months refills improving HIV treatment outcomes such as retention in care and viral suppression?
- How is the M&E system?
- What are the clinical criteria to include ROC in the 6 months refills?

# S2S Visit preparation

- Submission of S2S visit request form to CQUIN;
- Visit approval by CQUIN and Ethiopia's Federal Ministry of Health (FMOH);
- Identification of key persons to participate in the S2S visit:
  - Central medical stores;
  - National STI-HIV/AIDs Program (chain supply);
  - National STI-HIV/AIDs Program (care and treatment);
  - National Network of People Living With HIV.
- Visa application;
- Visit from 9 – 12 October;

# Team Composition

- Multidisciplinary team;
  - Pharmacy;
  - HIV program;
  - Chain supply;
  - Network of people living with HIV;
- Teams from 2 countries:
  - Mozambique and
  - Eswatini



Picture 1: Debrief at FMOH

# Sites Visited



Picture 2: Ethiopia Federal Ministry of Health



Picture 3: Zewditu Memorial Hospital (ZMH)



Picture 4: Lideta Health Center (LHC)



# Key Lessons (1)

- Ethiopia FMOH piloted the appointment spacing model (ASM) in 2016/2017
  - Initial readiness assessment was done in the pilot HFs;
  - The expansion of ASM was done without further assessment;
- All HF were considered eligible for the ASM;
- The pharmacy uses paper based systems to report the ARVs stocks;
- The pharmacy paper based system is the same as what we use in Mozambique;
- The electronic dispensing system (EDT) is not a mandatory requirement to implement the ASM;

# Key Lessons (2)

- The psychosocial consultation is done twice per year during the clinical consultation;
- The blood sample for the VL test is taken at the day of the clinical appointment:
  - The result is delivered at the next appointment (if  $< 1000$  copies);
  - If the VL  $> 1000$  copies the patient receives a call to return earlier to the HF;
- Some patients refuse to be enrolled in the ASM:
  - 38% of all illegible patients refused to be enrolled;
- 6 months refills remarkably decreased the client load from the HCPs;

# Key Lessons (3)

- Increased patient satisfaction by shorting waiting time and longer clinic appointment;
- Has contributed to improve lost to follow up rate and retention;
- Increased quality of service delivery at ART clinic;
- The Hospital has showed improvement on linkage (80% started ART within the HFs), rapid ART initiation and viral suppression;
- Among clients with 1<sup>st</sup> RVL result, 92% of them were virally suppressed after 1 year in the model;

# Challenges with the 6 Months Refills

- Supply chain distribution problems;
- Packs of 30 pills (packs of 90 pills are recommended);
- Parallel reporting timeliness and completeness;
- Unexpectedly higher rate of refusals;
- ROC preference for regular/frequent follow ups;
- Drug safety and storage at home;
- Fear of unintentional disclosure;
- Fear of stigma & discrimination;

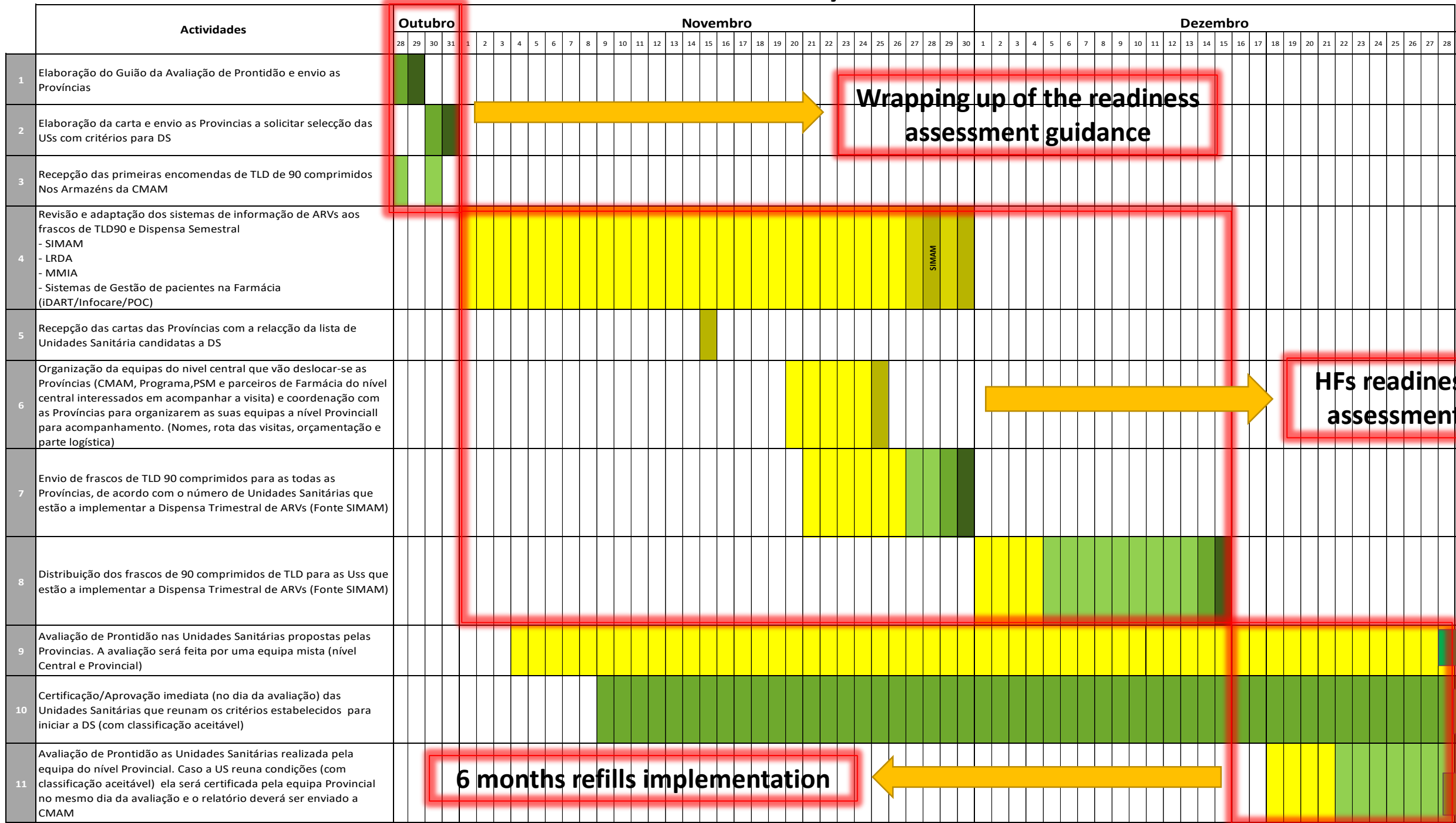
# Actions in country

- In country debrief to the central medical stores and national HIV program;
- Continued to work in the TWG to write the SOPs for the 6 months refills;
- Change some clinical criteria based on Ethiopia experiences;
- Implement the 6 months refills in 2 settings:
  - HFs > 500 patients on ART will use a mandatory pharmacy electronic system;
  - HFs < 500 patients on ART will use a pharmacy paper based system;
- Finish the readiness assessment tool;
- Start discussion in the TWG regarding demand creation tool for the models;
- Definition of the next steps and implementation plan;

# Next steps

- Finish the readiness assessment guidance;
- Ask the Provincial Directorate about the HFs that will implement the 6 months refills (after the assessment):
  - Priority will be given to the HFs already implementing the 3MMD;
- HFs assessment;
- ARVs distribution (pack of 90 pills) to the HFs that will implement 6 months refills;
- HFs certification to “start the implementation”;
- Continuous cycle to increase the number of HFs implementing the model;

# CRONOGRAMA DA IMPLEMENTAÇÃO DA DISPENSA SEMESTRAL DE ANTI-RETROVIRAIS



**Wrapping up of the readiness assessment guidance**

**HF's readiness assessment**

**6 months refills implementation**

# Thank You!

Teşekkür ederim

Aitäh

Je vous remercie

Dank je

Tak

Дзякуй

Дзякуй

Ευχαριστώ

Дякую

Dziękuję Ci

Danke

Děkuji

Tack

Takk skal du ha

Gracias

ارکشر

Хвала вам

謝謝

Gratias tibi

Hvala

ΧΤΗΝΩ

Kitos

Grazie

Paldies

Спасибо

Multumesc

Obrigado

고맙습니다

ありがとうございました