

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

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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.

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S2S Visit Contextualization (1)

- Currently we are consolidating the scaling up of ours 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 this 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; The CQUIN Project 3rd Annual Meeting | November 10-14, 2019

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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



Picture 1: Debrief at FMOH

• Eswatini

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Sites Visited



Picture 2: Ethiopia Federal Ministry of Health



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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 1st RVL result, 92% of them were virally suppressed after 1 year in the model;

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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; The CQUIN Project

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; The CQUIN Project



- 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

		Outi	ıbro		Novembro												Dezembro																										
	Actividades	28 29		1	2 3	4 5	6 7	7 8	9 10	0 11	12 1	3 14			18 19	20	21 2	2 23	24 25	5 26	27 2	8 29	30	1 2	3	4 5	6	7 8	9 10	0 11	12 13			1 1	18 19	20	21 2	22 23	24 25	26 2	27 28	l	
1	Elaboração do Guião da Avaliação de Prontidão e envio as Províncias																		W	ra	pp	oin	σ	un	0	f tl	he	re	ad	in	es	s											
2	Elaboração da carta e envio as Provincias a solicitar selecção das USs com critérios para DS																												nc													[
3	Recepção das primeiras encomendas de TLD de 90 comprimidos Nos Armazéns da CMAM																																									l	
4	Revisão e adaptação dos sistemas de informação de ARVs aos frascos de TLD90 e Dispensa Semestral - SIMAM - LRDA - MMIA - Sistemas de Gestão de pacientes na Farmácia (iDART/Infocare/POC)																					SIMAM																					
5	Recepção das cartas das Províncias com a relacção da lista de Unidades Sanitária candidatas a DS																																										
6	Organização da equipas do nivel central que vão deslocar-se as Províncias (CMAM, Programa,PSM e parceiros de Farmácia do nível central interessados em acompanhar a visita) e coordenação com as Províncias para organizarem as suas equipas a nível Provinciall para acompanhamento. (Nomes, rota das visitas, orçamentação e parte logística)																																								nes ent		
7	Envio de frascos de TLD 90 comprimidos para as todas as Províncias, de acordo com o número de Unidades Sanitárias que estão a implementar a Dispensa Trimestral de ARVs (Fonte SIMAM)																															l										
8	Distribuição dos frascos de 90 comprimidos de TLD para as Uss que estão a implementar a Dispensa Trimestral de ARVs (Fonte SIMAM																																										
9	Avaliação de Prontidão nas Unidades Sanitárias propostas pelas Provincias. A avaliação será feita por uma equipa mista (nível Central e Provincial)																																										
10	Certificação/Aprovação imediata (no dia da avaliação) das Unidades Sanitárias que reunam os critérios estabelecidos para iniciar a DS (com classificação aceitável)																																										
11	Avaliação de Prontidão as Unidades Sanitárias realizada pela equipa do nível Provincial. Caso a US reuna condições (com classificação aceitável) ela será certificada pela equipa Provincial no mesmo dia da avaliação e o relatório deverá ser enviado a CMAM			6 r	mo	ont	hs	re	fill	s i	m	ple	em	ner	nta	ti	on																										

