



# Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services in Mozambique



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## BACKGROUND

Mozambique launched its first guide on differentiated service delivery (DSD) in 2018. The second edition was released in March 2023 to reflect the current context and international recommendations. DSD is integrated into the Care and Treatment Technical Working Group (TWG), which consults with providers as needed. Recipients of care (RoCs) representatives are permanent members of the Prevention and Care and Treatment TWGs. Current priorities include optimizing the supply chain to ensure scale-up of DSD (self-test, PrEP, AHD, and MMD) and the integration of non-HIV conditions. DSD Quality Standards are included in the National QI Approach.

## DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Results vs. Projections

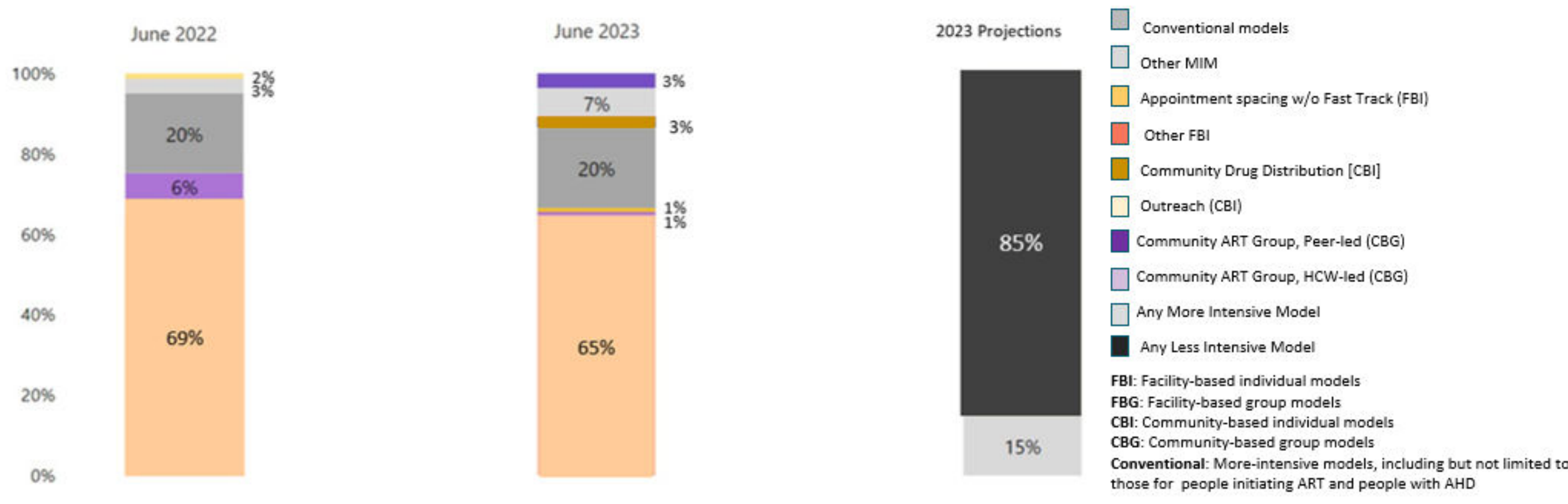
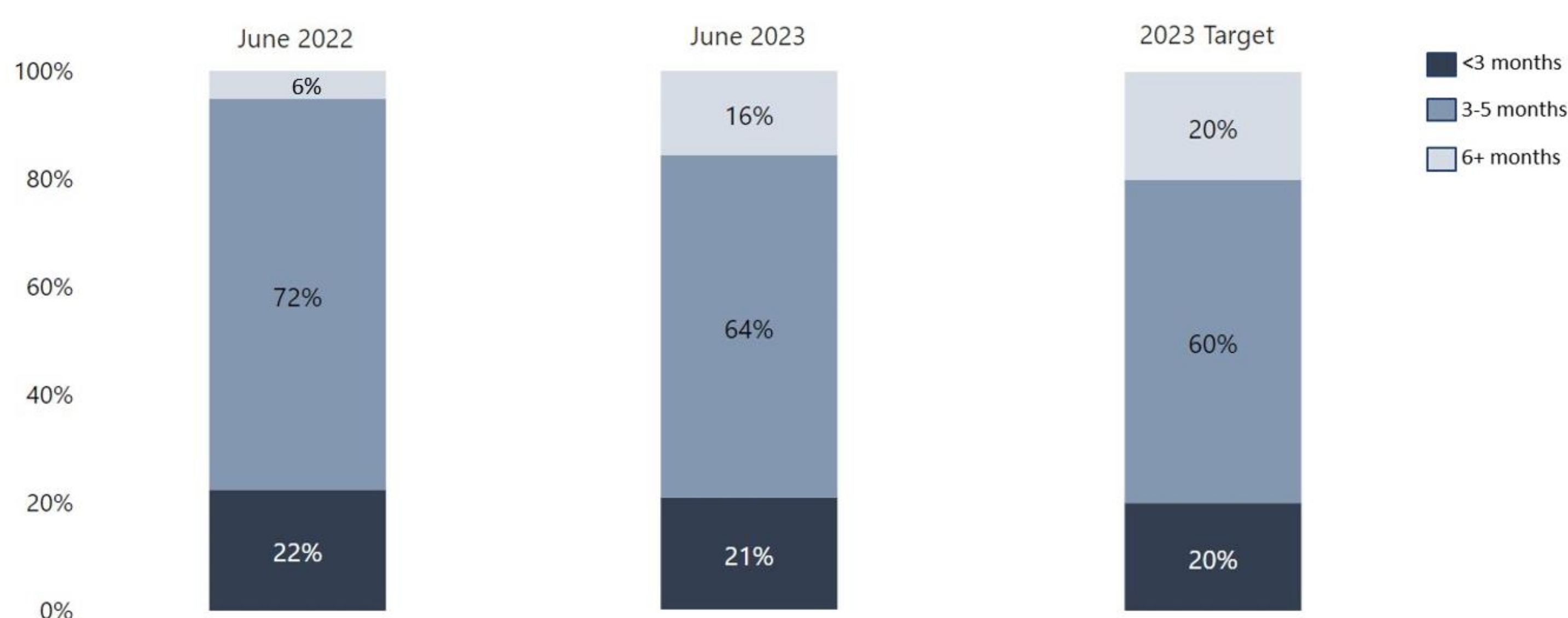


Figure 2: Multi-month Dispensing (MMD): Results vs. Projections



DSD models available in the country include the following:

- Less intensive models: 3MMD, 6MMD, Community Drug Dispensation by Community Health Workers and Community Adherence Groups
- More intensive models: 2MMD for BFW, Family Approach, One-Stop Model, Extended Hours, Community Drug Dispensation by HCW, AHD, Mobile Brigades and Mobile Clinics

Groups eligible for less-intensive models include individuals who are 2+ years old, have been on ART for 3+ months, are VL suppressed, and are without active condition of WHO stage III or IV.

All 1,783 health facilities providing ART services in Mozambique provide at least one less-intensive model and 85% of RoCs are receiving their ART for 3+ months.

The country planned to increase the coverage of 6MMD from 6% in 2022 to 20% in 2023. By June 2023, the coverage was 4% less than planned. The lack of availability of ART stocks hindered the-scale up of 6MMD to more health facilities.

## CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Mozambique belongs to the following communities of practice: MCH, AHD, QI, KP, Mobile and Displaced Populations, and M&E.
- Mozambique hosted two countries in September 2023 for an enhanced country-to-country learning exchange visit focused on FP/HIV integration.
- Key lessons learned from CQUIN meetings include use of the HIV self-test form for PrEP client (which has since been included in Mozambique's policies); how to engage the private sector; and development of a welcome back package for re-engaging clients

## DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART Capability Maturity Model Trends (2022-2023)

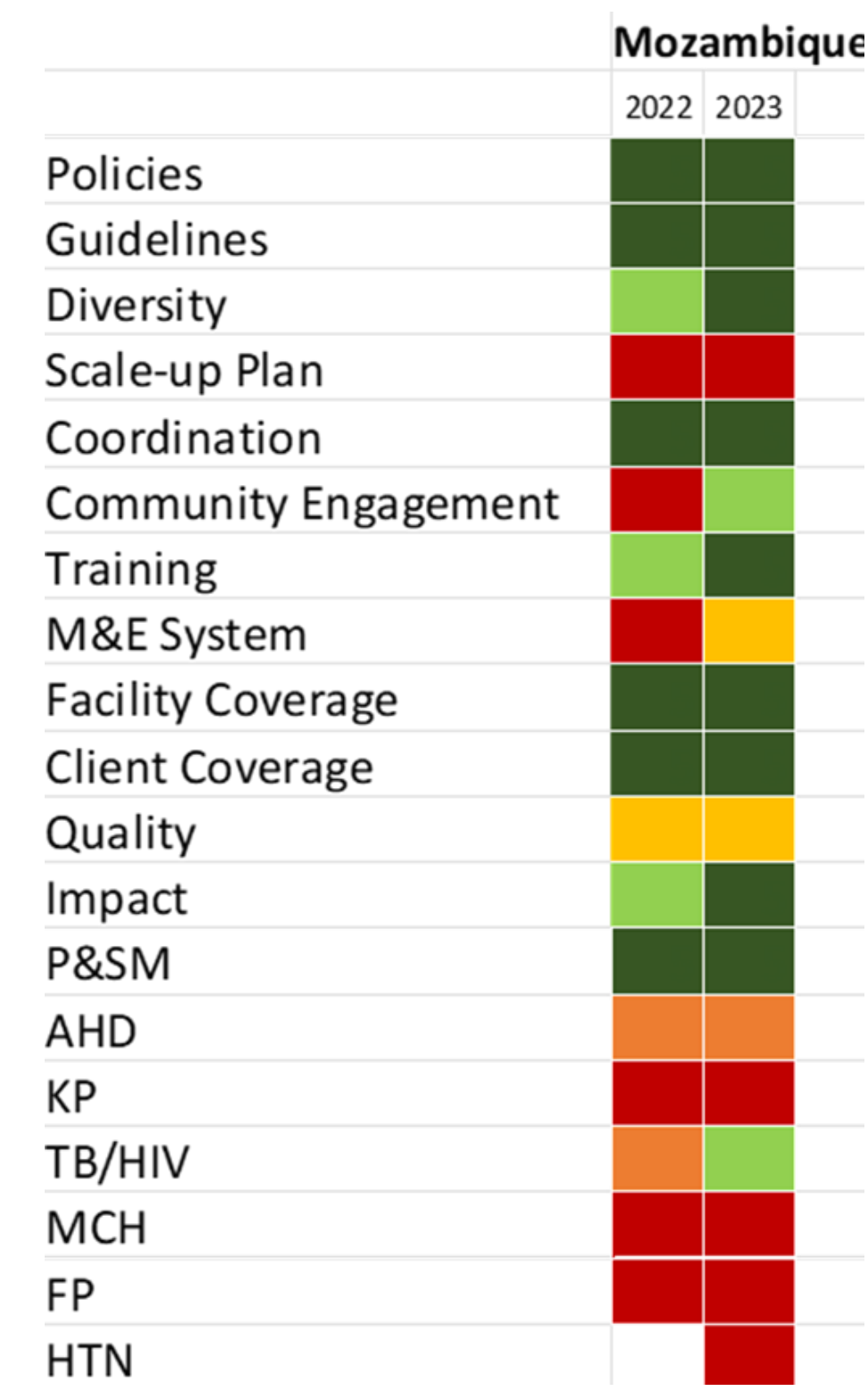


Figure 3 shows the results of the country team's self-assessment using the CQUIN DART capability maturity model in 2022 and 2023. In 2023, Mozambique achieved the most mature stage (dark green) in **nine domains** (policies, guidelines, diversity, coordination, training, facility & client coverage, impact, and P&SM), while scale-up plan, KP, MCH, FP, and NCD domains remained in the least mature (red) stage.

Domains that show the least maturity can be attributed to the absence of a detailed scale-up plan, gaps in the integration of non-HIV conditions, and the lack of implementation of less-intensive DSD for pregnant and breastfeeding women.

## AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD Capability Maturity Model Results, 2023

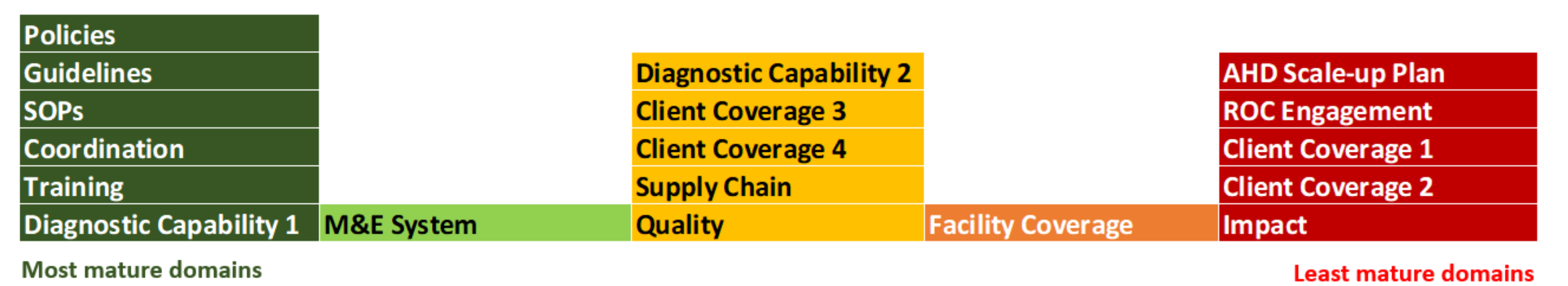


Figure 4 shows the results of the country team's recent self-assessment using the CQUIN AHD capability maturity model. Availability of national policies, guidelines, SOPs, and a training package, as well as the availability of a focal person and TWG contributed to the good performance of the most mature domains. The absence of a scale-up plan, ROC engagement, and client coverage information are the main challenges the country is facing. Phased implementation of the AHD package contributed to the low maturity on client and facility coverage, as the package has not yet been taken to scale.

## dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS Capability Maturity Model Results, 2023

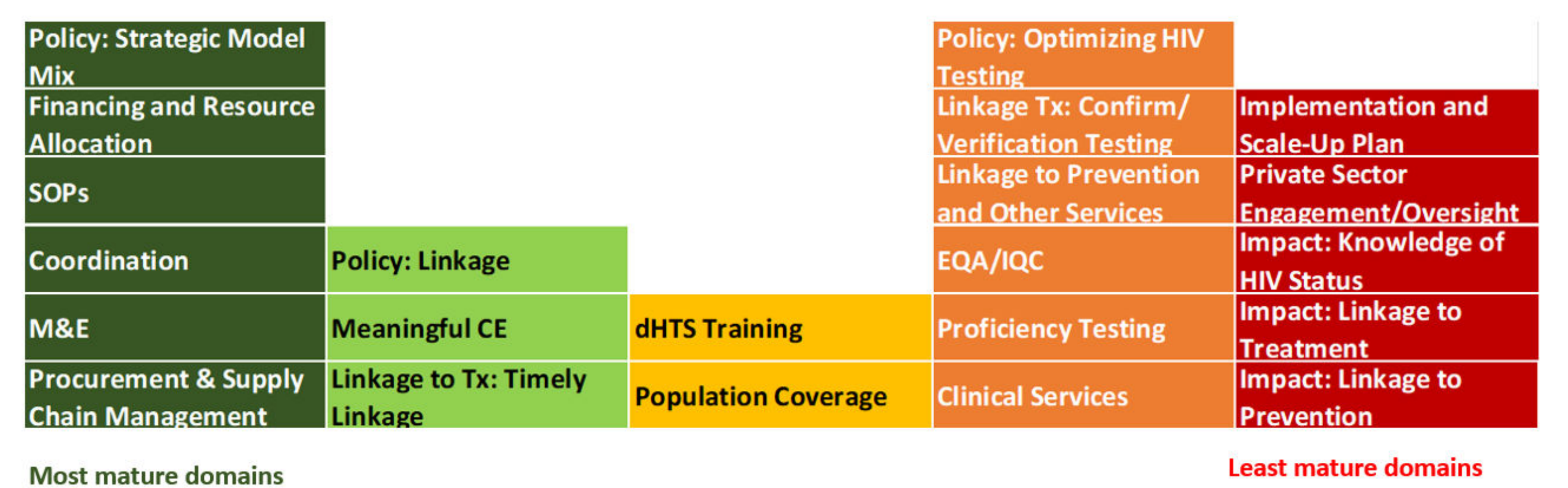


Figure 5: Mozambique achieved maturity in **six domains** (policies, financing and resource allocation, SOPs, coordination, M&E, and procurement supply chain) as a result of:

- Updated national guidelines, SOPs, and M&E for testing and self-testing
- The presence of a focal person for testing based at the MOH/HIV program
- The presence of a supply chain focal person based at the MOH who supports the procurement of testing commodities (with no national stockout of testing commodities registered during the past year).

The least mature domains resulted from a lack of a scale-up plan, limited engagement with the private sector on testing services, and the absence of impact assessments.

## NEXT STEPS / WAY FORWARD

- Continue scaling up HIV prevention, care, and treatment DSD models while considering issues of supply chain readiness.
- Engage lay providers on demand creation for DSD.
- Conduct the fourth DSD Performance Review using EMR automated data abstraction.
- Scale up DSD models according to the national plan.