Mozambique

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CQUIN 7th Annual Meeting
November 13 – 17, 2023 | Johannesburg, South Africa

Outline

- **Where are we now?**
  - **Progress towards 95:95:95 targets**
  - **Treatment capability maturity model self-staging results**
  - **DART model mix and MMD**
  - **AHD CMM self-staging results**
  - **dHTS CMM self-staging results**

- **How did we get here?**
  - **Country planning and coordination activities**
  - **Engagement with CQUIN**
  - **Update on CQUIN Action Plan**
    - 6th annual meeting action plans
    - dHTS meeting action plans
  - **Integration of HIV and Non-HIV services into DSD**
  - **Successes and Challenges**

- **What's next?**

Progress towards the 95:95:95 targets

12.5%   HIV prevalence
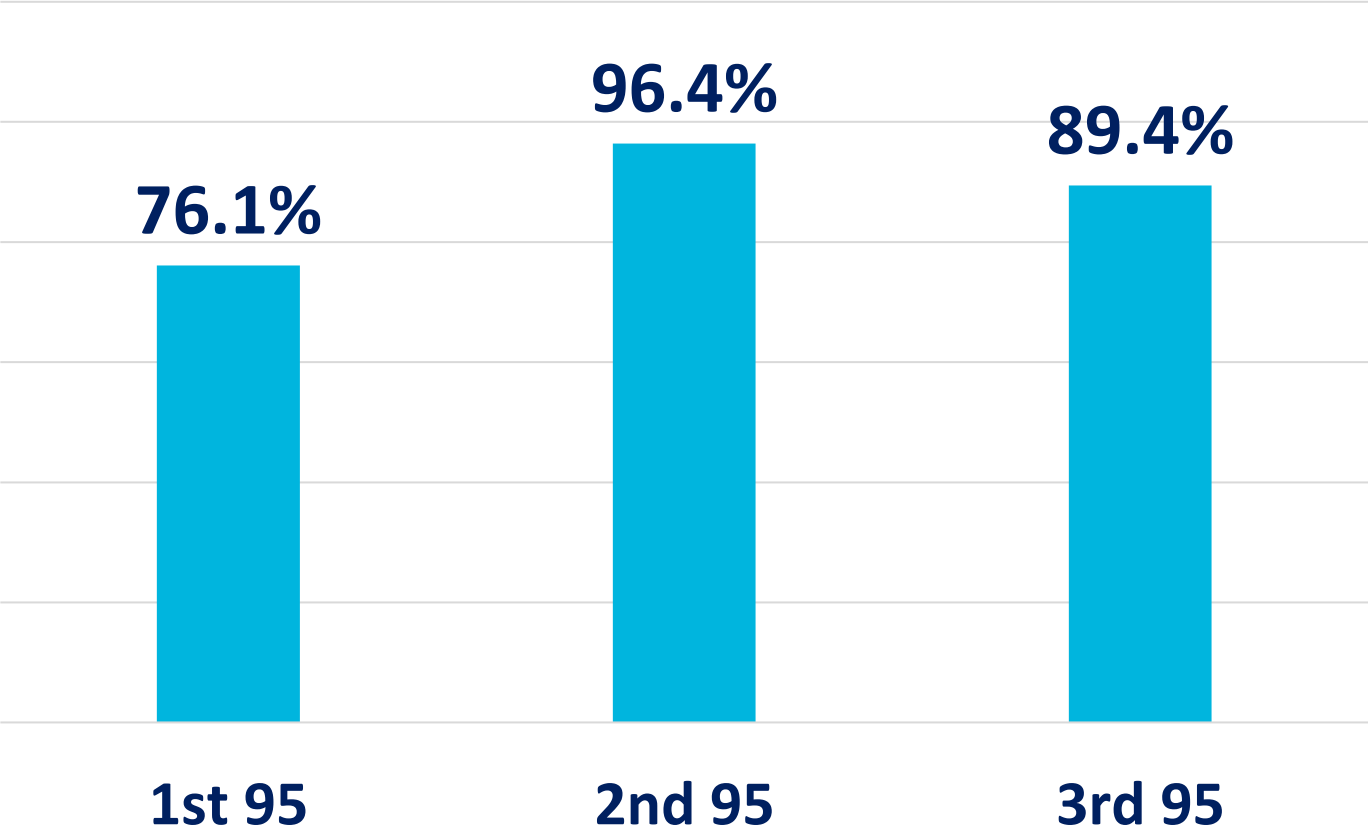
89000   New infections (yearly)

40000   Deaths (yearly)

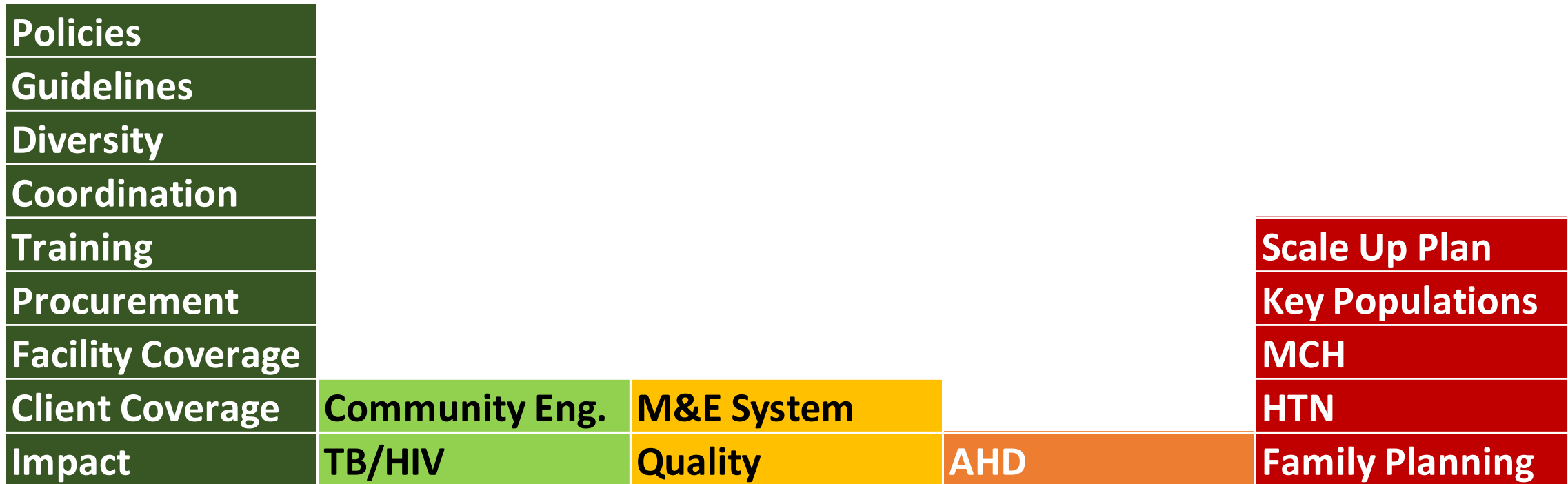**2,105,907** people living with HIV on treatment

1,755 health facilities providing ART services

95-95-95 Cascade

1st 95	2nd 95	3rd 95
76.1%	96.4%	89.4%

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CQUIN Treatment Dashboard Results: 2023

Policies			
Guidelines			
Diversity			
Coordination			
Training			**Scale Up Plan**
Procurement			**Key Populations**
Facility Coverage			**MCH**
Client Coverage	**Community Eng.**	**M&E System**	**HTN**
Impact	**TB/HIV**	**Quality**	**AHD**	**Family Planning**

Most mature domains   **Least mature domains**

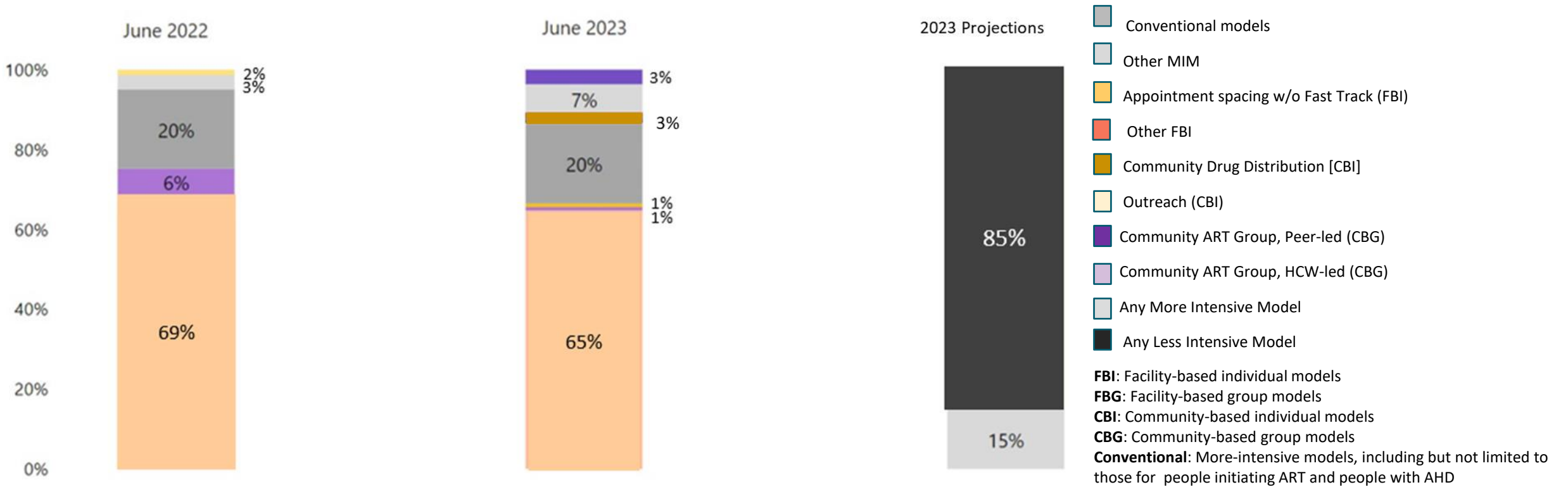Some identified systemic weaknesses leading to less-mature domains:
- M&E Systems do not capture comprehensive data
- Quality standards were not all met
- No specific DSD for each KP group
- No less intensive models for PBFW
- NCD and FP not fully integrated into less intensive models

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- Update of the DSD guide, implementation of DPRs, implementation of the ITPC toolkit by Civil Society, and integration of TPT into 3MMD contributed to improvements on Policies, Diversity, Community Engagement, M&E Systems, Impact and TB/HIV domains
- Despite these improvements registered during the past year, the country still has the following gaps:
  - No scale up plan
  - Regular M&E systems do not allow to report DSD data
  - No less intensive models for MCH
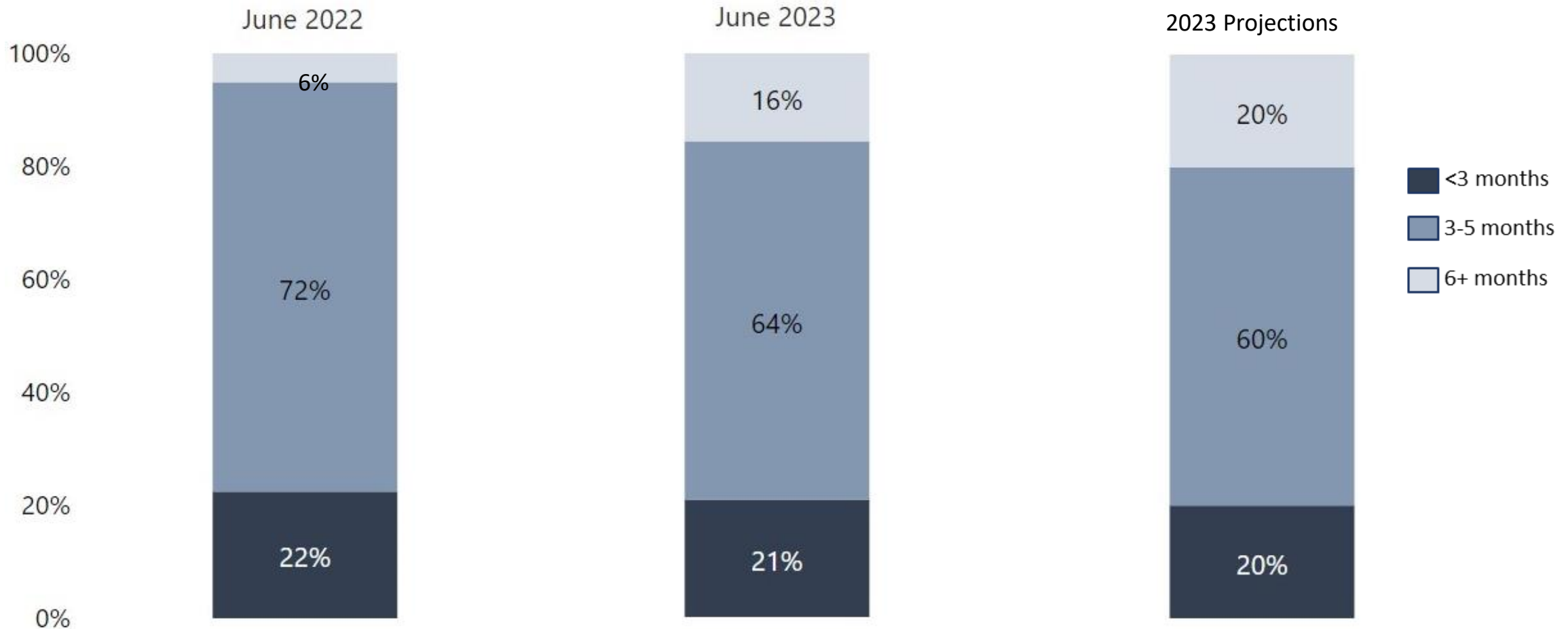 - Lack of integration of other services into less intensive models

	Mozambique	
	2022	2023
Policies		
Guidelines		
Diversity		
Scale-up Plan		
Coordination		
Community Engagement		
Training		
M&E System		
Facility Coverage		
Client Coverage		
Quality		
Impact		
P&SM		
AHD		
KP		
TB/HIV		
MCH		
FP		
HTN		

Differentiated Treatment Model Mix

June 2022
- 2%
- 3%
- 20%
- 6%
- 69%

June 2023
- 3%
- 7%
- 3%
- 20%
- 1%
- 1%
- 65%

2023 Projections
- 85%
- 15%

Legend:
- Conventional models
- Other MIM
- Appointment spacing w/o Fast Track (FBI)
- Other FBI
- Community Drug Distribution [CBI]
- Outreach (CBI)
- Community ART Group, Peer-led (CBG)
- Community ART Group, HCW-led (CBG)
- Any More Intensive Model
- Any Less Intensive Model

FBI: Facility-based individual models
FBG: Facility-based group models
CBI: Community-based individual models
CBG: Community-based group models
Conventional: More-intensive models, including but not limited to those for people initiating ART and people with AHD

- With implementation of the new DSD guide, the number of models being reported through EMR increased
- In Mozambique, a RoC can be enrolled on one or more models, e.g. 3MMD/Family Approach/Extended Hours—hence, the proportions of RoC on DSD cannot be summed
- Some models considered more intensive can be associated with less intensive models with the same RoC (e.g. mobile clinics vs 3 MMD)

Differentiated Treatment: Multi-month Dispensing

June 2022

June 2023

2023 Projections

Legend:
- <3 months
- 3-5 months
- 6+ months

June 2022: 6%, 72%, 22%
June 2023: 16%, 64%, 21%
2023 Projections: 20%, 60%, 20%

- 6MMD is provided in 85 HF
- Planned a scale up to more HF semiannually

CQUIN AHD Dashboard Results 2023

Most mature domains			Least mature domains
Policies			
Guidelines		Diagnostic Capability 2	AHD Scale-up Plan
SOPs		Client Coverage 3	ROC Engagement
Coordination		Client Coverage 4	Client Coverage 1
Training		Supply Chain	Client Coverage 2
Diagnostic Capability 1	M&E System	Quality	Facility Coverage	Impact

Most mature domains

Least mature domains

- AHD is being implemented in a phased approach
- Diagnostic Capability is available only at AHD health facilities
- Improvements on the supply chain are needed to ensure full availability of AHD commodities
- No scale up plan according to the CQUIN definition
- RoC are not fully engaged on development of AHD policies

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CQUIN Testing & Linkage Dashboard – 2023

Policy: Strategic Model Mix			**Policy: Optimizing HIV Testing**	
Financing and Resource Allocation			**Linkage Tx: Confirm/ Verification Testing**	**Implementation and Scale-Up Plan**
SOPs			**Linkage to Prevention and Other Services**	**Private Sector Engagement/Oversight**
Coordination	**Policy: Linkage**		**EQA/IQC**	**Impact: Knowledge of HIV Status**
M&E	**Meaningful CE**	**dHTS Training**	**Proficiency Testing**	**Impact: Linkage to Treatment**
Procurement & Supply Chain Management	**Linkage to Tx: Timely Linkage**	**Population Coverage**	**Clinical Services**	**Impact: Linkage to Prevention**

Most mature domains   **Least mature domains**

Maturity reached in six domains (policies, financing/resource allocation, SOPs, coordination, M&E and procurement & supply chain management) because:

- There are national updated guides, SOPs and M&E for testing and self-testing
- There is a focal person for testing based at MOH/HIV Program
- There is a supply chain focal person based at MOH who supports procurement of testing commodities. No national stockout of testing commodities were registered during the past year.

Lack of a scale up plan, no engagement of private sector on testing services, and absence of impact assessments, resulted in less maturity of these domains.

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Country Level Planning and Coordination

- What platform is used for planning and coordinating DSD activities in the country?
  - Care and Treatment TWG
  - DSD Workshops
- How many planning and coordination meetings were held in the past year?
  - Two DSD Workshops (one with the TWG and one national)
- Which recipient of care organizations are represented in these meetings?
  - PLASOC

Country Level Planning and Coordination

- **Thinking about the action items / activities prioritized at CQUIN meetings in the past year, which activities have been included or confirmed for funding?**

  - **DSD performance review – PEPFAR**

  - **DSD package for lay providers – PEPFAR**

  - **Training of providers - PEPFAR**

  - **Development of demand creation materials – Global Fund**

  - **DSD external evaluation – Global Fund**

- **What process was used, if applicable, to prioritize these action plans to get donor buy-in for funding prioritization through COP22 and GF**

  - **Use of the DSD action plan during the COP planning (PEPFAR) and proposal elaboration (Global Fund)**

In the past year

- Communities of practice joined?

  - MCH, AHD, QI, KP, Mobile and Displaced Population, M&E, TB/HIV, NCD/HIV and dHTS

- Country-to-country visits?

  - Yes (hosted an enhanced C2C learning exchange visit on FP/HIV integration with Uganda and Ghana)

- DSD Performance Reviews?

  - Yes, we conducted our 3rd DSD Performance Review (11 provinces, 66 HF)

Activities that have been successfully completed include:

- Train providers on implementation of the new DSD package

- Implement a DSD demand creation campaign

- Scale up of HF providing the complete AHD package from 31HF in 2022 to 75 HF in 2023

- Implement the AHD registration form in all HF providing the complete AHD package

- Develop an electronic DSD report into EMR, to allow DPR data collection electronically

- Implement 6MMD DSD model for PrEP clients

- Integrate self-testing for PrEP clients on 6MMD

Update on Country Action Plan from the 6th Annual Meeting (2022)

- Activities that are still underway include:
  - Train lay providers on implementation of the new DSD package (training package is still being developed)
  - Develop a detailed DSD scale up plan
- Activities that were dropped include:
  - Reinforce integration of mid- and long-term family planning methods into less intensive DSD (the country decided to create demand for all FP methods rather than prioritize long-acting methods)
- No activities were added to the country action plan mid-year following CQUIN meetings or post - DPR

Integration of HIV and Non-HIV services into DSD

- Integration policies did you adopt this year or working on?
  - The new DSD Guide orients to provide FP methods for HIV clients, regardless of the model the RoC are enrolled on
  - Released a note that emphasizes the need for FP demand creation for HIV clients
- Major barriers in the country against scale up of integrated services?
  - Absence of policies
  - Availability of commodities
  - M&E Systems
  - Health care worker workload

DSD Implementation Successes in 2023

Release of the 2nd edition of the DSD Guide

Release of the 2nd edition of HTS Guide

Release of PrEP guidelines addendum

Scale up of AHD Package and M&E tools

Train of providers on the new DSD package

DSD demand creation campaign on social media

Implemented DSD package on emergency context

Transitioned most DSD activities to in country funding

Training in the new AHD M&E package

Challenges in DSD Implementation

Supply chain not fully capable to ensure scale up of some DSDs (Self Test, 6MMD, AHD and PrEP)

M&E tools are still not ready to capture comprehensive data and report it
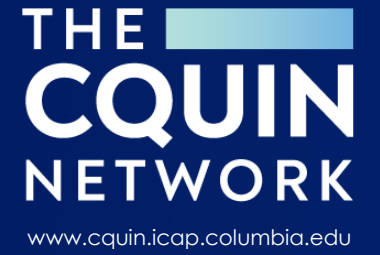
Funds to train providers at non-PEPFAR sites

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DSD priorities for 2024

- What are the *most important* DSD-related goals and/or projections in your country's plans for 2024?

  o Engage lay providers on demand creation for DSD

  o Use of EMR data for the 4th DPR (Query already ready)

  o Scale up Self-Test, PrEP, AHD, MMD, in line with the national plan

- What do you want to learn from other countries in the CQUIN network in the coming year?

  o CD4 platforms in use for AHD

  o AHD consumables management until the last mile distribution

Acknowledgements

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Thank you!