Assessing Differentiated Service Delivery in Mozambique: Key Takeaways from the 2024 DSD Performance Review

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BACKGROUND

Mozambique has been actively implementing Differentiated Service Delivery Performance Reviews (DPR) since 2021, guided by the CQUIN framework. These reviews initially incorporated a qualitative questionnaire alongside a quantitative-Recipient of Care (RoC) chart review. However, in 2024, a significant restructuring occurred: these two components were separated, allowing for the successful integration of the quantitative section of the (DPR) into the PEPFAR-supported Electronic Medical Records (EMR) system. This transition not only enhanced the volume of records analyzed but also expanded the variety of variables collected. For instance, in 2023, over 4,000 files were reviewed for 42 indicators. By 2024, this grew to over 62,000 RoC records, encompassing 115 indicators, demonstrating substantial progress in data integration and scope.

METHODS

In the first semester of 2024, the Ministry of Health and the PEPFAR Health Information Team developed a query to generate performance reports, incorporating key data such as ART initiation date, first viral load, and first CD4 count. The analysis focused on three cohorts of RoC based on their ART initiation year: the 36-month cohort (initiated in the first six months of 2021), the 24-month cohort (initiated in 2022), and the 12-month cohort (initiated in 2023). Utilizing an updated electronic medical records system, data were collected from over 62,000 RoC across 115 indicators sourced from 66 health facilities throughout all provinces in Mozambique. The data abstraction expanded beyond traditional DSD indicators to include questions on family planning, tuberculosis, cancer, and hypertension, reflecting a comprehensive approach to integrating various health services within HIV care.

DISCUSSION

- The 2024 DPR saw a significant increase in the number of records abstracted, facilitated by the use of the national EMR system.
- The proportion of RoC enrolled in LIM steadily increased as they remained on ART for longer durations.
- Retention rates in HIV services were consistently higher among RoC enrolled in LIM compared to MIM, with differences exceeding 20% across all three cohorts.

LIMITATIONS

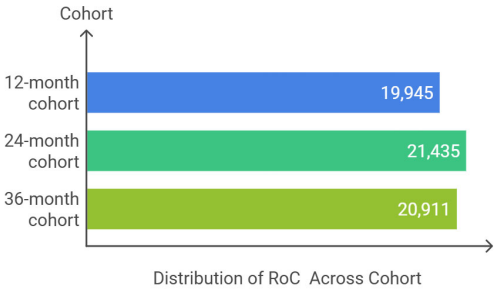
The EMR report relies exclusively on data entered into the electronic system without manual verification post-extraction posing data quality and completeness gaps. Limitations arise from the incomplete and inconsistent documentation of DSD models in paper-based RoC charts due to space constraints. This has likely resulted in an overrepresentation of certain models and a significant number of RoC without any documented DSD model.

CONCLUSION/ WAYFORWARD

These findings highlight the effectiveness of LIM in enhancing patient engagement and suggest that integrating less intensive care models can improve overall health outcomes for individuals living with HIV/AIDS.

In terms of next steps, data from the EMR queries will be integrated into MozART, a national longitudinal database. This will provide 100% coverage of all health facilities with EMR (n=648) and grant access to comprehensive clinical data, enabling more robust monitoring and evaluation of care models.

RESULTS



From the data collected, there were 37,945 females and 24,344 males across the three cohorts. The largest age group was 25–34 years, comprising 23,863 RoCs within the entire sample.

Figure 1. Distribution of RoC in cohort by time point

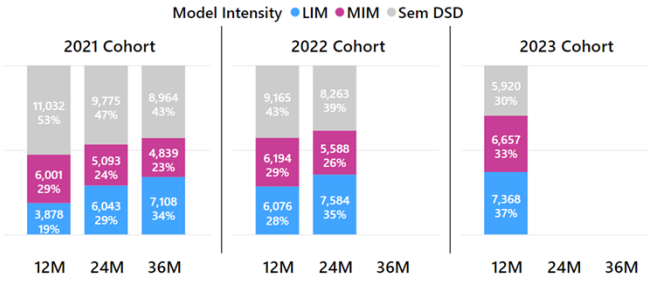


Figure 2. Enrollment Into DSD Models by Cohort and Timepoint

Enrollment into less intensive models (LIM) was for the 36-month cohort, 17% of RoC were enrolled in LIM at 12 months from ART initiation, with 34% enrolment by 36 months. In the 24-month cohort, LIM enrollment was 28% at 12 months to 35% by 24 months from ART initiation. For the 12-month cohort, 37% of RoC enrolled in LIM at ART initiation (Fig.2)

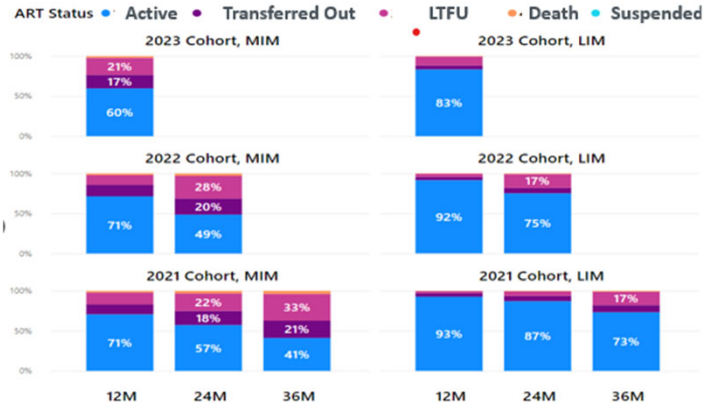


Figure 3. RoC outcome by DSD Models type and Time Point

Outcomes across the three cohorts at the end of each 12 month time period from ART initiation was; 12-month cohort: 83% of RoC on LIM were active in care, compared to 60% of those on MIM. 24-month cohort: By the end of 24 months, 75% of RoC on LIM remained active in care, compared to 49% of those on MIM. 36-month cohort: At 36 months, 73% of RoC on LIM were still active in care, while only 41% of those on MIM remained active (Fig.3)