Mozambique Country Updates

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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?**
  - Stakeholder coordination and prioritization processes
  - Engagement with CQUIN
  - Update on Country Action Plans
  - Update on Integrating Non-HIV and HIV Services
  - Program sustainability efforts and opportunities
  - Successes and Challenges
- **2025 Priorities**

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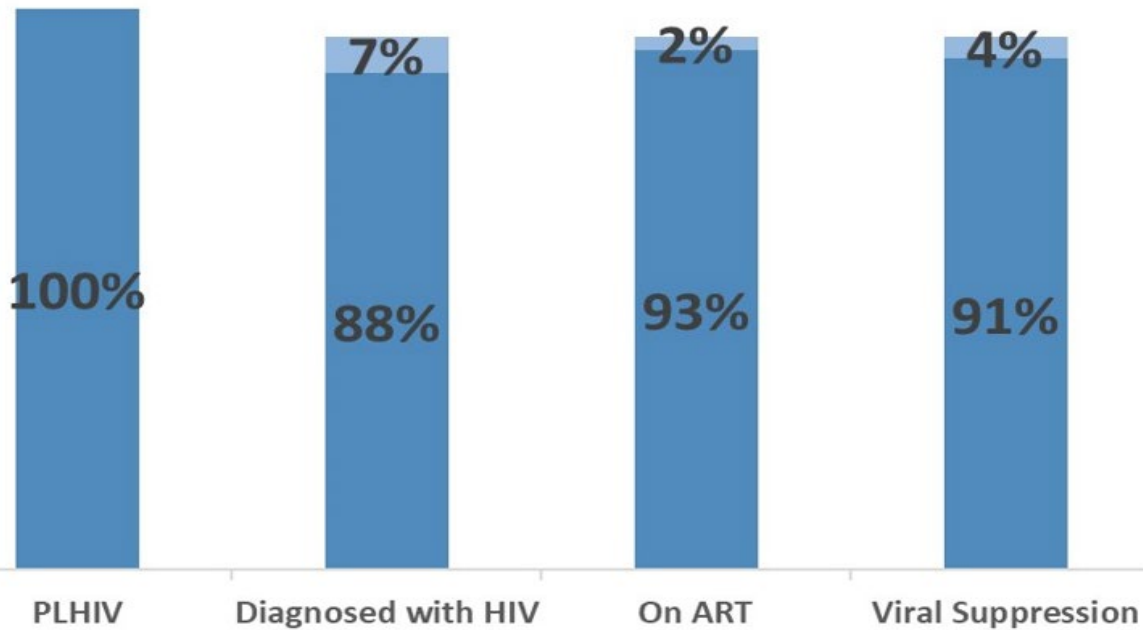- **How did we get here?**
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Progress Towards the 95:95:95 -1

National Cascade (95-95-95)

2,44 million

PLHIV	Diagnosed with HIV	On ART	Viral Suppression
100%	88% (7%)	93% (2%)	91% (4%)

Women 15+ (95-95-95)

1,47 million
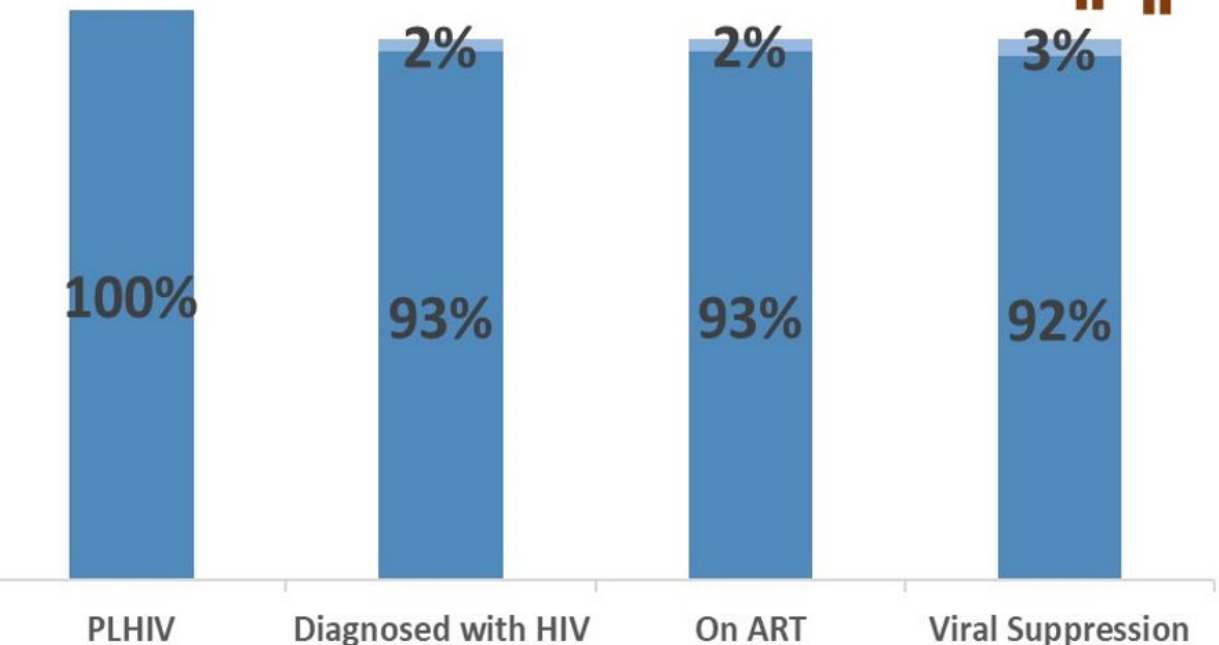
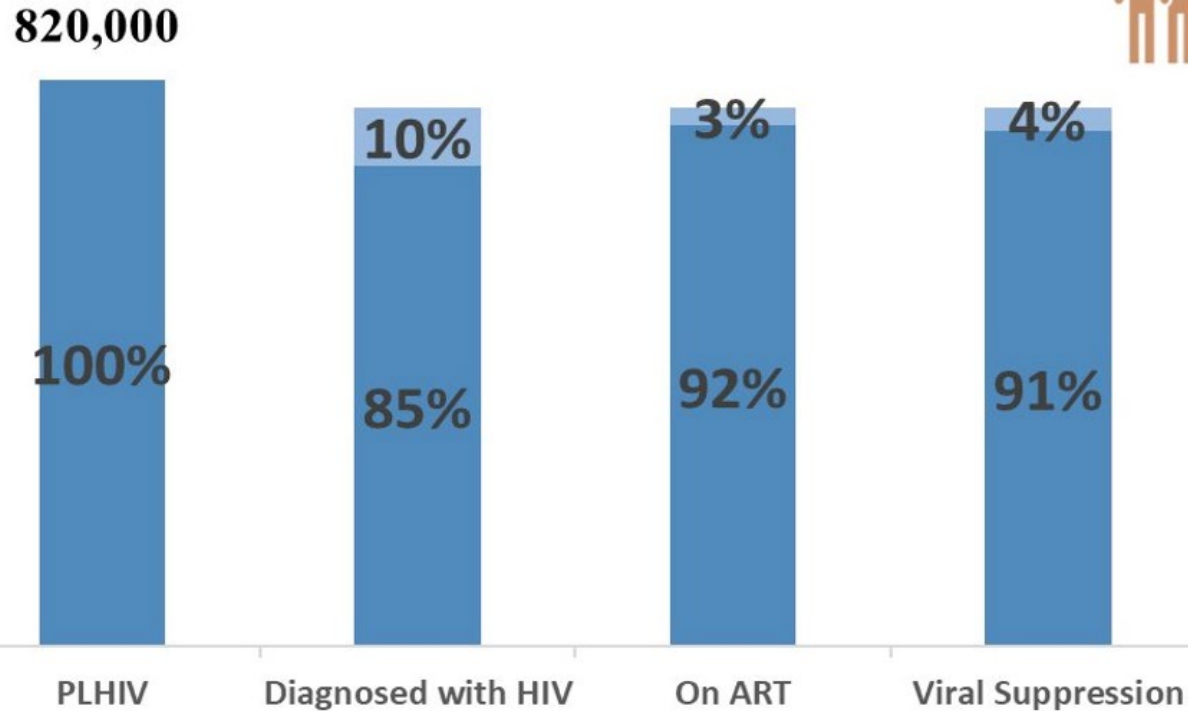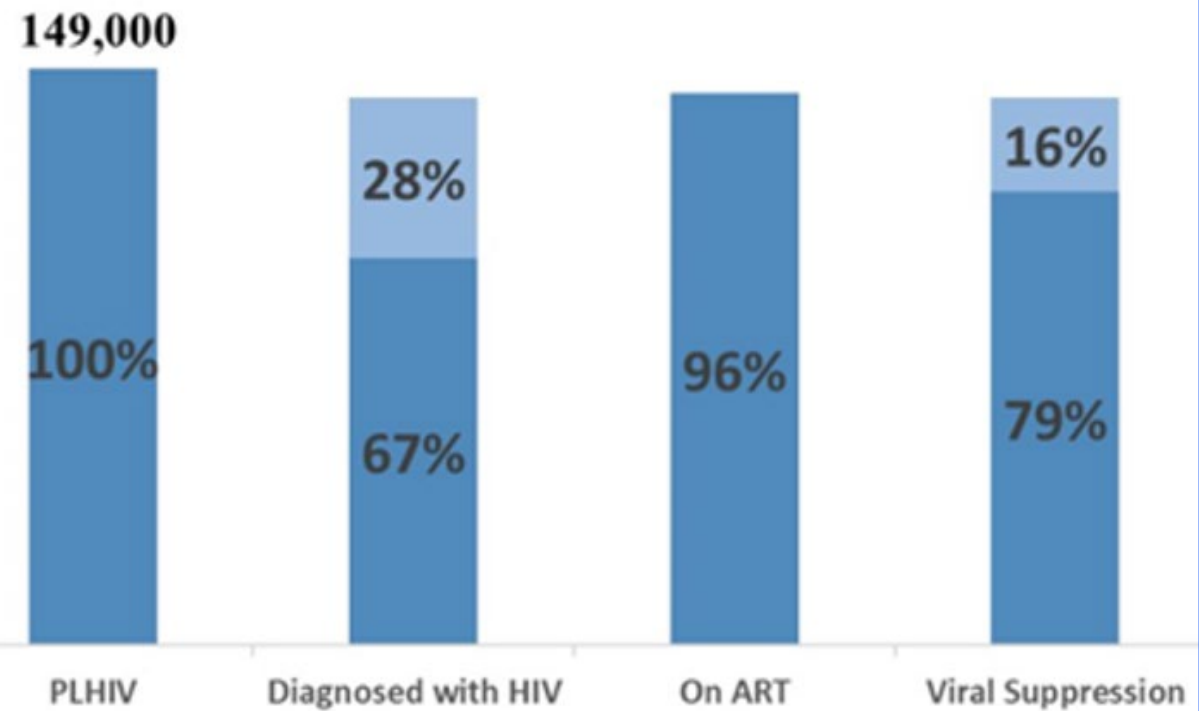| PLHIV	Diagnosed with HIV	On ART	Viral Suppression
100%	93% (2%)	193% (2%)	92% (3%)

Data Sources:
- HIV Program: ART and Viral Suppression from September 2024
- Spectrum Estimates: All PLHIV and Diagnosed with HIV from December 2023
- Cascade for KPs not available

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Progress Towards the 95:95:95 - 2

Men 15+ (95-95-95)

820,000

PLHIV	Diagnosed with HIV	On ART	Viral Suppression
100%	10% / 85%	3% / 92%	4% / 91%

Children 0-14 (95-95-95)

149,000

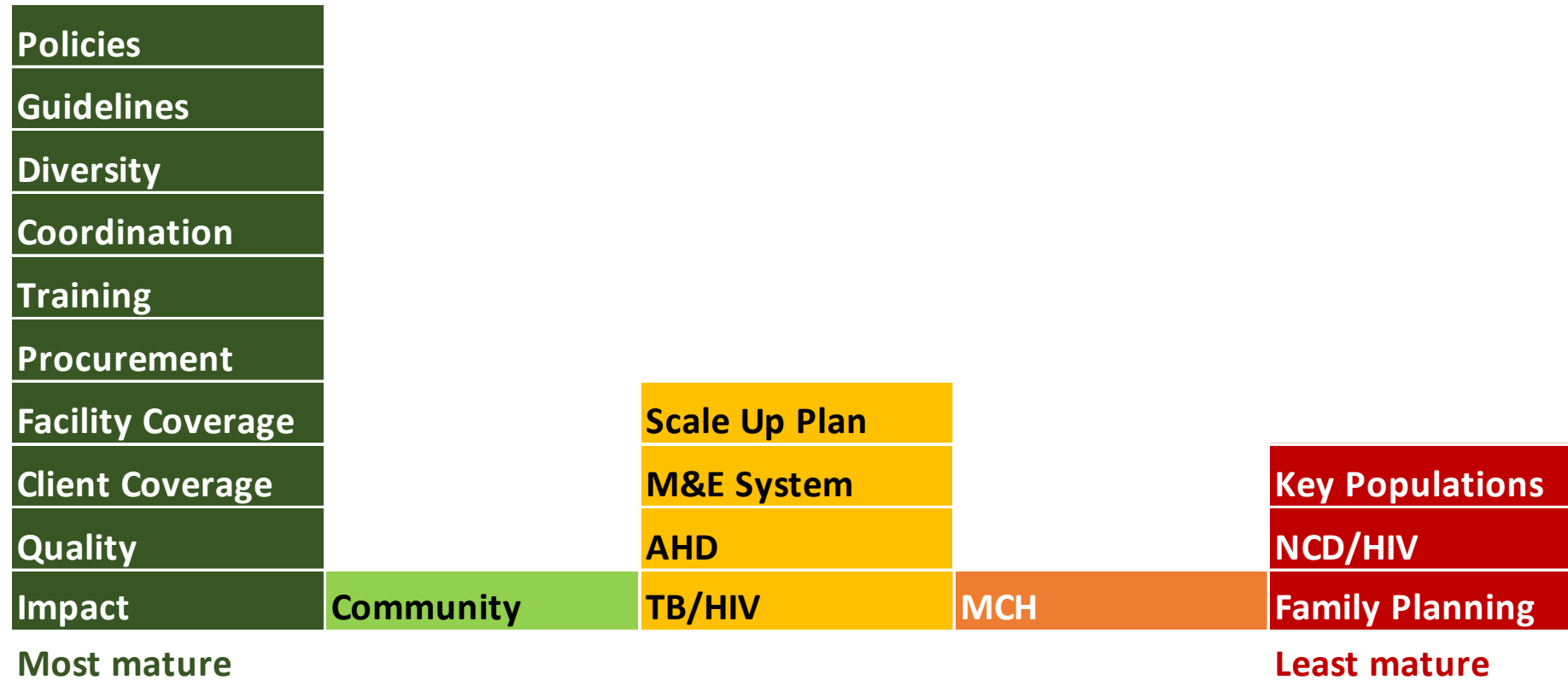| PLHIV	Diagnosed with HIV	On ART	Viral Suppression
100%	28% / 67%	96%	16% / 79%

Data Sources:
- HIV Program: ART and Viral Suppression from September 2024
- Spectrum Estimates: All PLHIV and Diagnosed with HIV from December 2023
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Mozambique Treatment CMM Results 2024

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

Most mature   **Least mature**

- Non-HIV services into HIV services integration remains a challenge particularly for FP/HIV, TB/HIV and NCD/HIV. Likewise, there is also a need to strength KP-friendly service delivery
- Mozambique has developed and is currently in the process of finalizing NCD/ HIV integration guidelines

Domains	2022	2023	2024
Policies			
Guidelines			
Diversity			
Scale Up Plan			
Coordination			
Community			
Training			
M&E System			
Procurement			
Facility Coverage			
Client Coverage			
AHD			
Key Populations			
TB/HIV			
MCH			
NCD/HIV			
Family Planning			
Quality			
Impact			

- The country has seen significant improvements in various areas of the CMM in the past years, but there are still some gaps.
- Planned activities to help achieve progress in the coming years include:
  - **Quality** - The integrated support supervision tool was administered to all provinces and most HFs
  - **Scale-up plan** - In the process of drawing up the DSD models implementation plan, the province, the TWGs and subject matter experts have been consulted on different focus areas
  - **M&E system –** Review of the paper and electronic M&E tools to capture the various DSD models that are currently implemented

Domains	2022	2023	2024
Policies			
Guidelines			
Diversity			
Scale Up Plan			
Coordination			
Community			
Training			
M&E System			
Procurement			
Facility Coverage			
Client Coverage			
AHD			
Key Populations			
TB/HIV			
MCH			
NCD/HIV			
Family Planning			
Quality			
Impact			

- **AHD** - Slowly expanding in line with the availability of resources
- **TB/HIV** - INH for 3MMD already integrated, but alignment of 3HP for 3MMD is underway with the TB program in view of the imminent migration process from INH to 3HP at a national scale
- **FP** - Ongoing implementation of FP/HIV integration in selected sites in Beira City to determine feasibility of implementation at scale
- **NCD/HIV** integration guidelines are in the process of being finalized

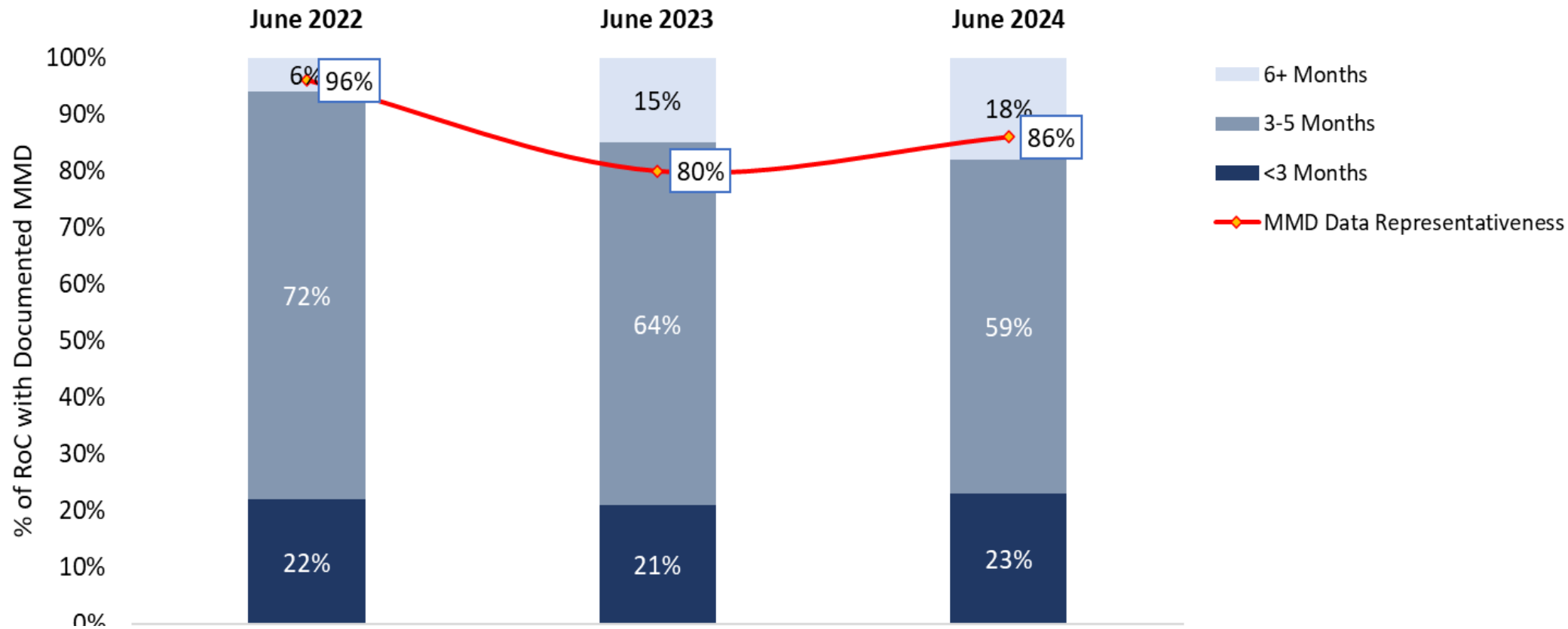icap Global Health

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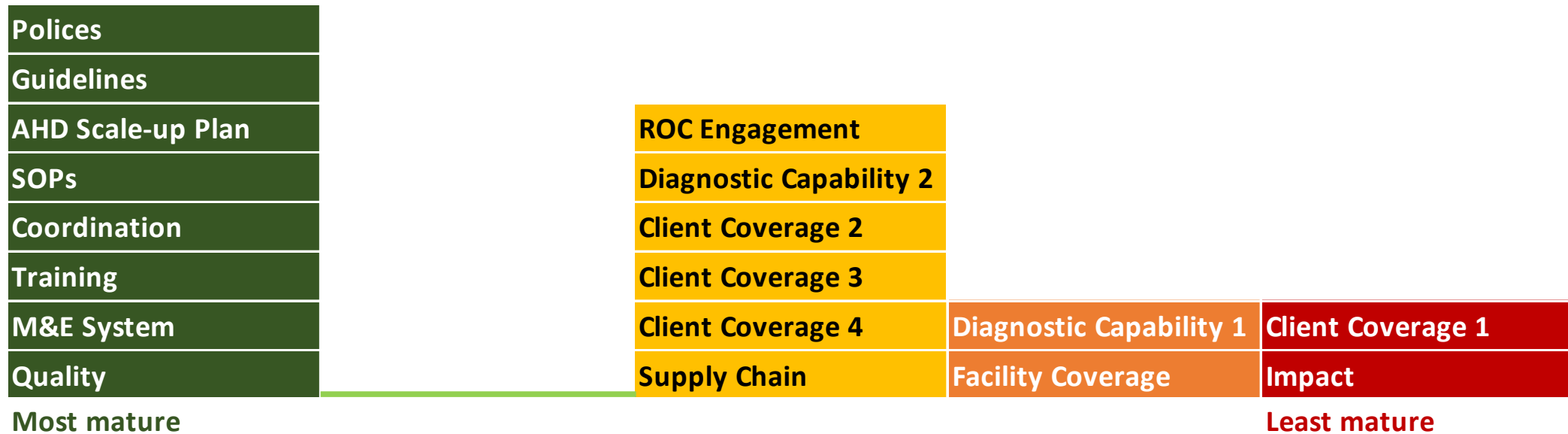
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Mozambique Differentiated Treatment Model Mix
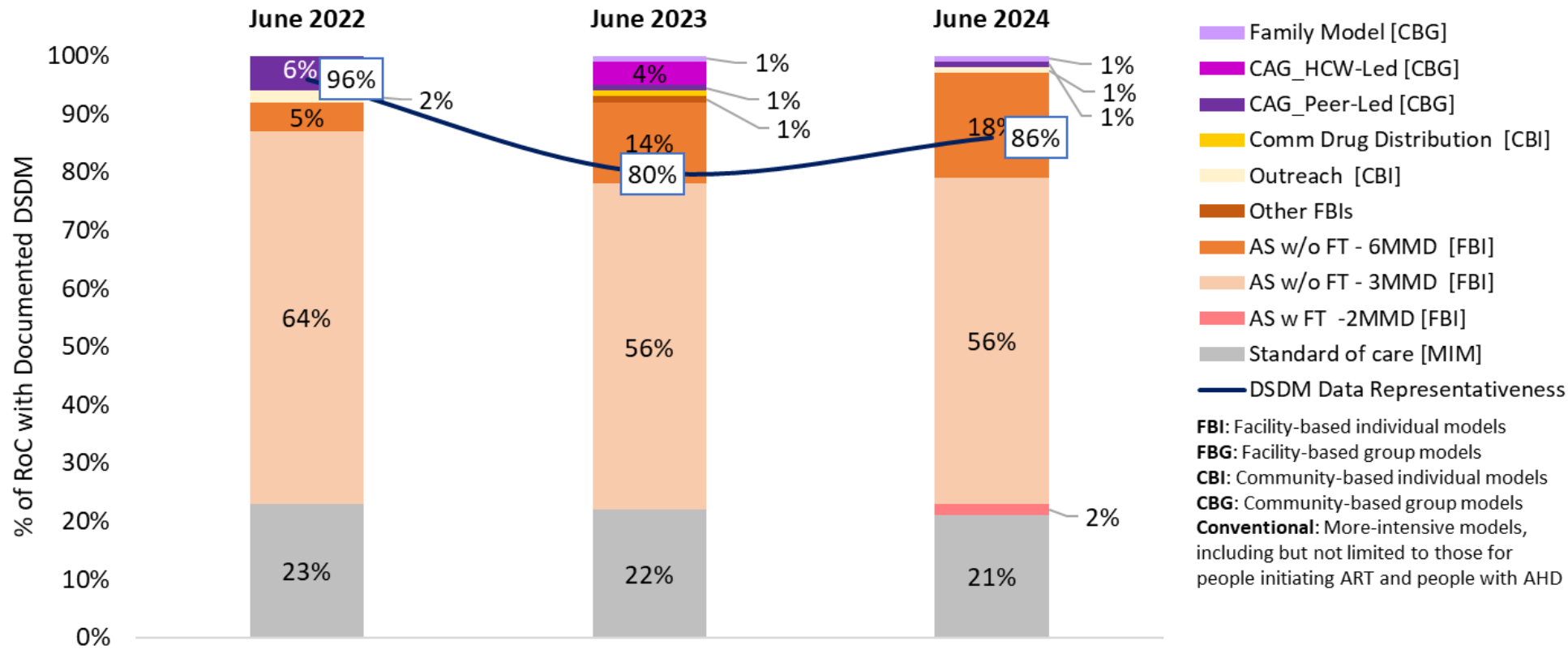
- Several DSD models have been implemented nationally
- One RoC can benefit from more than one DSD model – This is well documnted in the RoC chart/file and impossible to have that captured in the national EMR

Mozambique Differentiated Treatment: Multi-Month Dispensing

- With an almost universal implementation of 3-5 MMD in all the HFs nationally, more than 70% of RoCs were enrolled in >3MMD, as at June 2024
- There is a notable scale-up of the 6+MMD over the years

Mozambique AHD CMM Results 2024

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

- Policies and guidelines have been adopted from the latest 2022 WHO recommendations
- There are SOPs for the AHD testing cascade and for technical support to the implementing HF
- Coordination is done through a focal point within Care & Treatment and through an AHD TWG
- There are in-person training curriculum available. A distance learning package is being finalized
- There is a paper-based and an electronic [EMR] M&E system

Domains	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Supply Chain			
M&E System			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Quality			
Impact			

- **ROC Engagement** - ROC are part of the care and treatment and AHD TWG
- **Diagnostic Capability** - PIMA, Fac Presto and Visitec are available however, the diagnostic capacity was impaired due to supply chain challenges i.e. rupture or pseudo-rupture of stocks and breakdowns of CD4 devices (mostly PIMA)
- **Client Coverage** – Comprehensive data to assess RoC coverage is sub-optimal
- **Facility Coverage** – This is low at 9% (169/1,780)

Domains	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Supply Chain			
M&E System			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Quality			
Impact			

- **AHD Scale-up Plan** - Though a scale-up plan exists, and its implementation is sometimes hampered by supply chain challenges, AHD scale-up was successful due to a system of planning and frequent monitoring at all levels including the supervision and technical support provided by the ministry **Quality** - Quality assurance is done through a partner at the central level who provides technical assistance and grades the HF
- **Impact** - An evaluation to measure implementation success of AHD is planned

Mozambique Differentiated Testing CMM – 2024

Domains	2023	2024
Policy: Strategic Model Mix	🟩	🟩
Policy: Optimizing HIV	🟧	🟨
Policy: Linkage	🟩	🟩
Finance/Resource Allocation	🟩	🟩
SOPs	🟩	🟩
Scale-up Plan	🟥	🟧
Community Engagement	🟩	🟩
Private Sector Engagement	🟥	🟥
Coordination	🟩	🟩
dHTS Training	🟨	🟩
M&E	🟩	🟧
Procurement/Supply Chain	🟩	🟩
Population Coverage	🟨	🟩
Linkage to Tx: Timely Linkage	🟩	🟩
Linkage to Tx: Verification	🟧	🟥
Linkage to Prevention	🟧	🟧
EQA/IQC	🟧	🟩
Proficiency Testing	🟧	🟩
Clinical Services	🟧	🟩
Impact: Knowledge of Status	🟥	🟧
Impact: Linkage to Tx	🟥	🟨
Impact: Linkage to Prevention	🟥	🟥

Domains with a positive shift

- **Community Engagement** - RoC are meaningfully engaged in dHTS and the M&E of dHTS
- **Training** - HTS training package updated in line with national guidelines and training completed
- **Linkage to Treatment** - Strengthened psychosocial support and use of the linkage algorithm
- **EQA/IQC** - Expanded EQA/IQC and improvement of acceptable pass rates
- **Proficiency Testing** - HIV sites that were assessed met the national quality standards

Mozambique Differentiated Testing CMM – 2024

Domains	2023	2024
Policy: Strategic Model Mix		
Policy: Optimizing HIV		
Policy: Linkage		
Finance/Resource Allocation		
SOPs		
Scale-up Plan		
Community Engagement		
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Coordination		
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M&E		
Procurement/Supply Chain		
Population Coverage		
Linkage to Tx: Timely Linkage		
Linkage to Tx: Verification		
Linkage to Prevention		
EQA/IQC		
Proficiency Testing		
Clinical Services		
Impact: Knowledge of Status		
Impact: Linkage to Tx		
Impact: Linkage to Prevention		

Domains with a negative shift: M&E, Linkage to Treatment - Verification

- Current HTS M&E system does not conduct monitoring of linkage to combination prevention services
- HTS guidelines do not include retesting for verification

Static Domains: Scale-up plan, linkage to prevention, optimizing HIV testing, knowledge of status, linkage to treatment and private sector engagement

- Current HTS M&E system cannot monitor linkage to combination prevention services disaggregated by KP group. Priority populations are monitored but data completeness and quality issues persist
- Plans are underway for an engagement with the private sector department at the MOH to ensure compliance with national rapid testing algorithm, reporting and overall HTS national guidelines

Overview of HIV Program 2024 CMM Results

- The enabling domains in the three CMMs are mostly mature, however, the integration, disaggregation by population groups and impact are not yet satisfactory due to the deficient implementation system and inefficient monitoring.

- Finalization of the scale up plan - key pillars include expanding coverage for RoC and HFs implementing DSD models, and integrated implementation of all the domains of the prevention and C&T component with other existing health services (FP, NCD, etc.) - is a priority.

Overview of HIV Program 2024 CMM Results

Mozambique

dHTS

Domains	2024
Policy: Strategic Model Mix	🟩
Policy: Optimizing HIV	🟨
Policy: Linkage	🟩
Finance/Resource Allocation	🟩
SOPs	🟩
Scale-up Plan	🟧
Community Engagement	🟩
Private Sector Engagement	🟥
Coordination	🟩
dHTS Training	🟩
M&E	🟧
Procurement/Supply Chain	🟩
Population Coverage	🟩
Linkage to Tx: Timely Linkage	🟩
Linkage to Tx: Verification	🟥
Linkage to Prevention	🟧
EQA/IQC	🟩
Proficiency Testing	🟩
Clinical Services	🟩
Impact: Knowledge of Status	🟧
Impact: Linkage to Tx	🟨
Impact: Linkage to Prevention	🟥

DART

Domains	2024
Policies	🟩
Guidelines	🟩
Diversity	🟩
Scale Up Plan	🟨
Coordination	🟩
Community	🟩
Training	🟩
M&E System	🟨
Procurement	🟩
Facility Coverage	🟩
Client Coverage	🟩
AHD	🟨
Key Populations	🟥
TB/HIV	🟨
MCH	🟧
NCD/HIV	🟥
Family Planning	🟥
Quality	🟩
Impact	🟩

AHD

Domains	2024
Policies	🟩
Guidelines	🟩
AHD Scale-up Plan	🟩
SOPs	🟩
Coordination	🟩
ROC Engagement	🟨
Training	🟩
Supply Chain	🟨
M&E System	🟩
Diagnostic Capability 1	🟧
Diagnostic Capability 2	🟨
Facility Coverage	🟧
Client Coverage 1	🟥
Client Coverage 2	🟨
Client Coverage 3	🟨
Client Coverage 4	🟨
Quality	🟩
Impact	🟥

- Optimizing AHD supply chain and management is an ongoing priority.
- Advocacy with the private sector to ensure compliance with national rapid testing algorithm, reporting, and overall HTS national guidelines and revision of HTS registers to ensure reporting of linkage to prevention

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Stakeholder Coordination and Prioritization Processes - 1

DSD Coordination Platforms
- TWGs at the national and provincial levels
- Monthly data calls
- Annual DSD workshop

Community Engagement
- PLASOC attends TWG meetings

Stakeholder Coordination and Prioritization Processes - 2

Activities funded through in-country resources

- DSD Performance Review - PEPFAR

- DSD package for lay providers - PEPFAR

- Training of lay providers - PEPFAR

- Demand creation materials - Global Fund and PEPFAR

- DSD external evaluation - Global Fund

Process used to prioritize action plans to get donor buy-in for funding prioritization through COP22 and GF

- Use of the DSD implementation evaluation action plan, periodic intensive monitoring and supervision data for planning activities in the COP (PEPFAR) and Global Fund

Engagement with CQUIN

DSD Performance Reviews

- Mozambique conducted the **4th Qualitative Programmatic Evaluation** of the implementation of the DSD models in 6 provinces and 36 HF

- The **1st Quantitative Programmatic Evaluation** using the electronic patient management system was carried out this year, with the largest sample of 62,291 RoCs within 11 Provinces and 69 HF
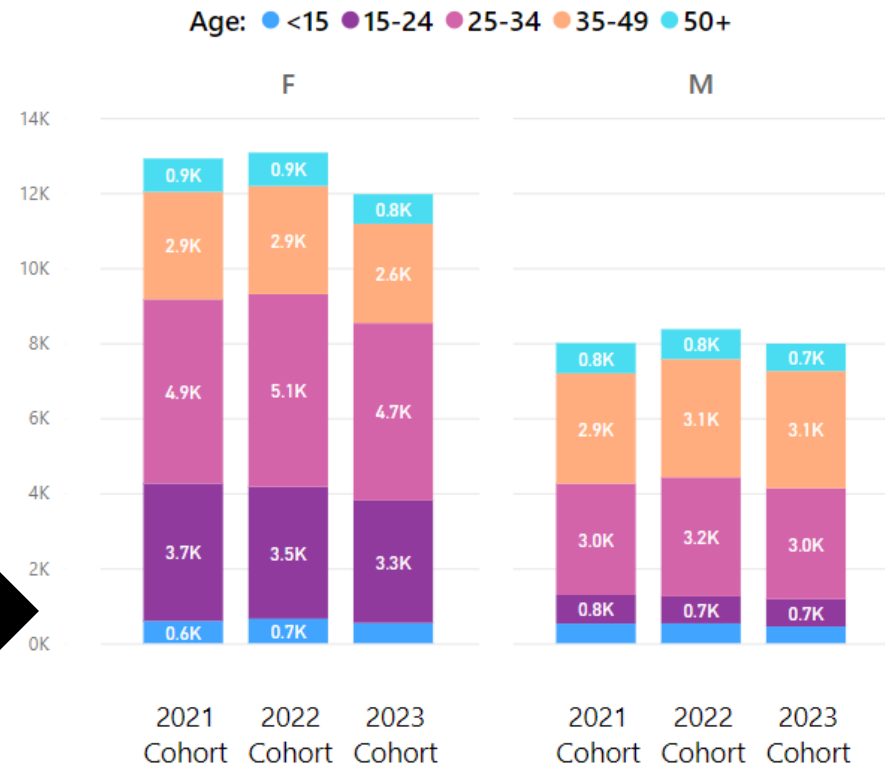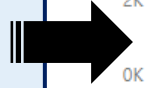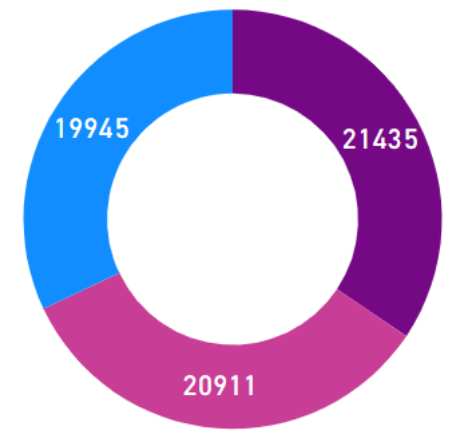
	2022 Cohort	2021 Cohort	2023 Cohort	**Total**
Clientes	21,435	20,911	19,945	**62,291**
%GT Clientes	34.41%	33.57%	32.02%	**100.00%**

DPR EMR Results

- The coverage of LIM increased substantially both:

  - Within cohorts - from 12m to 36m in the 2021 cohort the coverage of LIM increased from 19% to 34%

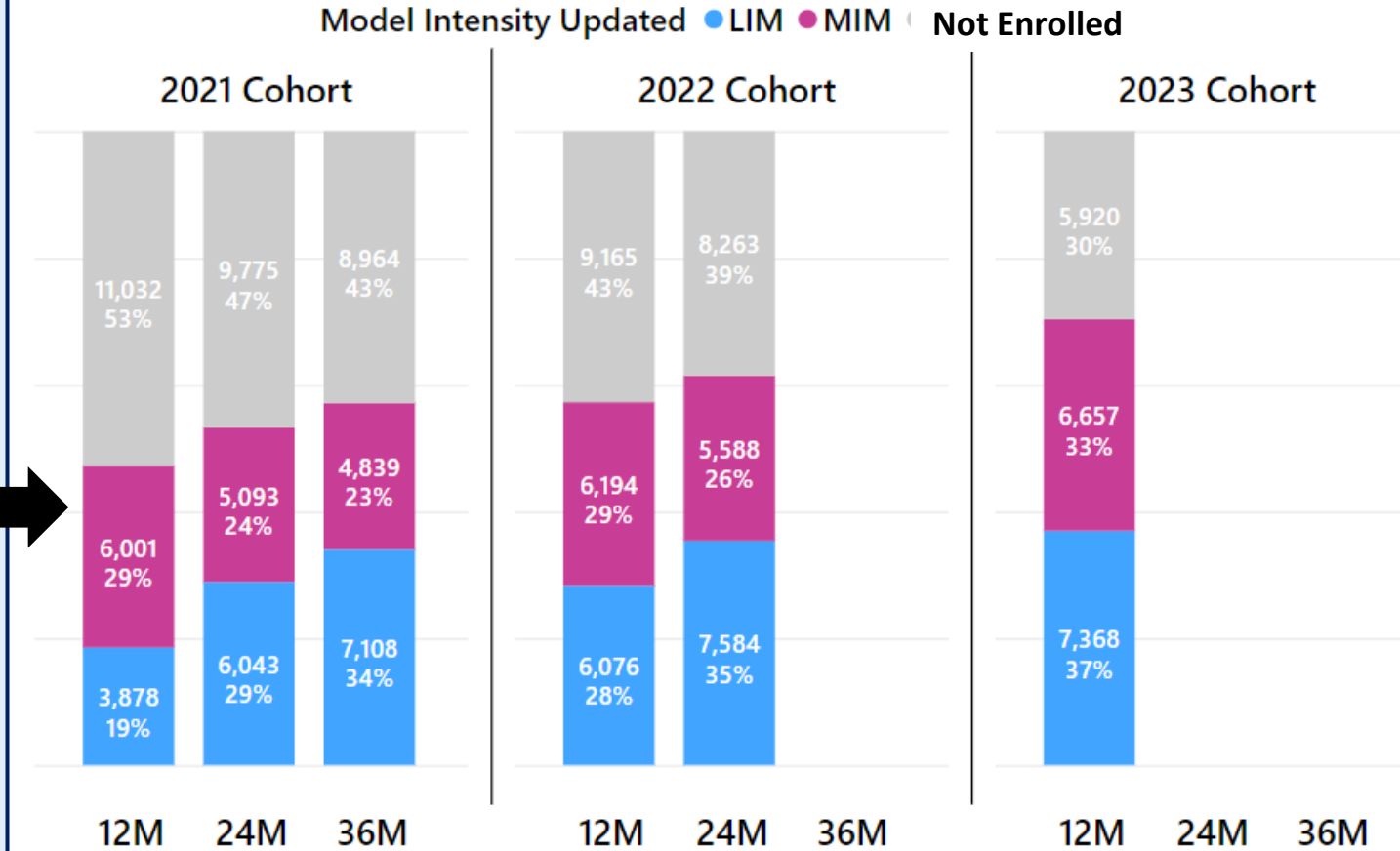 - Between the years within the 24m (29% in 2021 to 35% in 2022) and 12m cohorts (19% in 2021, 28% in 2022, and 37% in 2023)

- There is a reduction in missed opportunities for enrolling RoC in DSD models across the three years, reducing from 53% of the 12m cohort in 2021 to 30% of the 12m cohort in 2023

Model Intensity Updated ● LIM ● MIM **Not Enrolled**

2021 Cohort

	12M	24M	36M
Not Enrolled	11,032 / 53%	9,775 / 47%	8,964 / 43%
MIM	6,001 / 29%	5,093 / 24%	4,839 / 23%
LIM	3,878 / 19%	6,043 / 29%	7,108 / 34%

2022 Cohort

	12M	24M	36M
Not Enrolled	9,165 / 43%	8,263 / 39%	
MIM	6,194 / 29%	5,588 / 26%	
LIM	6,076 / 28%	7,584 / 35%	

2023 Cohort

	12M	24M	36M
Not Enrolled	5,920 / 30%		
MIM	6,657 / 33%		
LIM	7,368 / 37%		

Update on Country Action Plans from 2024 Meetings

Activities that have been successfully completed include:

- Drafting of demand creation material for DSD (Album, Guide and Training Package) and Training of Trainers in demand creation for DSD for HIV
- Implementation of a DSD demand creation campaign with the incorporation of demand creation messages for DSD on the electronic platform (ALÔ VIDA)
- Scale-up of HF providing the complete AHD package from 75 HF in 2023 to 168 HF in 2024
- Develop an electronic DSD report into EMR, to allow DPR data collection electronically
- Implement 6+MMD for PrEP clients and integrate self-testing for PrEP clients on 6+MMD

Activities that are still ongoing include:

- Development of the national scale-up plan for the implementation of DSD models
- Plans for the Integration of HIV and FP and NCDs with the MMD models (less intensive differentiated models)

Activities that were dropped include: None

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Update on Integrating Non-HIV and HIV Services

Defining integration:

- Pilot of FP integration with the MMD models is ongoing in Sofala Province - City of Beira
- NCD integration plan with MMD for HIV under development at MISAU level

Barriers to integration:

- No joint design of implementation plans for approaches between allied programs, coupled with targeted funding
- Lack of integrated policies and aggregated monitoring, recording and reporting tools, coupled with limitations on the use of paper-based tools (lack of electronic M&E system)
- Health professional workload
- Lack of consumables limits the impact of integration plans for MMD

Community Engagement:

- Civil society is engaged in the development and implementation of strategies and guidelines

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Program Sustainability Efforts and Opportunities

Sustainability of DSD activities

- DSD activities initiated by CQUIN that have been adopted by in-country funding mechanisms to ensure they are sustained
  - DSD implementation evaluation through the DPR
- Adaptations/modification made to these initiatives for sustainability
  - Quantitative DPR using the EMR – improved efficiency with a large sample size
- Other plans for country DSD programs sustainability
  - Exploring an online routine qualitative evaluation for health care providers

Program Sustainability Efforts and Opportunities

National sustainability roadmap

- **Extent to which DSD is factored into the ongoing national sustainability planning in country**
  - Inclusion of sustainable action plans for the implementation of DSD Models according to gaps identified in the CQUIN CMM, in the provincial DSD plans, which in turn must be prioritized for inclusion in the provincial and country macro plan
- **Extent to which integrated service delivery is factored into the ongoing national sustainability planning in country**
  - Survey of the services available in each FP and NCD and HIV program that are implemented separately taking into consideration:
    - ❖ Integrated implementation which takes into consideration all key stakeholders needs and focus;
    - ❖ RoC needs, consultations alignment feasibility, available resources, M&E tools required and;
    - ❖ Implementation scale-up after piloting and inclusion in the national DSD implementation as one of the key pillars

DSD Implementation Successes in 2024

1. Integration of messages to create demand on electronic platforms (Alo VIDA)

2. Training lay providers in the MDS demand creation package

3. Inclusive Qualitative DPR for all DSD Model stakeholders (ROC, Clinical Providers and Laypeople)

4. Quantitative DPR with a mega sample size of 62,291 RoCs - The 1st ever DPR from an EMR data-pull

5. Expansion and training of providers to implement AHD

6. Expansion and training of HF to implement Semi-Annual Dispensation

7. Consultation and preparation of provincial MDS implementation plans appropriate to the context

8. Training on the new Health Counseling and Testing Package

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Challenges in DSD Implementation in 2024

- Low literacy on HIV DSD models by RoC

- Knowledge gaps of DSD standards and implementation by clinical and lay providers

- Non-integration of NCDs and FP in DSD models

- M&E tools are not augmented to capture comprehensive DSD reporting to meet CQUIN required disaggregation

- Challenges with the integrated implementation of DSD models due to inadequate resources e.g., scale-up of HIVST, 6+MMD, AHD and PrEP

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DSD Priorities for 2025

Most important DSD-related goals/projections in the country's plans for 2025
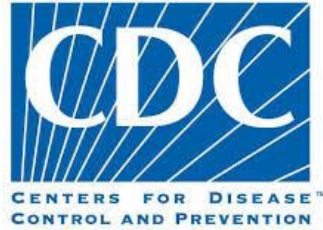
- Train lay providers to increase demand for DSD Models in the HF and the Community

- Add key DSDM variables to the routine data reporting system to monitor DSDM implementation

- Finalize the DSD Models implementation plan considering sustainability, expansion, coverage, integration, availability of inputs for the implementation of DSD Models for prevention, C&T and other integrated services (self-testing, PrEP, AHD, MMD, etc.), in accordance with the national plan.
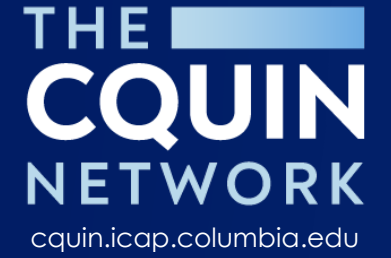
DSD Priorities for 2025

Areas to learn from other countries in the CQUIN network in the coming year

- Mechanisms for creating demand and improving literacy for effective implementation of DSD models

- Improving M&E of DSD in both paper and electronic HIS

- Strenghening the supply chain for AHD and sustainable integration of MMD of ART with FP and NCD up to the last mile

Acknowledgements

Thank You!