

Optimizing Quality in Differentiated Service Delivery: Driving Sustainable, Person-Centered HIV Care

Dr. Irénio Gaspar

Acting Head of the National ITS and HIV/AIDS Control Program, MOH Mozambique

11 December 2024



Outline

- HIV Landscape in Mozambique
- Progress towards 95:95:95 targets
- Quality Standards in Mozambique
 - CMM Results and How We Got There
- Service Quality Assessments in Mozambique
- Challenges and Solutions to Quality Improvements
- Best Practices and Next Steps

Mozambique, 2023	Total 2023	Percent of National PLHIV
N° PLHIV	2,440,000	
N° Adults 15+ LHIV	2,290,000	94%
N° Men 15+ LHIV	820,000	34%
N° Women 15+ LHIV	1,470,000	60%
N° Prenant Women HIV+	125,000	
N° Children LHIV	150,000	6%
N° New Infections	81,000	
N° Daily New Infections	222	
N° Adult New Infections	69,000	85%
N° New Infections in Youth 15-24	27,000	33%
N° Daily New Infections in Youth 15-24	74	
N° Child New Infections	12,000	15%
Vertical Transmission Rate	10%	
N° deaths related to HIV/AIDS	44,000	2%

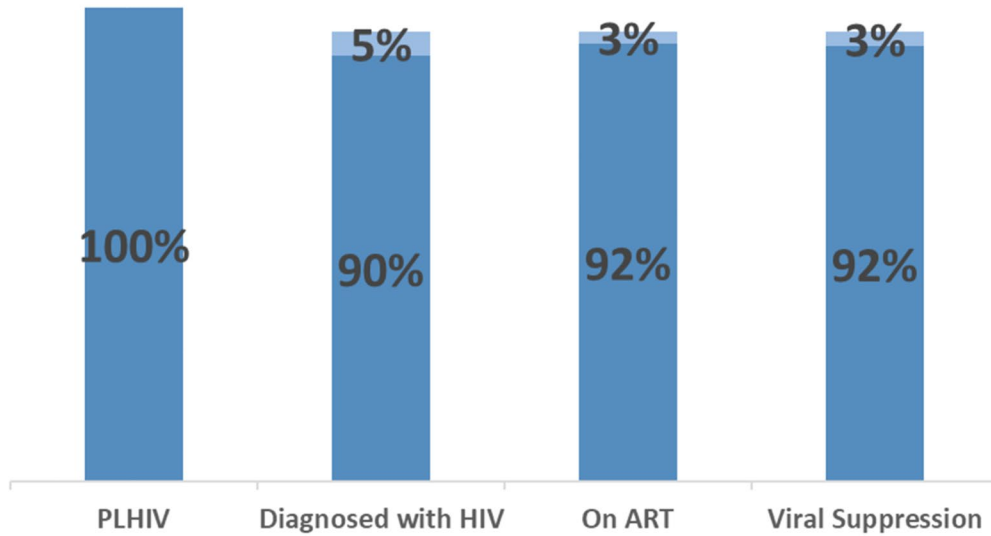
HIV program quality remains an important priority and strategic approach for MISAU to improve person centered services for all recipients of care

The HIV Landscape in Mozambique

- Mozambique has the 8th highest HIV prevalence in the world, with **12.6 % PLHIV**.
- The **biggest challenge** to the program is the high proportion of PLHIV with treatment interruption due to **chronic quality systemic challenges** including;
 - Long distances to access health facilities
 - Long wait times in facilities
 - Stigma
 - Ineffective delivery of information about the importance of adherence.

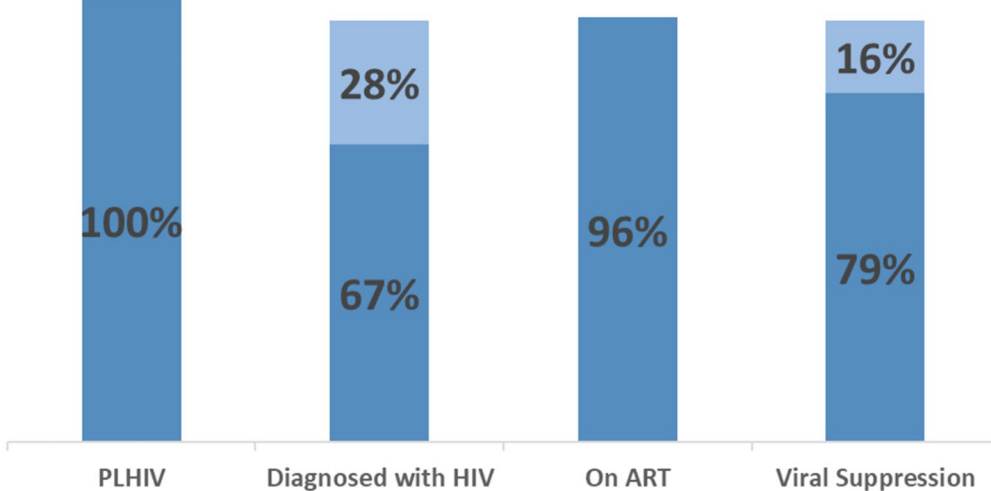
Adults 15+ (95-95-95)

2,32 million



Children 0-14 (95-95-95)

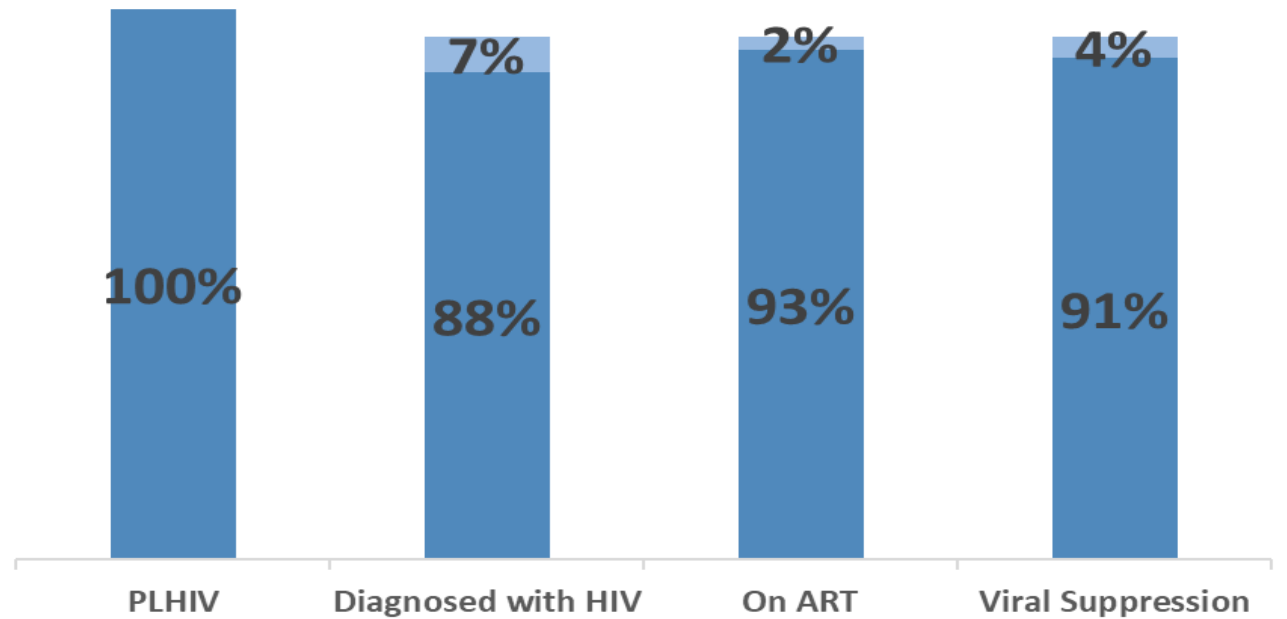
149,000



Mozambique Progress to 95-95-95 UNAIDS Targets

National Cascade (95-95-95)

2,44 million



Data Sources: Sept 2024, MoH Program ART and VS data; 2023 Spectrum Estimates for PLHIV

The MISAU Commitment to Quality for Recipients of Care: The National Quality Management Strategy

The development of national quality standards for HIV care in Mozambique is collaborative and evidence-based, with the aim of improving access to treatment and ensuring that the care provided is effective, safe and affordable for all people living with HIV in the country:

1. Collection of epidemiological data and evidence from the country and consultation of international WHO guidelines as well as UNAIDS and ICAP-CQUIN CMM
2. Consultation meetings with stakeholders (health professionals, civil society, NGOs, partners and donors)
3. Development of the appropriate standard for the context and pilot implementation, review and approval by the MoH
4. Training, dissemination and ongoing monitoring of implementation
5. Periodic review or update as necessary

Treatment CMM Quality Domain- Dark Green in 2024

Evidence of the MISAU Commitment to Quality

Trend Over Time	2022	2023	2024
Policies	Light Green	Light Green	Dark Green
Guidelines	Light Green	Light Green	Dark Green
Diversity	Light Green	Light Green	Dark Green
Scale Up Plan	Red	Red	Yellow
Coordination	Light Green	Light Green	Dark Green
Community	Red	Light Green	Light Green
Training	Light Green	Light Green	Dark Green
M&E System	Red	Yellow	Yellow
Procurement	Light Green	Light Green	Dark Green
Facility Coverage	Light Green	Light Green	Dark Green
Client Coverage	Light Green	Light Green	Dark Green
AHD	Light Orange	Light Orange	Yellow
Key Populations	Red	Red	Red
TB/HIV	Light Orange	Light Green	Yellow
MCH	Red	Red	Light Orange
NCD/HIV	Light Grey	Red	Red
Family Planning	Red	Red	Red
Quality	Yellow	Yellow	Dark Green
Impact	Light Green	Light Green	Dark Green

How we got here:

Development and practical application of a quality-of-care toolkit including;

1. Harmonized TA and Supervision and Tool between MoH and PEPFAR
2. Integration of DART into the QI HIV process (Intensive Monitoring Cycles)
3. Prioritization of indicators and key categories for each programmatic area
4. Initial and ongoing training in DSD implementation and monitoring for health providers and lay-persons
5. Integration of services and provision of DSD models for prevention and C&T

AHD CMM Quality Domain - Dark Green in 2024

Consistent Implementation Leads to Success!

Trend Over Time	2022	2023	2024
Policies	Light Green	Light Green	Dark Green
Guidelines	Light Green	Light Green	Dark Green
AHD Scale-up Plan	Light Orange	Light Red	Dark Green
SOPs	Light Yellow	Light Green	Dark Green
Coordination	Light Green	Light Green	Dark Green
ROC Engagement	Light Red	Light Red	Light Yellow
Training	Light Yellow	Light Green	Dark Green
Diagnostic Capability 1	Light Green	Light Green	Light Orange
Diagnostic Capability 2	Light Yellow	Light Yellow	Light Yellow
Facility Coverage	Light Orange	Light Orange	Light Orange
Client Coverage 1	Light Red	Light Red	Light Red
Client Coverage 2	Light Red	Light Red	Light Yellow
Client Coverage 3	Light Green	Light Yellow	Light Yellow
Client Coverage 4	Light Green	Light Yellow	Light Yellow
Supply Chain	Light Yellow	Light Yellow	Light Yellow
M&E System	Light Yellow	Light Green	Dark Green
Quality	Light Yellow	Light Yellow	Dark Green
Impact	Light Red	Light Red	Light Red

How we got here:

Improvements in M&E of quality of care:

1. Application a harmonized TA tool during routine supervision visits
2. Inclusion of AHD in the QI HIV process (Intensive Monitoring Cycles)
3. QA activities are supported through and implementing partner at the central level providing TA visits and a health facility grading process
4. Initial and ongoing in-service training for health providers and laypeople

dHTS CMM EQA/QC Domains - Light Green in 2024

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

How we got here:

- Expansion of the EQAs to more HF and the community level
- New orientation for IQC for all HF providing dHTS and communities that have ATS, done 2 times per month
- Revision of the QI guidelines at a national level to support intensive quality monitoring.
- National training done to improve the quality of testing in HF

Next Steps:

- The new guidelines for rapid HIV testing has been finalized and will be implemented in the coming months

Implementation of Service Quality Assessment in Mozambique

Mozambique has been implementing the QI guidelines since 2016, with the 2nd edition launched in 2024, focusing on the following interventions:

- PDSA (plan-do-study-act) cycles implementation
 - Monthly intensive monitoring of QI action plans
 - Mentorship approach
 - HF weekly clinical management committee
- In our context, the Mozambique SQA model is a harmonized approach. It includes HTS (EID project) and DART. Since last 2 PDSA cycles the CD4 and also TB was included as projects to improve the AHD diagnosis.
 - The PDSA cycle data are routinely reported into the MoH reports platform (DHIS2) and disseminated by the HIV semi-annual and annual reports.
 - Annually the MOH conduct a national SQA meeting with all stakeholders to discuss the PDSA cycle data.

Implementation of Service Quality Assessment in Mozambique

Performance to National Quality Standards









































PDSA Cycle	Low Performance (<65%)		Acceptable Performance and standard meeting		Total of HF (Cohort)
	#	%	#	%	
Year	#	%	#	%	#
2016	237	78%	66	22%	303
2017	158	52%	145	48%	303
2018	74	24%	229	76%	303
2019	143	47%	160	53%	303
2021	289	95%	14	5%	303
2022	257	85%	46	15%	303

Source: QI evaluation report, 2023

- 2016 demonstrates baseline data from 303 HFs (first PDSA cycle cohort)
- From 2016 to 2024 more HF were reached and a total of 845 HF are currently implementing the PDSA cycle.
- In **2019 and 2021 the quality projects were substantially revised** resulting in a significant drop in acceptable scores:
 - 2019: Removed 9 QI projects
 - 2021: Introduction of psychosocial support project, revision of the retention project indicators and therapeutic failure project removed

Implementation of Service Quality Assessment in Mozambique

Trends in performance in selected quality standards

Standards	PDSA Cycles									% of change
	2016	2017	2018	2019	2020*	2021	2022	2023	2024	
EID	39% 	51% 	79% 	86% 		87% 	91% 	88%** 	89% 	50%
Retention		42% 	52% 	63% 		56% 	71% 	79% 	80% 	38%
TPT	34% 	42% 	53% 	54% 		56% 	79% 	87% 	88% 	54%
DSD			30% 	39% 		48% 	56% 	60% 	65% 	35%
VL		3% 	5% 	12% 		21% 	37% 	45% 	54% 	51%
Psychosocial support						13% 	29% 	47% 	54% 	41%

* COVID -19: non implementation of PDSA Cycle

** Indicators revised

 - Low performance (<65%)  - Acceptable performance (66%-85%)  - Meeting Standards (86%-100%)

Implementation of Service Quality Assessment in Mozambique

SQA Data Sources

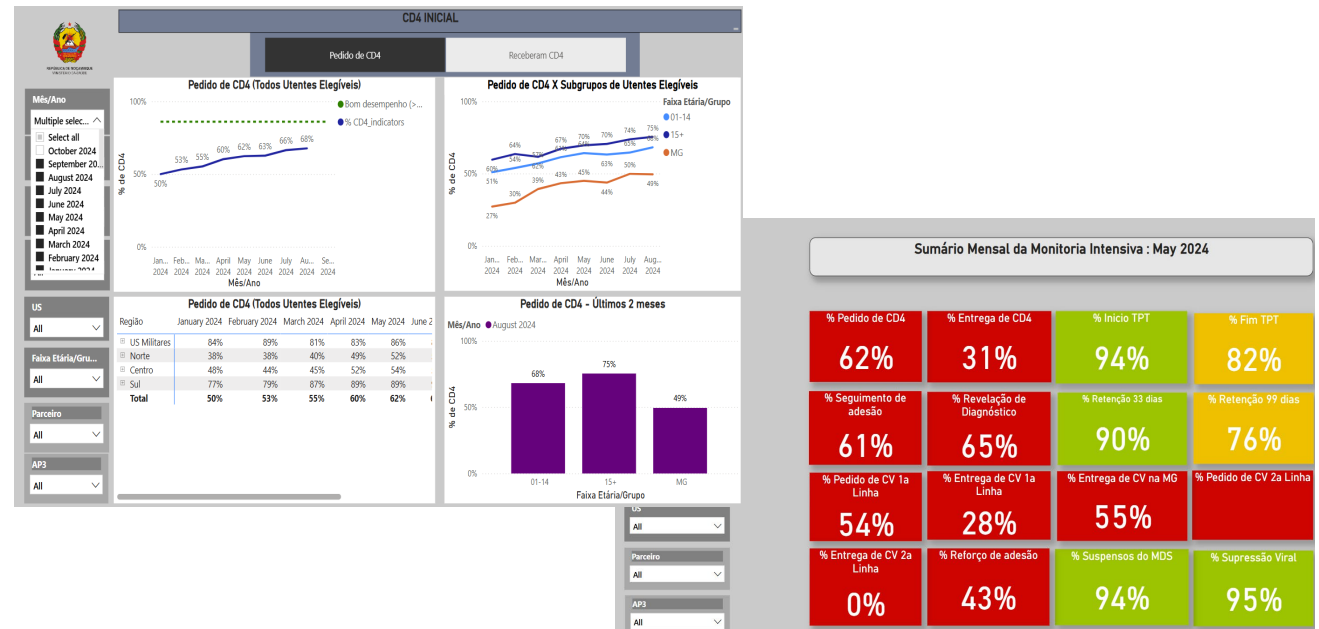
The PDSA Cycle and intensive monitoring data are collected by two procedures:

- **Manually- in HF without EMR** (approx. 20% of QI HF): through a random sample of clinical registers
- **Electronically- in HF with EMR** (approx. 80% of QI HF)

The intensive monitoring of QI action plans only takes place in HF with EMR - ease way to collect the data monthly.

Data Visualizations

All stakeholders are able to visualize the intensive monitoring data by the national dashboard, updated monthly by the central level.



Quality Assessment Challenges and Remediations (1)

Key Challenges Identified from the SQA Exercises

- Low level of up-to-date knowledge of the clinical standards among HCWs
- Suboptimal and inconsistent action plan implementation among HCWs
- QI action plans have shown a weak connection between root causes and solutions

Health Care Worker Capacity Building

- Synchronous virtual learning sessions to update the HCW's knowledge about the national protocols and norms
- Ensuring HCW training via the national e-learning platform
- Implementation of the “**coach approach**” focused on reinforcing implementation of interventions through a uniform and standardized approach

Quality Assessment Challenges and Solutions (2)

Challenges

- Frequent changes (yearly, or every two years) to the national quality standards means there is almost a continual training cycle and can create confusion and resistance to implementation
- Limited and reduced funding impedes provincial and district teams in traveling to remote HF for quality assessments and TA

Proposed Solutions

- Strengthening the monitoring and supervision to the district level to allow a more frequent interaction with the HF at a lower cost
- Develop SOPs or guidance documents that clearly outline what has changed from previous standards

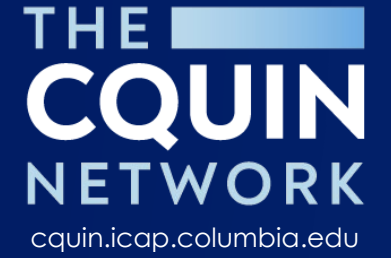
Best Practices and Next Steps for Improving Quality

Best Practices

- Integration of the SQA Indicators into the national EMR, allowing for monthly assessments substantially reducing the time and HR requirements at the HF level
- Annual revision of the international guidelines for QI and integration into the national standards when possible
- Use of a single supervision tool allows for the visit standardization focused on the highest national priorities to be followed by the HIV program at all levels (central, provincial and district, including in the visits conducted by the PEPFAR team)

Next Steps

- **Continued expansion** of QI/SQA process as more HF are brought online with EMR
- **Decentralization** of the QI/SQA process to the district level
- Pilot a **DPR online satisfaction** survey for providers and clients
- **Data to action**, using the data available to improve the different services offered



Thank You!

