



Aleny Couto, Ministry of Health Mozambique

DSD model transitions: Supporting the evolving care needs of people living with HIV

Country example I: Ensuring quality support to clients moving between DSD models in Mozambique



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Conflict of interest

I have no relevant financial relationships with ineligible companies to disclose.



HIV care and treatment in 2023

- Huge expansion of access to care and treatment for HIV □ Challenge in offering services with the desired quality (HR and infrastructure limitations)
- Despite this, there is commitment to continue to expand HIV care and treatment programmes
- There is a need for service delivery models that consider the context, respond to the challenges and make the most of existing resources
- To guide the implementers, Ministry of Health in Mozambique developed the guidelines for differentiated service delivery (DSD) - approaches that are patient centered, simplified, respond to the needs of people living with HIV



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Overview of DSD in Mozambique

2009: Implementation of first DSD models (community adherence support groups (CASG), TB and MCH one stop models and Fast Track)

2018: Development and implementation DSD guidelines

2020: COVID era - adaptations and new models in response, including the expansion of the inclusion criteria

2023: Launch of the second edition of DSD guidelines (across the cascade from prevention, to diagnostics and care and treatment)



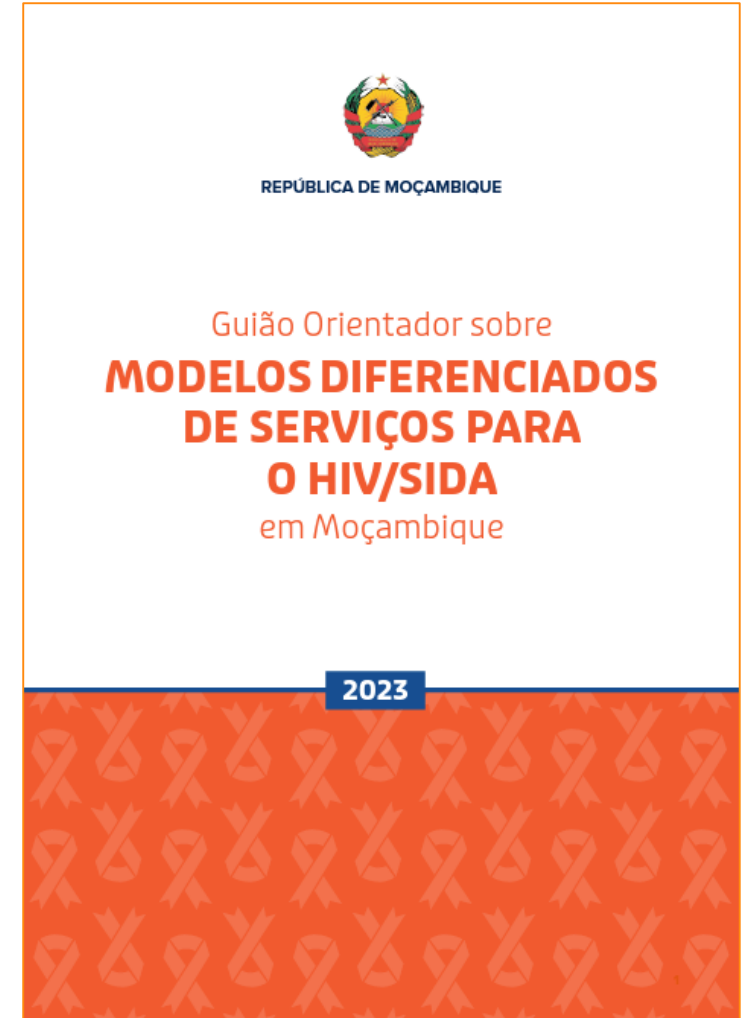
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2023 Mozambique guidelines

- Update from the 2018 guidelines, adjustment of DSD models
- New models added in response to:
 - Updates in global guidance
 - Lessons from COVID-19 adaptations
 - Emergencies (both natural disasters and conflict settings)

What's new in the 2023 guidelines

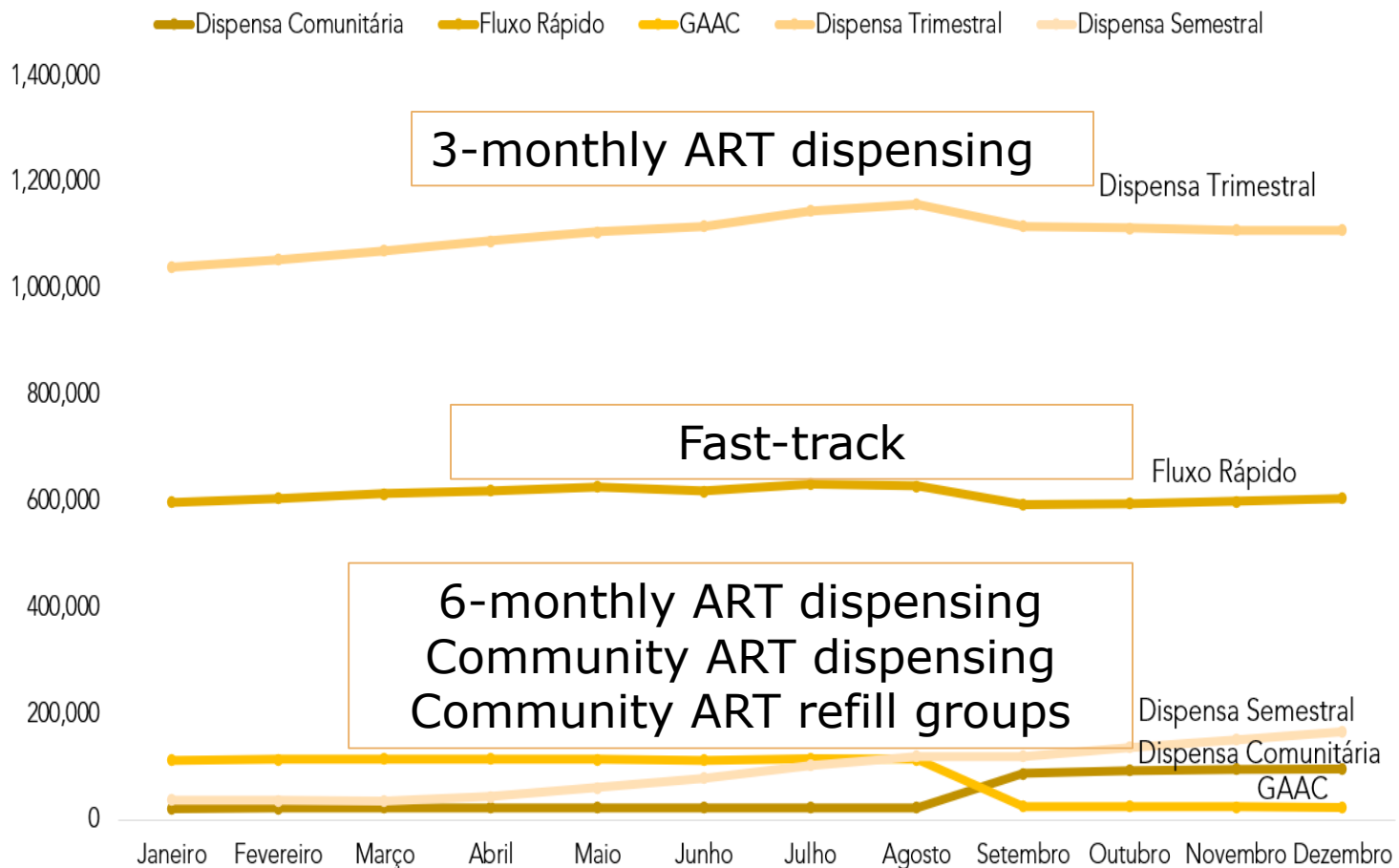
- Prevention: DSD for PreP
- Diagnostics: Differentiated testing, including HIV self-testing
- DSD for HIV treatment: DSD models that are less intensive, more intensive, and relevant in the context of emergency





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Overview of DSD in Mozambique



Se tens uma boa adesão ao tratamento do HIV, pede ao técnico de saúde para aderires à Dispensa Trimestral.

Adultos, adolescentes e crianças com idade acima de 2 anos que tomam os seus antirretrovirais correctamente, podem levantar os seus medicamentos de 3 em 3 meses.

Em caso de dúvida:

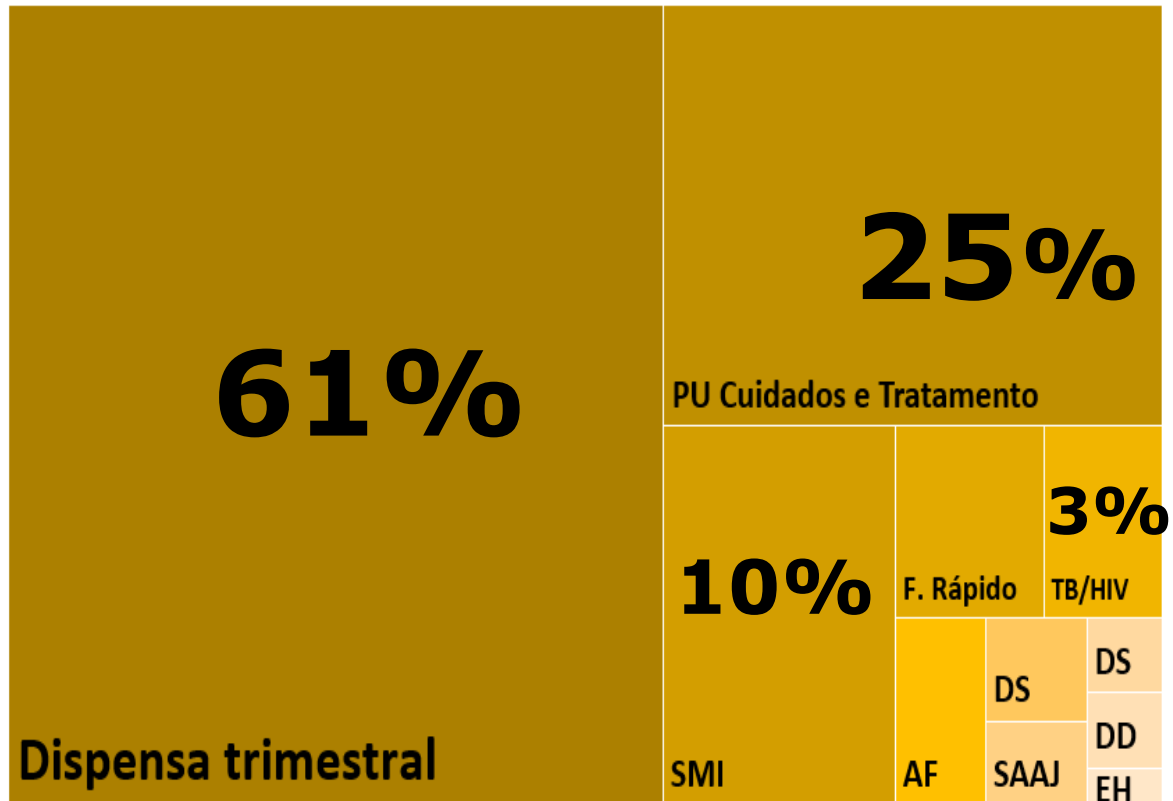




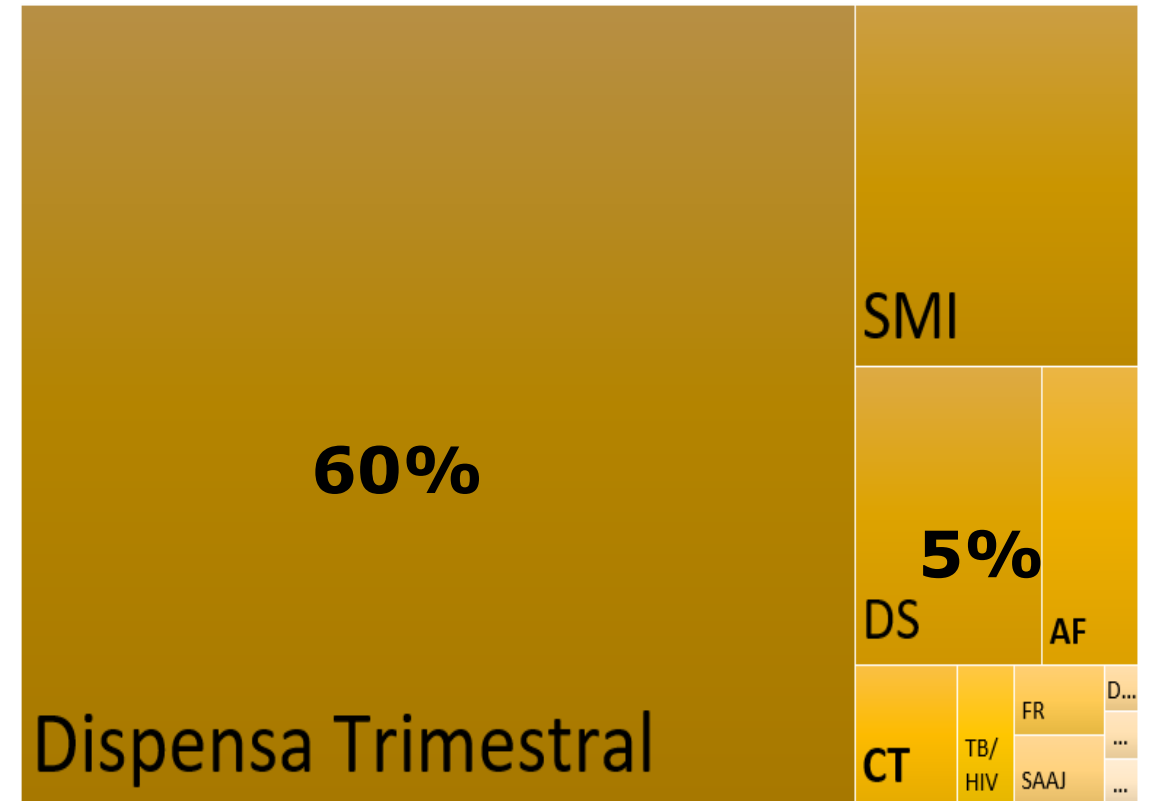
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DSD evaluation

12 months on ART



24 months on ART



Example 1 from previous DSD guidelines: Multi-month dispensing (MMD) to One-stop shop (MCH)



Mulheres grávidas e mulheres que estão a amamentar têm direito ao atendimento num único gabinete de consulta.

Se estás grávida ou tens um bebé a mamar, procura saber onde fica o sector de Saúde da Mulher e da Criança para receber o teu tratamento.

Em caso de dúvida: 

Category of transition	Up-referral (Less intensive to more intensive)
Impacted population	Pregnant women already on ART
What causes dissatisfaction	<ul style="list-style-type: none"> • Up-referred from less intensive DSD model of choice during pregnancy (including if community and/or group model) • Increased the frequency of visits (drug refill) • Could only return to less intensive DSD model after child >5 years





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Example 2: One stop teen to adult care



Se és adolescente ou jovem (dos 10 aos 24 anos de idade),

procura saber onde fica o SAAJ. Lá irás receber de forma privada todos os serviços de saúde desenhados para ti num único gabinete.

Em caso de dúvida:

Category of transition	Down-referral (More intensive to less intensive)
Impacted population	Adolescents and Young People (10-24 years)
What causes dissatisfaction	<ul style="list-style-type: none">• Long queues at pharmacy for drug refill, previously no need for that since they receive all service at one stop shop• No satisfaction when comes to deliver services in terms of SRH, life skills, alcohol/drugs• Staff at adult not ready and rude for adolescents• Stigma and discrimination (feeling of judgment from adults)

Example 3: Return to standard of care (late to appointment, high viral load)

Se tomar os medicamentos e for às consultas como recomendado pelos profissionais de saúde, poderá ser elegível para consultas clínicas a cada 3 ou 6 meses. Consulte a sua unidade sanitária para saber se é elegível.



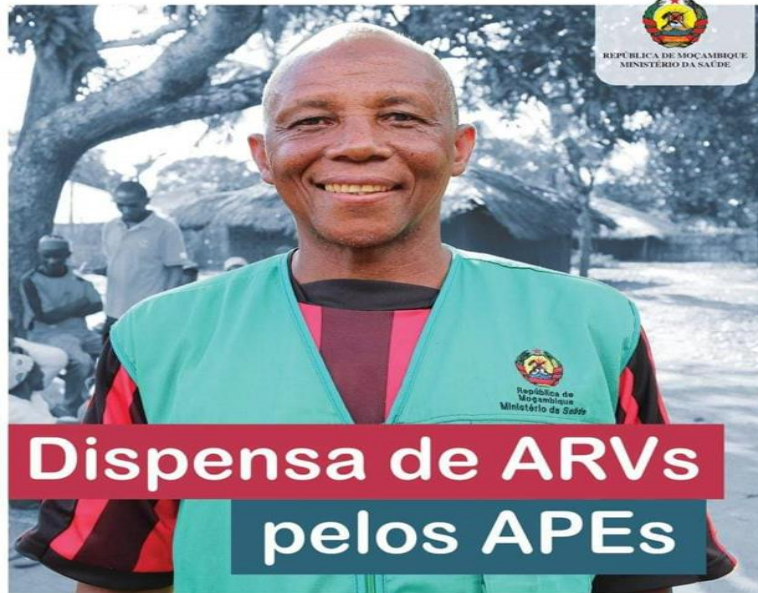
Category of transition	Up-referral (Less intensive to more intensive)
Impacted population	Children > 2 yrs, Adolescent and Young People, Adults
What causes dissatisfaction	<ul style="list-style-type: none"> • Increase the frequency of the visits (Clinical, Drug Refill) • Being referred for more intense counselling (Enhance counselling) • Feeling of being punished and not comprehended in terms of the motives





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Example 4: Community models refills length reduced



Levando a saúde para perto de ti!

Se por algum motivo não podes vir à Unidade Sanitária, nós podemos levar os antirretrovirais até à tua comunidade.

Fala com o técnico de saúde para saberes se podes receber os antirretrovirais na tua comunidade.

Em caso de dúvida:



Category of transition	Up-referral (Less intensive to more intensive)
Impacted population	Children > 2 yrs, Adolescent and Young People, Adults
What causes dissatisfaction	<ul style="list-style-type: none">• Move to community model (no need to go to the health facility), however in term of refill he goes from 3 MMD to one month refill• Dependency on one person to receive the drugs





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Enabling transitions in the new guidelines: client perspective

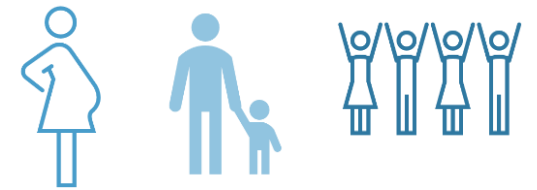


Extensão de horário de atendimento

Alguns Centros de Saúdes estenderam os seus horários de atendimento para poderem oferecer todos os serviços de saúde para te maneres saudável, incluindo o levantamento dos antirretrovirais.

Vai ao teu Centro de Saúde e procura saber qual é o

- Provide DSD literacy regarding DSD model choices available:
 - Social Media Campaign giving the different choices of DSD available at HF and where is offered
- Receiving care in a group or in the community model with an established peer support network, alongside regular clinical care:
 - Civil society stated their preference for CASG despite of decreasing enrollments in this model





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Enabling transitions in the new guidelines: system perspective

1. Facility-level training and job aides to support implementation
2. Reducing unnecessary up-referrals among those who are less than 60 days late
 - Revising up-referral criteria and supporting those who are less than 60 days late to stay in their DSD model and receive a once-off ART refill in the community by a healthcare worker
3. Longer ART refills available for those with elevated viral load or who have missed appointments by > 60 day
 - Extended ART refills (3 or 6-monthly refill at the facility) to ensure uninterrupted supply

Enabling transitions in the new guidelines: System perspective



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4. Provision 3-6 MMD refills and consider minimum necessary clinical consultations and/or counselling sessions:

- Alignment of Clinical and Counselling consultations based on the refills (HF or community)

→No additional visits required for VL!

SERVICE/Month	0	1	2	3	4	5	6	7	8	9	10	11	12
Clinical Consultation	X	X	X	X			X			X			X*
Counselling (PSS)	X	X	X	X			X			X			X*
ARV, INH, CTZ refill	X	X	X	X			X			X			X*
Viral Load							X						
CD4	X												X**

* At 12 month on ART, ROC with age above 5years should be re-evaluated to be included at 3-6 MMD, GAAC, Community Dispensing (APS)

** Se aplicável

Enabling transitions in the new guidelines (2)

5. Improvements in the guidelines

- Simplifications to eligibility criteria:
 - Community Providers to dispense 3 MMD
 - Allowing women at Post partum to have 2MMD
- Supporting tools for healthcare workers

ANEXO 2B: Tabela Elegibilidade Aos MDS

MDS	CRITÉRIO DE ELEGIBILIDADE										
	IDADE	CARGA VIRAL	ADESAO AO TARV	CONDIÇÃO ACTIVA DO ESTADIO OMS	TEMPO DE TARV	GRAVIDEZ	LACTAÇÃO	TPT E CTZ	FLUCONAZOL	TB	RAM GRAVE
DISPENSA BIMESTRAL DE ARV	N/A	<1000	Boa	I ou II	≥ 6 meses	Não	Sim	N/A	Não	Não	Não
DISPENSA TRIMESTRAL DE ARV	≥ 2 anos	<1000 ¹	Boa ²	I ou II	≥ 3 meses	Não	Não	N/A	Não	Não	Não
DISPENSA SEMESTRAL DE ARV	≥ 5 anos	<1000	Boa ²	I ou II	≥ 6 meses	Não	Não	Não	Não	Não	Não
DC ATRAVÉS DO APE	≥ 5 anos	<1000	Boa	I ou II	≥ 6 meses	Não	Não	Não	Não	Não	Não
GAAC	≥ 15 anos	<1000	Boa ³	I ou II	≥ 6 meses	Não	Não	N/A	Não	Não	Não
PU SMI	N/A	N/A	N/A	N/A	N/A	Sim	Sim	N/A	N/A	Não	N/A
PU C&T	N/A	N/A ⁴	N/A	N/A	<9 meses ⁴	Não	Não	N/A	N/A	Não	N/A
PU SAAJ	10 a 24 anos	N/A	N/A	N/A	N/A	N/A ⁵	Não	N/A	N/A	Não	N/A
PU TB/HIV	N/A	N/A	N/A	III ou IV	N/A	N/A	N/A	N/A	N/A	Sim	N/A
EXTENSÃO DE HORÁRIO	N/A	N/A	N/A	N/A	N/A	N/A ⁶	N/A 6	N/A	N/A	N/A	N/A
ABORDAGEM FAMILIAR	N/A	N/A	N/A	N/A	N/A	Não ⁷	Não ⁷	N/A	N/A	Não	N/A
DC ATRAVÉS DO PROVEDOR	≥ 2 anos	N/A	Risco ou Má	N/A	N/A	Não	Não	N/A	N/A	Não	N/A

Work going forward

- Implementation of new guidelines, which includes training of the providers (Health workers and community health workers) – give tools for best transition
- Demand creation (production of spots, posters , serial album)- give tools people living with HIV to best choose the DSD and have smooth transition
- Improve data collection (electronic system- process indicators , DSD annual evaluations - impact) – to inform on model availability for providers and people living with HIV
- Integration of DSD on PDSA cycles (Quality improvement) – to ensure clients satisfactions and evaluate quality of care on DSD
- Development of transition package (adolescents to adults)
 - Allows to give tools for best transition
- Continuing work with family planning and NCD for best needs of people living with HIV



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Obrigada!



Todas as pessoas com mais de 5 anos de idade e com carga viral para o HIV indetectável podem fazer o levantamento dos antirretrovirais de 6 em 6 meses.

Este modelo está disponível em algumas unidades sanitárias do país. Fala com o técnico de saúde para saberes se está disponível na tua unidade sanitária.

Em caso de dúvida:





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Please engage

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Post your questions and comments virtually

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