

ART Programming in Mozambique in the Time of COVID-19

CDC Mozambique

July 8, 2020

Overview

- Status of the HIV epidemic before Covid-19
- Epidemiology and Public Health Response to Covid-19 in Mozambique
- Advancing HIV services in the setting of COVID
- Technical Area Considerations
 - Testing
 - Care and treatment
 - MCH
- Conclusions

Status of the HIV Epidemic Before Covid-19

Mozambique: Second Largest HIV Epidemic, Severe Structural Challenges

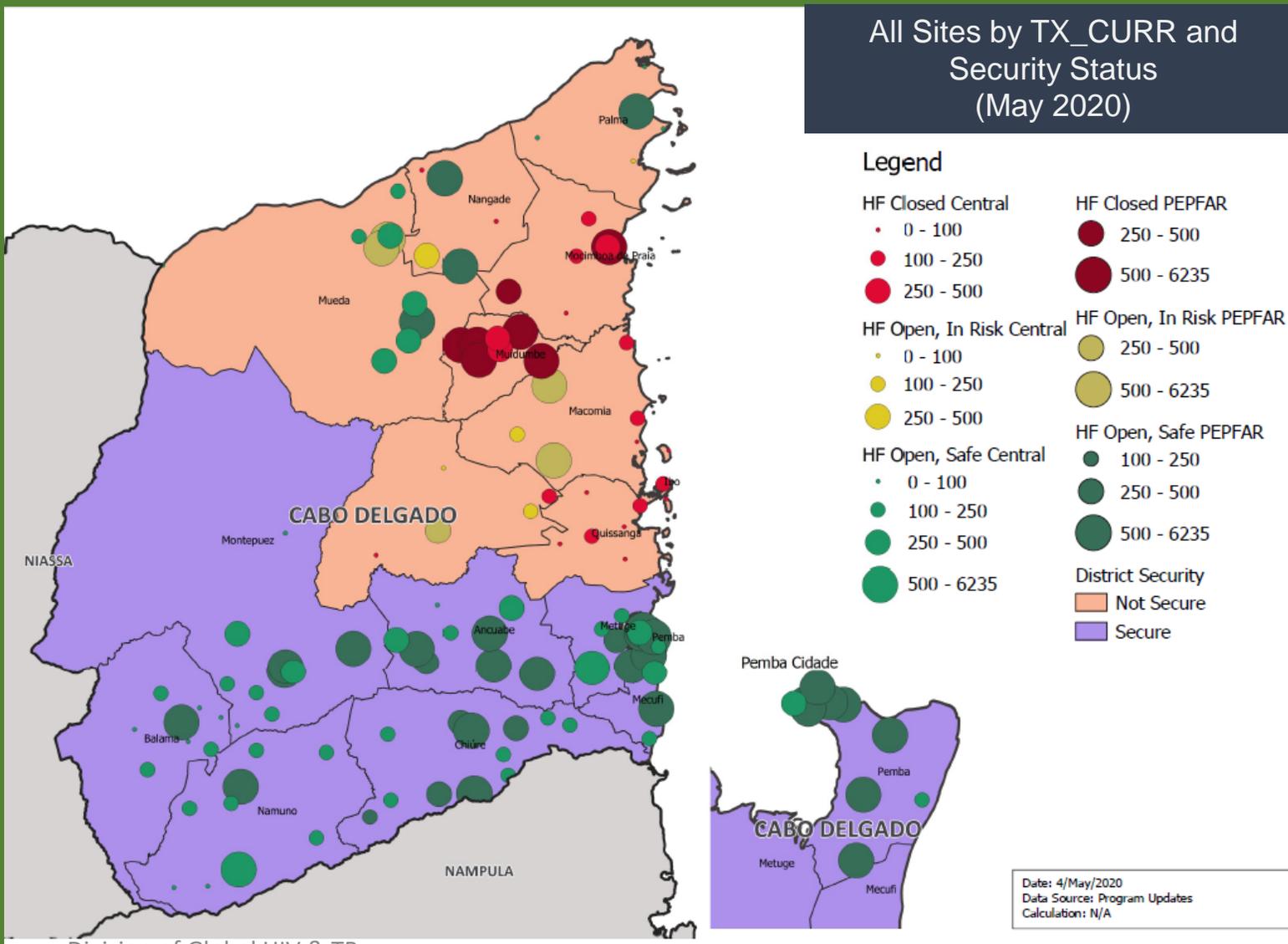


- Population 32.5 million
- 2.3 million PLWH, HIV prevalence 13.2%*
- 2015 Human Development Index ranked Mozambique 180 out of 187 countries
- World Bank estimates 60% of Mozambicans in 2014 lived on less than \$1.25 per day
- 1.5% of adult women reached secondary school education, 6% of adult men**
- Gender Inequality Index 2017 ranked Mozambique 138 of 155 countries

* Immunization, Malaria and HIV/AIDS survey 2015

** 2017 Census, Mozambique

Insecurity in Northern Mozambique Undermines Progress



The Emergence of Violent Extremism in Northern Mozambique

Also available in: [Français](#) | [Português](#)

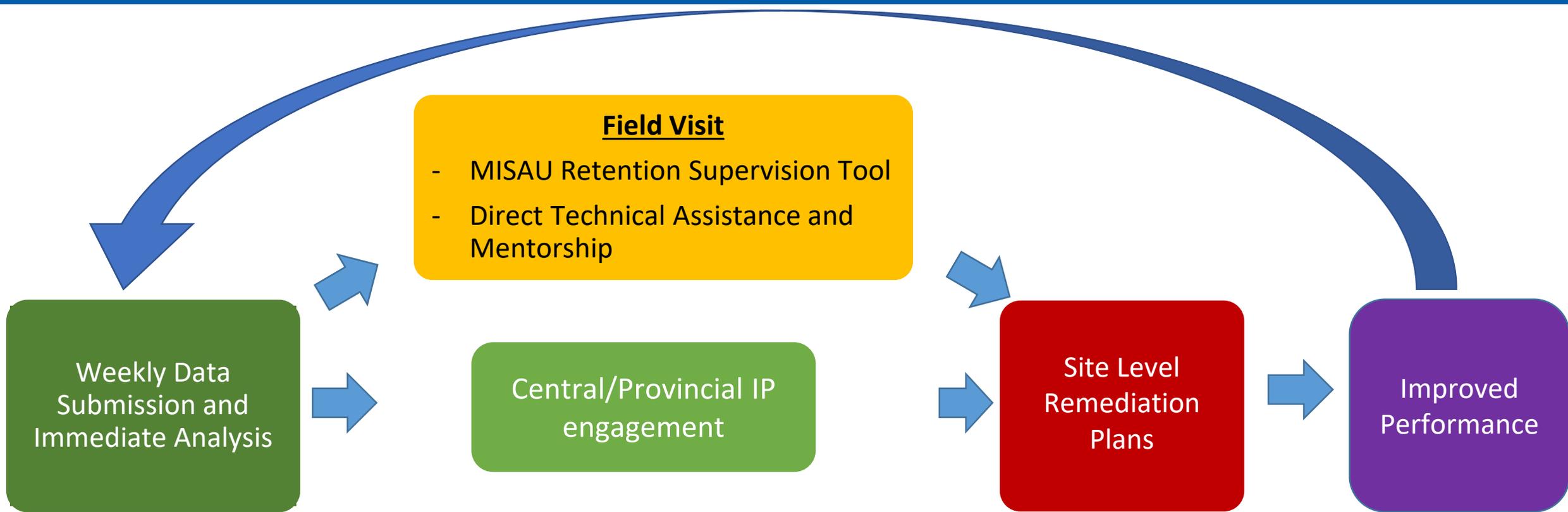
By [Gregory Pirio](#), [Robert Pittelli](#), and [Yussuf Adam](#)

March 25, 2018

The emergence of a new militant Islamist group in northern Mozambique raises a host of concerns over the influence of international jihadist ideology, social and economic marginalization of local Muslim communities, and a heavy-handed security response.



Granular Site Management in Mozambique – AJUDA Strategy



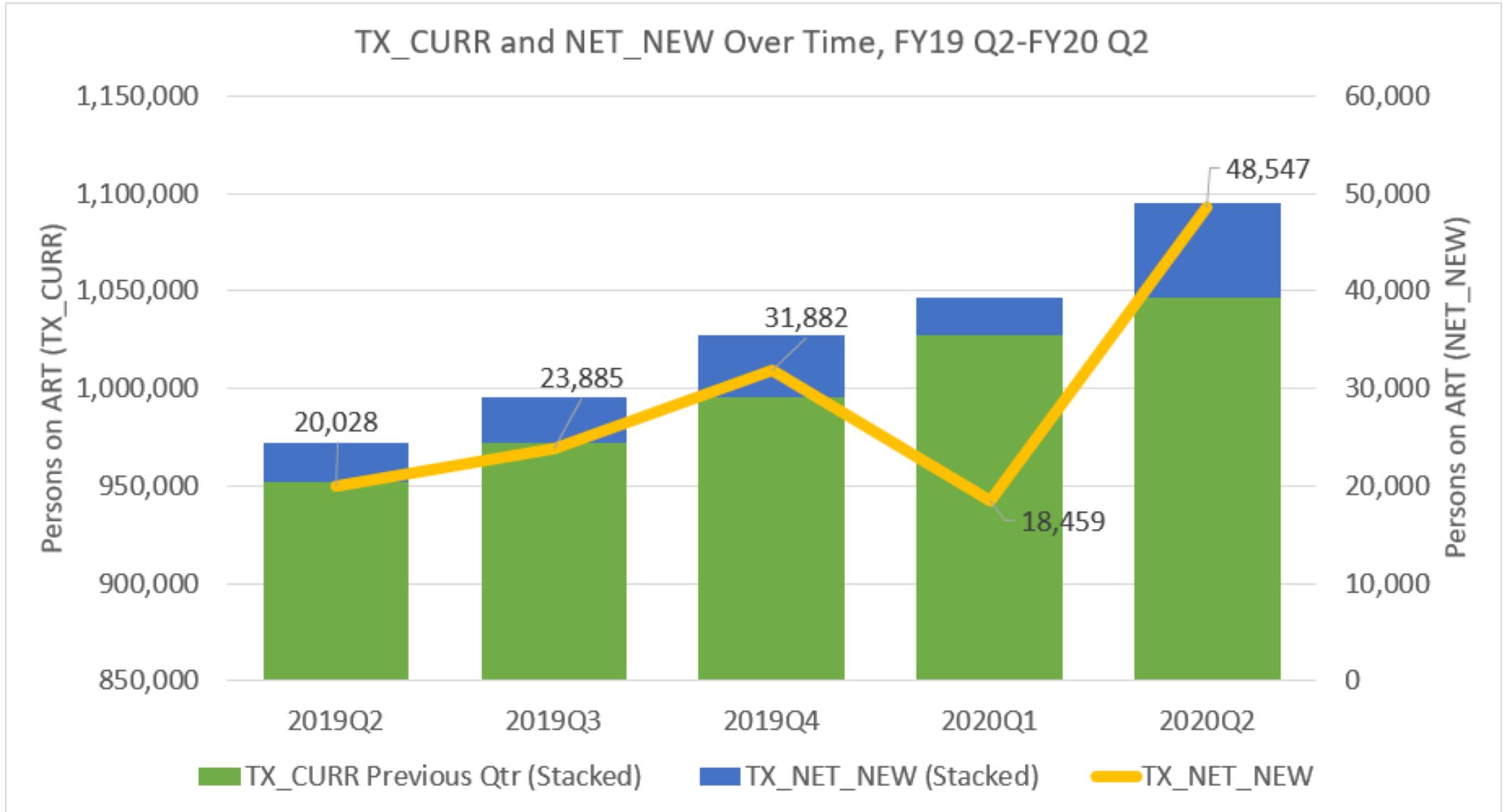
Quarterly MISAU/PEPFAR meetings to discuss progress

Biweekly Enhanced Retention Monitoring data review

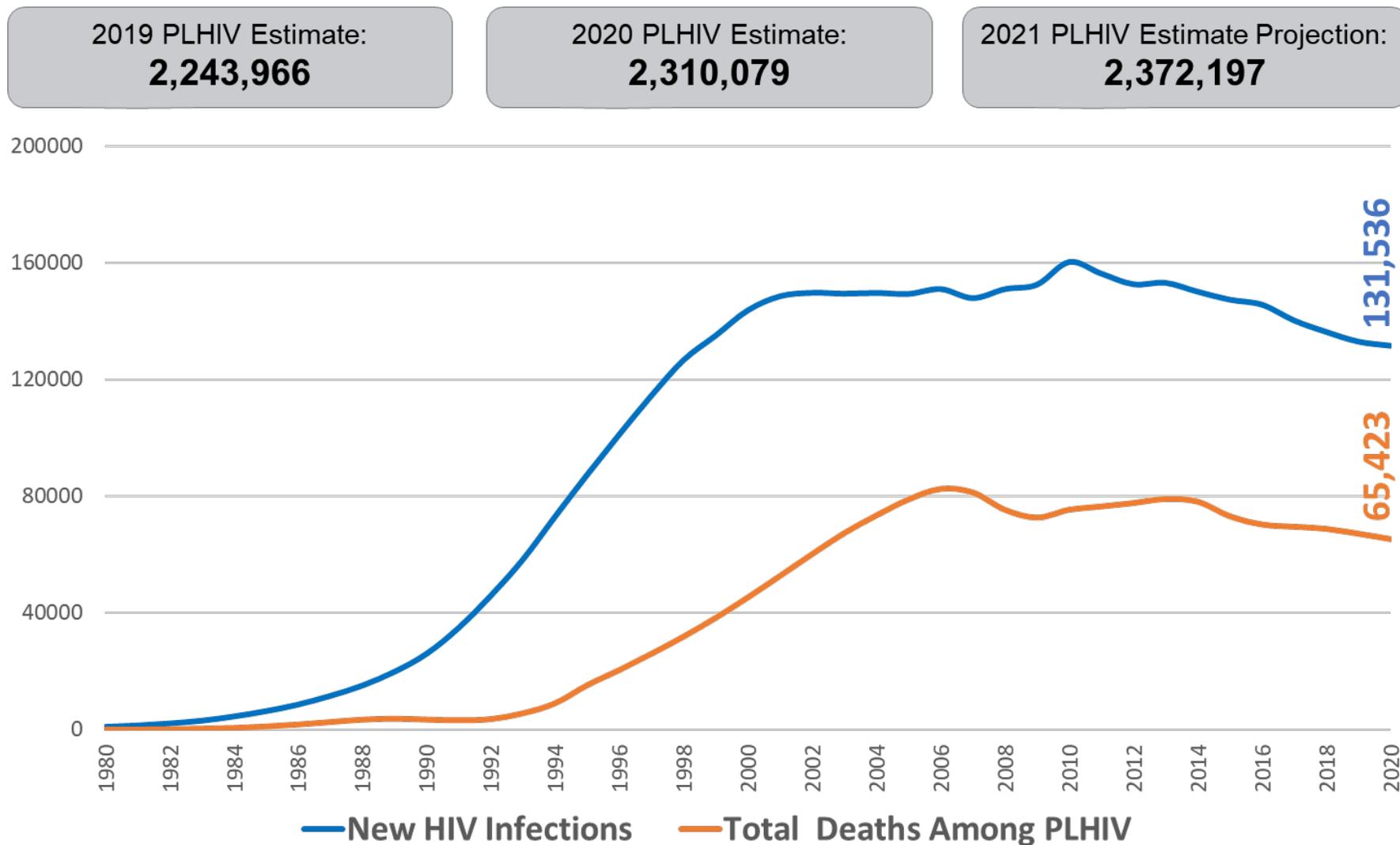
CNCS/PEPFAR joint supervision of community engagement

Periodic MISAU/PEPFAR comprehensive joint site supervision visits

Strong TX_NET_NEW Growth at AJUDA Sites



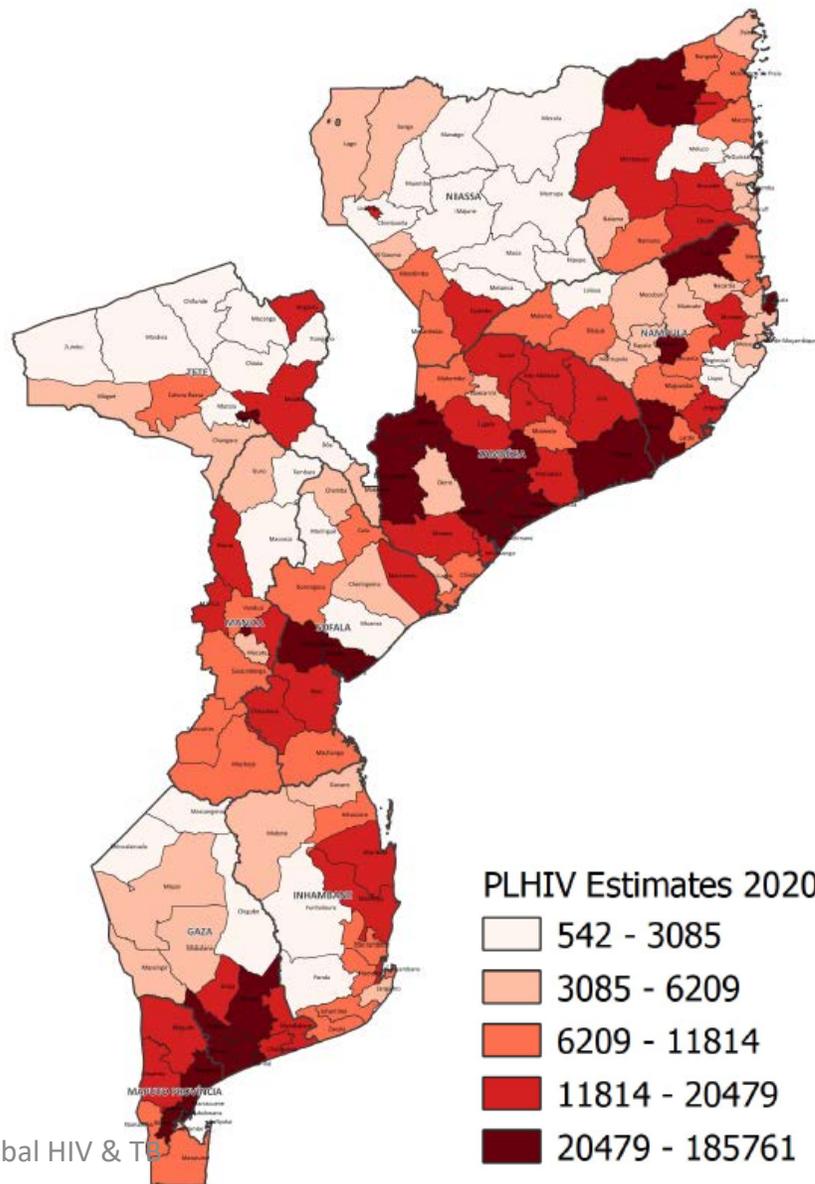
Decreasing HIV Incidence and Mortality in Mozambique



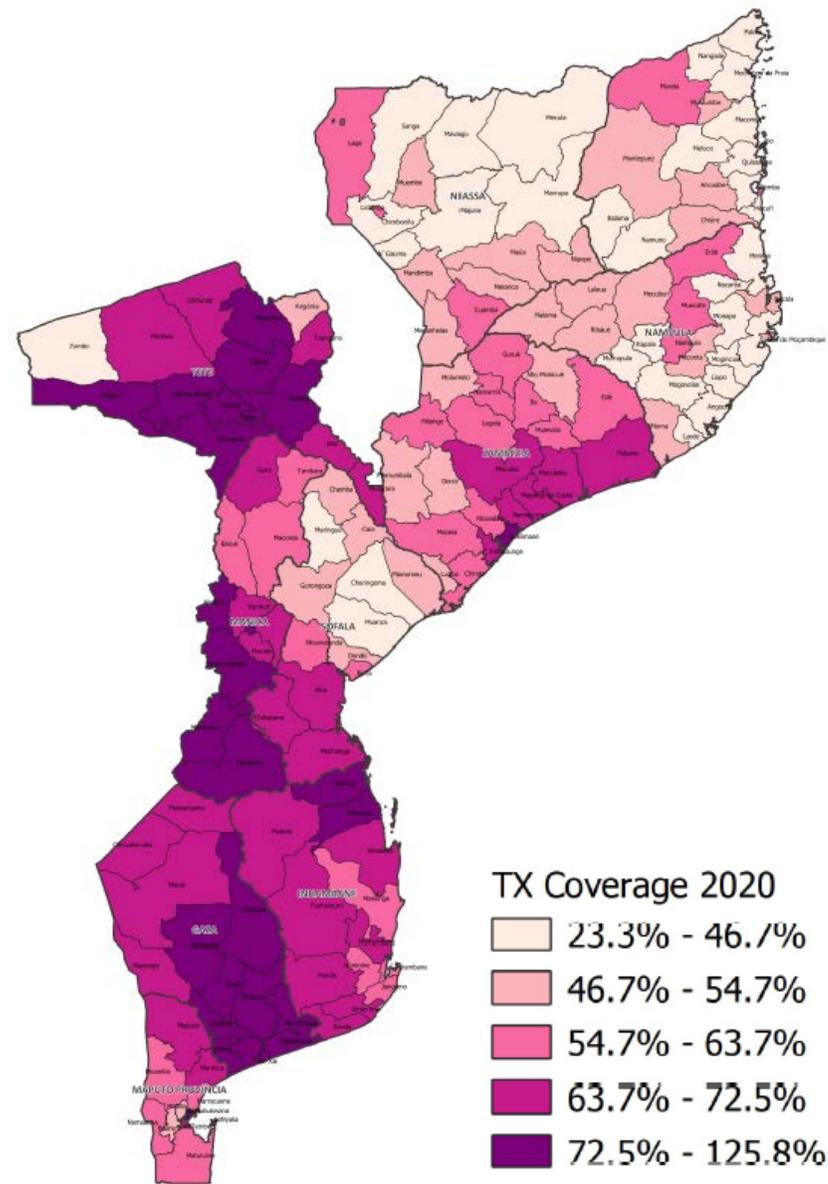
• Estimates based on Spectrum 5.87 final output file

PLHIV Disease Burden and ART Coverage – Long Way to Go

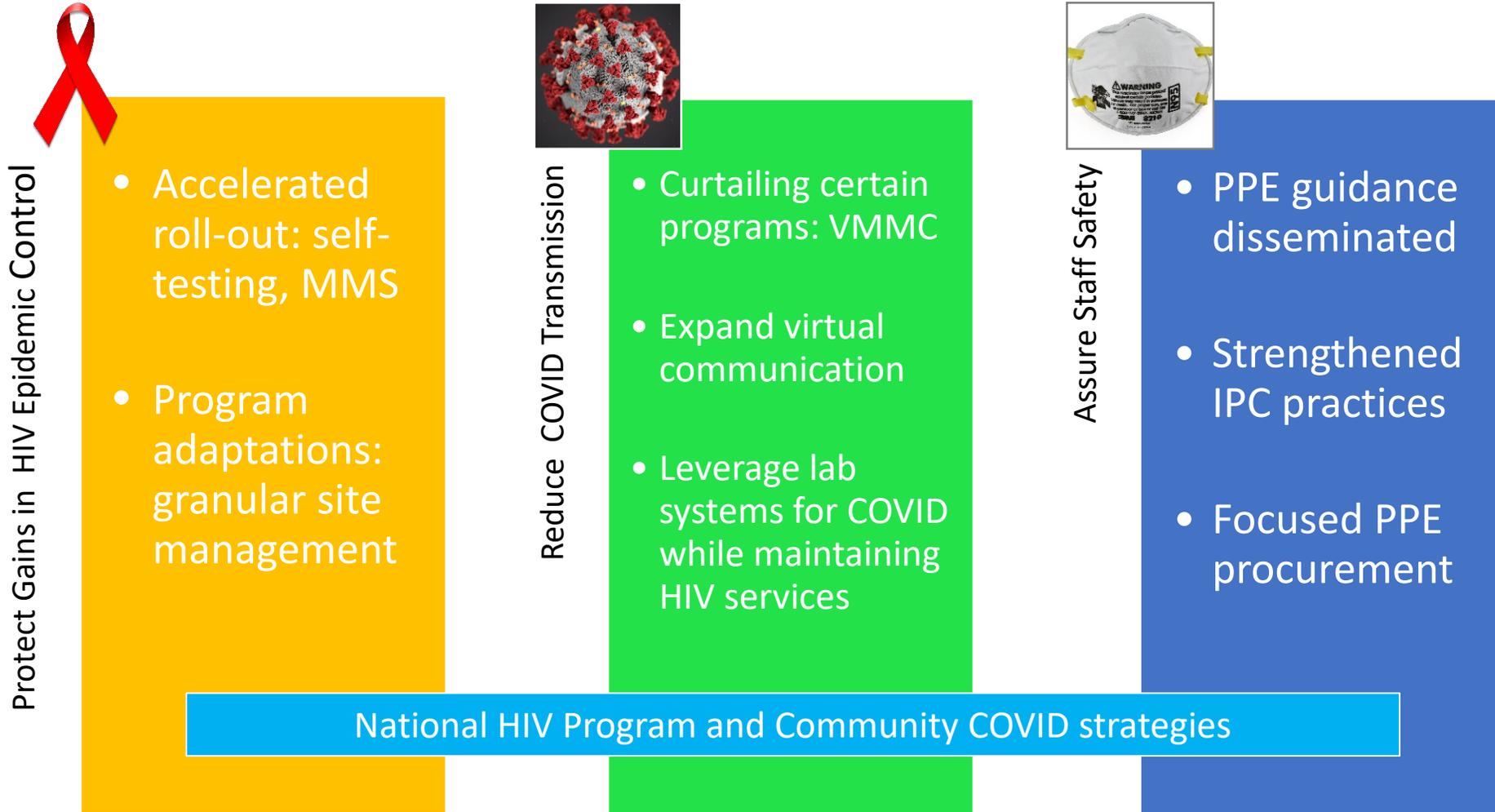
Estimated PLHIV from NAOMI 2020, Mozambique 2020



Treatment Coverage from NAOMI 2020, Mozambique 2020



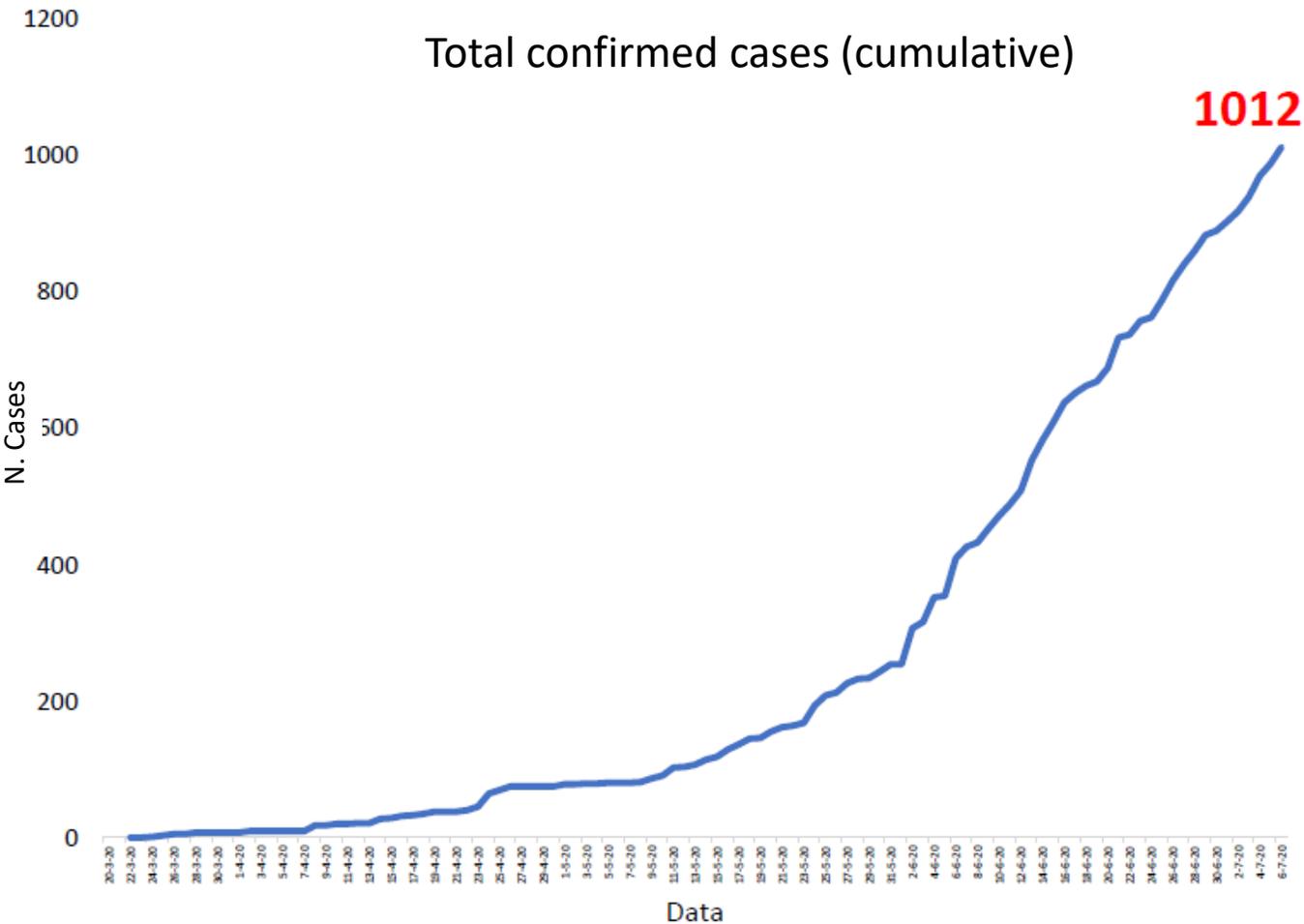
Moving Forward Despite COVID





Epidemiology and Public Health Response to Covid-19 in Mozambique

Mozambique COVID Epidemic Still Growing



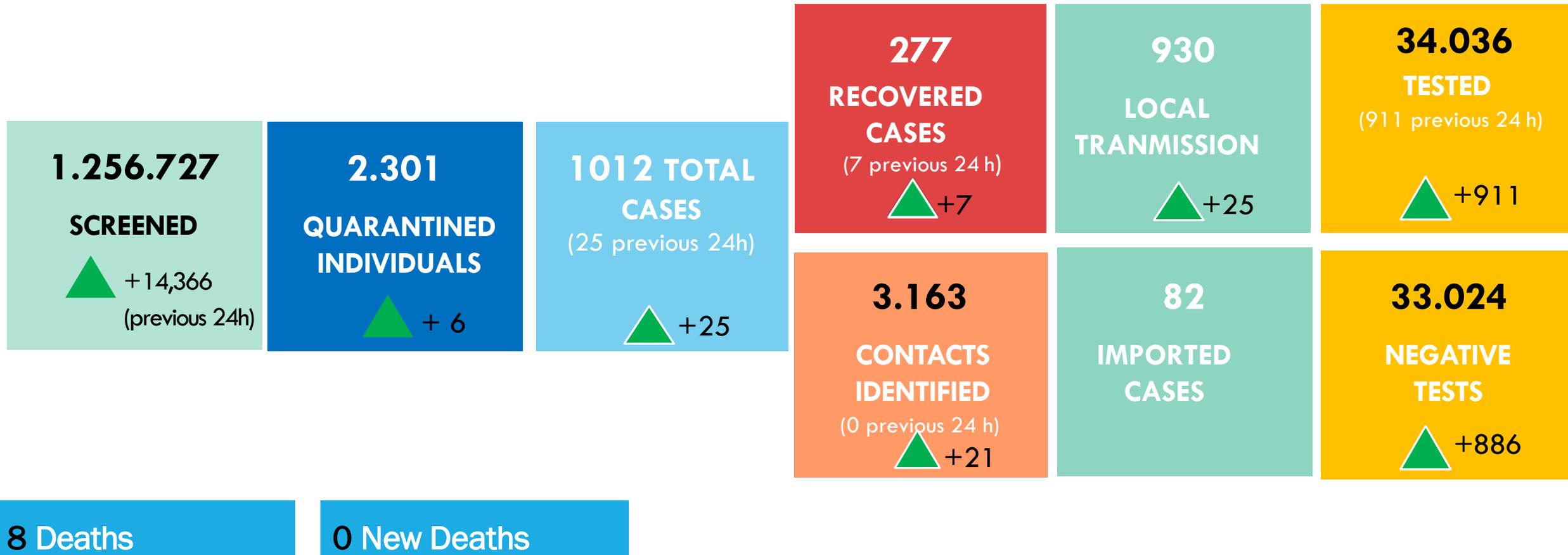
Outlook

- Rising cases but overall numbers still low
 - 8 deaths reported to date (0.2 deaths per 1 million inhabitants)
- Two provinces with confirmed community transmission; likely to occur in at least two others
- Case severity: 55% asymptomatic; 37% light symptoms; 8% moderate

Challenges

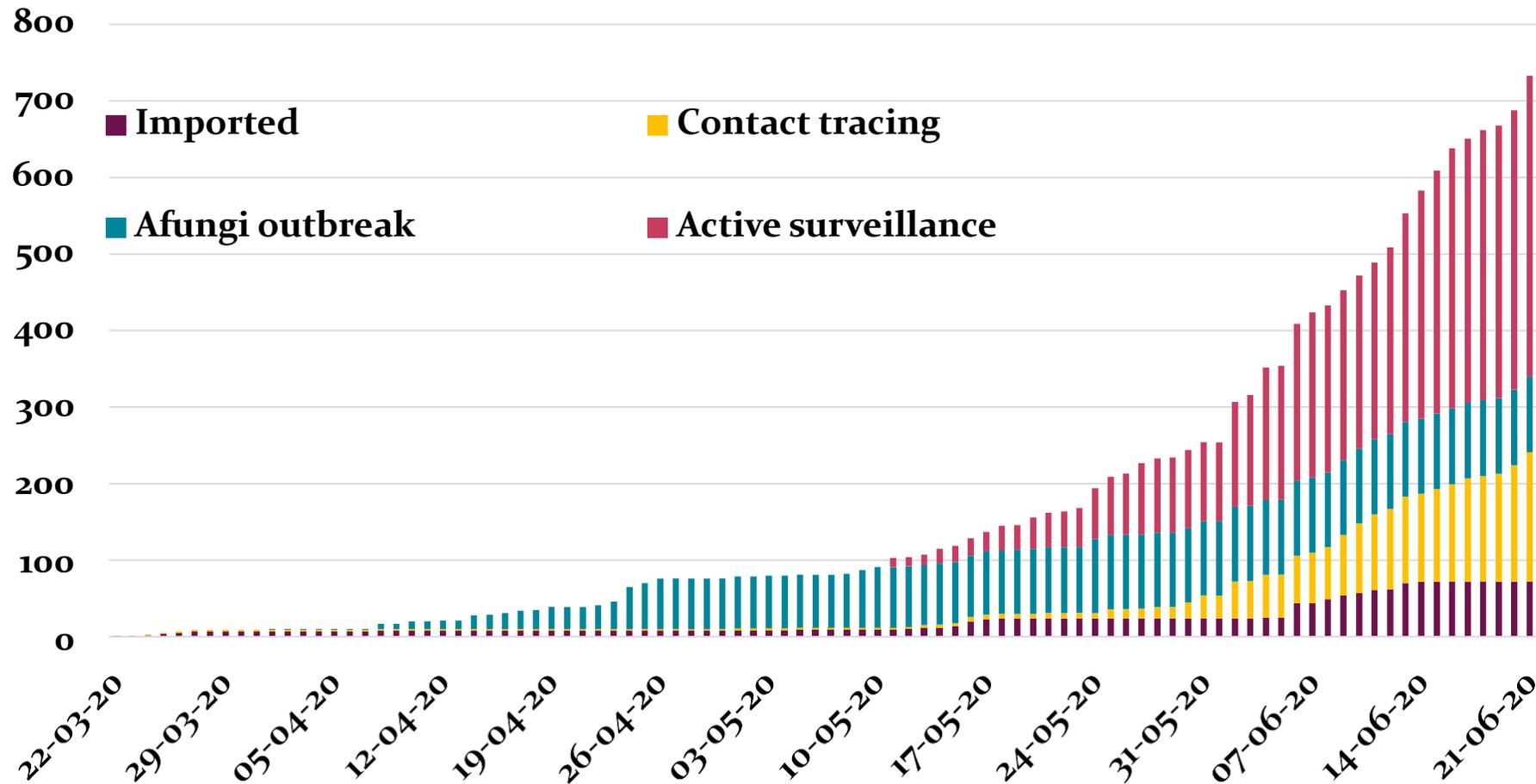
- Supply chain constraints on testing and PPE
- Limited compliance with State of Emergency and prevention measures

Overall Epidemiologic Situation



Active Surveillance Is Finding Most New Cases

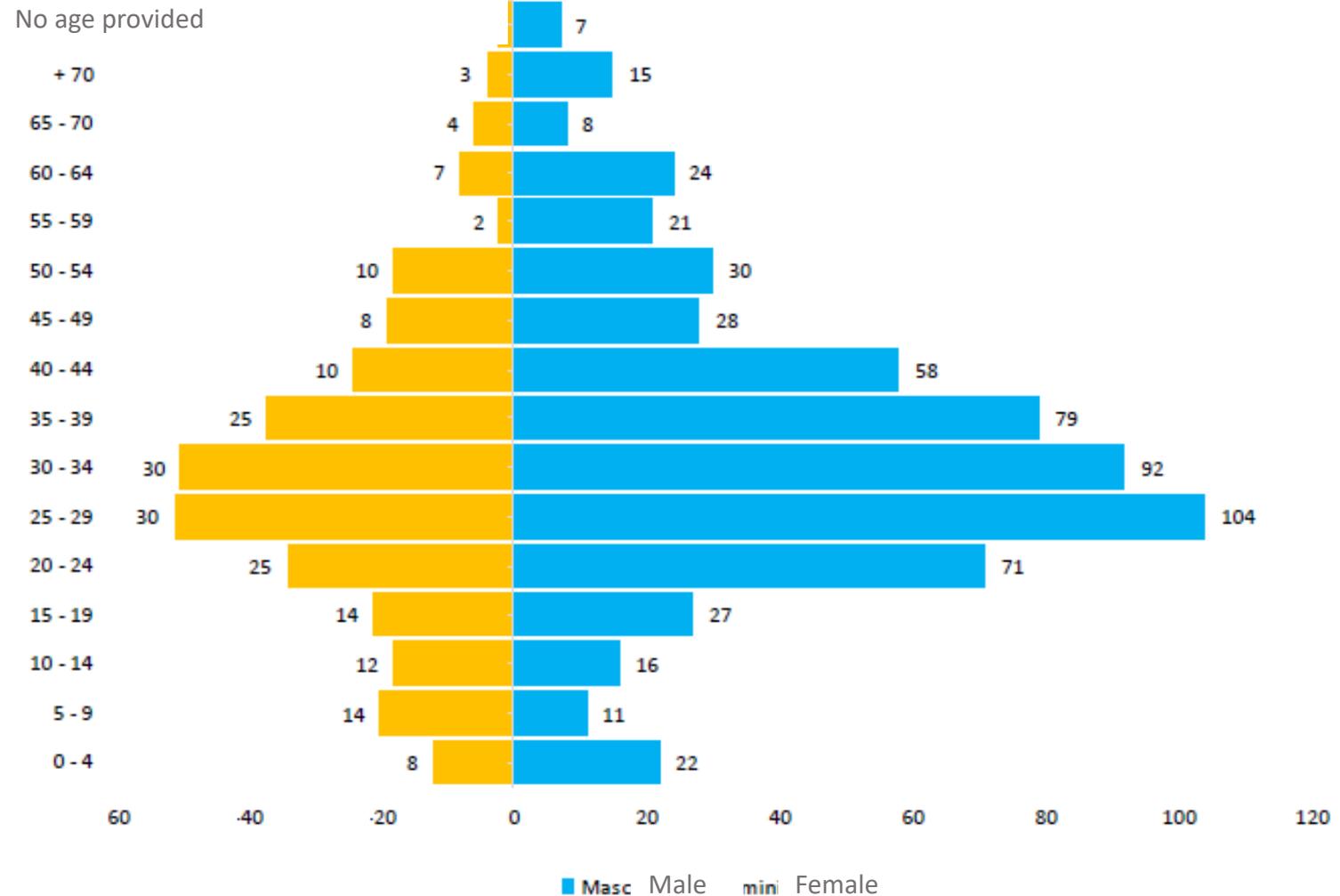
Case source overtime, Mozambique March-June 2020 (n=737)



Young Males Most Impacted

- Males represent 65% of confirmed cases
- Mobility due to economic migration (mining, trucking, agriculture) within and through Mozambique involve more males than females

Number of COVID Cases by Age and Gender, Mozambique July 2020



Contributing Factors for Community Transmission

Nampula (314 cases; 31% of cumulative cases)

- First region designated with "community transmission"
- Limited access to fresh water
- Historic mistrust of health care workers

Cabo Delgado (286 cases; 28% of cumulative cases)

- Collapse of primary health care system due to unrest
- Nearly 200,000 internally displaced people "resettled" in host community contributing to crowded living conditions



Fonte: MISAU | 16:00 horas de 29/6/2020

5

Results of Predictive Modeling

- Estimated Impact of COVID-19[†]
 - Range of expected cases: ~4.3M-9.2M
 - Range of expected deaths: ~35,000-75,000
 - Estimated date of peak of deaths: ~September-December 2020
- Caveats
 - Mortality is lower than expected; <1% (8/987) as of July 5
 - Decreases in health care service utilization may result in additional deaths
 - Actual impact will depend on government decision-making in coming months
- Results of Mozambique-specific modeling work by the COVID-19 International Modeling Consortium (COMO group) are forthcoming

[†]London School of Hygiene and Tropical Medicine CMMID Working Group. Modelling Projections for COVID-19 in Mozambique. June 16, 2020. Available at: <https://ln2.sync.com/dl/b3fc9ebc0/view/default/1400719036#36ipcgk3-5mghvhh4-vi29b9yy-8e688twu>

Surveillance and Research Initiatives

- National Public Health Institute (INS) conducting SARS-CoV-2 seroprevalence survey in two provinces (17-June-20)
- Ongoing mortality surveillance using informal sources (village elders, morgue, funeral homes)
- INS and PEPFAR Mozambique to launch site-level study to characterize impact of COVID-19 on PLHIV, health care workers, and the health care system itself (COP20)
- National Health Observatory conducting monthly review of health service volume, morbidity, and mortality (DHIS-2)



Public transportation hub

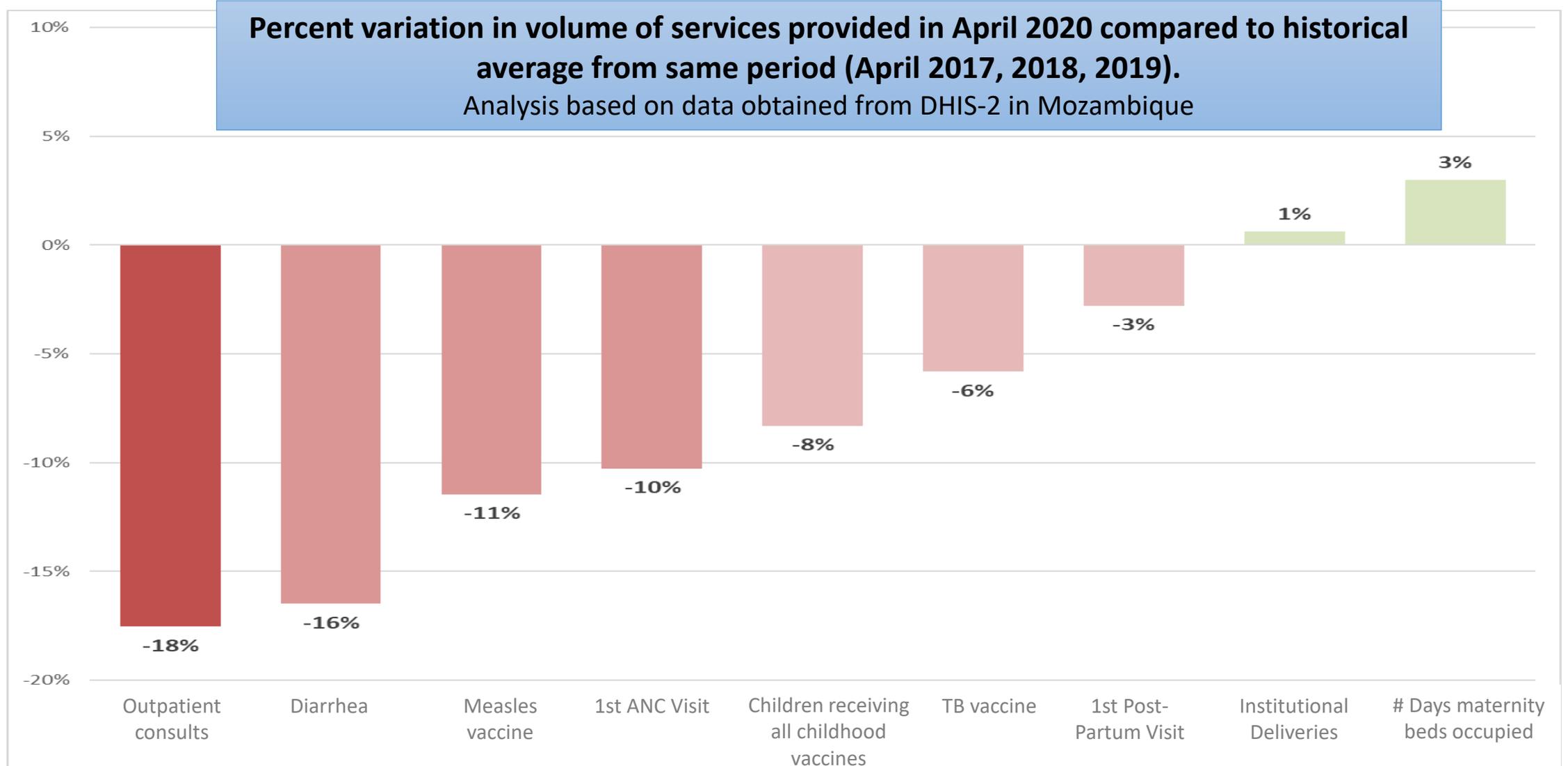


**Family communal living-
Muahivire**



Mercado Waresta

Decreasing Contact with Health Facilities, Especially Outpatient Services



Overview of Public Health Response in Mozambique

Early Action

First case (Cabo Delgado): March 22

Rapid comprehensive contact tracing characterized initial response

State of Emergency

“State of Emergency” (Level 3) since April 1

Extended three times in 30-day increments

Outreach

Abundant public health messaging and education messaging

Organized daily briefings and development of dashboard for transparent public communication

Testing Strategy

INS ramped up testing rapidly, 35 hospitals in all provinces (viral load and GeneXpert network)

Developing criteria for prioritized testing allocation

Decisive MOH Action

Policy changes, including expansion of 3MDD eligibility criteria and cessation of community-based HIV activities



Advancing HIV Services in the Setting of COVID

Guiding Principles for Provision of HIV Services

Protect the Gains

- Expansion 3MDD eligibility
- Community ART distribution, prioritizing LTFU clients
- Site-level checklist for weekly HF assessment to review continuity of HIV/TB services
- COVID-19 Community Response Framework developed with HIV services inclusion
- *Daily/weekly TX_CURR and DSD monitoring at OpenMRS sites*
- *Weekly/bi-weekly coordination calls between PEPFAR, IP, Province, and District to address issues promptly*
- *Use of community radio and TV campaigns specific to PLHIV*

Healthcare Worker Safety

- Ensure PPE continuity for PEPFAR staff
- Removal of personnel with comorbidities from direct patient care
- *Suspension of enhanced weekly ficha mestra monitoring and manual data collection*

Reduce Transmission

- Suspension of defaulter tracing and preventive home visits by lay staff
- Patient flow through outpatient units redesigned
- Introduction of block appointments
- Establishment of alternative ARV pick-up points in facility
- AJUDA site visits suspended
- *Hygiene demonstrations*

Repurpose Resources

- VMMC PPE and vehicles redirected to HIV outpatient sectors
- Community index case testing and defaulter tracing lay workers assigned to waiting rooms to reinforce social distancing and cough etiquette

COVID-19 Community Response: Maintain Safety While Providing Services

Objectivo estratégico/ Serviços essenciais	Acções a implementar	Local de implementação/ modalidade	Frequência	Actores comunitários
HIV	<ul style="list-style-type: none"> Disseminar mensagens chave sobre o HIV e COVID-19 através dos actores comunitários Disponibilizar e promover o uso do preservativo de forma correcta e consistente Promover o uso e adesão ao PrEP (profilaxia pré-exposição) Reconhecer sinais e sintomas sugestivos de HIV e referenciar os utentes para a testagem nas US 	Comunidade	Diário	Activistas
Tuberculose	<ul style="list-style-type: none"> Find and refer defaulters Disseminate key messages about DSD 			Activistas

Essential services

- Disseminate key messages about both HIV and COVID/19
- Provide condoms and lubricant
- Promote PREP
- Screen for HIV (refer to facility for testing)
- Promote ARV adherence

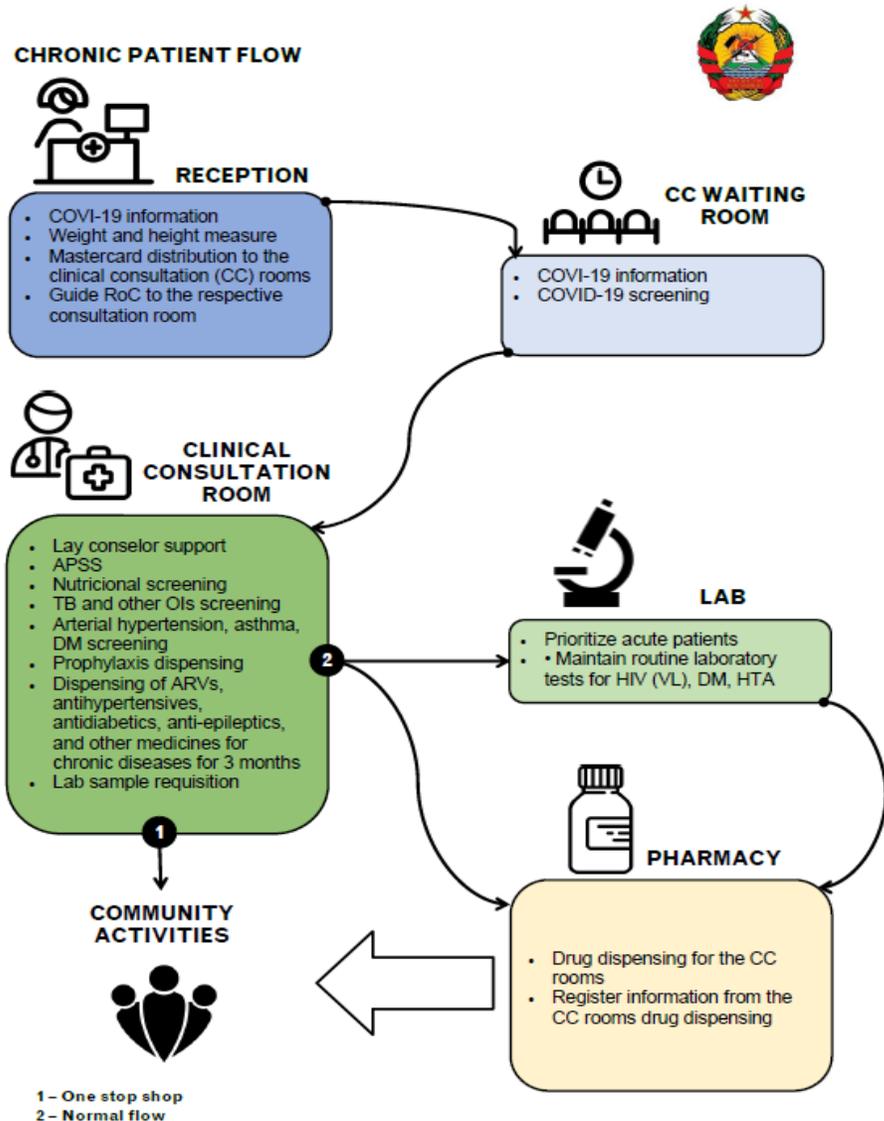
PPE, hygiene, and social distancing precautions for various community scenarios

- Routine household visit
- Mobile brigade or campaign
- Community COVID-19 case management

Community cadres include

- Fully trained community health worker
- Red Cross/Red Crescent volunteers
- Lay workers
- Traditional healers
- Religious leaders
- School teachers
- Village health committees

Adapting Clinic Flow to Reduce Exposures



I. PREVENÇÃO E CONTROLO DE INFECÇÕES											
#	Pergunta	Circunde a resposta correcta			Local a avaliar ou pessoa a entrevistar (Ponto focal de PCI ou Enfermeiro Chefe da US)						
		Métodos para avaliação e pontuação									
1	Os profissionais de saúde foram capacitados sobre manejo de COVID e higiene e prevenção e controlo de infeções incluindo o uso correto de EPI, colocação e retirada nos últimos 6 meses?	S	N	N/A	Para os clínicos inclui a componente de Manejo clínico						
2	Quantas pessoas formadas? Quais categorias profissionais?	Pre Triagem	Triagem	Cont. Externa	B. Socorros	Saúde Materna Infantil	Laboratório	Outro	Cálculo Total formado em cada linha	# Total de pessoas (Formado e não formado) em cada Categoria Profissional	Cálculo % formadas em cada linha
2.1	Medicos (Número treinado?)										
2.2	Técnicos de medicina (Número treinado?)										
2.3	Agentes de medicina (Número treinado?)										
2.4	Enfermeiro (Número treinado?)										
2.5	Tecnico de estomatologia (Número treinado?)										
2.6	Tecnico de Farmacia (Número treinado?)										
2.7	Técnicos de Laboratorio (Número treinado?)										
2.8	Técnico de Nutrição (Número treinado?)										

Other Adaptations

Laboratory

Viral Load

- Central and regional Abbott equipment in use for COVID-19 specimens

Gene Xpert

- 8 machines available across several provinces
- Dual use for COVID-19 and TB since June

Specimen Transport

- Implementing partner networks (vehicle, drivers) moving viral load and COVID-19 specimens

Information Flow

- PEPFAR Laboratory Information System automates COVID-19 result return to sub-regional facilities, thus shortening wait times

Facilities

Treatment Centers

- MISAU converted ART facilities to isolation centers
- Computers and paper medical records transferred

PEPFAR Reporting

- Manual enhanced weekly/monthly reporting non-MER indicators (DSD models, cervical cancer, PMTCT/EID) suspended
- Paper-based data extraction occurs outside health facility

Mentorship/Technical Assistance

- SIMS and other site level technical assistance by PEPFAR Mozambique staff suspended in all but 2 provinces

Effective Public Health Messaging to General Public

Community engagement

MisauMocambique
#EstamosJuntosEmCasa #FicaAtento

REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE

COVID-19 UM POR TODOS

Chegou o momento de mostrarmos que somos capazes de vencer o novo coronavírus. Quanto mais cumprirmos com as medidas de prevenção, mais vidas serão poupadas e mais depressa voltaremos à normalidade.



Apoio e informação
www.covid19.ins.gov.mz
www.telessaude.co.mz | www.riscocovid19.misau.gov.mz

Ligue grátis Tmcel 82149 ou 1490 | Vodacom 84146 | Movitel 1490 ou consulte *660# | ☎ 84 331 8727

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REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE

COVID-19 QUAL O DESINFECTANTE CORRECTO?

Para eliminar eficazmente o vírus use um desinfectante com, pelo menos, 70% de álcool.



Apoio e informação
www.covid19.ins.gov.mz
www.telessaude.co.mz | www.riscocovid19.misau.gov.mz

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Disinfectant use

Modes of transmission

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REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE

COVID-19 PARTILHA DE OBJECTOS

Evite partilhar objectos de uso pessoal como pratos, copos, talheres, toalhas, lençóis e celulares.



Apoio e informação
www.covid19.ins.gov.mz
www.telessaude.co.mz | www.riscocovid19.misau.gov.mz

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REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE

COVID-19 CRIANÇAS: USO DE MÁSCARA

As crianças com menos de 2 anos **NÃO DEVEM** usar máscara.



Apoio e informação
www.covid19.ins.gov.mz
www.telessaude.co.mz | www.riscocovid19.misau.gov.mz

Ligue grátis Tmcel 82149 ou 1490 | Vodacom 84146 | Movitel 1490 ou consulte *660# | ☎ 84 331 8727

Use of masks

But Also Specifically Geared Towards PLHIV

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COVID-19 e HIV

PARA AS PESSOAS QUE USAM O PREP DEVERÃO PARAR DE TOMAR?

Para os pacientes que usam a Profilaxia Pré-Exposição ao HIV, a PrEP, poderão pedir na Unidade Sanitária dispensa para três meses, se a Unidade Sanitária tiver disponível.

COVID-19
www.covid19.ins.gov.mz | https://risocovid19.misau.gov.mz
Ligue grátis: Tmcel 82149 ou 1490 | Vodacom 84146 | Movitel 1490 ou consulte *660#

How to obtain PrEP supplies

Continuation of ANC

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#MISAUMocambique #FicaAtento

COVID-19 e HIV

DEVO IR ÀS CONSULTAS PRÉ-NATAIS?

Sim. Irá fazer as consultas pré-natais de 3 em 3 meses onde irá receber todas as profilaxias incluindo os ARVs que a enfermeira der para que você e o seu bebé fiquem saudáveis.

COVID-19
www.covid19.ins.gov.mz | https://risocovid19.misau.gov.mz
Ligue grátis: Tmcel 82149 ou 1490 | Vodacom 84146 | Movitel 1490 ou consulte *660#

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COVID-19 e HIV

O QUE FAZER DURANTE A PANDEMIA DO CORONAVÍRUS EM RELAÇÃO AO SEGUIMENTO DO HIV?

Continue a tomar todos os dias os antiretrovirais e vá à Unidade Sanitária nos dias marcados para fazer as suas análises de sangue e para ir buscar os seus antiretrovirais.

COVID-19
www.covid19.ins.gov.mz
Ligue grátis: Tmcel 82149 ou 1490 | Codacom 84146 | Movitel 1490 ou consulte

Adherence of ART and clinic visits

Reliable sources of information

REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE
O Nosso Maior Valor é a Vida

Tens Dúvidas Sobre Coronavirus?
Consulte GRÁTIS

PENSA
PLATAFORMA EDUCATIVA DE INFORMAÇÃO SOBRE A SAÚDE
***660#**

ou Ligue GRÁTIS para o

Alô Vida!
800149 - 82149 - 84146



Technical Area Considerations

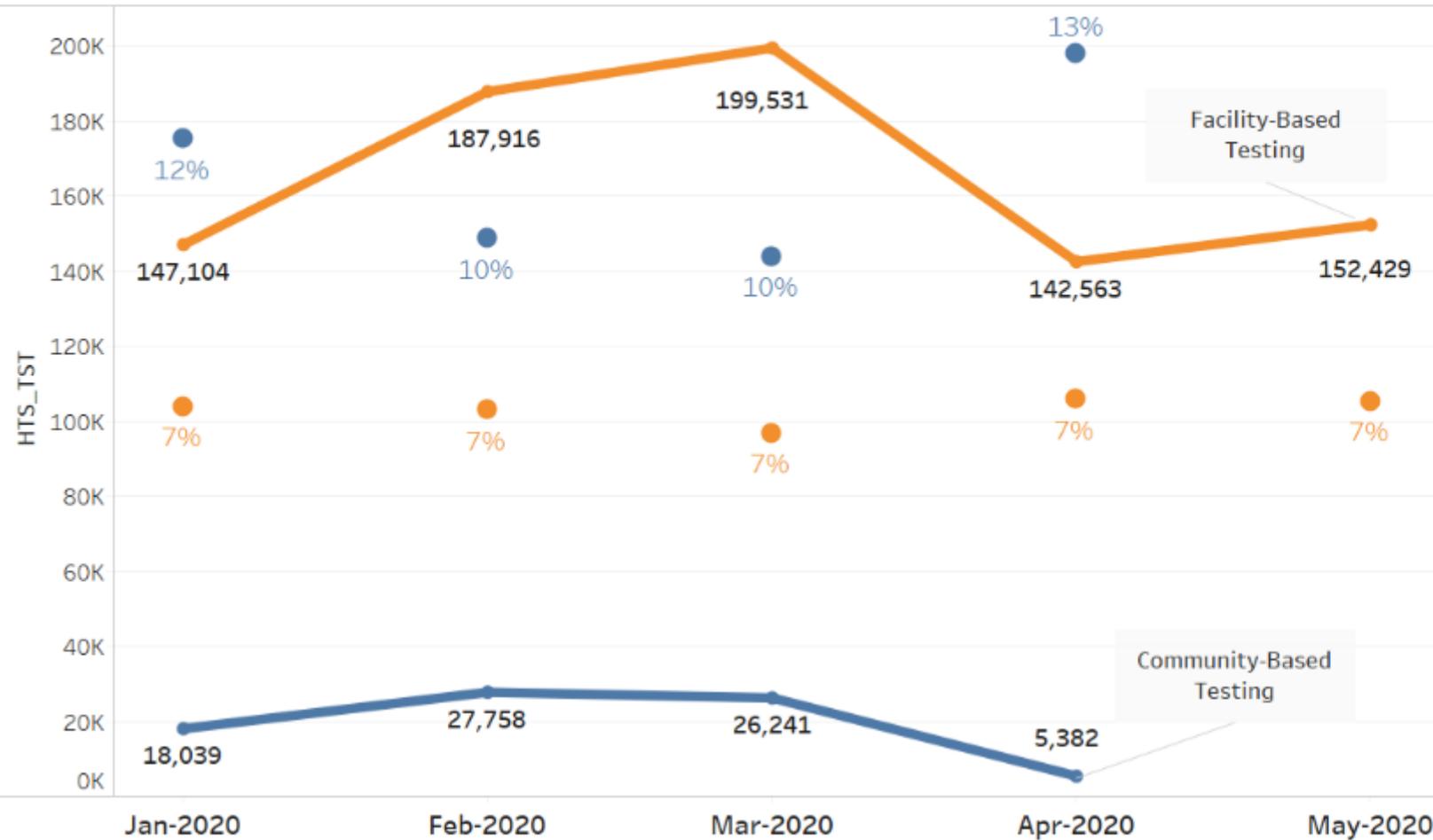
Testing

Adjustments to the HIV Testing Program During COVID

- While HIV testing community-based modalities have been halted, it's critical to optimize all facility-based testing modalities. To achieve that goal Mozambique has been implementing:
 - Facility based proactive screening and HIV testing lead by counselors.
 - Follow up calls and data analysis to ensure that providers are maximizing HIV screening and testing through PICT.
 - Regular calls with IPs to ensure that all MOH adjusted guidelines are being implemented.
- Optimize the facility-based index case testing through distribution of invitations for all sexual partners and other contacts of the index case.
- Implement HIV self-testing distribution.

Q3FY20: Impact of COVID on Community & Facility Testing

Numbers of Tests & Yield (Facility & Community Testing), PEPFAR Early Reporting Sites, by Month January-May 2020



- Monthly MOH data from enhanced retention monitoring sites indicate steep reductions in community testing due to COVID restrictions, starting in April of 2020.
- Slight increase in facility-based testing starting in April 2020 (graph does not include ANC testing).

MOH Approved Community Strategy: Resuming Community ICT

Minimal requirements set by MOH:

- IP's need to ensure that only counselors below 55 years of age and with no pre-existing health conditions are sent to work in communities;
- All HTS Counselors must have appropriate PPE;
- HTS Counselors may only work in communities in which they live to minimize the use of public transportation;
- HTS Counselors must coordinate with local leaders & obtain prior approval to ensure safety;
- HTS Counselors must be monitored closely for signs of illness and tested regularly for COVID;

Resume HIV Community Index Case Testing During COVID -19 Pandemic

For consideration prior to implementation:

- ✓ Prioritize index cases with high viral load, pregnant women and key population;
- ✓ Prioritize HIV+ patients who were recently diagnosed (last 3 months);
- ✓ Prioritize sexual contacts and eligible parents of index cases;
- ✓ Prioritize districts with low numbers of COVID cases and high number of HIV cases;

HIV Self Testing: Innovative New Partnership With STAR Initiative

PEPFAR formalizing partnership with PSI (STAR project) and MOH to support community distribution of HIVST

- HIVST distribution to start during COP19 (earlier than planned).
- 160,000 HIVST targeted for community-based distribution over 12 months;
- Target groups: sero-discordant couples, KP, and at-risk adolescents;
- PSI (with MOH) providing technical leadership, HIVST kit logistics, ToT & demand creation materials;
- PEPFAR community counselors will integrate HIVST into ongoing HTS activities.

Next Steps

- Finalizing operational models, logistics, & reporting details of partnership;
- 22 priority districts selected; may select additional for accelerated scale-up;
- Finalizing training package (MOH-led TWG currently doing final revisions);
- Initiate HIVST distribution by end of FY20 Q4;
- PEPFAR exploring options for additional scale-up during COP20, based on timelines and results of initial phase implementation.



Examples of demand creation and community distribution from STAR project in other African countries

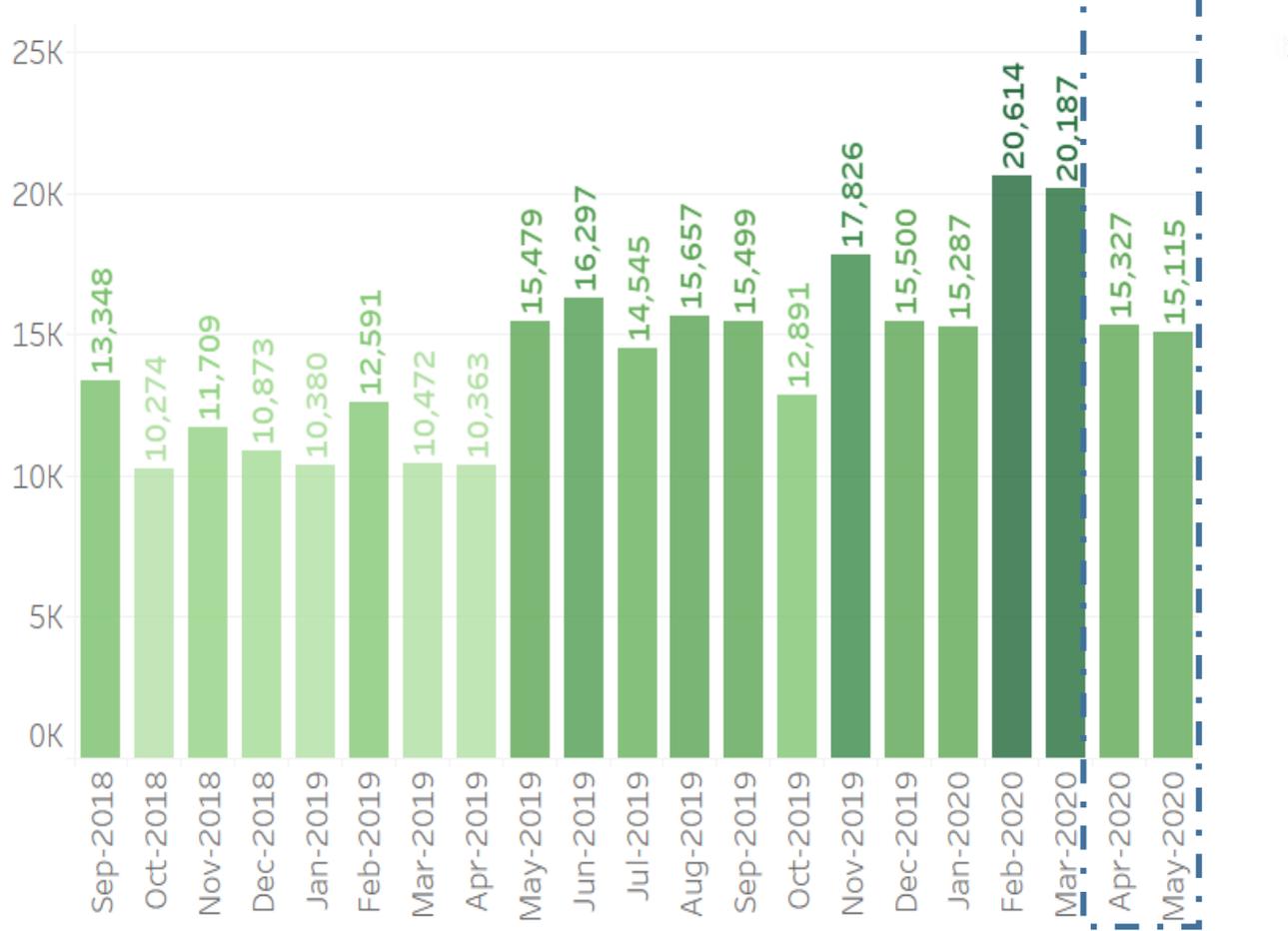


Technical Area Considerations

Care and Treatment

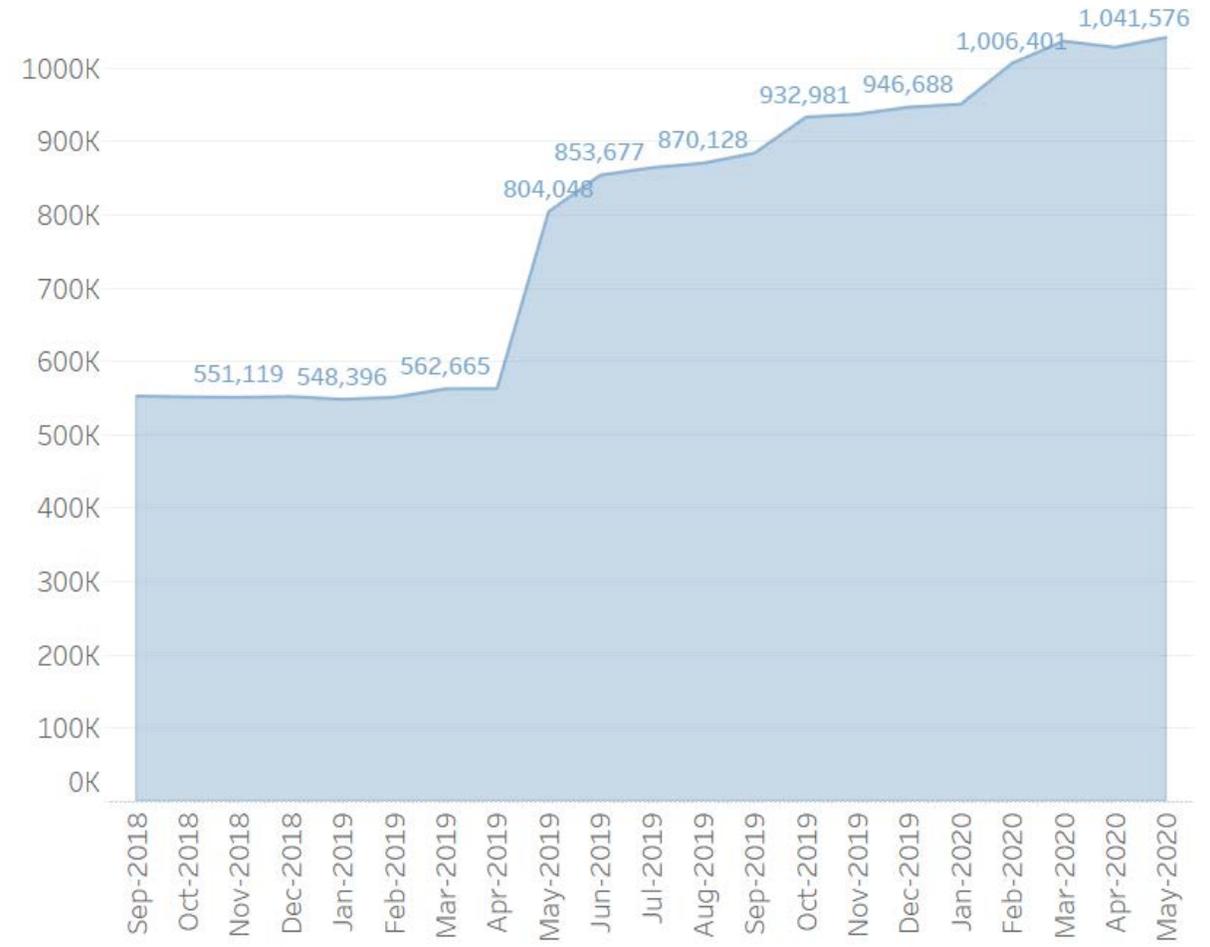
Early Impact of COVID-19: TX_NEW and TX_CURR

TX_NEW: # Monthly Trend



558 sites
(May)

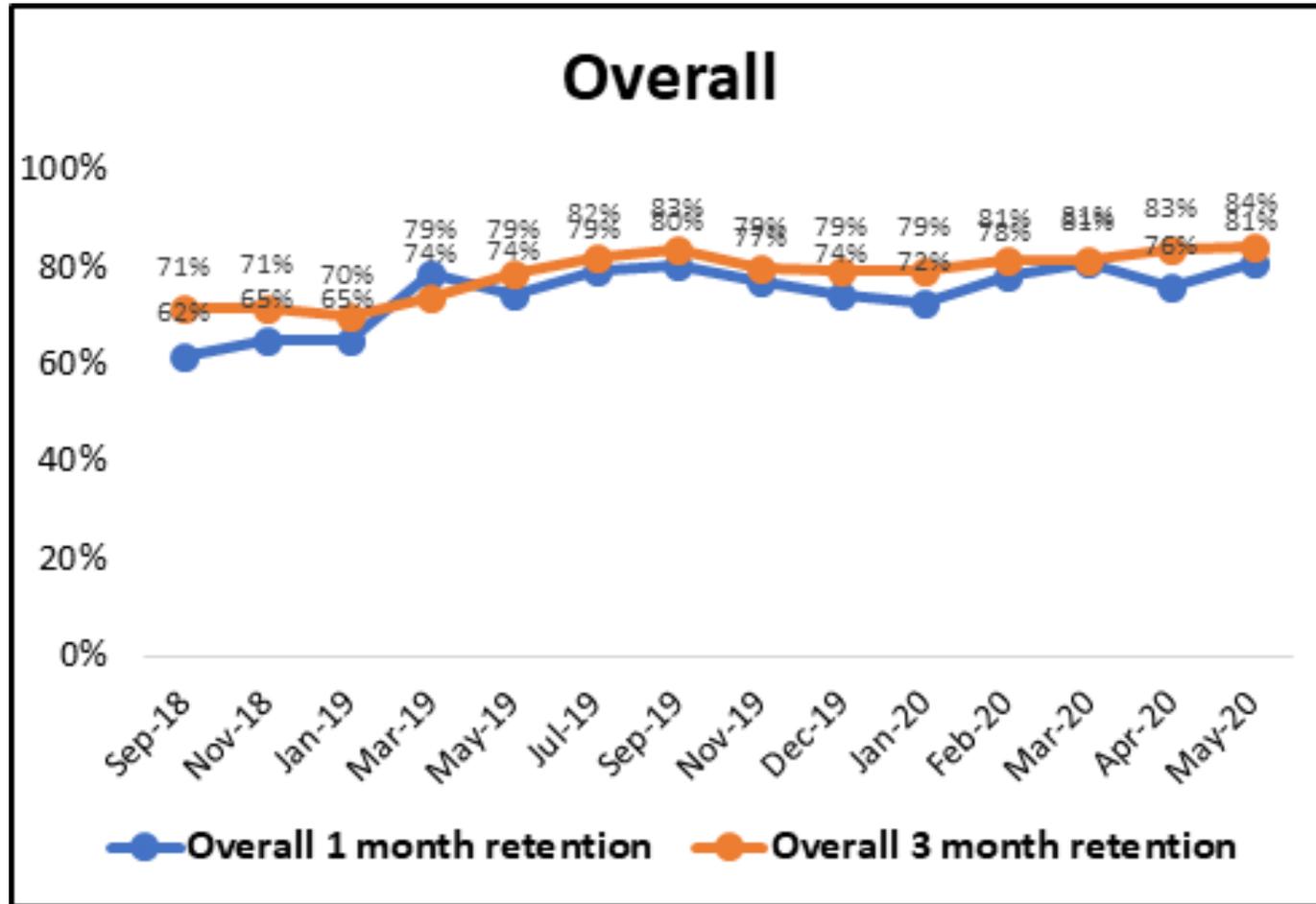
TX_CURR: # Monthly Growth Trend



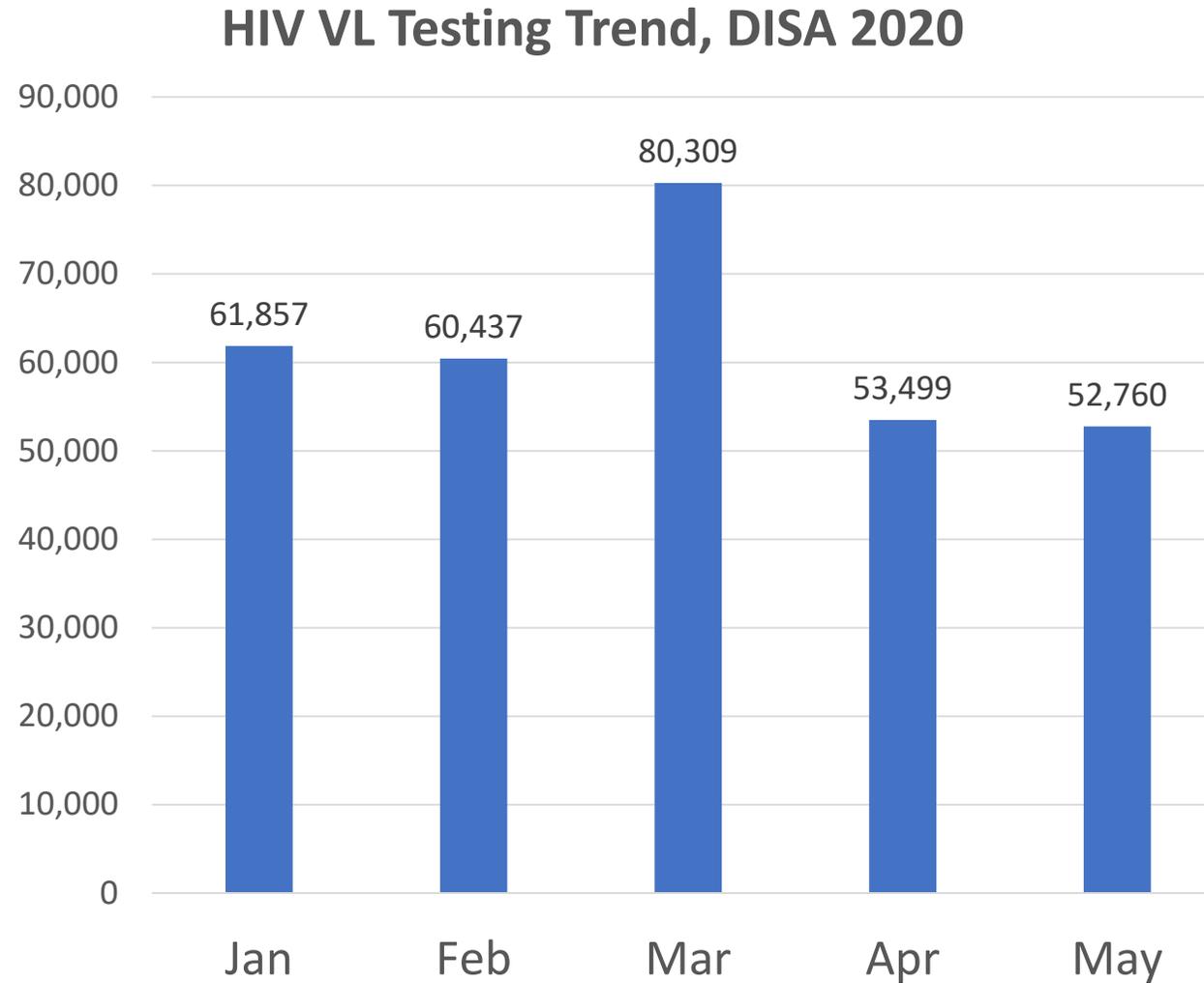
564 sites
(May)

Source: Ajuda_Dashboard_202006

Early Retention Maintained at AJUDA Sites (n=628)

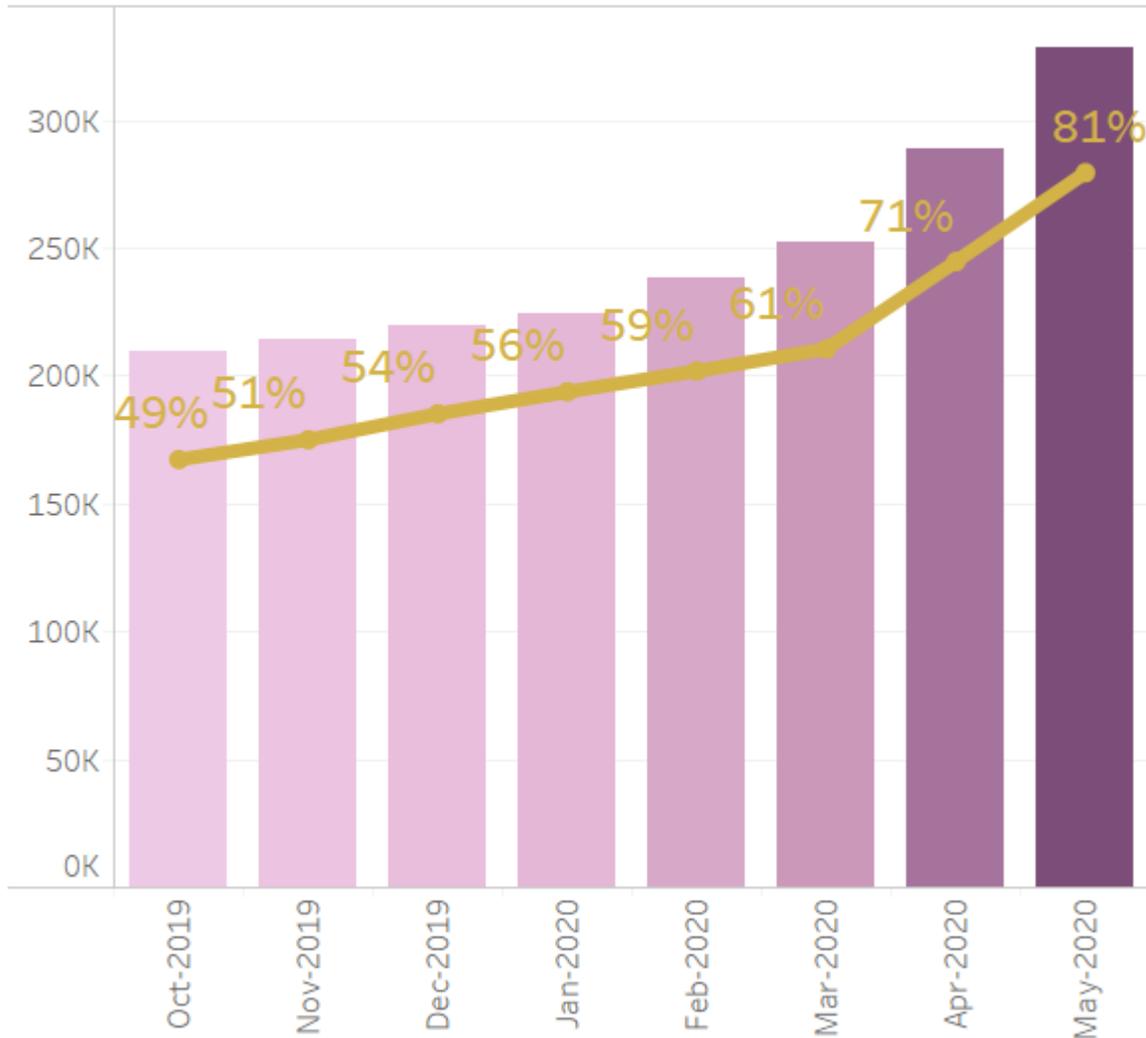


COVID-19 Impact: Decreased Viral Load (VL) Testing



3MDD Rapidly Expands Following COVID-related Change in Eligibility Criteria

3MDD: # and % Coverage of Eligible TX_CURR



- PEPFAR Mozambique uses an OpenMRS query to estimate coverage of eligible TX_CURR (available as of October 2019)
- 3MDD eligibility criteria for non-pregnant adults made more permissive in April due to COVID-19 (EPTS query not yet changed)

6MDD Update

- Implementation at 11 sites in two provinces (9,162 patients as of May 2020)
- MISAU assessed 6MDD readiness in all provinces at the beginning of Q2 FY20
- 6MDD expansion suspended due to COVID-19

COVID-19 Impact on C&T Programming

Thematic Area	Pre-COVID	Post-COVID
MDD Eligibility Criteria	Patients are eligible for a DSD model after six months, proven retention, and VL suppression	Patients eligible for a DSD model after three months; No previous retention criteria
Defaulter Tracing	Implemented through phone calls and home visits	Suspended home visits. Defaulter tracing only through phone calls*
Psychosocial Support	Consultation every 3 months	For patients with more than 3 months of ARV treatment, psycho-social support (PSS) should happen semi-annually. In sites with phones, counselors can provide PSS through phone calls every 3 months.
TB policy changes	Monthly dispensing of INH	Launch of INH 3MDD. Adherence and adverse events monitoring through phone calls.
Community ARV distribution	Only through mobile brigades (Cabo Delgado Province)	Cabo Delgado continued implementation, based on MoH recommendation. Delayed start for other provinces
Clinical laboratory interface	Frequent specimen collection with both road and air delivery to central labs	Fewer viral load collection kits available due to supply chain limitations. Limited air transport available. Patients avoiding health facilities and missing VL due date

Mitigating Impact in the TB Program

Impact

Challenges due to COVID-19

- Community-based follow-up of TB index case contacts (therefore decreases in new TB cases identified)
- Fewer clinical consultations means fewer new TB cases identified through health facility-based screening

Mitigation measures

TPT Expansion

- 3MDD INH approval expedited
- 3-HP pilot to begin (July)
- Inter-agency clinical partner TPT forum to exchange best practices
- Increased facility cough officer coverage through rep-purposed community workers to reinforce cough etiquette and ask about TPT completion
- IPs required to have “Site-level TPT Action Plan” and designated TPT Focal Point

TB Treatment

- Less intensive clinical assessment during TB induction and maintenance
- Clinical algorithm to distinguish between COVID-19 and TB/other respiratory disease

Case Identification

- Reinforce clinician-based screening for all patients
- Rely on APEs for community case identification



Technical Area Considerations

Maternal and Child Health

COVID-19 Impact on PMTCT Programming

Before COVID-19

- Monthly ANC appointments
- No block appointments
- 3MDD for PLW only after 9 months postpartum
- Ensure the implementation of VL for PLW
- Prioritized EID Services
- Facility and community-based Mentor Mothers (MM) support.
- MM groups meeting within facility and community

During COVID-19 Response

April 1st – STATE OF EMERGENCY

- Quarterly ANC appointments
- Implement and scale block spacing of appointments
- Implement 3MDD for all PW and for women 3 mo postpartum
- Ensure VL for PLW, aligned with quarterly ANC appointments
- Continue to prioritize EID services
- Facility based MM and remote community support (telephone and text) platforms wherever possible.
- Suspend MM groups and in-person community-based activities



Criando
o futuro.

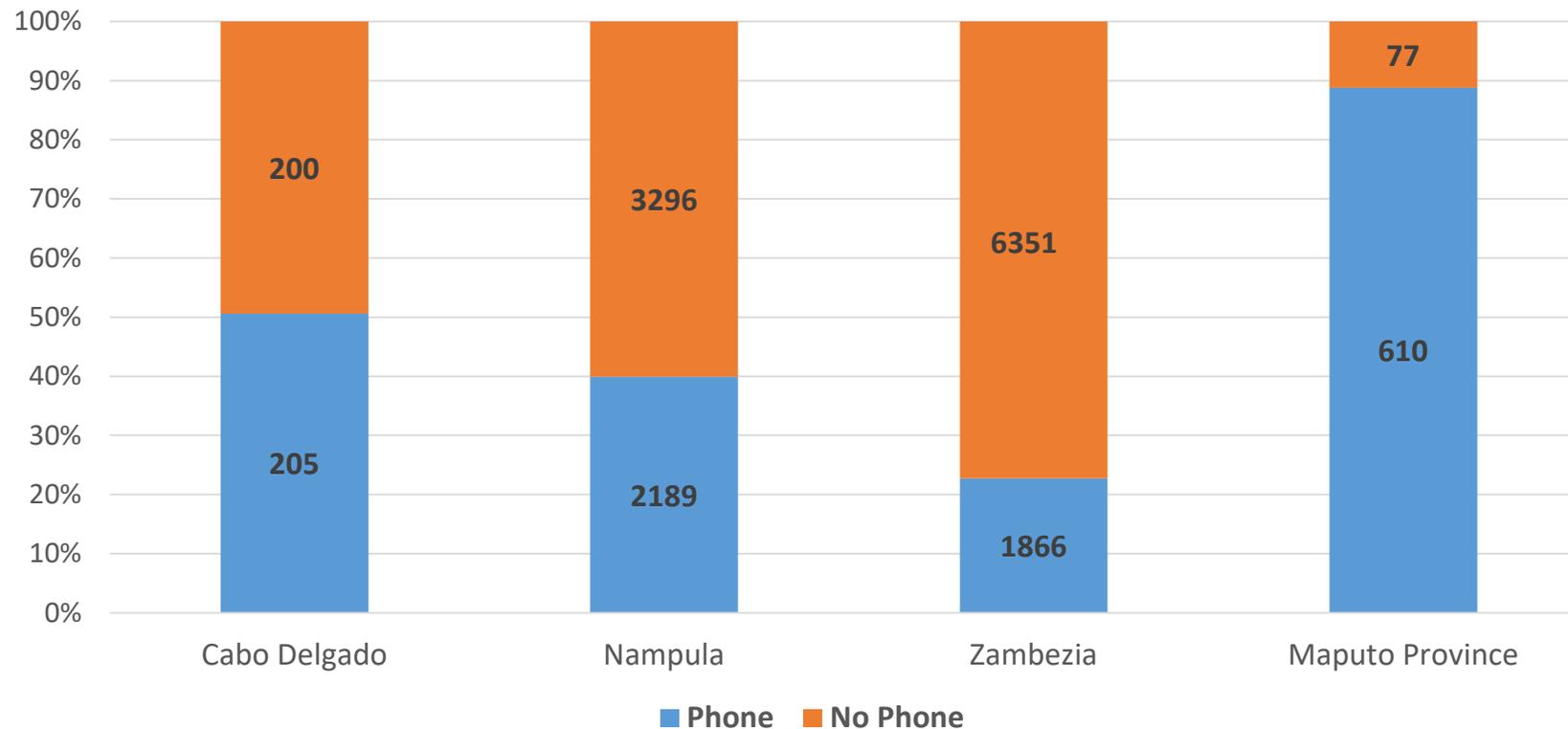
Guia de implementação de Serviços Virtuais no seguimento virtual de Mulheres Grávidas, Lactantes e Crianças menores de 5 anos HIV+ em TARV para resposta ao COVID-19

Mitigating Impact on PMTCT:
Mentor Mother Support in the Setting of
COVID-19

Replaced community and group support by >3000 mentor mothers with phone calls/text based contact after March 27 MISAU COVID-19 guidance paused community-based activities

Well Designed Calling Tools for Mentor Mothers; Massive Service Coverage Gap*

Phone Access Among PLW Enrolled in M2M Supported MM Program Across 24 Large Volume Health Facilities in Four Provinces



*Presently negotiating resumption of select community based activities by MM and other lay healthworkers with COVID-19 precautions in place

COVID-19 Impact on Pediatric Programming

Before COVID-19

Frequent small shipments of PEDs ARVs formulations, particularly LPV/r

Occasional shortages at central and site level, esp. stocks of LPV/r formulations

MMD approved for clinically stable children > 2 yo, but implemented only for those >30kg on TLD

Phase II of peds ART optimization planned for February 2020

LPV/r formulations exclusively used for treatment of HIV and Hep B

Facility and community-based Mentor Mothers (MM) support CLHIV <5

After COVID-19 Outbreak

April 1st – STATE OF EMERGENCY

Disruption in global supply chain for pediatric ARVs

Severe shortages of central and site level stocks of LPV/r formulations (now resolved)

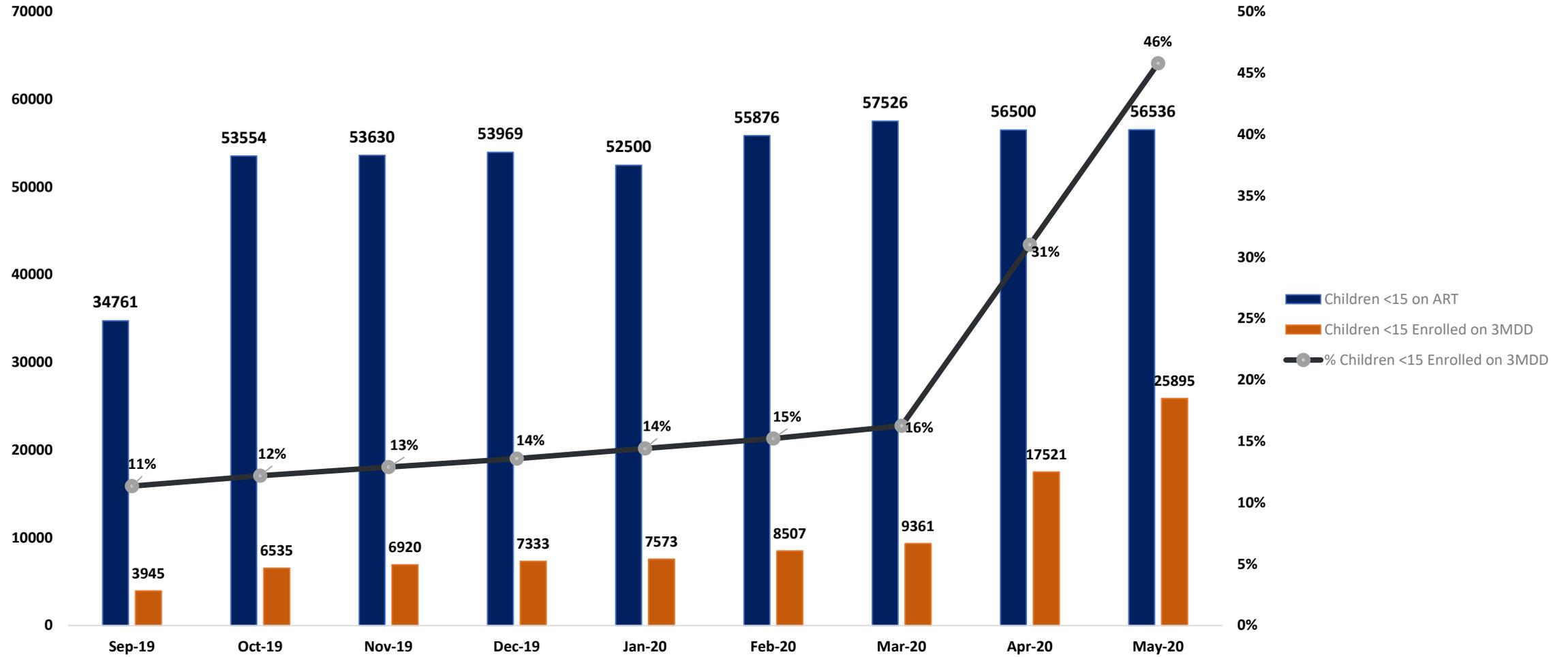
MMD for CLHIV now implemented for children > 2 year for pts on all regimens except LPV/r

Phase II optimization plan postponed

Facility based MM and remote community support (telephone and text) platforms wherever possible.

LPV/r initially proposed for tx COVID patients, now removed from the MOH guidelines; diversion risk remains

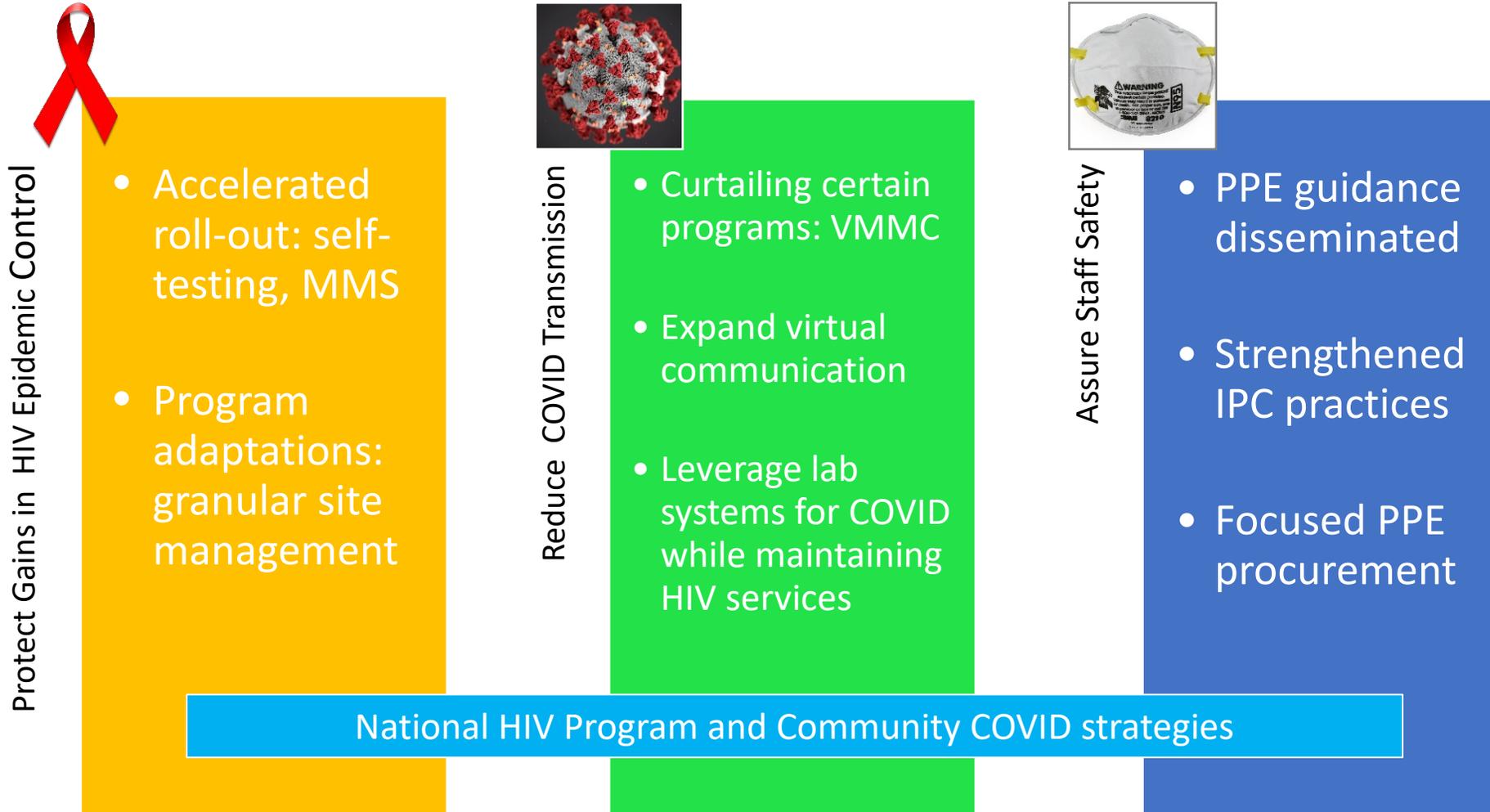
MMD Accelerating for Children in Setting of COVID Pandemic (AJUDA Sites Only)*



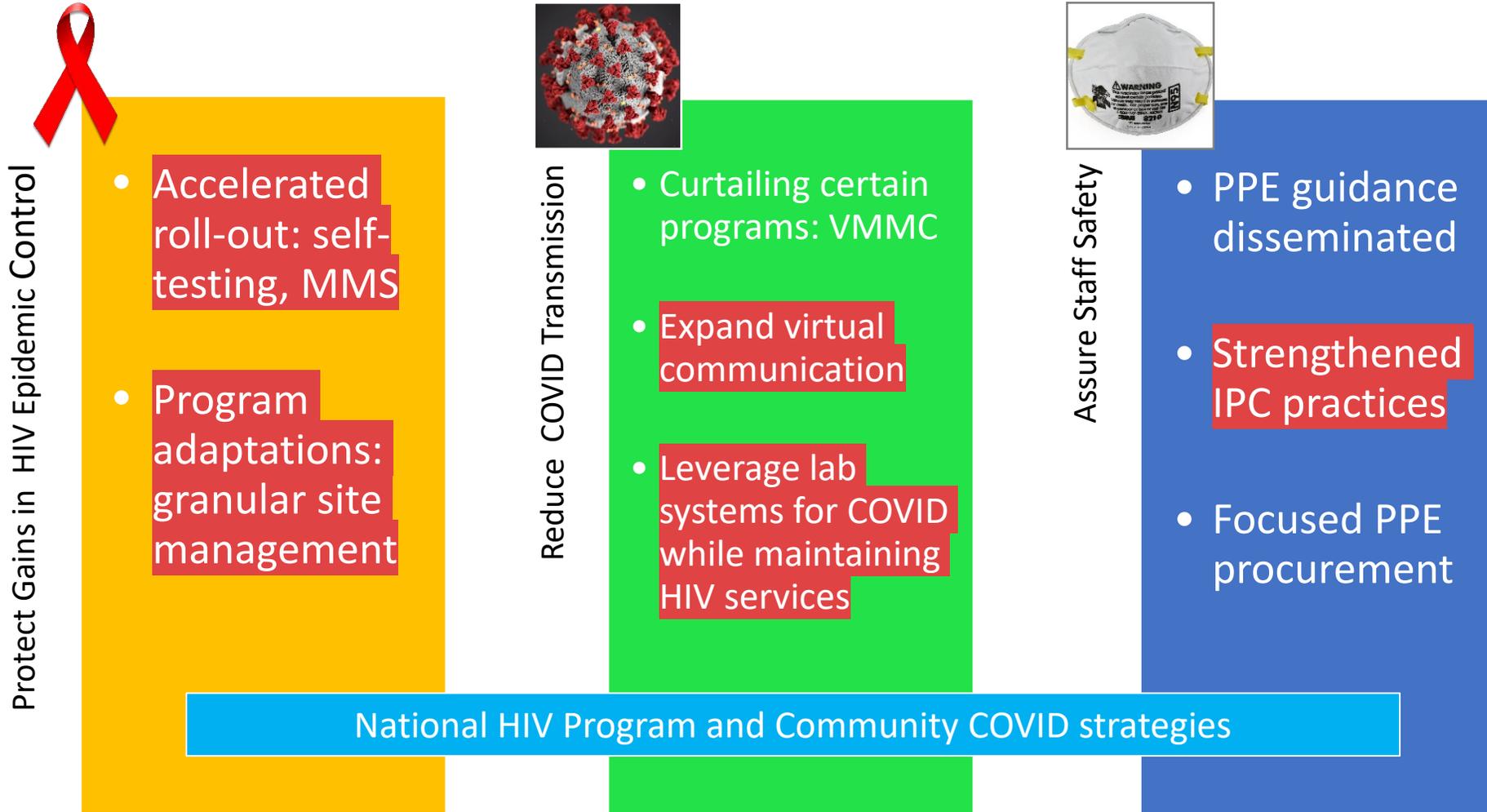
*Denominator in estimate of % coverage includes certain ineligible children, e.g. children on LPV/r formulations

Conclusions

Moving Forward Despite COVID

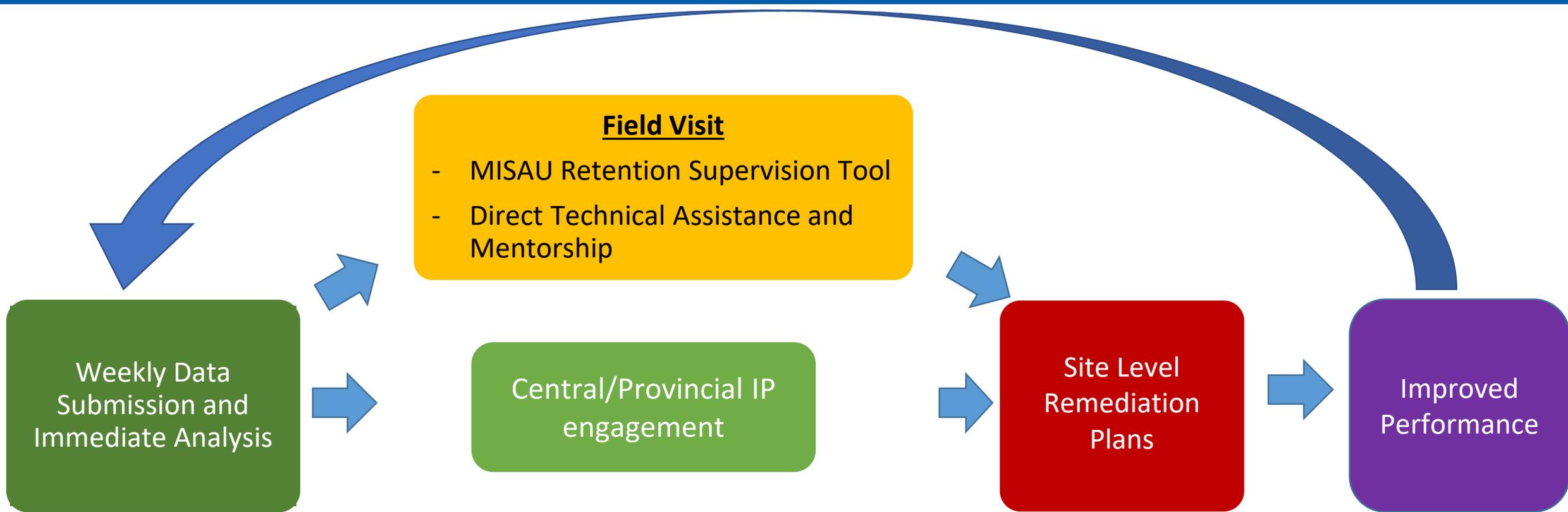


Moving Forward Despite COVID



Dual purpose sustainable investments in COVID and HIV epidemic control

Granular Site Management in Mozambique – AJUDA Strategy



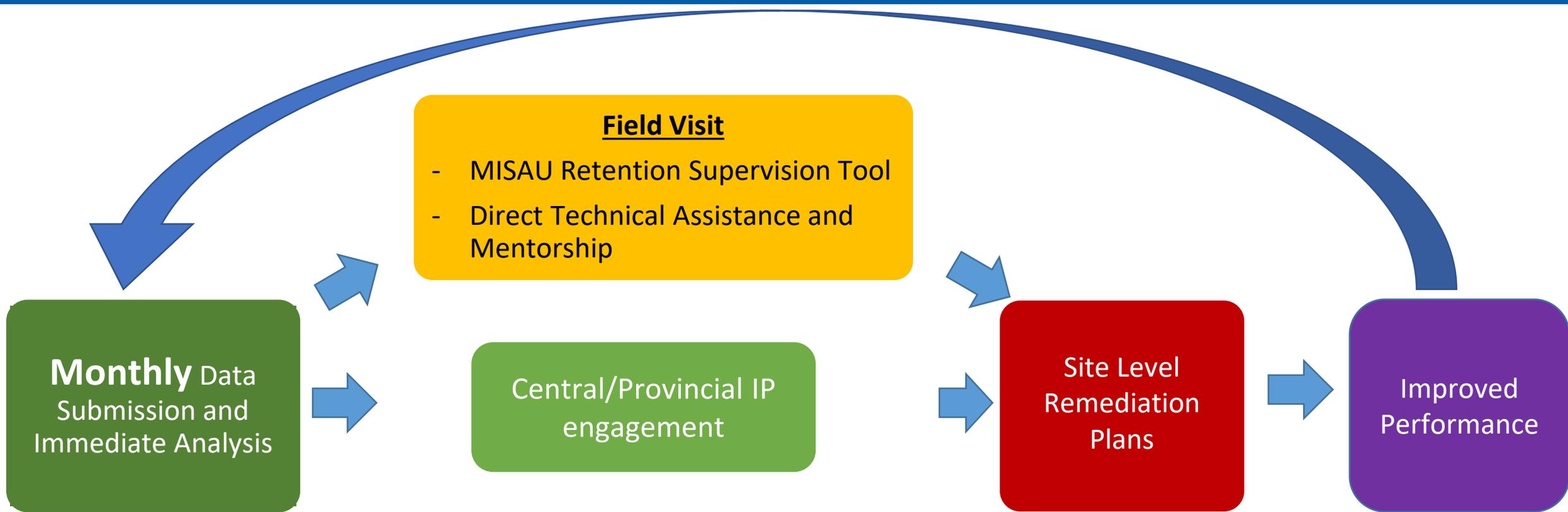
Quarterly MISAU/PEPFAR meetings to discuss progress

Biweekly Enhanced Retention Monitoring data review

CNCS/PEPFAR joint supervision of community engagement

Periodic MISAU/PEPFAR comprehensive joint site supervision visits

Granular Site Management in Mozambique – AJUDA Strategy



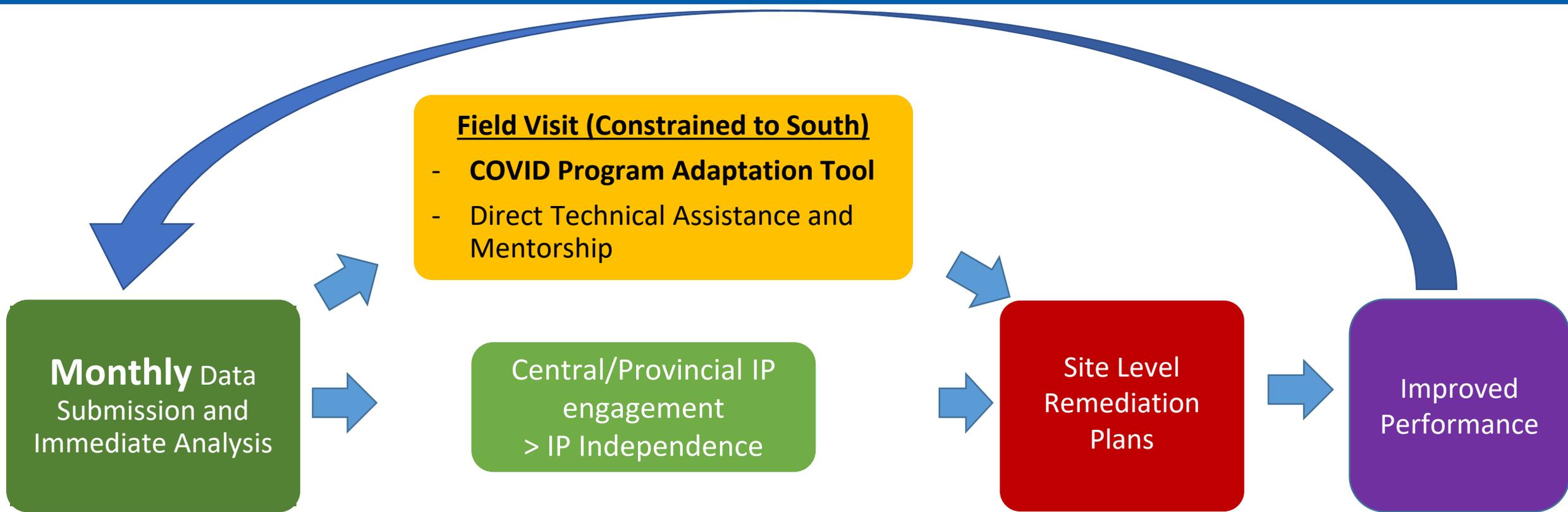
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Broad COVID Program Adaptation Tool Will Guide CQI



REPÚBLICA DE MOÇAMBIQUE

MINISTÉRIO DA SAÚDE

SERVIÇO NACIONAL DE SAÚDE

LISTA DE VERIFICAÇÃO PARA AVALIAÇÃO DE IMPLEMENTAÇÃO DO PACOTE DE SERVIÇOS ESSENCIAIS NAS UNIDADES SANITÁRIAS- CSP NO ÂMBITO DA COVID-19

Província: _____	Supervisores
Distrito: _____	
Unidade Sanitária _____ Unidade de Referencia para o COVID? Sim _____ Nao _____	1.
Data: _____	2.
	3.
Ponto focal de COVID na Unidade Sanitária/ Director Clínico:	

Section	# Items	% items PEPFAR related
Infection Prevention and Control	16	100%
WASH	7	100%
COVID Case Management	4	100%
COVID Screening	12	100%
Hypertension	12	0%
Malaria	12	0%
HIV	12	100%
TB	12	100%
Pharmacy	12	58%
MCH	55	100%
SAAJ	2	100%
GBV	4	100%
Human Resources	4	100%
Referral to COVID Treatment Centers	3	100%
Trauma	2	0%
Leprosy	3	33%
Neglected Tropical Diseases	3	0%
Total	163	87%

Challenges

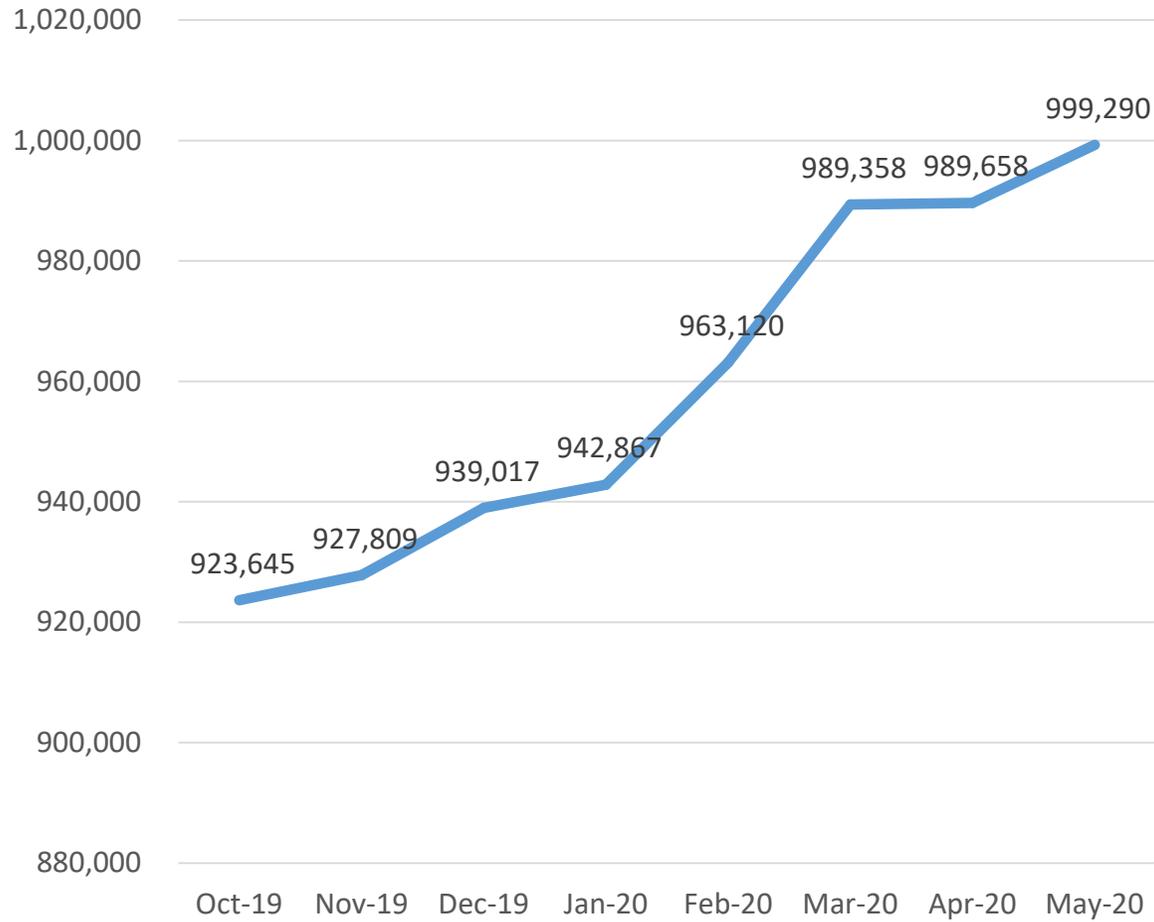
- Cessation of community testing undermines ability to reach TX_CURR targets
- Poor documentation of cell phone number in EPTS impairs outreach by phone
 - Niassa (49%); Manica (54%); Sofala (58%); Tete (62%); Gaza (68%); Inhambane (64%); Zambezia (9%)
- Mozambique international travel completely shut down; domestic travel limited
- Supply chain constraints have multiple impacts: PPE, COVID testing, pediatric ARV optimization
- Balancing concerns about staff safety/limiting COVID transmission against programmatic effectiveness
 - To date PPE shortage has been a limiting factor for safe operations

Lessons Learned

- Don't let the current crisis make us forget long-term goals
- Effective coordination between donor organizations and government essential to success
- COVID collaborations offer opportunities to build G2G relationships
- PEPFAR investments to date (mentorship structures, M&E systems, community cadres) support COVID response
- In responding to COVID, we can also make sustainable investments in HIV programming

Early Evidence Hopeful: Post-COVID Increases in TX_CURR Continuing but Slowed

TX_CURR Trend Over Time: Overall



TX_NEW Trends Over Time: Overall



Obrigado



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.