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DSD beyond HIV treatment – case studies from family planning

Integrating family planning into Mozambique's 6MMD ART and PrEP DSD models





DSD for HIV treatment in Mozambique 2023

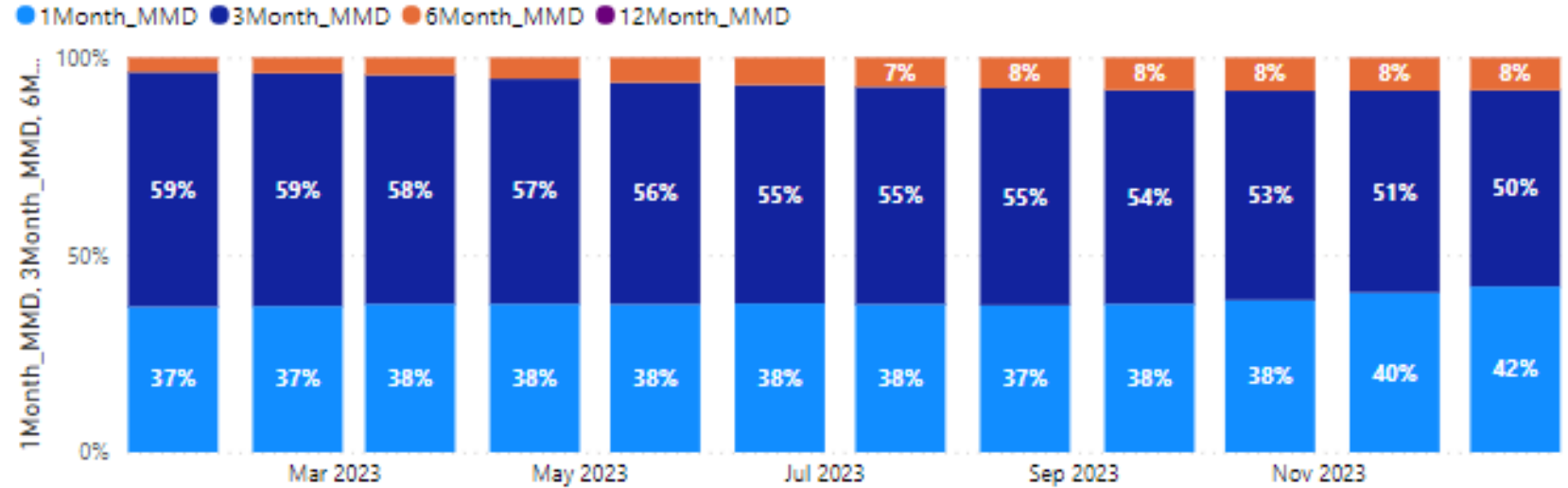
2023

- Active on ART*: 1,718,936
- 3MMD: 1,015,318
- 6MMD: 302,464
- 1YMD: 1,076

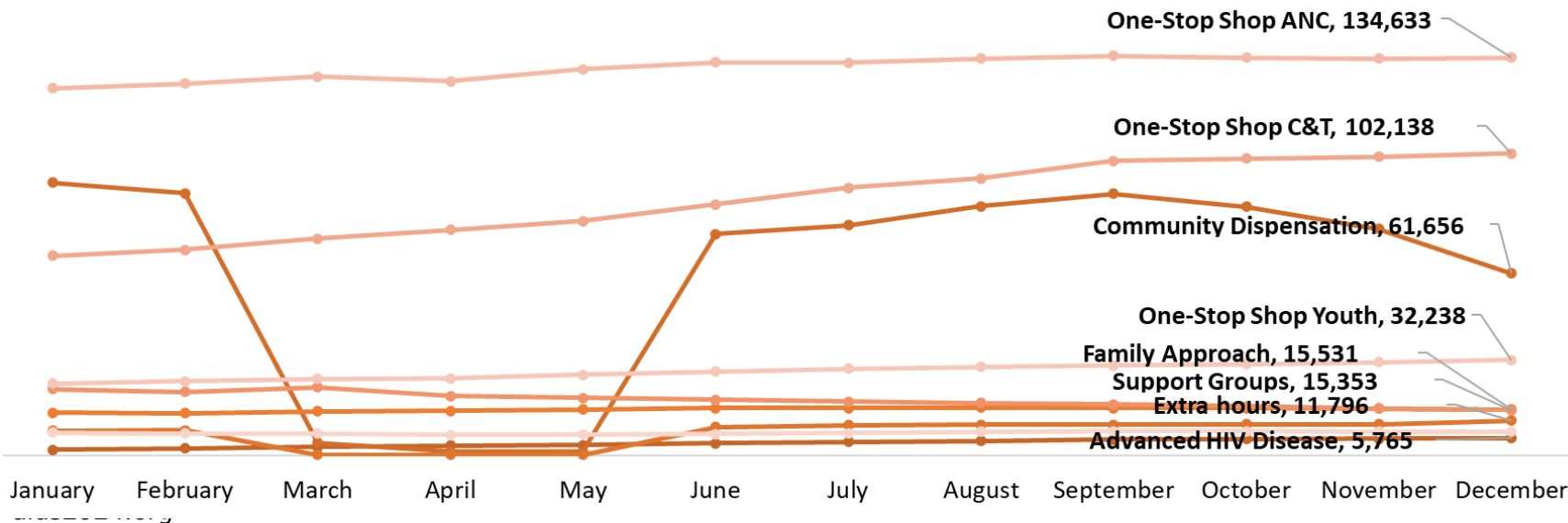
*AJUDA Sites (85% of National Active on ART)

22 – 26 July · Munich, Germany and virtual

Multi-Month Drug Distribution Among all Patients



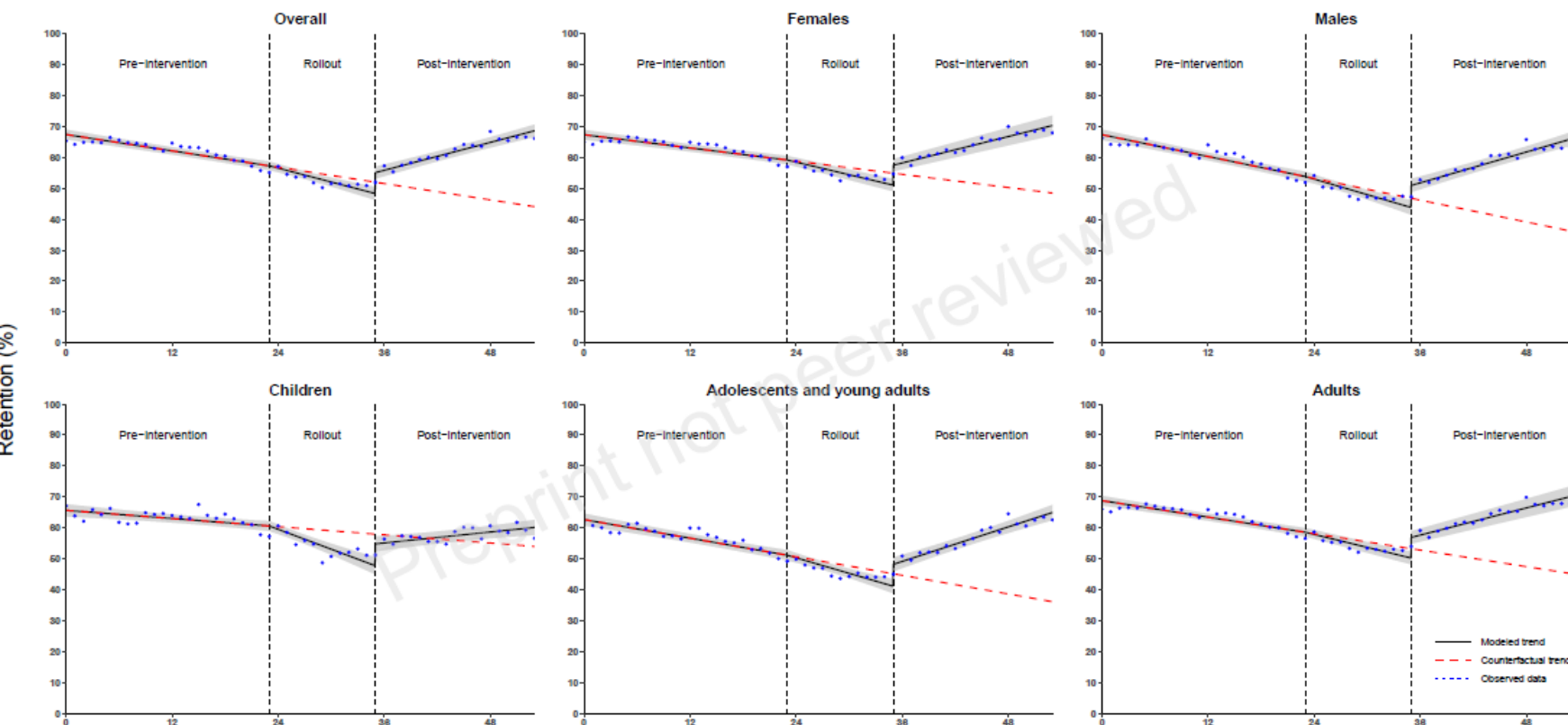
Differentiated Service Delivery Models in Mozambique, 2023



Overview of DSD impact in Mozambique

Table 2. Overall impact of differentiated service delivery models on 12-month retention in ART

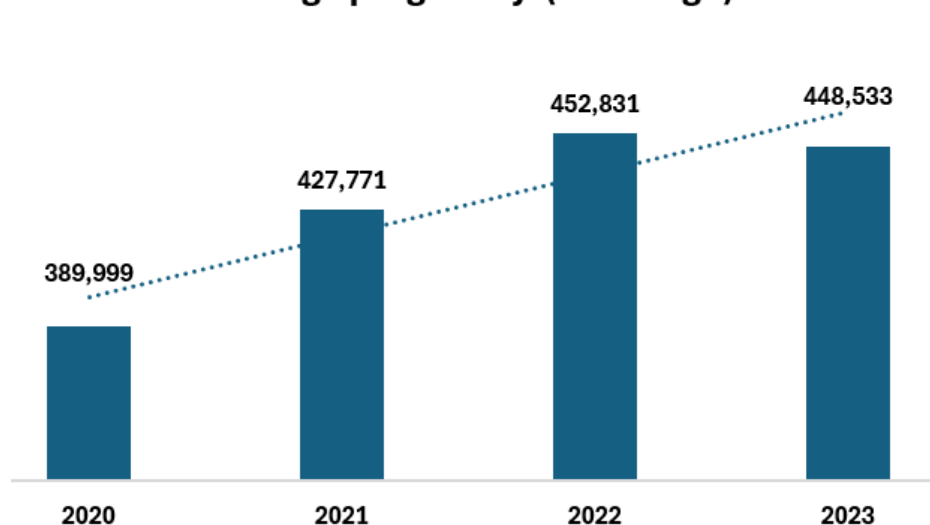
	Estimated modeled 12-month retention by the end of the study period % (95% CI)	Estimated counterfactual retention by the end of the study period* % (95% CI)	Overall impact of the DSDMs on 12-month retention % (95% CI)
Overall	68.6 (66.6 to 70.6)	44.0 (40.8 to 47.3)	24.5 (21.1 to 28.0)



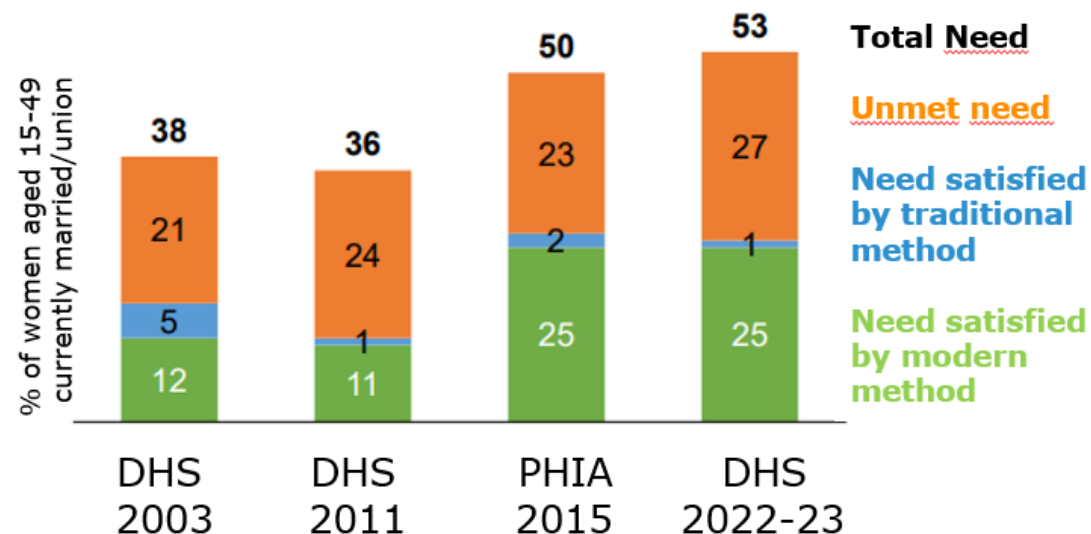
- Compared 12-month retention in ART before (2017-Nov 2019) and after (Dec 2019-Jun 2021) implementation of the DSD models
- 613 facilities and 1,094,430 clients who started ART during the study period
- Increase of **24.5** (95% CI, 21.1 to 28.0) percentage points in retention at 12 months
- Smallest impact was observed in children (**6.1%**; 95% CI, 1.3% to 10.9%) and the largest in males (**29.7%**; 95% CI, 25.6% to 33.7%).

Family planning landscape

teenage pregnancy (10-19 age)



Trends in the use, need and demand for family planning



Global Fertility Rate (15-49): 3.9 DHS 2022

2023	Injections		Implants			Oral/Pills	
	DMPA-IM	DMPA-SC	IUD	Jadelle	Others	Microgynon	Microlut
Q1	847,005	579,107	21,523	77,754	24,321	388,523	290,657
Q2	772,178	366,966	24,689	73,959	32,916	509,544	317,815
Q3	726,939	491,701	24,266	79,946	32,583	567,121	351,869
Q4	634,727	679,274	23,717	79,846	32,664	690,259	378,942
Total	2,980,849	2,117,048	94,195	311,505	122,484	2,155,447	1,339,283
%	56%		6%			38%	



AIDS 2024

Family planning policy

METHODS		IUD	Implant	IM injectable	Oral pill	Sub-cut self-injectable
WHEN Service frequency	Clinical review	Annual	Annual	Quarterly	3–6 monthly	3–9 monthly
	Script length			3 monthly	3-6 monthly	3-9 monthly
	MMD			1 unit	3 up to 6-monthly	3 units (9-months)
WHERE Service location	In facility/ In Community/ Both	Facility	Facility: FP services			
			Community outreach: location rotating mobile brigades and fixed-point mobile brigades (1 month same location supported by CHWs visiting homes)			
WHO Service provider	Cadre	Nurse	Nurse	Nurse, CHW	Nurses , CHW	
	Self-administered	No	No	No	Yes	Yes



AIDS 2024

Self-injectable DMPA-SC implementation

- *2015*: Introduction into Mozambique by MoH/UNFPA
 - Initially only assisted by nurses (in health facility) and CHWs (in community)
- *2023*: Endorsed for self-injection
- *2023*: Piloted in 4 provinces (2 districts each province)
- *February 2024*: Expansion to cover all districts by end June 2025
- **2023 DMPA-SC units dispensed: 2,117,048**



Flexibilities enabled for integrated ART & PrEP 6MMD demonstration projects



WHEN Service frequency

All contraception methods assessed 3-months after initiation

No longer require FP assessment at every contraception dispense

WHEN Service frequency

Separate clinical review and fast track refill collection when insufficient stock to cover full 6 months for both FP and PrEP

WHERE Service location

ART/FP 6MMD: In ART service

PrEP/FP 6MMD: In FP service

WHO Service provider

ART/FP 6MMD: ART provider

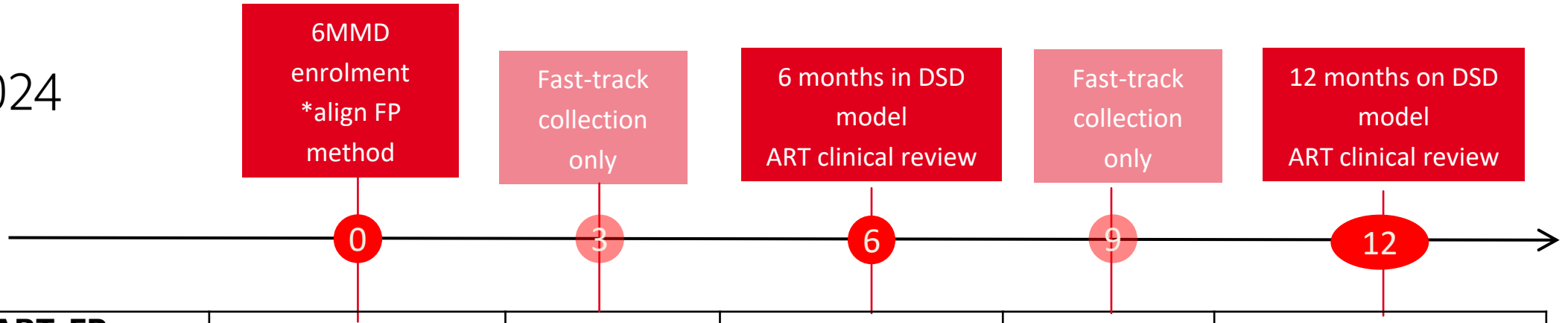
PrEP/FP 6MMD: FP provider

Demonstration project 1: ***Integrating contraceptive care into facility-based individual ART 6MMD***

Improvement of FP assessment at HIV services

**Improvement of FP/ART service delivery
integration until DSD enrolment**

**Integration of short-acting contraceptives into
6MMD for HIV treatment
(prioritize DMPA-SC inclusion and offer)**



Combined ART-FP clinical consultation and scripting	Comprehensive		FP check-in		Comprehensive
ART refill	6MMD		6MMD		6MMD
LARC (IUD/implant)	Implant insertion by ART provider Co-ordinated referral for IUD insertion				
Injectable	2 units (1 demo if first time)	self-inject	2 units*	self-inject	2 units*
Oral	6MMD (or 3MMD)	fast collect 3MMD if stock shortages	6MMD (or 3MMD)	fast collect 3MMD if stock shortages	6MMD (or 3MMD)

* Oral contraception likely short supply requiring fast track set-up and utilization

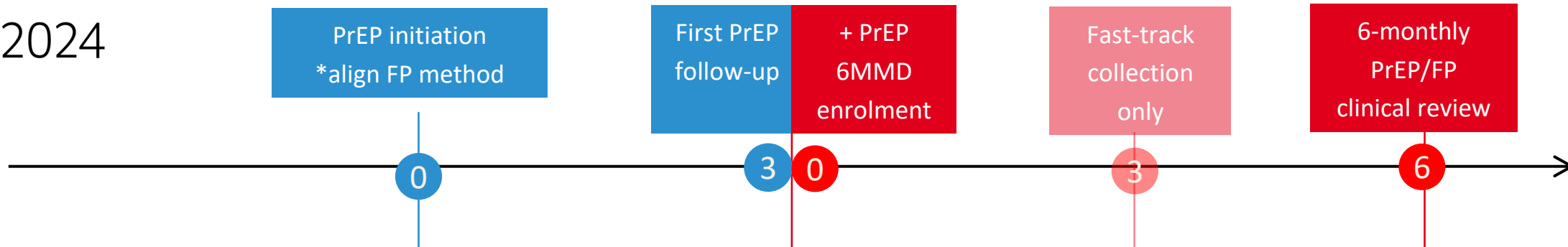
* Can rotate IM and SC with IM administered at clinical consult and SC dispensed for self-injection 3-months later if DMPA-SC shortage/saving

Demonstration project 2: ***Integrating PrEP into FP services and FP into PrEP 6MMD model***

Integrate PrEP services into FP services

**Improvement of FP/PrEP service delivery
integration in FP services**

**Integration of short-acting contraceptives into
PrEP 6MMD in FP services
(prioritize DMPA-SC inclusion and offer)**

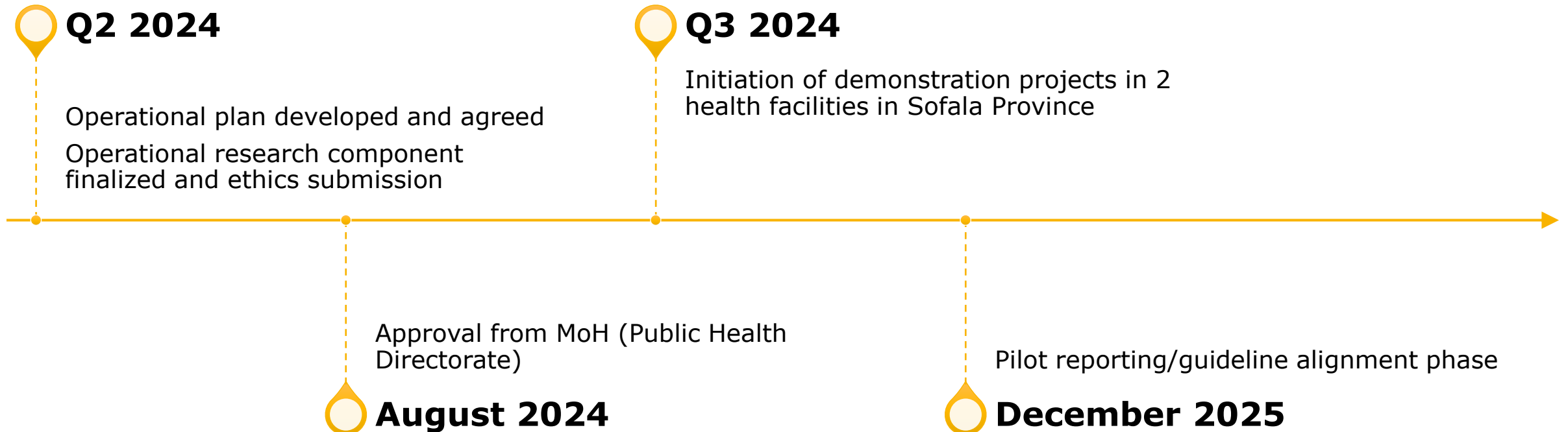


Combined FP-PrEP clinical consultation and scripting	X	X		X
PrEP refill	3MMD	6MMD (or 3MMD)	fast collect 3MMD if stock shortages*	6MMD (or 3MMD)
HIV testing	Rapid test at facility	Rapid test at facility	Self-managed rapid test any health facility or HIVST in community (not required)	
LARC (IUD/implant)	Implant insertion by ART provider Co-ordinated referral for IUD insertion			
Injectable	1 unit (Demo if first time)	2 units*	self-inject	2 units*
Oral	3MMD	6MMD (or 3MMD)	fast collect 3MMD if stock shortages*	6MMD (or 3MMD)

* Oral contraception pills likely short supply requiring fast track set-up and utilization

* Can rotate IM and SC with IM administered at clinical consult and SC dispensed for self-injection 3-months later if DMPA-SC shortage/saving

Overview of operational implementation plan



What Mozambique hopes to learn, better understand and share



Feasibility and cost-effectiveness of integrating FP into ART 6MMD facility-based DSD model



Feasibility and cost-effectiveness of integrating PrEP and PrEP 6MMD into FP services



How best to simplify integrated care for the provider (barriers and facilitators)



To learn if the ART and PrEP ROC are more satisfied with integration of the services and if responded to their needs



DSD potential within FP services



Acknowledgements



**Efficiencies for Clinical
HIV Outcomes (ECHO)**