

# Program Adaptations in Response to COVID-19 Led to Unprecedented Program Growth in Mozambique

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## BACKGROUND

Mozambique has one of the largest numbers of people living with HIV (PLHIV) globally (n=2.1 million) and its national antiretroviral therapy (ART) program has historically struggled with client retention. In the first quarter (Q1) of fiscal year (FY) 2020, preceding the COVID-19 pandemic, 8.5% of PLHIV on ART interrupted treatment (defined as having no clinical contact or ART pickup more than 28 days since last expected clinical contact). On March 22, 2020, the first confirmed person with COVID-19 was reported in Mozambique, and by July 5, 2022 there have been an estimated 228 000 persons with COVID and 2213 deaths. In 2020-2021 COVID-19-related mitigation measures and healthcare worker shortages disrupted care delivery and necessitated increasingly innovative strategies to connect health care seekers with care options outside the health facility and assure treatment follow-up. We describe ART program adaptations implemented in response to COVID-19 in Mozambique, and their impact on program growth and retention.



## METHODS

Mozambique implemented several program adaptations to increase ART program and client resilience throughout the COVID-19 pandemic, focused on reducing COVID-19 transmission in health facilities and in communities while maintaining continuous access to flexible and client-centered HIV treatment services. Key measures included decongesting health facilities through expanded eligibility criteria for multi-month drug dispensing (MMD) to allow individuals to pick up ART every three months instead of monthly, expansion of ARV dispensation at community level to more provinces, use of telephone consultations for adherence counseling and client tracking, and acceleration of ART optimization.

**Table 1. Key Program Adaptations in Response to COVID-19**

Thematic Area	Pre-COVID	During - COVID
<b>Multi-month ART Dispensing Eligibility Criteria</b>	Clients were eligible for a DSD model after six months, proven retention, and VL suppression	Policy changed allowing PLHIV > 2 years old to be eligible for a DSD model after three months of ART initiation ; no requirement for proven prior retention suppression
<b>Defaulter Tracing</b>	Implemented through phone calls and home visits	Suspended home visits until August 2020 Defaulter tracing only through phone calls
<b>Psychosocial Support</b>	Consultation every 3 months, after 3 months on ART	For PLHIV on ARV for over 3 months , psycho-social support (PSS) should happen semi-annually. In sites with phones, counselors can provide PSS through phone calls every 3 months.
<b>TB policy changes</b>	Monthly dispensing of INH	Launch of INH 3MMD. Adherence and adverse events monitoring through phone calls.
<b>Community ARV distribution</b>	Only through mobile brigades which are an integrated approach in which a group of providers from different areas go to community to offer health services included HIV (in Cabo Delgado Province)	Expanded ARV distribution through Mobile Brigades to other provinces and introduced ARV distribution through health providers
<b>Antenatal clinic appointments (ANC)</b>	Monthly Antenatal Clinic Appointments	Quarterly Antenatal Clinic Appointments allowed temporarily

## CONCLUSIONS

In Mozambique, COVID-19 served as a catalyst for inclusion of improved service delivery models into national HIV policy, program adaptations that resulted in unprecedented program growth, and improvements in client retention. In addition to mitigating the impact of COVID-19 on PLHIV, many of these adaptations have also increased program and client resiliency in the face of other challenges, including new availability of expanded service delivery options for displaced clients facing facility closures in the context of recent political instability in the northern Mozambique.

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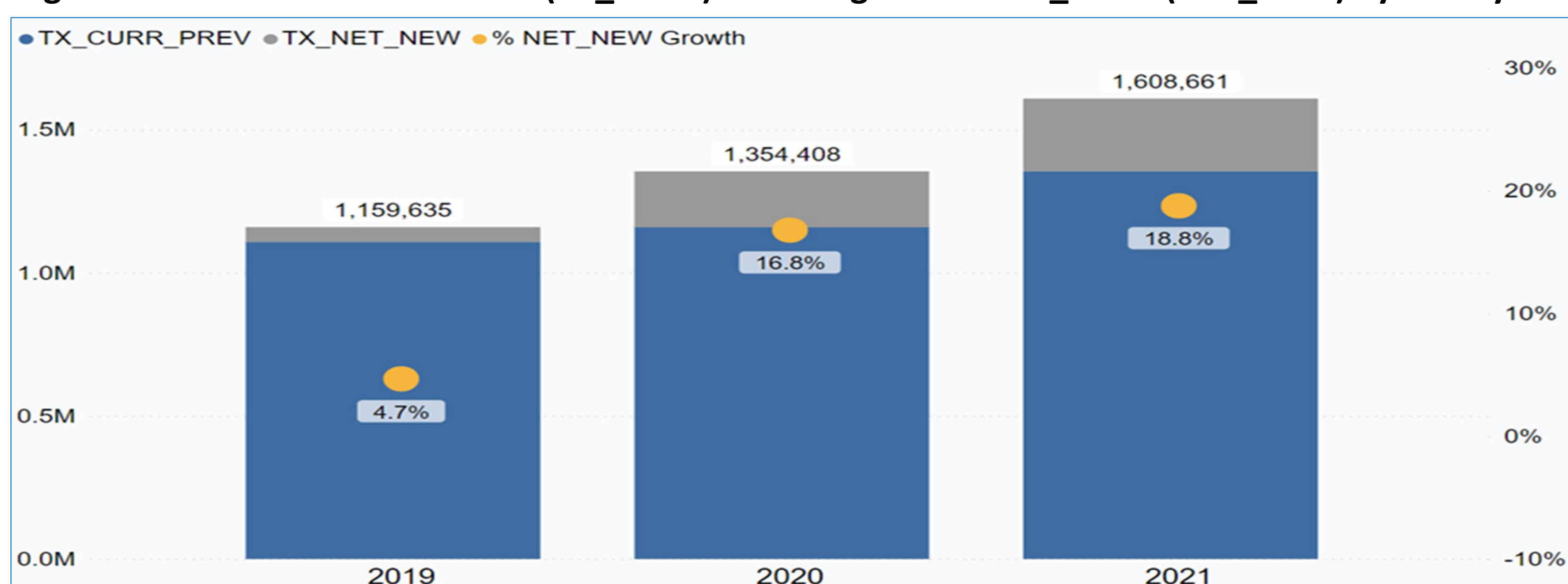
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## RESULTS

### 1. # of PLHIV on treatment

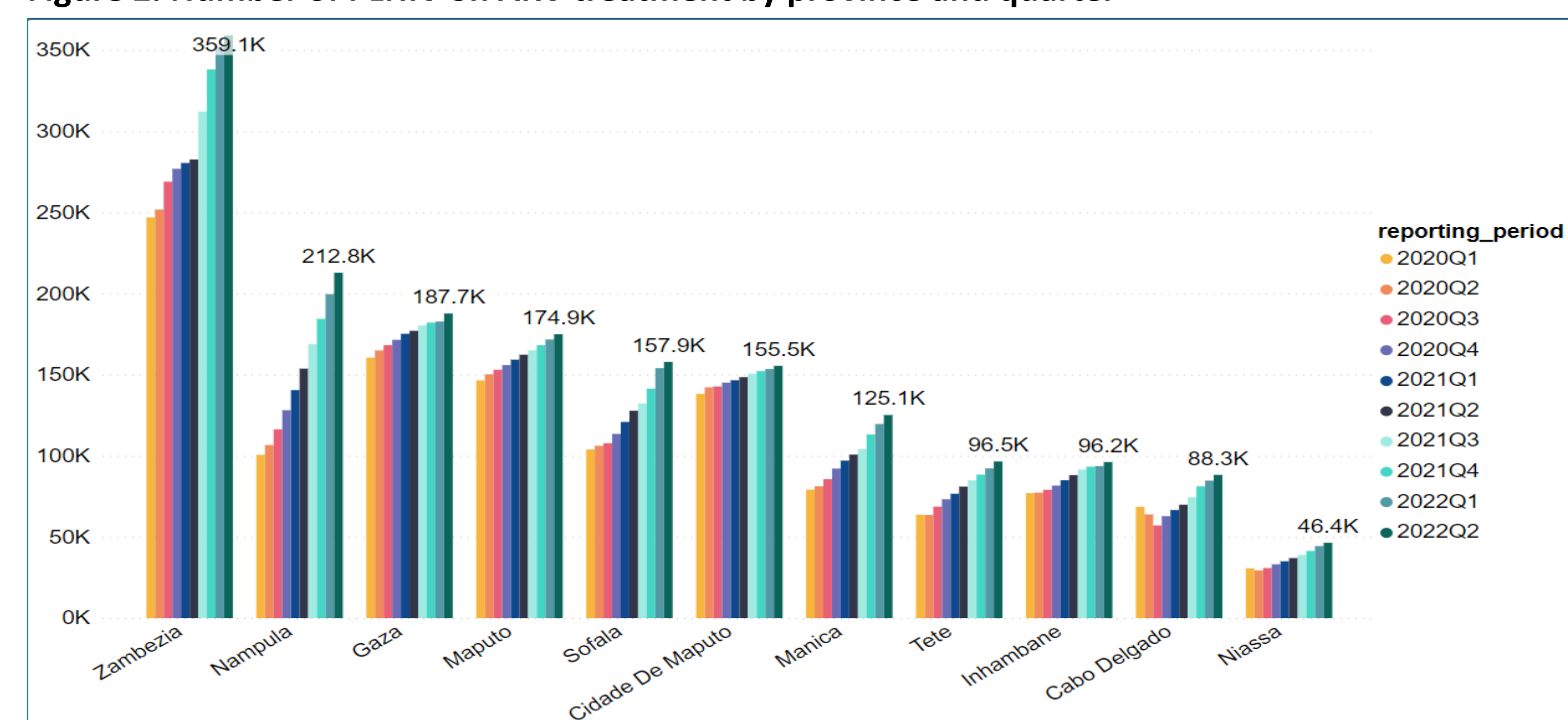
There was an unprecedented 18.8% increase in the number of PLHIV currently on ART in Mozambique between FY20 to FY21, reaching 1.6 million PLHIV, with 254,000 new PLHIV enrolled on ART in FY21 compared with 195,000 in FY20

**Figure 1. Trends of PLHIV on ART (TX\_CURR) and net growth in TX\_CURR (NET\_NEW) by fiscal year**



Despite the COVID 19 pandemic the number of active PLHIV on ARV treatment continued to grow in all provinces including Cabo Delgado which had cyclones and is still facing political instability

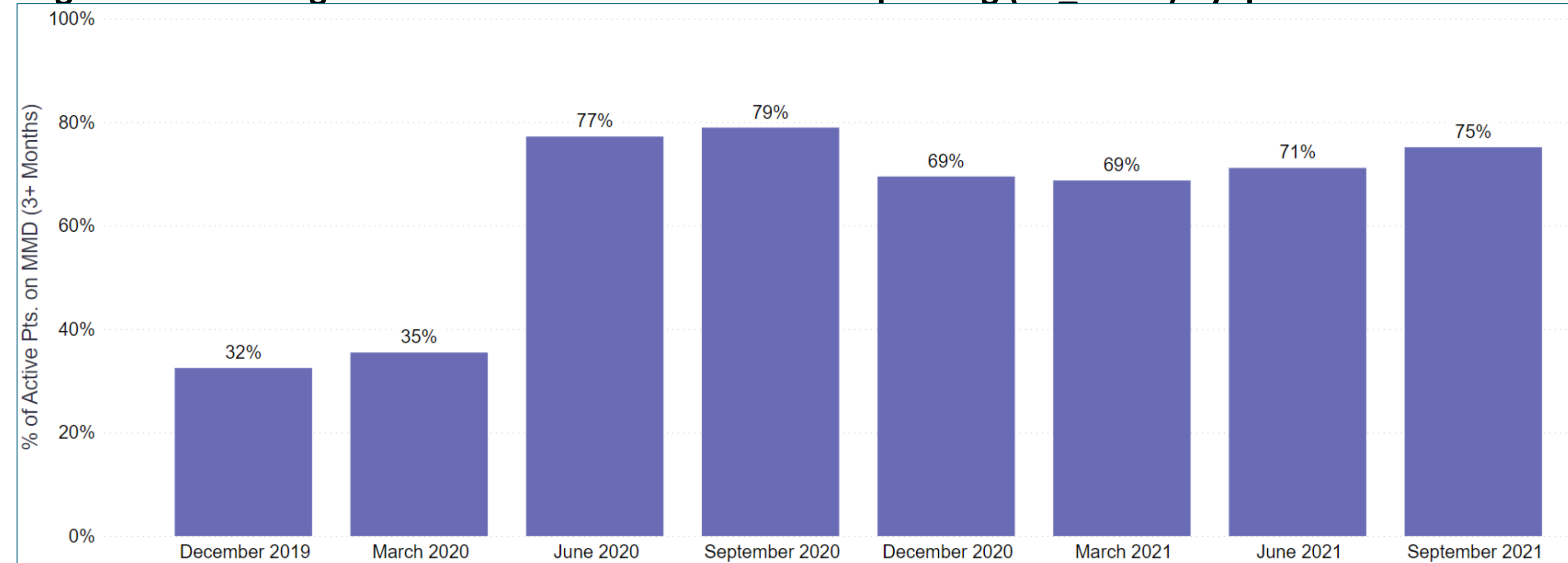
**Figure 2. Number of PLHIV on ARV treatment by province and quarter**



### 2. Multi-month dispensing of ARV treatment

As result of revision and expansion of 3 multi-month dispensing inclusion criteria the proportion of active PLHIV on ART included in this model increased from 32% in Q1 in 2020 to 75% in Q4 2021.

**Figure 3. Percentage of clients on multi-month ART dispensing (TX\_MMD) by quarter**



### 3. Interruption to Treatment

Through a combination of interventions, treatment interruption in Mozambique reduced for men, women and children, from an overall 8.5% of PLHIV on treatment at the start of FY20 to 3.7% by the end of FY21, despite COVID-19.

**Figure 4. Trends of % interruption in treatment (ITT) and % net change of PLHIV active on ART from the previous quarter.**

