



**PEPFAR**

U.S. President's Emergency Plan for AIDS Relief

# Mozambique RPM Outbrief

# PEPFAR Mozambique: Vision

## One Team Approach: Mozambique **WILL** reach Epidemic Control

- **1 million** mark on treatment
- New on treatment: #3 overall
- Positivity and case finding: **ON track**
- Government relations: *never better*
- COP 19: *balanced* budget, earmarks *met*
- Know your strengths: scale them up
- **MANAGING** partners: **MAKING** the changes
- **Efficiencies**: getting MORE for LESS

# High level summary

- Partner performance
  - made geographic and focus shifts
- Increased our targets aggressively
  - according to the new distribution of PLWHA
- Focused on program improvements in testing and retention
- Work with IPs to find cost improvements
  - jointly with MISAU and CNCS to do more targets with flat funding
- Areas of common concern with Civil Society
  - We address them through programming

# Partner Portfolio Shifts Based on Performance and Efficiency

## Changes:

- Clinical partner consolidation (FOCUS)
  - ICAP: portfolio shift
    - Out of Zambezia to Nampula for increased focus on C&T and PMTCT
    - ICAP: Increase VMMC in Zambezia
  - CCS out of Inhambane focus on Maputo C. EGPAF to Inhambane
  - Jhpiego: more index case testing
- Key population consolidation
- Commodities consolidation
- Community consolidation
- Donor leverage
- Direct service support
- G2G

# Policy Implementation Updates

- **Test and Start update:**
  - As of Dec 2017 - T&S rolled-out in 73 districts (Covers 72% of PLWHA nationally)
  - As of Feb 23, 2018 – MISAU announced T&S would start in an additional 50 districts (now including all the PEPFAR priority districts).
  - Aug 2018: Remaining 37 districts will move to T&S
- **Same-day initiation:**
  - Available at all sites
  - Ministry set targets for initiation within 15 days for all persons newly identified positive
  - Approximately half of patients started ART on the day of diagnosis in FY17
- **Revision national tools for psychosocial support**
- **Final approval mentor mother strategy secured**
- **Differentiated models of care:**
  - 6 month clinical consultations at all sites
  - Multi-month scripting for stable patients
  - Family approach and One-stop-shops
  - Community adherence and support groups continue to be scaled-up
  - NEW: Community ART through Mobile brigades
- **PrEP:**
  - Piloted in COP 17 for sero-discordant couples (20 districts/48 health facilities in Zambezia/)
  - Planned rollout for sero-discordant couples and MSM/CSW in COP 18
  - Target Surge in Maputo P, Nampula, Manica
- **Self testing:**
  - Self testing for uniformed services, for SW and MSM, potential to expand to other men groups

# Based on discussions this week

## **Adjusted:**

- Our targets for VL to 90%
- Strategy for testing to increase proportion of positives from index case testing to 24%
- Self testing approach

## **Increased:**

- PreP targets and added two provinces to HIGH risk groups

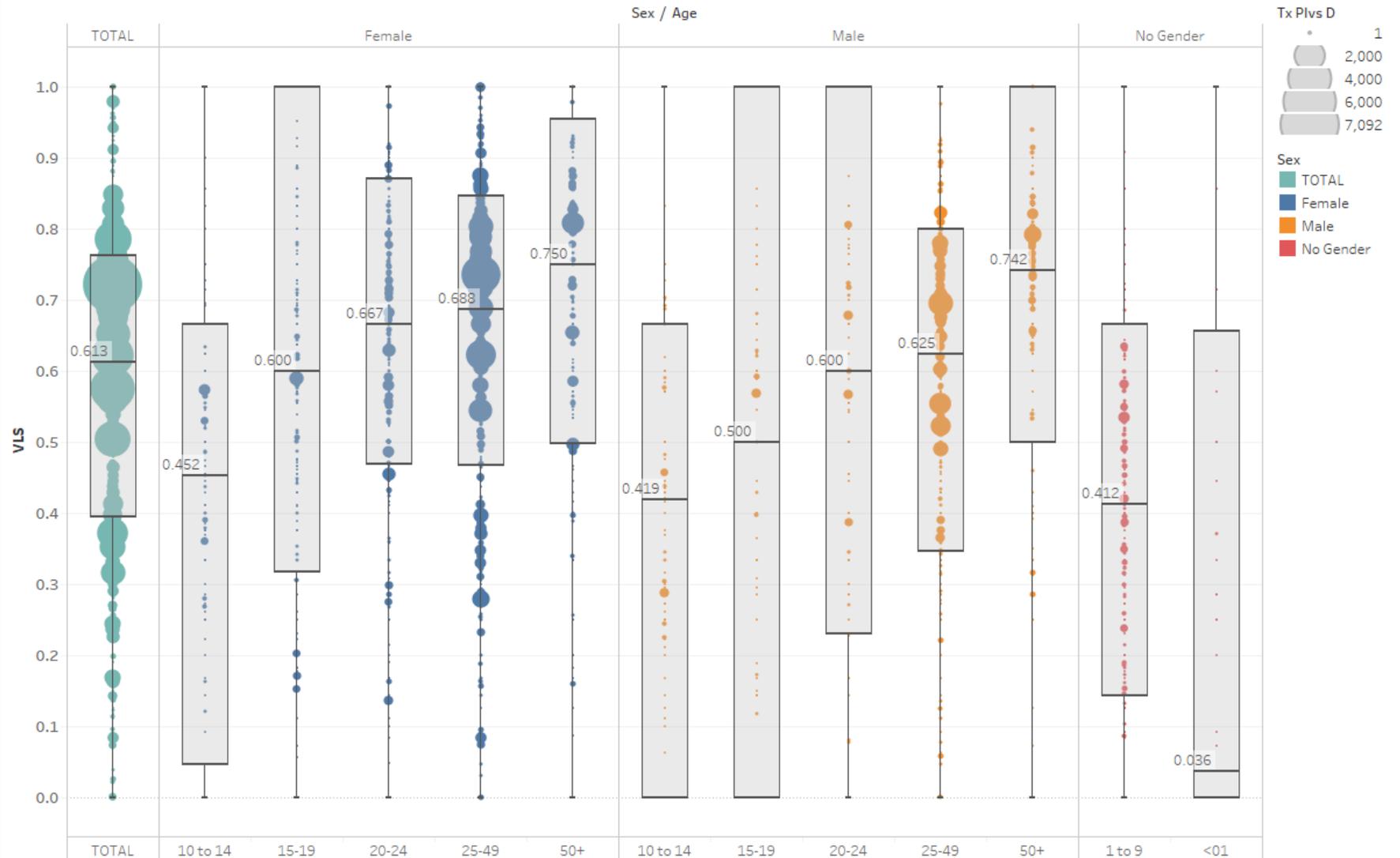
## **Made commitments to:**

- Integrate GOM and PEPFAR patient information systems (2 months)
- Undertake an intensive review of how partners implement support to the districts and sites to find efficiencies and apply them.

# VL Suppression rates by population (DATIM)

- **Overall VL suppression: 62%**
- Increases with age
- Lower in men than women in each age-band
- Routine VL testing is being rolled-out with T&S and overall coverage of VL testing remains low
- Estimates of VL S rates among patients on ART differs by data source:
  - DATIM/MER: **62%**
  - DISA (Lab information system): **68%**
  - IMASIDA (household survey): **77%**

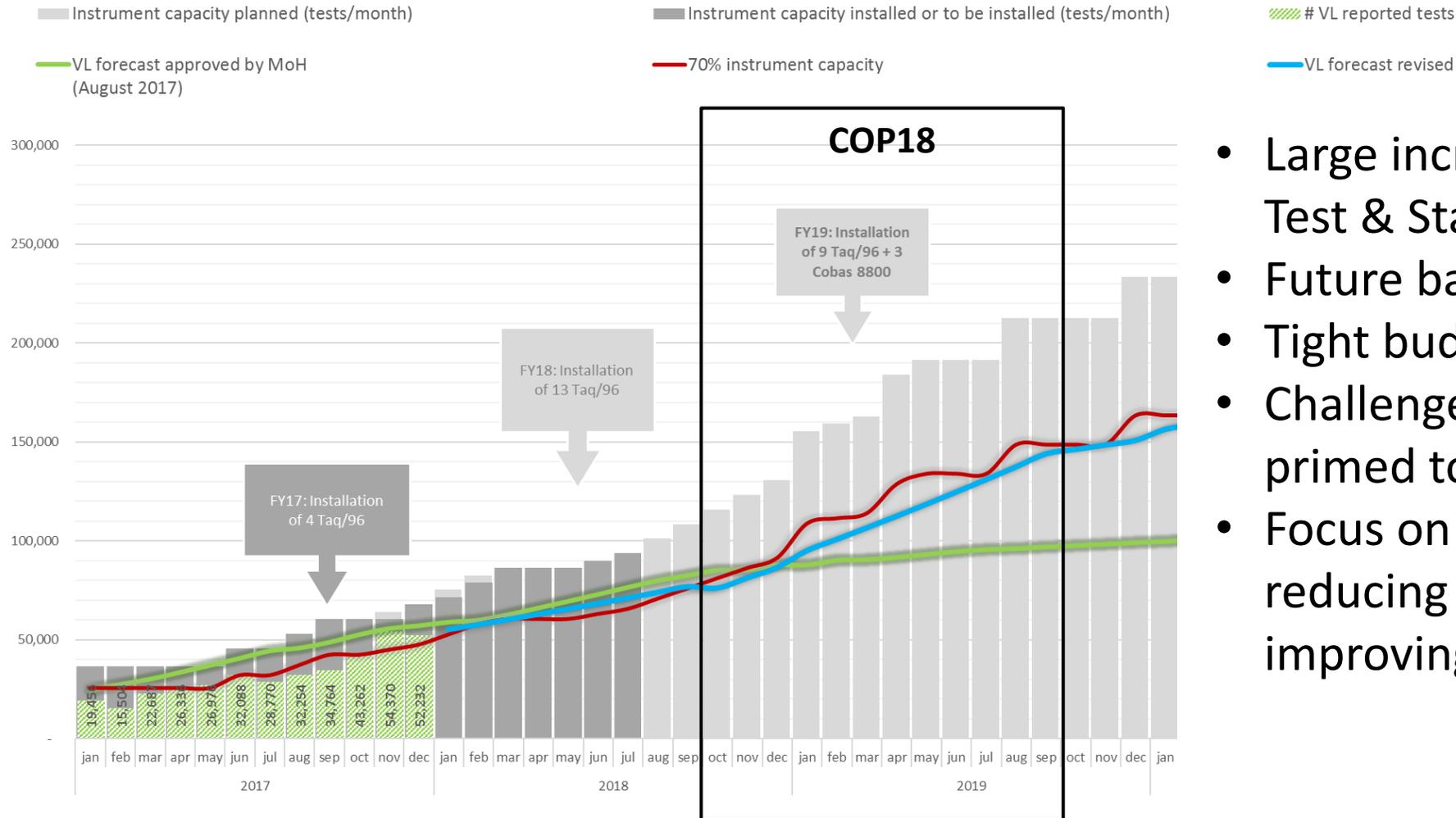
Mozambique Viral Load Suppression (APR17) by Age/Sex



VLS as an attribute for each Age broken down by Sex. Color shows details about Sex. Size shows Tx Plvs D as an attribute. Details are shown for Datim and Facility Name. The view is filtered on Exclusions (Age, Facility Name, Sex), VLS as an attribute, Sex and Age. The Exclusions (Age, Facility Name, Sex) filter keeps 14,596 members. The VLS as an attribute filter keeps non-Null values only. The Sex filter keeps Female, Male, No Gender and TOTAL. The Age filter keeps 8 of 8 members.

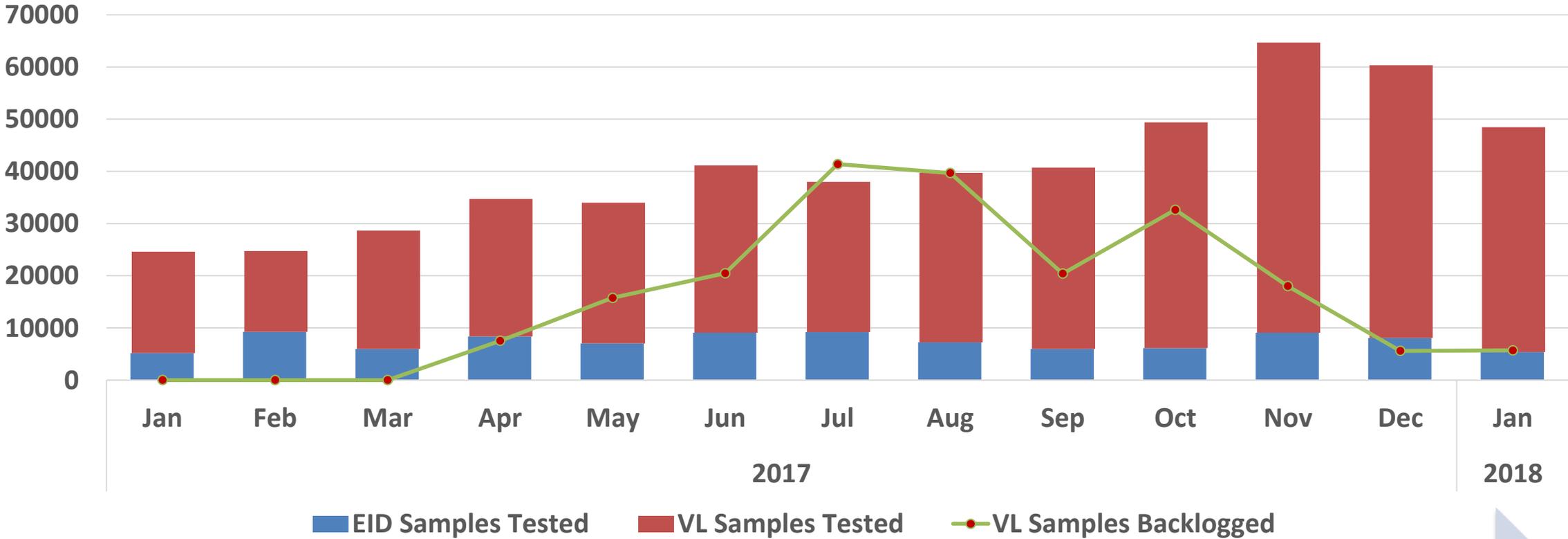
# Getting to 90% VL Coverage

Viral load expansion plan - Mozambique 2017-2021



- Large increases in demand from Test & Start scale up
- Future backlogs anticipated
- Tight budget of 1 test per/person
- Challenges ensuring labs are primed to receive instruments
- Focus on filling HRH needs, reducing turn around times and improving results reporting

# Addressing Laboratory Backlogs



**Emergency Management Team**

- Weekly VL Monitoring
- SOP for inter-lab transfers
- Sending of some samples to SA

**HRH Response**

- Extra Lab techs hired
- Expanded to 24/7
- Mentoring and TA

**Supply Chain**

- Accelerated Deployment of Instruments
- Re-mapping of infrastructure
- Closer linking of reagents to labs with backups

# Laboratory Continuous Quality Improvement at all Levels



## Patient level

- Expedited Results reporting
- Facility Lab Champions
- **Goal: Treatment informed by VL results**

## Site level

- Additional Staff
- Improved LIMS
- 1 mentor per lab
- Offload EID to GeneXpert
- Optimize Sample transport
- **Goal: International accreditation**

## Above site level

- Weekly VL performance monitoring
- Enhanced supply chain monitoring
- Infrastructure gap analysis
- Stockout and Backlog Emergency Response Team
- **Goal: Systems allow uninterrupted VL access**

# Mozambique's Case Identification Strategy

## Scalable, High-Yield Modalities

PICT optimization

24% of diagnoses from index case

## Smart Targeting

Index case testing coverage drives targeting

Large Hospitals Initiative  
PICT "boost"

## Special Initiatives for Low-Coverage Populations

KP Peer Incentivized Referral, KP test counselors

Male congregate setting testing

Self-testing

# Targeting Index Case Testing at Scale Based on FY18 Q1 Data

Province	Adult Contacts Positive	Adult Contacts Tested	Index Cases	Adult Contacts per IC	Yield	Positives per IC
Cidade De Maputo	1775	7391	5742	1.3	24%	0.31
Gaza	1716	8491	5585	1.5	20%	0.31
Maputo	1500	7905	4888	1.6	19%	0.31
Tete	463	2356	1828	1.3	20%	0.25
Sofala	1335	3247	5779	0.6	41%	0.23
Niassa	250	490	1155	0.4	51%	0.22
Manica	590	2118	4835	0.4	28%	0.12
Zambezia	750	2642	12516	0.2	28%	0.06
Cabo Delgado	157	3743	3039	1.2	4%	0.05
Inhambane	114	461	4601	0.1	25%	0.02
Nampula	80	239	6086	0.0	33%	0.01
<b>Grand Total</b>	<b>8730</b>	<b>39083</b>	<b>56054</b>	<b>0.7</b>	<b>22%</b>	<b>0.16</b>

- **Initial** adult and pediatric index case proposal: 60,869 positives from index case testing, 16% of positives

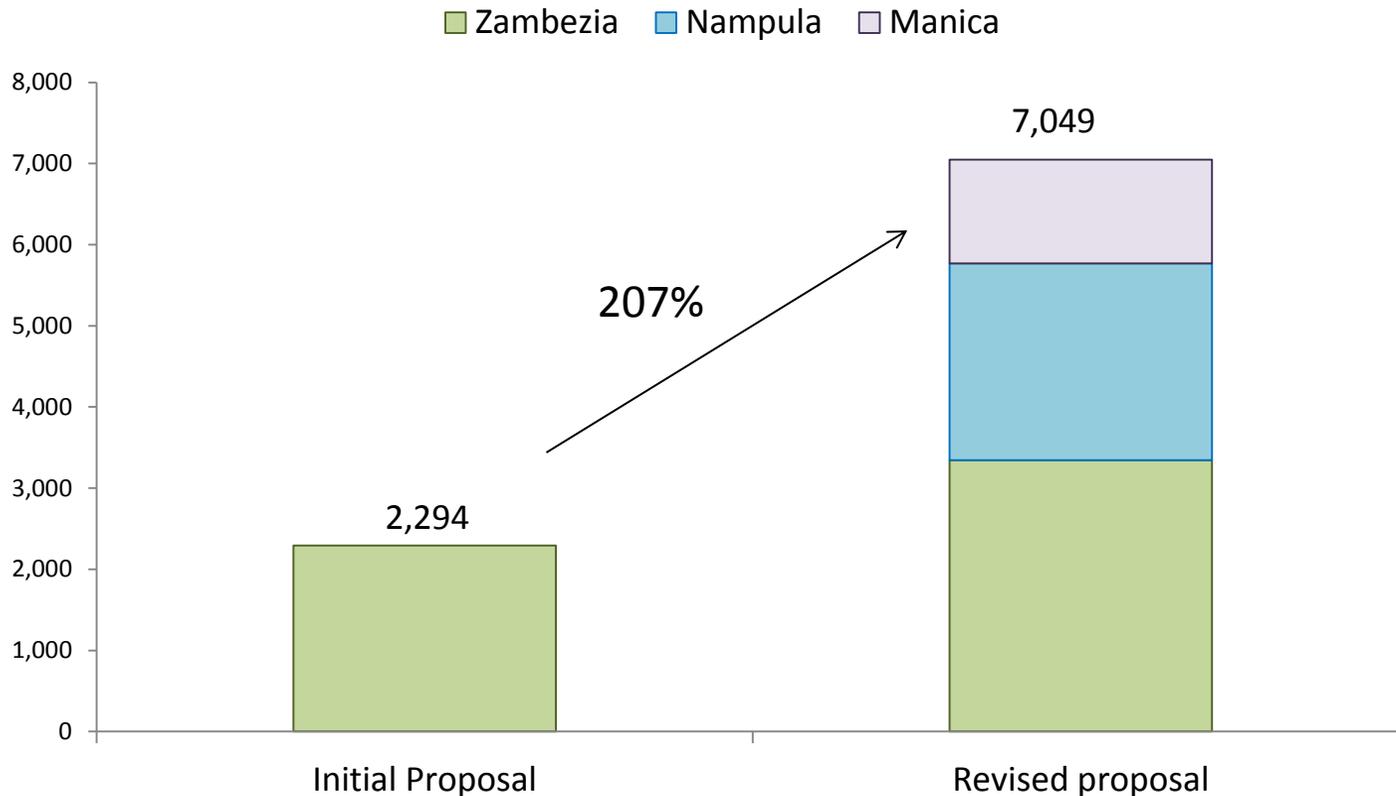
# Targeting Index Case Testing at Scale Based on FY18 Q1 Data

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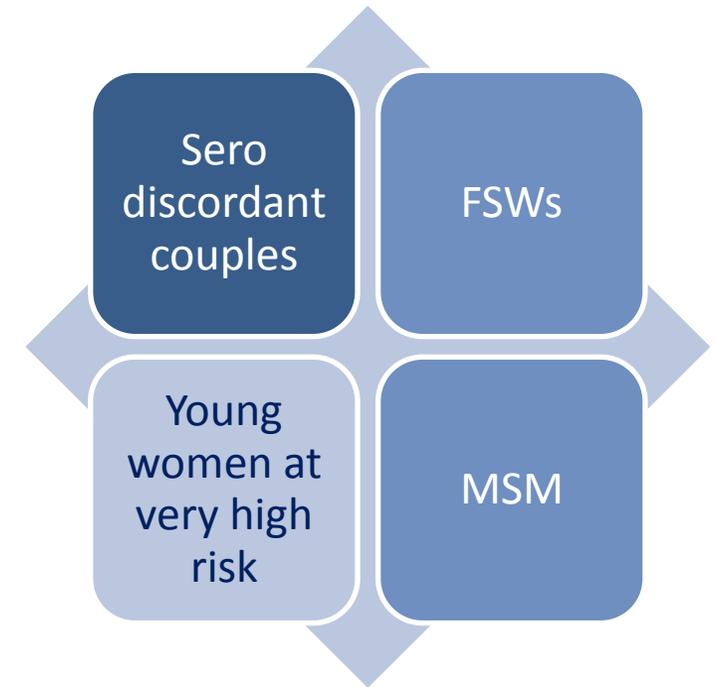
- **Initial** adult and pediatric index case proposal: 60,869 positives from index case testing, 16% of positives
- **Revised** adult and pediatric index case proposal: 92,739 positives from index case testing, 24% of positives
- All scale-up districts with additional testing need given IC targets

# More Ambitious Expansion of PrEP in COP18 After Feedback from Civil Society

Change in Proposed COP18 PrEP\_NEW Target pre- and post RPM



PrEP targeted at very high-risk members of sub-groups:

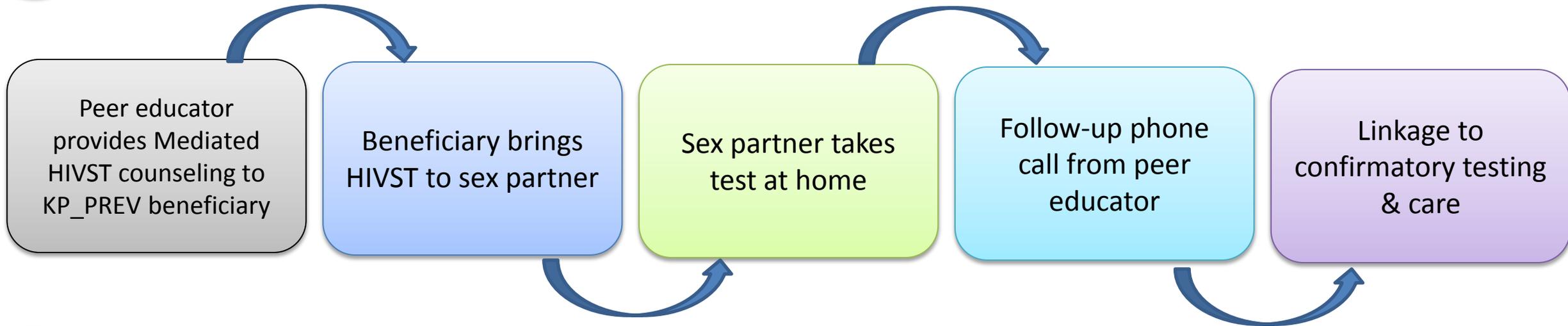


Demand creation includes:

- Post-test counseling after sero-discordant contact testing
- KP outreach partner
- Risk assessment at the facility
- Community mobilization

# Community-Based Self Testing: Reaching Under-Served Men

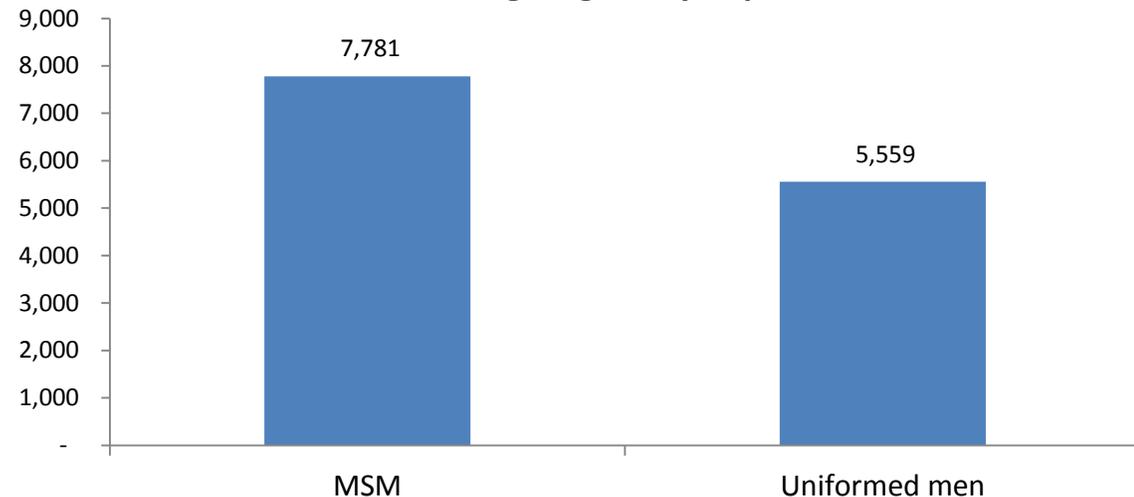
## 1 Under-served sex partners of MSM:



## 2 Uniformed Men:

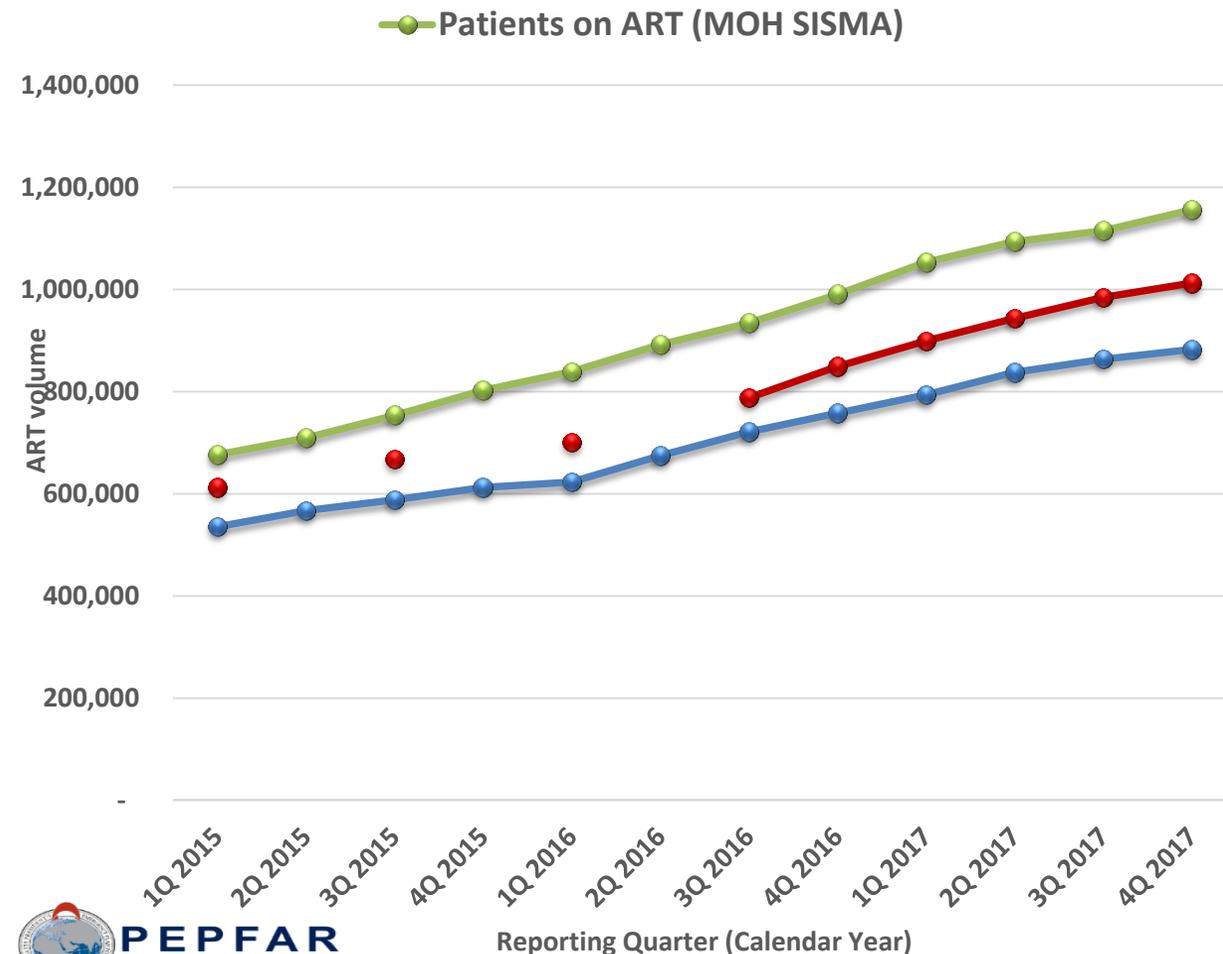
Assisted HIVST at the workplace:  
Police stations, customs officers

COP18 Self Testing Targets, by Population



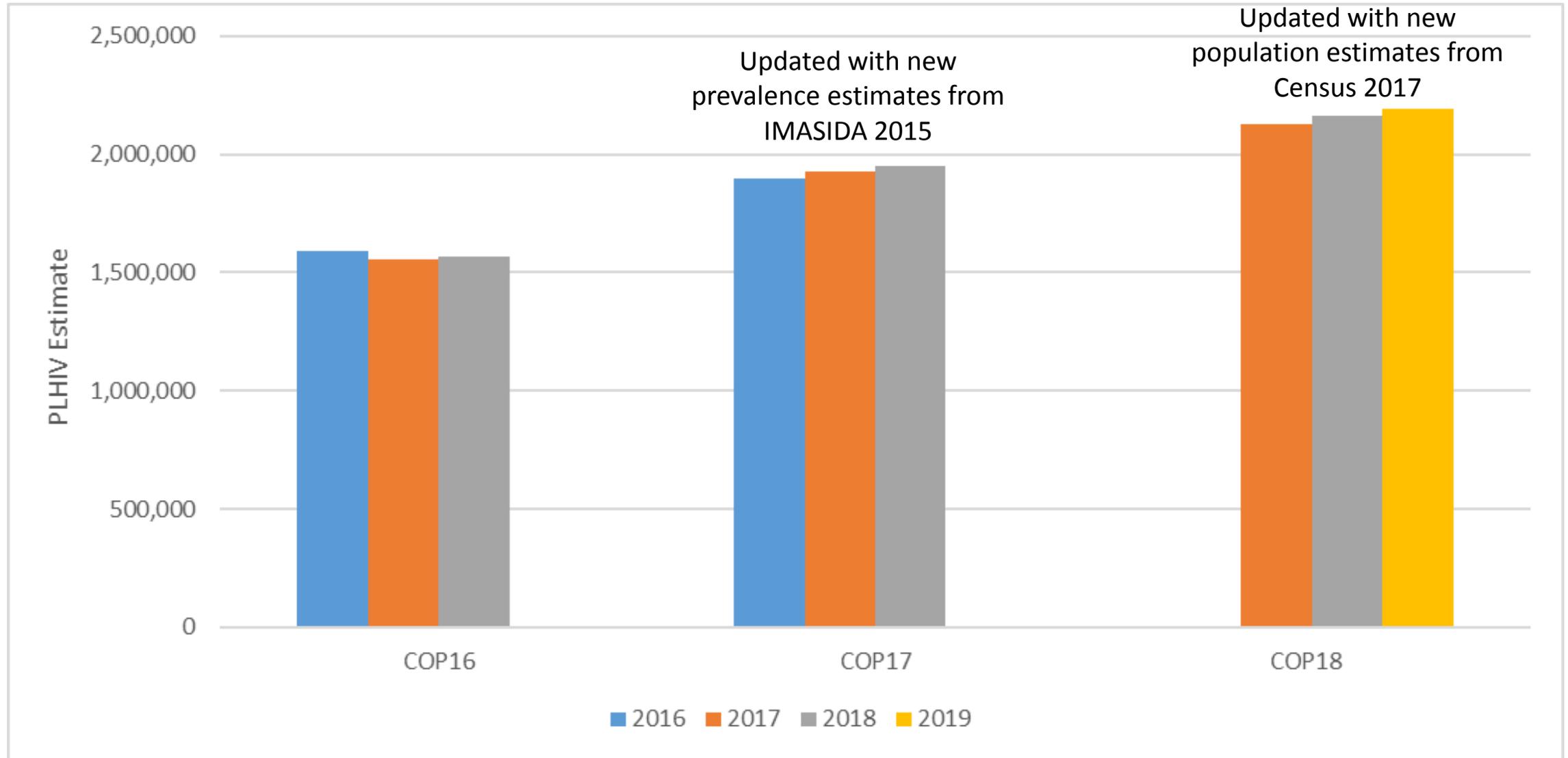
# Better HIV Data

Comparison of Patient on ART Treatment, as reported by ART consumption (LMIS), Patients on ART (MOH SISMA), and Patients on ART (PEPFAR DATIM), 2015 - 2017, Mozambique



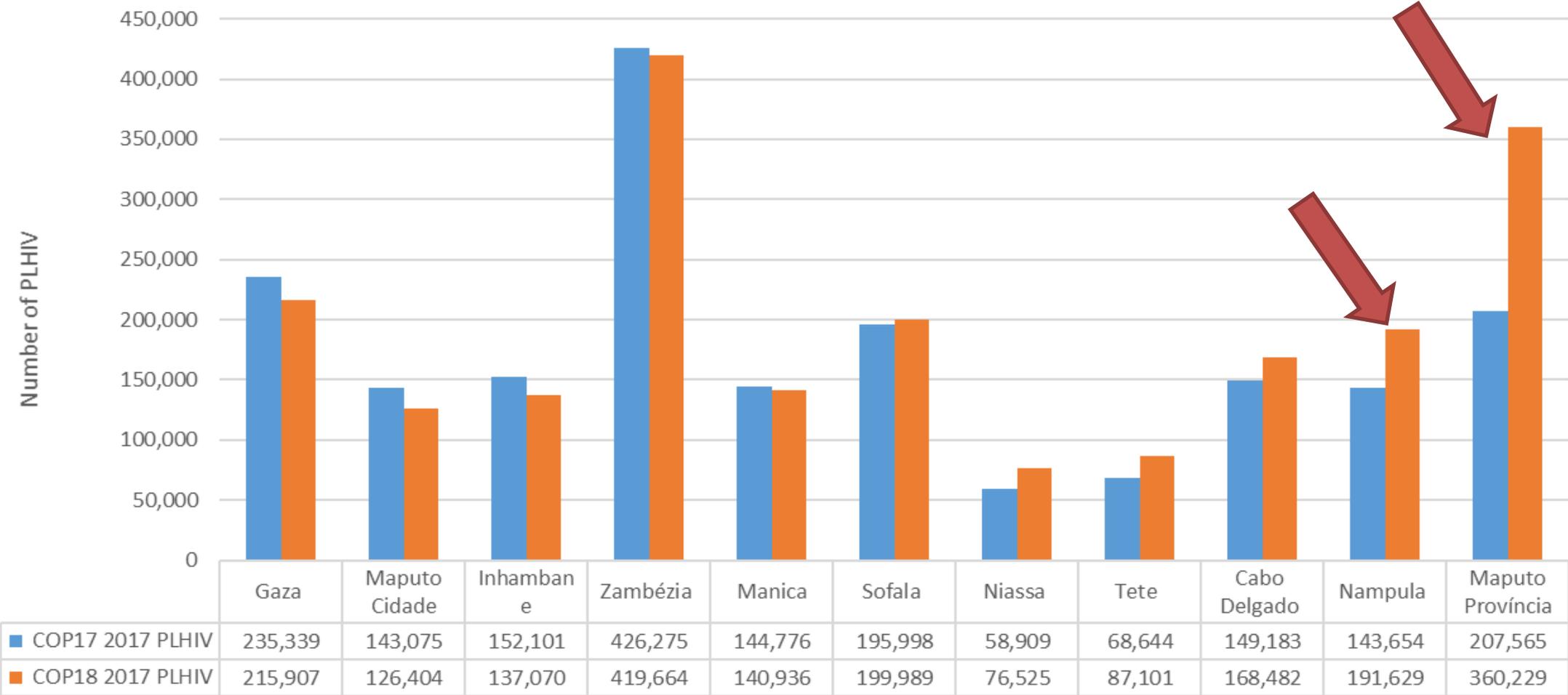
- MOH HIV Tx is consistently higher than DATIM, and both are higher than LMIS reported ART consumption.
- DQA activities ongoing
- MOH and PEPFAR have committed to integrating their data systems within 2 months
- Consumption data used for commodities
- Datim used for targets

# PLHIV increases due to new IMASIDA 2015 and Census 2017



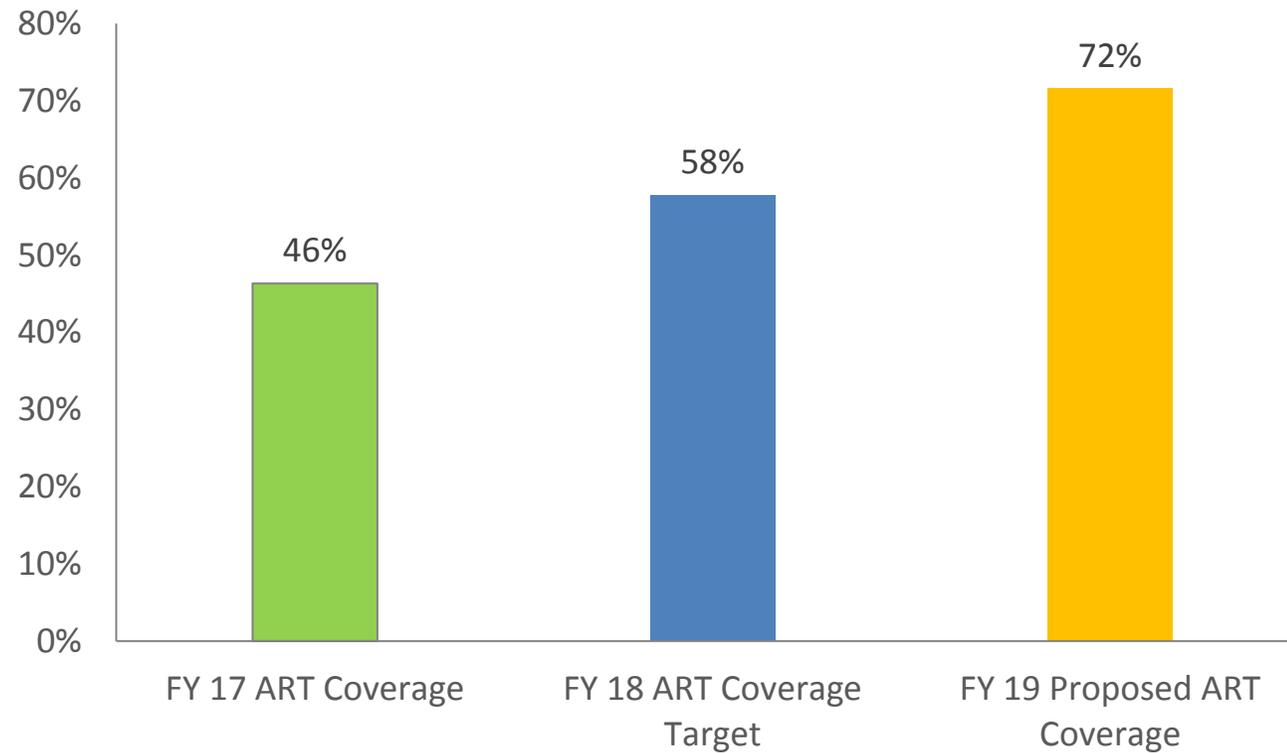
# Change in 2017 PLHIV by Province, COP17 to COP18

Change in PLHIV by Province from COP17 to COP18



# Treatment Coverage Trend

## National ART Coverage Trend FY17-FY19



PLHIV Data source: Spectrum v5.63, IMASIDA 2015, Census 2017; ART Data Source: MOH SISMA, PEPFAR MER

# Proposed FY19 ART Coverage by regions and OU

	Central	Northern	Southern	National
FY 19 Proposed ART coverage total	85%	61%	76%	72%
FY 19 Proposed ART coverage peds	75%	61%	76%	69%

# FY17 ART Coverage by Province and Age/Sex

GREEN	≥90%
YELLOW	81-89%
ORANGE	71-79%
RED	<70%

## Northern Region

	Niassa		Cabo Delgado		Nampula		Zambézia	
Age	Male	Female	Male	Female	Male	Female	Male	Female
<1	14%	15%	23%	36%	60%	86%	35%	42%
1-9	24%	26%	28%	40%	37%	51%	26%	33%
10-14	23%	24%	15%	21%	21%	29%	14%	19%
15-19	10%	39%	10%	64%	27%	108%	14%	73%
20-24	12%	53%	14%	49%	36%	81%	27%	80%
25-49	22%	34%	22%	32%	35%	44%	27%	41%
50+	32%	21%	41%	37%	39%	30%	42%	26%

# FY17 ART Coverage by Province and Age/Sex

GREEN	≥90%
YELLOW	81-89%
ORANGE	71-79%
RED	<70%

## Central Region

Age	Tete		Manica		Sofala	
	Male	Female	Male	Female	Male	Female
<1	8%	9%	47%	48%	25%	40%
1-9	38%	42%	56%	56%	44%	65%
10-14	34%	40%	37%	39%	41%	45%
15-19	40%	97%	21%	85%	21%	71%
20-24	37%	131%	25%	100%	22%	87%
25-49	61%	75%	45%	62%	32%	51%
50+	57%	41%	72%	45%	50%	37%

# FY17 ART Coverage by Province and Age/Sex

GREEN	≥90%
YELLOW	81-89%
ORANGE	71-79%
RED	<70%

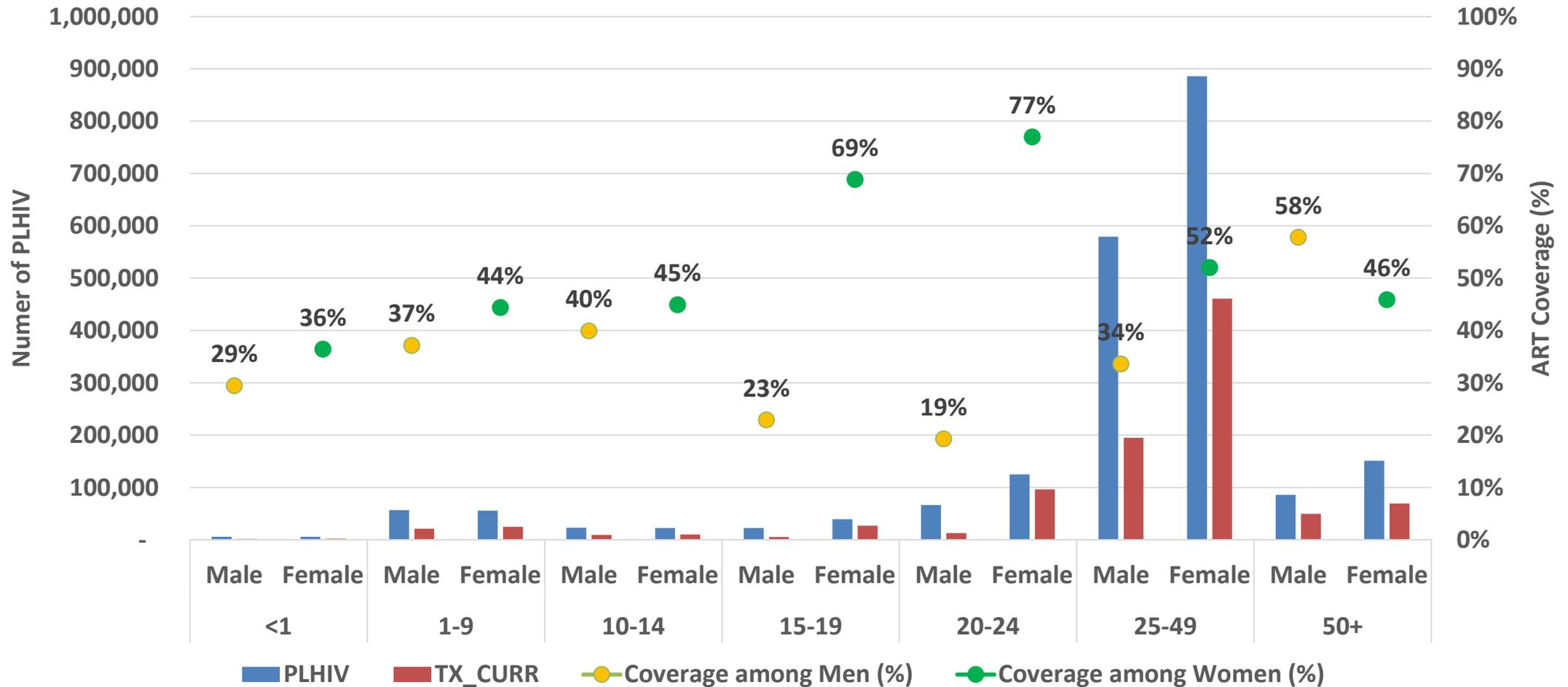
## Southern Region

Age	Inhambane		Gaza		Maputo Província		Maputo Cidade	
	Male	Female	Male	Female	Male	Female	Male	Female
<1	18%	22%	53%	54%	10%	11%	34%	37%
1-9	42%	50%	63%	64%	26%	28%	74%	81%
10-14	170%	195%	54%	57%	42%	45%	191%	205%
15-19	11%	29%	26%	72%	21%	38%	107%	129%
20-24	4%	135%	13%	69%	7%	35%	35%	127%
25-49	22%	36%	37%	68%	22%	40%	92%	136%
50+	71%	65%	127%	85%	46%	41%	91%	73%

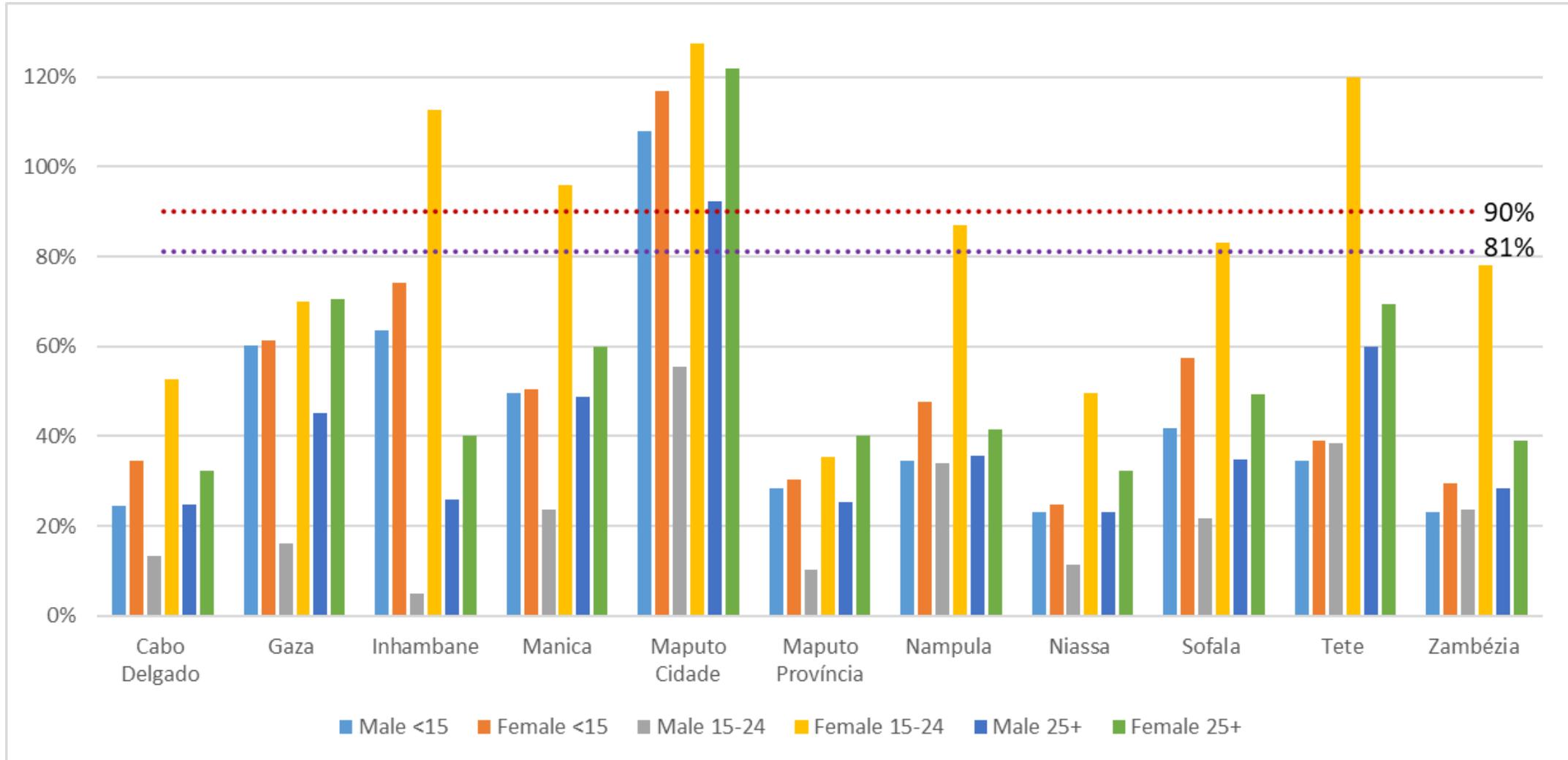
# Overall ART Coverage is 46% Nationally

(Includes only PEPFAR TX\_CURR)

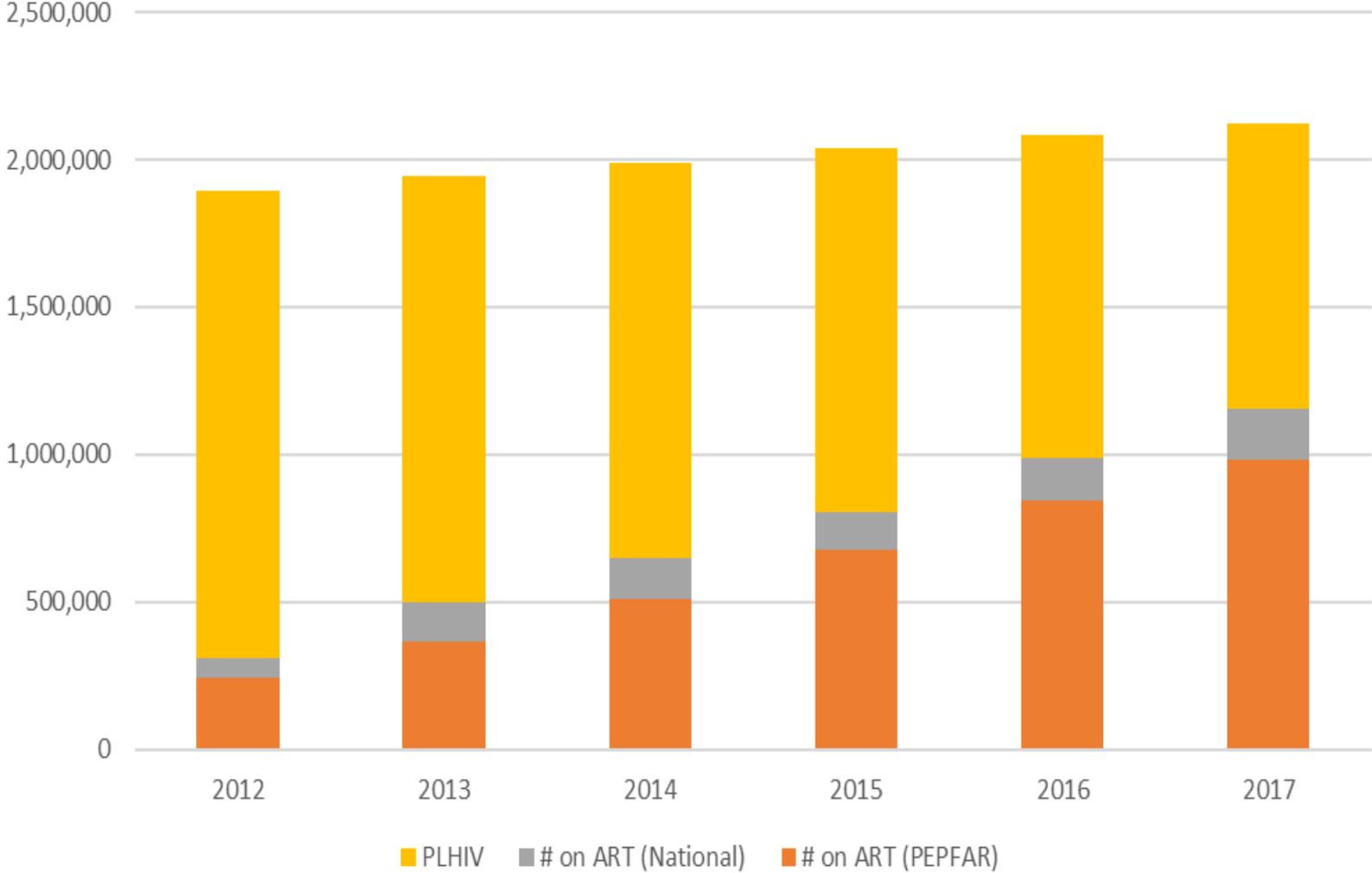
Estimated Number of PLHIV, Current on Treatment, and ART Coverage by Population, FY17



# Gap to ART Coverage Targets: 90-90-90 and 95-95-95



# Treatment Coverage Trend



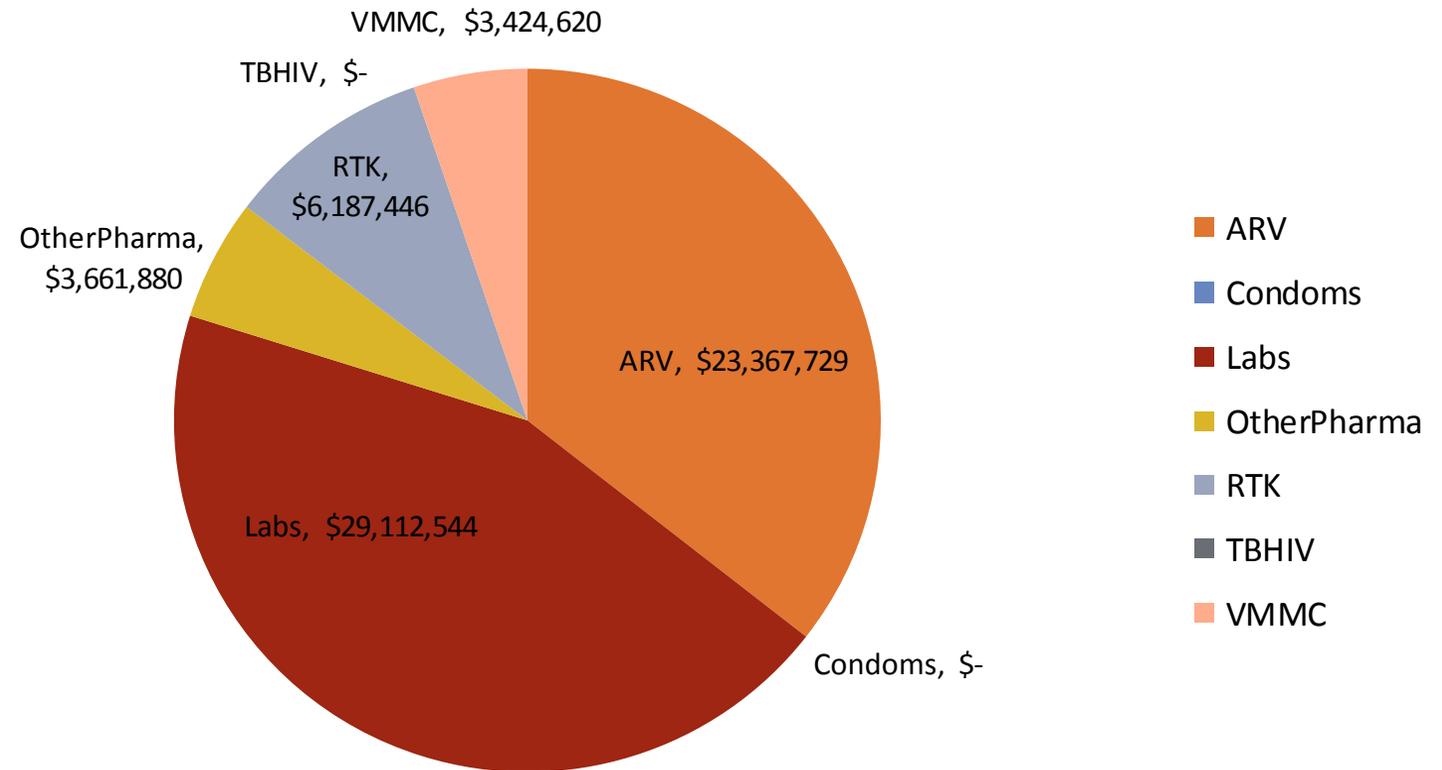
PLHIV Data source: Spectrum v5.63, IMASIDA 2015, Census 2017; ART Data Source: MOH SISMA, PEPFAR

# COP18 Budget: Commodity Budget by Major Category

Commodity	COP17 Budget	COP18 Budget
ARVs	\$23,357,336	\$23,357,336
RTKs	\$4,464,213	\$6,187,019
Viral Load	\$15,419,179	\$25,691,195
EID	\$4,506,924	\$3,561,037
CTX	\$2,500,000	\$662,014
VMMC	\$3,506,841	\$2,221,510
<b>TOTAL</b>	<b>\$53,754,493</b>	<b>\$61,680,111</b>
Increase over COP17 Budget		13%

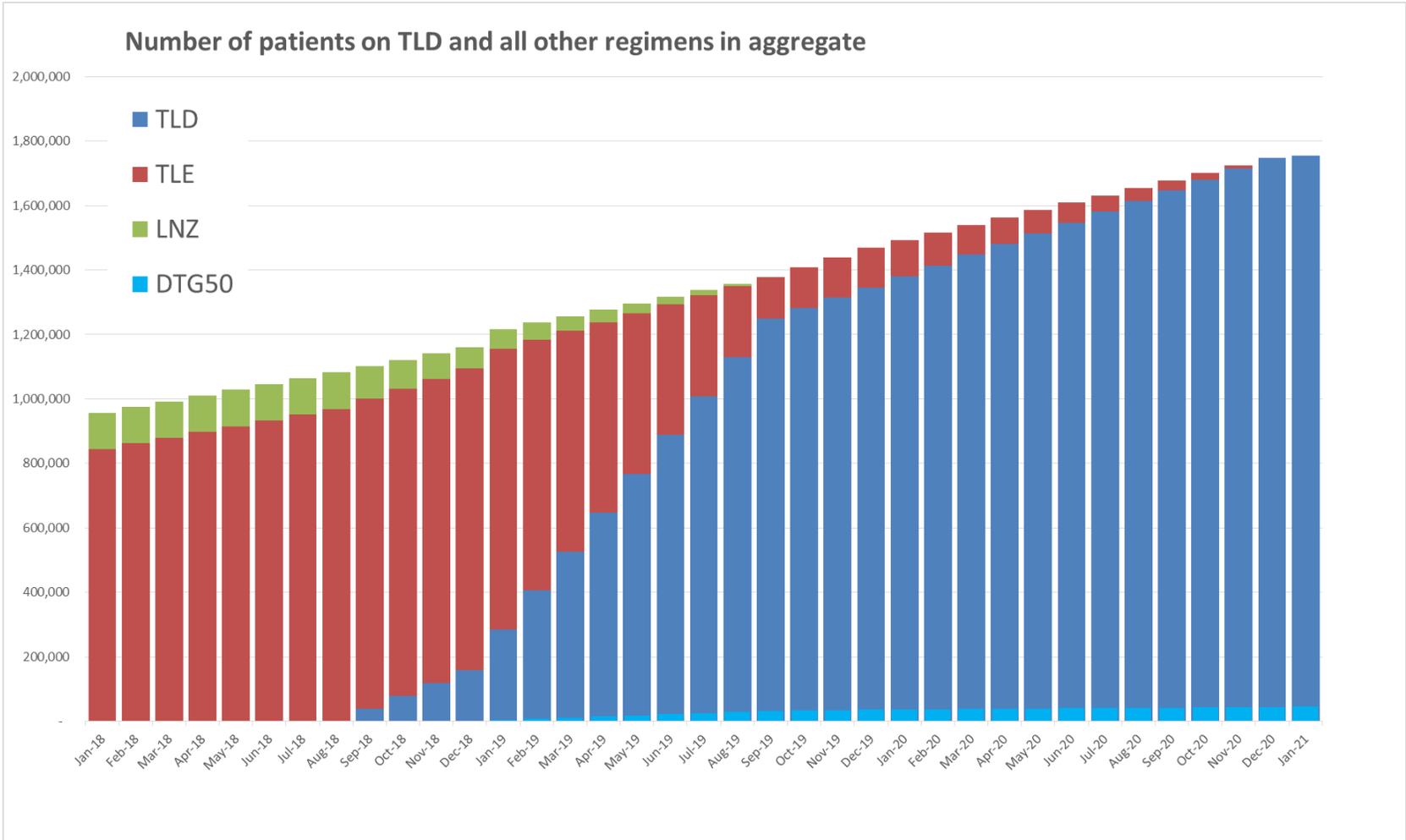
PEPFAR is working with DFID to fund CD4, chemistry and hematology, GeneXpert, EID POC expansion and Crag.

## COP18 Commodity Budget by Major Category



USAID buys non PEPFAR  
84 million male 2.1 million female for condoms

# Aggressive TLD Transition Underway



**Phase 1: MoH approved, starts September 2018**

- Newly diagnosed patients
- ADR patients
- Patients on NVP
- TB XDR
- Patients who abandoned treatment

**Phase 2: Pending WHO guideline changes, starts January 2019**

- Pregnant patients
- TB patients
- Stable TLE patients
  - <24 months on treatment without VL testing
  - >24 months on treatment with VL testing

# FY18 Q1: HTC\_POS and TX\_NEW on Track, Net\_New Lagging

	CHASS	ARIEL	CCS	EGPAF	FGH	ICAP	DOD	Total
HTS_TST*	519,124	303,761	220,641	195,947	134,816	345,683	20,449	1,831,395
<b>HTS_TST Achieved*</b>	<b>129 %</b>	<b>96 %</b>	<b>127 %</b>	<b>137 %</b>	<b>72 %</b>	<b>146 %</b>	<b>98 %</b>	<b>114 %</b>
HTS_TST_POS*	26,962	12,281	12,925	9,116	11,797	16,131	1,266	95,986
<b>HTS_TST_POS Achieved*</b>	<b>91 %</b>	<b>59 %</b>	<b>101 %</b>	<b>61 %</b>	<b>81 %</b>	<b>122 %</b>	<b>78 %</b>	<b>85 %</b>
HTS_TST Yield*	5.2 %	4.0 %	5.9 %	4.7 %	8.8 %	4.7 %	6.2 %	5.2 %
HTS_TST Yield Target*	7.3 %	6.6 %	7.4 %	10.5 %	7.8 %	5.6 %	7.1 %	7.0 %
TX_NEW	22,316	11,996	11,252	8,651	11,365	13,337	713	79,630
<b>TX_NEW Achieved</b>	<b>91 %</b>	<b>74 %</b>	<b>85 %</b>	<b>74 %</b>	<b>75 %</b>	<b>111 %</b>	<b>61 %</b>	<b>85 %</b>
TX_CURR	268,260	176,571	198,204	133,009	96,476	139,872	11,522	1,023,914
TX_CURR Target	349,741	207,971	233,461	165,985	128,273	162,783	13,916	1,262,130
<b>TX_CURR Achieved (of Annual Target)</b>	<b>77 %</b>	<b>85 %</b>	<b>85 %</b>	<b>80 %</b>	<b>75 %</b>	<b>86 %</b>	<b>83 %</b>	<b>81 %</b>
TX_CURR Growth	2 %	4 %	1 %	3 %	4 %	6 %	4 %	3 %

KEY: ≥80% = green, 65-79% = yellow, <65% = red



**PEPFAR**

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# Programmatic Overview

# Overarching Strategy

## Testing

High yield scalable modalities

- PICT optimization
- Index case testing
- ANC partner testing
- Male congregate
- KP testing

## Linkage / Retention

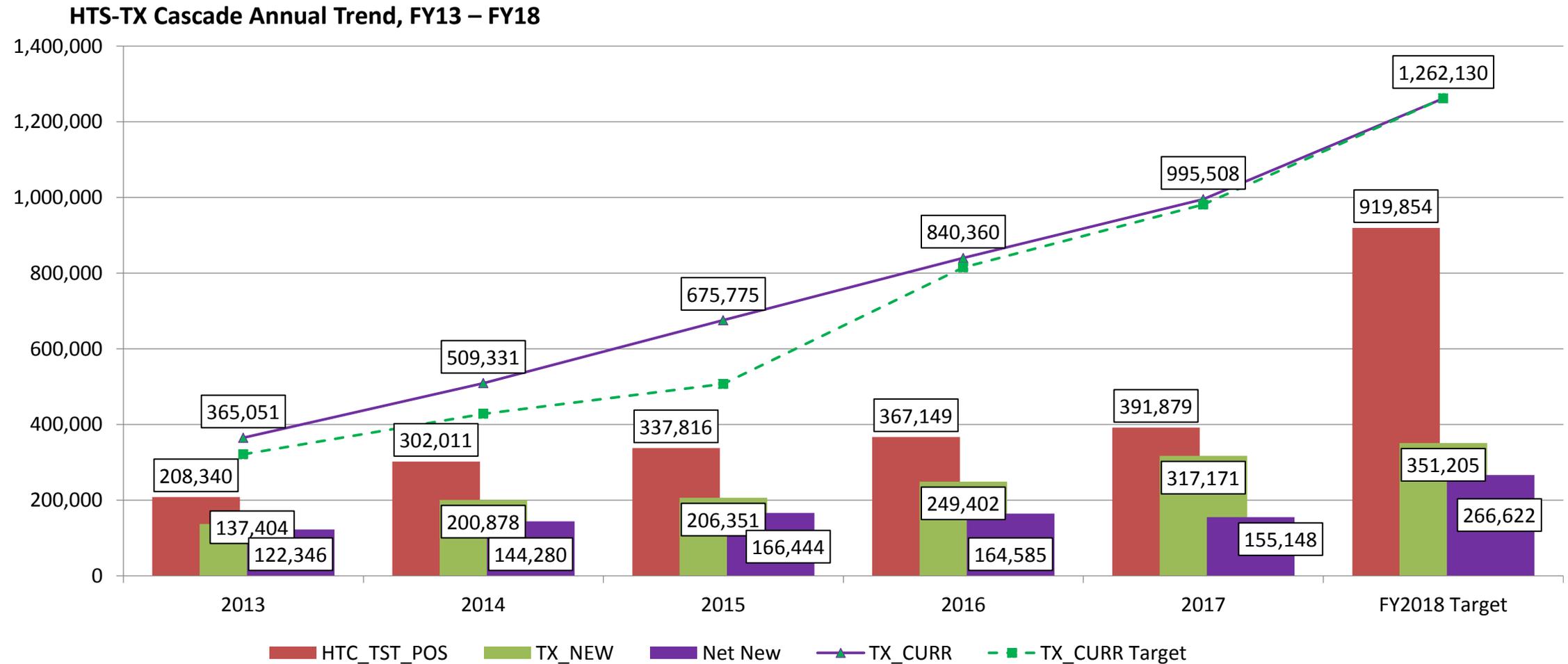
5 pillars

- DSD models
- QI
- Psychosocial Services
- Stigma and discrimination
- Community support

## Systems

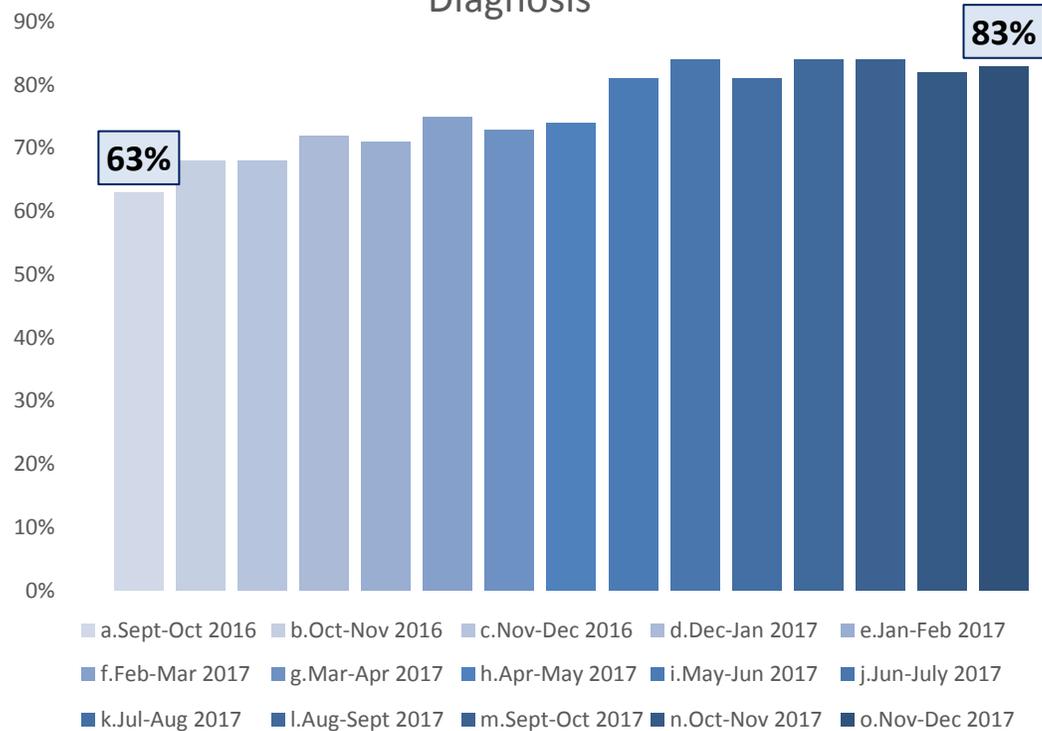
- HRH support and optimization
- Lab system support
- Health information
- Supply chain

# Mozambique Has Been Rapidly Scaling Up Treatment Towards 90-90-90 Targets

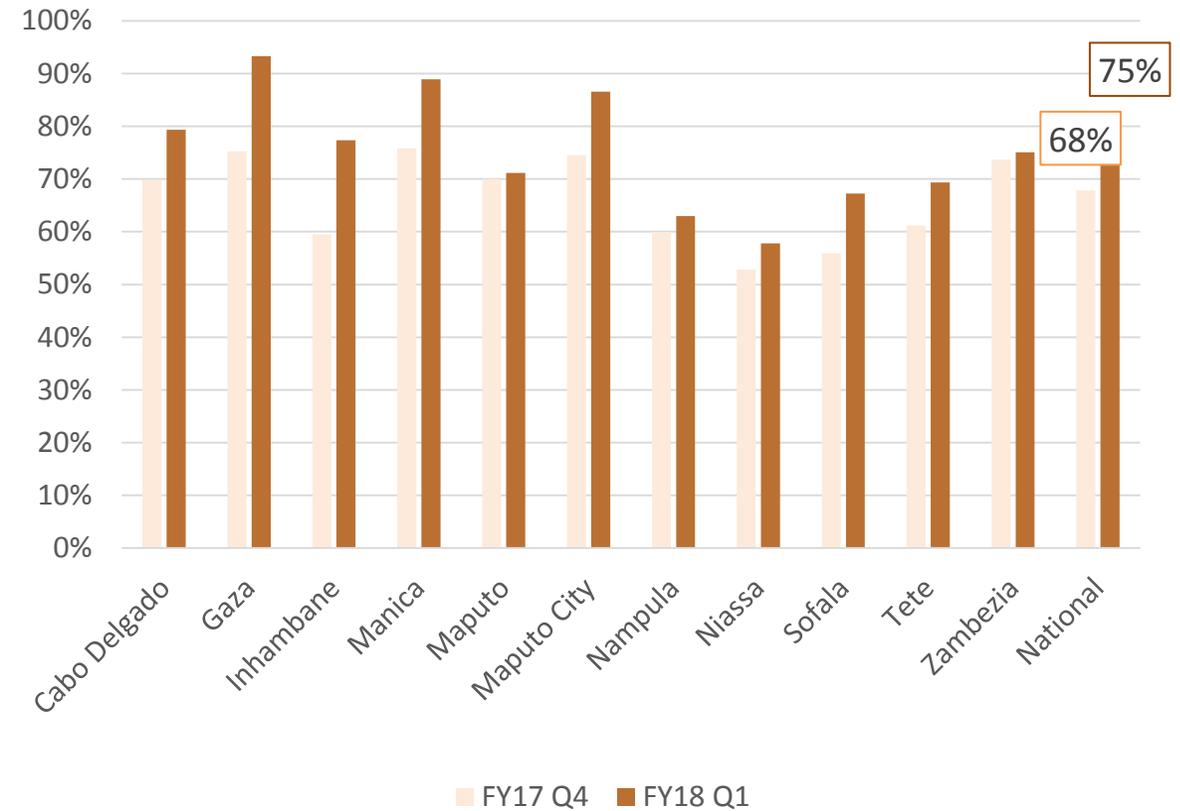


# Best Practice to Improve Linkage to Treatment Demonstrating Impact

Proportion of Newly Enrolled who's Clinical Appointment was the Same Day as their Diagnosis\*



Improvement in Linkage Proxy (TX\_NEW/HTC\_POS) FY17 Q4 and FY18 Q1



\*Data from High-volume T&S Phase 1 Sites

# Significant Challenges with Retention in Children, Adolescents, and Men Across Provinces & Partners

Province	<1 Yrs	1 to 9 Years	10 to 14 Years	AGYW (15 to 24 Years)	Adolescent Men_15 to 24 years	Pregnant Women	Adult Non Pregnant women	Adult_Men	Total
ARIEL	59%	70%	80%	67%	65%	76%	74%	70%	73%
CCS	56%	65%	72%	57%	63%	85%	67%	63%	66%
CHASS	60%	63%	76%	66%	63%	65%	73%	68%	69%
EGPAF	59%	73%	81%	68%	72%	73%	79%	74%	76%
JHPIEGO (DOD)		86%	84%	99%	83%	55%	88%	83%	83%
FGH	61%	63%	69%	61%	54%	58%	72%	62%	66%
ICAP	61%	71%	73%	67%	59%	65%	75%	67%	70%
<b>Grand Total</b>	<b>59%</b>	<b>68%</b>	<b>76%</b>	<b>65%</b>	<b>62%</b>	<b>67%</b>	<b>73%</b>	<b>67%</b>	<b>70%</b>

**Overall Highest Retention Rates in Locations Supported by DOD and EGPAF**

# Decision Tree: Improving Adherence & Retention

## Problem Statement/ Indicator

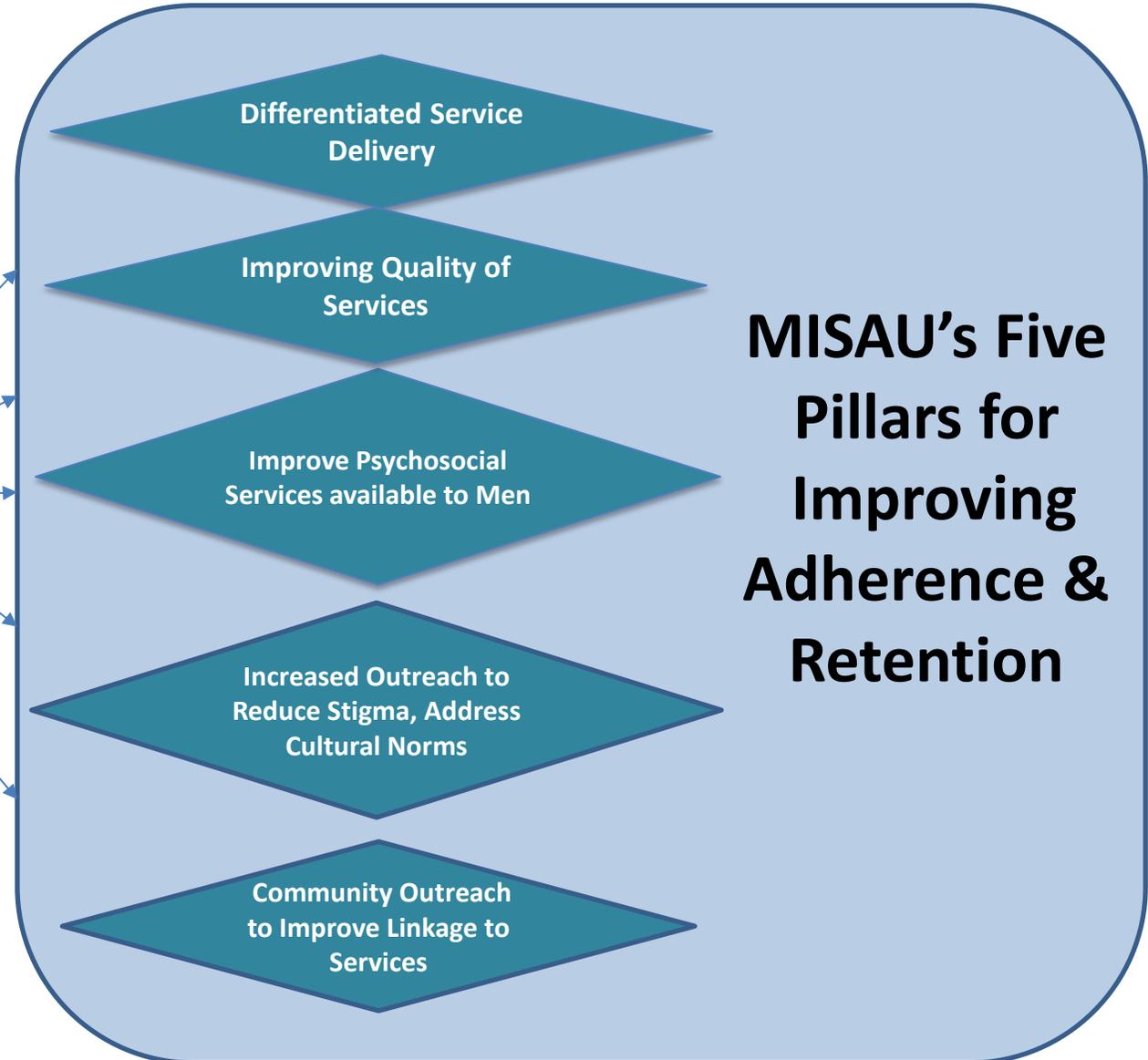
Low retention and VL suppression among Men

## Problem Diagnosis

Poor health seeking behavior  
Health care system not male-friendly  
Challenges accessing services  
Stigma/cultural norms lead to low patient adherence  
Late initiation leads to poorer outcomes

## Strategic Objective

Increase retention and adherence among men



# Addressing Gaps with New Approaches in COP18

## COP 17

Providing community & facility-based psychosocial support  
Peer educators do active tracing for patients that default

Supporting GAACS nationally  
Supporting 3-month drug-distribution in select sites  
Developing guide on DSD to ensure fidelity of implementation

## COP 18

Improving oversight/mentorship to PSS staff  
Peer educators to provide **preventive home visits** to high-risk patients newly started on treatment

Rolling-out comprehensive DSD guide  
Newly implementing **community ART distribution** through mobile brigades in 4 provinces

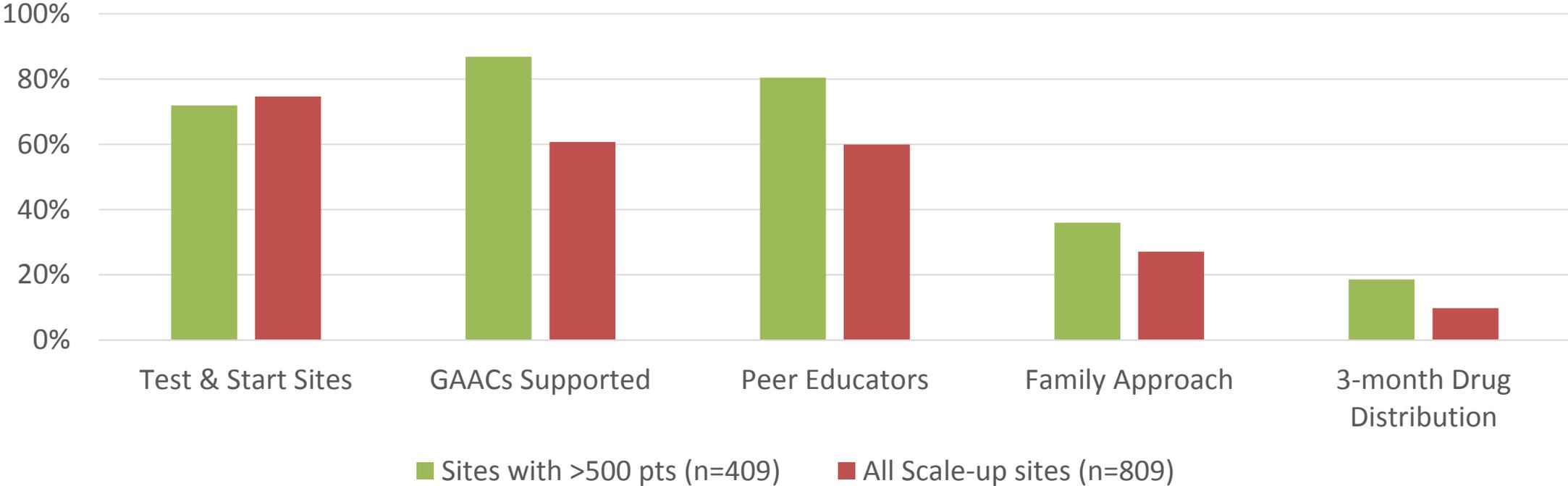
## TARGET POPULATION:

Patients starting treatment or with identified adherence challenges

Patients stable on treatment

# Taking Evidence-based Interventions to Scale

Coverage of Retention Interventions in Large-volume Sites & Scale-up Sites Nationally, December 2017



**PEPFAR partners will provide support for GAACs and peer educators in ALL scale-up sites in FY18  
Family approach and 3-month drug distribution will be further scaled-up in COP18 (FY19)**

# Review of Site-level data with Partners Allows Identification of Best Practices and Development of Site-specific Remediation Plans

Province	Facility	IM	Overall 12- Month Retention (APR16)	Overall 12- month Retention (APR17)	Difference between APR17 and APR16	Overall 3 Month Retention (Sept 2017)	Pediatric 12- month Retention (APR17)	Pediatric 3 Month Retention (Sept 2017)	Last Site Visit	Current Activities (Successful Interventions/Remediation Plans)
Gaza	Hókwè PS	EGPAF	90%	85%	-5%	84%	85%	82%	28.10.2017 (P)	Community active tracing of defaulters, Mentor mothers (MM), pediatric and adult mentoring program,
Gaza	Chongoene CS III	EGPAF	76%	82%	6%	82%	77%	83%	28.11.2017 (P)	Community active tracing of defaulters, MM program, pediatric and adult mentoring program,
Maputo	Machava HG	ARIEL	78%	82%	4%	84%	92%	82%		
Gaza	Centro de Saude	EGPAF	76%	82%	6%	89%	81%	86%	13.11.2017 (C)	Community active tracing of defaulters, MM program, pediatric and adult mentoring program,
Gaza	Chókwè HR	EGPAF	90%	82%	-9%	75%	79%	83%	15.11.2017 (C)	Community active tracing of defaulters, MM, pediatric and adult mentoring program,; Working to address challenges in HR
Zambezia	24 de Julho CSUR	FGH	62%	62%	0%	66%	59%	62%	1 visit/quarter (C)	Adjusting defaulter tracing approach to focus on initial period, closer oversight of preventive home visits, refresher training on DSD
Cabo Delgado	Natite PS	ARIEL	55%	58%	3%	71%	58%	70%		
Nampula	25 de Setembro C	ICAP	69%	57%	-12%	64%	69%	75%	Sept 2017 (P)	Starting MM, increasing # of lay counselors, SMS reminder strategy, scaling-up DSD, and leaders for health program
Nampula	Muhala PS	ICAP	70%	57%	-14%	61%	58%	64%	Sept 2017 (P)	Starting MM program and adolescent support clubs, increasing # of lay counselors, beginning CommCare use, and scaling-up DSD
Zambezia	Centro de Saude	FGH	48%	55%	8%	67%	72%	57%	1 visit/quarter (C)	Placement of HR with ZAP funds, QI activity on early retention, adjusting defaulter tracing approach, preventive home visits



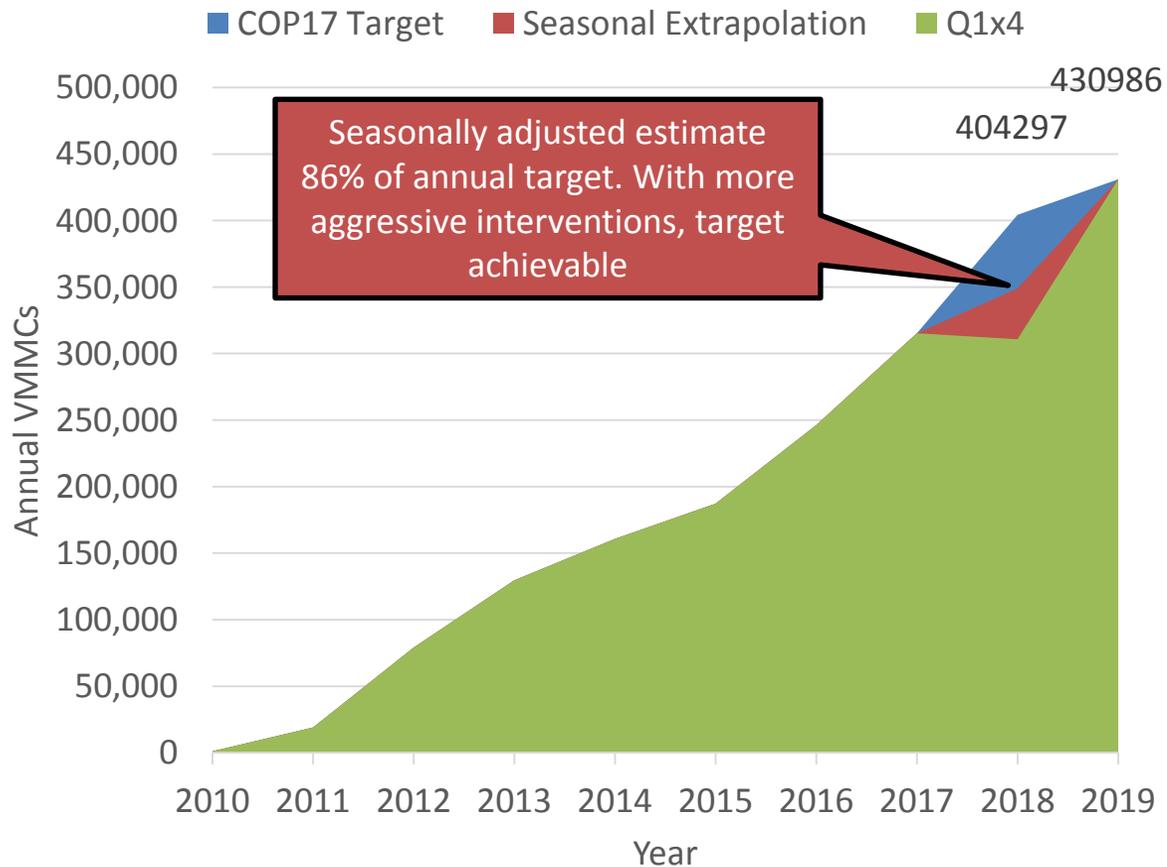
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# Male Population Specific Slides

# Targeting for VMMC Saturation

## COP18 Targets in Relation to VMMC Trend



Province	FY16	FY17	COP17 Target	COP18 Target
Maputo City	79	86	87	92
Maputo	65	71	77	85
Gaza	42	56	76	84
Manica	17	31	49	66
Sofala	38	58	72	89
Tete	9	31	53	74
Zambezia	52	65	77	86

- On track to meet VMMC target
- COP18 target 36.7% over APR17 Result

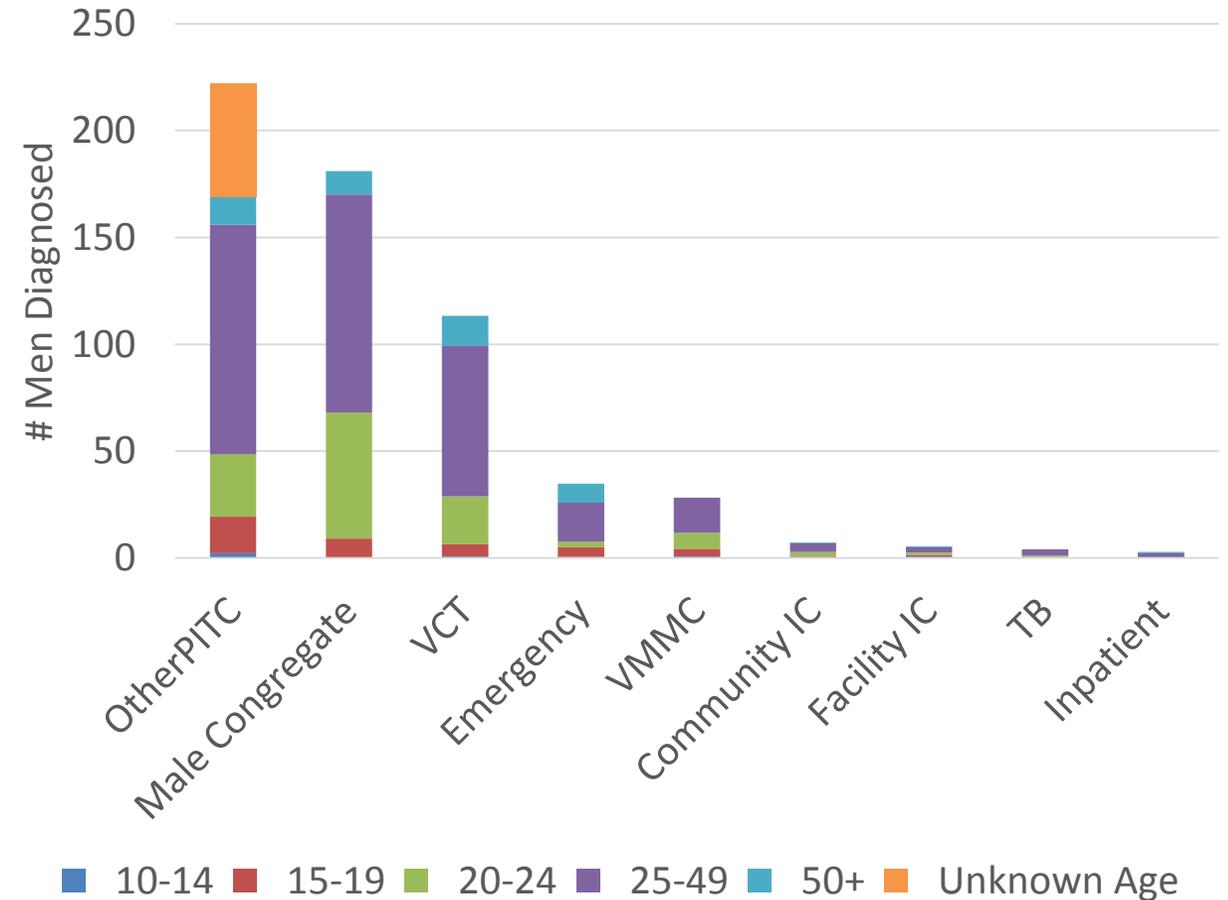
\*Provincial coverage estimates based on SOAR data using weighted average of districts with VMMC targets (non-targeted districts excluded)

# Finding First-Time Male Testers Through Congregate Setting Testing

Month	HIV+ Men Diagnosed	Men Tested	% Yield	Among positives, % first time testers
Dec, 2017	186	1799	10%	<b>82%</b>
Jan, 2018	189	1969	10%	<b>91%</b>
Feb, 2018	254	2720	9%	<b>91%</b>
<b>TOTAL</b>	<b>629</b>	<b>6488</b>	<b>10%</b>	<b>89%</b>

- Newly funded in FY18
- 4 teams developed methodology in 4 central districts of Zambezia
  - Roll-out to total of 16 districts in Zambezia in FY18
- Approach
  - Venue mapping
    - In Quelimane, docks, military recruitment center, formal and informal markets
- Scale to 2 additional provinces in COP18

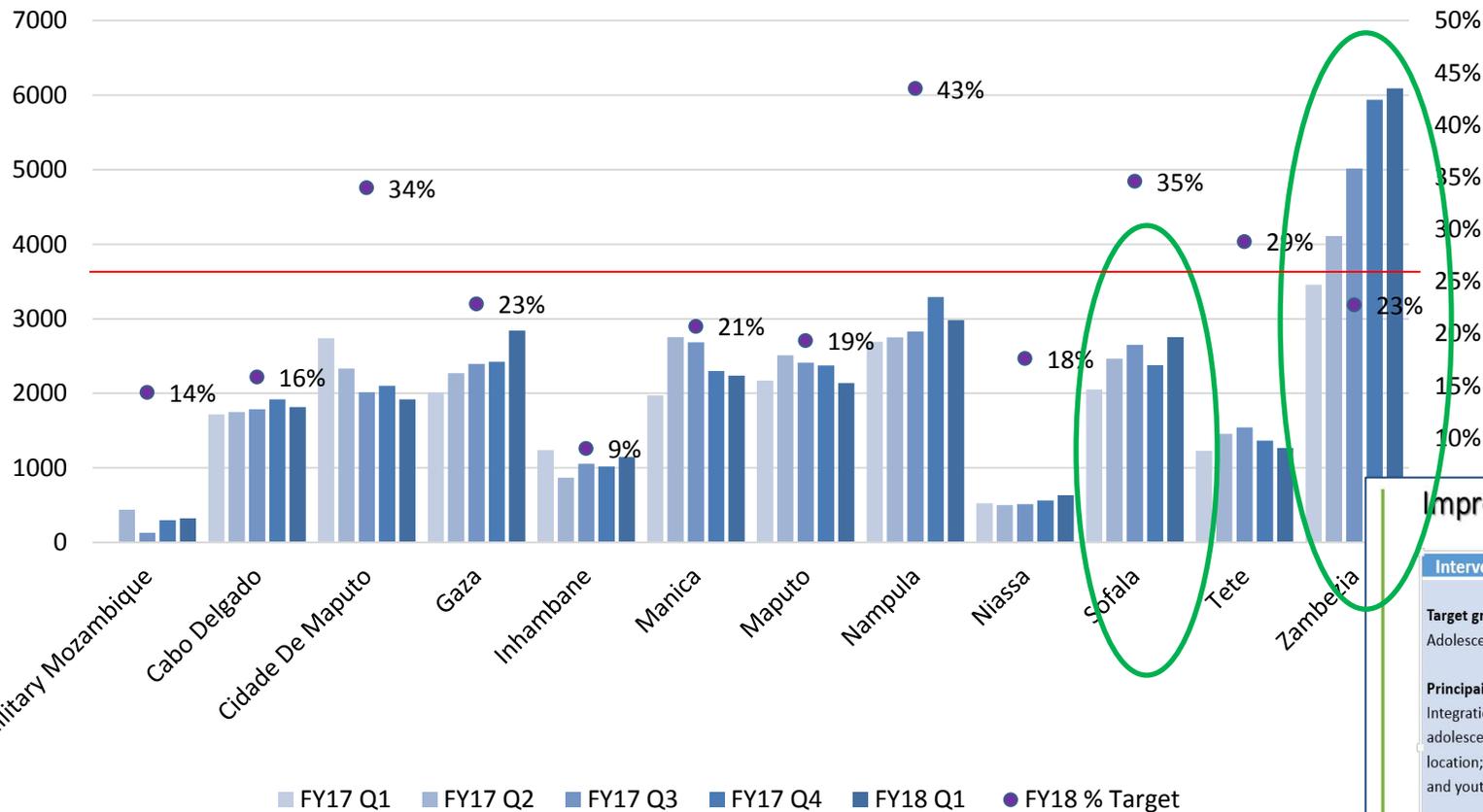
Adult Males Diagnosed with HIV in Quelimane, Zambezia--December, 2017\*



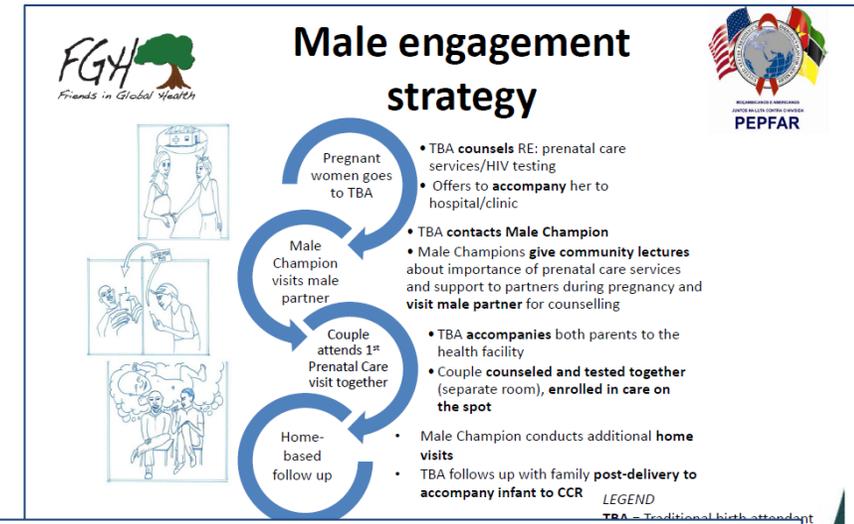
\*December data estimated as Q1 divided by 3 for all modalities except male congregate testing

# Best Practices Identified from Sites with Rapid Increase in Number of Men Started on Treatment

## Male Quarterly New on Treatment Trend (FY17 – FY18) and Target Achievement (FY18 Q1)



Number of Men started on treatment increased by 34% in Sofala and 76% In Zambezia, between FY17 Q1 and FY18 Q1



### Improving Services for Adolescents at Health Facilities

**Intervention Description**

**Target group:** Adolescents/youth

**Principais resultados alcançados:** Integration of adolescent services into adolescent clinic, in locations with specified location; Improved follow-up of adolescents and youth at the facility

**Lessons learned:** Specifying a time for attending adolescents and youth in na adolescent focused-clinic improved access rate of adolescents accessing services



# Core Strategies for Reaching Men Will be Rapidly Scaled-up in Districts with Highest Burden of Unmet Need

## National Male Engagement Strategy

**Male-friendly services**

- Comprehensive disease screening in male outreach programs
- Male-focused clinics incorporating topics of interest to men
- Extended hours in select sites

**Promoting New Social Norms**

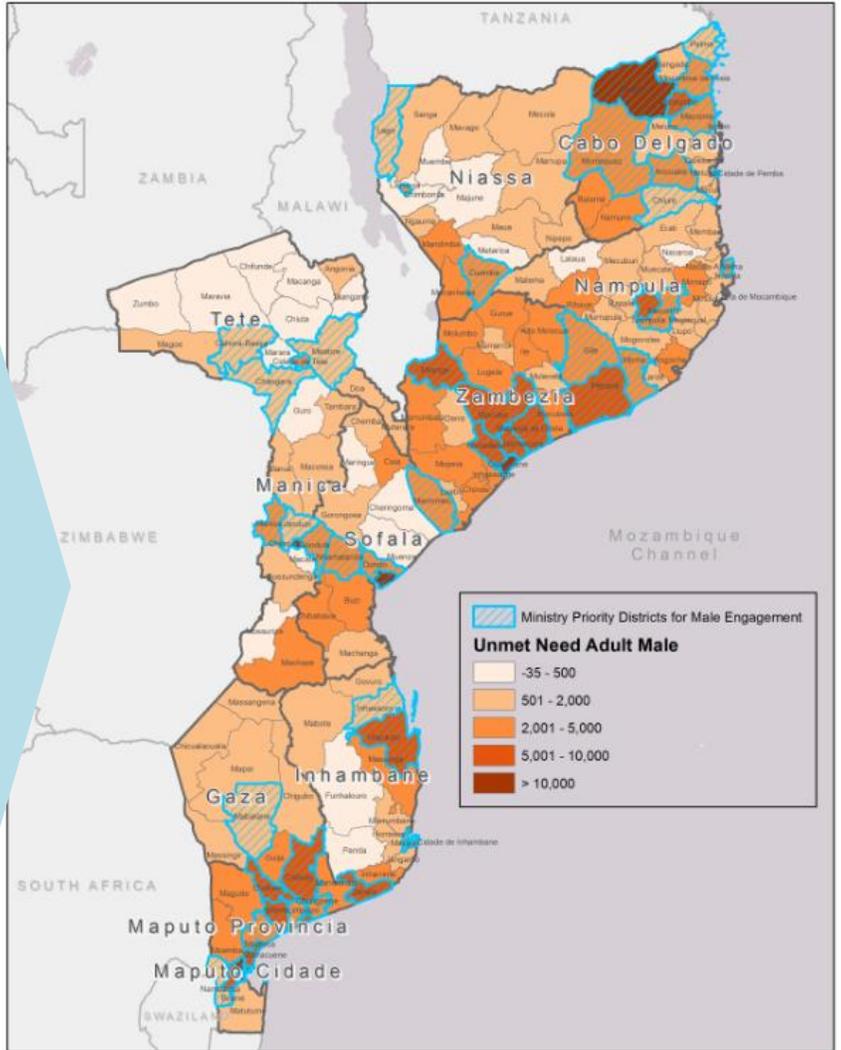
- Facilitation of community dialogues (“Men-for-men”), engagement of community & religious leaders to promote changes in social norms

**Communication & Advocacy**

- Mobilization of men through male champion & community leaders to improve uptake of services

**50% of Unmet Need for Men is Found in 20 Districts**

**59 Districts Included in Initial Roll-out Plan**



Names and boundaries are not necessarily authoritative

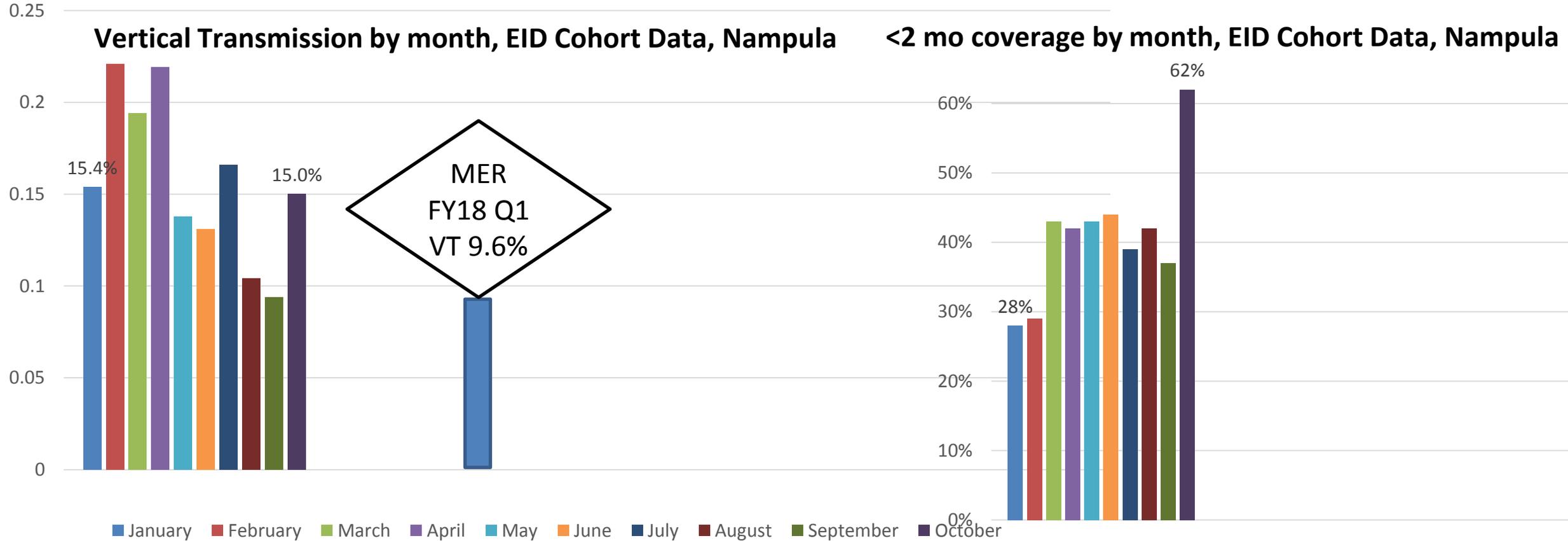


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# Adult Women

# High Accountability Partner Management, Driving Down VT in Nampula



Reduce ICAP's portfolio to enhance focus on performance in Nampula

High volume PMTCT sites with support from model partner

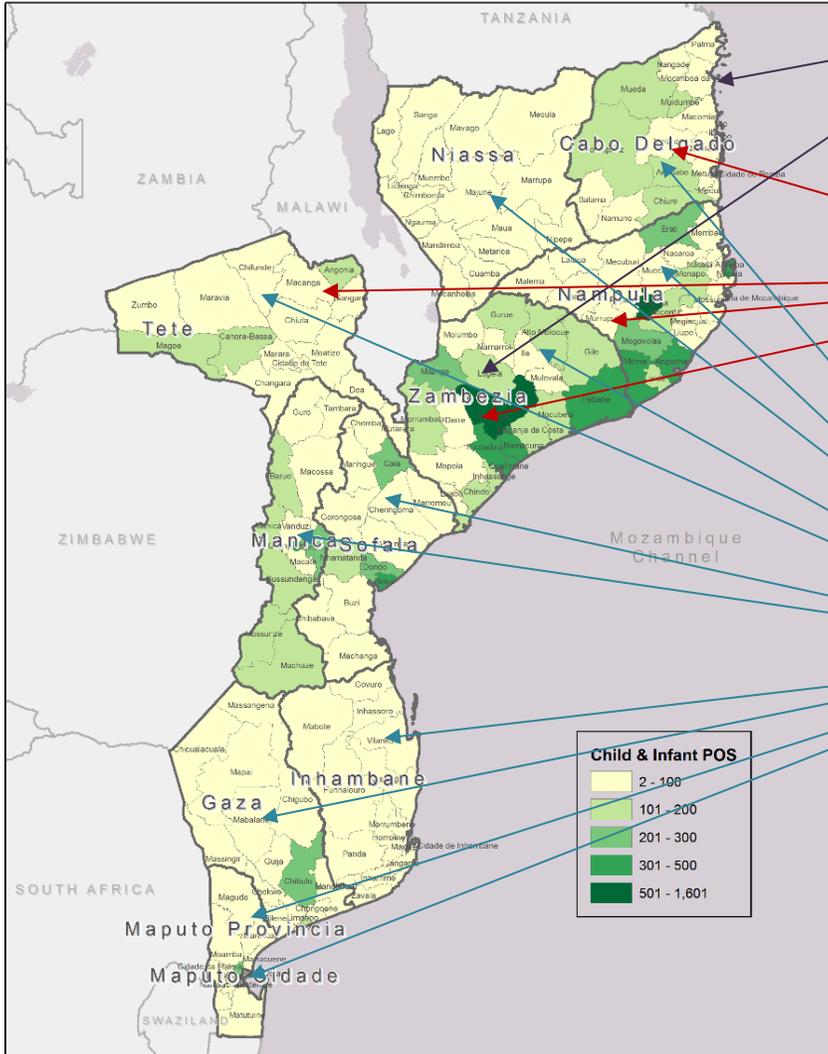
Improved ICAP site and district level team structure, implemented in Feb 2018

ICAP HQ Nampula "acceleration plan" in place

PBF model in COP17 with focus on PTV

# PMTCT Core COP18 Strategies:

## Scale-up High Fidelity Psychosocial Support and Patient Centered Service Delivery Models, with Focus on High VT



Names and boundaries are not necessarily authoritative

### Additional Regional initiatives for high VT localities

- CDG: Model PTV districts
- Zam: Expansion village health committee/right to health programming

### Regional initiatives for high VT localities

- Mobile brigades to provide high quality primary care and PTV in remote-access communities (CDG, Nam, Zam, Tete)
- High volume PMTCT sites with support from model partner (Nam, Zam, Sof, Man)

### National implementation of improved models of care for PBFW

- Improve quality of counseling and adherence support before default
- All PBFW to receive supportive home visits from mentor mother cadre (intensity stratified by risk)
- PSS Tools/M&E to track weekly identification of PBFW default and follow-up
- PSS tools to ensure EAC for PBFW with poor adherence/high VL
- Systematic screening for mental health disorders and link to treatment
- Continued full implementation one stop model
- DTG for pregnant women when recommended by WHO
- Timely identification of treatment failure and prompt switch to 2<sup>nd</sup> line

# VT High/Low Performers; Routine Site Level Accountability and Learning

*\*Monthly EID Cohort Data, Jan-Oct 2017*

Province	Health Facility	IM	# HIV PW, 1st ANC*	VT rates	Successful interventions/ Site level improvement plans
<b>Maputo Cidade</b>	CS Alto Maé	CCS	417	0%	Early adoption mentor mother strategy, Sept 2017; Enhanced counseling program. High ART coverage prior to pregnancy.
<b>Maputo Cidade</b>	CS Malhangalene	CCS	319	2%	
<b>Maputo Cidade</b>	CS Mavalane	CCS	544	2%	
<b>Maputo Provincia</b>	CS Ndlavela	ARIEL	408	2%	Early adoption family approach (2015); High ratio peer educators filling mentor mother role; High ART coverage prior to pregnancy.
<b>Gaza</b>	HR Chicumbane	EGPAF	304	3%	Early adoption mentor mother strategy (April 2016); Reinforced counselling; Robust communication activities (radio and theater)
<b>Nampula</b>	Nacala-Porto CS I	ICAP	326	20%	Implementation mentor mother strategy (Nov 2017); IP clinical focal point allocated at site level from Feb 2018; M2M site level support from FY18Q4; Routine HF ART Cmte. QI cycles focused on PMTCT cascades
<b>Sofala</b>	Marromeu HR	CHASS	443	18%	Mentorship to MCH nurses for reinforced counselling; In-service training on key messages; Mentor mother strategy and home visit implementation( Q1-Q4 FY 18)
<b>Zambezia</b>	Nicoadala CS II	ICAP	664	15%	M2M implementing mentor mother strategy from FY18Q2. IP clinical focal point allocated at site level from Feb 2018; Proposed transition IP support to FGH in Q1FY19.
<b>Nampula</b>	Namicopo PS	ICAP	330	15%	Implementation mentor mother strategy from Nov 2017; IP clinical focal point allocated at site level from Feb 2018; M2M site level implementation from FY18Q4; Routine HF ART Cmte. QI cycles focused on PMTCT cascades
<b>Sofala</b>	Dondo Sede CS I	CHASS	327	14%	Allocation of additional MCH nurses; Appointment books for consultations; Mentor mother strategy and home visit implementation; Partners invitation and QI cycles ( Q1-Q4 FY 18)



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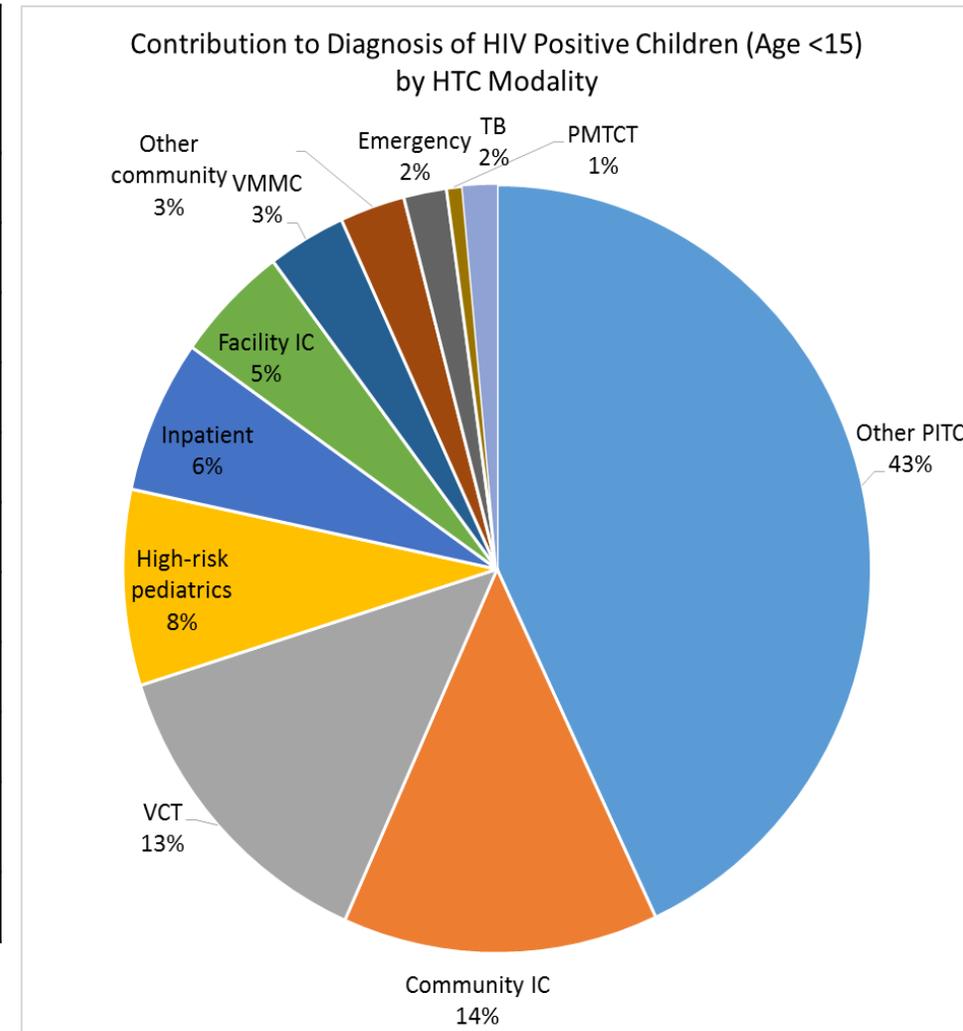
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# Children

# Strategic Growth and Improved Fidelity in Index Case Testing and PICT Driving Peds Case Finding

(FY18Q1 MER Data)

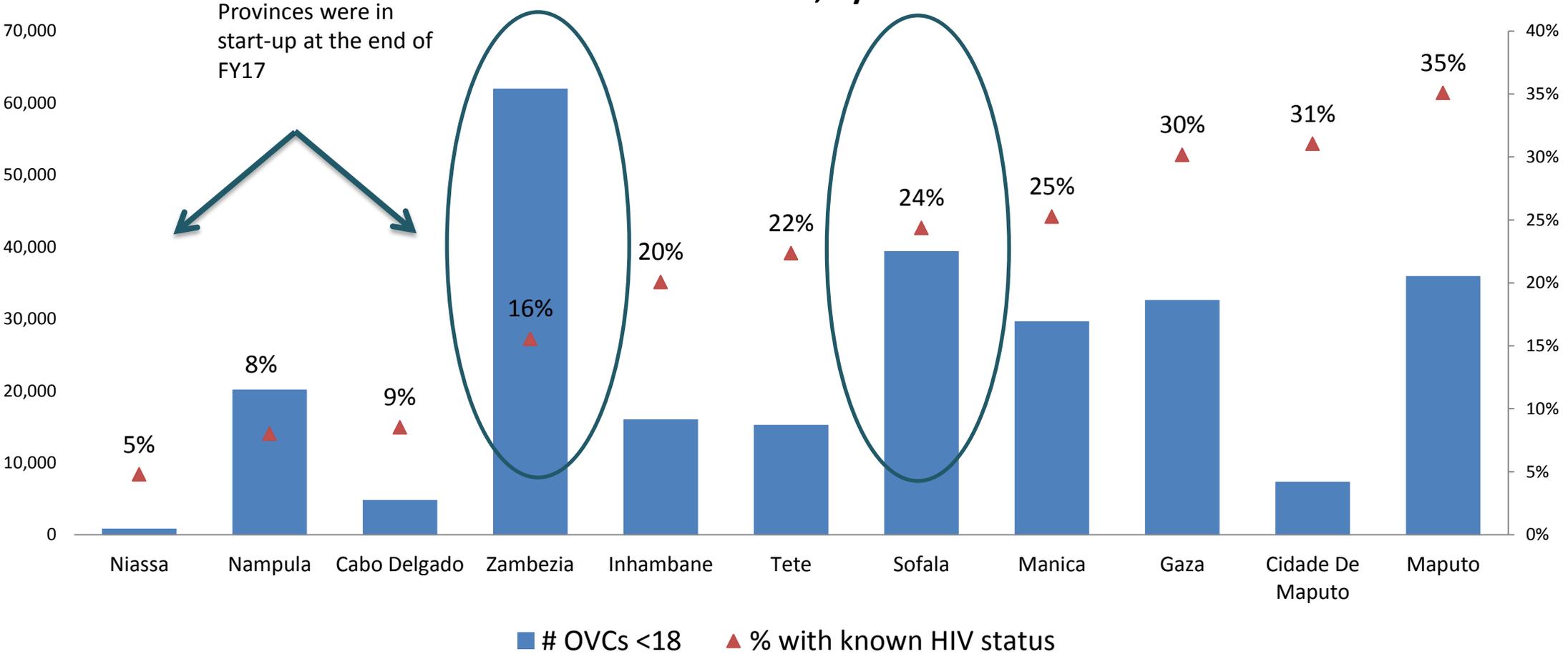
Province	Child Contacts Diagnosed	Child Contacts Tested	Adult Index Cases	Child Contacts per Index	Yield	Child Diagnoses per Index
Gaza	204	17,322	4,110	4.2	1.2%	0.050
Tete	77	1,529	1,720	0.9	5.0%	0.045
Niassa	36	1,066	955	1.1	3.4%	0.038
Sofala	186	3,012	5,686	0.5	6.2%	0.033
Maputo	93	5,902	4,096	1.4	1.6%	0.023
Zambezia	260	8,797	11,915	0.7	3.0%	0.022
Nampula	65	968	3,596	0.3	6.7%	0.018
Inhambane	78	1,177	4,601	0.3	6.6%	0.017
Cabo Delgado	30	11,685	2,458	4.8	0.3%	0.012
Cidade De Maputo	53	3,508	5,742	0.6	1.5%	0.009
Manica	30	1,394	4,220	0.3	2.2%	0.007



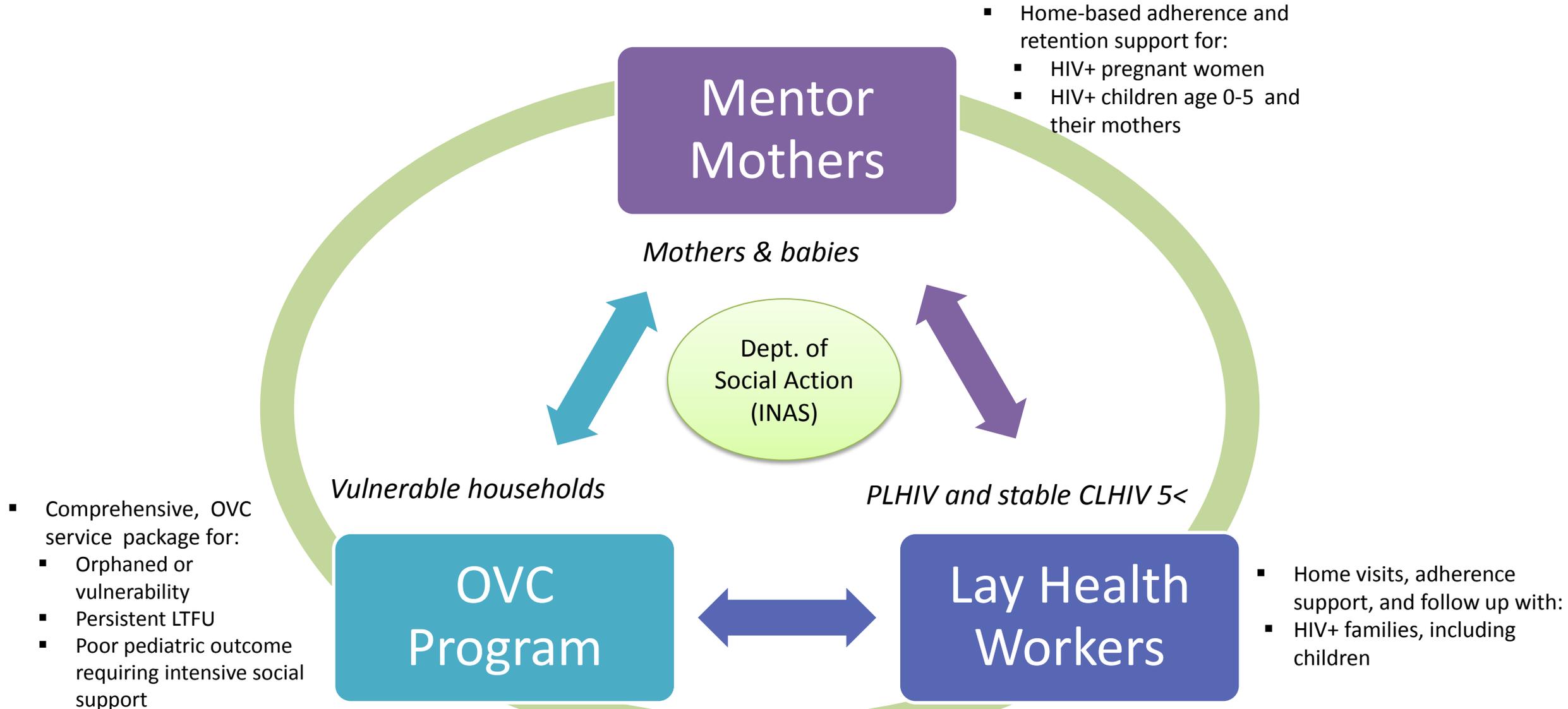
\*Index cases are adults newly diagnosed with HIV in Other PICT, VCT, TB, VMMC, and Inpatient

# Case Identification: Zambezia and Sofala have large numbers of OVCs with unknown status

**FY17: Beneficiaries <18 with known HIV status, by Province**



# Wrap-Around Services & Robust Referral Network to Support Pediatric Adherence & Retention





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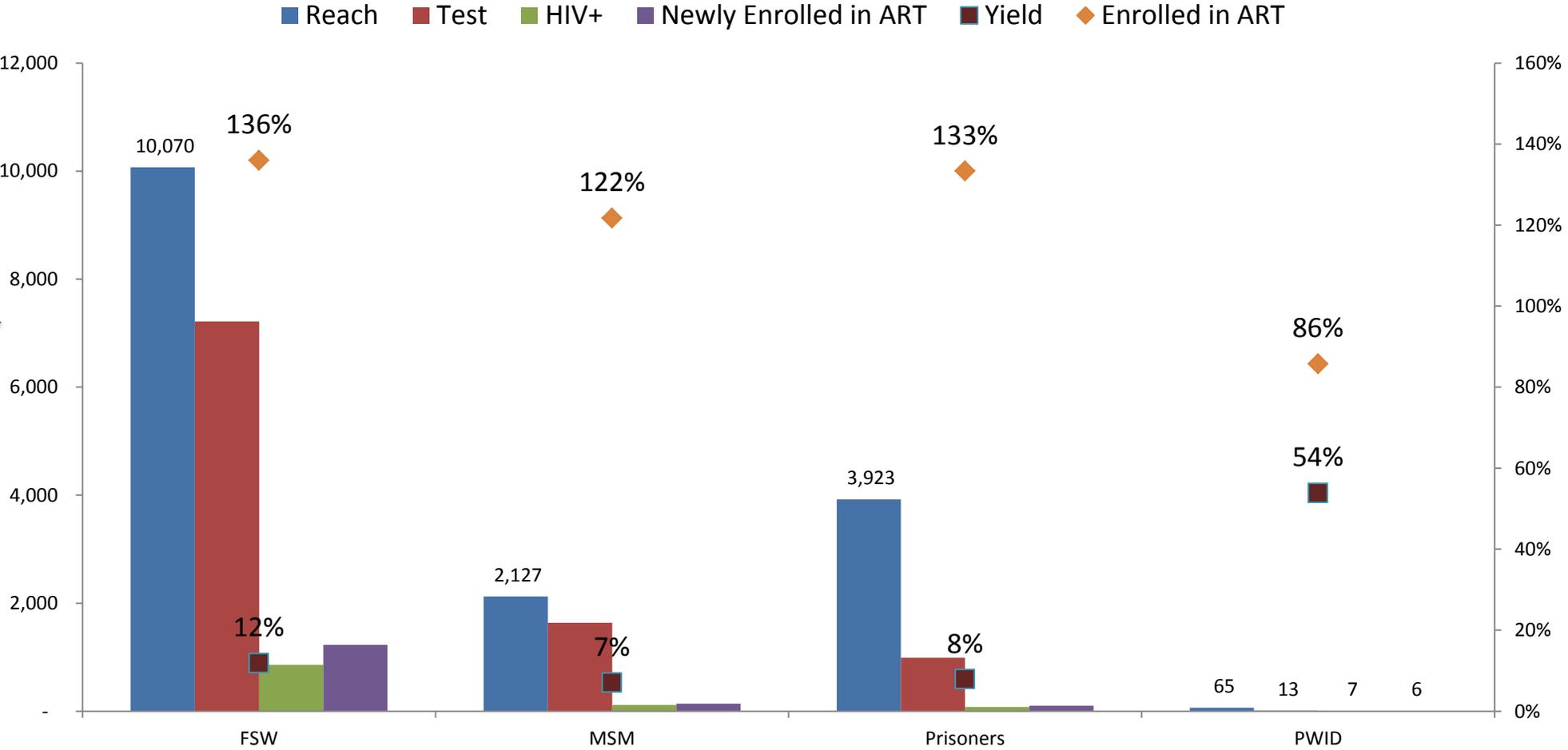
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# Key Populations

# KP Cascade FY18 Q1: Stable Yield and Increased Linkage compared to FY17

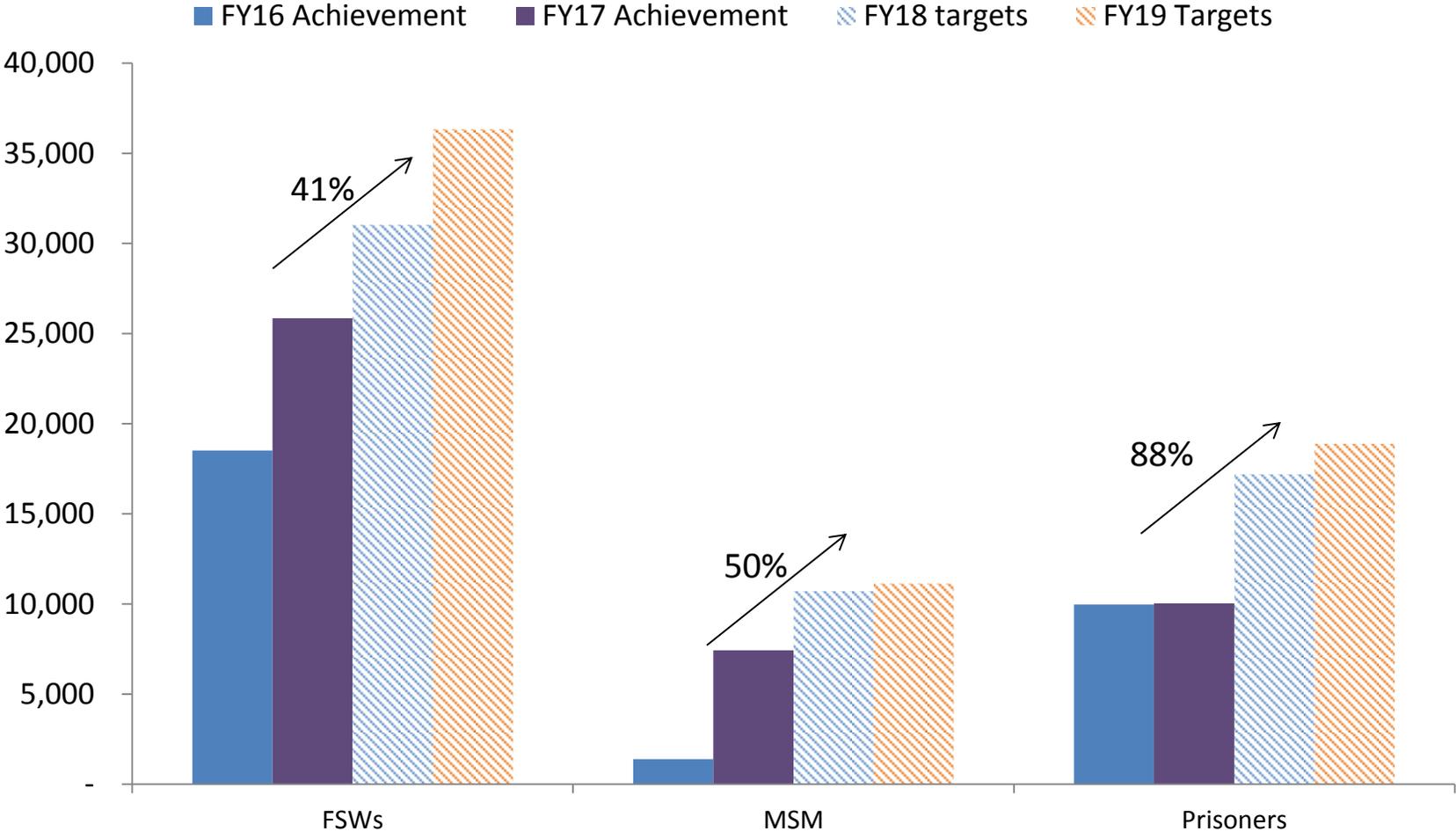
Mozambique's KP Cascade: Reach, Testing, POS, Enrolled: FY18 Q1

High linkage rates due to follow-up with positives identified in previous quarters



# COP18 KP Targets Represent a 53% Increase over FY17 Achievement

Increase in Beneficiaries Reached and Targeted through KP\_PREV  
COP16 – COP18, by Sub-Group



# KP-Friendly Service Delivery: a Joint Commitment between GRM, USG & Civil Society

## Prevention

- PrEP expansion
- Refined programming for special sub-groups (TG)
- Condoms, lubricants
- Referrals to health, social, legal services
- Diversified recruitment techniques: peer mobilizers, social networking outreach, e-platforms
- Strengthen bi-directional referrals between OVC and KP programs

## Case Identification

- Peer educators trained as HTS Counselors
- Peer incentivized referral
- Self-testing
- Community-based testing (evening hours, accessible locations)
- Index case testing, where appropriate
- Accompaniment to health facilities for linkage to care, link to peer navigator

## Treatment, Care & Support

- Facility-based peer navigators
- Mobile brigades deliver services in the community, will meet GRM KP-Friendly Standards
- KP indicators incorporated into EPTS
- Brigades provide ART in prisons
- KP friendly sites implement 11 Services in MOH's "Complete Package of KP Friendly Health Services"
- Training/mentorship of providers



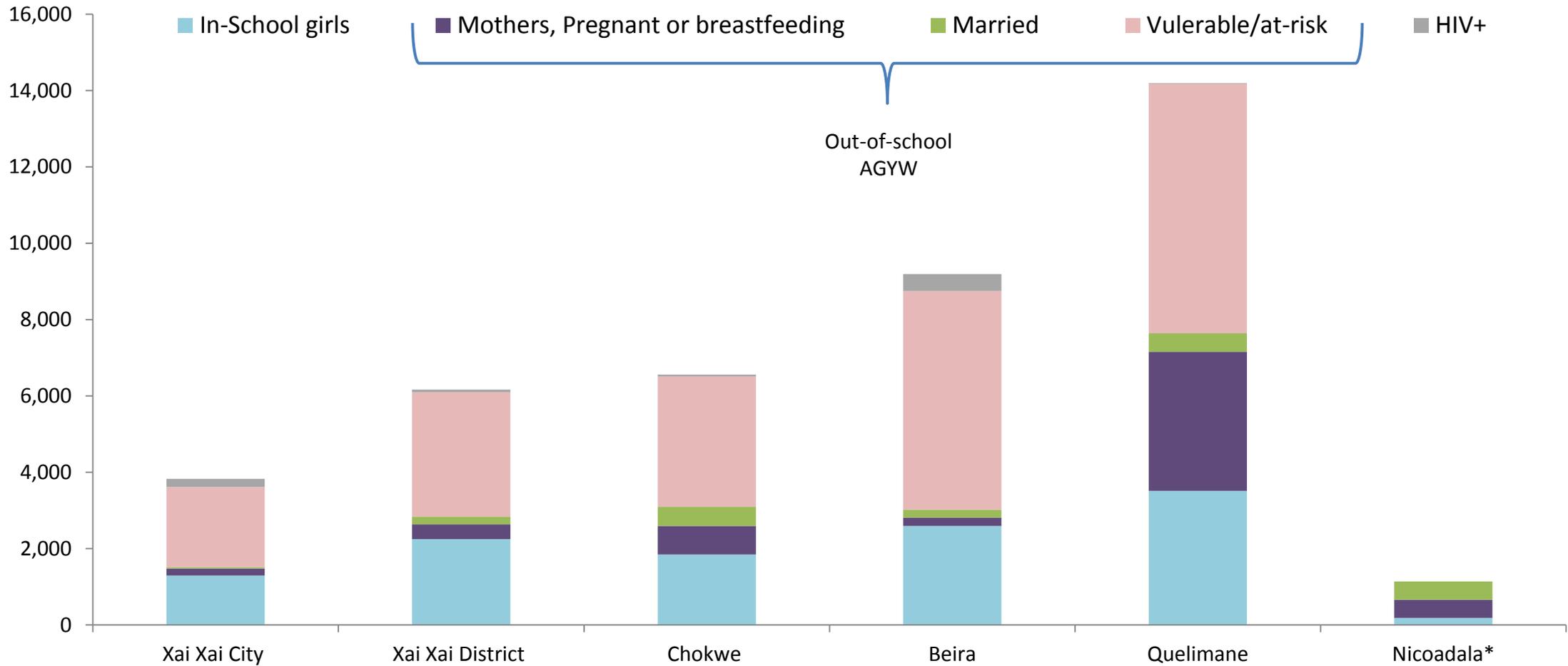
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# Adolescent Girls and Young Women

# DREAMS Interventions are Reaching Intended Sub-Groups

DREAMS Active Beneficiaries FY18 Q1, by Sub-Group and District\*



\* Data from two partners: World Education and SCIP

# DREAMS Best Practices to Expand in COP18

## Recruitment

- Update Girl Roster semi-annually to identify mobile AGYW
- Strengthen linkage between Key Populations and DREAMS programs
- Expand DREAMS coverage within current districts

## Programming

- Expand vocational training, apprenticeships, financial literacy training for out-of-school 15-24
- DREAMS Ambassadors contribute to national dialogue to reduce GBV
- Preventing sexual violence and preventing HIV through avoiding sexual risk

## Monitoring

- Expand use of layering tool
- Focus group sessions with DREAMS beneficiaries for continuous feedback

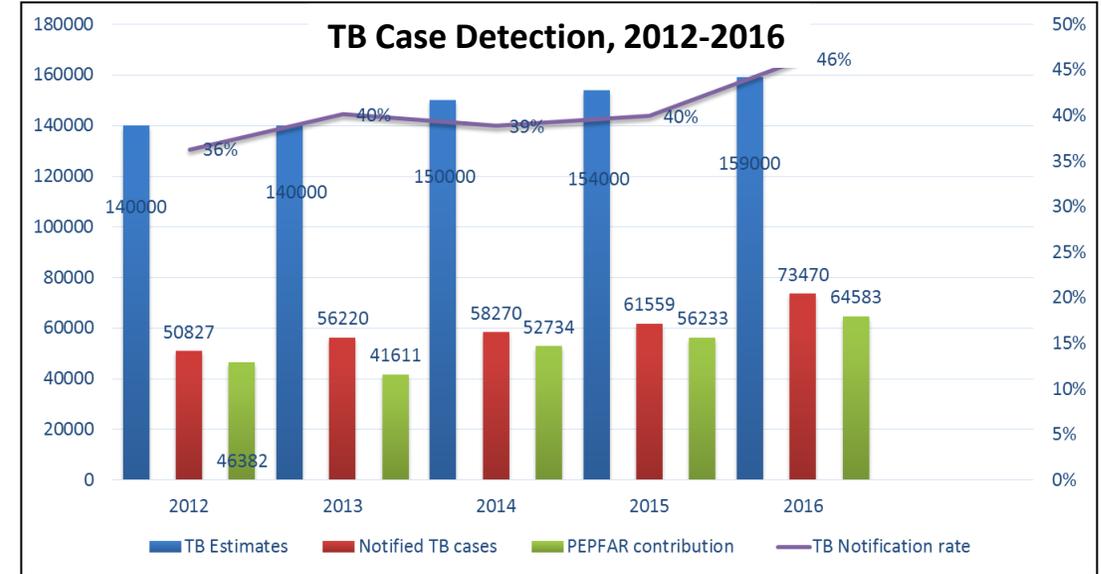
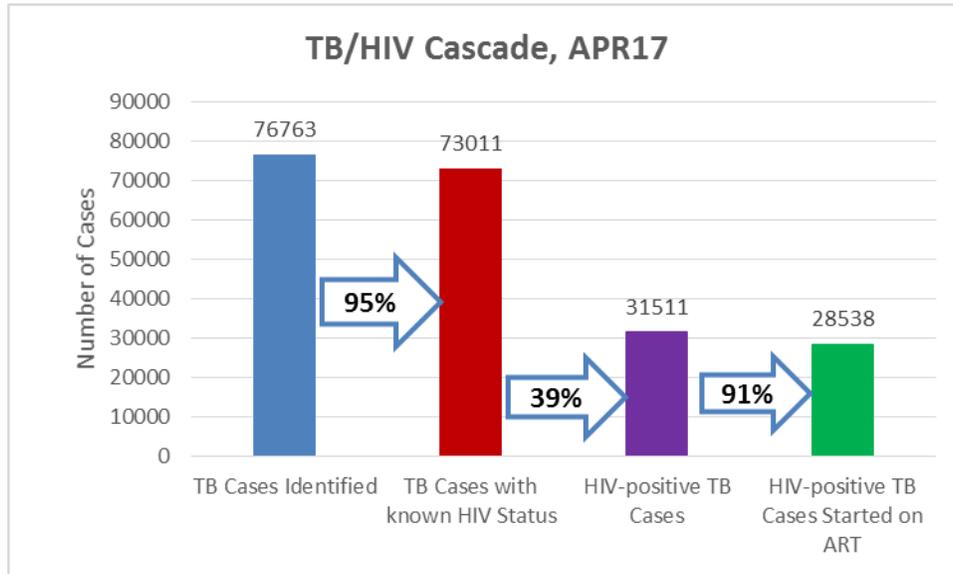


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# TB/HIV Slides for Outbrief

# Building on High Performance and Addressing Challenges in TB/HIV



## Further Strengthen TB/HIV Cascade

- Continued expansion of one-stop-shops
- Target: 100% of TB patients tested for HIV and 100% of TB/HIV patients started on ART



## Improving TB Case Detection

- Increase Xpert utilization
- Focused TB contact tracing
- Screening of prisoners & miners
- Target: ~15% increase in number of cases detected per year

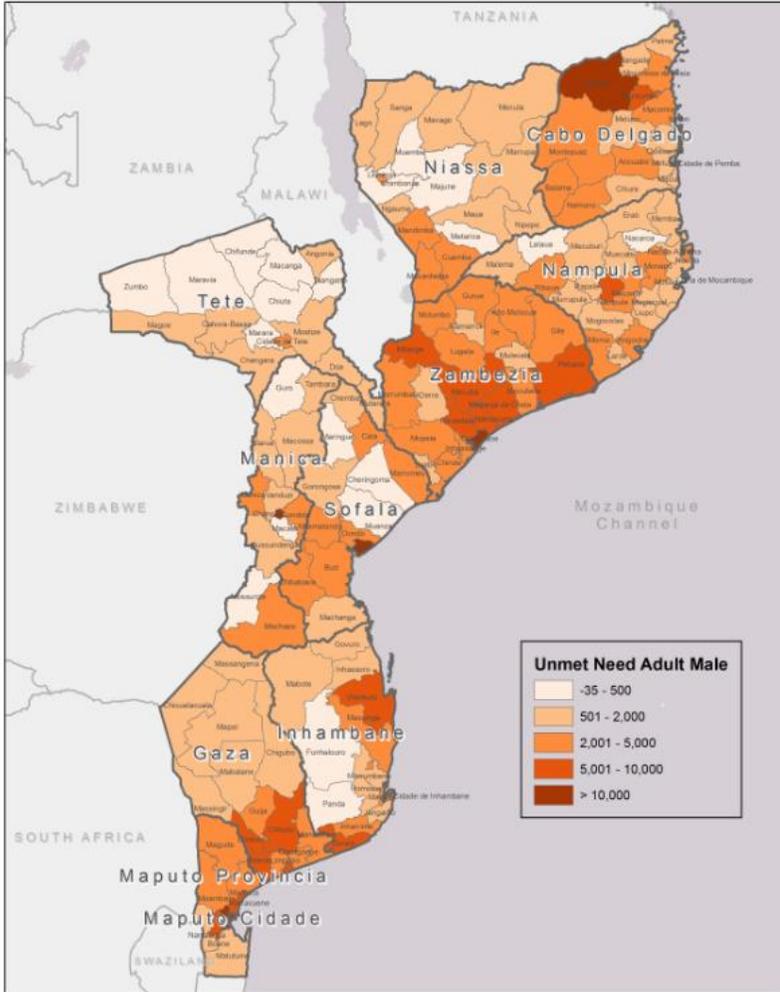
## Scaling-up IPT

- Expand availability and strengthen use of IPT registries
- Target for 85% coverage of persons newly initiated on treatment

- TB Budget Slide

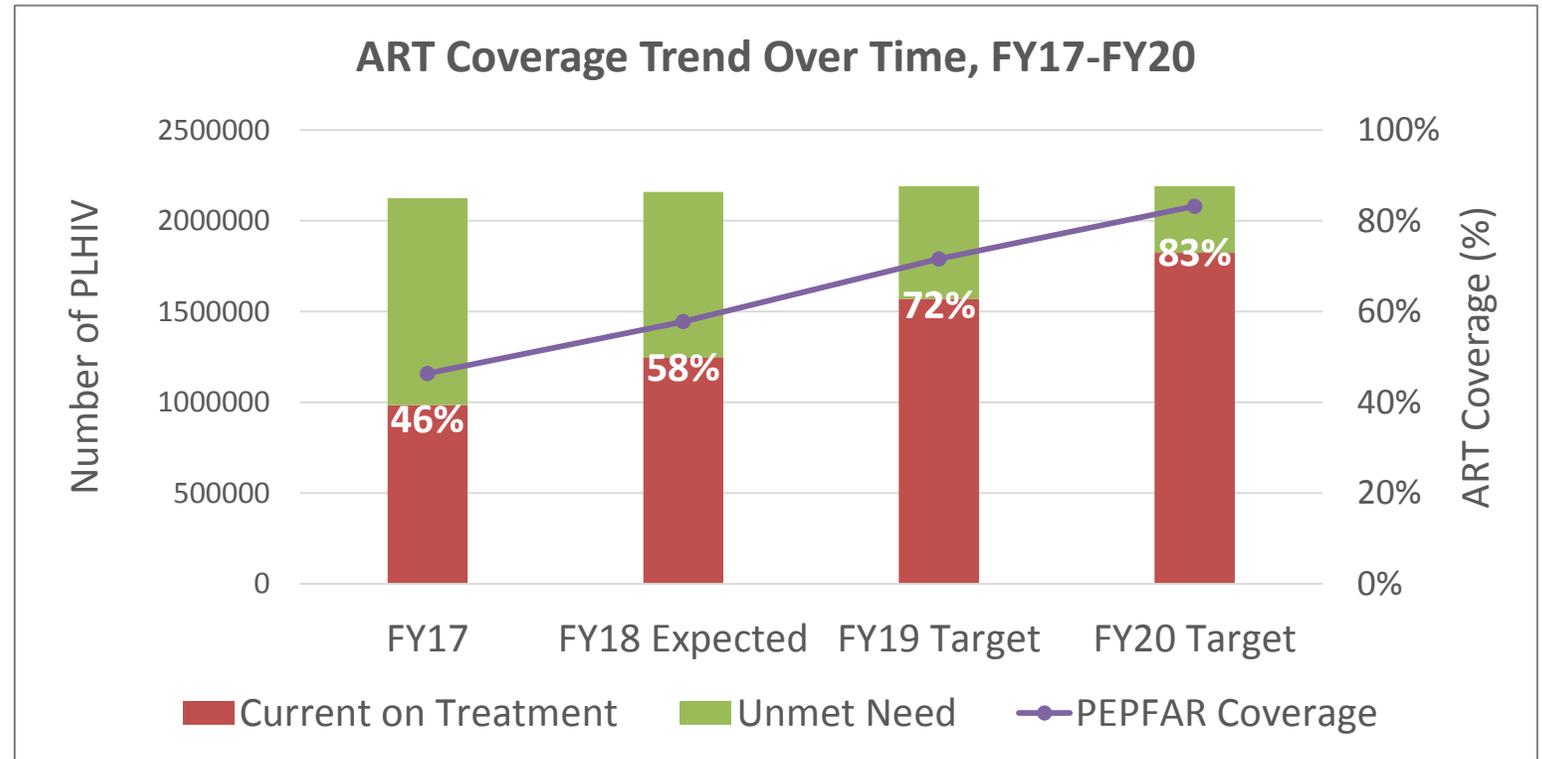
# Targets

# Focusing Targets in Areas of Highest Unmet Need by Population

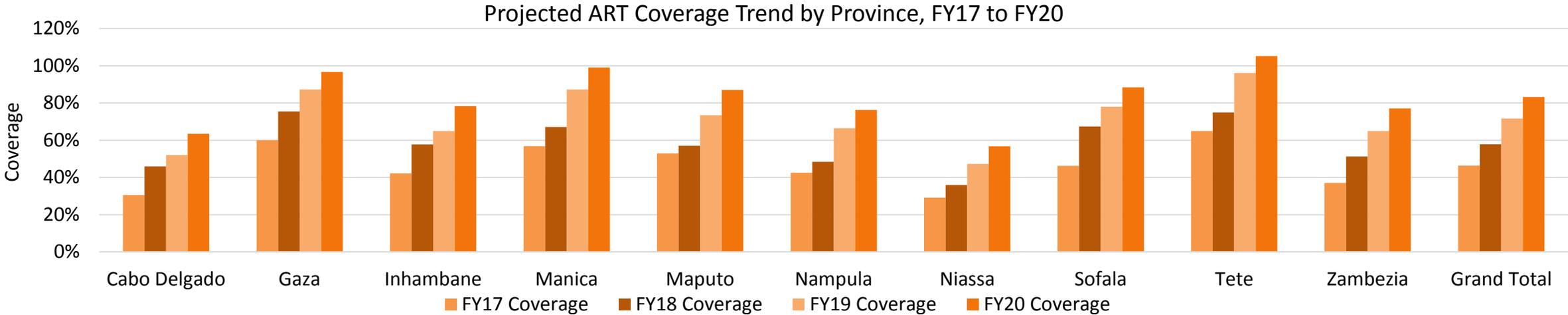
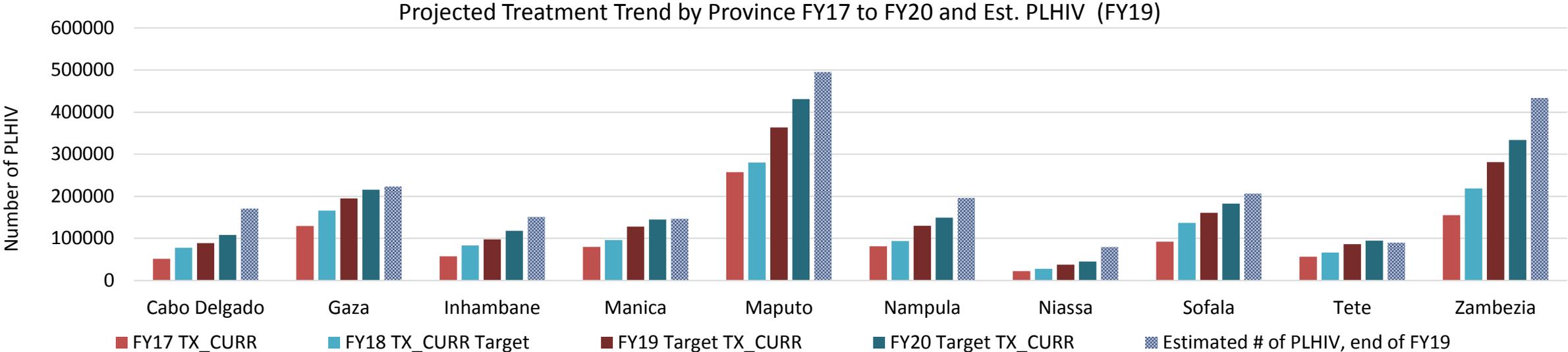


Names and boundaries are not necessarily authoritative

**Targets were distributed most aggressively in sites with highest unmet need, with up to 50% growth per year required in districts with low coverage to increase coverage nationally to 83% by FY20**



# Aggressive Growth Planned in All Provinces



# Ambitious Care and Treatment Clinical Cascade Targets

ADULTS	APR17 results	FY17 Achievement	FY18 Targets	FY19 Targets	COP17 to COP18
HTS_TST*	3,428,321		5,758,752	6,022,860	5%
HTS_TST_POS	281,856		434,205	448,520	3%
HTS_TST Yield	8.2%		7.5%	7.4%	0%
TX_NEW	309,687	97%	370,476	421,580	14%
TX_CURR	915,862	102%	1,078,841	1,471,422	36%

PEDS	APR17 results	FY17 Achievement	FY18 Targets	FY19 Targets	COP17 to COP18
HTS_TST	1,122,062		652,307	1,120,123	72%
HTS_TST_POS	43,297		18,450	21,658	17%
HTS_TST Yield	3.9%		2.8%	1.9%	-1%
TX_NEW	22,540	61%	21,845	27,486	26%
TX_CURR	68,600	83%	96,227	115,482	20%

# Aggressive Targets for TB and VL

	APR17 results	FY17 Achievement	FY18 Targets	FY19 Targets	COP17 to COP18
TB_STAT (Den)	77,088	89%	78,626	99,269	26%
TX_PVLS (Den)	126,212	42%	480,712	1,302,466	171%
PP_PREV	128,629	135%	154,554	122,451	-21%
KP_PREV	44,183	98%	58,965	66,697	13%
TX_CURR	984,462	100%	1,248,214	1,586,904	27%

- TB Budget Slide

# Budget

# COP18 Budget: Envelope vs. Calculated Budget

PEPFAR COP18 Resource Envelope vs Calculated Budget			
	Resource Envelope	Calculated Budget	Over/(Under)
<b>COP18 Base Budget</b>	<b>\$ 394,185,000</b>	<b>\$ 394,185,000</b>	
<i>New</i>	<i>\$383,865,418</i>	<i>\$383,865,418</i>	<i>\$0</i>
<i>Applied Pipeline</i>	<i>\$10,319,582</i>	<i>\$10,319,582</i>	<i>\$0</i>
<b>COP18 Central</b>	<b>\$0</b>	<b>\$ -</b>	<b>\$ -</b>
<b>COP18 Total Planning Level</b>	<b>\$394,185,000</b>	<b>\$394,185,000</b>	

# COP18 Budget: Total Funding by Agency

COP18 Funding by Agency			
Agency	New	Applied Pipeline	Total
DOD	\$ 8,184,270	\$ 237,846	\$ 8,422,116
HHS/CDC	\$ 191,183,465	\$ 2,910,688	\$ 194,094,153
HHS/HRSA	\$ 4,983,877	\$ 109,602	\$ 5,093,479
HHS/SAMHSA	\$ -	\$ -	\$ -
Peace Corps	\$ 3,012,056	\$ 308,627	\$ 3,320,683
State Regional (AF, EAP, EUR)	\$ 981,519	\$ 2,071,134	\$ 3,052,653
State/PRM	\$ -	\$ -	\$ -
State/SGAC	\$ -	\$ -	\$ -
USAID	\$ 175,520,231	\$ 4,681,685	\$ 180,201,916
<b>Total</b>	<b>\$ 383,865,418</b>	<b>\$ 10,319,582</b>	<b>\$ 394,185,000</b>

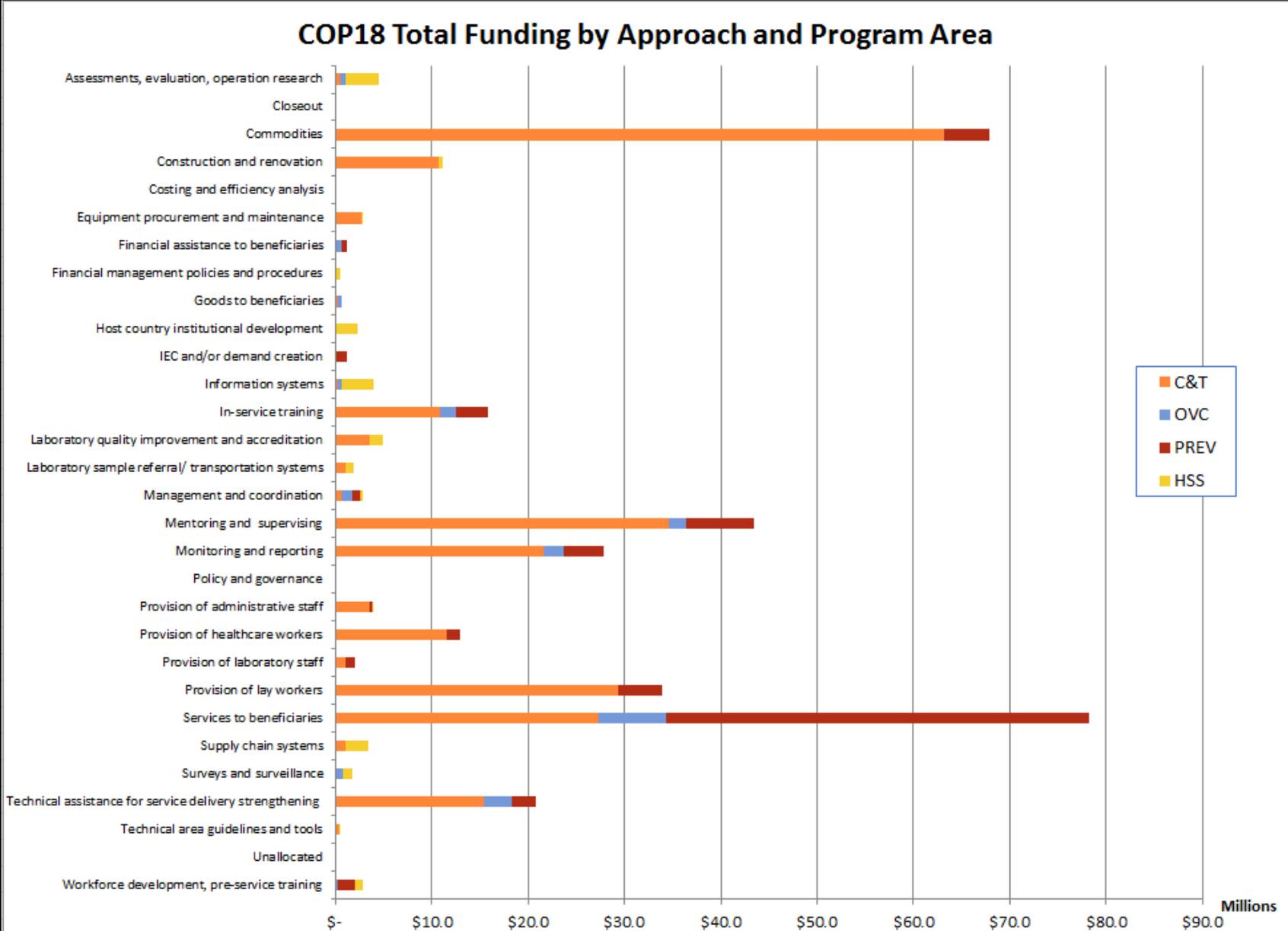
# COP18 Budget: Earmarks

Earmark	Resource Envelope	Calculated Budget	Earmark Achieved/ (Under)
<b>Mandatory Earmarks</b>			
C&T	\$ 227,378,519	\$ 228,495,154	Earmark achieved
OVC	\$ 18,349,740	\$ 18,349,750	Earmark achieved
<b>Other Budgetary Considerations</b>			
Water	\$ 600,000	\$ 607,079	Earmark achieved
GBV	\$ 3,287,967	\$ 3,320,567	Earmark achieved
DREAMS	\$ 10,195,770	\$ 10,196,546	Earmark achieved

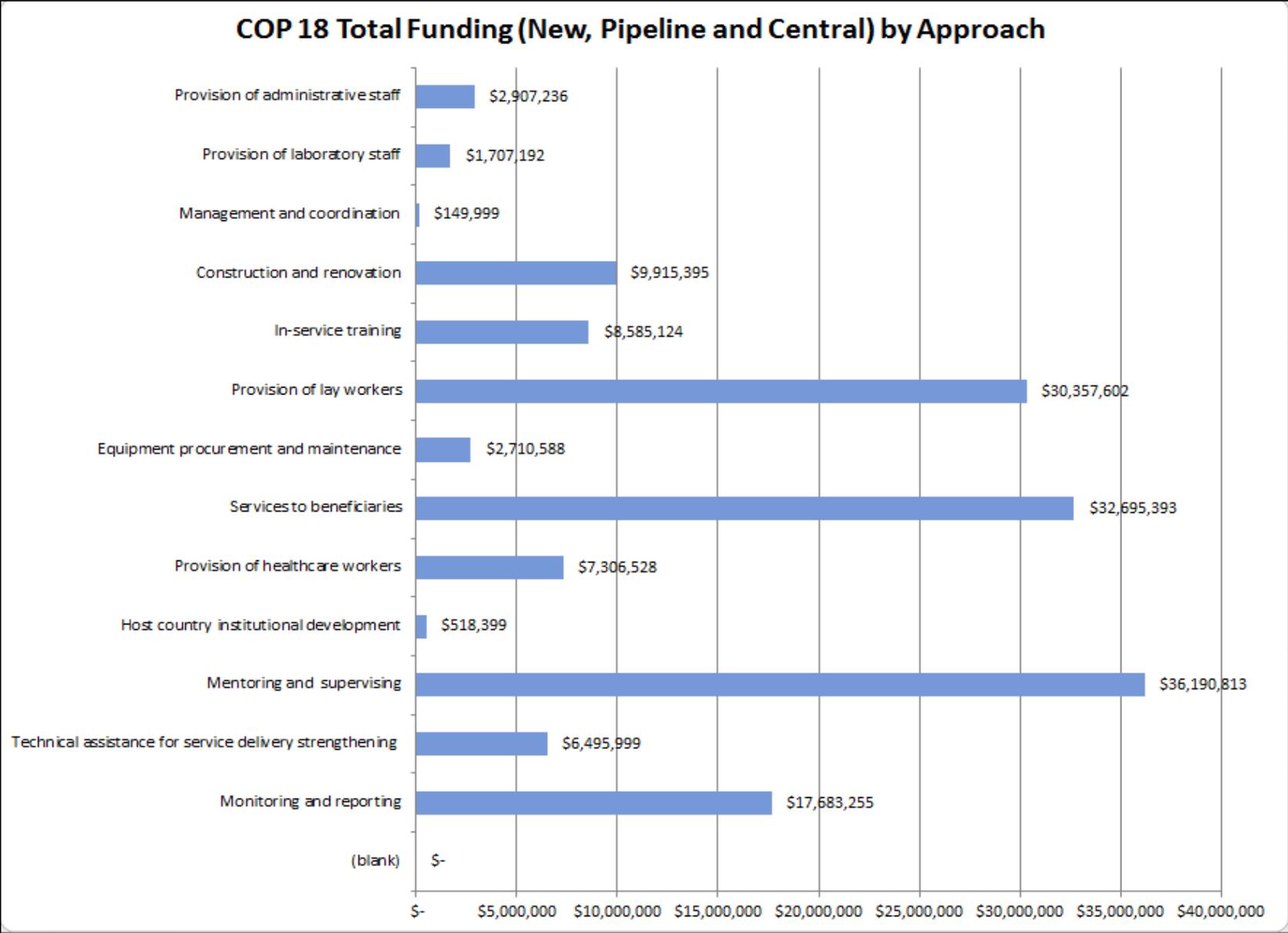
# COP18 Budget: Budget Code Trends

COP18 NEW FUNDING BY BUDGET CODE						
Program Area	Budget code	Site-level	Table 6	Commodities	M&O	TOTAL
C&T	HBHC	\$ 17,838,295	\$ 39,512	\$ 1,706,751	\$ 861,561	\$ 20,446,119
	HTXS	\$ 96,447,551	\$ 4,297,159	\$ 25,551,525	\$ 3,514,365	\$ 129,810,600
	PDCS	\$ 6,355,693	\$ 549,727	\$ 2,154,851	\$ 427,730	\$ 9,488,001
	PDTX	\$ 14,315,322	\$ 19,756	\$ 1,406,168	\$ 647,870	\$ 16,389,116
	HTXD	\$ 819,330	\$ -	\$ 23,367,729	\$ 370,822	\$ 24,557,881
	HVTB	\$ 12,016,572	\$ 1,630,084	\$ -	\$ 423,569	\$ 14,070,225
	HVCT	\$ 22,134,562	\$ 39,512	\$ 6,187,446	\$ 986,347	\$ 29,347,867
PREV	MTCT	\$ 15,874,730	\$ -	\$ -	\$ 554,776	\$ 16,429,506
	CIRC	\$ 36,363,169	\$ 2,844,187	\$ 3,424,620	\$ 386,710	\$ 43,018,686
	HMBL	\$ 400,636	\$ -	\$ -	\$ 9,441	\$ 410,077
	HMIN	\$ -	\$ -	\$ -	\$ -	\$ -
	HVAB	\$ 2,854,997	\$ -	\$ -	\$ -	\$ 2,854,997
	HVOP	\$ 14,324,176	\$ -	\$ -	\$ 309,198	\$ 14,633,374
	IDUP	\$ -	\$ -	\$ -	\$ -	\$ -
OVC	HKID	\$ 16,920,640	\$ 1,218,572	\$ -	\$ 210,538	\$ 18,349,750
HSS	HLAB	\$ -	\$ 3,047,724	\$ -	\$ 284,986	\$ 3,332,710
	HVSI	\$ -	\$ 3,966,472	\$ -	\$ 2,568,875	\$ 6,535,347
	OHSS	\$ -	\$ 6,496,890	\$ -	\$ 937,097	\$ 7,433,987
M&O	HVMS	\$ -	\$ -	\$ -	\$ 26,757,175	\$ 26,757,175
	<b>TOTAL</b>	<b>\$ 256,665,672</b>	<b>\$ 24,149,595</b>	<b>\$ 63,799,091</b>	<b>\$ 39,251,060</b>	<b>\$ 383,865,418</b>
	<b>% TOTAL</b>	<b>67%</b>	<b>6%</b>	<b>17%</b>	<b>10%</b>	<b>100%</b>

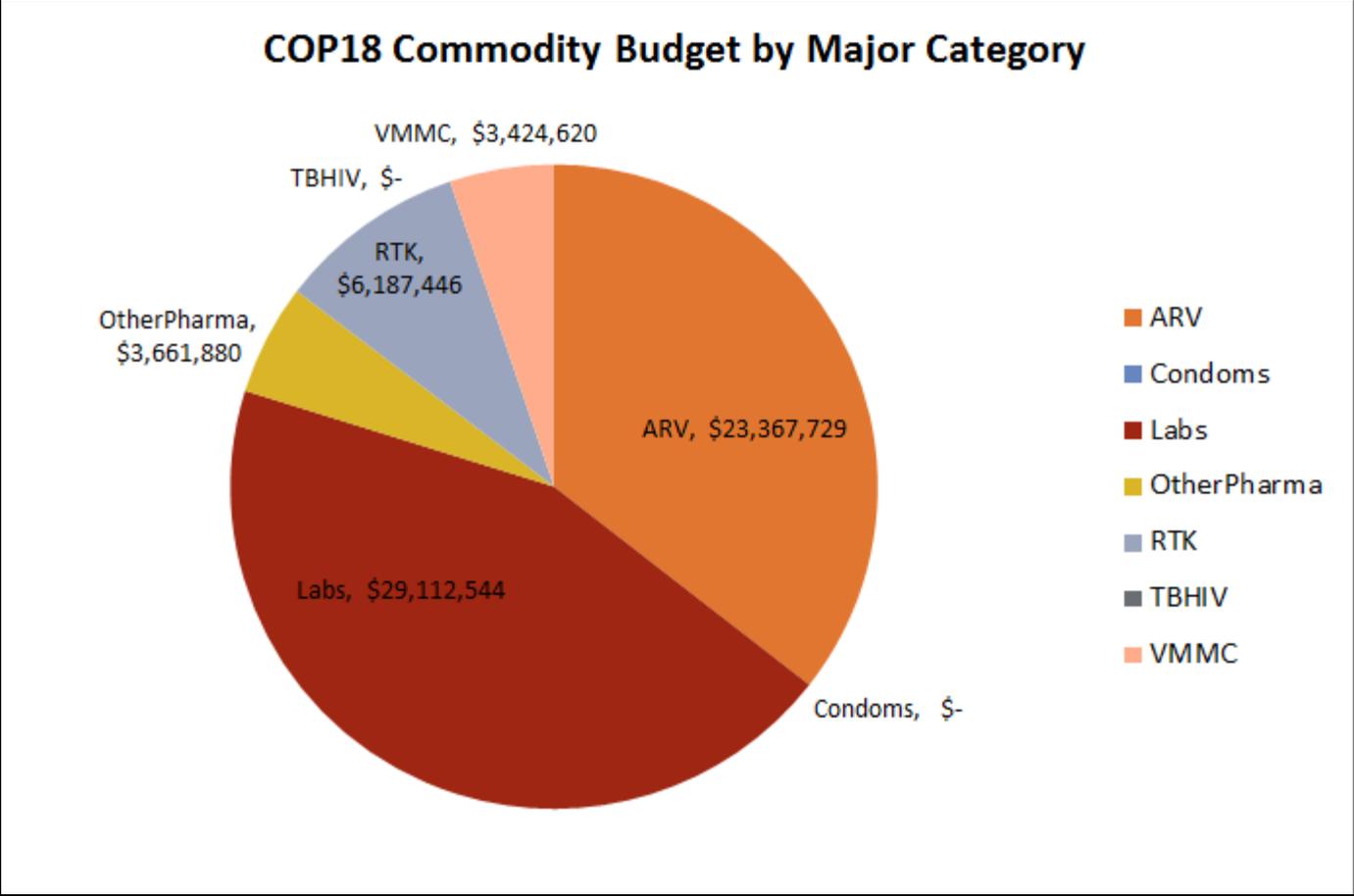
# COP18 Budget: Total Funding by Approach & Program Area



# COP18 Budget: Above Site Investments by Approach



# COP18 Budget: Commodity Budget by Major Category

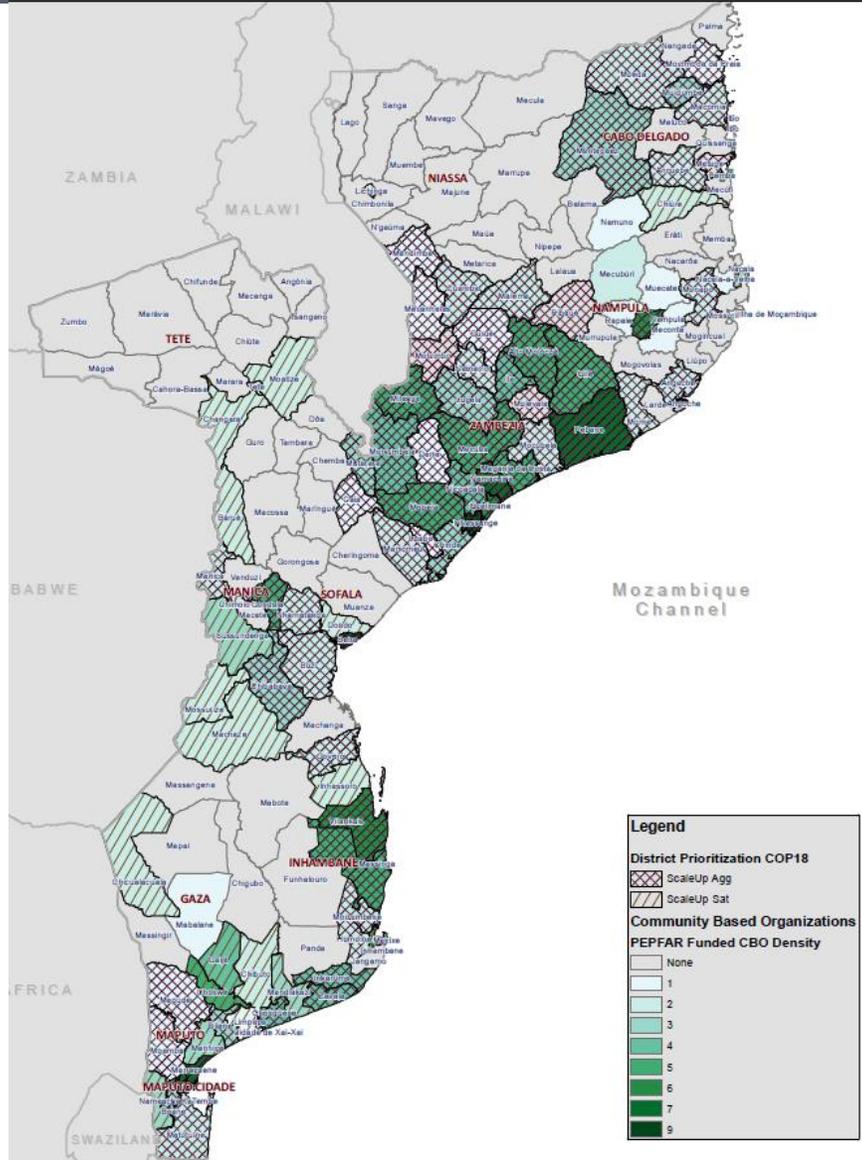


# Funding to Indigenous Organizations

Agency	COP17			COP18		
	Funding	Indigenous Prime Partners	% of funding allocated to indigenous primes	Funding	Indigenous Prime Partners	% of funding allocated to indigenous primes
CDC	\$190,934,993	\$42,829,247	22%	\$172,361,010	\$30,800,005	18%
USAID	\$153,131,364	\$18,675,041	12%	\$166,701,918	\$17,975,538	11%
DoS	\$809,972	\$809,972	100%	\$593,000	\$593,000	100%
DoD	\$8,046,252			\$8,046,252		
PC	\$322,842			\$260,000		
HHS/HRSA	\$3,856,728			\$5,093,479		
<b>Total</b>	<b>\$357,102,152</b>	<b>\$62,314,260</b>	<b>17%</b>	<b>\$353,055,660</b>	<b>\$49,368,543</b>	<b>14%</b>

**In COP 17, total funding to sub-primes was \$26M, bringing to \$88M total, or 25% of program funds.**

# Funding to Indigenous Organizations



- PEPFAR Mozambique is currently partnering with +190 indigenous organizations
- Of these, 10 are Faith-based Organizations
- All organizations are located in scale-up aggressive and scale-up saturation districts

Distribution per Level of Funding (%)	
Below \$10,000	10
\$10,000 - \$50,000	45
\$50,000 - \$ 100,000	11
\$100,000 - \$200,000	11
\$200,000 - \$500,000	13
\$500,000 - \$ 1,000,000	8
above \$1,000,000	3

# Required COP Elements Finalized at RPM

Tool	Completed	Notes
Datapack <i>(with final targets by SNU and Implementing Mechanism)</i>	Finalized Mar 1	
FAST <i>(with final budgets by Implementing Mechanism/M&amp;O and budget code, complying with required earmark and applied pipeline allocations)</i>	Finalized Mar 1	
Table 6	Finalized Mar 1	
TLD Forecast Tool and Transition Plan	Finalized Mar 1	
Laboratory Instrument Mapping and Optimization Tool	Finalized Mar 1	
Surveillance and Surveys Inventory	Finalized Mar 1	
Research Inventory		
Evaluation Inventory		



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Obrigado!!!