

# Implementation Progress of Appointment Spacing Model of Differentiated HIV service Delivery in Ethiopia

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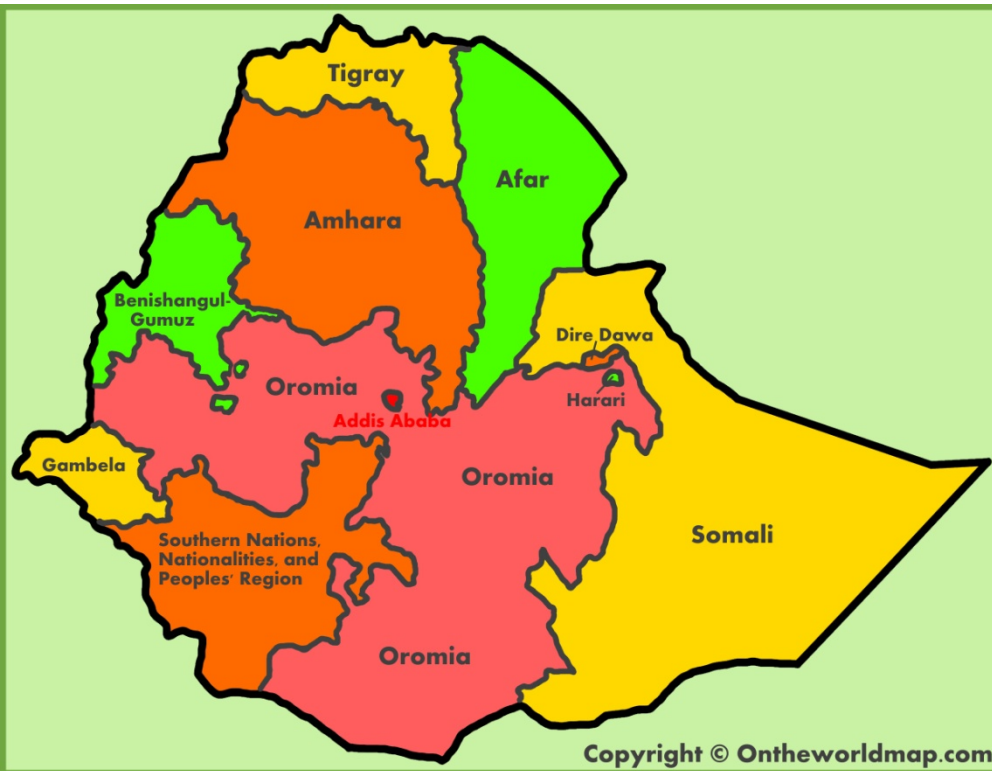
Maputo, Mozambique



# Outline

- Introduction
- Benefits of Implementing ASM
- Progress of Implementation
- Major Challenges
- Recommendations

# Introduction



## Ethiopia Profile

- Ethiopia is located in the Horn of Africa on the continent's northeast coast
- With population of over 90 million people
- Addis Ababa is the capital city

According to the 2017 projection:

- ❑ 722,248 - Estimated number of people living with HIV
- **Adults: 665,116 (92%), Children: 57,132 (8%)**
  - 437,111 Female (60%), 285,137 Male (40%)
- ❑ 22,827- New HIV infections, 14,872-Annual AIDS death

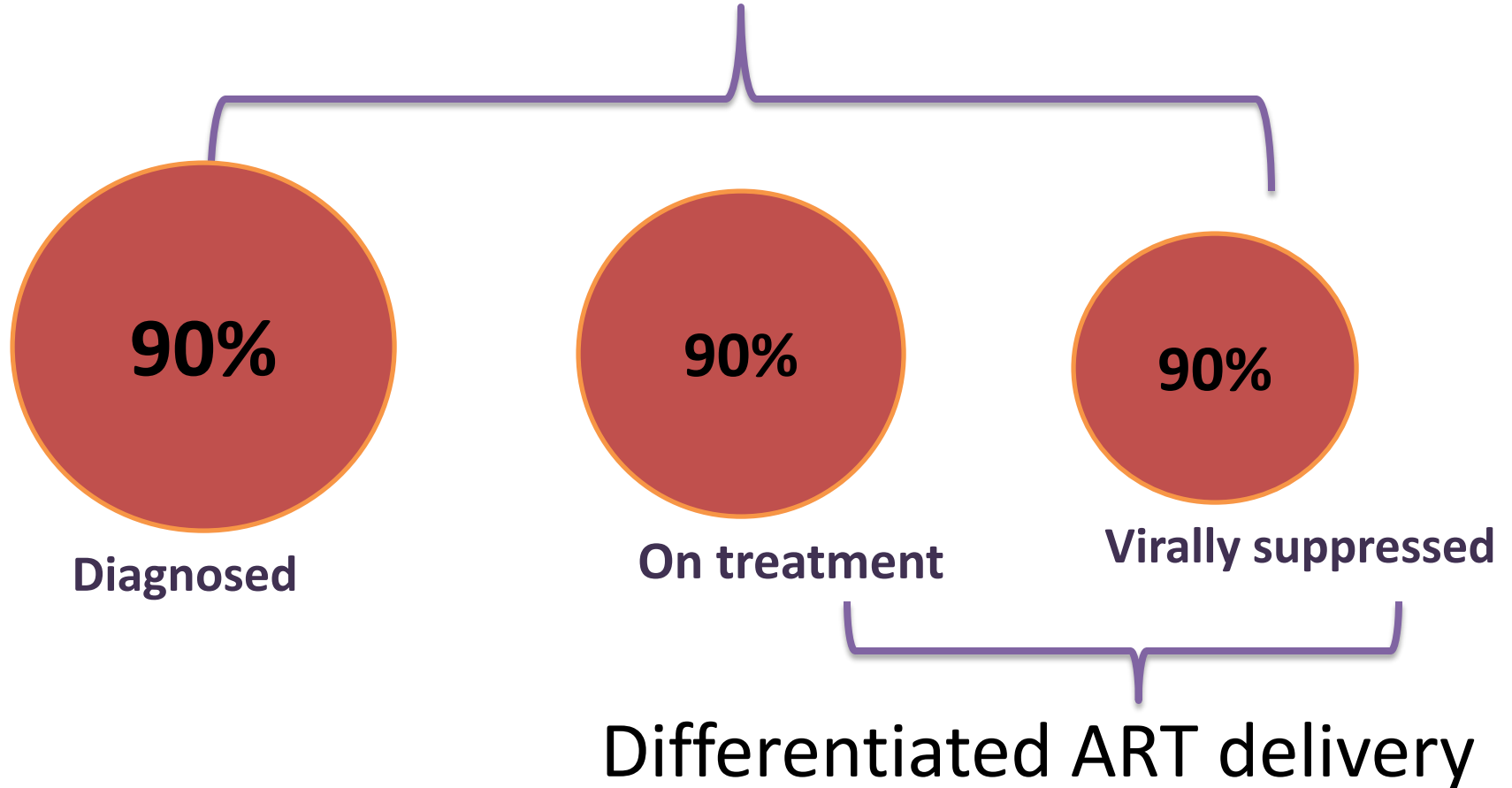
# Introduction...

- Ethiopia has adopted the appointment spacing model of service delivery considering;
  - The sociocultural situation
  - The degree of awareness, stigma and discrimination
  - The resource demand and its sustainability
- Models being considered in Ethiopia
  - DSD for adolescent group
  - DSD for patients @high risk
  - DSD at community level

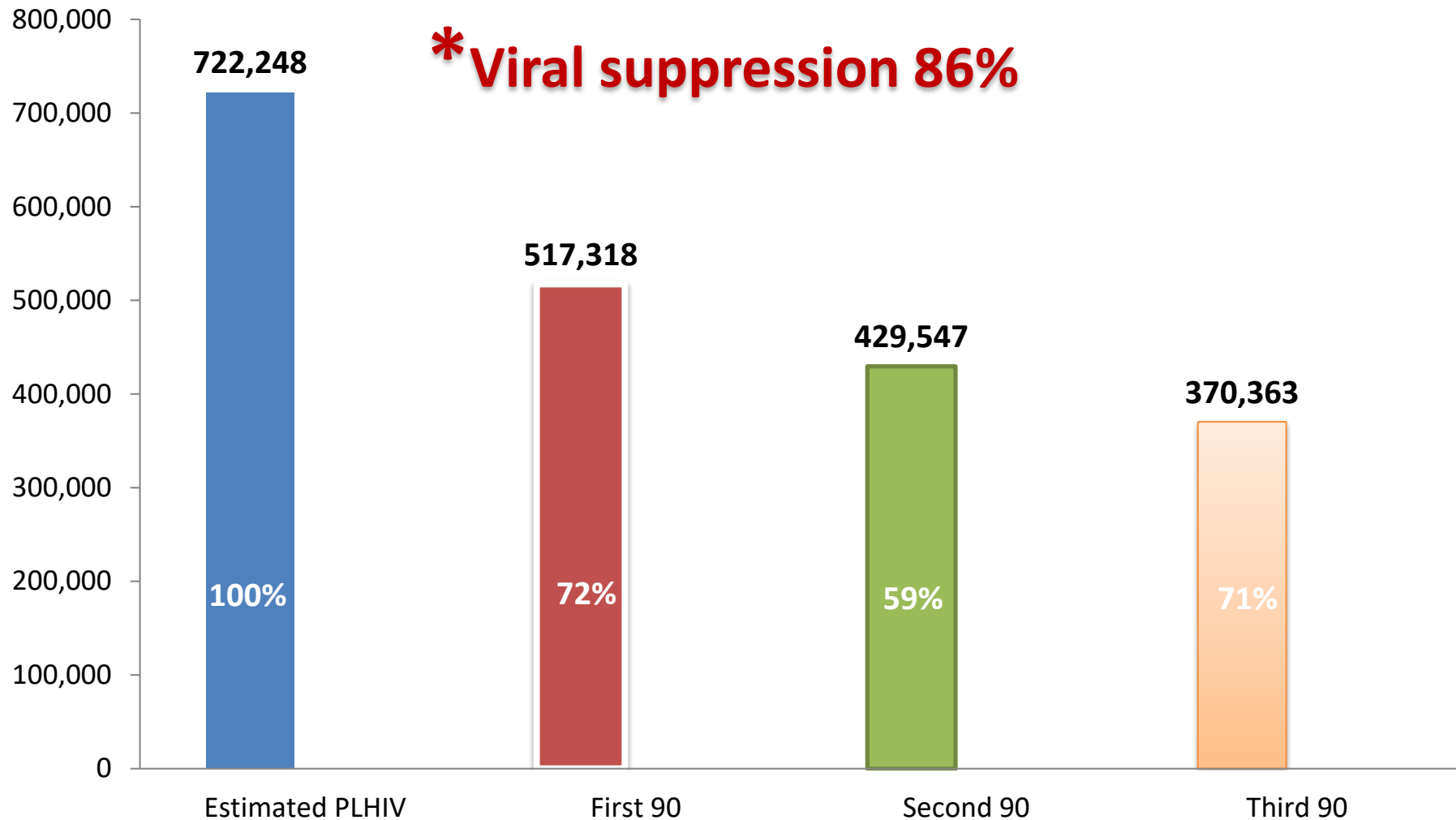
# Benefits of Implementing ASM

- Implementing differentiated models of care;
  - Improve service quality
  - Results in cost savings or reduce health care costs
  - Improve health outcomes
  - Accelerate the achievement of the 90 90-90 target by
    - Offloading workload from overburdened health facilities
    - Improve adherence and retention

# Differentiated care



# The 90-90-90 Performance



# **Progress of Implementation on scaling**



# Progress update

- Routine clinical visit and medication refill is one- three months
- Patients are appointed every six months for clinical visit and medication refill for appointment spacing
- Differentiated care piloted in six high load hospitals in six regions
- Recently, appointment spacing is scaled up at national level

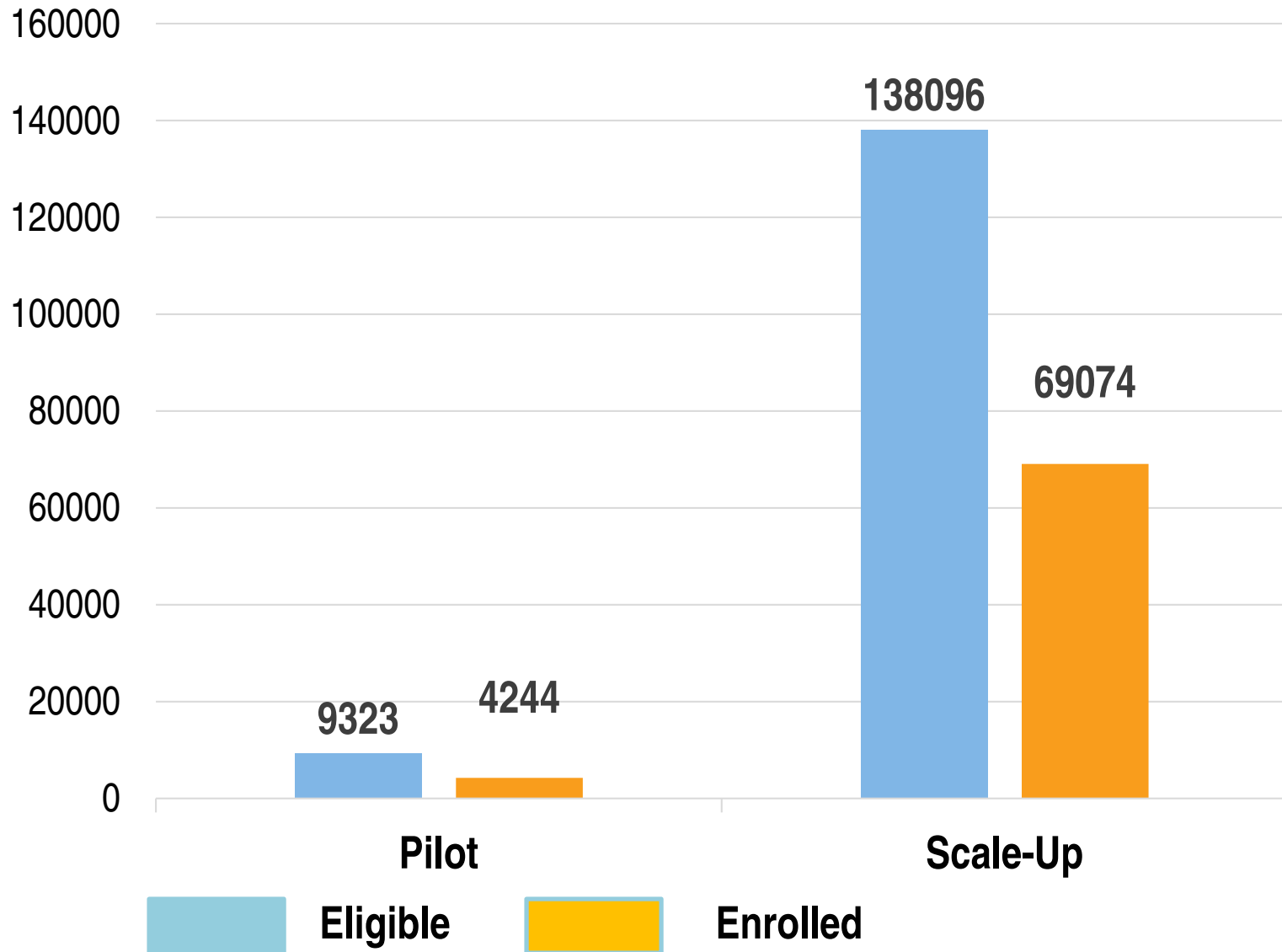
# Progress update

- Appointment spacing provided for clients labeled “ Stable”
- Category 4: Stable individuals are defined as
  - those who have received ART for at least one year and
  - have no adverse drug reactions that require regular monitoring and
  - have good understanding of lifelong adherence and evidence of treatment success (i.e. two consecutive viral load measurements below 1000 copies/mL) with no current illnesses
  - excluding children, adolescents, pregnant and lactating women. In the absence of viral load monitoring, rising CD4 cell counts or CD4 counts above 200cells/mm<sup>3</sup> with an objective of adherence measure.

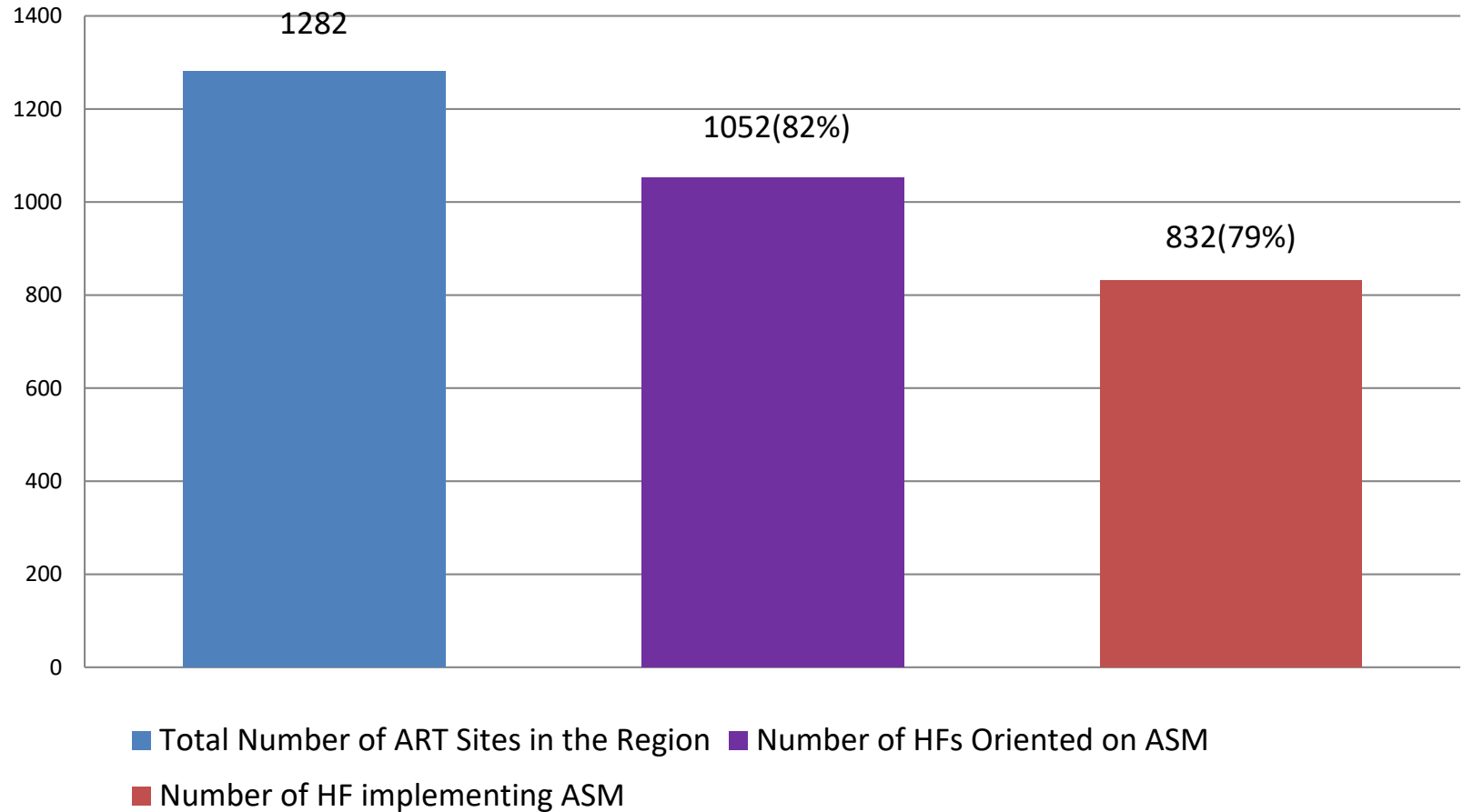
# Implementation plan

Activities	Timeline	Responsible body
Finalizing of supplement GL for full scale up	April/2017	FMOH and TF
Development of tools	April/2017	TF
Assessment of stock status	April - May/2017	PFSA and TF
Conduct national level sensitization, Orientation of care Providers and launching	May/2017	FMOH/ICAP/PFSA/GHSC-PSM
Distribution of formats and GL	May/2017	ICAP
Cascading of orientation	May-September/2017	FMOH/RHB/ICAP
Start implementation	May – July/2017	RHB, HF
Follow up of implementation	Starting from May/2017	FMOH/RHB/ICAP
Reporting the progress	Starting from July	RHB/FMOH
Supportive supervision	Starting from August quarterly	TF/RHB/ZHO

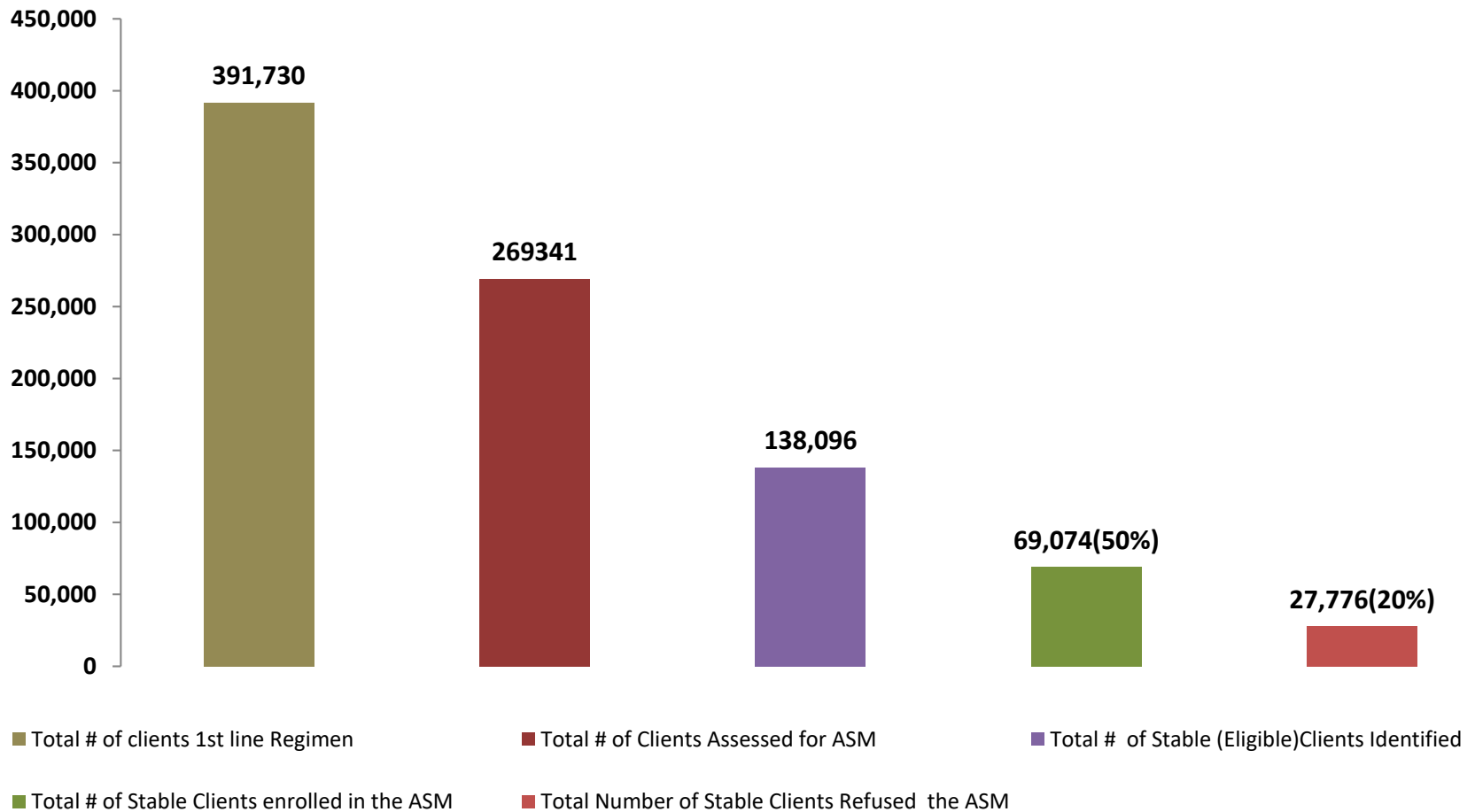
# Number of Patients Eligible and Receiving Appointment Spacing by Phase as of Dec, 2017



# Number of sites providing ASM as of Dec, 2017



# Number of Clients enrolled in ASM as of Dec, 2017



# Summary of Major Challenges

- Supply chain system/Distribution Problems/
- Timely and complete reporting
- Unexpected rate of refusal
  - Inconvenient place for drug store in their home
  - Disclosure
  - stigma & discrimination issue
  - Poor Adherence counseling
  - Client preference frequent follow up

# Recommendations

- Leadership commitment required
- Awareness creation via medias and community level education
- Strengthening through clinical mentoring
- Negotiation on drug package size
- Close follow up and supportive supervision
- Strengthen adherence counseling at facility & community level
- Plan to assess reasons for refusal



# Acknowledgement

- Partners & stakeholders (GF, CDC, ICAP, USAID, PSM, NEP+, NNPWE+)
- Gates Foundation
- CQUIN team
- CQUIN member countries
- ICAP- Mozambique



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Thank You!