



Taking Differentiated Service Delivery to Scale in Ethiopia: A Focused Approach Leads to Rapid Expansion

Alemtsehay Abebe¹, Mirtie Getachew¹, Tamrat Assefa², Zenebe Melaku²
 1. Ethiopia Federal Ministry of Health 2. ICAP Ethiopia



Federal Democratic Republic of Ethiopia
 Ministry of Health

BACKGROUND

Ethiopia's Federal Ministry of Health (FMOH) launched national differentiated service delivery (DSD) in October 2017 with a focus on a single facility-based DSD model for stable patients. DSD oversight is provided by a technical working group (TWG) of the National HIV Prevention, Care and Treatment team within FMOH. Representatives of people living with HIV (PLHIV) are members of the DSD TWG and have been involved with policy development, guideline and standard operating protocol (SOP) development, demand generation and adherence support at the community level.

DSD MODELS AND COVERAGE

In contrast to countries in which multiple DSD models (DSDM) were launched at the same time, FMOH decided to prioritize one model, **Appointment Spacing**, pilot it at six hospitals, and then take it to scale nationwide. Ethiopia's appointment spacing DSDM is designed for stable patients, who are offered the option of having twice-yearly clinical visits, and to receive a six months' supply of ART at each visit.

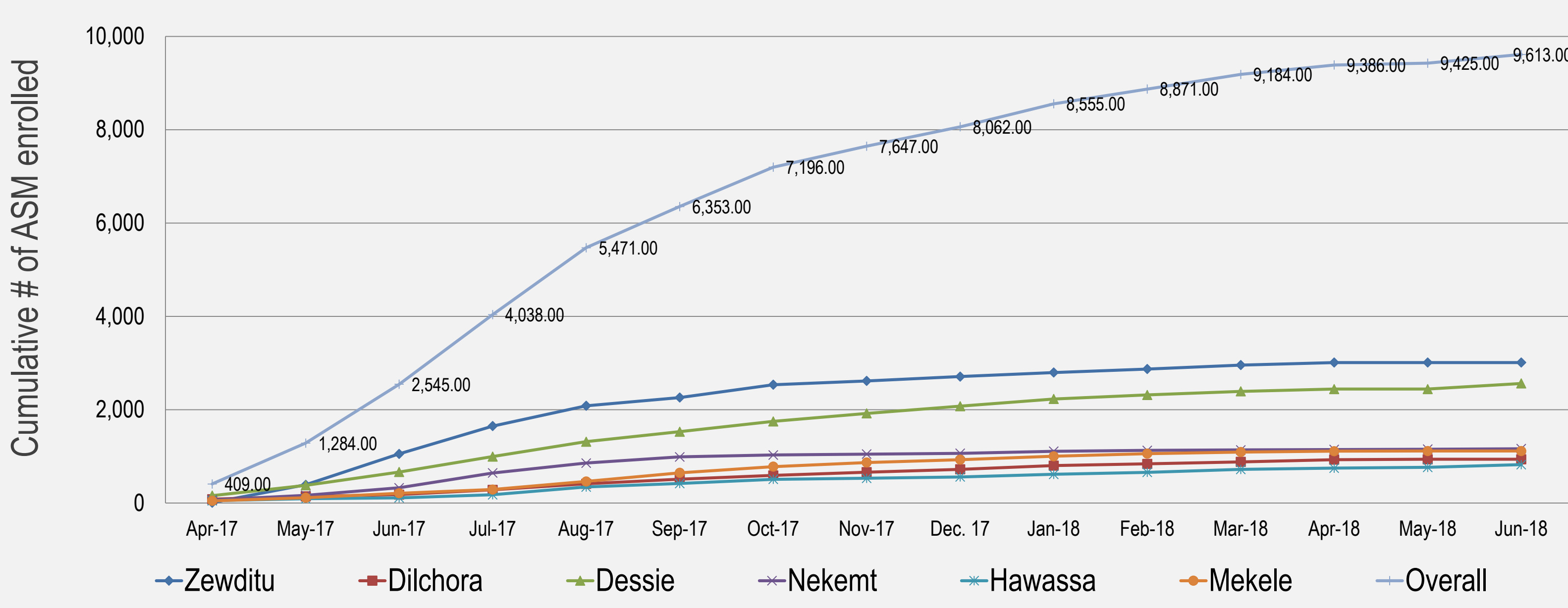


Figure 1: Enrollment in appointment spacing pilot project at 6 hospitals

The pilot project was supported by ICAP at Columbia University with support from CDC, and included systematic development of guidelines, training materials, job aides and client education materials, facility readiness assessments, drug quantification exercises, revised adherence counseling guidelines, and adaptation of M&E tools.

By October 2017, almost 7,200 patients had enrolled in DSD at six hospitals (Figure 1), and FMOH decided to take the approach to scale. By October 2018, appointment spacing was offered at 1,210 health facilities in all 11 provinces (Figure 2).

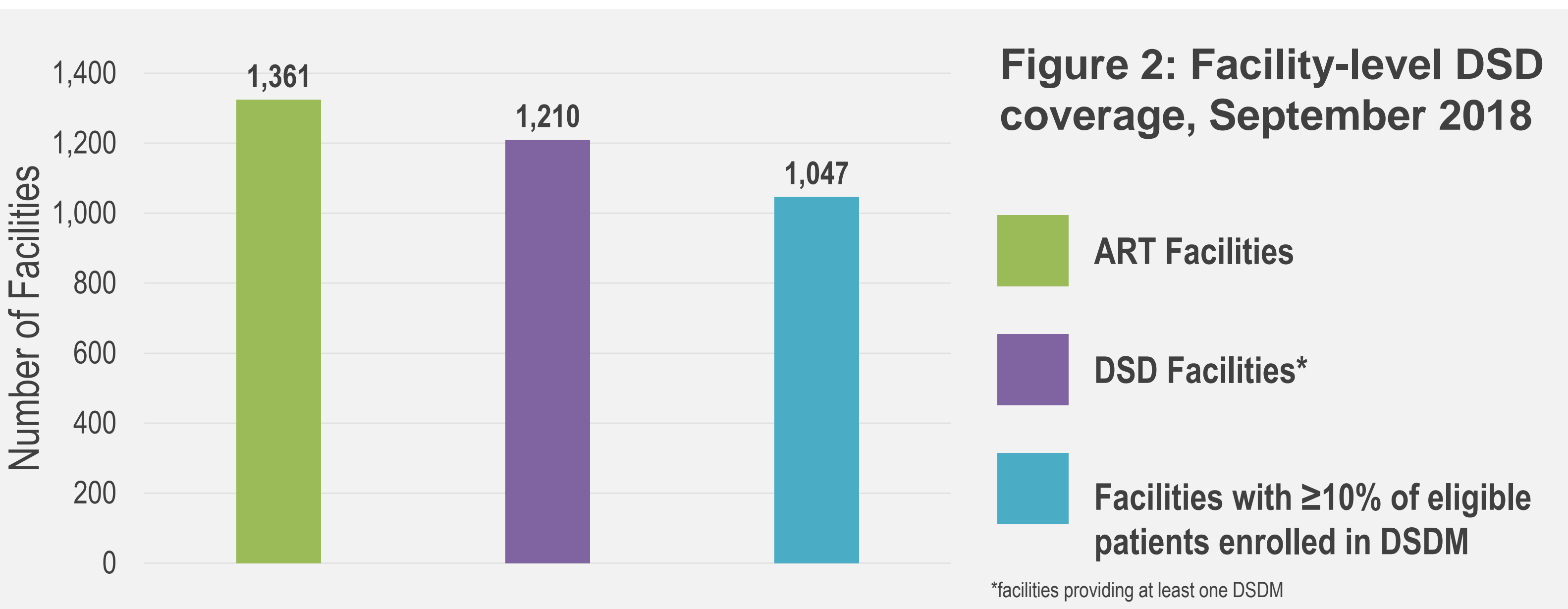


Figure 2: Facility-level DSD coverage, September 2018

DSD coverage at the patient level has expanded equally rapidly. Although the latest numbers are estimates, they suggest that more than 117,000 patients – 26% of all patients on ART in Ethiopia – had transitioned to the appointment spacing model as of October 2018 (Figure 3).

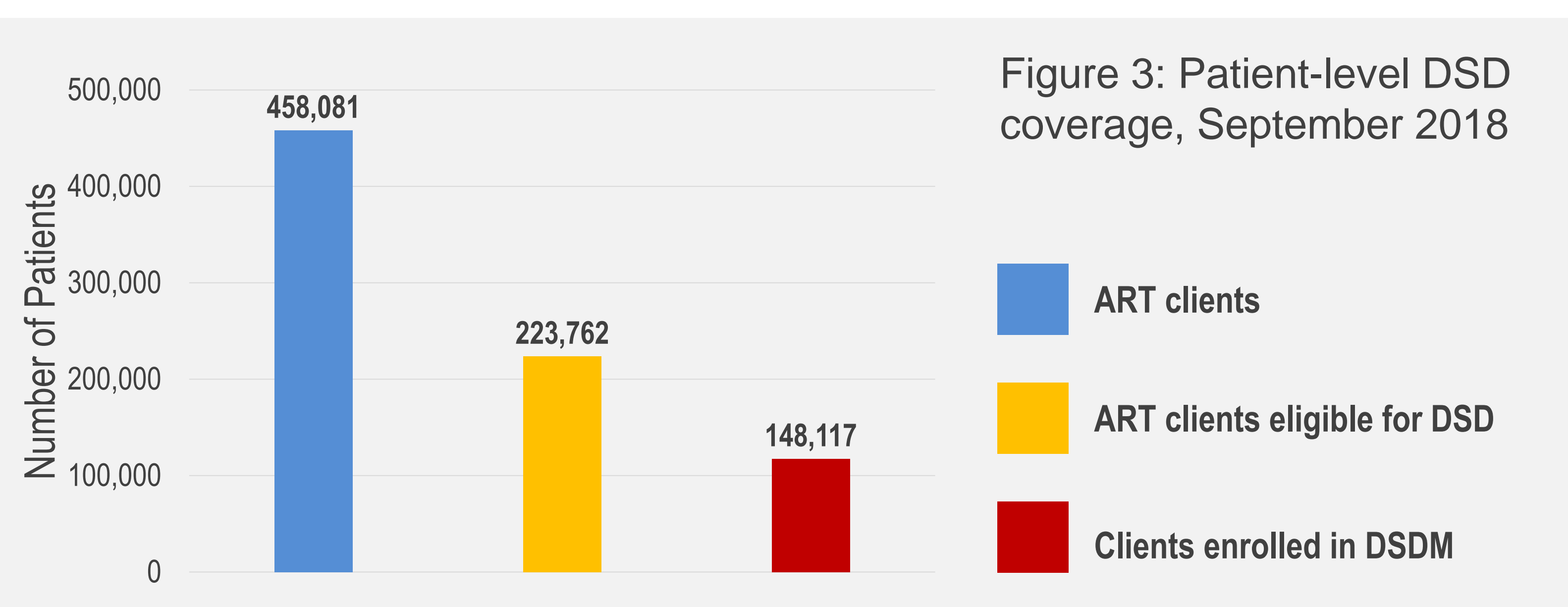


Figure 3: Patient-level DSD coverage, September 2018

In September 2018, a pilot of a second DSDM was launched, supported by Project Hope Ethiopia. This community-based group model consists of **Community Antiretroviral Groups (CAGs)** managed by Urban Health Extension Workers (UHEW).

DSD DASHBOARD

Ethiopia completed a CQUIN self-assessment dashboard exercise in October 2018. The dashboard includes 13 domains, and a five-step color scale is used to rank progress and performance—from red, indicating no activity, to dark green, indicating significant and robust implementation.

Ethiopia's performance was assessed as "dark green" or "light green" in 10 of 13 domains (Figure 4). The domain assessing diversity of DSDM models fell into the "yellow" zone, and the absence of data on quality or impact resulted in "red" scores in those domains, as it does in most CQUIN network countries.

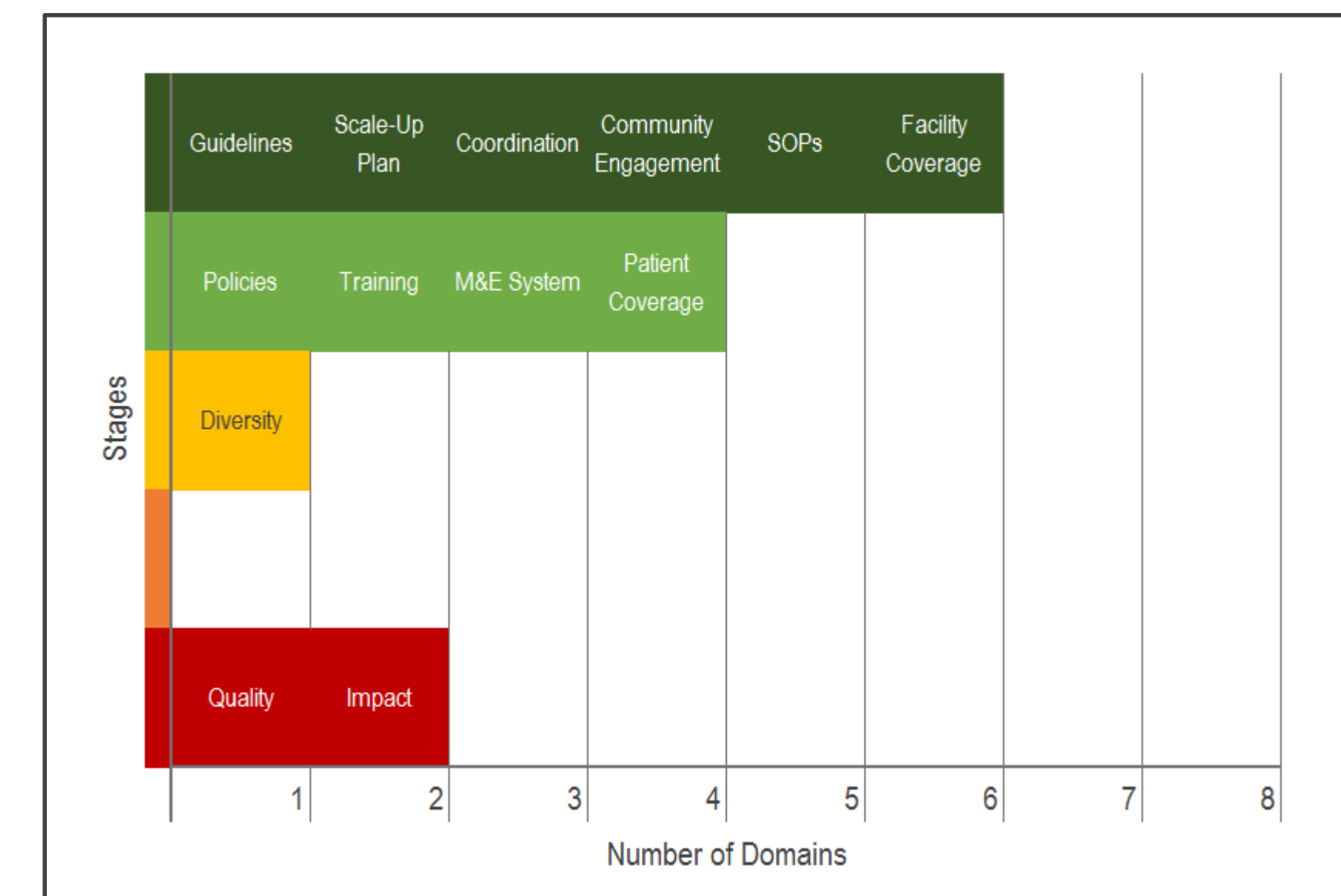


Figure 4: Ethiopia DSD Dashboard staging domains by stage, October 2018

diversity domain has advanced from orange to yellow; the scale-up plan and community engagement domains have advanced from light to dark green; the training domain has advanced from yellow to light green.

As Ethiopia continues to make progress in scaling up DSD and improving the national DSD program, regular assessments using the DSD Dashboard will provide valuable information on achievements reached and highlight areas where challenges may require targeted attention.

Figure 5 compares the staging of eight key domains from assessments taken at two different time points: November 2017 and October, 2018. The greatest progress was found in the SOPs domain, with Ethiopia advancing from the yellow stage to dark green in only eight months. Other advances were found in four domains during this period: the

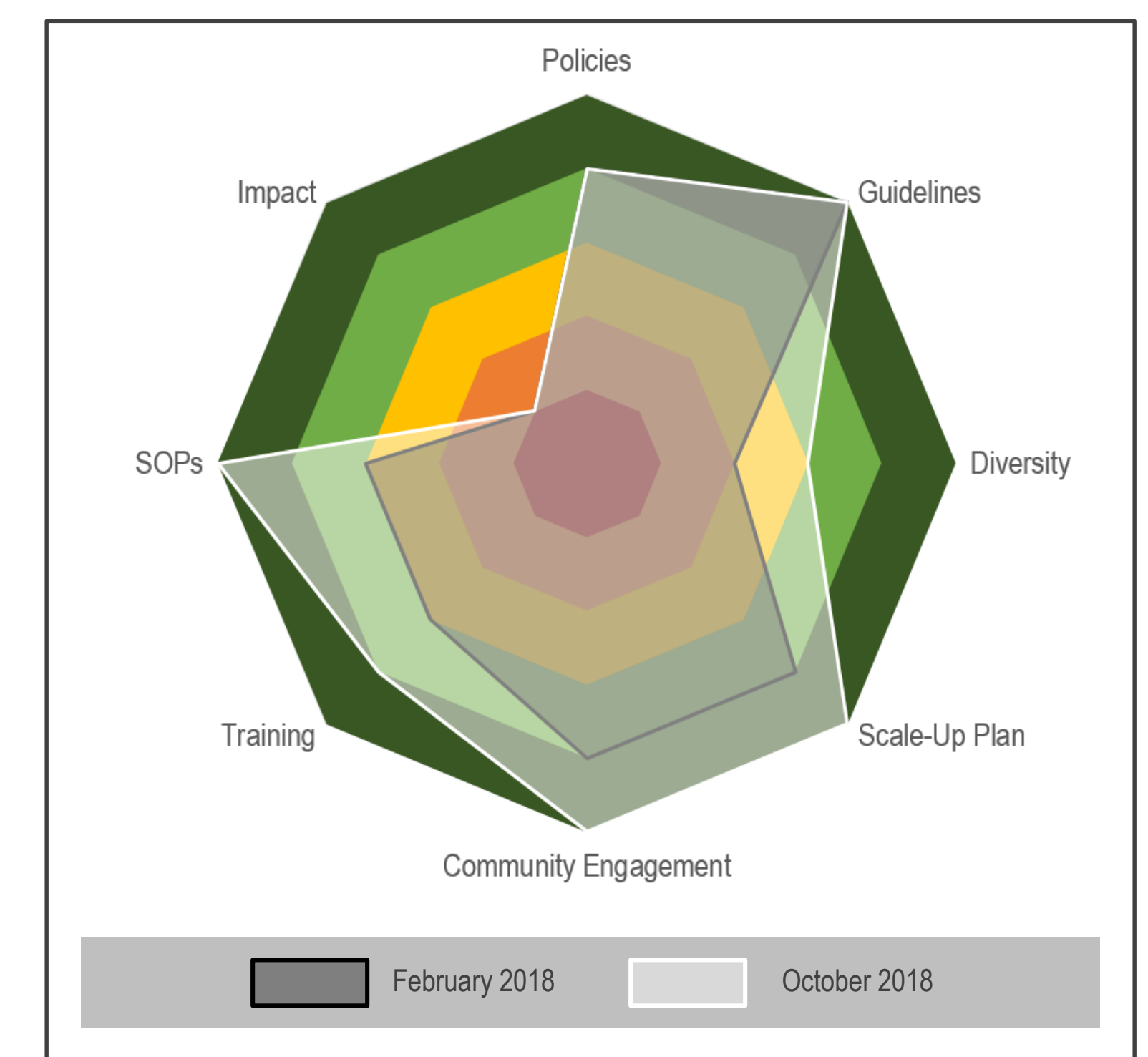


Figure 5: Radar chart of Ethiopia DSD Dashboard staging, November 2017 and October 2018

LESSONS LEARNED / NEXT STEPS

Ethiopia is unique amongst CQUIN network countries in its choice to launch a single DSDM and take it to national scale prior to diversifying models and approaches. Practical advantages of this strategy included the ability to create a comprehensive and standardized portfolio of guidelines, standard operating protocols, training materials and job aides, client education materials and M&E tools for use nationwide. This standardization, combined with effective engagement of recipients of care at both the policy and implementation levels, facilitated rapid scale-up, and the enrollment of more than 223,000 people on ART in the appointment spacing DSDM.

Key lessons learned included:

- ❖ A focused and standardized approach enabled rapid scale-up;
- ❖ Not all clients were interested in appointment spacing. In the pilot project, nearly 25% of eligible clients declined enrollment, with the most common reason being concerns about storage of six months' worth of ART. Concerns about this included fear of inadvertent disclosure and/or the safety and storage of this much medicine for prolonged periods of time.

Next steps include diversification of DSDM, including the launch of UHEW-led CAGs. A qualitative research study exploring client and provider reaction to appointment spacing will be conducted in 2019 with support from CQUIN.

