



Taking Differentiated Service Delivery to Scale in Ethiopia: A Focus on 6-month Multi-Month Dispensing (6-MMD)

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BACKGROUND

Ethiopia has made significant progress in curbing its HIV epidemic with 79% of people living with HIV (PLWH) aware of their status and 68% of people living with HIV on antiretroviral therapy (ART) in 2018 (UNAIDS 2019 & Ethiopia MOH Report 2018/19). Preliminary results from the Ethiopia Population-Based HIV Impact Assessment (EPHIA) found that 89.6% of people who reported taking ART were virally suppressed.

Ethiopia's Ministry of Health (MOH) launched the national differentiated service delivery (DSD) program in October 2016 with a strong focus on a single less-intensive DSD model, the Appointment Spacing Model (ASM) described below. DSD oversight is provided by a technical working group (TWG) of the National HIV Prevention, Care, and Treatment team within MOH. Recipients of care are engaged in all aspects of DSD planning and implementation through participation in the care and treatment TWG, national consultative planning, and supportive supervision. In feedback collected from recipients of care through supportive supervision and review meetings, members of the community have expressed satisfaction with DSD; a formal evaluation to assess their feedback is in progress.

DSD IMPLEMENTATION

Ethiopia is unique among CQUIN countries for its focus on taking a single less-intensive DSD model to scale before adopting additional approaches. The ASM is a six-month multi-month dispensing (6-MMD) model, in which people on ART visit health facilities twice yearly for a clinical evaluation and laboratory testing when needed; at this visit, they receive six months' worth of ART. According to the October 2019 CQUIN DSD Dashboard staging, there are 1,405 ART facilities in Ethiopia and 1,108 of these (80%) offer ASM.

A second model, Fast Track ART Refills, is planned for nationwide roll-out this year and two additional models (the Urban Health Expansion Professional-Managed Community ART Group and the Adolescent-Led DSD Model) are being piloted in 15 and five facilities, respectively.

The pilot Community ART Group model features groups of people on ART who live in the same community and are supported by an urban health extension professional. In the 15 facilities currently offering this pilot, 53 support groups serve 386 participants who have twice-yearly clinical visits and receive ART refills every three months.

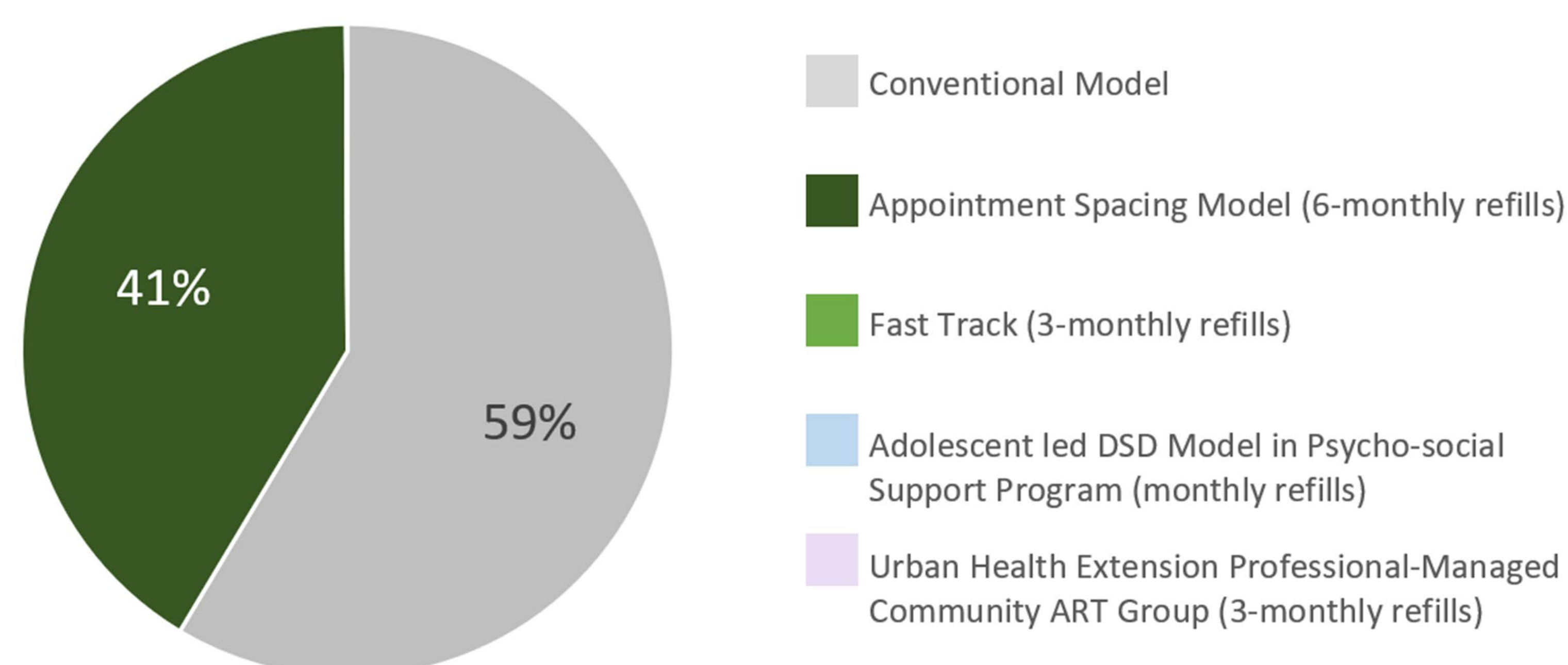
Benefits of using urban health extension professionals in managing community ART groups:

- Already have roles in HIV testing and service provision
- Provide general education on HIV, HIV testing, and counseling of targeted population groups
- Provide appropriate referral and linkage to ART services, adherence counseling and support, and referral and linkage to different psychosocial support and STI screening
- Can manage groups with minimal training and orientation

The teen club pilot features weekly meetings for psychosocial support and monthly ART refills and is aimed at adolescents aged 15-19. Other services offered at the meetings include clinical assessments and lab services.

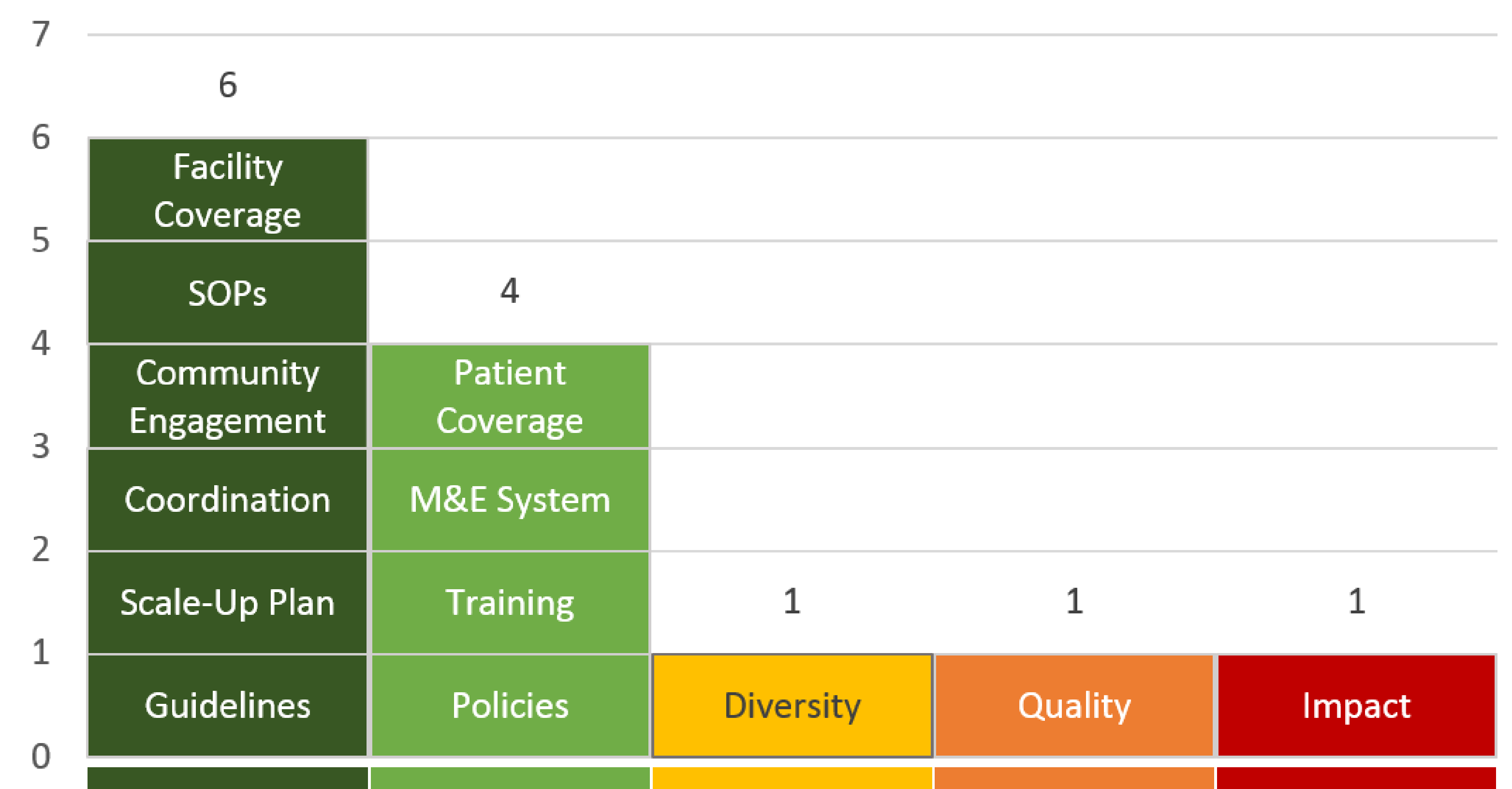
Figure 1 describes the proportion of people on ART in the more-intensive conventional model (59%) vs. the less-intensive Appointment Spacing Model (41%). As above, small numbers of people on ART are also in the models being piloted: UHEP managed-CAGs; the adolescent-led DSD Model, and Fast Track refills.

Figure 1: DSD Model Mix, August 2019



DSD DASHBOARD

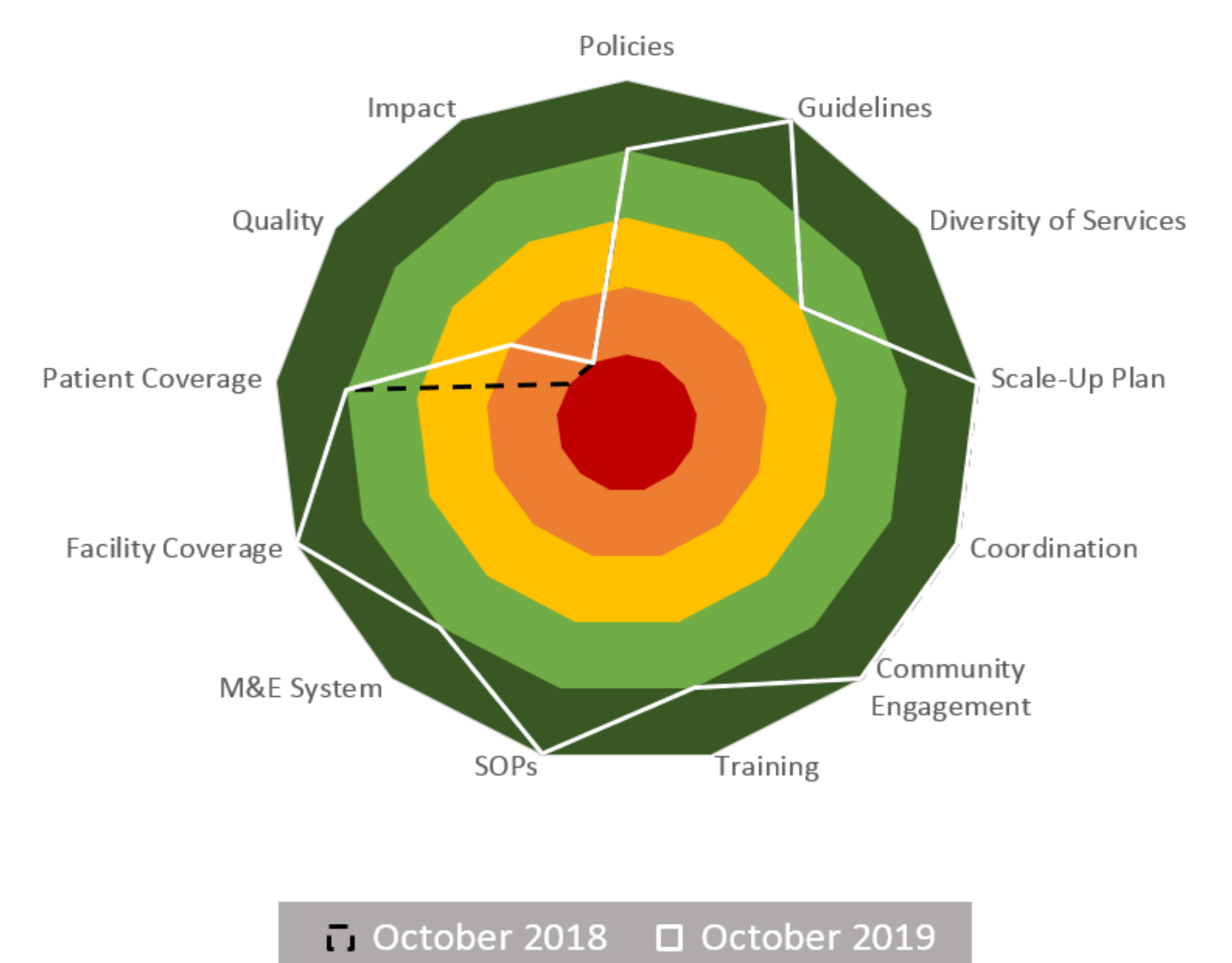
Figure 2: Dashboard Results 2019



In October 2019, stakeholders conducted a systematic self-assessment of DSD program maturity using the CQUIN DSD Dashboard (Figure 2). Ethiopia found it had reached the highest-possible level of maturity in six of the 13 domains (Guidelines, Scale-Up Plan, Coordination, Community Engagement, SOPs, and Facility Coverage) and had made considerable progress (light green) in four additional domains (Policies, Training, M&E System, and Patient Coverage).

Figure 3 highlights the progress Ethiopia has achieved in the Quality domain between October 2018 and October of 2019. This advancement was made through the work being done on the development of quality standards for DSD. These standards are being planned with support from CQUIN and build on the work done at the CQUIN meeting on Quality and QI of DSD that took place in Nairobi, Kenya in June 2019.

Figure 3: Dashboard Results 2018 vs. 2019



RESEARCH AND EVALUATION

MOH in collaboration, with ICAP and the Ethiopia Public Health Institute (EPHI), plans to conduct an evaluation of DSD implementation in 11 facilities from each region. Work is currently underway on the protocol development and the evaluation is planned for July-January 2020 and will assess the following:

- Recipient of care satisfaction with ASM
- Service provider satisfaction with ASM
- Outcomes of those enrolled in ASM, including viral suppression and retention
- Standards of services

NEXT STEPS/WAY FORWARD

DSD elements have been incorporated into the national district health information system (DHIS2) and multiple tools are used to collect DSD-specific data at the patient level. However, there are significant challenges with M&E for DSD including parallel systems and incomplete reporting. This is a priority for further improvement.

DSD M&E tools currently in use:

- Daily tally sheets that document various aspects of ASM
- Regional reporting tool for all health facilities implementing ASM
- Initial client assessment form to check for eligibility for UHEP-CAGs
- UHEP-CAG register and facility reporting form

While progress is already being made on the national quality standards for DSD, this work is ongoing, and completion is anticipated in November 2019.

