



Taking Differentiated Service Delivery to Scale in Ethiopia: Progress Towards Attainment of DSD Quality Standards

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BACKGROUND

Ethiopia joined the CQUIN learning network in 2017. Prior to joining, the Federal Ministry of Health (FMOH) had prioritized the scale-up of differentiated service delivery (DSD), launching a national program in October 2016 to focus on a single, less-intensive model: the appointment spacing model (ASM) with six-month, multi-month ART distribution (6-MMD). Following an intensive pilot phase, Ethiopia's ASM initiative was launched in June 2017 and is now available at all health facilities providing ART services, which account for more than 1,425 (95%) of the high-volume health facilities nationwide.

DSD implementation is coordinated by a national-level DSD Technical Working Group (TWG), which includes diverse stakeholders and partners and is led by the Ministry of Health. Overall implementation is governed by the national treatment guidance document and HIV National Strategic Plan (NSP).

DSD IMPLEMENTATION

Both less-intensive and more-intensive DSD models are implemented in Ethiopia. Less-intensive models for people established on ART include both facility- and community-based approaches, such as the Appointment Spacing Model (ASM/6MMD), Three Months ARV Dispensing (3MMD), Fast Track ARV Drugs Refill Model (FTAR), Health Extension Professional Managed Community ART refill group (HEP_CAG), and Peer Lead Community-based ART Distribution/Group (PCAD/G). More-intensive DSD models, which are intended for people who need close follow-up and frequent clinic visits, include DSD for people with advanced HIV disease (AHD), adolescents, key populations, and MCH. These more-intensive models are implemented at the health facility level.

As seen in Figures 1 and 2, Ethiopia's DSD model mix did not change significantly between 2021 and 2022, with the percentage of people on ART receiving 6+ MMD increasing slightly (from 53% to 54%) and a small increase in the proportion of people in community-based models. Challenges during the year included ARV shortages, political instability, and limited access to ART refills in some parts of the country.

Figure 1: DSD Model Mix: Results vs. Targets

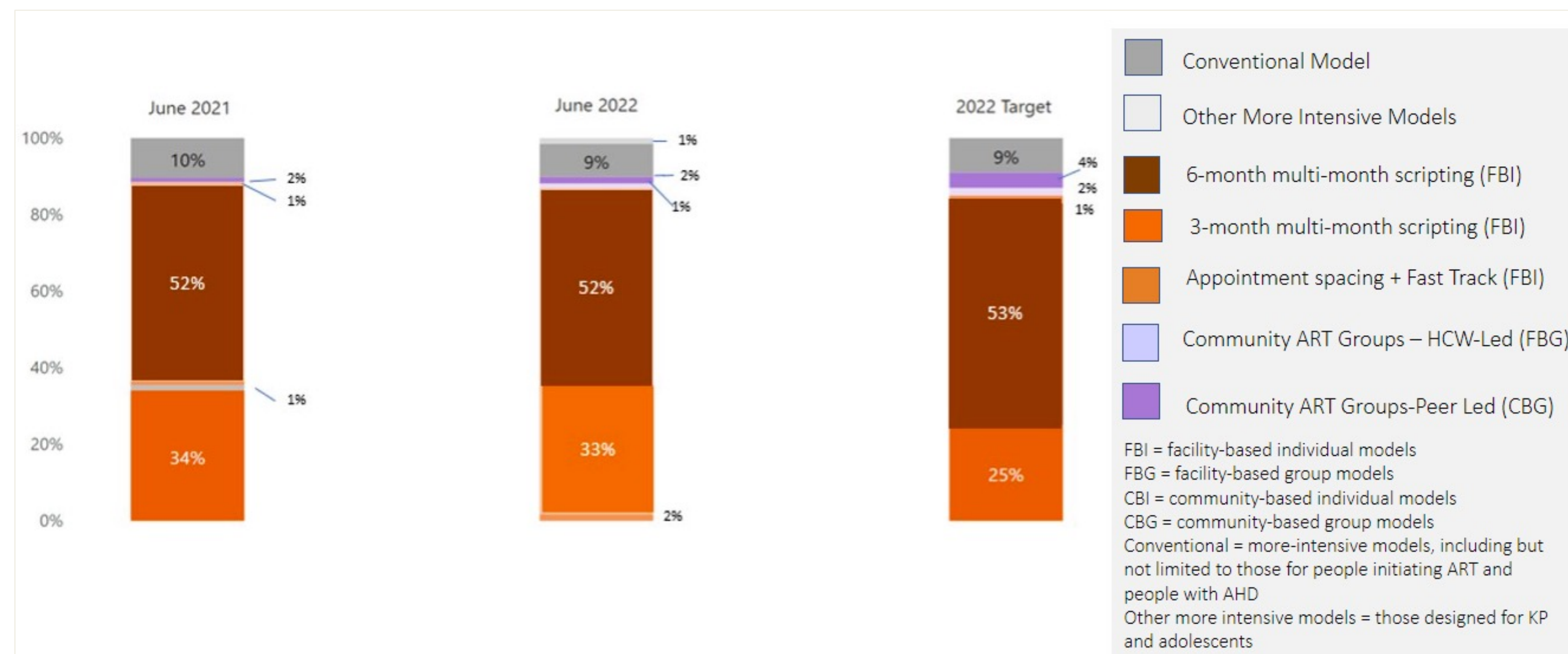
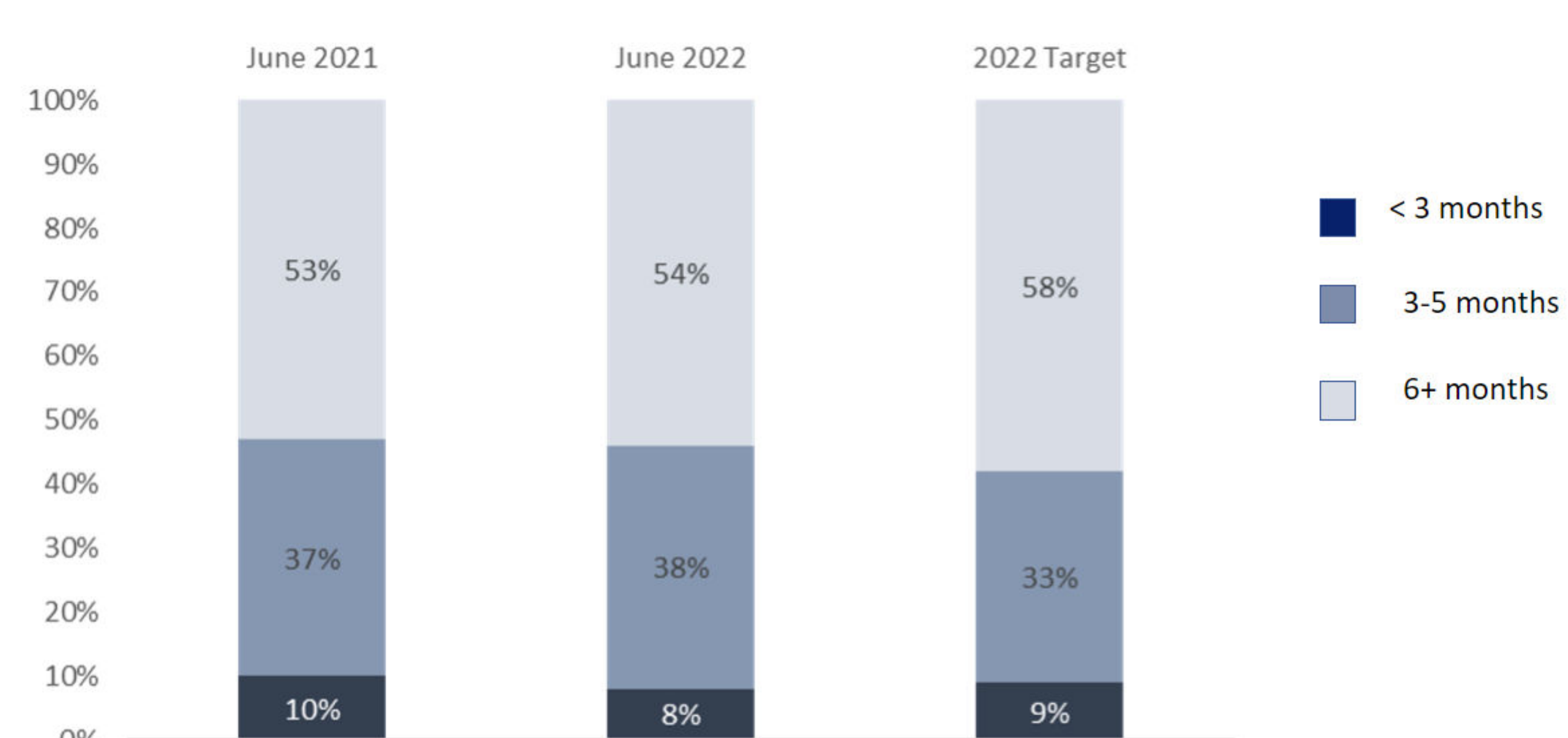


Figure 2: Multi-month Dispensing (MMD): Results vs. Targets



DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: CQUIN Treatment Capability Maturity Model Staging Results - 2022

Domain	Staging	Scale Up Plan	Family Planning	Quality
Policies	Most mature domains			
Guidelines	Most mature domains			
Coordination	Most mature domains			
Training	Most mature domains			
Procurement	Most mature domains			
Facility Coverage	AHD	M&E System	TB/HIV	Impact
Client Coverage	Community	Diversity	Key Populations	MCH

Most mature domains (dark green) | Least mature domains (red)

Figure 3 shows the results of the Ethiopia country team's recent self-assessment using the CQUIN DART capability maturity model. In 2022, Ethiopia achieved the most mature stage (dark green) in seven domains, while three domains were in the least mature (red) stage.

Figure 4 describes DART dashboard progress over time and results of the revised and expanded DART capability maturity model used in 2022.

Figure 4: CQUIN Treatment Capability Maturity Model Staging Results, Change Over Time

Domain	Ethiopia					
	2018	2019	2020	2021	CQUIN 2.0	2022
Policies	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Diversity	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Scale-up Plan	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Coordination	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Community Engagement	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Training	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
SOPs	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
M&E System	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Facility Coverage	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Client Coverage	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Quality	Red	Red	Red	Red	Red	Red
Impact	Red	Red	Red	Red	Red	Red
P&SM	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
AHD	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
KP	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
TB/HIV	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
MCH	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
FP	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green

Staging criteria changed (vertical label on right)

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Ethiopia has been involved in multiple CQUIN Communities of Practice, including DSD for MCH, M&E of DSD, DSD for AHD, Quality and Quality Improvement (QI) for DSD, and Differentiated HIV & NCD Services. These Communities of Practice have significantly contributed to joint learning by teams from different CQUIN member countries.

In 2022, Ethiopia visited Eswatini to learn about DSD models for people with AHD. Eswatini's experience decentralizing AHD services to lower-level facilities has served as an important example for Ethiopia's efforts to cascade and effectively implement AHD services across lower-level health facilities. In addition, prioritizing key action items was an important lesson learned from CQUIN meetings.

Best Practices

- Planning, cascading, and implementing AHD services across lower-level health facilities providing ART
- Cascading revised HMIS tools and trainings (which include DSD models) to all health facilities providing ART
- Optimizing eligibility screening, which helped to identify many stable clients eligible for MMD

NEXT STEPS/WAY FORWARD

- ✓ Develop Quality Standards & QI within the DSD TWG
- ✓ Prioritize improvement in performance of DART domains that are not mature (dark or light green)
- ✓ Establish active engagement with different Communities of Practice
- ✓ Conduct impact assessment on DSD
- ✓ Integrate NCD with DSD
- ✓ Scale up AHD implementation across most ART facilities



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