



Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services in Ethiopia

Ministry of Health, HIV/AIDS Prevention and Control Lead Executive Office



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BACKGROUND

Ethiopia launched its first DSD model (ASM/6MMD) as a pilot in October 2016 and began scaling it up in July 2017. The same year, Ethiopia joined the CQUIN network. DSD is coordinated by a national DSD technical working group, which includes recipients of care (RoCs). RoCs are also engaged in regional and facility-level platforms. Several key documents have been developed, including implementation manuals and M&E tools, but national DSD quality standards have yet to be developed. Ethiopia implemented its first-ever DSD performance review (DPR) this year, covering four regions (Addis Ababa, Amhara, Oromia, and Gambela), 24 health facilities, and a total sample size of 1,933 RoCs.

DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Results vs. Projections

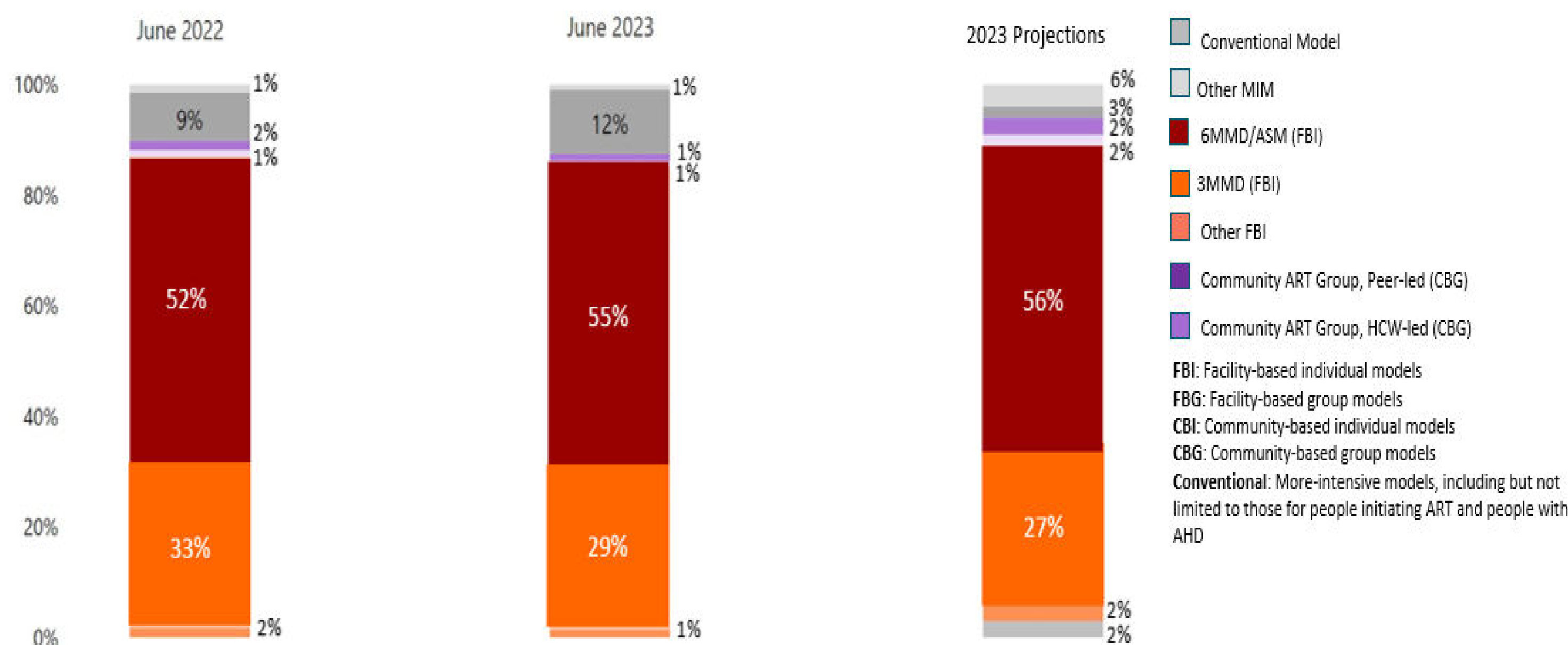
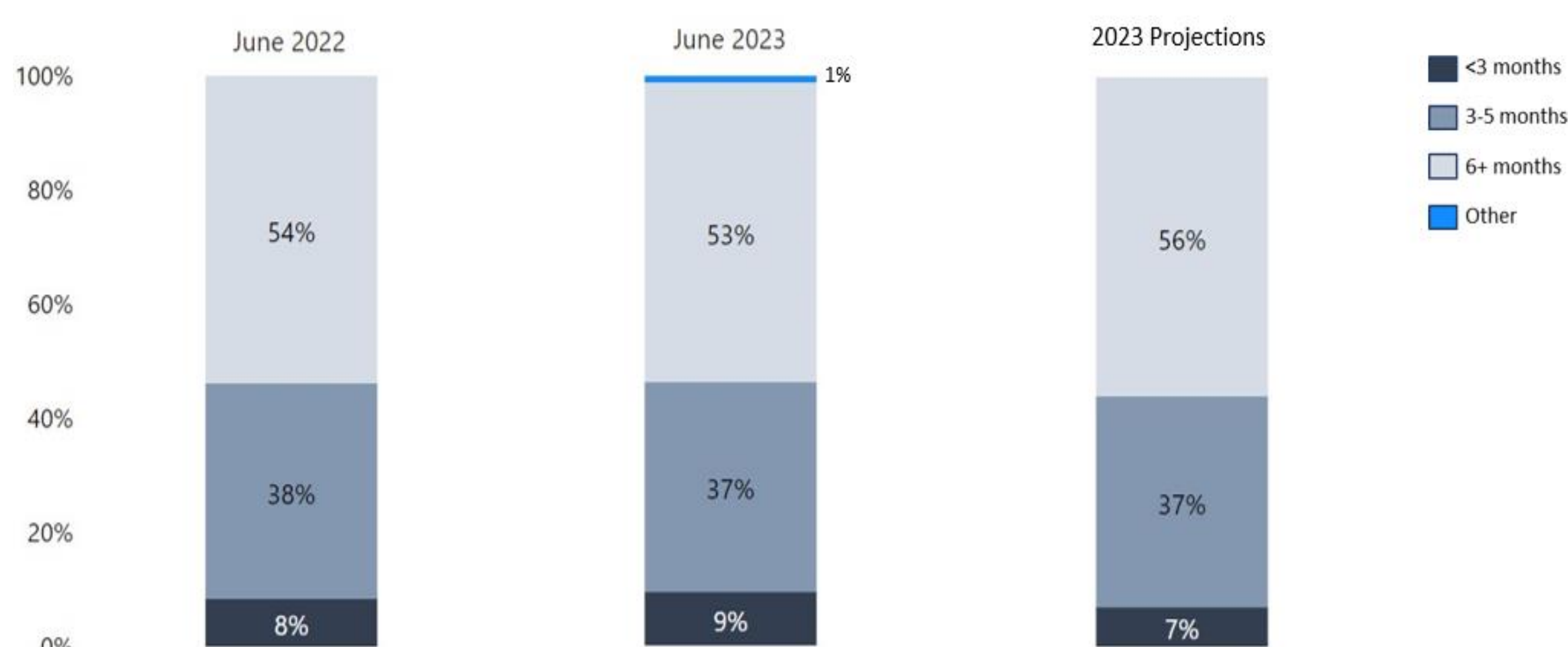


Figure 2: Multi-month Dispensing (MMD): Results vs. Projections



DSD Model Mix

Ethiopia has adopted five less-intensive models (6MMD/ASM, 3MMD, FTAR, CAG, and PCAD) and four more-intensive models (DSD for AHD, ALHIV, MCH, and KP). RoCs who are established on ART are eligible for less-intensive models. In Ethiopia, this includes those who have been on ART for at least 6 months, are virally suppressed with <50C/ml, and are lacking contraindications for less-intensive DART models, such as NCDs, acute illness, advanced HIV disease (AHD), and adherence challenges. 98% of sites are reporting on less-intensive DART and 91% of RoCs on treatment are enrolled in a less-intensive model.

MMD of ART

In 2023, 53% of RoCs taking ART are on 6MMD, 37% are on 3-5MMD, and 9% are on <3months MMD. 6MMD was mostly hindered in conflict prone-regions and due to supply chain challenges. The 1% in the 'Other' category include RoCs with an undocumented MMD category.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Ethiopia belongs to the following communities of practice: DSD coordinators, CQUIN HIV/NCD, KP, M&E, Quality and QI, AHD, TB/HIV, and MCH.
- CQUIN webinars and capability maturity models for DART, AHD, and dHTS have significantly informed DSD implementation in Ethiopia in the past year.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART Capability Maturity Model Trends (2022-2023)

	Ethiopia 2022	2023
Policies	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green
Diversity	Yellow	Light Green
Scale-up Plan	Yellow	Light Green
Coordination	Dark Green	Dark Green
Community Engagement	Dark Green	Dark Green
Training	Dark Green	Dark Green
M&E System	Yellow	Light Green
Facility Coverage	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green
Quality	Red	Light Green
Impact	Red	Light Green
P&SM	Dark Green	Dark Green
AHD	Dark Green	Dark Green
KP	Dark Green	Dark Green
TB/HIV	Dark Green	Dark Green
MCH	Dark Green	Dark Green
FP	Dark Green	Dark Green
HTN	Dark Green	Dark Green

Figure 3 shows the results of the DART capability maturity model in 2022 and 2023. In 2023, Ethiopia achieved the most mature stage (dark green) in **seven domains**, while **two domains** remained in the least mature (red) stage. Of note:

- Ethiopia conducted a DPR this year, which improved the impact domain from red to light green.
- The diversity domain improved due to the addition of new, more-intensive models (e.g., KP, AHD, MCH, and adolescents).
- Pregnant and breastfeeding women who are established on ART have been included in less-intensive DART models, which improved the MCH domain.
- National policies support the integration of FP services into less-intensive DART models. The ART program has been offering FP in HIV clinics and there are national coverage targets for the number of eligible women enrolled in DART who receive integrated FP services. However, there are still some notable data gaps in FP integration.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD Capability Maturity Model Results, 2023

	2023
Policies	Dark Green
Guidelines	Dark Green
SOPs	Dark Green
Coordination	Dark Green
ROC Engagement	Dark Green
AHD Scale-up Plan	Light Green
Training	Light Green
Diagnostic Capability 1	Light Green
Diagnostic Capability 2	Light Green
Facility Coverage	Light Green
Client Coverage 1	Light Green
Client Coverage 2	Light Green
Client Coverage 3	Light Green
Client Coverage 4	Light Green
Supply Chain	Light Green
M&E System	Light Green
Quality	Red
Impact	Red

Figure 4 shows the results of the AHD capability maturity model. In 2023, Ethiopia achieved the most mature staging (dark green) in **five domains** and light green in two, while **two domains** remained in the least mature (red) stage. In terms of the AHD domain, Ethiopia has the necessary strategic guidance documents for implementation in place and has rolled out AHD-related training. However, supply chain challenges were experienced with some AHD commodities and there were challenges with WAMBO procurement system bundles. Furthermore, quality standards have not yet been defined and an impact assessment has yet to be conducted.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS Capability Maturity Model Results, 2023

	2023
Policy: Strategic Model Mix	Dark Green
Policy: Optimizing HIV Testing	Dark Green
Financing and Resource Allocation	Dark Green
SOPs	Dark Green
Implementation and Scale-Up Plan	Dark Green
dHTS Training	Dark Green
Policy: Linkage	Light Green
M&E	Light Green
Procurement & Supply Chain Management	Light Green
Population Coverage	Light Green
Linkage to Tx: Timely Linkage	Light Green
Coordination	Light Green
Proficiency Testing	Light Green
EQA/IQC	Light Green
Clinical Services	Light Green
Meaningful CE	Light Green
Private Sector Engagement/Oversight Impact: Knowledge of HIV Status	Light Green
Impact: Linkage to Treatment	Light Green
Impact: Linkage to Prevention	Light Green
Linkage Tx: Confirm/Verification Testing Linkage to Prevention and Other Services	Light Green
Quality	Red
Impact	Red

Figure 5 shows the results of the dHTS capability maturity model. Ethiopia achieved the most mature stage (dark green) in **five domains**, light green in six, yellow in two, and **five domains** remained in the least mature (red) stage.

Achievements: National guidelines actively promote all testing modalities, including description of all seven normative guidance recommendations; Ethiopia adapted the necessary normative guidance for linkage; there was transparent, evidence-based financing and resource allocation; national dHTS SOPs have been developed for all dHTS testing approaches; a scale-up plan has been approved by MOH leadership, with input from key stakeholders; training materials have been updated and cascaded based on the dHTS scale-up plan; M&E tools capture all national priority indicators and are integrated into the DHIS2; and procurement and supply chain system procedures are in place.

Challenges: Engagement of non-PLHIV RoCs in dHTS; impact assessments for dHTS have not yet been done; and sub-optimal engagement and regulation of private sector service providers.

NEXT STEPS / WAY FORWARD

- Optimize leadership commitment to DSD scale-up
- Strengthen implementation of more-intensive models (e.g., AHD, DSD for KP, and adolescents), and scale up less-intensive models to more sites
- Conduct regular screening of RoCs to assess eligibility for less-intensive models
- Validate and disseminate DPR findings and implement post-DPR actions
- Establish and use national quality standards for DART services



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