

Ethiopia Country Updates

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- Where are we now?
 - Progress towards 95:95:95 targets
 - Treatment capability maturity model self-staging results
 - DART model mix and MMD
 - AHD CMM self-staging results
 - dHTS CMM self-staging results

How did we get here?

- Stakeholder coordination and prioritization processes
- Engagement with CQUIN
- Update on country action plans
- Update on integrating Non-HIV and HIV services
- Program sustainability efforts and opportunities
- Successes and challenges
- 2025 Priorities







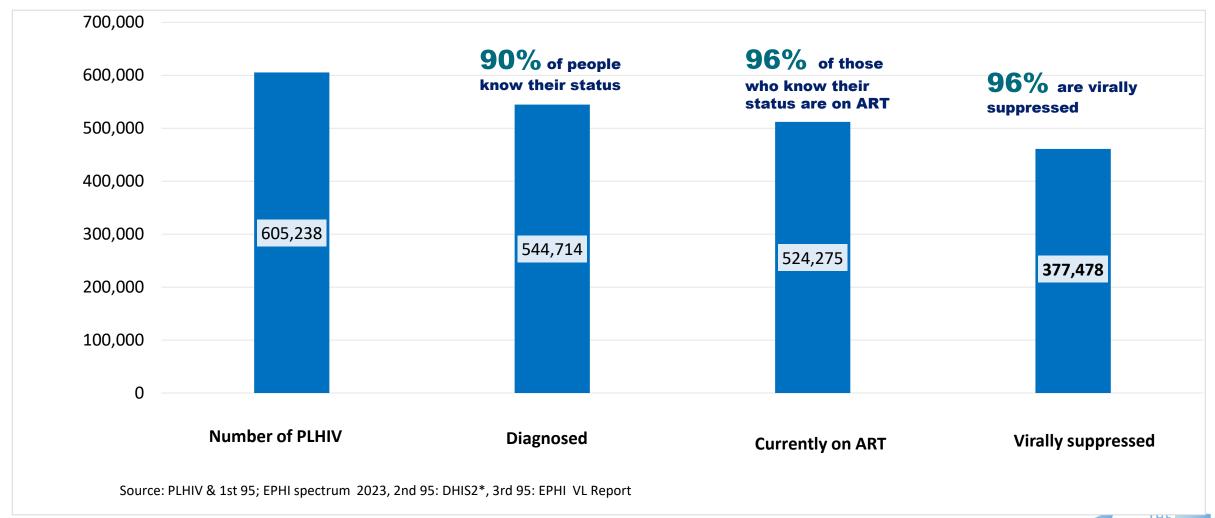
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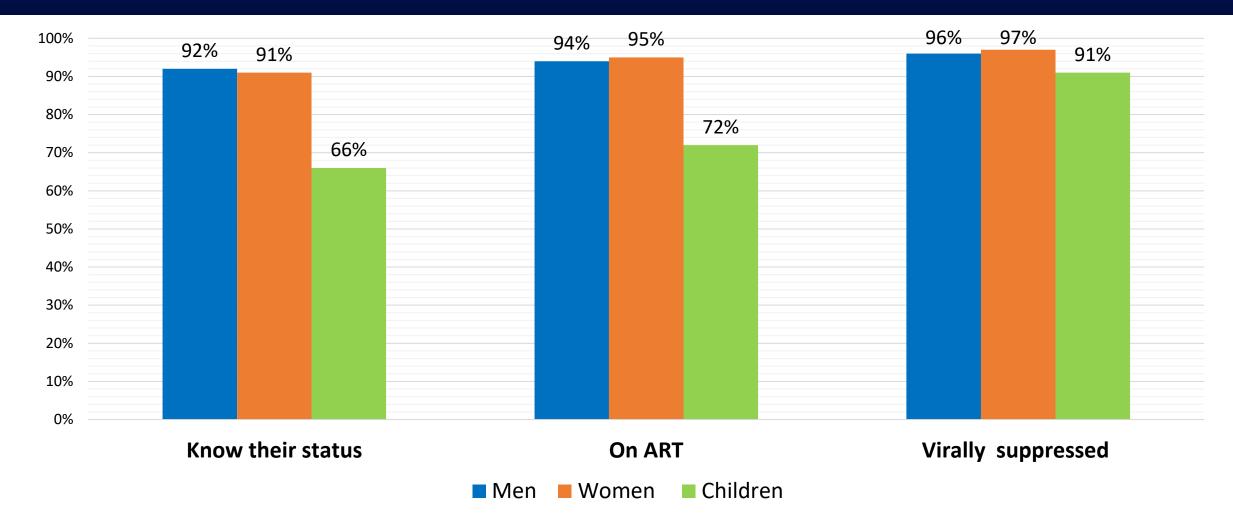
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Progress Towards the 95:95:95 Targets - 1 (Spectrum 2023)



Progress Towards the 95:95:95 Targets by Subpopulation – 2 (Spectrum 2023)





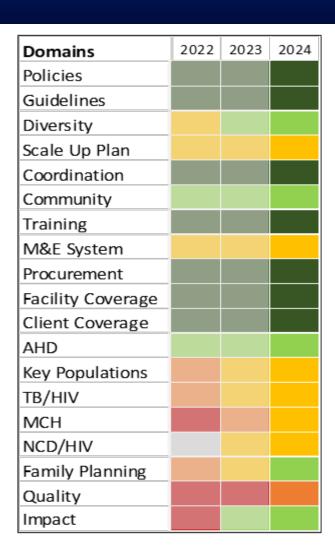
Ethiopia Treatment CMM Results: 2024

Policies			
Guidelines		Scale Up Plan	
Coordination	Diversity	M&E System	
Training	Community	Key Populations	
Procurement	AHD	TB/HIV	
Facility Coverage	Family Planning	МСН	
Client Coverage	Impact	NCD/HIV	Quality

- Most mature Least mature
- DSD enhanced diversity through expanded models (KP, AHD, MCH and adolescents).
- PBFW on ART included into less intensive DART models, benefiting MCH domain.
- National policies support FP integration within DART and ART programs. Coverage targets exist, but data quality issues persist.



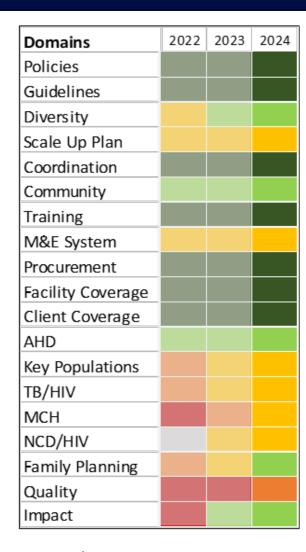
Ethiopia Treatment CMM Results: Change Over Time - 1



- In 2024, Ethiopia achieved the most mature stage (dark green) in **7** domains, light green in 5, while 1 domain remained in the least mature orange stage.
- Improvement is observed in 3 domains; FP (light Green) MCH (yellow) and Quality domains (orange).
 - FP improved due to the increment of service provision by 10% to a FP coverage of 54% among WLHIV of reproductive age
 - MCH- SOP developed and data entry to DHIS2 improved
 - The development of an SQA tool for DSD and other continued DSD QI initiatives have contributed to progress with the quality domain.

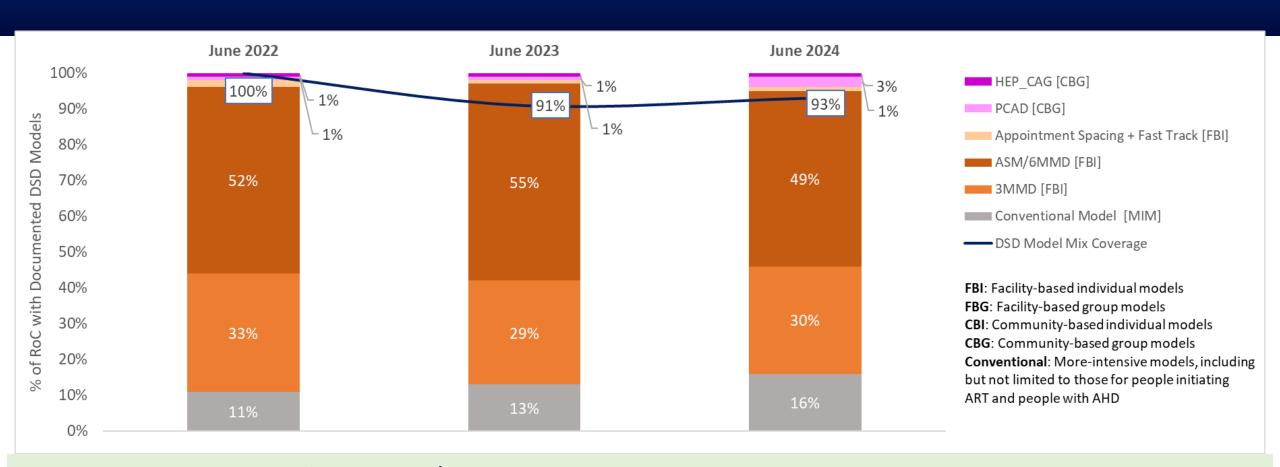


Ethiopia Treatment CMM Results: Change Over Time - 2



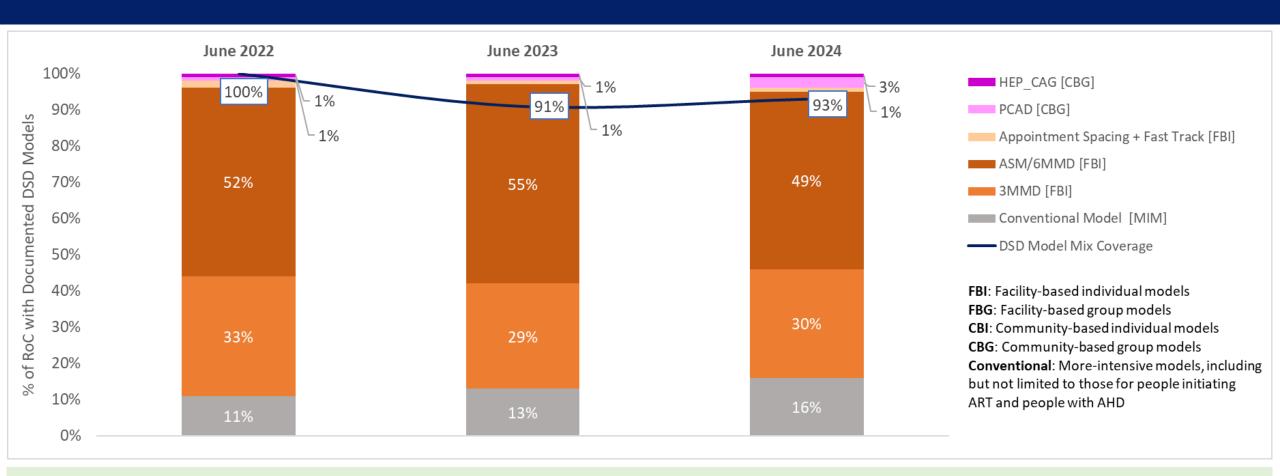
- Scale-up plan not all strategic choices are fully integrated into the National Strategic Plan (NSP) for HIV. (Coverage targets, population groups, and plans for updating the M&E system are lacking).
 - These gaps have hindered progress in improving scores. However, detailed activities are included in the operational plan.
- The M&E domain remains stagnated in yellow staging due to the inability to disaggregate retention and VLS by DSD model type and MMD.
 - This gap will be addressed when revisions to the national HMIS are made in year 2026/27
- Key populations lower coverage (<50%) for KPs was the main challenge to achieve improvement in this domain.
- Lack of data by DART model type was the key reason for stagnated performance with the TB/HIV and NCD/HIV domains.
- 2nd-round DPR was not conducted due to limitations in budget.

Ethiopia Differentiated Treatment Model Mix - 1



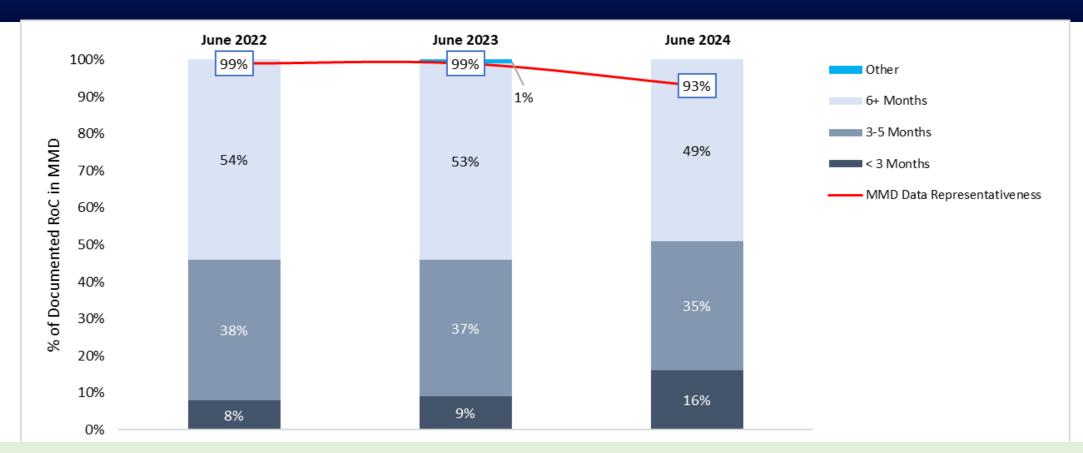
Less intensive models (i.e., ASM/6MMD, 3MMD, Fast Track ART Refill [FTAR], Health Ext. Professional managed Community ART Refill Group [HEP-CAG], Peer-Led Community ART Distribution/Group [PCAD/G], Community Adolescent and Youth Groups, and MCH) are designed for stable RoC with a focus on facility and community-based person-centered care

Ethiopia Differentiated Treatment Model Mix - 2



More intensive models (i.e., DSD for ALHIV, KP, and AHD) are for RoC requiring closer monitoring and frequent clinic visits. The increase in the conventional model in 2024 resulted from the inclusion of a significant number of PLHIV in the more intensive model (AHD) and an increase in RoC with shorter ART refill frequency in conflict-affected areas.

Ethiopia Differentiated Treatment: Multi-month Dispensing



- 84% of clients are on 3+MMD
- Proportion of clients in <3MMD has doubled from 8% in 2022 to 16% in 2024. This is explained by shorter refill frequencies in conflict-affected areas. Moreover, for RoCs in more intensive models (AHD, KP-DSD, and Facility-based Adolescent DSD models), refills are <3 months.

Ethiopia AHD CMM Results 2024

Policies				
Guidelines				
AHD Scale-up Plan				
SOPs				
Coordination				
ROC Engagement			Facility Coverage	
Training		Client Coverage 3	Client Coverage 1	
Diagnostic Capability 1		Supply Chain	Client Coverage 2	
Client Coverage 4	Diagnostic Capability 2	M&E System	Quality	Impact
Most mature				Least mature

In 2024, Ethiopia achieved the most mature staging (Dark Green) in 9 domains, while the impact domain remained in the least mature (Red) stage



Ethiopia AHD CMM Results – Trend Over Time (2022-2024) -1

Damaina	2022	20.22	2024
Domains	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Supply Chain			
M&E System			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Quality			
Impact			

- Implementation of AHD across all regions (14) has resulted in improvement in the scale-up plan staging.
- Moreover, national and sub-national level AHD trainings were provided.
- Significant improvements were observed in Diagnostic
 Capability 1 and 2 and Client Coverage 4.
 - Key factors contributing to this progress include the expansion of CD4 testing to over 97% of HF, widespread availability of TB diagnostic tests (Xpert MTB/RIF, TB LAM), CrAg in most HF, and the provision of treatment to all diagnosed cases with cryptococcal meningitis.
- SQA tools that include AHD were developed leading to an improvement with the Quality domain.

Ethiopia AHD CMM Results – Trend Over Time (2022-2024) - 2

Domains	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Supply Chain			
M&E System			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Quality			
Impact			

- The M&E domain remains stagnated in the yellow staging due to lack of disaggregated AHD cascade data in the national HMIS/DHIS2. This gap is expected to persist until revisions are made in 2026/27.
- AHD performance reviews were conducted with the regions.

Ethiopia Differentiated Testing CMM – 2024

Domains	2023	2024
Policy: Strategic Model Mix		
Policy: Optimizing HIV		
Policy: Linkage		
Finance/Resource Allocation		
SOPs		
Scale-up Plan		
Community Engagement		
Private Sector Engagement		
Coordination		
dHTS Training		
M&E		
Procurement/Supply Chain		
Population Coverage		
Linkage to Tx: Timely Linkage		
Linkage to Tx: Verification		
Linkage to Prevention		
EQA/IQC		
Proficiency Testing		
Clinical Services		
Impact: Knowledge of Status		
Impact: Linkage to Tx		
Impact: Linkage to Prevention		

- Policy on Linkage and M&E progressed from light green to dark green:
 - Linkage improved because policies support provision of prevention services immediately after testing
 - M&E improved due to availability of the 6 indicators within the HMIS and evidence of data use at all levels
- Community Engagement positively shifted all the way from red to dark green. HTS TWG ToR revisions demonstrated meaningful RoC involvement in demand creation, service provision, and M&E.
- Proficiency Testing regressed from yellow to orange because there
 was no nationally representative data on percentage of testers
 achieving acceptable pass rates.



Ethiopia

dHTS	
Domains	2024
Policy: Strategic Model Mix	
Policy: Optimizing HIV	
Policy: Linkage	
Finance/Resource Allocation	
SOPs	
Scale-up Plan	
Community Engagement	
Private Sector Engagement	
Coordination	
dHTS Training	
M&E	
Procurement/Supply Chain	
Population Coverage	
Linkage to Tx: Timely Linkage	
Linkage to Tx: Verification	
Linkage to Prevention	
EQA/IQC	
Proficiency Testing	
Clinical Services	
Impact: Knowledge of Status	
Impact: Linkage to Tx	
Impact: Linkage to	

DART		
Domains	2024	
Policies		
Guidelines		
Diversity		
Scale Up Plan		
Coordination		
Community		
Training		
M&E System		
Procurement		
Facility Coverage		
Client Coverage		
AHD		
Key Populations		
TB/HIV		
MCH		
NCD/HIV		
Family Planning		
Quality		
Impact		

AHD		
Domains	2024	
Policies		
Guidelines		
AHD Scale-up Plan		
SOPs		
Coordination		
ROC Engagement		
Training		
Supply Chain		
M&E System		
Diagnostic Capability 1		
Diagnostic Capability 2		
Facility Coverage		
Client Coverage 1		
Client Coverage 2		
Client Coverage 3		
Client Coverage 4		
Quality		
Impact		

Overview of HIV Program 2024 CMM Results

- Across the three CMMs, most enabling domains are in the most mature stage, which could enhance effective implementation and improved outcomes.
- Going forward, coverage, quality, and impact domains will be prioritized.



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Engagement with CQUIN

In the past year:

- Ethiopia has participated in different communities of practice (COP) including MCH-DSD, M&E of DSD, DSD for AHD, Quality and Quality Improvement for DSD, DSD coordinators meetings, dHTS and NCD/HIV integration
- No country-to-country learning exchange visits occurred in the past two years. In 2024, the team planned a C2C exchange visit on Quality of DSD to Ghana, but it did not happen due to internal challenges. This visit will take place in early 2025.



Stakeholder Coordination and Prioritization Processes

- Platforms used for planning and coordinating DSD activities include the:
 - DSD TWG
 - HTS TWG
 - Pediatric/adolescent TWG
 - HIV/NCD integration task force
- A total of 15 virtual and in-person meetings have been conducted on DSD across the four TWGs.
- RoC associations are represented in these meetings (NEP+, NNPWE, Ask Us Children, Adolescents and Youth LWHIV).



Stakeholder Coordination and Prioritization Processes

- Action items prioritized at CQUIN meetings in the past year, which have been included or confirmed for funding:
 - 1. Scale-up and implementation of NCD/HIV integration PEPFAR
 - 2. Implementation of AHD-related commodity forecasting, quantification and procurement plan completed for AHD minimum package of care Global Fund
 - 3. Develop national AHD service quality standards PEPFAR
- Process used to prioritize these action plans for donor buy-in and funding prioritization through COP23 and GF
 - These DSD activities were included in CoP planning (COP24) and the GF application process



DSD Review Meetings: Main Findings

- Ethiopia conducted its first DPR in May 2023
 - No DPR was conducted in FY 2023/24 due to budget limitations
- DSD, NCD and AHD performance review (annual review Meeting) conducted

DSD RM Findings:

- Delayed distribution of AHD supplies
- DSD implementation
 was interrupted in
 conflict affected areas
 due to challenges with
 accessing health
 facilities
- DSD data quality

NCD RM Findings:

- Shortage of trained service provider, work overload
- Lack of lab reagents, RoC are paying for lab tests, Supply shortage
- RoC who are receiving integrated services are facing huge financial burden;
- Documentation gaps

AHD RM Findings:

- Lengthy process to avail AHD
 Commodities to facilities
- •CD4 cartridge near expiry supply interruptions in most regions
- •Missed opportunity at inpatients in diagnosing and managing clients
- •Low CrAg test uptake, FPT and CCM treatment. (Client coverage)
- Documentation gaps



Update on Country Action Plans from 2024 Meetings

Activities that have been successfully completed includes:

Scale up AHD management to 300 HFs.

Provision of OI prevention services (TPT and CTX prophylaxis as well as Cryptococcal pre-emptive treatment) in the national AHD package for eligible clients

Increased performance of FP service provision and integration among WLHIV within the reproductive age by 10% - reached 54%

Developed national AHD service quality standards and leveraged CQUIN's quality toolkit resources to create a SQA tool aligned with national quality standards

Update on Country Action Plans from 2024 Meetings

Ongoing activities include:

- Improve TPT reporting
- Improve reporting and data quality in MCH DSD
 - SOP developed with ongoing follow-up for the M&E system)
- Strengthen the M&E for DSD
- Activities that were dropped for lack of funding include:
 - Conduct a second DPR
 - Conduct an AHD SQA



Update on Integrating Non-HIV with HIV Services - 1

Defining integration:

- In Ethiopia, integration of non-HIV services into HIV services is supported by national policy documents (NSP and National HIV Guidelines)
- Integration, in Ethiopia's context, is defined as screening for comorbidities/co-infections and their management in ART clinics (including FP services provision)

Progress updates since the integration meeting:

- Scale-up of HIV-NCD integration services at community and facility level
- NCD/HIV integration manual finalized
- NCD/HIV integration training package is under development
- National NCD/HIV integration workshop to scale-up services has been conducted
- Integration performance has been reviewed and action plans identified



Update on Integrating Non-HIV with HIV Services - 2

Establishing a coordinating mechanism

- A sub-team from the national taskforce, comprising of members from the MOH HIV and MCH team, ROCs and implementing partners, has been established to integrate MCH services, including FP, into HIV services
- The NCD/HIV integration services are coordinated by the national task force for NCD/HIV service integration.
- After the integration meeting, three consecutive follow-up meetings were held to track progress on the action plans.

Community engagement

- In 2024, ROCs started working with the national DSD TWG and MOH on advocacy, collaboration, and program-level joint supportive supervision.
- A community engagement framework was also developed to ensure PLHIV voices are included in DSD guidelines and implementation.

Update on Integrating Non-HIV and HIV Services - 3

- Ethiopia has defined targets and indicators for FP among WLHIV and for NCD/HIV.
- Based on the FY2024 Q1 performance report, 54% of eligible WLHIV are on modern contraceptives.
- An FP focal person has been co-opted into the national DSD TWG.
- Activities still in progress:
 - HCW training
 - Joint DQA
 - Development of IEC materials on integration

Program Sustainability Efforts and Opportunities - 1

Sustainability of DSD activities

- DSD activities within the CQUIN Learning Network have been adopted through in-country funding mechanisms to ensure they are sustained.
 - dHTS CMM staging was a key activity which was initiated by CQUIN and currently owned by the MOH.
- Adaptations made to these initiatives for sustainability in each CMM, implementation of different initiatives was contextualized.
- Other plans to ensure country DSD programs are sustained:
 - Ensure routine DSD program implementation is included in the national HIV program annual operational plan
 - Strengthen M&E of DSD for integrated reporting

Program Sustainability Efforts and Opportunities - 2

National sustainability roadmap

- Extent to which DSD is factored into the ongoing national sustainability planning in-country
 - DSD approaches are included in Ethiopia's broader national sustainability efforts - which includes Policies, Guidelines (NSP), Quality Services and M&E Systems
- Extent to which integrated service delivery is factored into the ongoing national sustainability planning in-country
 - Integrated service delivery of non-HIV services, such as TB, MCH, FP, cervical cancer and NCDs is incorporated into national planning with a holistic care approach that is patient-centered
 - Systematic integration is supported by the national policies and guidelines in the annual operational plan of the national HIV program

DSD Implementation Successes in 2024 - 1

- Ensured provision of OI prevention services (TPT and CTX prophylaxis as well as Cryptococcal pre-emptive treatment) in the national AHD package for eligible clients
- SOPs have been developed for the MCH DSD
- Developed national DSD and AHD quality standards and an SQA tool
- Scale-up of HIV/NCD integration at facility- and community-level and conducted progress reviews
- Included DSD activities in PEPFAR CoP23 approval and GF grant requests



DSD Implementation Successes in 2024 - 2

- ROCs were meaningfully engaged in advocacy and collaborative activities with the national DSD TWG.
- In collaboration with other stakeholders, the community-based adolescent and youth DSD model was adapted.
- Specific supportive supervision on AHD and community-based Adolescent & Youth DSD models (CA&Y DSD) and reviews were conducted.



Challenges in DSD Implementation in 2024

- Delayed distribution of AHD supplies for phase II and III HF caused gaps in implementation
- 2nd DPR and AHD assessment were not conducted due to resource limitations
- Data quality gaps inconsistency and inaccurate reporting in the DHIS2



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DSD Priorities for 2025

- The most important DSD-related goals and/or projections for 2025:
 - Increase DSD coverage
 - Integration
 - Increase HIV/FP coverage from 54% to 58%
 - Ensure inclusion of the private sector to standardize service delivery
 - Data Quality
 - Conduct DPR and AHD performance assessments
- Learning areas of interest within the CQUIN network in the coming year :
 - Learning visit on DART and AHD quality standards and QI initiatives
 - Linkage to prevention and testing for re-engagement



Acknowledgements

- CQUIN project team and member countries
- Bill & Melinda Gates Foundation
- ICAP Ethiopia
- PEPFAR
- CDC Ethiopia
- USAID Ethiopia
- Project Hope Ethiopia
- National DSD TWG members
- CSOs: NEP+, NNPWE and Ask Us
- Global Fund







Thank You!

