



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

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MINISTRY OF HEALTH-ETHIOPIA

BACKGROUND

The Ethiopian Ministry of Health (MOH) prioritized scaling up differentiated service delivery (DSD) in October 2016, launching a national program focused on the 6-month multi-month dispensing (6-MMD)/appointment spacing model (ASM). Ethiopia joined the CQUIN learning network in 2017.

HIV, NCD, TB, mental health, and FP services integration activities are coordinated by HIV/AIDS Prevention and Control LEO and overseen by the National DSD TWG, in collaboration with various departments within the MOH. The National HIV/AIDS Program Consolidated Guideline and other implementation manuals and SOPs serve as the framework for coordinated implementation.

Draft NCD/HIV care integration implementation manual has been developed by adopting global and regional recommendations learnt from CQUIN Non-HIV service integration meeting. The pilot implementation of the NCD/HIV integration review meeting and dissemination workshop was held in June 2024.

Draft DSD service quality standards and tools for quality assessment were developed in 2024. To evaluate the implementation of these standards and identify areas for improvement, the DSD quality assessment will be conducted in 2025.

In 2024, ROCs were actively engaged in key priority areas like advocacy and collaborative activities with the national DSD TWG. Program-level joint support supervision was conducted in collaboration with MOH. In addition, the RoC community engagement framework was developed to ensure that PLHIV needs are acknowledged during the development of DSD guidelines, strategies, and policies, as well as during DSD implementation.

DSD IMPLEMENTATION

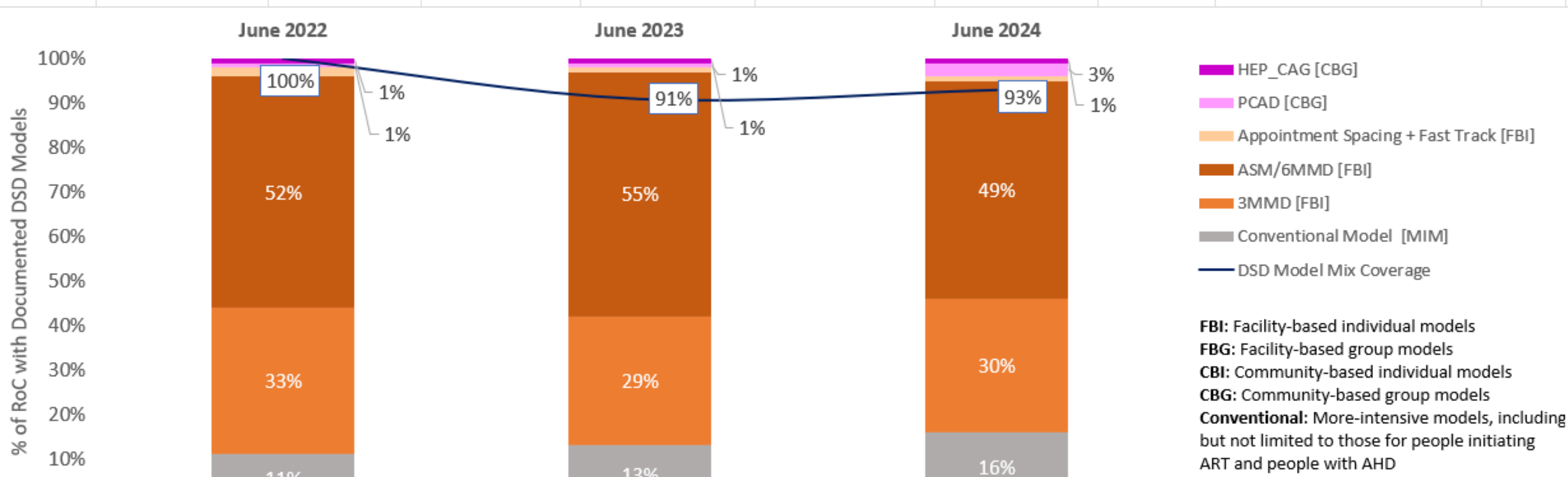
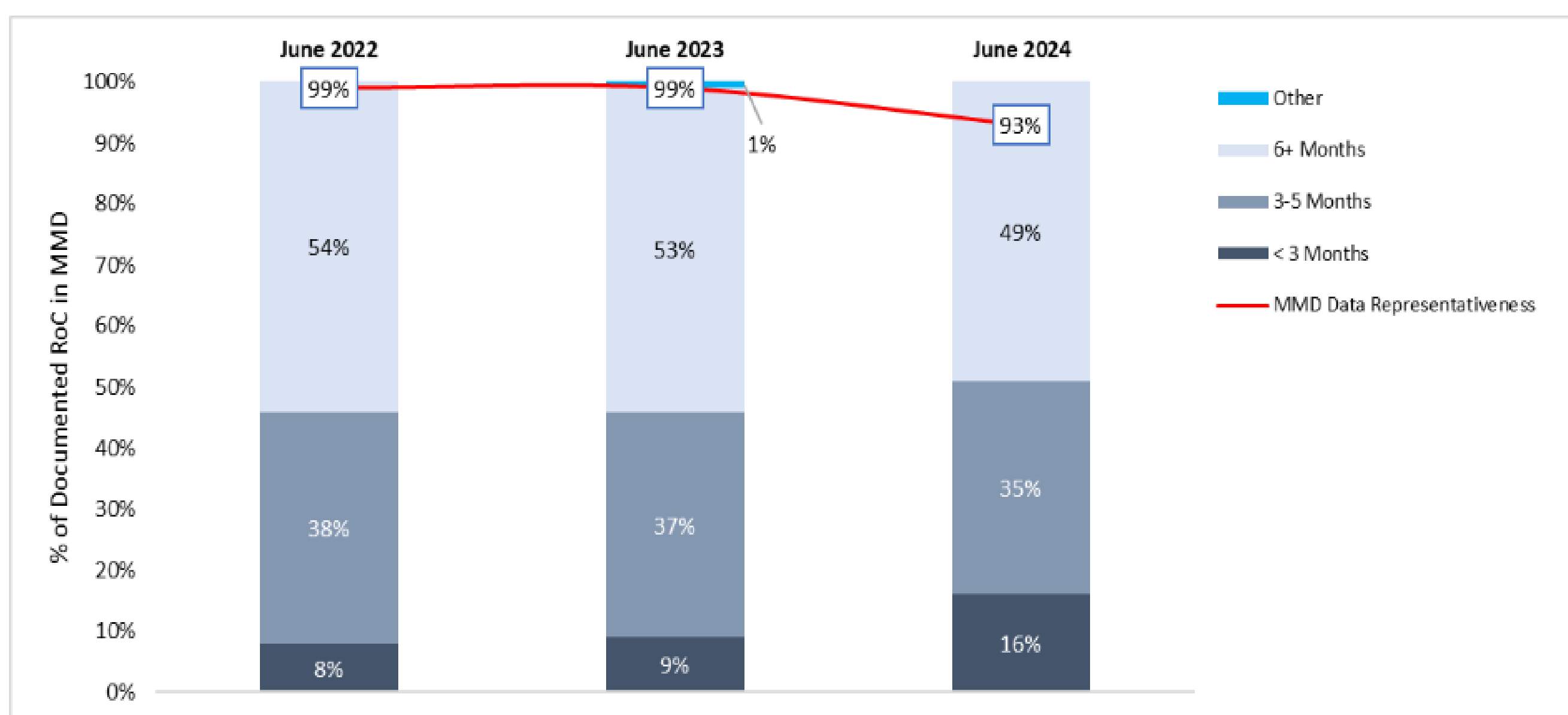


Figure 2: Multi-Month Dispensing (MMD): Trend Over Time, 2022-2024



A range of DSD models, tailored to the specific needs of different population are offered in Ethiopia. Less intensive models such as ASM/6MMD, 3MMD, FTAR, HEP_CAG, PCAD/G, Community Adolescent & Youth DSD (CAYDSD), and MCH are designed for stable clients and often involve facility- and community-based care. More intensive models, including DSD for ALHIV, KP, and AHD are provided for clients requiring closer monitoring and frequent clinic visits. As of June 2024, 93% of PLHIV on ART were in the various DSD models, while >3MMD* coverage was 84%.

DSD programs are delivered through a network of over 1,550 HF. This demonstrates the country's commitment to improving healthcare access and optimizing ART delivery to its population.

At the end of June 2024, 49% of RoC were on 6+MMD. The slight decline in ASM/6MMD in 2024 is attributed to incomplete reporting which is associated with instability in some regions. Compared to 2022, the proportion of clients in <3MMD in 2024 has doubled from 8% to 16%. This is explained by shorter ART refill frequencies in conflict-affected areas. Moreover, inclusion of clients in more intensive models with a refill of <3months (e.g., AHD and KP-DSD) has significantly contributed to the increase.

* Tigray Region [a conflict-prone area] was not included due to incompleteness in reporting.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Ethiopia has been a significant contributor to various Communities of Practice (CoPs), which include MCH-DSD, M&E of DSD, DSD for AHD, Quality and Quality Improvement for DSD, dHTS and NCD/HIV integration, fostering enhanced joint learning within the learning network.
- No country-to-country cross-learning occurred in the past two years. In 2024, the country team had planned for a C2C on quality for DSD, but it didn't happen.
- Joint planning, monitoring, implementation of integrated services (e.g., Sayana Press), a one-stop shop for FP/HTN services, data use, and RoC engagement were some of the lessons learned from CQUIN.
- The development of the implementation manual for HIV-NCD integration and DSD Service Quality Assessment (SQA) tool were some achievements from recent engagement.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 3: DART CMM Trends (2022-2024)

Domains	2022	2023	2024
Policies	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green
Diversity	Yellow	Light Green	Light Green
Scale Up Plan	Yellow	Yellow	Yellow
Coordination	Dark Green	Dark Green	Dark Green
Community	Light Green	Light Green	Light Green
Training	Dark Green	Dark Green	Dark Green
M&E System	Yellow	Yellow	Yellow
Procurement	Dark Green	Dark Green	Dark Green
Facility Coverage	Dark Green	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green	Dark Green
AHD	Light Green	Light Green	Light Green
Key Populations	Yellow	Yellow	Yellow
TB/HIV	Yellow	Yellow	Yellow
MCH	Yellow	Yellow	Yellow
NCD/HIV	Yellow	Yellow	Yellow
Family Planning	Yellow	Yellow	Yellow
Quality	Orange	Orange	Orange
Impact	Red	Red	Red

Figure 3 shows Ethiopia's recent self-assessment using the CQUIN DART capability maturity model for years 2022, 2023, and 2024. In 2024, Ethiopia achieved the most mature stage (dark green) in 7 domains, light green in 5 domains and yellow in 6 domains. A remarkable improvement is observed in 3 domains; namely: FP (light green), MCH (yellow) and quality (orange).

DSD enhanced diversity through expanded models for KP, AHD, MCH, and adolescents. PFW on ART were included into less intensive DART models which is attributed to the improved maturation with the MCH domain. National policies support FP integration within DART. Coverage targets exist, but data quality issues persist.

The development of the SQA tool greatly facilitated quality improvement [refer to the improved maturation with the quality domain].

The M&E domain remains stagnated in yellow staging due to the inability to disaggregate retention and VLS by DSD model type and MMD. HMIS revisions are done every five years and are anticipated to take place in 2026-2027.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD CMM Results, 2024

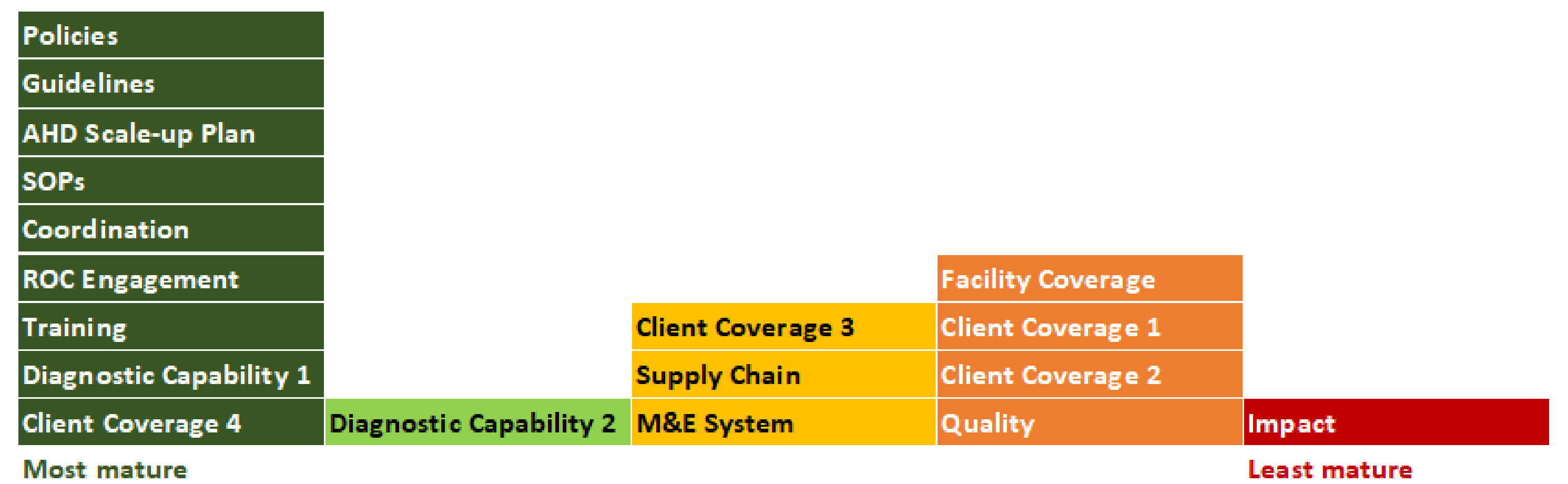


Figure 4 shows results from the recent self-assessment using the CQUIN AHD capability maturity model. In 2024, Ethiopia achieved the most mature stage (dark green) in 9 domains, while the impact domain remained in the least mature (red) stage. Remarkable improvement is observed in 5 domains (training, diagnostic capability 1, client coverage 4 (dark green) diagnostic capability 2 (light green) and quality (orange)). There was also improved access to TB/HIV lab diagnostic services for AHD, expansion of AHD services to all regions, and provision of cascade trainings at both the national and sub-national levels.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS CMM results, 2024

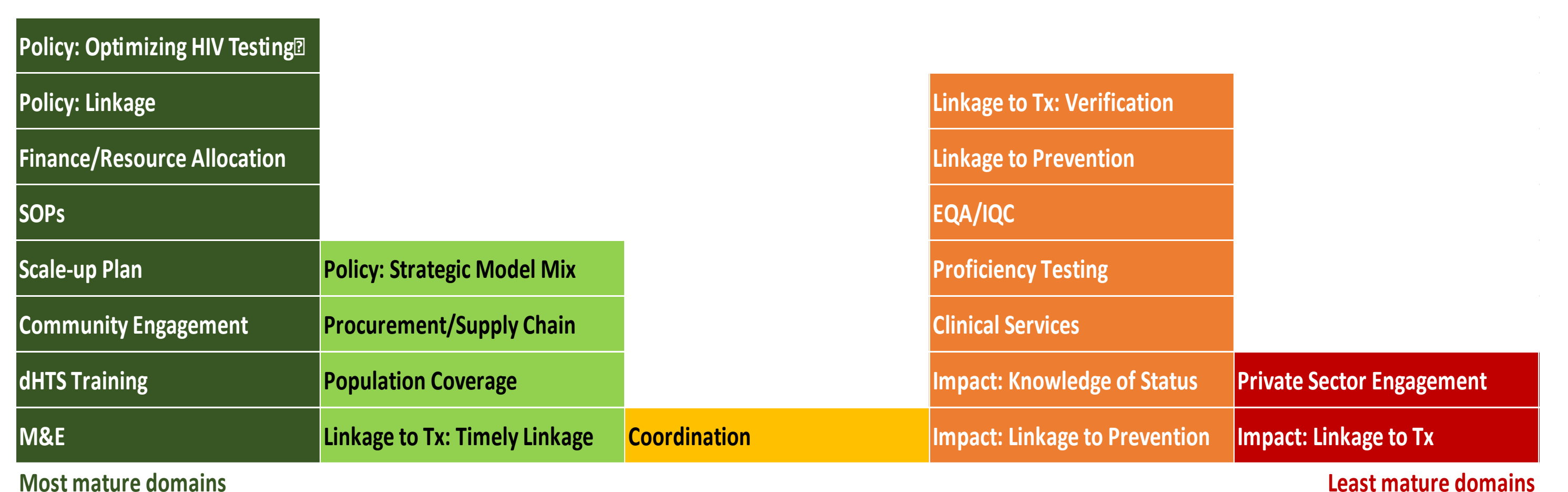


Figure 5 shows results from the country's recent self-assessment using the CQUIN dHTS capability maturity model. In 2024, Ethiopia achieved the most mature stage (dark green) in 8 domains, while 2 domains remained in the least mature (red) stage. Continued capacity-building efforts at both the national and sub-national levels, incorporation of the dHTS domain within the national SQA tool for DSD services, and other quality improvement activities were key factors contributing to improved performance across domains.

NEXT STEPS / WAY FORWARD

- Ensure implementation of HIV/FP and NCD integration plans
- Conduct national DSD service quality assessment
- Scale-up of AHD package of care to 500 HF; in a phased approach
- Ensure ROC engagement in service integration, re-engagement for adherence and retention and service quality improvement
- Support data quality improvement and data use; mainly with DSD services
- Give due attention to address gaps in least mature domains across the three CQUIN CMMs
- Strengthen leadership engagement in advocacy of DSD services.
- Conduct a second DPR and AHD performance review if resources are secured.