



# Client preference and viral suppression among PLHIVs enrolled in the community differentiated service delivery (DSD) models in Ethiopia



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## 1. Background

- Community-based differentiated service delivery (C-DSD) is a person-centered approach to improve access to HIV services and reduce burdens on the health system.
- In the **Community HIV Care and Treatment (CHCT)** activity in Ethiopia, Project HOPE provides technical assistance to local implementing partners to scale up two types of C-DSD models: peer-led ART distribution (PCAD) and Health Extension Professional-managed ART refill group (HEP\_CAG).
- This abstract summarizes client preference and rates of viral suppression among clients who selected PCAD vs those who selected the HEP\_CAG model.

## 2. Program Description

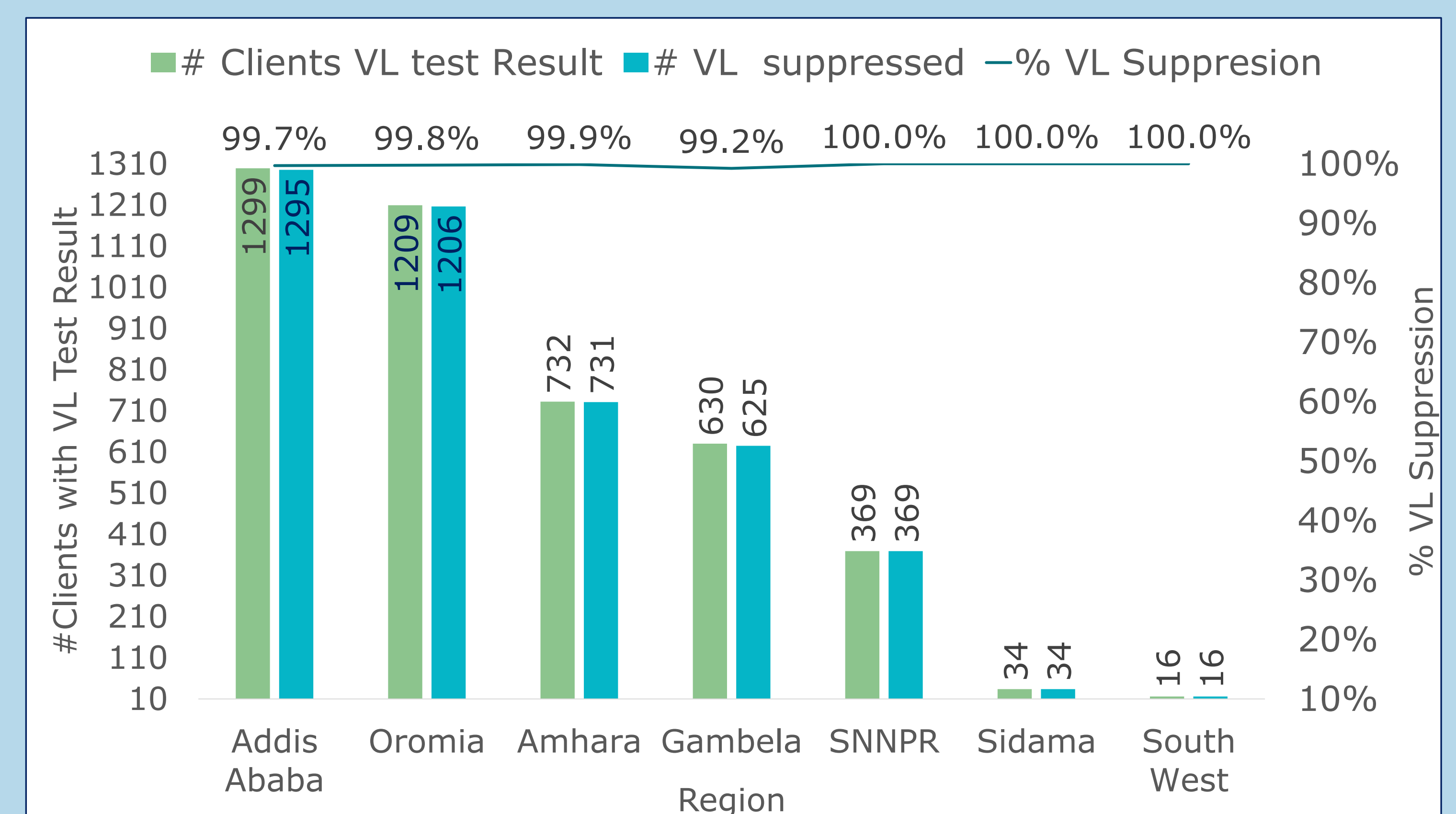
- Based on eligibility criteria; stable adult client at least one year on ART with good adherence & VL suppressed clients were provided the option to enroll into PCAD or HEP\_CAG model.
- Group leaders (PCAD model) and Health Extension Professionals (HEP\_CAG model) collected ARV drugs from the ART pharmacy, distributed them to self-forming groups of stable PLHIV, and conducted adherence assessments during refills.
- The CommCare application was used for electronic data collection and data quality checking.
- A prospective comparative analysis was conducted on clients' C-DSD model preferences and viral load suppression using Excel and STATA software version-13.

## 3. Results

- From October 2020-December 2022, a total of 15,321 clients were enrolled, including 11,834 (77%) females.
- Of these, 10,372 (68%) were from the community while 4,949 (32%) were recruited from health facilities.
- More than half 9,056 (59%) of the clients chose PCAD, while 6,263 (41%) chose the HEP\_CAG model.
- One-third 4,794 (31%) were from Amhara region, followed by Addis Ababa City administration 3,705 (24.1%) and Oromia region 3,680 (24%) respectively. (See table 1).
- Based on VL test follow up appointment 4,289 clients VL test results were performed, of whom 2,470 (58%) were from the PCAD model and 1,819 (42%) were from HEP\_CAG.
- The overall VL suppression was 99.7% (95% CI: 99.5%–99.8%). The level of VL suppression was 99.8% for PCAD and 99.5% for HEP\_CAG.

Table I: C-DSDM enrollment by region and sex, n =15,321.

Region	Female	Male	Total
Addis Ababa	2,870	835	3,705
Amhara	3,888	906	4,794
Gambella	1,024	578	1,602
Oromia	2,939	741	3,680
Sidama	202	94	296
SNNPR	805	297	1,102
South -West	106	36	142
<b>Total</b>	<b>11,834</b>	<b>3,487</b>	<b>15,321</b>



## 4. Conclusion

- Results from the C-DSD model in Ethiopia showed that most clients preferred PCAD to HEP\_CAG, but the levels of VL suppression were very high in both models.
- We recommend the scale-up of community-based DSD models to improve adherence, retention in care and to attain high levels of viral suppression towards epidemic control in Ethiopia.

## 5. Acknowledgements

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