

Concerns, Barriers and Healthcare Access Preference Regarding HIV Care Among Recipients Of Care in DSD Model Care in South Africa, Malawi and Zambia

Idah Mokhele¹, Amy Huber¹, Cheryl Hendrickson^{1,2}, Vinolia Ntjikelane¹, Bevis Phiri³, Timothy Tchereni⁴, Sydney Rosen^{1,7}, Priscilla Lumano Mulenga⁵, Mpande M Mwenechanya⁵, Prudence Haimbe³, Hilda Shakwelele³, Rose Nyirenda⁶, Stanley Ngoma⁶, Andrews Gunda⁴, Sophie Pascoe¹

1. Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, 2. Department of Medical Microbiology, Amsterdam University Medical Centre, Amsterdam, the Netherlands, 3. Clinton Health Access Initiative, Lusaka, Zambia, 4. Clinton Health Access Initiative, Lilongwe, Malawi, 5. Ministry of Health, Lusaka, Zambia, 6. Ministry of Health, Lilongwe, Malawi, 7. Department of Global Health, Boston University School of Public Health, Boston, MA, USA

BACKGROUND

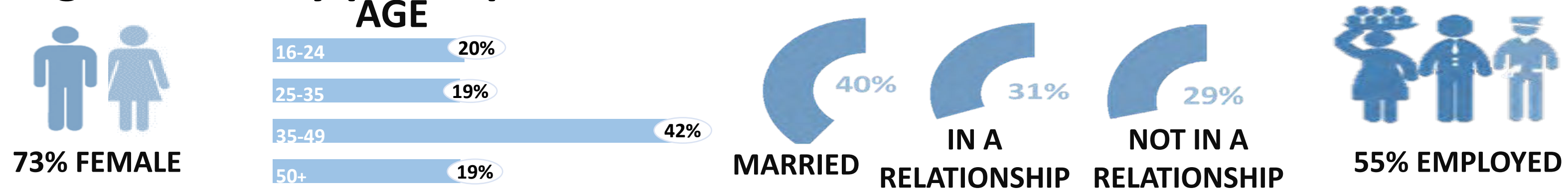
- Only a few studies have documented perspectives and preferences regarding HIV care among those enrolled in differentiated service delivery (DSD) models.
- Finding out recipients of care concerns, barriers and preferences regarding care in DSD models is critical to improving service delivery and making DSD models truly client-centred

METHODS

- We conducted a cross-sectional survey from April to November 2021 among adult (≥16) RoC attending 45 primary clinics in South Africa, Malawi, and Zambia.
- Participants were enrolled consecutively at routine clinic visits and stratified by DSD model.
- Eligible patients were active on ART for ≥6 months and enrolled either in 6-month dispensing (6MMD), community-based DSD model (CBDM), or facility-based DSD model (FBDM).
- Study participants were asked about concerns and barriers regarding HIV care in their current DSD model and their preference regarding healthcare access using an 18-item, 5-point Likert scale ranging from one (strongly disagree) to five (strongly agree).
- We present the proportions of participants with concerns and reported barriers regarding HIV care and their healthcare access preferences by DSD model.

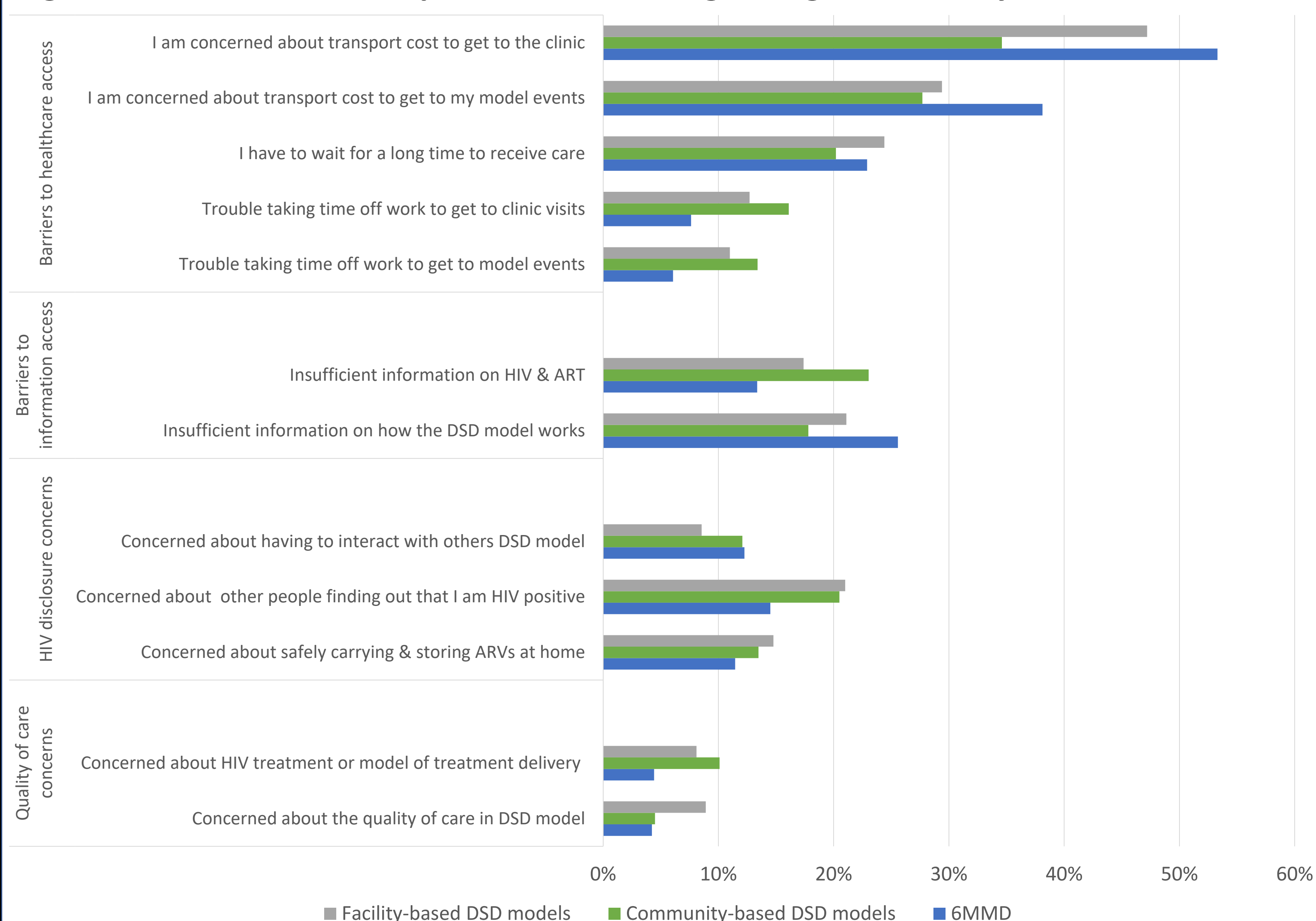
RESULTS

Figure 1. Study participants' characteristics n=1270



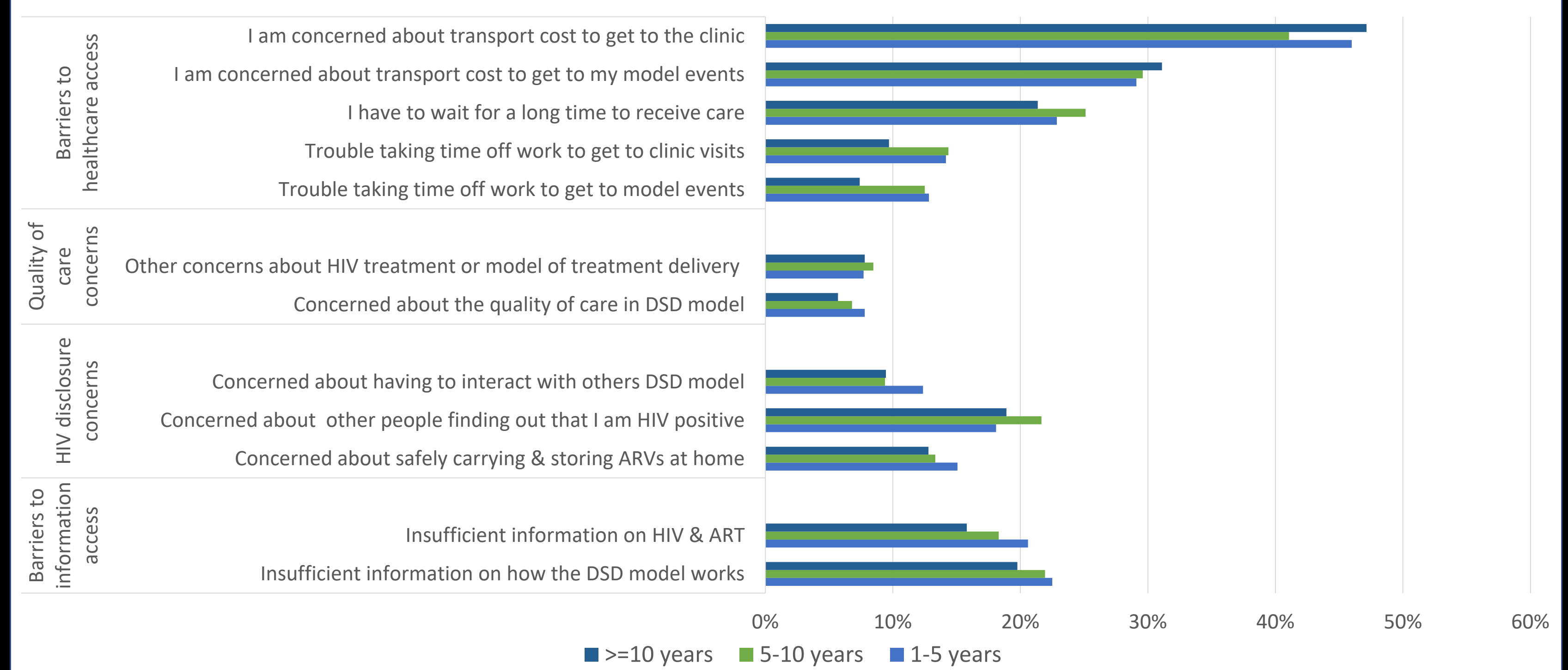
	6MMD (n=267)	Facility-based DSD models (n=646)	Community-based DSD models (n=357)	Total
Country	No. (%)	No. (%)	No. (%)	No. (%)
Malawi	149 (56)	267 (41)	22 (6)	438 (34)
South Africa	-	206 (32)	236 (66)	442 (35)
Zambia	118 (44)	173 (27)	99 (28)	390 (31)
Number of years on ART				
1-5 years	70 (26)	208 (33)	123 (35)	401 (32)
5-10 years	82 (31)	223 (35)	123 (35)	428 (34)
≥10 years	113 (43)	202 (32)	111 (30)	426 (34)
Nurse and medication collection visit annually				
1-2 visits	238 (91)	189 (30)	221 (63)	648 (52)
3-5 visits	21 (8)	289 (46)	110 (31)	420 (34)
5-12 visits	3 (1)	150 (24)	22 (6)	175 (14)
Medication collection only visits annually				
0 visits	239 (91)	410 (64)	157 (44)	806 (64)
1-2 visits	23 (9)	69 (11)	39 (11)	129 (10)
3-5 visits	-	93 (14)	98 (28)	193 (15)
5-12 visits	-	72 (11)	62 (17)	134 (10)

Figure 2. Concerns and reported barriers regarding HIV care by DSD model



Over three quarters of DSD clients had concerns and reported barriers regarding DSD models, including transport costs and disclosure concerns

Figure 3. Concerns and reported barriers regarding HIV care by duration on ART



- For the full sample, 76.1% had at least one concern or barrier regarding their HIV care, with similar proportions across 6MMD (76.8%), FBDM (78.0%) and CBDM (72.3%).
- The most common concerns related to transport costs to the clinic (45%), which were significantly higher among RoC in 6MMD (Figure 2) and in Malawi and Zambia (Figure 4). This was followed by transport costs to the model events (30%) and long waiting times to receive care (23%).
- More participants enrolled in FBDM (21.0%) and CBDM (20.5%) models than in 6MMD (14.5%) reported disclosure concerns.
- More RoC enrolled in 6MMD (94%), and FBDM (80%) liked connecting with other RoC during DSD model events and clinic visits, compared to 67% of CBDM clients (Figure 5).
- A large majority of participants (84.1%) preferred making fewer clinic visits, but 13% overall and nearly 20% enrolled in CBDM indicated that they would prefer more visits.

Figure 4. Concerns and reported barriers regarding HIV care by country

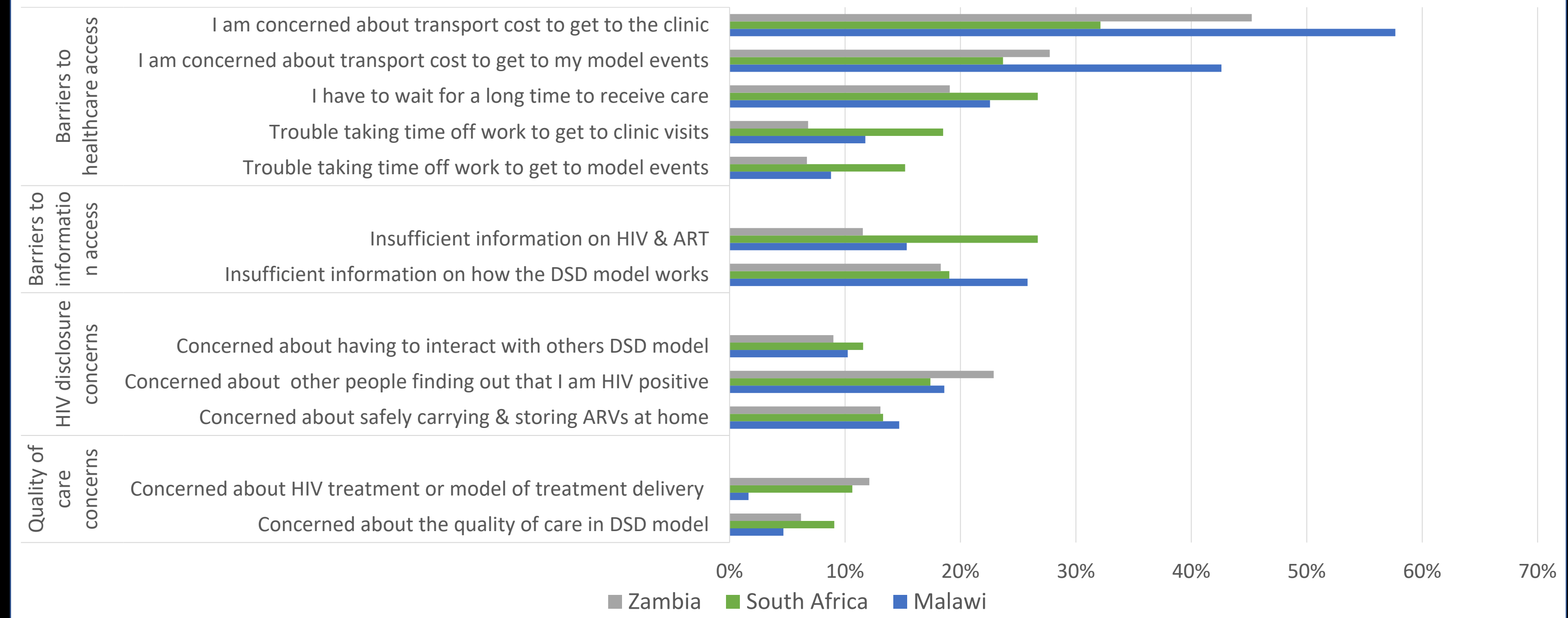
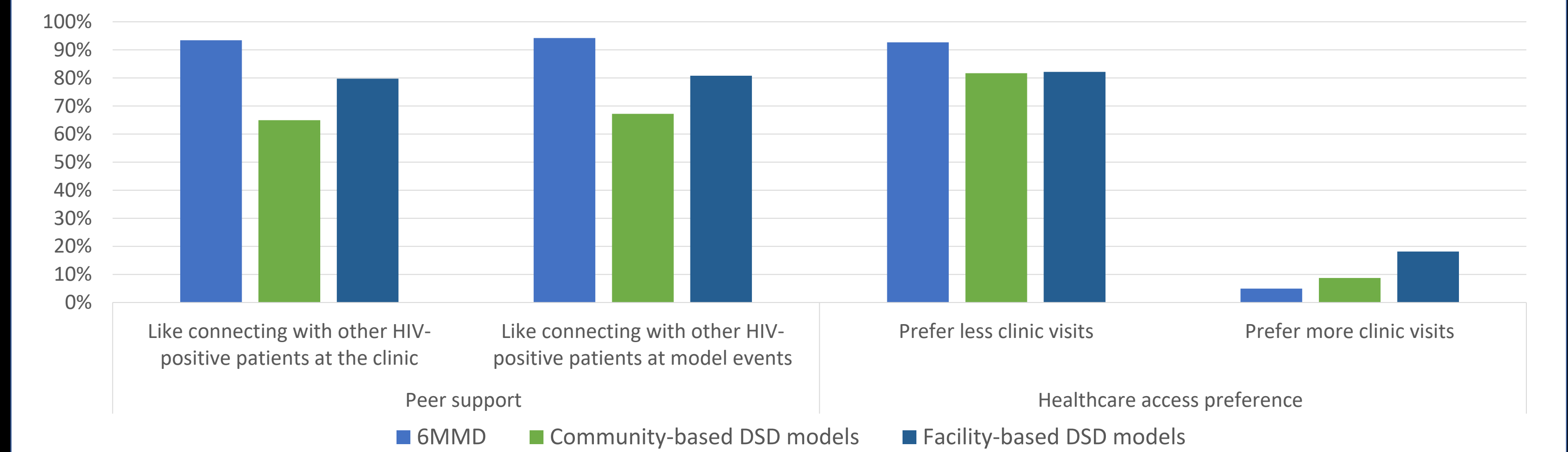


Figure 5. Preferences regarding healthcare access



DISCUSSION

- Despite prior evidence that most care recipients prefer DSD models to conventional care, concerns about access, costs, disclosure, and provision of information persist.
- These concerns do not vary widely among specific DSD models but rather appear to reflect ongoing challenges with HIV treatment overall.

This study was funded by Bill and Melinda Gates Foundation. Further information about the AMBIT project can be found at <https://sites.bu.edu/ambit/>

Contact details:
Idah Mokhele imokhele@heroza.org
Amy Huber ahuber@heroza.org
Sophie Pascoe spascoe@heroza.org
Sydney Rosen sbrosen@bu.edu