

# Six-month dispensing does not cause inadvertent HIV status disclosure concerns among ART clients in Zambia and Malawi

Idah Mokhele<sup>1</sup>, Amy Huber<sup>1</sup>, Timothy Tchereni<sup>2</sup>, Vinolia Ntjikelane<sup>1</sup>, Nkgomeleng Lekodeba<sup>1</sup>, Sydney Rosen<sup>1,3</sup>, Priscilla Lumano-Mulenga<sup>4</sup>, Mpande M Mwenechanya<sup>4</sup>, Prudence Haimbe<sup>5</sup>, Hilda Shakwelele<sup>5</sup>, Rose Nyirenda<sup>6</sup>, Stanley Ngoma<sup>6</sup>, Andrews Gunda<sup>2</sup>, Sophie Pascoe<sup>1</sup>

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

## BACKGROUND

- Little is known about ART clients' experience of 6-multi-month dispensing (6MMD).
- Concerns about inadvertent HIV status disclosure from carrying and storing ARVs have been reported.
- Longer intervals between clinic visits may, in contrast, mitigate apprehension for those who fear disclosure if seen visiting the clinic.
- We assessed differences in HIV disclosure concerns between 6MMD and 3-multi-month dispensing (3MMD) in routine care.

## METHODS

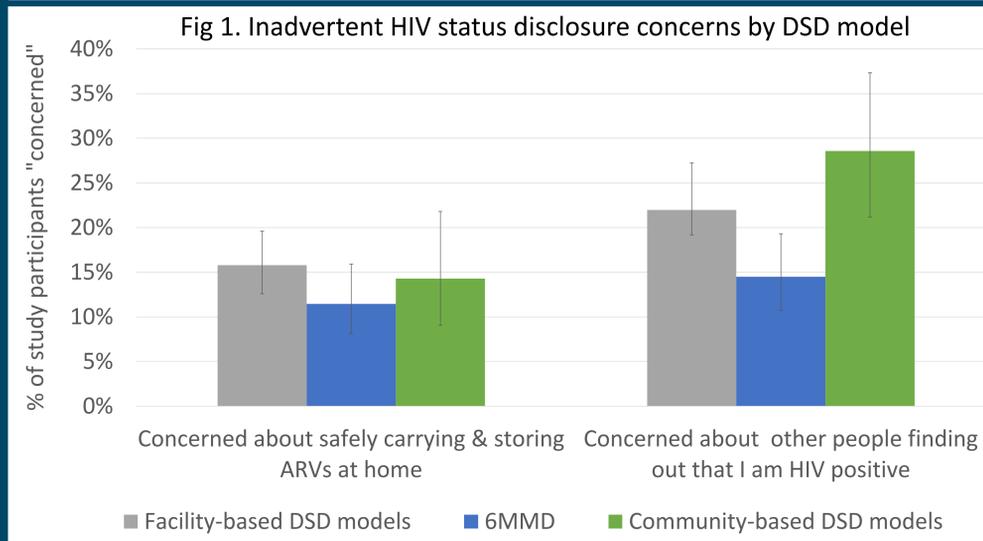
- In May-Nov 2021 we surveyed adult (≥16y) ART clients attending routine visits and enrolled in facility-based 3MMD (F3MD), facility-based 6MMD, or community-based 3MMD (C3MD) at 24 clinics in Malawi and Zambia.
- Concerns regarding safely carrying and storing ARVs and inadvertent HIV status disclosure were assessed with questions with 5-point Likert scales.
- We estimated proportions of participants concerned or not concerned and estimated adjusted risk ratios (aRR).

## RESULTS

**MEDIAN 35 YEARS**
**74% FEMALE**
**61% EMPLOYED**
**MEDIAN 7 YEARS**

**Table 1. Study participants' DSD model participation by country (n=800)**

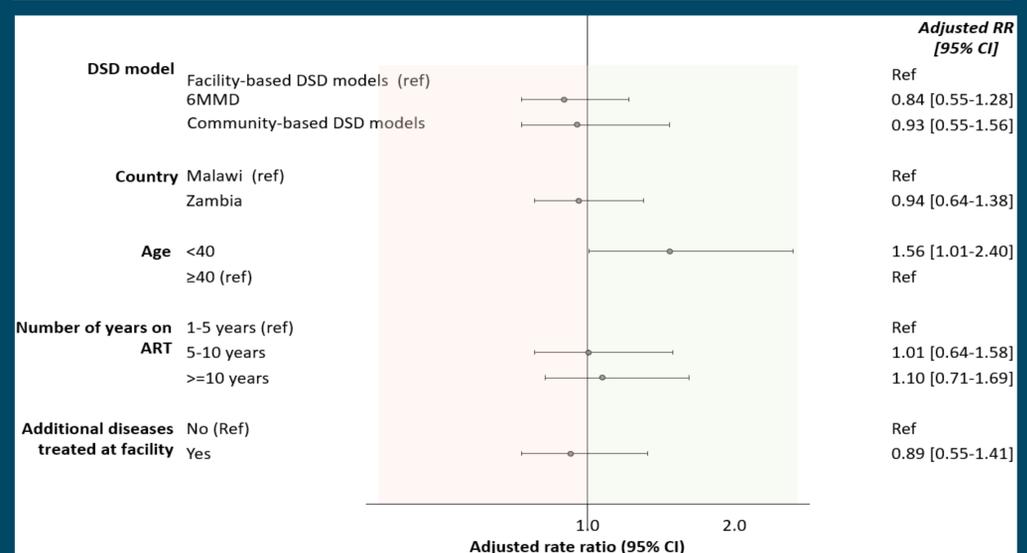
Characteristic (n, %)	Facility-based 3MMD models	6MMD	Community-based 3MMD models	Total
N (row percentage)	421 (52)	267 (33)	120 (15)	800 (100)
Sex (female)	321 (76)	194 (73)	85 (71)	600 (74)
Country				
Malawi	248 (59)	149 (56)	21 (18)	418 (52)
Zambia	118 (44)	173 (41)	99 (83)	390 (48)



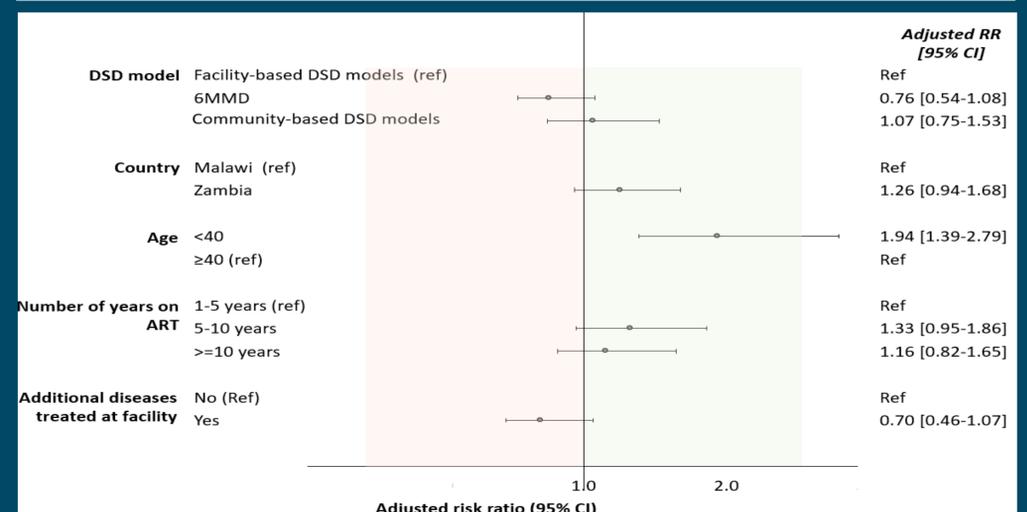
- There were no differences among DSD models in concerns about carrying and storing ARVs or about inadvertent disclosure (Fig. 2 & 3).
- Younger clients expressed more concern about these issues.
- Women were less likely to express concern about inadvertent disclosure than men, but no difference was found by sex regarding medication transport and storage.

**ART clients enrolled in 6MMD do not appear to have greater disclosure concerns than those enrolled in DSD models with shorter dispensing durations.**

**Fig 2. Adjusted risk ratios for concerns of safely carrying and storing ARVs at home by DSD model**



**Fig 3. Adjusted risk ratios for inadvertent HIV status disclosure concerns by DSD model**



## CONCLUSIONS

- ART clients in 6MMD do not appear to have greater disclosure concerns than those in DSD models offering shorter dispensing duration.
- Fear that clients receiving 6MMD will experience greater disclosure concerns should not hinder the rollout of 6MMD to eligible clients.

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



**Contact details:**  
 Idah Mokhele [imokhele@heroza.org](mailto:imokhele@heroza.org)  
 Amy Huber [ahuber@heroza.org](mailto:ahuber@heroza.org)  
 Sophie Pascoe [spascoe@heroza.org](mailto:spascoe@heroza.org)  
 Sydney Rosen [sbrosen@bu.edu](mailto:sbrosen@bu.edu)

