

# Are clients receiving HIV treatment offered a choice of differentiated service delivery models? Evidence from Malawi, South Africa, and Zambia

Mokhele I<sup>1</sup>, Ntjikelane V<sup>1</sup>, Tchereni T<sup>2</sup>, Haimbe P<sup>3</sup>, Huber A<sup>1</sup>, Lekodeba N<sup>1</sup>, Shakwelele H<sup>3</sup>, Gunda A<sup>2</sup>, Lumano-Mulenga P<sup>4</sup>, Nyirenda R<sup>5</sup>, Ngoma S<sup>2</sup>, Mukumbwa M<sup>6</sup>, Pascoe S<sup>1</sup>, Rosen S<sup>1,7</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**

- Achieving client-centeredness through differentiated service delivery (DSD) models for HIV treatment includes empowering clients by allowing them to choose the model that best meets their needs.
- Guidelines for DSD models recommend that providers give clients a choice about the model of care in which they enrol, but choice is not always offered.
- In a survey of the benefits and costs of DSD models for ART, we asked clients enrolled in DSD models in Malawi, South Africa, and Zambia whether they had been offered an opportunity to select their model of care.

## **METHODS**

- From 06/2021 to 02/2022, the SENTINEL 1.0 survey interviewed clients enrolled in DSD models who were making routine visits to public sector clinics in Malawi (n=438), South Africa (n=442), and Zambia (n=390).
- Eligible patients were active on ART for ≥6 months and enrolled in one of:
  - ➤ 6-month dispensing (6MMD)
  - community-based individual model (CBIM)
  - > community-based group model (CBGM)
  - > facility-based individual DSD model (FBIM)
  - ➤ facility-based group model (FBGM)
- Respondents were asked if they had been offered a choice of DSD model at enrollment.

## Almost 60% of clients surveyed were not offered a choice to enroll in a DSD model

#### **RESULTS**





73% FEMALE

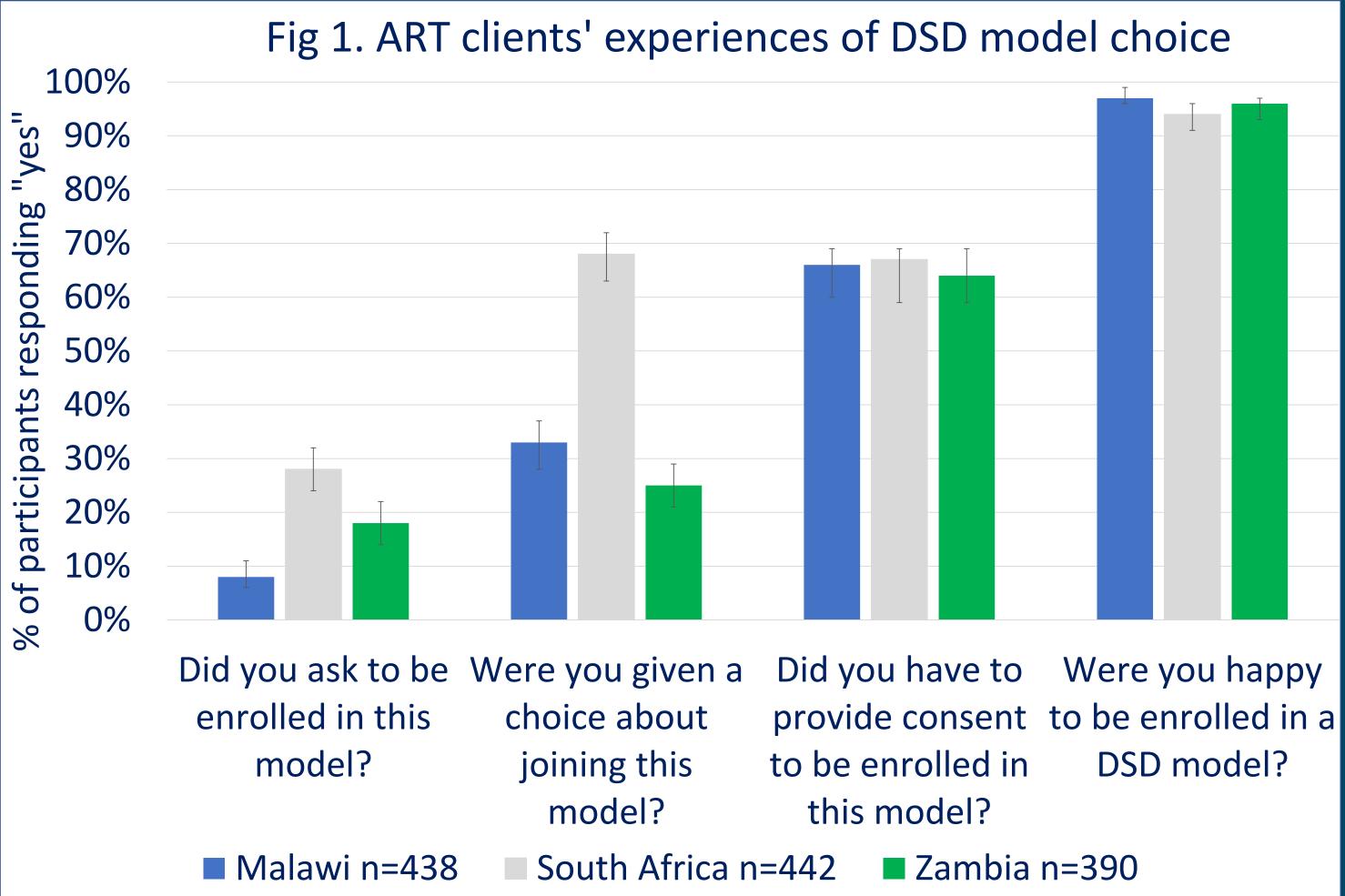


**55% EMPLOYED** 



Table 1. Study participants' DSD model participation by country (n=1,270)

Characteristic (n, %)	6MMD	Facility-based individual DSD models	Facility-based group DSD models	Community- based individual DSD models	Community- based group DSD models	Total
N (row percentage)	272 (21)	310 (24)	326 (26)	314 (25)	48 (4)	1,270 (100)
Sex (female)	196 (72)	215 (69)	242 (74)	232 (74)	44 (92)	929 (73)
Country						
Malawi	149 (55)	19 (6)	249 (76)	4 (1)	17 (35)	438 (34)
South Africa	-	180 (58)	26 (8)	236 (75)	-	442 (35)
Zambia	123 (45)	111 (36)	51 (16)	74 (24)	31 (65)	390 (31)



- Women were less likely to be offered a choice (AOR=0.70, 95%CI: 0.53-0.93).
- There were no important differences by age or duration on ART.
- Compared to clients enrolled in facility-based individual models (FBIM), clients in facility-based group models (FBGM) and community-based models (CBM) were more likely to be offered a choice (FBGM vs FBIM AOR=1.91 (1.21-3.01), CBM vs FBIM AOR=2.77 (1.97-3.89))
- There were no differences in the likelihood of being offered a choice between 6month dispensing and FBIM.

Variable	Asked to be e	Asked to be enrolled in this model (yes)		Provided consent to be enrolled in this model (yes)		Given a choice about joining this model (yes)	
	mode						
	OR (95% CI)	AOR (95% CI)*	OR (95% CI)	AOR (95% CI)*	OR (95% CI)	AOR (95% CI)*	
Country							
South Africa (ref)	1	1	1	1	1	1	
Malawi	0.24	0.38	0.95	0.95	0.23	0.29	
	(0.16-0.36)	(0.22-0.66)	(0.71-1.25)	(0.63-1.43)	(0.18-0.31)	(0.19-0.45)	
Zambia	0.56	0.70	0.90	0.94	0.16	0.19	
	(0.40-0.78)	(0.48-1.02)	(0.68-1.20)	(0.68-1.30)	(0.12-0.21)	(0.13-0.27)	
Model							
FBIM (ref)	1	1	1	1	1	1	
FBGM	0.51	0.85	1.48	1.52	1.02	1.91	
	(0.32-0.80)	(0.48-1.52)	(1.07-2.05)	(0.99-2.31)	(0.74-1.40)	(1.21-3.01)	
6MMD	0.44	0.69	1.16	1.21	0.33	0.75	
	(0.27-0.73)	(0.39-1.23)	(0.83-1.62)	(0.81-1.81)	(0.22-0.48)	(0.46-1.20)	
Community-based (CBIM or	1.95	1.93	1.72	1.72	2.64	2.77	
CBGM)	(1.36-2.80)	(1.34-2.79)	(1.25-2.37)	(1.24-2.38)	(1.93-3.61)	(1.97-3.89)	
Age							
≥40 years (ref)	1	1	1	1	1	1	
<40 years	0.68	0.97	1.09	0.93	0.94	1.03	
	(0.51-0.91)	(0.69-1.35)	(0.86-1.37)	(0.71-1.22)	(0.75-1.17)	(0.77-1.38)	
Sex							
Male (ref)	1	1	1	1	1	1	
Female	0.78	0.76	0.91	0.86	0.78	0.70	
	(0.57-1.07)	(0.54-1.05)	(0.70-1.18)	(0.65-1.13)	(0.61-1.00)	(0.53-0.93)	
Years on ART (self-report)							
1-5 years (ref)	1	1	1	1	1	1	
5-10 years	1.22	1.27	1.12	1.13	1.03	1.13	
	(0.85-1.74)	(0.88-1.85)	(0.84-1.49)	(0.85-1.52)	(0.78-1.35)	(0.83-1.53)	
≥10 years	1.12	1.36	1.03	1.06	0.75	1.08	
	(0.78-1.60)	(0.91-2.02)	(0.77-1.37)	(0.78-1.44)	(0.57-0.99)	(0.78-1.48)	

## **CONCLUSIONS**

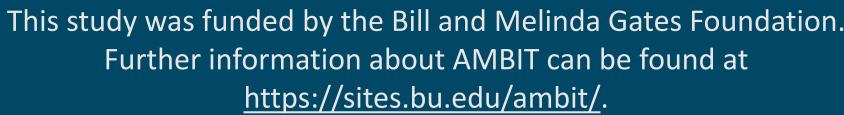
- Despite the intention that DSD will increase the client-centeredness of HIV treatment, relatively few ART clients are currently offered a choice of enrollment.
- Clients need a better understanding of DSD models so that they are empowered to ask for DSD model enrolment or change models when their circumstances change.
- The importance of choice in influencing clinical and other outcomes is unclear and should be examined.











**Contact details:** Idah Mokhele imokhele@heroza.org ahuber@heroza.org Amy Huber Sophie Pascoe <a href="mailto:spascoe@heroza.org">spascoe@heroza.org</a> Sydney Rosen <u>sbrosen@bu.edu</u>



