



## Providers' perspectives on client choice regarding DSD model participation in Malawi, South Africa, and Zambia

Ntjikelane V<sup>1</sup>, Mokhele I<sup>1</sup>, Tcherini T<sup>2</sup>, Haembe 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, Pascoe S<sup>1</sup>, Rosen S<sup>1,6</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. Department of Global Health, Boston University School of Public Health, Boston, MA, USA

11th SA AIDS Conference, 20-23 June 2023, Durban



# Background

- Differentiated service delivery (DSD) models are designed to be client-centred.
- Guidelines for DSD models recommend providers give clients a choice about the model of care in which they enrol, but choice is not always offered.
- We interviewed healthcare providers to explore their views on giving clients a choice regarding DSD model participation.



# Methods

- We interviewed 404 healthcare providers (Malawi 110; South Africa 175; Zambia 119) at 42 public healthcare facilities.
- Data were collected between September 2022 and March 2023
- A convenience sample of  $\leq 10$  providers (site operations managers, nurses, CHWs and counselors, administrative staff) was selected at each facility.
- Quantitative and qualitative questions explored providers' views on offering choice to clients regarding DSD model enrolment and the type of information provided to clients.

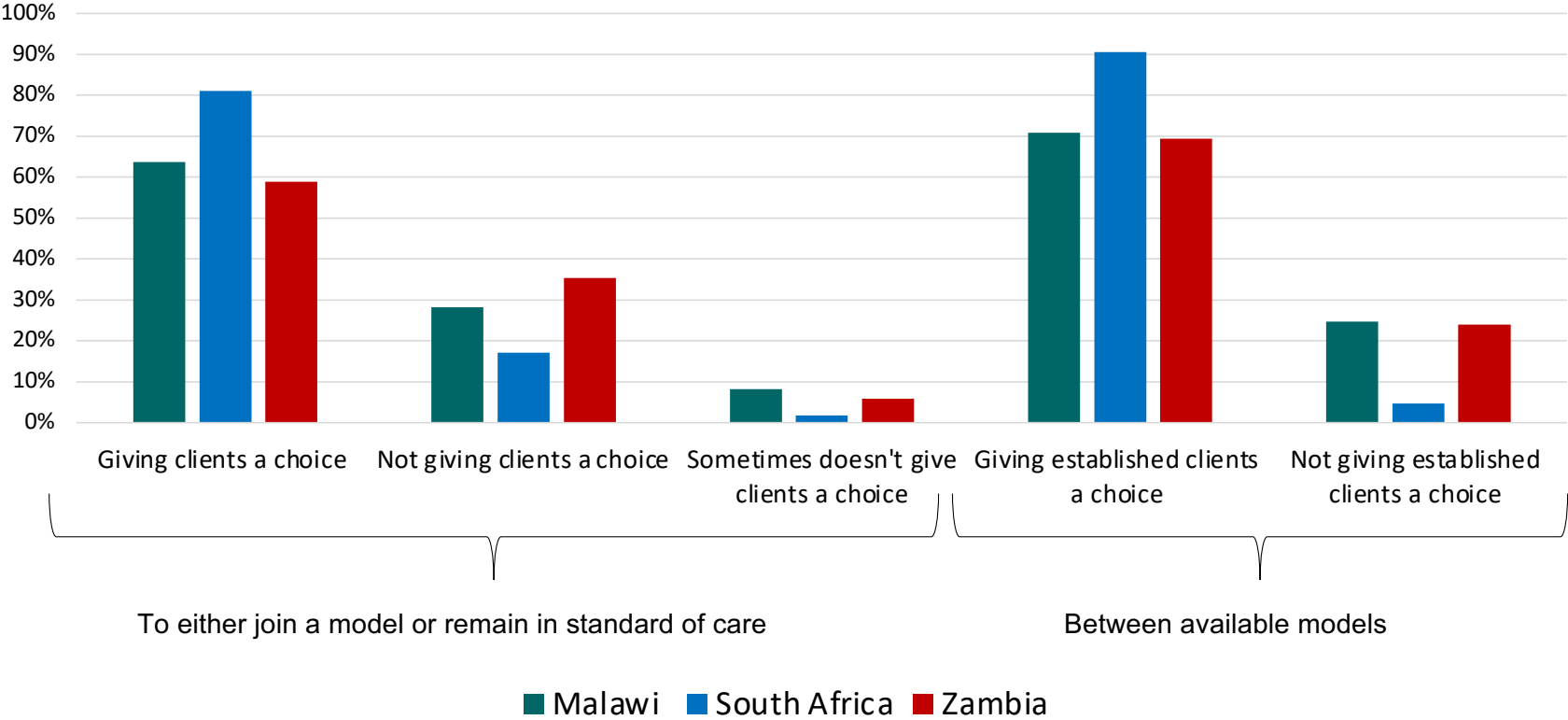


# Provider characteristics

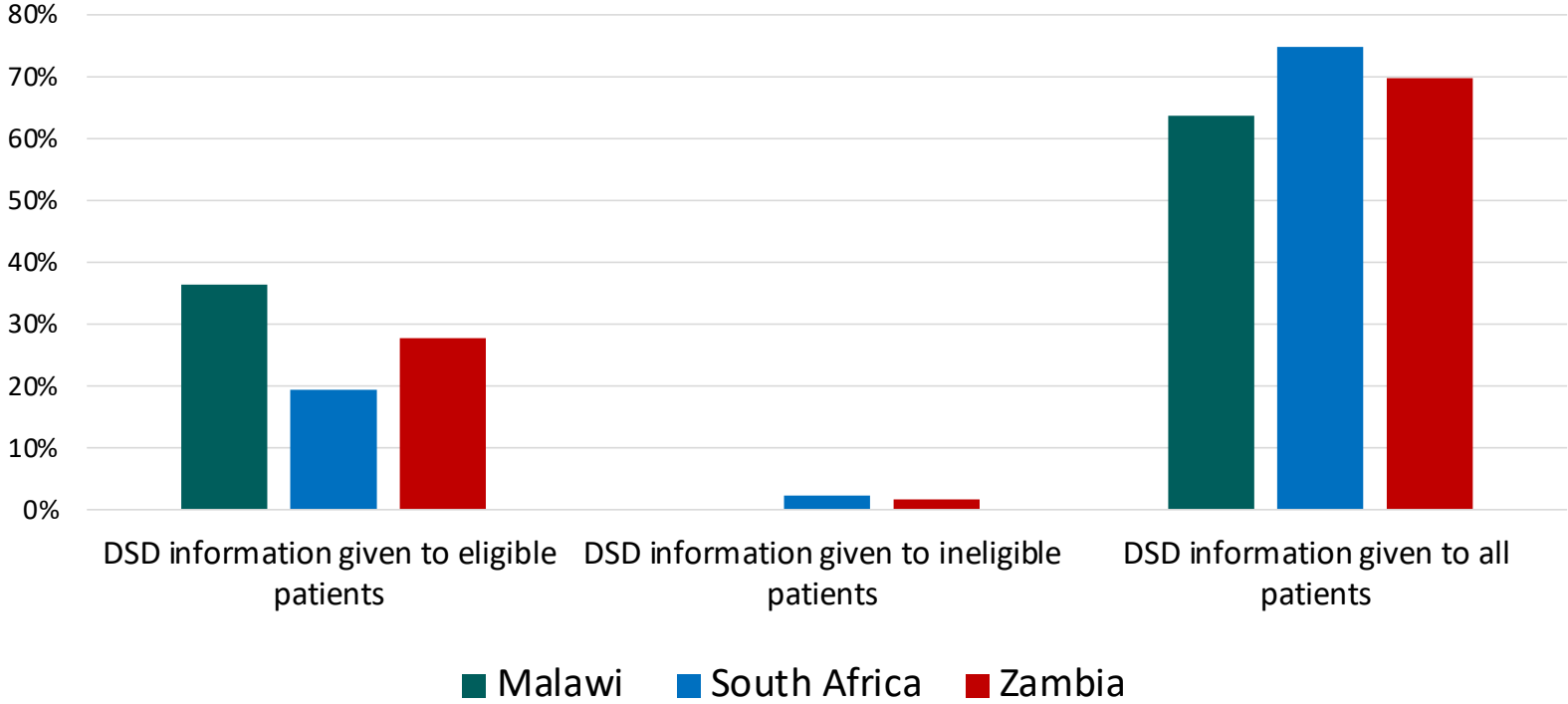
Characteristics	Malawi	South Africa	Zambia
N (%)	110	175	119
Age (median, IQR)	35 (31- 41)	37 (31-50)	34 (28-43)
Sex (female)	68 (62%)	151 (86%)	73 (61%)
Cadre			
Nurses	53 (48%)	122 (70%)	50 (42%)
Doctors/Clinicians	28 (26%)	1 (1%)	10 (8%)
Pharmacists	4 (4%)	14 (8%)	26 (22%)
Administrative staff	7 (6%)	10 (5%)	5 (4%)
Counsellors/CHWs	11 (10%)	23 (13%)	21 (18%)
Other	7 (6%)	5 (3%)	7 (6%)
Years in current role (median, IQR)	5 (4-11)	10 (5-15)	6 (3-9)
Employer			
Ministry/Department of Health	65 (59%)	159 (91%)	58 (49%)
Partner organization	45 (41%)	16 (9%)	61 (51%)



# Provider report on offering ART clients choice in DSD model participation



# Provider report on which clients DSD information is given to



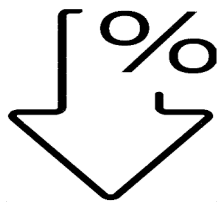
## Providers who “sometimes” don’t give established patients a choice say...

### Provider knows best



“Oftentimes the **client's needs are only known by the provider of care so we usually make that decision for them** but then there are times that patients do get the chance to choose” – *Professional Nurse, Malawi*

### Prioritizing DSD models with low enrolment numbers



“We give a choice between CAGs and 6MMD because **we want to have more patients on CAGs**. At the moment, we only have one group but most patients prefer the 6MMD to CAGs.” – *Site Operations Manager, Zambia*



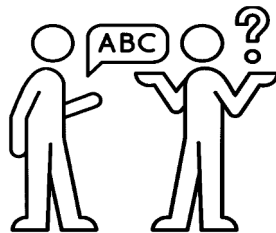
## Providers who “sometimes” don’t give established patients a choice say (continued)...

### Some clients prefer provider recommendation



“Sometimes they do ask from us then after assessing that patient then we recommend for them to which model they should be located or enrolled”- *Staff Nurse, Malawi*

### Some clients don’t understand DSD model concept

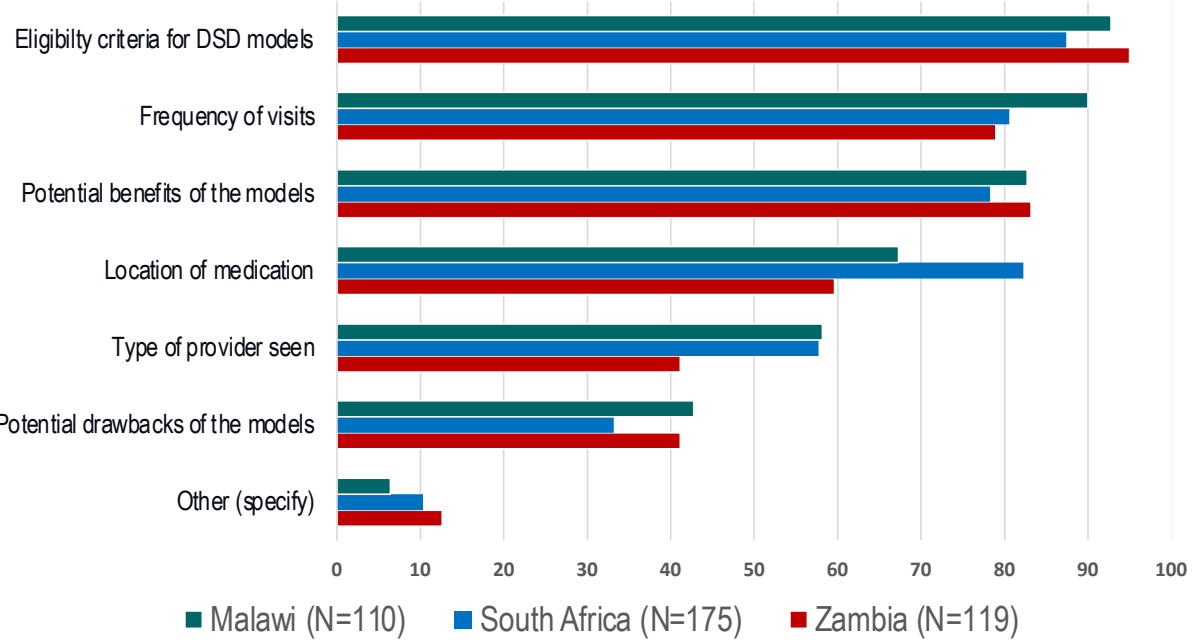


“We look at what best would work for a particular patient. Some patients find it difficulty to understand when we teach so we recommended for such and for those that can grasp the concept, we give them options and let them choose” – *Site Operations Manager, Zambia*





# Information discussed with patients about DSD models offered at the facility



- A majority of providers in all 3 countries reported that they discussed with clients DSD eligibility criteria, frequency of visits, and potential benefits of the models
- South African providers were most likely to discuss the location of medication collection with the clients



## Discussion and conclusions

- Substantial minorities of providers in Malawi, South Africa, and Zambia reported that they do not consistently offer choice or information to clients about enrolling in a DSD model.
- Strengthening healthcare provider communication with patients may offer an opportunity to improve outcomes and quality of care.



# Acknowledgements

- Department and Ministries of Health in Malawi, South Africa and Zambia
- Bill and Melinda Gates Foundation
- Sentinel sites staff
- Health Economics and Epidemiology Research Office
- Clinton Health Access Initiative
- Boston University School of Public Health

