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New strategies for optimizing person-centred care

Client experiences of and preferences for HIV care delivery during the first six months on antiretroviral therapy in South Africa



Summary

What was our main question?

Are client needs and preferences for HIV service delivery being met during the early treatment period?

What did we find?

Clients have diverse preferences and needs for service delivery yet are offered little choice during the first 6 months on treatment. Most clients would prefer less frequent clinic visits, longer dispensing intervals and more counseling and treatment literacy.

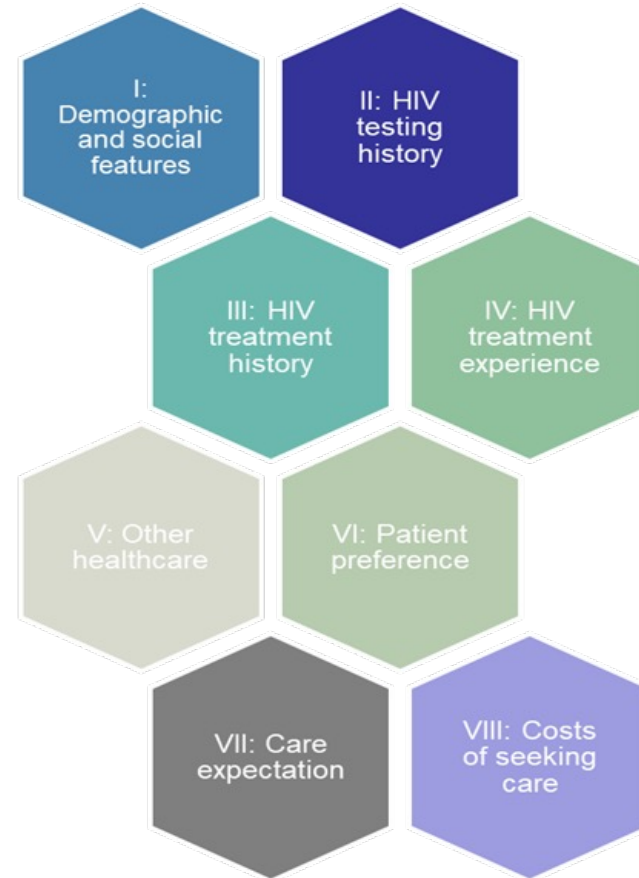
Why is it important?

Client preferences and expectations of HIV service delivery can impact on how successfully a client is able to establish and maintain continuity of HIV care through to viral load suppression.



PREFER study overview

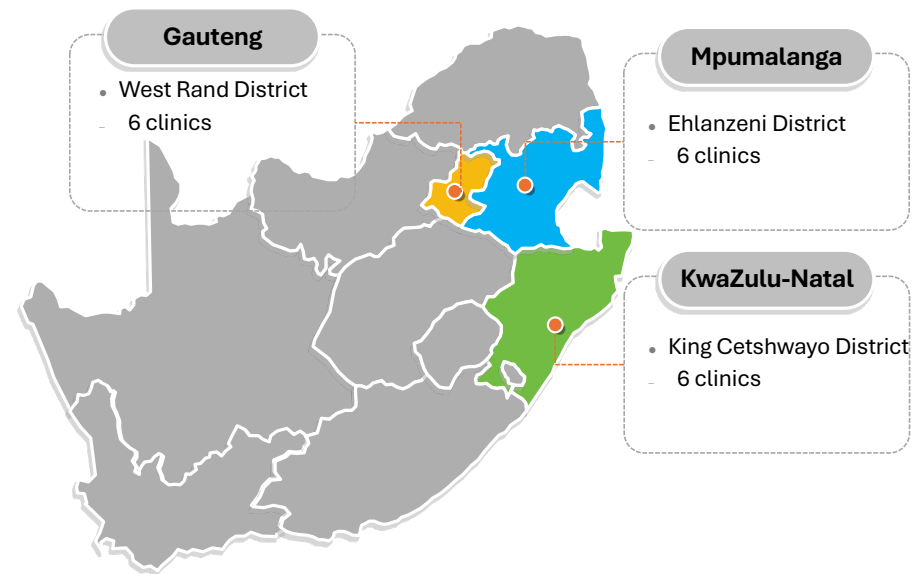
- PREFER-South Africa was a mixed-methods descriptive study under the Retain6 Project
- Aimed to generate detailed data about clients in their first six months after ART initiation or re-initiation
- Surveyed a sample of clients at 0-6 months after ART initiation or re-initiation
- Study enrollment period: 7 September 2022 – 30 June 2023
- 15 focus group discussions (FGDs) conducted with sub-sample of enrollees



Eligibility criteria and participating sites

Inclusion criteria for the PREFER survey

- Living with HIV **AND** on ART for 0-6 six months at the study site
- ≥18 years old
- Presented at the study site for ART initiation or routine HIV-related care
- Provide written informed consent to participate



Participants' characteristics at enrolment (n=1,098)

Characteristics (n, %)	n=1,098
Age, median (IQR)	33 years (27, 41)
Female	786 (72%)
Marital status	
Live with a primary partner/spouse	347 (32%)
Primary partner/spouse but do not live together	505 (46%)
No primary partner/spouse	246 (22%)
Highest level of education	
Primary or less	409 (37%)
Secondary	525 (48%)
Post-secondary	164 (15%)
Urban residence	592 (54%)
Employment status	
Formal employment	240 (22%)
Informal employment	216 (20%)
Unemployed	642 (58%)

Socio-economic indicators (n,%)



55%

Reported food insecurity sometimes or often



56%

Said they'd have a difficult time acquiring R100 for medical treatment

Time on ART at study enrolment



Initiating today (n=419)

38%

One month or less (n=170)

15%

One month to three months (n=249)

23%

Three months to six months (n=260)

24%

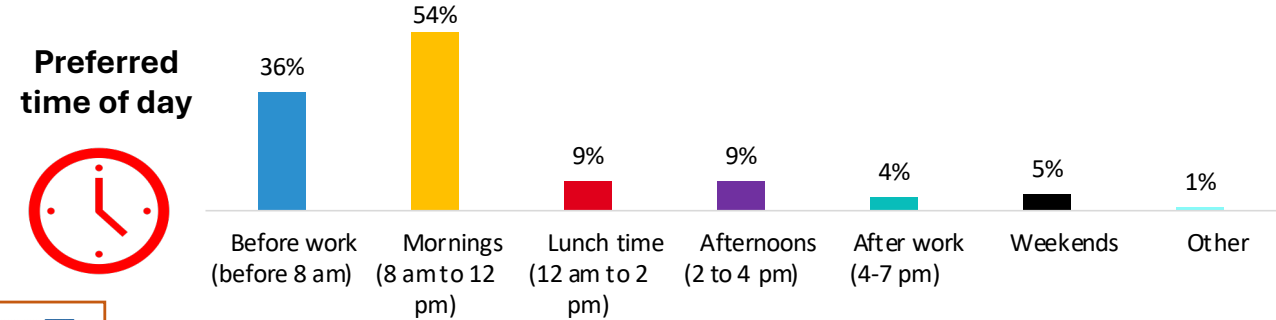
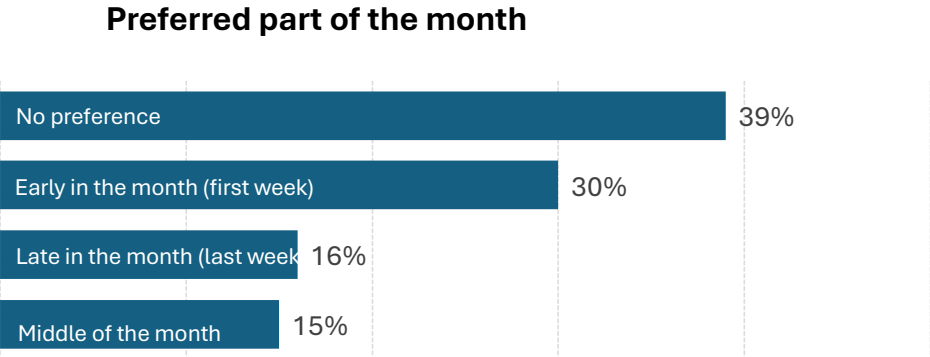
93%

of clients had not been offered any choice about where, when, or how often to pick up medications since they started on ART



Most clients prefer to come to the clinic alone, every 2-3 months, at various times in the month and different days of the week, in the morning

Preference for clinic visit frequency	N=1, 098 n (%)
Every month	140 (13)
Every 2 months	277 (25)
Every 3 months	476 (43)
Every 6 months	190 (17)
Other	15 (1)



86%

prefer to come to the clinic alone



More than half of the clients wanted to be given 2-3 months of medication, but 82% had received one month supply on the day of survey

Response options	n (%)
Preferred care provider	
<i>Doctor or clinical officer</i>	160 (15%)
<i>Nurse</i>	872 (79%)
<i>Counsellor</i>	52 (5%)
<i>CHW, peer/expert patient</i>	7 (1%)
<i>Someone else</i>	7 (1%)
Preference for external pick-up points (e.g. at a school, church, or pharmacy)	710 (65%)
Preference for home-based treatment	580 (53%)



Preferred HIV medication dispensing		
	44%	Three months
	25%	Two months
	18%	Six months
	11%	One month
	1%	For months



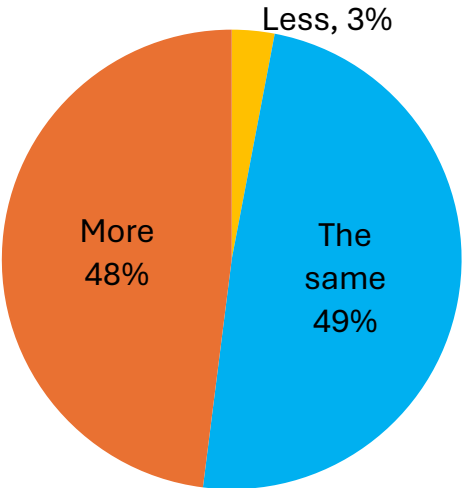
Months of HIV medications received today		
	82%	One month
	10%	Two months
	4%	Three months
	3%	None
	1%	Other

Two-thirds of clients expressed preference for **external pick-up points**

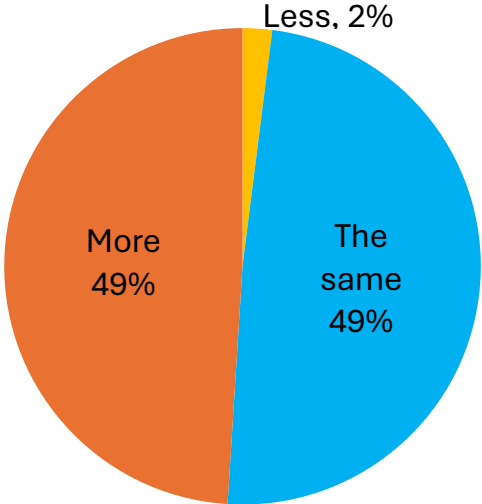


Half of clients in care want more information and more counselling

Preference for information and education on HIV



Preference for counselling



Most clients preferred receiving information in **one-on-one sessions with providers (49%)** and **via text messages (54%)**



Clients prefer collecting medication from the clinic in the first 6 months, but concerned about time and clinic factors



Qualitative results

“When you are starting, the **clinic is a preferable place**. You will be able to **ask and report things** you are unsure of as you’ve started medication.”

“Last time I collected the HIV medication they suggested collecting medication from the pharmacy. I refused because I am on TB treatment. **I asked to continue collecting from the clinic** until I complete the TB treatment. I am okay collecting from the clinic because you get to take care of many things.”

“It will be good if there was **an external pick up point outside the clinic** where I can collect medication before going to school. 1 to 2 hours waiting for medication is better than the **long time you spend in the clinic.**”



Prefer integrated services (particularly medication collection) and more intensive, empathetic counselling in the first 6 months



Qualitative results

“It would be **helpful to get all medication for different ailments in a single consultation**. Getting medication on different dates will be **too costly on transportation**.”

“We **do not really receive counselling here**. They test you and give you an option if you would like to use medication. They tell you it is an everyday thing, most people have it and that’s it. **If there was counselling to make people understand the consequences of defaulting before starting treatment**.”

“For the first 6 months, **it’s important that you get counselling every time you come** to the clinic so that this new way of life is assimilated and understood.”



Clients prefer collecting 1-3 months of medication in the first 6 months



Qualitative Results

“The person who is resuming should do **1 month to 1 month**. Just to test her. When they’ve monitored and discovered that she is taking medication well, **they can move on to 3 months.**”

“I would be happy to **receive three months’ supply from the pharmacy** and only come[to clinic] to take bloods. This file issue is not pleasant, that is why people even default. I too feel uneasy about coming to the clinic especially the night before.



Discussion

- **Very few clients were offered any choice** in terms of service delivery location or dispensing duration during the first six months on antiretroviral treatment
 - **The new 2023 ART guidelines in South Africa have the potential to change this narrative**
- Clients have preferences to make care more client-centered & convenient:
 - Less frequent clinic visits and longer dispensing intervals
 - More comprehensive integration of care
 - Frequent and high-quality counselling
 - Clinic-based medication dispensing to provide an opportunity to ask questions and receive counselling
- Preferences did not differ by gender and time on ART
- **Service delivery models for the early treatment period could be adapted to address client preferences**





Acknowledgements

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