



# Service delivery preferences during the first year on ART: Lessons from a discrete choice experiment in South Africa and Zambia

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## Background

- Disengagement from antiretroviral therapy (ART) is common during the first year of treatment, particularly prior to eligibility for lower-intensity differentiated service delivery models.
- Discrete choice experiments (DCEs) are a method for eliciting survey respondents' relative preferences for specific attributes of service delivery.
- We conducted a DCE to learn about care preferences in clients' first six months after initiating or re-initiating ART to improve early treatment outcomes.

## Methods

- DCE was conducted in 11 South African and 7 Zambian primary healthcare facilities from Aug to Nov 2023.
- Eligible respondents were adults (≥18) who had initiated/re-initiated ART a median of 8 [IQR 6, 11] months prior to DCE.
- Respondents were given 9 hypothetical scenarios, each containing 8 attributes representing aspects of HIV service delivery.
- Preferences analyzed using conditional logistic regression and reported as odds ratios (95% confidence intervals).

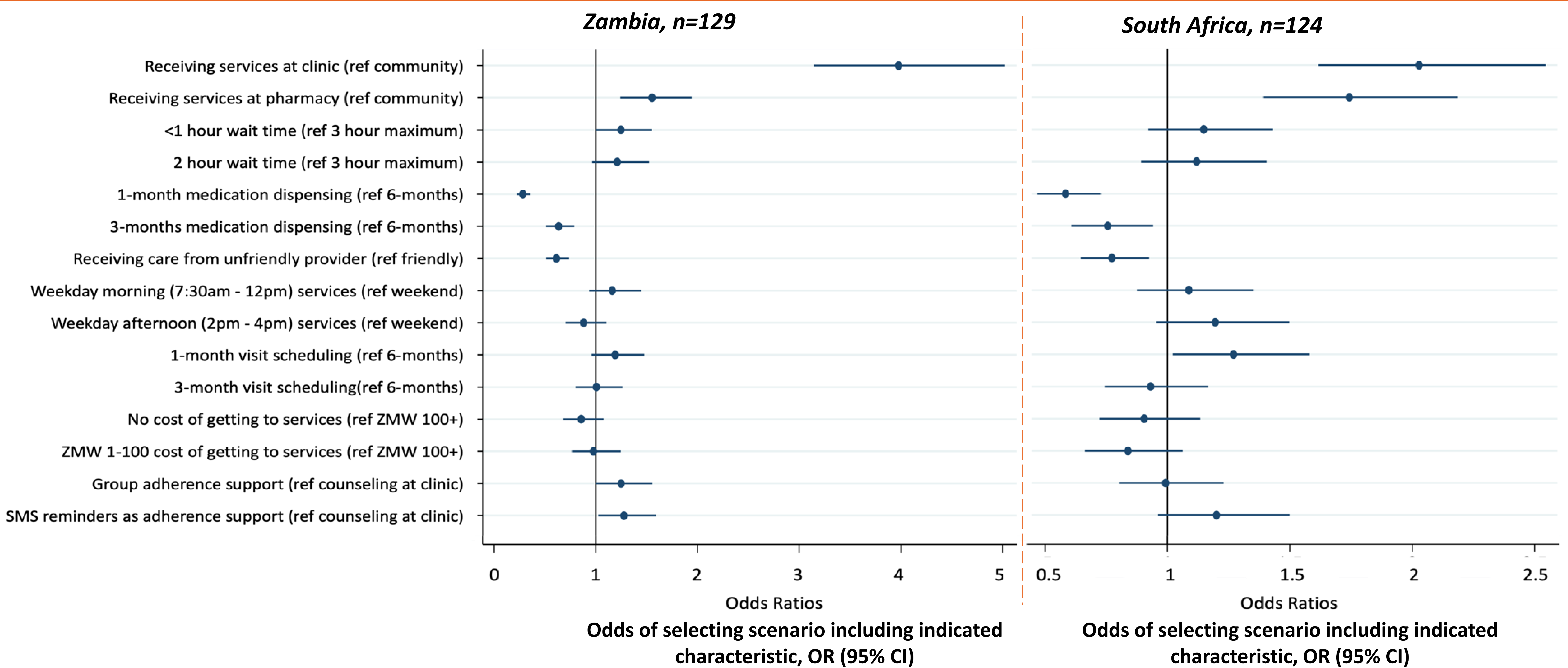
**Clients in the first 6 months on ART prioritized facility-based care, 6-month medication dispensing, and friendly provider disposition over other aspects of care.**

## Instrument

Characteristic	Option A	Option B
Location of Service	Clinic or hospital	Pharmacy
The waiting time to get ART	2 hour maximum	3 hour maximum
The number of months of ART dispensed at a given time	6 month	1 month
Whether the provider is friendly or not	Not friendly provider	Friendly provider
The time of day you can get services	Weekday afternoon (2pm to 4pm)	Weekday morning (7:30am to 12pm)
How often visits are required (visit frequency)	1 month	3 months
The cost of getting to the service	1-100 ZAR	100-200 ZAR
Type of adherence support	Counseling at clinic	Adherence support groups

Respondents selected either option A or option B, making trade offs between aspects of care and allowing priorities to emerge.

## Results

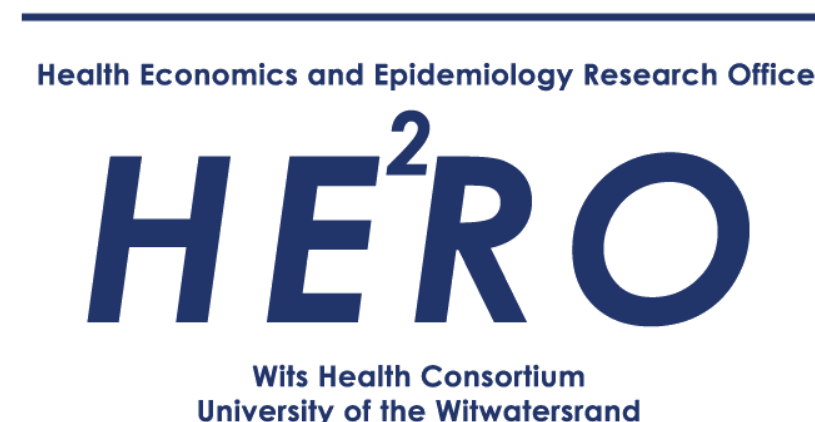


- Respondents in both countries expressed strong preferences for receiving services **at a clinic or pharmacy** compared to in the community.
- Friendly provider disposition** was a significant predictor of choice of care in both countries.
- Clients in both countries **preferred 6-month medication dispensing** to 1- or 3- month intervals.
- Waiting time, appointment day/time, cost of getting to service, and modality of adherence support **did not affect** respondents' choice for care.

## Conclusions

As clients in the first year of treatment expressed strong preference for receiving services in clinics and many favored longer dispensing intervals, models of care that emphasize facility-based service delivery and less burdensome visit/dispensing schedules should be considered for the early treatment period.

Further information about the study sites and populations can be found at [sites.bu.edu/ambit](https://sites.bu.edu/ambit)



This work was made possible with support from the Bill and Melinda Gates Foundation (Grant number: INV-031690)

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