



Preferences for service delivery among adult clients in the first six months on antiretroviral therapy in Zambia

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Background

- Clients in the first six months of HIV treatment (the early treatment period) are at increased risk of disengagement from care.
- Initial differentiated service delivery (DSD) models excluded early treatment clients, and they were seldom offered choices about service delivery.
- We assessed preferences for service delivery among clients in the early treatment period.

Clients in the first 6 months on ART have varied preferences for care but expressed preferences for multi-month dispensing, client-centered counseling, and privacy.

Methods

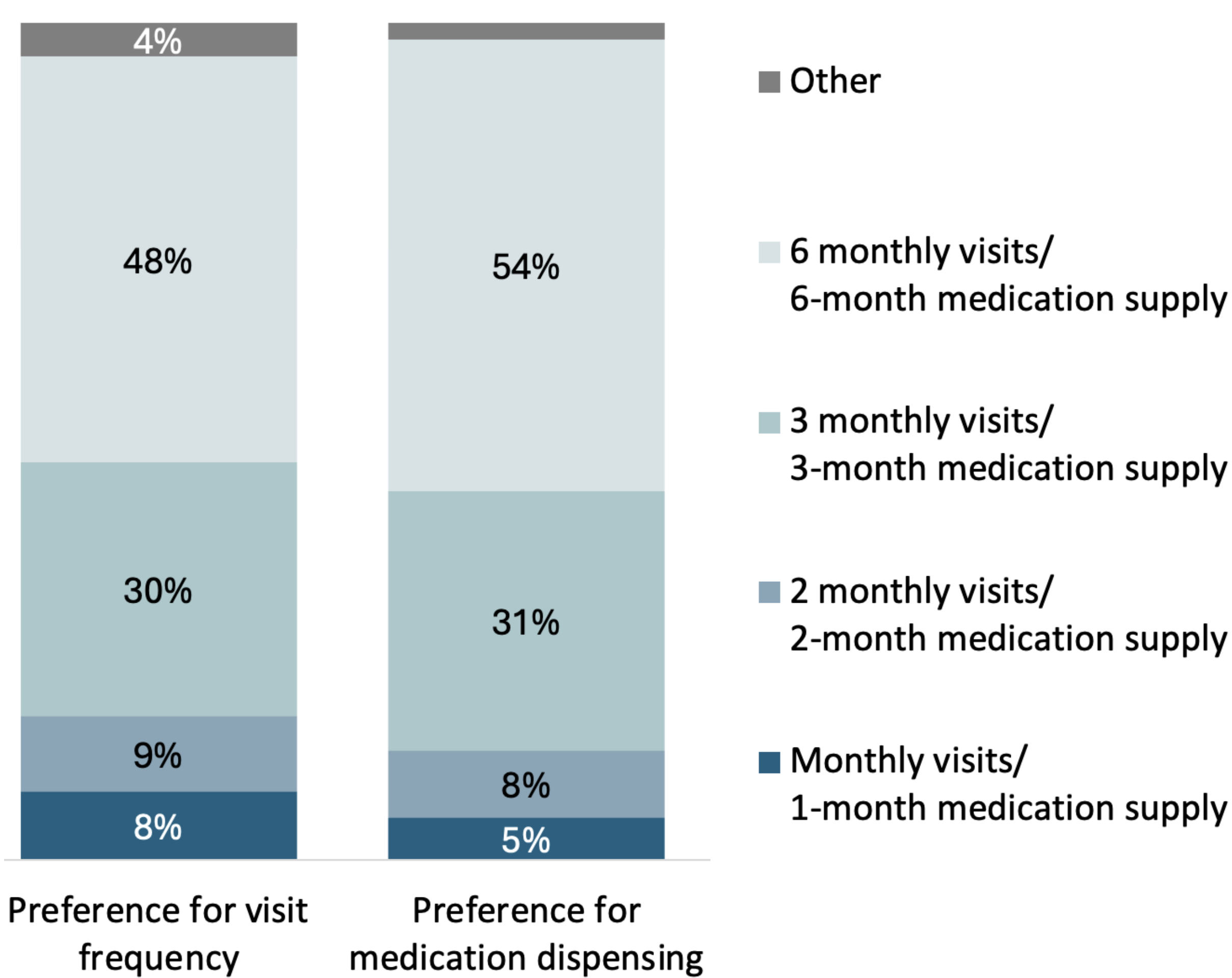
- In 12 public health facilities in Central and Lusaka provinces of Zambia, we surveyed adult (≥18) clients who were starting, restarting, or on ART for ≤6 months from Sept 2022 – Jun 2023.
- We collected and analyzed quantitative survey data on preferences for HIV care.
- A subset of these clients participated in 15 focus group discussions (FGD) in Aug – Sept 2023.

Results

771 participants enrolled in the PREFER survey: 67% female, Median 32 years of age, 63% employed, 50% completed secondary education or more, 13% self-reported a comorbid condition, 34% initiating ART on day of survey, 86% not offered choice about care options

Preferences for Service Delivery

While 43% of participants self-reported receiving a 3-month supply of medication, participants often preferred 3- or 6-month visit and medication dispensing intervals.



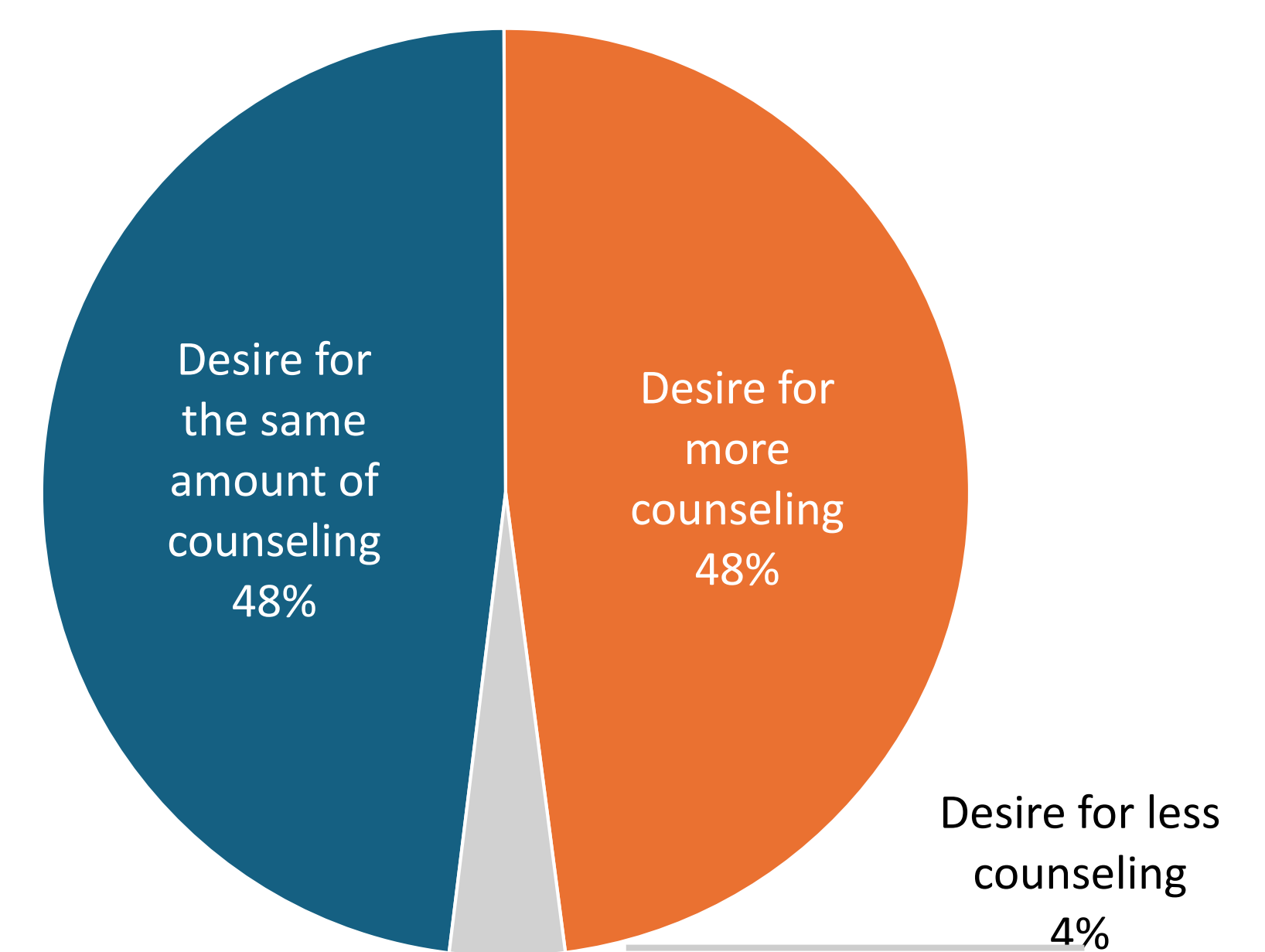
- 70% of participants would prefer to receive services at the healthcare facility, rather than in the community.
- 57% would prefer medication to be delivered to home if possible.
- FGD participants noted that they preferred to go to clinic personally, to avoid stigma.

“The good thing about receiving from the clinic is that **there is privacy at the clinic; your neighbors at home won’t know you are on ART.**”

“As [clients] start [ART] **they should just collect on their own.** Sending someone else, they can’t manage maybe they don’t even take medication so that you are told all instructions, but you the owner can manage. **It’s your body.**”

Preferences for Counseling

Few clients expressed preference for a reduction in counseling; 96% of clients desired the **same amount or more counseling** than they received.



- Preferred modalities for counseling/information included:
 - Clinic based one-on-one sessions with provider: 45%
 - Text messages with informational messaging: 31%
 - Radio/television broadcasting: 24%
- FGD participants expressed the importance of personal, empathetic counseling.
- Participants believe that support networks are beneficial and complementary one-on-one counseling.

“For me, the best thing that happened to me was the first approach. The welcome was very warm, the counselling was on point I was so encouraged to start treatment. **The provider even put themselves in my shoes.**”

“I give myself to teaching others that if you stigmatize yourself, you cannot be near people. **That’s why it is important for us to have a support group when we meet, we teach and learn from each other.**”

“I would like is **when I come for drug collection there is also a counselor who is attending to the patients as they come for their drug pick up**”

“ [At the clinic], I will have **the health care provider attend to me properly** and will also receive **adequate counseling** unlike some one just delivering for me at home.”

Conclusions

- Understanding clients’ preferences for service delivery is an important first step in designing better models of care for the early treatment period.
- In Zambia, individual clients’ preferences differed widely, though privacy, counseling, and multimonth dispensing were favored by most people.
- Offering choices of core aspects of service delivery, such as visit schedules, service locations, and types of counseling and information available may improve early treatment outcomes.

Further information about the study sites and populations can be found at sites.bu.edu/ambit



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