

Central Design, Local Adaption: Ensuring Efficacy & Resilience of Differentiated Models of HIV Care in Zambia

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Background

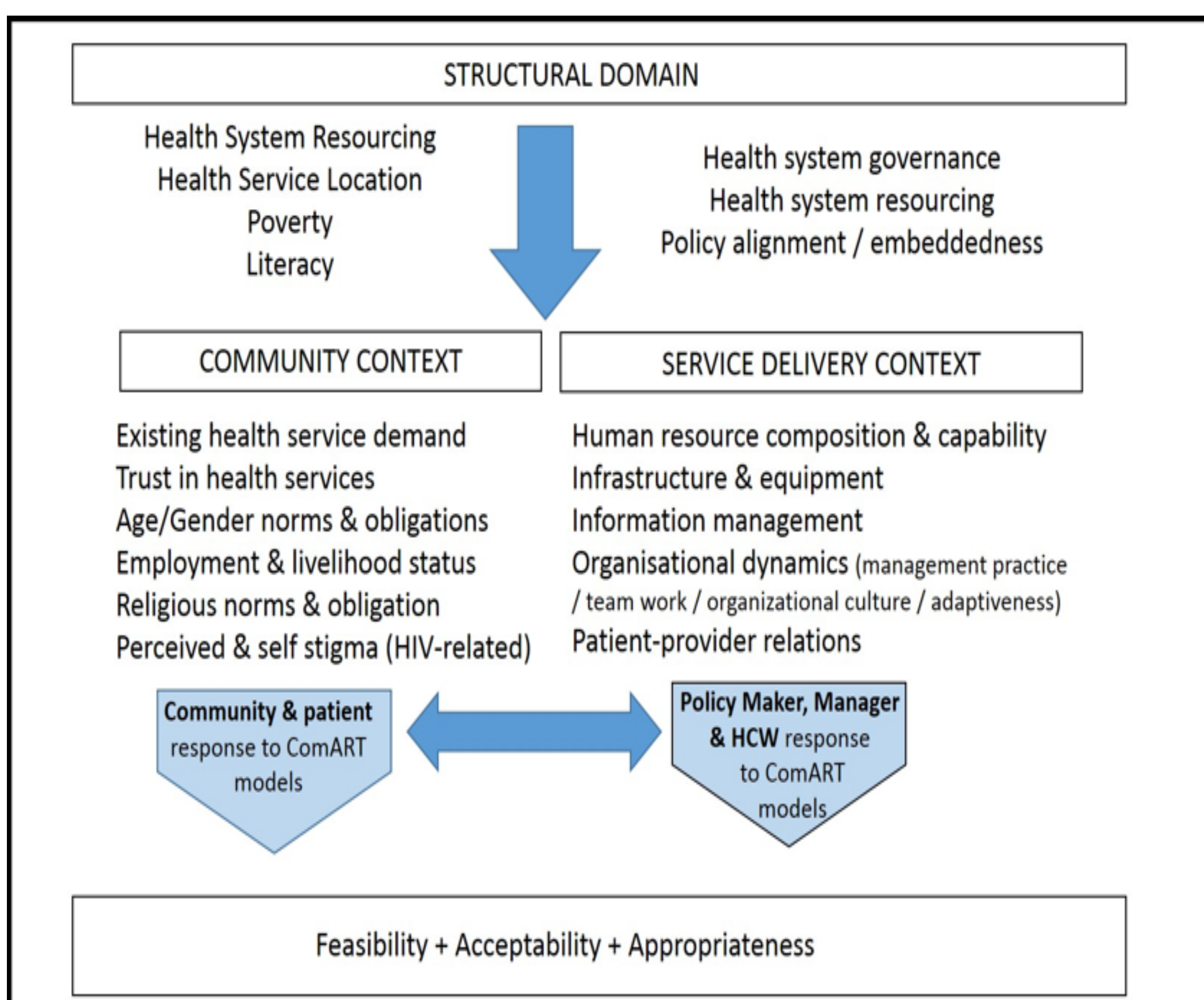
- Over 800,000 Zambians living with HIV access antiretroviral therapy (ART)¹
- But Attrition-From-Care is estimated to be 25% at 12-months²
- There is need for alternatives to standardized procedures and treatment protocols provided through decentralized, static-site primary health facilities.
- We examined current challenges to delivering or accessing ART, and perceptions about four differentiated service models proposed for delivery.

Methods

- We selected a purposive sample of 6 clinics, one urban and one rural, from Lusaka, Southern and Eastern Provinces and conducted:
 - 26 In-Depth Interviews with government and community leaders
 - 34 Focus Group Discussions with
 - 7 groups of Professional Health Care workers (HCW)
 - 6 groups of community HCWs (Lay HCW)
 - 7 groups of family members of PLHIV
 - 12 groups of ART patients
 - 2 groups of patients enrolled, but not initiated on ART
- Inductive & deductive coding guided by an adapted social-ecological framework was used to analyze data (Figure 1).

Codes captured structural factors such as distance to clinic, community poverty and literacy levels; socio-cultural context and political-economy of communities; individual circumstances and beliefs; and systemic and interpersonal interactions influencing acceptability, appropriateness and feasibility of implementing each of the four service models.

Figure 1: Conceptual Framework



Findings

- All stakeholder groups were, in principle, supporters of differentiated service delivery
- Anticipated benefits included reduced visit-burden and HCW workload, reduced clinic congestion and waiting times, and lower travel and opportunity costs for patients.
- Accounting for variations in patients' geographic, social and economic circumstances for successful delivery was a recurring theme across all stakeholder groups.
- Flexible clinic visit schedules were recommended for seasonal and mobile workers.
- Voluntary participation for all models was suggested to allay patient or community concerns about stigma and involuntary disclosure.

Demonstrating Need for Local Adaptation and Flexibility

VARIATIONS IN PSYCHOLOGICAL PREPAREDNESS

I think we differ from one person to the other. The way someone else will say 'I think we wait two weeks,' another person will say 'no, its fine' [to start ART now]. So it depends from one person to the other. Lay HCW

COMPETING OBLIGATIONS

The disadvantage could be if it will be meeting like you have said on the weekend, some people go to church, so it may be a challenge to others. There needs to be flexibility. Lay HCW

LOGISTICAL CONSTRAINTS

You need to think how it will work year-round and in different districts. If I'm [in a Community Adherence Group] and crossing a river and carrying these drugs for others in a box and it starts to rain, you're on a boat, things happen. MOH Official

MITIGATING STIGMA

If they are given a choice of saying, 'Okay, you people, you should among yourselves choose who you want to be in this group,' then stigma will be OK. But, if you are going to impose [...] defaulters will be encouraged. Professional HCW

PATIENT GEOGRAPHIES

it is a good model but on the other hand [patients receiving drugs at this clinic] are not from this district; the challenge will be to form these groups with those [travelling] from multiple districts. Male Patient

GROUP DYNAMICS

Okay, it's just that we people are different. I think in the group of six, maybe on that day [the person] who is supposed to come, they will give an excuse. Female Patient

Conclusions

- HIV Care in Zambia has long been based on a single model of care.
- Ensuring the efficacy and resilience of the next generation of differentiated service models will require engaging more deeply with the different psychologies, lifestyles and geographies of the diverse population enrolled on ART.
- Considered policy for differentiated care must utilize central design 'templates' but authorize and encourage iterative adaptation by local-level practitioners, enabling responsive, effective and sustainable models while avoiding the same inflexibilities of the (current) 'one-size-fits-all' service model.

References: Government of the Republic of Zambia National AIDS Strategic Framework (2017-2021)¹; Rosen S, Fox MP. Retention in HIV care between testing and treatment in sub-Saharan Africa: a systemic review. PLoS Med. 2011;8(7):e1001056².

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