

# "It will bring total confusion, so it needs serious sensitisation": Perceived Need for Model- and Audience-Specific Communication for Successful Implementation of Differentiated Care in Zambia

E. Efronson<sup>1</sup>, L. Jere<sup>1</sup>, M. Mukumbwa-Mwenechanya<sup>1</sup>, A. Sharma<sup>1</sup>, C. Chilala<sup>2</sup>, W. Mutale<sup>1,2</sup>, S. M. Topp<sup>1,3</sup>

<sup>1</sup>Centre for Infectious Disease Research in Zambia, <sup>2</sup>University of Zambia  
<sup>3</sup>James Cook University, Australia

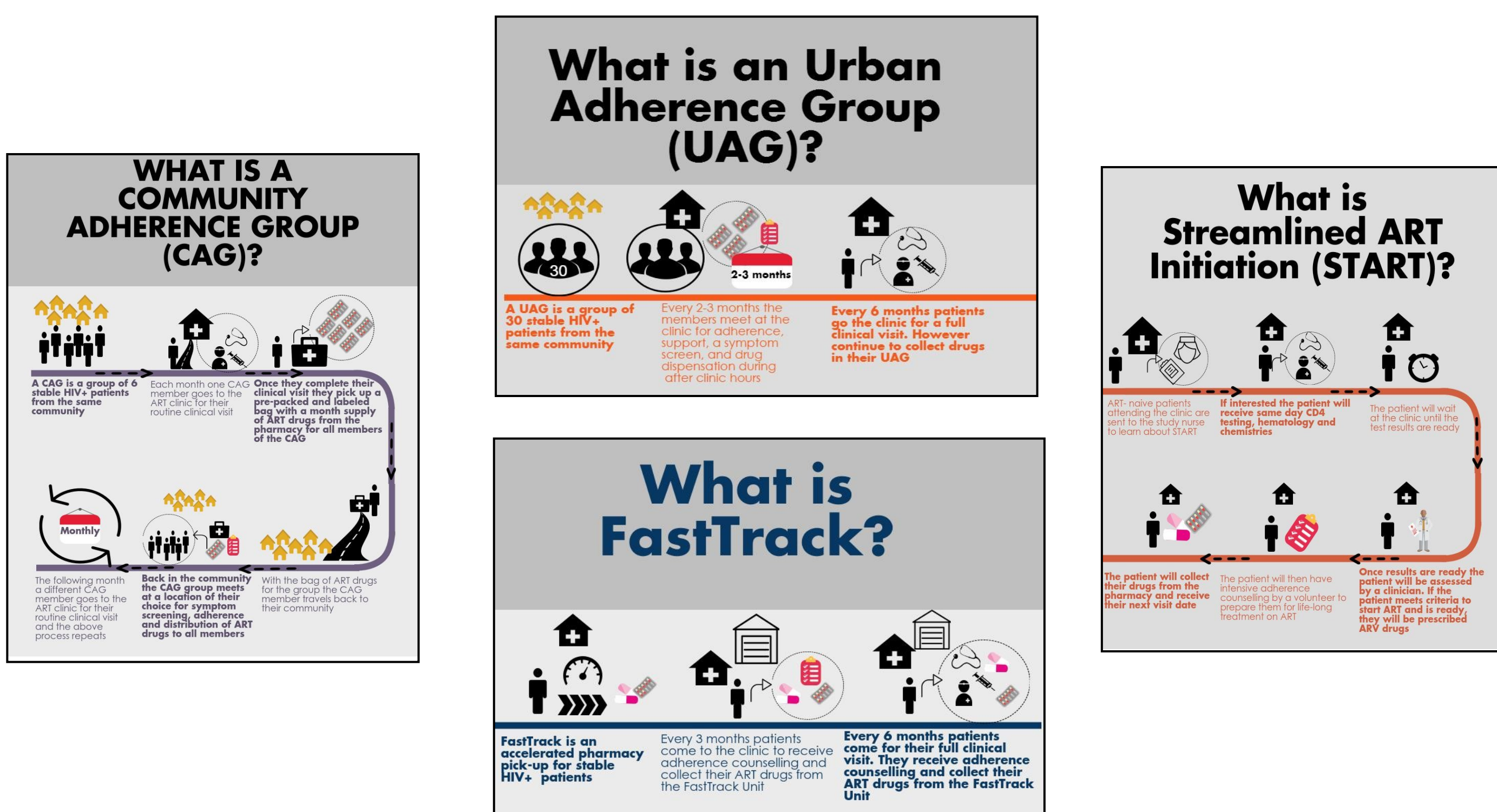
## Background

- In Zambia, over 800,000 adults and children have started antiretroviral therapy (ART)<sup>1</sup>
- Most patients access ART at "first-generation" services, a network of decentralized, static primary health facilities
- Patient visits are scheduled at inflexible and relatively short intervals ranging from 1-3 months
- Over 25% of patients are lost-to-follow-up at one year and 33% at two years<sup>2</sup>
- Differentiated service delivery (DSD) models can leverage community resources, lower patient-side barriers, and improve quality of care

### Objective:

We sought to inform implementation of DSD models through understanding and addressing provider, patient and community perceptions about:

- Acceptability** - How stakeholders 'felt' about and responded to the model overall
- Appropriateness** - Stakeholders' assessment of the psychosocial or clinical implications of the model, including its ability to tackle disengagement from care
- Feasibility** - Stakeholders' perceptions regarding the material capacity of health centre and broader health system to support, to scale-up and sustain the model



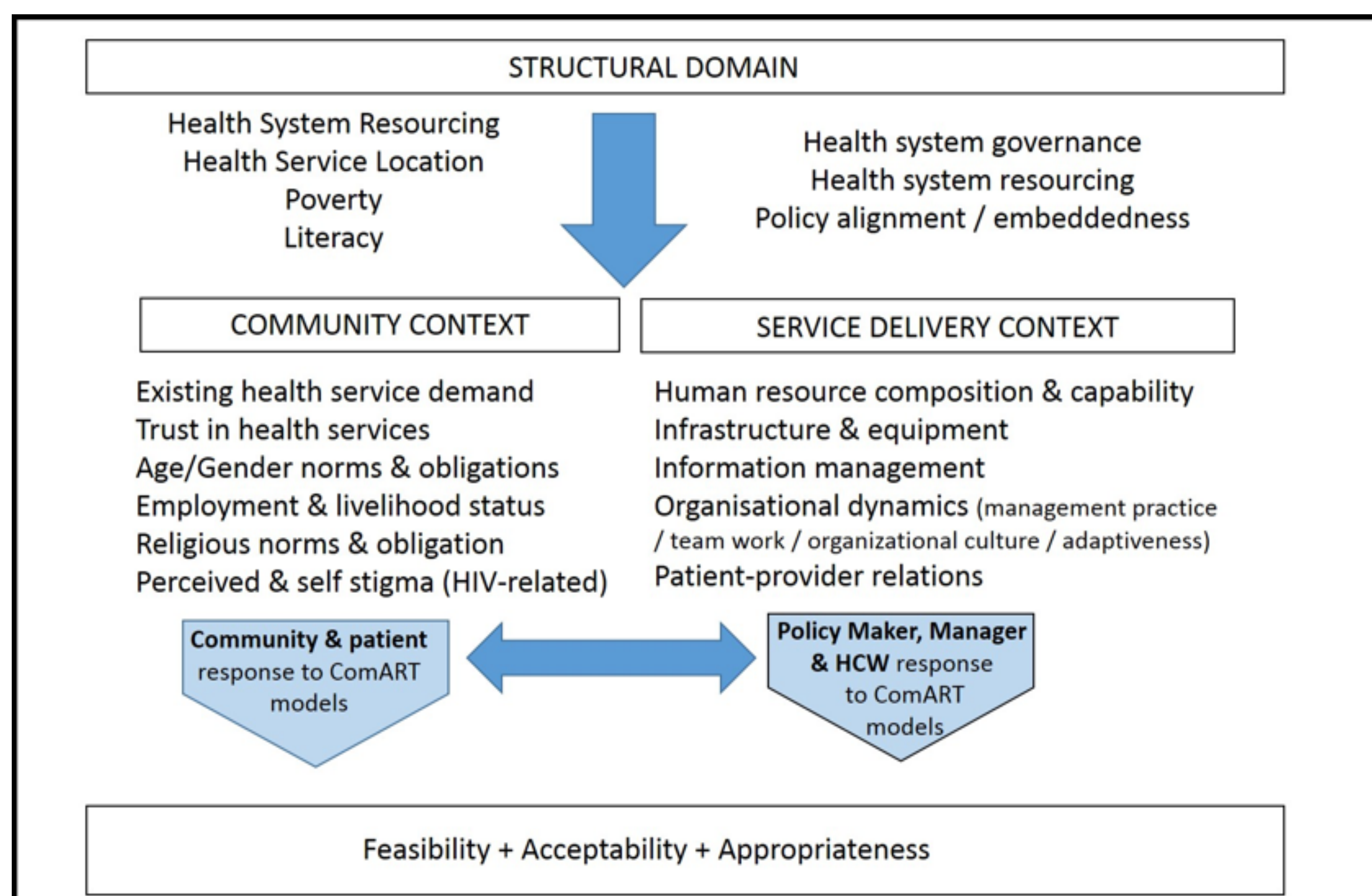
## Methods

From March to June 2016, in one urban and one rural health centre each in Lusaka, Southern and Western Provinces, we conducted:

- 34 Focus Group Discussions with patients, family members, and health workers (HCWs)
- 26 In-Depth Interviews with government officials and local leaders across 3 provinces

Audio-recordings were transcribed directly into English. Nvivo QSR™ was used to sort and organise the data to enable Framework Analysis (Figure 1) and interpretation.

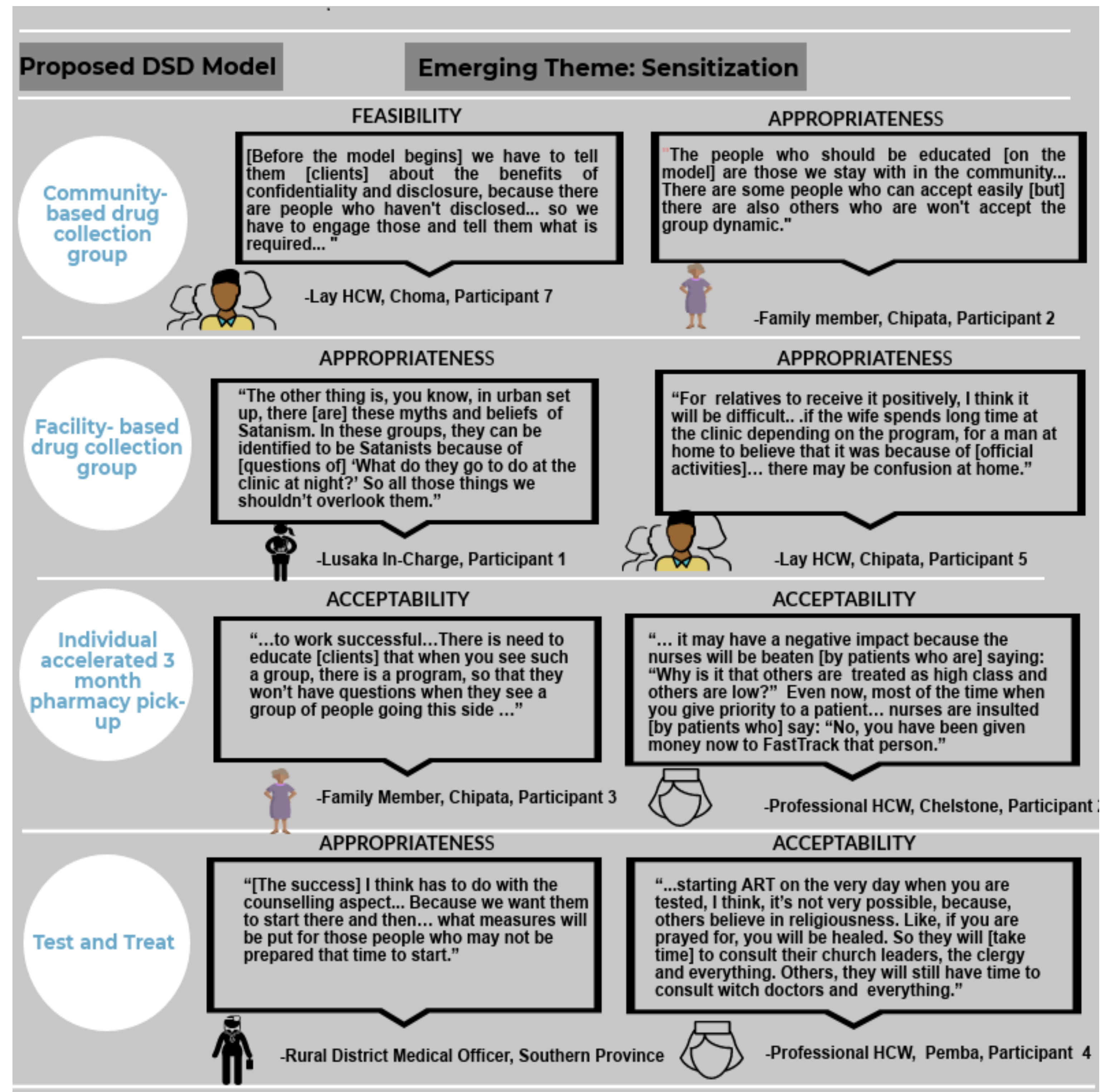
Figure 1: Thematic Framework to Guide Analysis and Interpretation



## Results

### Overall, stakeholders felt that:

- DSD would improve HIV management, reduce the burden of ART pickup, and build social support
- Success would be dependent upon rigorous, advance and ongoing communication efforts with patients, HCWs, and communities to:
  - raise awareness
  - manage treatment expectations & address emerging myths or misconceptions
- For Test and Treat, pre-implementation sensitisation was viewed as necessary
  - to prepare patients for the possibility of immediate ART initiation
  - to avoid risk of families and communities accusing newly-initiated persons of having hidden their HIV status
- For models incorporating dedicated ART dispensaries prioritizing clinically stable patients, sensitisation was needed to avoid perceptions of HCW nepotism, favouritism, or corruption.
- For off-hours facility-based and off-site community-based drug-collection groups, patient and community sensitisation was described as critical to minimize stigma, unintentional disclosure and community backlash due to rumours



## Conclusions

- Prior to DSD implementation, engaging patients, providers, and the community will be key in determining when, with whom, and how frequently sensitisation should take place.
- Both initial and on-going success of DSD strategies in Zambia will depend on:
  - model and audience specific communication
  - timed to the implementation stage
    - to manage change and expectations of which DSD models of care will be offered and to whom.
- Not communicating effectively to the appropriate target groups could negatively impact patient-provider relations and ultimately patient health outcomes.

**REFERENCES:** Government of the Republic of Zambia National AIDS Strategic Framework (2017-2021)<sup>1</sup>; Rosen S, Fox MP. Retention in HIV care between testing and treatment in sub-Saharan Africa: a systemic review. PLoS Med. 2011;8(7):e1001056<sup>2</sup>.

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