**[Project Name]**

*This study/project is a joint endeavor of the [Name of Country] Ministry of Health (MoH),), [Funder name], and the [Organization name].*

***What is the aim of the study/project?***

To improve both the effectiveness and efficiency of HIV care delivery from both the patient and health system perspective. The study/project will evaluate the local preferences for, and implementation of, “differentiated” delivery strategies that reduce unnecessary contact with facility-based care and improve community support for stable patients (patient who has been on ART treatment for at least 6 months and is not acutely ill) in rural and urban areas and low and high patient volume sites.

**Rationale for the study/project**

Continued scale up of ART using traditional facility-based methods is likely to compound human resource and infrastructure deficiencies. Community-based methods may relieve this burden and result in higher retention of patients in ART programs.

Optimized models of care are thought to:

* Improve care access/adherence/retention
* Reduce costs and burdens on health systems
* Improve patient acceptability
* Increase sustainability
* Maximize impact, reduce morbidity/ mortality
* Found to be effective and efficient in other settings (Mozambique, Zimbabwe, Lesotho, South Africa)

**Significance**

Existing health delivery systems for HIV infected patients are not optimal and are characterized by:

* + High loss to follow up
	+ Opportunity costs for clinic attendance are high
	+ Burn out of health care workers
	+ Clinic congestion
	+ Psychological barriers, including stigma and depression

**Specific Objectives:**

1. Objective 1:

**Determine the acceptability, appropriateness, and feasibility of a differentiated care system in Zambia**, by assessing perspectives of three key groups (1) patients and family members (2) health care workers and (3) government and local leaders.

Three types of mixed methods (qualitative and quantitative) will be utilized:

* Surveys and discrete choice surveys (DCSs)
* In-depth interviews (IDIs)
* Focus Group Discussions (FGDs)
1. Objective 2:

**Evaluate the effectiveness, efficiency, and health care quality of a differentiated care system that includes four targeted models of care.** Effectiveness of differentiated models of care will be assessed through retention in care (primary outcome), efficiency through cost-effectiveness analysis, and quality through qualitative and quantitative methods.

The study/project will implement four differentiated care models in order to understand how each model performs in a real-life setting.

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| **Model** | **Location** | **# of sites** | **# groups per site** | **Total sample size** | **Problem(s) addressing** | **Description of model** |
| **Model 1: Community adherence groups (CAGs)** | Rural | 5 | 20 groups of 6 patients | 600 | Poor adherence and retention; long patient travel time and cost; rural clinic congestion and wait time | Monthly patient ART groups, facilitated by lay counselor, meet at location of group’s choice. Patients travel to clinic once every six months (rotating between group members) for labs and to pick up medications. |
| **Model 2: Urban adherence groups (UAGs)** | Urban | 5 | 4 groups of 30 patients | 600 | Poor adherence and retention; long patient wait time and cost; urban clinic congestion | 2-3-monthly patient ART groups, meet during off-hours at clinics. Adherence discussion by lay ART counselor; ARVs distributed by pharmacy technician. Patients schedule clinic visit once every six months. |
| **Model 3: FAST-TRACK** | Urban | 2 | N/A | 800 | Urban clinic space limitations/ congestion; wait time; poor retention | Container unit or dedicated room at clinics provide ART patients with rapid refills and health checks; patients attend a scheduled clinic visit once every six months. |
| **Model 4: START** | Urban & rural | 4 | N/A | 400 | Poor retention in newly eligible patients; clinic congestion and wait time | ART-naïve patients testing positive will be given an option to move into a streamlined process wherein accelerated counseling is delivered, as well as necessary baseline safety laboratory tests. ART is provided as soon as possible after being classified as eligible to initiate ART per guidelines. |

1. Objective 3:

**Develop a “methodologic” toolkit for assessment of local needs and preferences and for implementation during scale-up of differentiated care models in this and in other contexts**, using data from Objectives 1 and 2.