

A MODEL OF CARE THAT WORKS FOR YOU

Perspectives from people living with HIV and health care workers in 7 African countries

1. BACKGROUND

The International AIDS Society (IAS) is working on a two-year project to support the implementation of differentiated models of Antiretroviral Therapy (ART) delivery. As part of this project, and to engage with civil society and communities in Africa, the AIDS and Rights Alliance for Southern Africa (ARASA) and the International Treatment Preparedness Coalition (ITPC) conducted a rapid assessment to gauge the 'readiness' of people living with HIV (PLHIV) and communities to advocate for differentiated models of ART delivery.

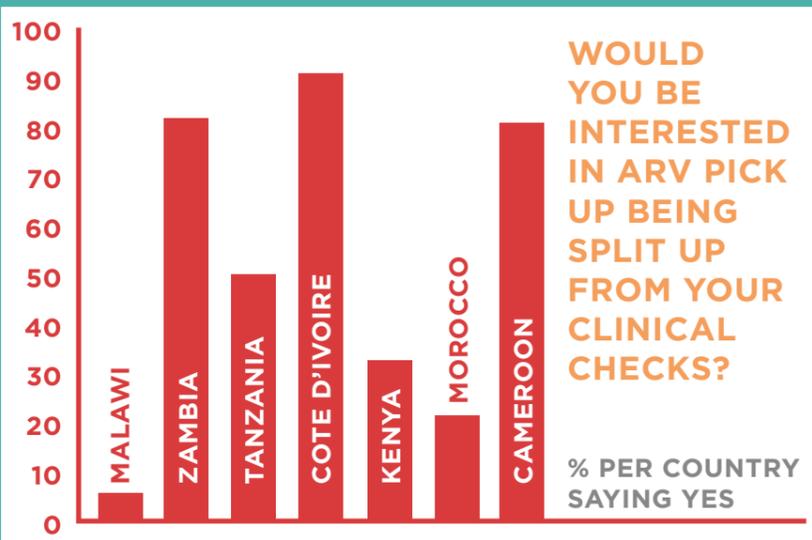


2. SURVEY METHODOLOGY

-  Seven countries: Cameroon, Côte d'Ivoire, Kenya, Malawi, Morocco, Tanzania and Zambia
-  Two data collectors in each country (two provinces/ counties covered per country)
-  35-50 respondents per country comprising mostly of recipients of treatment and care (PLHIV including key populations, adolescents and others) and between 5-10 health workers
-  Questionnaire with a mixture of multiple choice and open-ended questions

The survey aimed to be a rapid assessment way to gather information across a wide range of countries and communities and provide a glimpse into some of the existing community perceptions or the lack thereof on differentiated ART delivery. Resource and time limitations meant that the sample sizes were small and the sampling was limited to areas where the data collectors could easily and quickly collect responses. Therefore, the findings are not definitive or widely generalisable within regions or countries. They do however provide insights into some key areas of concern for recipients of treatment and care and potentially indicate areas for advocacy and further in-depth research.

3. UNDERSTANDING DIFFERENTIATED ART DELIVERY

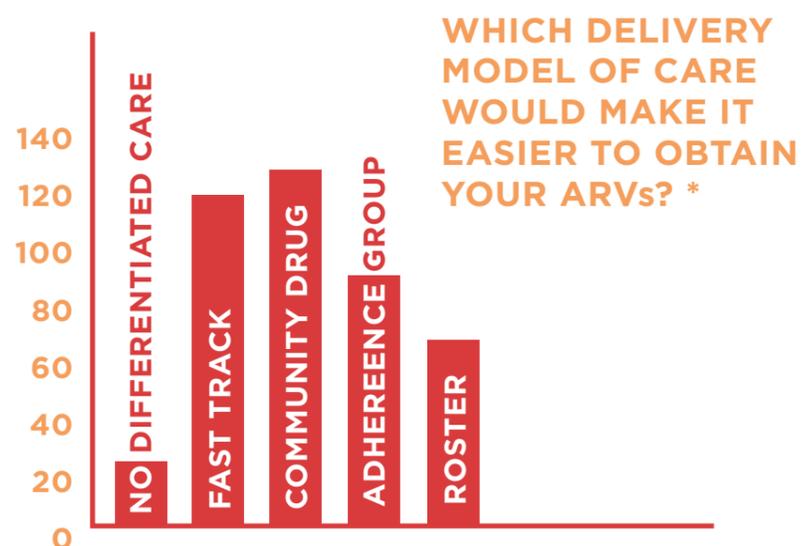


When asked if ARV pick up should be split from clinical checks, results varied widely between countries ranging from 92 % of respondents in Cote D'Ivoire responding affirmatively compared to only 6 % in Malawi. However, even where respondents did not want this split, they indicated that one or more of the differentiated delivery options was desirable.

A total of 18 % of all PLHIV interviewed had heard of differentiated models of care.

4. WHICH DELIVERY MODEL WOULD MAKE IT EASIER TO REGULARLY OBTAIN YOUR ARVs?

The vast majority of respondents across countries indicated that one or more of the proposed models for differentiated ART delivery would make picking up their ARVs easier. Whilst results varied across countries, the most popular options were a drug distribution point within the community and a fast track window within the clinic.



*Respondents opted for more than one, so results add up to more than the total number of respondents.

5. WHAT POSITIVE IMPACTS MIGHT DIFFERENTIATED ART DELIVERY HAVE ON YOUR LIFE AND TREATMENT?

The most frequently mentioned positive impact that people perceive is the potential of saving time and saving money specifically on transport costs. Many respondents also mentioned that a system that puts their needs at the forefront would encourage others to join, promote better adherence, provide a sense of autonomy and improve their self-esteem.

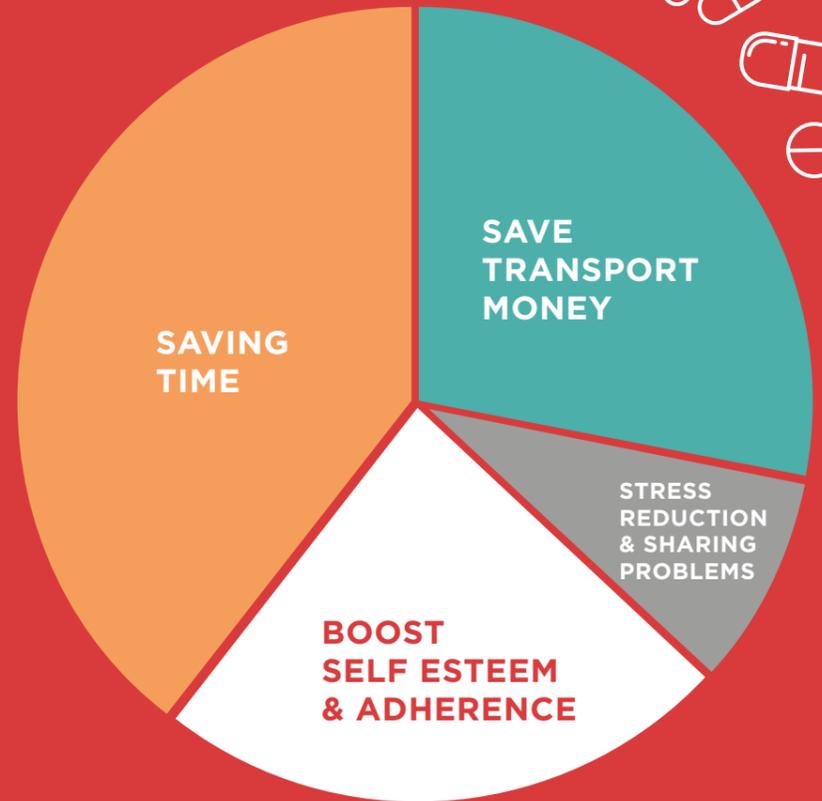
Findings show that primary challenges related to picking up ARVs include:

-  Lack of time
-  Lack and cost of transport
-  Having to miss work and school
-  Long queues and waiting time at the clinics

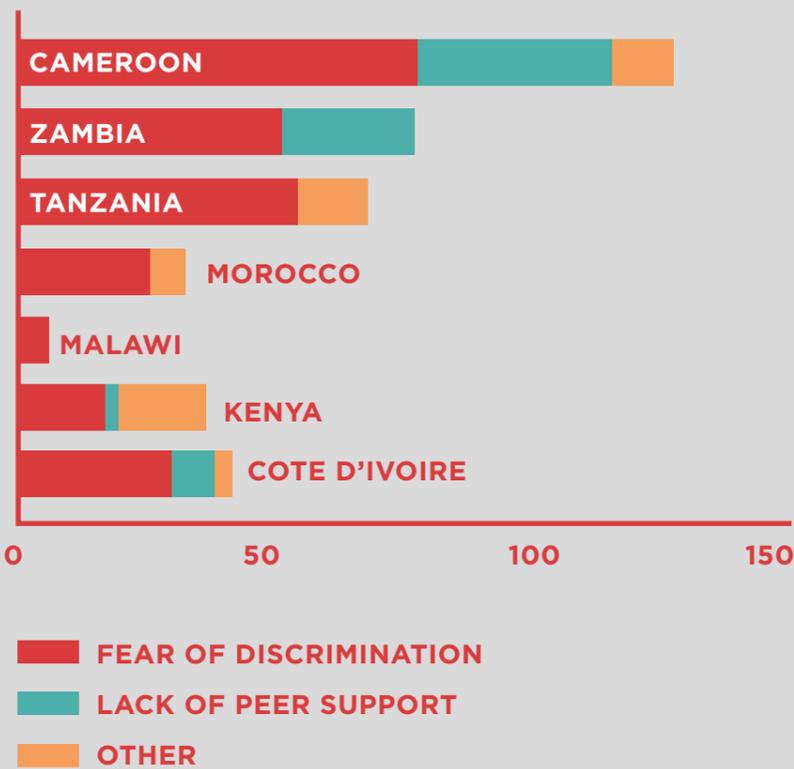
Also mentioned: Unfriendly health workers, illness and depression and family constraints

PERCEIVED POSITIVE ASPECTS OF DIFFERENTIATED ART DELIVERY*

*Total numbers across 7 countries



6. WHAT NEGATIVE IMPACTS MIGHT DIFFERENTIATED ART DELIVERY HAVE ON YOUR LIFE AND TREATMENT?



Perceptions of obstacles or negative impact in terms of care and treatment (responses in percentages of total numbers).

37 % of all PLHIV interviewed across the seven countries expressed the fear that delivery of their ARVs closer to home would lead to exposure of their status and concomitant stigma and discrimination. The country specific results varied widely with only 2 % of respondents in Malawi mentioning this as a concern compared to 79 % of respondents from Cameroon. The 'other' category included concerns relating to treatment and care being compromised by less frequent visits to the clinic. Many respondents also expressed discomfort around changing a system that they were used to and doctors or health workers that they were comfortable with.

The fear of stigma and discrimination was also expressed strongly among certain groups such as younger respondents. Health workers suggested that adolescents and other marginalised groups such as men who have sex with men (MSM) and sex workers experience high levels of self-stigma and might avoid any care model, which involves drug collection closer to their homes.

RECOMMENDATIONS ON HOW TO BRING HIV DELIVERY CLOSER TO YOUR HOME

-  Comprehensive training for health workers and communities on differentiated ART delivery and what it means in differing contexts
-  In-depth research examining the potential impact of differentiated ART delivery on marginalised communities
-  Integrating sites utilised for ARV delivery with delivery of medicines for other chronic illnesses

“ As a single mother with 4 children who depend on me as the breadwinner, it costs me dearly to come for ARV refilling. ”

(Female, 20-35, Tanzania)



ARASA
AIDS & Rights
Alliance
for Southern Africa

ITPC
INTERNATIONAL TREATMENT
PREPAREDNESS COALITION