



A SYSTEMS-WIDE LOOK AT ALTERNATIVE MODELS FOR DELIVERING HIV TREATMENT

Many high HIV-prevalence countries are experimenting with and scaling up targeted service delivery approaches, or “differentiated models of care,” for providing antiretroviral treatment (ART) for HIV. Hopes for such approaches include better access to and outcomes of treatment for patients and increased clinic capacity and lower cost for providers. Although many specific models of care are being evaluated, we have little evidence on the “big picture”—the proportion of clinics offering alternative models, eligibility criteria, numbers of patients eligible under those criteria, number of patients actually participating, program-wide outcomes, resource utilization and costs compared to traditional care, fidelity to guidelines, financial sustainability, and other system-wide indicators.

THE PROJECT

AMBIT is a 2.5-year research and evaluation project in sub-Saharan Africa supported by the Bill & Melinda Gates Foundation and implemented by the Boston University School of Public Health in the U.S., the Health Economics and Epidemiology Research Office (HE²RO) in South Africa, and other local partners. The project, launched in September 2018, will include data synthesis, data collection, data analysis, and modeling activities aimed at generating information for near- and long-term decision making and creating an approach and platform for ongoing evaluation. Activities will include literature reviews, analysis of retrospective data and implementation reports, cost estimates, surveys, modeling, and modest primary data collection and analysis, with an anticipated emphasis on Malawi, Zambia, and South Africa (focus countries may change as project develops).

AMBIT’s five main components address **COVERAGE** (current extent of alternative model implementation); **ALLOCATION** (development of a mathematical model to optimize distribution of alternative models at national level); **BENEFITS AND COSTS** (empirical estimates of the overall potential costs and benefits of large-scale adoption of alternative models in the focus countries); **GAPS** (limited primary research in the focus countries to strengthen the evidence base); and **PARTNERSHIPS AND DISSEMINATION** (integration of AMBIT with other related projects, establishment of partnerships, and widespread dissemination of results).

CONTACTS

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