ALTERNATIVE MODELS OF ART DELIVERY: OPTIMIZING THE BENEFITS

PATIENT SATISFACTION WITH DIFFERENTIATED SERVICE DELIVERY MODELS OF HIV TREATMENT IN SUB-SAHARAN AFRICA
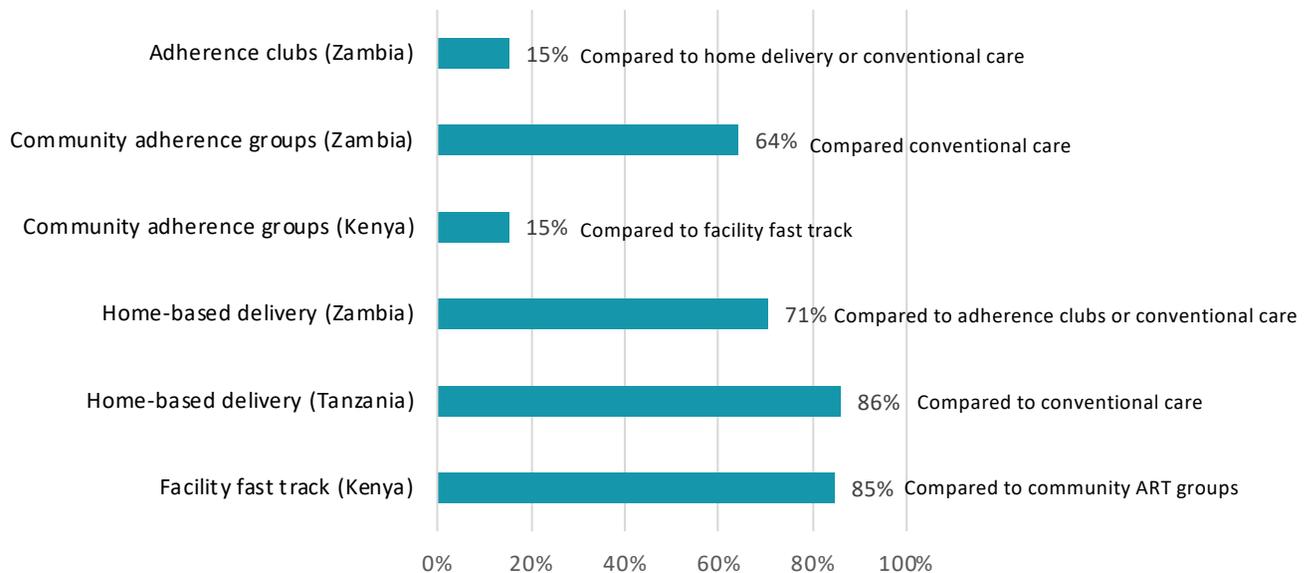
Evidence from a literature review 2016-2019

Background

❖ In sub-Saharan Africa, many countries are scaling up new service delivery approaches, or differentiated service delivery (DSD) models, for the treatment of HIV.

❖ DSD models are intended to be more "patient-centered" than conventional care, improving patients' experience and reducing the burden and costs of seeking antiretroviral therapy (ART).

❖ Although research remains scarce, several studies have surveyed patients to ask about their satisfaction with their DSD model and whether they prefer it to conventional care.

❖ From systematic reviews we conducted of the published literature and international conference abstracts and of gray (unpublished) evidence on DSD models for HIV treatment in sub-Saharan Africa between Jan 1, 2016 and Sept 12, 2019[1-3], we summarized patients' preferences for DSD models.

Main findings

❖ Though the number of observations is small, most patients patients preferred DSD models to conventional care (see figure below). Where group models were compared to individual models, individual models were more popular.

❖ A vast majority of patients surveyed said that they were satisfied with their model of care (see table on next page). No comparative data were reported to indicate whether patient satisfaction with DSD models was higher than with conventional care, however.

Figure. Percentage of patients reporting they preferred each DSD model to conventional care or another DSD model†

Adherence clubs (Zambia)	15%	Compared to home delivery or conventional care
Community adherence groups (Zambia)	64%	Compared conventional care
Community adherence groups (Kenya)	15%	Compared to facility fast track
Home-based delivery (Zambia)	71%	Compared to adherence clubs or conventional care
Home-based delivery (Tanzania)	86%	Compared to conventional care
Facility fast track (Kenya)	85%	Compared to community ART groups

†See table on next page for citations

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Table. Patient satisfaction with and preference for DSD models

Country	Model name	Satisfaction metric or model to which DSD is preferred	% of patients reporting satisfaction with DSD model	% of patients reporting that they prefer the DSD model
Facility-based individual models				
Kenya	Facility fast track[4]	Compared to CAG		84.7%
Out of facility-based individual models				
South Africa	Decentralized medication distribution through CCMDD[5]	% patients who were "happy" to be enrolled in model	96.3%	
		% patients who rated the service "good" or "very good"	80.0%	
Tanzania	ARV community delivery[6]	% patients who were "satisfied" or "very satisfied" with ARV community delivery	96.9%	
Tanzania	Home-based delivery[7]	Compared to conventional care		86.0%
Zambia	Home-based delivery[8]	Compared to adherence club DSD model or conventional care		70.5%
Client-led groups				
Kenya	Community adherence groups[4]	Compared to facility fast track DSD model		15.3%
Zambia	Community adherence groups[9]	Compared to conventional care		64.2%
Healthcare worker-led groups				
South Africa	Adherence clubs[5]	% patients who were "satisfied" or "very satisfied" with care	96.3%	
		% patients who rated the service "good" or "very good"	96.2%	
Zambia	Adherence clubs[8]	Compared to home-based delivery DSD model or conventional care		15.4%

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