

Exploring patient preferences and outcomes: the example of new differentiated models of HIV care delivery in Uganda and the DRC among people living with HIV

Jihane Ben-Farhat, Epicentre, France

Background

Mobility of people living with HIV (PLWH) among urban population in Goma and the fisherfolk community in western Uganda can serve as a barrier to retention in care. To address this challenge, MSF supported MoH in deployment of WHO recommended Differentiated Services Delivery Models (DSDM), especially Community ART groups (CAG) where clients form groups and rotate drug pick-up. In these studies, we aimed to explore retention-in-care, viral load coverage and suppression among PLWH enrolled in DSDM and describe acceptability and satisfaction of these models in Goma, DRC and Kasese, Uganda.

Methods

In both contexts, we carried out a retrospective cohort analysis complemented by a cross-sectional survey in Goma and a qualitative survey in Kasese. For the cohort analysis, we examined the characteristics of PLWH enrolled in DSDM. Utilizing Kaplan-Meier survival analysis, we estimated retention in care and calculated viral coverage and suppression rates at 12 months post-model initiation. In Goma, we administered a satisfaction questionnaire to a subset of the active cohort, while in Kasese, we conducted interviews and facilitated focus group discussions to document the acceptability and relevance of DSDM.

Results

In total, 1950 PLWH in Goma and 1773 PLWH in Kasese were included in the cohort analyses. After one year of model initiation, more than 90% of PLWH enrolled in MSF-supported DSDM were retained in care (94.1% among PLWH in Goma and 97.6% in Kasese). Of PLWH who retained in care at 1-year, proportion of virally suppressed PLWH was high in both contexts (96.4% in Goma and 97.0% in Goma). PLWH and healthcare providers expressed positive sentiments towards DSDM,

acknowledging their utility in enhancing convenience and reducing transport expenses for ART access. Moreover, they noted benefits such as decreased waiting times, alleviation of overcrowding and workload at healthcare facilities, as well as the role of DSDM in mitigating stigma and fostering responsibility sharing among group members.

Conclusion

Although great progress has been made in the fight against the HIV epidemic in recent years, a one-size-fits-all approach to caring for people living with HIV is no longer appropriate. The findings from these evaluations underscore the effectiveness of tailored, differentiated services, which maintain high retention rates in care, even within mobile communities, while also garnering strong acceptability. It is imperative to consider integrating DSDM into routine programming for chronic illnesses. By adapting clinical care to suit the lifestyles of PLWH, such models can offer enhanced support to patients, ultimately improving health outcomes.

MSF's response to retention challenges among PLWH involved supporting the deployment of WHO-recommended DSDMs, including CAGs. The studies aimed to evaluate retention in care, viral load coverage, and suppression among PLWH enrolled in these DSDMs, while also investigating their acceptability and satisfaction

