Community-Based ART Initiation, Delivery and Monitoring in Rural Southwest Uganda: Participant Experiences of a Differentiated Model of HIV Care Delivery

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Background

- In settings of high HIV prevalence and resource scarcity, differentiated models of HIV care refocus clinical resources on symptomatic patients while providing stable clients with less intensive community-based services.
- By adapting services for particular patient groups, this client-centered approach can reduce burdens on health care systems.
- Individuals' experiences of differentiated care will inform how future services are organized.
- Using qualitative data from a randomized trial of community-based ART initiation, delivery and monitoring, we describe experiences of a differentiated model of ART delivery.

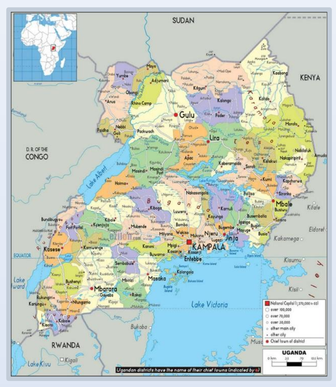


Figure 1. Map Of Uganda

Methods

- The Delivery Optimization for Antiretroviral Therapy (DO ART) study is evaluating community-based ART initiation and follow-up compared to clinic-based care in rural southwest Uganda and Kwa-Zulu Natal, South Africa.
- Fifty DO ART study participants from the Uganda site were purposefully sampled. Sampling aimed to represent a range of experiences across three study arms at different stages of HIV follow-up care.
- Data collection included in-depth interviews eliciting experiences of initiating ART and receiving refills.
- Interviews were conducted in the local language (Runyankole), audio-recorded, and transcribed into English.
- Transcripts were content-analyzed to characterize interviewees' experiences. Results are represented as descriptive categories.

Results

- Overall, qualitative interview data reveal a favorable response to home ART initiation and community-based follow up.
- Compared to clinic-based care, services received in the community were perceived to have many advantages.

Increased Privacy

- Inadvertent HIV disclosure stemming from being seen at an HIV clinic was a prominent concern for study participants.
- Receiving HIV services at home or in communities was seen to eliminate the possibility of being recognized at clinics, decreasing concerns about disclosure risk.

"When they bring medicine in the village there are no chances of rumors, compared to collecting medicine at the clinic. At the clinic there are many people so when you go there to collect your medicine you can't fail to meet people from your village. They inform others that you have HIV. That idea of bringing medicine in our village - there is a way it made me very happy because nobody knows that I have HIV."

- Male, age 29

Personalized Services

- Extended one-on-one interactions with health workers in communities allowed enough time to address individual questions and concerns.
- Participants felt "valued" and "helped" when given the opportunity to discuss their problems.

"He met me at my work place two times. I was happy about it because he would counsel me whenever he came and still counsels me when he comes. We talk in detail when he comes. You know, when you are many people (at the clinic) you can't discuss in detail – especially about sensitive issues like HIV – when other people are looking at you. I was happy about it because he would counsel me and we discuss in detail."

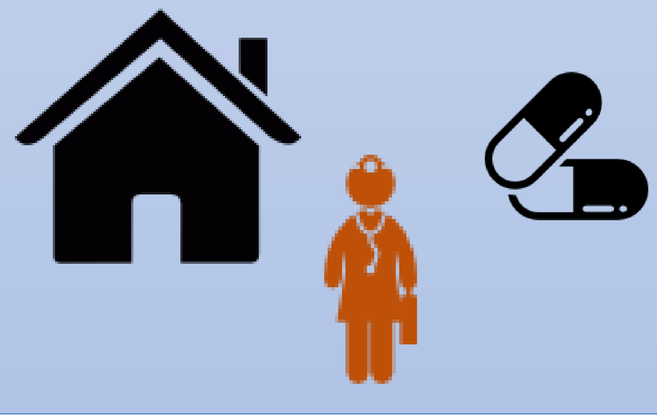
- Female, age 46

Convenience

- ART delivery in communities was perceived to be more convenient than clinic-based care.
- It saved time and money otherwise spent on travel to clinics.

"…I want to extend my thanks to those people who suggested that we should collect our drugs in our villages because it saves time and it does not involve transport costs. For us we don't work in offices so we don't earn salaries. Therefore when you go to clinic and you spend the whole day at clinic without doing any work, you can't eat."

- Male, age 32



Immediate Services

- Most participants preferred to initiate ART as soon as after HIV diagnosis as possible.
- Initiating ART at home was seen as more immediate than at the clinic. Being given treatment "there and then" eliminated potential delays in seeking care at a clinic.

R: "I had no other challenges that stopped me from going to the clinic. It was only work. I was so busy at work that I had no time to go to the clinic."

I: "What would have happened had you been given the option to start ART from home?"

R: "I would have started ART immediately …: I would not have any disturbances like having to look for transport and having to miss doing my work because the research assistant would have given me the drugs there and then and I would have started."

- Male, age 36

Responsiveness

- This community-based approach to ART initiation, delivery and monitoring was experienced as responsive to individual needs.
- Flexible approaches to HIV care and the focused attention given by health care workers communicated a sense of caring.
- Feeling cared about strengthened participants' commitment to treatment.

"Whenever we meet he asks me how I am feeling to see whether I am improving because he is the one who gives me medicine and he is the one who encouraged me to test. So whenever he asks me such questions, I feel happy because it shows me that he cares about me."

- Male, age 28

"[The conversations] show me that he cares about my life. And I even become more strong and determined to take my drugs and live a healthy life because it gives me more hope of living."

- Female, age 26

Conclusions

- These data suggest community-based ART initiation and follow-up is an acceptable and effective approach to HIV service delivery in rural Uganda.
- Differentiated models of care are a promising strategy for eliminating longstanding access barriers and improving HIV service quality from the perspectives of HIV-infected persons.

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