

A community ART model and client-centered ART services facilitate high ART adherence and client retention in Zambia

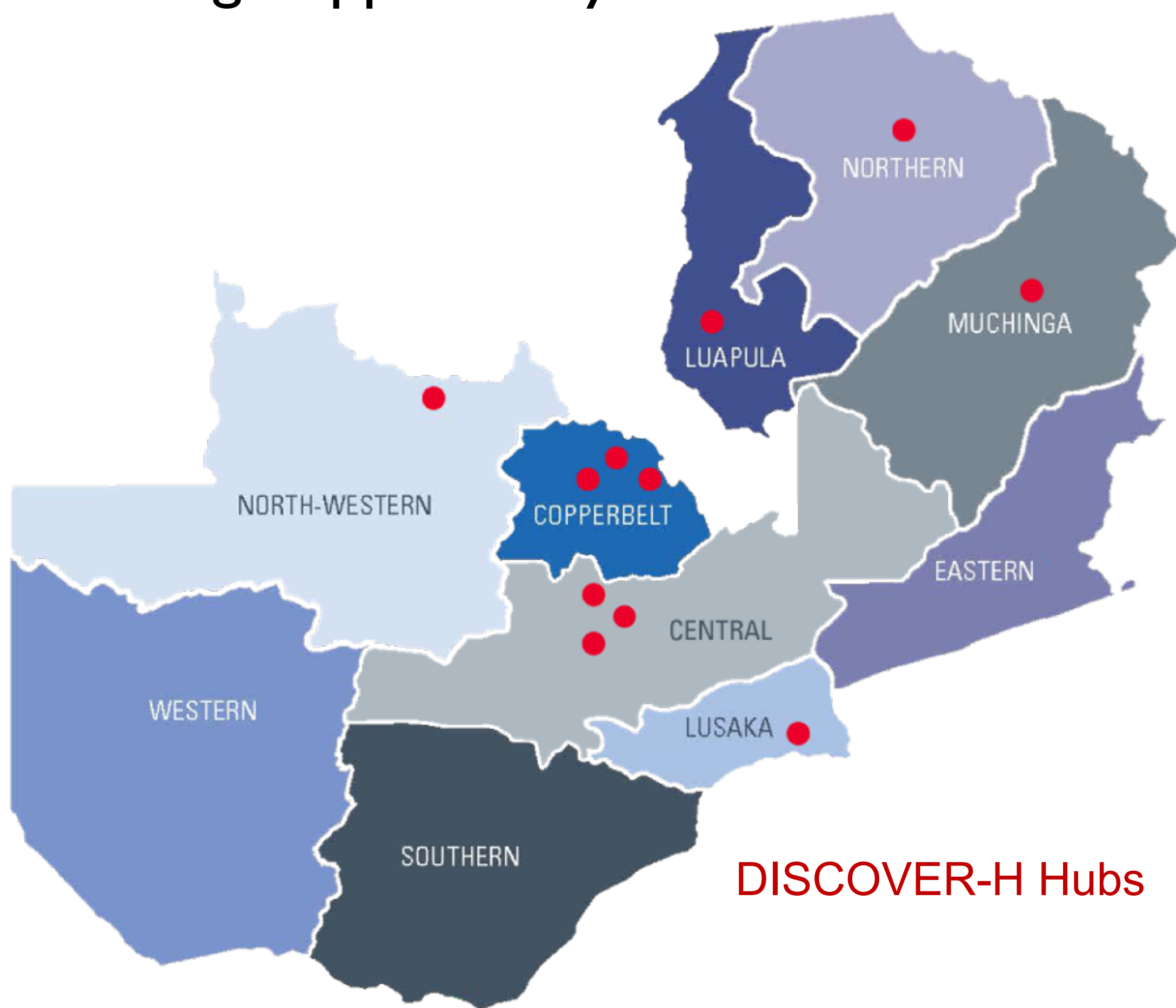


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Client-centered community ART programs reduce the burden of accessing ART on clients, reducing travel distance, transport costs and opportunity costs.

PROBLEM

The Zambian health system continues to face challenges due to an ever increasing HIV care and treatment burden from 1.2 million PLHIV. Most clients, many from underserved communities, travel long distances to ART facilities, incur high transport costs, experience long wait-times (3-6 hours), and bear high opportunity costs.



RESPONSE

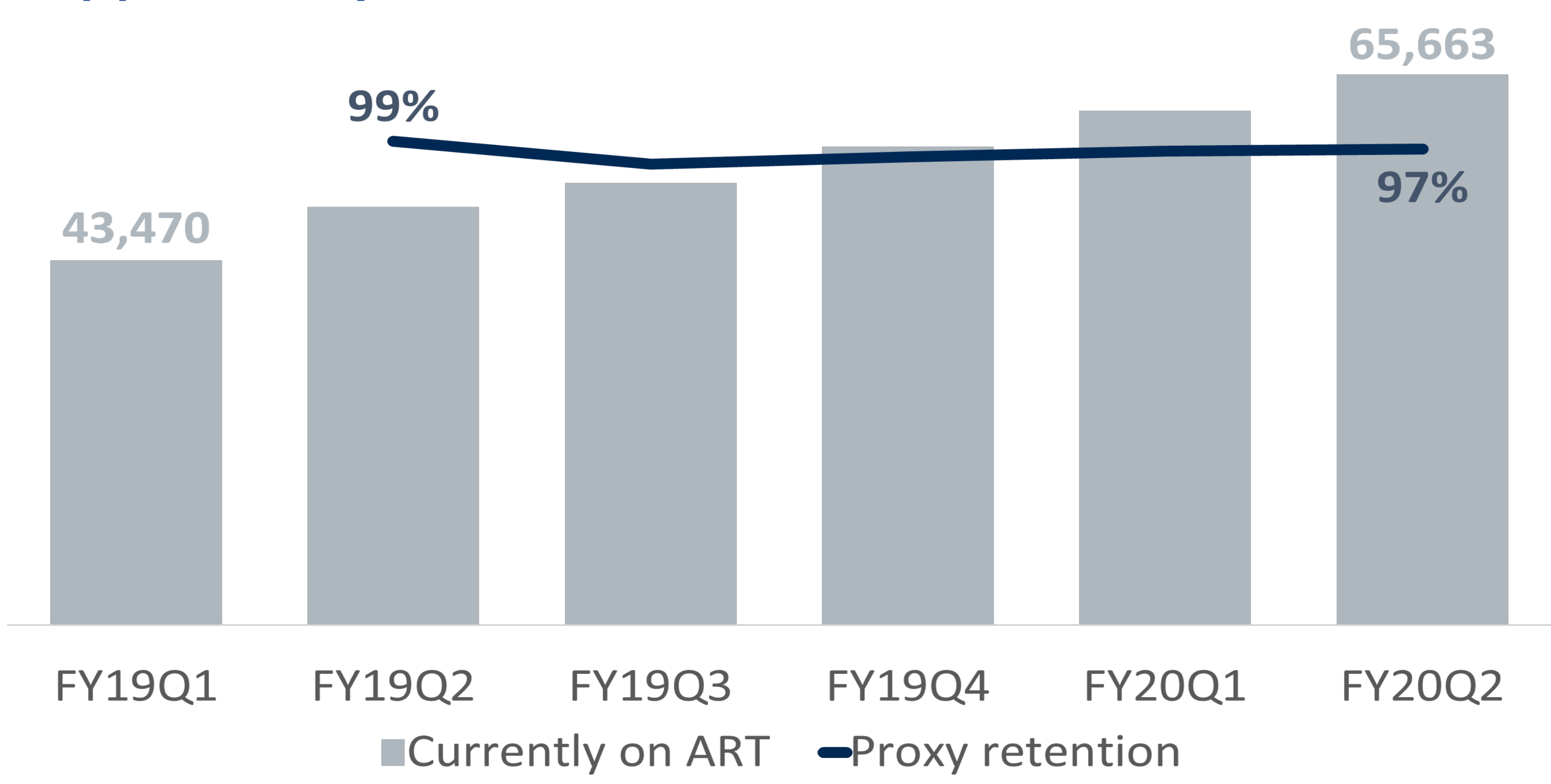
In 2015, a community ART model was designed to expand the range of services provided in health posts to include HIV testing services and provision of ART. The same services were replicated in non-conventional community-based health service delivery sites that were located in church grounds.

RESULTS

By fiscal year 2020 (FY20), DISCOVER-H provides ART services in 271 health posts and non-conventional facilities as well as two mine hospitals across seven provinces in Zambia.

To ensure ART service quality standards and build user confidence in the services, the project monitors the number of PLHIV currently on ART and those newly initiating ART to track growth and retention. Proxy retention is calculated as: $TX_CURR (now) / [TX_CURR (prior) + TX_NEW (now)]$.

Since FY19, the ART program grew by 51%, from 43,470 in December 2018 to 65,663 in April 2020, while maintaining proxy retention over 95%, showing high levels of sustained care and ART.



LESSONS LEARNED

- Access and sustained utilization of ART services can be driven by client-centered community programs.
- Quality community ART programs help to decongest higher-level health facilities, providing faster ART point-of-care with clients so they can spend less time at-facility.
- Client-centered community ART programs reduce the burden of accessing ART on clients, reducing travel distance, transport costs and opportunity costs.

CONCLUSION

Decentralizing ART services to the community supports the needs of the health system and under-served communities, but must be good quality for clients to access them and sustain use. DISCOVER-H ART sites are increasingly the point-of-care of choice for catchment-area clients, mitigating transport and opportunity costs in a challenging economy; decongest higher-level facilities with health system-wide benefits; enable client continuity care and retention on ART, helping to maintain momentum towards HIV epidemic control.

USAID DISCOVER-Health, implemented by JSI Research & Training Institute, supports the Zambia Ministry of Health's goals