Patients’ Perceptions and Factors Influencing Utilization of Community Clients Led antiretroviral therapy model of care among stable PLHIV: a Case Study of Mulago ISS Clinic, Kampala, Uganda

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Introduction: To meet the second UNAIDS goal of initiating and maintaining 95% of persons living with HIV (PLHIV) on anti-retroviral therapy (ART), the Uganda Ministry of Health adopted and WHO recommended differentiated service delivery models (DSDM) in 2017. The DSDM are patient-centered, decongest high volume clinics and reduce client transport costs and waiting time at health facilities. However, there was slow uptake of these ART delivery models particularly community clients-led ART delivery (CCLAD) at Mulago Immune syndrome suppression (ISS) clinic, the largest single HIV clinic in Uganda. This study aimed to understand the perceptions of stable PLHIV on CCLAD and factors influencing their choice of DSDM.

Methods: We employed an explanatory sequential mixed-methods study design among stable PLHIV. Data for quantitative analysis was extracted from patient file selected by systematic random sampling. We conducted logistic regression modelling to understand the factors associated with the patient’s choice of CCLAD. To explain the quantitative findings, we conducted 30 in-depth interviews with purposively selected PLHIV guided by the diffusion of innovation theory. Quantitative data was analysed in STATA (V.16), while qualitative data analysed in Atlas.ti. Results: From January 2021 to December 2021, 816 client’s medical records were selected. The mean age was 42(±9.3) years. The majority (70%) were female and mean duration on ART was 7.5(3.3) years. The majority, 721 (88.4%) were enrolled on Facility-Based Groups including Fast-Track Drug Refill, 55(6.7%) enrolled on CCLAD and 40(4.9%) on Facility-Based Individual Management. Longer duration on ART and ever missing an appointment were associated with the patient’s choice for the CCLAD [aOR:13.2 (95%CI: 3.2-55.4), p<0.001] and [aOR:3.6(95%CI:1.1-11.6), P=0.034] respectively. The majority of the participants preferred facility extended ART refills to CCLAD. Barriers to enrolling in CCLAD included: lack of treatment of other common ailments in the community, fear of unintended disclosure, and having TB prevention therapies and cervical cancer screening services limited to the facility. Conclusion: Perceived barriers and a knowledge gap limited uptake of CCLAD, with the majority of clients preferring facility extended drug refills. Ongoing health education and incorporating TB and cervical cancer screening services in community ART models may improve uptake of CCLAD.