

# Does differentiated service delivery for HIV treatment change healthcare providers' workload? Provider views from Malawi, South Africa, and Zambia

Bevis Phiri<sup>a</sup>, Amy Huber<sup>b</sup>, Vinolia Ntjikelane<sup>b</sup>, Timothy Tchereni<sup>c</sup>, Jeanette Kaiser<sup>d</sup>, Priscilla Lumano Mulenga<sup>e</sup>, Mpande M Mwenechanya<sup>f</sup>, Prudence Haimbe<sup>a</sup>, Hilda Shakwelele<sup>a</sup>, Rose Nyirenda<sup>g</sup>, Stanley Ngoma<sup>g</sup>, Andrews Gunda<sup>c</sup>, Brooke Nichols<sup>bd</sup>, Sophie Pascoe<sup>b</sup>, Sydney Rosen<sup>bd</sup>

<sup>a</sup> Clinton Health Access Initiative, Lusaka, Zambia; <sup>b</sup> Health Economics and Epidemiology Research Office, Department of Internal Medicine, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; <sup>c</sup> Clinton Health Access Initiative, Lilongwe, Malawi; <sup>d</sup> Boston University, Boston, MA, USA; <sup>e</sup> Ministry of Health, Lusaka, Zambia; <sup>f</sup> Centre for Infectious Disease Research in Zambia, Lusaka, Zambia; <sup>g</sup> Ministry of Health, Lilongwe, Malawi

## Background

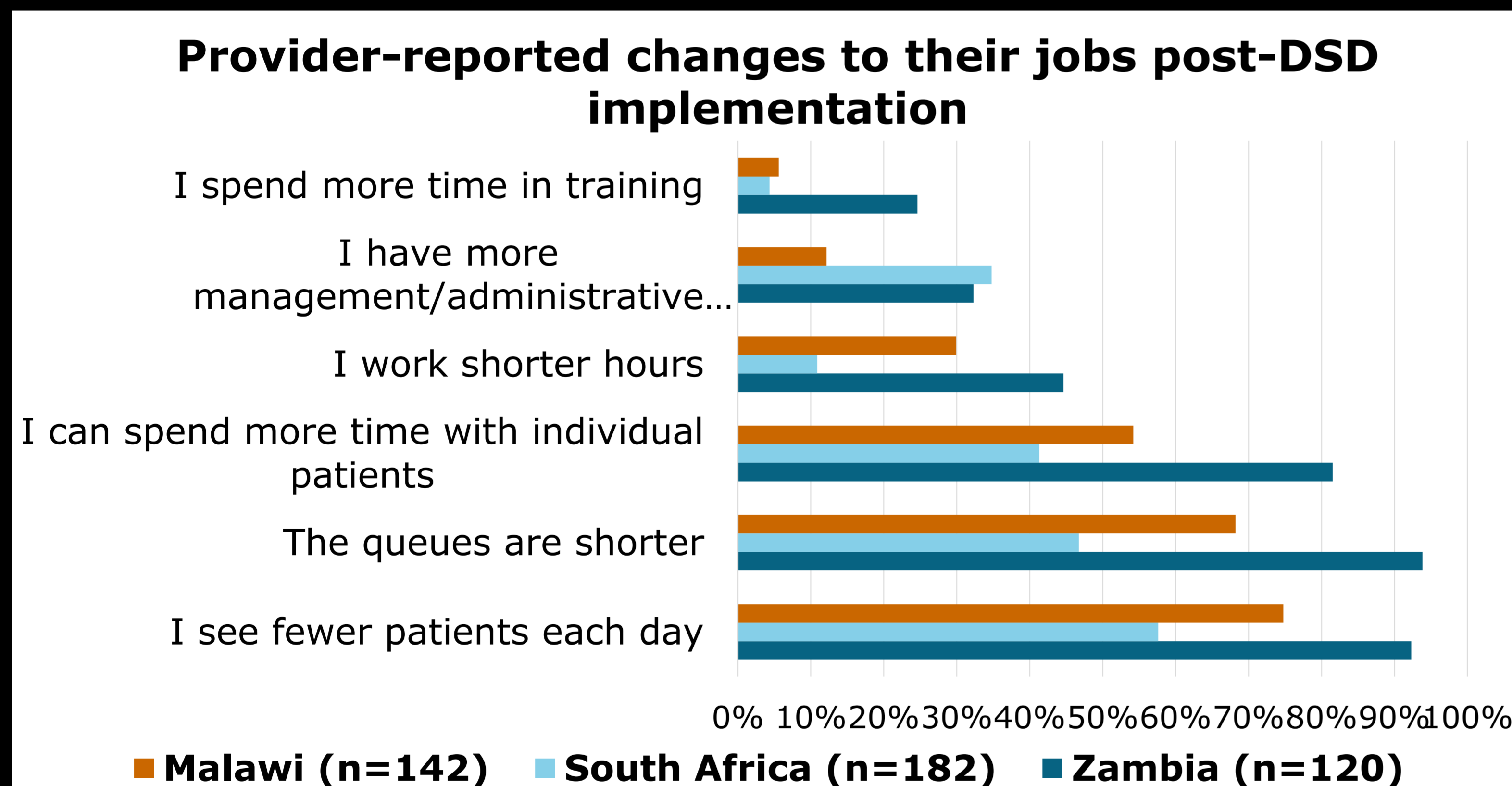
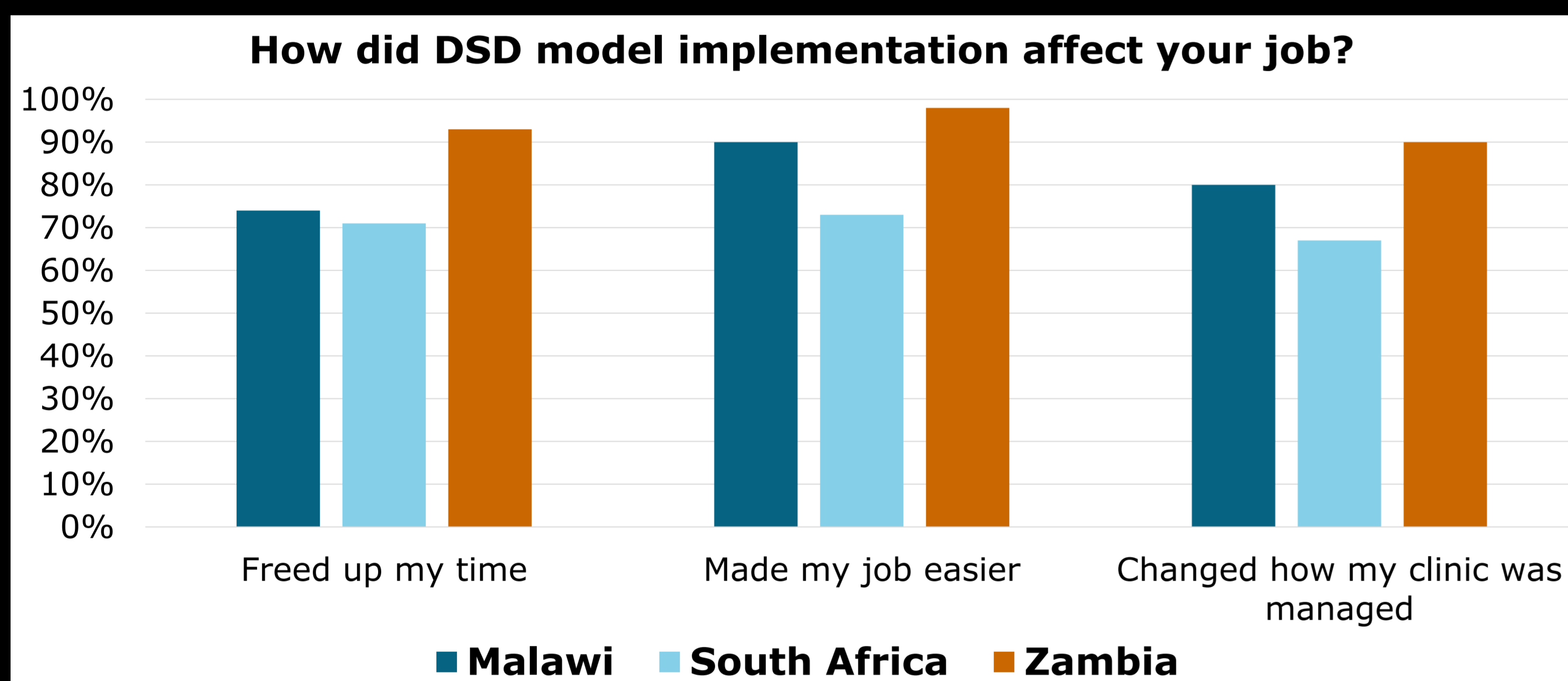
- Differentiated service delivery (DSD) models aim to make delivery of HIV treatment more efficient, reducing the burden on healthcare providers and improving quality of care and/or increasing clinic capacity.
- Although many countries are implementing DSD models, there is little evidence on how they affect providers' workloads.
- We surveyed providers in three countries in southern Africa to explore the effect of DSD models on their workloads.

**Most HIV treatment providers in Malawi, South Africa, and Zambia, reported that DSD models freed up time, made their jobs easier, and led to changes in patient and clinic management.**

## Methods

- Interviews were conducted in April-Nov 2021 at 43 public facilities in Malawi, South Africa, and Zambia representing diverse regions, settings, facility sizes, and nongovernmental partners.
- A convenience sample of ≤10 clinical and non-clinical providers per facility who were directly or indirectly involved in DSD implementation were invited to participate.
- Quantitative and qualitative questions examined changes in providers' work schedules and workloads associated with the advent of DSD models.

## Results



- 444 providers were interviewed (n=142 Malawi, n=182 South Africa, n=120 Zambia).
- Most reported that DSD models freed up their time (74% Malawi, 71% South Africa, 93% Zambia) and made their jobs easier (90% Malawi, 73% South Africa, 98% Zambia).
- Most reported seeing fewer patients/day; about a third said they spent more time with each patient, while others worked shorter hours or had more non-patient care responsibilities.
- Most respondents said that DSD models led to changes in how their clinic was managed (80% Malawi, 67% South Africa, 90% Zambia).
- 11% said they work shorter hours; 11% said that DSD models led to a larger administrative workload. Roughly 10% of providers stated that DSD models result in more work or additional duties, rather than less.
- In qualitative responses, providers reported fewer patients seen daily, reducing their workloads and allowing more time for each patient, administrative tasks, and personal affairs due to shorter hours, resulting in lower stress overall.
- This analysis relied on self-reported responses by providers and does not illustrate to what extent their actual workload has changed.

"...I have less management responsibility because most of patients are given 6 months refill hence, they take time to come to the facility thereby reducing flow of patients and lessening my workload"  
-Professional Nurse, Malawi

"...workload is lighter than previously. Stock holding is less. Ordering is more stable than before as previously I would go to sister clinics to borrow what I didn't have because I always ran short due to the influxes of patients."  
-Pharmacy Assistant, South Africa

"I see fewer patients each day and queues are shorter because the facility has been decongested. Very few people visit the facility each day. This gives me ample time to spend with my patients. I don't have to stress to finish the longer queues."  
- ART In Charge, Zambia

## Conclusions

- A diverse sample of southern African providers reported that DSD models for HIV treatment freed up time, made their jobs easier, and led to changes in patient and clinic management. A minority of providers reported that DSD models produced more work or additional duties.
- More in-depth understanding of the actual use of provider time and changes in clinic management is needed to understand the full impact of differentiated service delivery for HIV treatment.