



# HHS Public Access

Author manuscript

*Curr Opin HIV AIDS*. Author manuscript; available in PMC 2024 January 01.

Published in final edited form as:

*Curr Opin HIV AIDS*. 2023 January 01; 18(1): 27–31. doi:10.1097/COH.0000000000000770.

## Promoting patient-centered care within HIV care settings in sub-Saharan Africa

Juddy Wachira<sup>1,2</sup>, Becky L. Genberg<sup>3</sup>, Ira B. Wilson<sup>4</sup>

<sup>1</sup>Department of Behavioral Sciences, School of Medicine, College of Health Sciences, Moi University Eldoret, Kenya.

<sup>2</sup>Department of Media Studies, School of Literature, Language and Media, University of Witwatersrand, Johannesburg, South Africa.

<sup>3</sup>Department of Epidemiology, Bloomberg School of Public Health, Johns Hopkins University, Baltimore MD, USA.

<sup>4</sup>Department of Health Services, Policy & Practice, Brown University, School of Public Health, Providence, RI, USA.

### Abstract

**Purpose of the review:** Patient centered care (PCC) in HIV care systems in sub-Saharan Africa (SSA) may improve outcomes for persons with HIV (PWH). We review the progress the region has made in promoting PCC and highlight some of the implementation challenges and potential areas of research.

**Recent findings:** Studies show growing interest in promoting PCC across HIV care programs in SSA. Effective implementation of PCC, however, is hampered by: 1) lack of consensus on the conceptualization of PCC, including definition, frameworks, measures and implementation strategies; 2) limited regional studies on the adoption and sustainability of PCC interventions; and 3) healthcare structural challenges including limited capital and human resources, poor provider-patient dynamics, high provider turnover and lack of continuity in care. Recent studies in the region have focused on identifying key PCC domains addressable in resource limited settings, understanding the PCC experiences and expectations of PWH and their providers, and testing innovative interventions. We highlight the need for additional studies to address the existing gaps.

**Summary:** We discuss the progress and challenges of implementing PCC in HIV care settings in SSA as well as the need for additional research to ensure that proposed PCC interventions have optimal impact.

### Keywords

Patient-centered care; HIV; healthcare systems: sub-Saharan Africa

---

**Corresponding Author:** Juddy Wachira Ph.D, MPH., Senior Lecturer, Department of Mental Health and Behavioral Sciences, School of Medicine, Moi University, P.O Box 4604-30100, Eldoret, Kenya. Tel: +254705242450, wachirajuddy@gmail.com.

**Conflicts of interest:** None.

## Introduction

Globally, there are calls for healthcare systems to embrace patient-centered care (PCC). [1\*,2] PCC has been defined as “*care provision that is consistent with the values, needs, and desires of patients and is achieved when clinicians involve patients in healthcare discussions and decisions*”. [3] The overall goal of PCC is to encourage patients to take an active role in clinical decision making. PCC is necessarily a broad set of processes including: (1) empathy, (2) respect, (3) engagement, (4) relationship, (5) communication, (6) shared decision-making, (7) holistic focus, (8) individualized focus, and (9) coordinated care. [1\*,4\*\*,5]

PCC has been advocated as standard of care, globally, [1\*,2,4\*\*,5] and has been supported by the WHO, the President’s Emergency Plan for AIDS Relief (PEPFAR) and UNAIDS [6,7\*\*]. Strong evidence shows that PCC promotes patient education, linkage, adherence, retention and satisfaction with care across a number of chronic diseases. [7\*\*–12] There is increasing interest in understanding patients’ experiences and preferences, while acknowledging the heterogeneity among them. [13,14] There is also an increasing appreciation that PCC should embrace families and caregivers. [5,11]

Research on PCC has focused on chronic conditions, for which appropriate patient behaviors are essential for good clinical outcomes, [4\*\*] such as HIV. Despite effective HIV treatment and interventions, sub-Saharan Africa (SSA) continues to bear the greatest disease burden worldwide. In addition, persons with HIV (PWH) now have concerning rates of other non-communicable diseases (NCDs), such as hypertension and diabetes. Healthcare systems are therefore challenged to respond to these evolving patient needs. [4\*\*,15,16]

## Challenges in implementing PCC in HIV care systems in SSA

The conceptualization of PCC remains a challenge. PCC has been mostly studied in high-resource settings, and there is still no clear definition that is acceptable and applicable across different socio-cultural contexts and healthcare systems. [1\*,2,4\*\*,7\*\*,17\*] PCC is sometimes referred to as person-centered, person-directed care, or person-focused care. [2,5] These terms have been used interchangeably across various diseases and healthcare settings, [2] yet their goals have been shown to differ. [5] Despite efforts to identifying the key PCC elements or domains, [2] consensus has been elusive. Furthermore, the absence of consensus on PCC frameworks, measures and implementation strategies [2,4\*\*,7\*\*,17\*] makes it difficult to assess the impact of PCC interventions. [2,11,17\*] Conceptual work that clarifies and sharpens our understanding of PCC and that explores the ways in which core concepts might be adapted to better align with local or regional history and culture, are needed.

Implementing PCC practices is complex and time-consuming, requiring the support and commitment of health management teams, and patience. [1\*] Few studies have focused on how to implement PCC processes and approaches. Literature on how to address the system-level barriers that hinder the adoption and sustainability of appropriate PCC interventions is limited. [2] A recent systematic review proposed an integrated conceptual framework

that identified attributes of successful PCC pathways within healthcare systems, while considering professional experience, organizational constraints, and social dynamics.[1\*]

The majority of PCC studies have been conducted in high-income countries.[1,4,17\*] Existing definitions, frameworks and measures have been primarily been developed and validated among those populations. Few studies[7\*\*] provide carefully developed and validated measure of PCC domains in SSA. Well-tailored frameworks and validated measures that incorporate the diversity of PWH across different socio-cultural settings in SSA are needed.[7\*\*]

Healthcare systems in SSA have structural challenges that hamper the effective implementation of PCC. They include limited capital and human resources, high patient volume, long queues, high provider turnover, paternalistic care, poor provider-patient dynamics, lack of continuity in care, and stigma associated with HIV facilities, among other system-level barriers.[18] The rise of NCDs among PWH and the COVID pandemic further burden already constrained health systems.[15,16] These system issues have the potential to negatively influence patients' and providers' expectations, experiences, and interactions, and reduce the capacity of HIV programs to promote PCC. The region would therefore benefit from studies that explore the implementation of PCC in disease-burden health systems.

## Lesson learned from PCC in SSA

Despite these challenges, an increasing number of studies examine PCC in SSA.[4\*\*,7\*\*–10,19\*\*–21] A systematic review of 31 studies from 12 SSA countries identified three major domains to incorporate in defining PCC practices in HIV care facilities: 1) staffing, 2) service delivery standards, 3) direct client support services.[7\*\*] Another systematic review identified cross-national domains that could be adopted in limited resource settings. [4\*\*] These domains were interdependency and collectivism, bringing care into the home and community, equity and non-discrimination, addressing health and illness, and workforce well-being.[4\*\*] These studies provide a roadmap for developing effective PCC frameworks for region.

Our studies in Kenya revealed that PWH desire active participation in their HIV care, but may not always know how to take up this role. HIV providers have their own expectations of how PWH should interact with the healthcare system, and may not be accustomed to patients who desire an active role in their care.[22] HIV providers in the region lack adequate training on the key components of PCC, including patient-provider communication and shared decision making.[4\*\*,22] Yet PWH who perceive more patient-centered communication are more likely to be satisfied with care.[9] This suggests that all levels of HIV providers would benefit from training in implementing the principles of PCC. Appropriate training interventions would ensure that the existing healthcare workforce is well equipped to implement PCC in SSA.

Efforts to introduce some of the elements of PCC into HIV care delivery in SSA have included adolescent friendly clinics, fast track antiretroviral therapy (ART) initiation, differentiated care models, peer support, financial incentives, task shifting, health system

quality improvement and mobile health (mHealth) programs.[21,23\*–27] Unfortunately, the majority of these interventions do not address a combination of system-level barriers, perhaps limiting their effectiveness. Our group in Kenya recently conducted a successful and cost-effective intervention to improve PCC that addressed a combination of PCC system-level barriers. The intervention included provider training on patient-clinician communication, continuity of care, shared-decision making and convenient clinic appointment scheduling.[8\*\*,20] Clinician training on patient-clinician communication that incorporated motivational interviewing, had a significant impact on patient viral suppression. [8\*\*] Continuity of care has also been shown to promote ART adherence.[10] These positive findings notwithstanding, more work is needed in SSA on the definitions, measures, frameworks, and implementation strategies for PCC to ensure that health systems have the tools to successfully implement it.

As PCC interventions move ahead in SSA [7,21], careful and continuous evaluation will be essential as many questions remain. For example, does addressing one domain of PCC compromise another? Differentiated service delivery (DSD) is an approach that promotes PCC by minimizing frequency of clinic visits, promoting convenient location of service delivery, and coordinating healthcare packages for varying PWH needs.[23\*,24] DSD may improve opportunities for integrated HIV-NCD care[23\*] with great potential for sustainability,[24] but does DSD limit and/or negatively impact patient-provider relationships?

The impact of mHealth in SSA on PCC is unknown. The majority of the mHealth interventions in the region involve offering clinic and medication reminders, social support, improving HIV care knowledge as well as access to telemedicine.[25–27] Other mHealth interventions have focused on promoting HIV self-management including personal monitoring of health status.[28] As SSA embraces mHealth, we need to acknowledge that it is changing how providers and patients interact.[29\*] On the one hand, providers have been reported to spend many clinical hours entering health information in the electronic health record systems, limiting the interaction time with patients.[29\*] On the other hand, patients may feel less actively engaged during a clinical encounter, and may not always have the funds or technological support including smart phones and internet connectivity to effectively participate in beneficial clinical discussion. Innovative approaches are needed to ensure that as we implement certain dimensions of PCC, we do not compromise on others.

Moving forward, the research agenda for SSA could therefore focus on: 1) Conceptual research that enhances our understanding of the core concepts of PCC, aligning with the regional diversity, 2) Development and validation of regional frameworks and measures, 3) Identification of effective PCC implementation strategies for disease-burden and financially challenged health systems, 4) Provision of appropriate PCC training to equip the existing healthcare workforce with adequate knowledge and skills, 5) Continuous evaluation of the impact of proposed regional interventions on the different dimensions of PCC. Execution of this research agenda may be key in developing effective PCC policies for the region.

## Conclusion

In conclusion, our review highlights the value of PCC in HIV care systems in SSA as well as some of the key implementation challenges including lack of consensus in the conceptualization of PCC, limited regional studies on the adoption and sustainability of PCC interventions and structural challenges within the HIV care system. These challenges notwithstanding, there is increasing interest in examining PCC in the region. Recent studies have focused on identifying key PCC domains for resource limited HIV settings, understanding patients and providers' experiences and expectations of PCC, as well as identifying effective interventions. We propose the need for additional research to provide contextual definitions, measures, frameworks, and implementation strategies. There is also need to continuously evaluate how proposed PCC interventions affect the different domains of PCC.

## Acknowledgements:

We acknowledge Katie Schluth, Johns Hopkins University (JHU) for her assistance in the literature review process of this manuscript. The content of this article are the sole responsibility of the authors and do not necessarily reflect the views of USAID, NIH-Fogarty or the United States Government.

## Funding:

Dr. Juddy Wachira is partially supported by the National Institute of Health (K43TW010684). Dr. Becky Genberg is partially supported by the JHU Center for AIDS Research-CFAR (P30AI094189). Dr. Ira Wilson is partially supported by the Providence/Boston CFAR (P30AI042853) and by Institutional Development Award Number U54GM115677 from the National Institute of General Medical Sciences of the National Institutes of Health, which funds Advance Clinical and Translational Research (Advance-CTR) from the Rhode Island IDeA-CTR award (U54GM115677).

## References:

Articles of interest have been highlighted as:

\*special interest

\*\*outstanding interest

- 1\*. Gartner JB, Abasse KS, Bergeron F, et al. Definition and conceptualization of the patient-centered care pathway, a proposed integrative framework for consensus: a Concept analysis and systematic review. *BMC Health Serv Res* [Internet]. 2022 Dec 1 [cited 2022 Aug 15];22(1):1–24. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-07960-0>. [PubMed: 34974828] This article provides a more current definition of patient-centered care pathway and an integrative conceptual framework.
2. Grover S, Fitzpatrick A, Azim FT, et al. Defining and implementing patient-centered care: An umbrella review. *Patient Educ Couns*. 2022 Jul 1;105(7):1679–88. [PubMed: 34848112]
3. Mead N, Bower P. Patient-centredness: a conceptual framework and review of the empirical literature. *Soc Sci Med* 2000 Oct 1;51(7):1087–110. [PubMed: 11005395]
- 4\*\*. Giusti A, Pukrittayakamee P, Alarja G, et al. Developing a global practice-based framework of person-centred care from primary data: a cross-national qualitative study with patients, caregivers and healthcare professionals. *BMJ Glob Heal* [Internet]. 2022 Jul 1 [cited 2022 Aug 15];7(7):e008843. Available from: <https://gh.bmj.com/content/7/7/e008843>. The article includes a review of data from three middle-income countries with the aim of assessing PCC models and proposing an evidence-based framework for globally relevant PCC.

5. Håkansson Eklund J, Holmström IK, Kumlin T, et al. "Same same or different?" A review of reviews of person-centered and patient-centered care. *Patient Educ Couns*. 2019 Jan 1;102(1):3–11. [PubMed: 30201221]
6. WHO. WHO global strategy on people-centred and integrated health services: interim report [Internet]. [cited 2022 Aug 16]. Available from: <https://apps.who.int/iris/handle/10665/155002>
- 7\*\*. Duffy M, Madevu-Matson C, Posner JE, et al. Systematic review: Development of a person-centered care framework within the context of HIV treatment settings in sub-Saharan Africa. *Trop Med Int Heal* [Internet]. 2022 May 1 [cited 2022 Aug 16];27(5):479–93. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/tmi.13746>. The article is a systematic review that provides insight on the development of person-centered care in HIV care setting in sub-Saharan Africa and highlights existing gaps.
- 8\*\*. Wachira Juddy, Genberg Becky, Mwangi Ann, et al. Impact of an enhanced patient care (EPC) intervention on viral suppression among patients living with HIV in Kenya. *J Acquir Immune Defic Syndr* [Internet]. 2022; Available from: <https://pubmed.ncbi.nlm.nih.gov/35320121/>. The article provides findings of a pilot-randomized control trial that showed positive impact of a patient-centered intervention on viral suppression in Kenya
9. Wachira J, Mwangi A, Chemutai D, et al. Higher Clinician-Patient Communication Is Associated With Greater Satisfaction With HIV Care: <https://doi.org/10.1177/23259582211054935> [Internet]. 2021 Nov 17 [cited 2022 Jan 9];20. Available from: <https://journals.sagepub.com/doi/full/10.1177/23259582211054935>
10. Wachira J, Mwangi A, Genberg B, et al. Continuity of Care is Associated with Higher Appointment Adherence Among HIV Patients in Low Clinician-to-Patient Ratio Facilities in Western Kenya. *AIDS Behav* 2022 [Internet]. 2022 Apr 25 [cited 2022 Aug 16];1–8. Available from: <https://link.springer.com/article/10.1007/s10461-022-03686-6>
11. Santana MJ, Manalili K, Jolley RJ, Zelinsky S, et al. How to practice person-centred care: A conceptual framework. *Heal Expect* [Internet]. 2018 Apr 1 [cited 2022 Aug 16];21(2):429–40. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/hex.12640>
12. Bader M, Zheng L, Rao D, et al. Towards a more patient-centered clinical trial process: A systematic review of interventions incorporating health literacy best practices. *Contemp Clin Trials*. 2022 May 1;116:106733. [PubMed: 35301134]
13. McGrady ME, Pai ALH, Prosser LA. Using discrete choice experiments to develop and deliver patient-centered psychological interventions: a systematic review. <https://doi.org/10.1080/1743719920201715813> [Internet]. 2020 [cited 2022 Aug 16];15(2):314–32. Available from: <https://www.tandfonline.com/doi/abs/10.1080/17437199.2020.1715813>
14. Carfora L, Foley CM, Hagi-Diakou P, et al. Patients' experiences and perspectives of patient-reported outcome measures in clinical care: A systematic review and qualitative meta-synthesis. *PLoS One* [Internet]. 2022 Apr 1 [cited 2022 Aug 16];17(4):e0267030. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0267030> [PubMed: 35446885]
15. Brault MA, Vermund SH, Aliyu MH, et al. Leveraging HIV Care Infrastructures for Integrated Chronic Disease and Pandemic Management in Sub-Saharan Africa. *Int J Environ Res Public Heal* 2021, Vol 18, Page 10751 [Internet]. 2021 Oct 13 [cited 2022 Aug 16];18(20):10751. Available from: <https://www.mdpi.com/1660-4601/18/20/10751/htm>
16. Nachega JB, Kapata N, Sam-Agudu NA, et al. Minimizing the impact of the triple burden of COVID-19, tuberculosis and HIV on health services in sub-Saharan Africa. *Int J Infect Dis*. 2021 Dec 1;113:S16–21. [PubMed: 33757874]
- 17\*. Burgers JS, van der Weijden T, Bischoff EWMA. Challenges of Research on Person-Centered Care in General Practice: A Scoping Review. *Front Med*. 2021 Jun 24;8. The article is a review of strengths and limitation of person-centered care research including tested interventions as well as outcome measures.
18. Hendricks L, Eshun-Wilson I, Rohwer A. A mega-aggregation framework synthesis of the barriers and facilitators to linkage, adherence to ART and retention in care among people living with HIV. *Syst Rev* [Internet]. 2021 Dec 1 [cited 2022 Aug 16];10(1):1–28. Available from: <https://link.springer.com/articles/10.1186/s13643-021-01582-z> [PubMed: 33388080]
- 19\*\*. Gogovor A, Fakhfakh M, Asmaou Bouba D, et al. Shared decision-making and person-centred care approaches in three African regions. *Z Evid Fortbild Qual Gesundheitswes*. 2022 Jun 1;171:6–

10. [PubMed: 35610132] The article provides a review of shared decision making across three Africa countries highlighting on the need for provider training.
20. Wachira J, Genberg B, Chemutai D, et al. Implementing enhanced patient care to promote patient engagement in HIV care in a rural setting in Kenya. *BMC Heal Serv Res* 2021 211 [Internet]. 2021 May 27 [cited 2021 Aug 2];21(1):1–9. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06538-6>
21. Muhula S, Gachohi J, Kombe Y, et al. Interventions to improve early retention of patients in antiretroviral therapy programmes in sub-Saharan Africa: A systematic review. *PLoS One* [Internet]. 2022 Feb 1 [cited 2022 Aug 16];17(2):e0263663. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0263663> [PubMed: 35139118]
22. Kafu C, Wachira J, Braitstein P, et al. Provider perspectives on the role of the patient as an active participant in HIV care. <https://doi.org/10.1080/1744169220201830296> [Internet]. 2020 [cited 2022 Aug 16];16(10):1645–55. Available from: <https://www.tandfonline.com/doi/abs/10.1080/17441692.2020.1830296>
- 23\*. Ehrenkranz P, Grimsrud A, Holmes CB, et al. Expanding the Vision for Differentiated Service Delivery: A Call for More Inclusive and Truly Patient-Centered Care for People Living With HIV. *J Acquir Immune Defic Syndr* [Internet]. 2021 Feb 2 [cited 2022 Aug 16];86(2):147. Available from: /pmc/articles/PMC7803437/. [PubMed: 33136818] This article discusses the value of differentiated service delivery as an approach to promote patient-centered care among persons living with HIV.
24. Okere NE, Lennox L, Uurlings L, et al. Exploring Sustainability in the Era of Differentiated HIV Service Delivery in Sub-Saharan Africa: A Systematic Review. *J Acquir Immune Defic Syndr* [Internet]. 2021 Aug 8 [cited 2022 Aug 16];87(4):1055. Available from: /pmc/articles/PMC8219088/ [PubMed: 33770063]
25. Kiplagat AB, Kako PM, Mkandawire-Valhmu L, et al. The HIV transmission risk factors and opportunities for use of mHealth in HIV prevention among emerging adult population in the Sub-Saharan Africa context: a review of the literature. <https://doi.org/10.1080/1463524020211995464> [Internet]. 2021 [cited 2022 Feb 1]; Available from: <https://www.tandfonline.com/doi/abs/10.1080/14635240.2021.1995464>
26. Nwaozuru U, Obiezu-Umeh C, Shato T, et al. Mobile health interventions for HIV/STI prevention among youth in low- and middle-income countries (LMICs): a systematic review of studies reporting implementation outcomes. *Implement Sci Commun* 2021 21 [Internet]. 2021 Nov 6 [cited 2022 Feb 1];2(1):1–16. Available from: <https://implementationsciencecomms.biomedcentral.com/articles/10.1186/s43058-021-00230-w> [PubMed: 33413699]
27. Chitungo I, Mhango M, Mbunge E, et al. Utility of telemedicine in sub-Saharan Africa during the COVID-19 pandemic. A rapid review. *Hum Behav Emerg Technol* [Internet]. 2021 Dec 1 [cited 2022 Aug 16];3(5):843–53. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1002/hbe2.297> [PubMed: 34901772]
28. Mehraeen E, Pashaei Z, Barzegary A. Mobile Applications in HIV Self-management: A Systematic Review of Scientific Literature Health Needs and Concerns of HPV positive people View project Design, Implementation, and Evaluation of a mobile-based education and self-care application for COVID-19 disease View project. [cited 2022 Mar 21]; Available from: <https://www.researchgate.net/publication/354810227>
- 29\*. Tran BQ, Tran B. Strategies for effective patient care: Integrating quality communication with the patient-centered approach. *Soc Personal Psychol Compass* [Internet]. 2021 Jan 1 [cited 2022 Aug 16];15(1):e12574. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/spc3.12574>. The article proposes a person-centered communication model of care framework that aims to improve patient-provider communication in the era of advancement in health technology.

**Key points:**

- Effective implementation of PCC in SSA has been hampered by: 1) lack of consensus on the conceptualization of PCC, including definition, frameworks, measures and implementation strategies; 2) limited regional studies on the adoption and sustainability of PCC interventions; and 3) healthcare structural challenges including limited capital and human resources, poor provider-patient dynamics, high provider turnover and lack of continuity in care.
- There is growing interest in promoting PCC across HIV care programs in SSA, focusing on identifying key PCC domains addressable in resource limited settings, understanding the PCC experiences and expectations of PWH and their providers, and testing innovative interventions
- We highlight the need for additional studies to address the existing gaps and the need to continuously evaluate how proposed PCC interventions affect the different domains of PCC.