

Study: Increase in taking HIV meds using Amazon Prime model

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Home delivery of HIV medicines in South Africa significantly increased viral suppression compared to those who received clinical care, according to a study by researchers at the University of Washington School of Medicine.

The study, conducted with Amazon.com guidance during COVID-19 restrictions in South Africa, showed that among study participants, paying a fee for [home delivery](#) and monitoring of antiretroviral therapy (ART) was highly acceptable in the context of low income and high unemployment, and improved health outcomes as a result.

The researching findings were presented March 8 at Virtual Conference on Retroviruses and Opportunistic Infections (CROI) 2021.

The one-time fee for home delivery was tiered based on participant income (US \$2, \$4, \$6). Working with a Amazon.com routing scientist, the team developed an algorithm to support efficient delivery of medication that chose a route dependent on the remaining ART supply and location of the client. The study team delivered the medication following the algorithm.

After 47 weeks, the study found that compared to standard clinic care, fee for home delivery of ART significantly increased viral suppression from 74% in the clinic group to 88% in the home delivery group.

"It was reassuring to see that the clinic services were able to move to fast-track pick-up of medication with maintenance of viral suppression, but overall the paid home delivery model worked significantly better particularly among men who can be harder to reach with clinic-based services," said lead investigator Ruanne Barnabas, a professor of global health at the University of Washington School of Medicine.

The study team conducted the randomized trial October 2019 to December 2021 in KwaZulu Natal, South Africa among 162 people living with HIV. They were randomized to one of two groups: Fee for home delivery and monitoring of ART or clinic-based ART (standard of care).

The study provides evidence that [home delivery](#) and monitoring of ART is convenient, overcomes logistic barriers, and could increase ART adherence and [viral suppression](#) particularly among men who engage less in clinic-based HIV care than women. If clients pay for this service and the benefits are sufficient, it could be a scalable strategy.

Provided by University of Washington School of Medicine

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