

Investigating patient preferences in public health service delivery in the Western Cape Province, South Africa

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Impact

It has been argued in the reviewed literature that patient preferences can provide direction for selecting treatment options and tailoring interventions.¹ The literature has documented that when people are unwell, the choice of where to seek medical care is influenced mainly by personal preferences, severity of illness, and economic capacity.^{2,3} Therefore, the provision of quality health services is largely dependent on the sufficiency of the health workforce (in terms of numbers, the quality of skills they possess, how and where they are deployed, and how they are managed).⁴ Patient preferences are crucial in informing choices in clinical decisions where science has yet to provide dominant solutions to healthcare problems, and discrete choice experiments are essential to decision theory and health informatics as they offer promising strategies to help meet challenges associated with understanding patient preferences.

Scientific Impact

Chapter 2 identifies attributes for a Discrete Choice Experiment (DCE) concerning the choice of public health facilities using the Nominal Group Technique (NGT). The use of the NGT has been reported to have made traction in identifying the attributes which should be used in DCEs.⁵⁻¹⁶ The NGT technique offers both quantitative and qualitative techniques in eliciting public preferences for health care, a strength as this offers contextual information and supports the prioritization of attributes.¹⁷ As the NGT technique focuses on both quantitative and qualitative aspects, **Chapter 2** enhances mechanisms for including the patient's voice when decisions are being made for the provision of their health care. **Chapter 2** contributes to the literature on identifying and prioritizing attributes for DCEs in a healthcare setting within a developing country, noted by Mangham et al. to be more popular outside the African healthcare sector.¹⁸ **Chapter 2** could be an important guide in designing future research concerning patient preferences for public facilities. **Chapter 2** has shown that using NGT to elicit patient preferences, together with the DCE, is an example of a technique that could be employed to enhance the collection of information from patients; employing the methodologies in tandem can utilize patients' reported experiences to improve the delivery of effective health care and better patient satisfaction.

Chapter 3 of this thesis brings in a wealth of knowledge, particularly in sub-Saharan Africa and specifically South Africa. The thesis findings showed that to date very few well-founded scientific studies had been conducted in South Africa on patient preferences. The literature reviewed showed that only one study in South Africa looked at patients' preferences, from the point of view of trade-offs, and concentrating on a community sample in a public health facility. Accordingly, **Chapter 3** provides relevant and valuable scientific information to policymakers in South Africa and in other African countries with similar health systems. Like any other low-

middle-income country, South Africa has a limited budget for health care. **Chapter 3** contributes a further innovation as it reveals that patients are willing to accept trade-offs between the included attributes, helping to define and rank them. Considering alternative data sources available to decision makers is important for understanding how useful DCEs are in predicting behavior. The quantification of how well DCEs predict behavior could explicitly account for uncertainty in DCE predictions.¹⁹ Therefore, DCEs could provide a relatively accurate and cost-effective option for predicting individual choices.¹⁹ The data from DCEs can then quantify the relative importance of aspects of health care²⁰. Therefore, **Chapter 3** provides information to policymakers on patients' preferences in the Western Cape. Taking the variation in DCE prediction into account would make for more robust uptake of HIV treatment and impact models.

When it comes to healthcare systems in South Africa, willingness to pay (WTP) has usually been discussed in the realm of private health care and only rarely in public health care, due to the nature of the public health system, where no fee is charged at the point of service. The perceived disparities in the provision of care between public and private providers in terms of patient experiences, such as quality of care, waiting times, staff attitudes, and environmental comforts, have resulted in those who can afford it opting to invest in private health care through medical health insurance.^{21–23} **Chapter 4** ascertained the willingness to pay for primary health care (PHC) services in South Africa's public sector and identified factors associated with willingness to pay (WTP). First, **Chapter 4** showed, amongst primary care attendees at public health facilities, how much patients were willing to pay, showing economic value for care at these facilities. The latter methodology could be used as a benchmark for other countries with similar health systems as South Africa in doing WTP studies. Second, **Chapter 4** showed the factors influencing the willingness to pay, including employment, the facility providing care, the mode of transport to reach the facility, and the frequency of facility visits. Finally **Chapter 4**, the thesis shows the importance of understanding that the value placed upon a service provided in a facility is essential in making decisions intended to improve the quality of care, particularly now, when the South African health system is making the facilities ready for NHI.

HIV testing is the gateway to improving the prevention and treatment of HIV.²⁴ The HIV testing service (HTS, formally known as HIV counseling and testing) strategy employs different approaches to ensure the success of the HIV programme. The literature reviewed showed no specific discrete choice experiment (DCE) studies on HIV testing preferences in South Africa. However, two studies looked at critical attributes and attribute levels on the delivery of oral pre-exposure prophylaxis (PrEP). The uptake and effectiveness of HIV prevention products may also rely on pregnancy and STI protection²⁵ among young people in Cape Town and Johannesburg.²⁶

Chapter 5 describes the DCE that was used to elicit preferences from clients presenting for HIV testing in South Africa, providing local evidence for policy and operational decisions. **Chapter 5** reports that confidentiality is the most important attribute of HIV testing. This additional evidence that confidentiality with regard to HIV testing should remain a key component of the South African National HIV Testing Strategy accentuates its importance. In addition, the method for obtaining the sample and the availability of medication at testing sites should be considered in the HTS strategy as parts of the modalities for reaching different populations and linking care for positive persons. Finally, the variations in preferences for testing options should be considered in deciding on optimal testing strategies.

Social impact

This thesis also provides important insights into patient preferences in South Africa that can be of interest to policymakers, particularly those in the health sector. By highlighting the cross-sectoral impact of patients' preferences on health services access, this thesis is aligned with broader approaches to policymaking and systems of thought that stress the importance of collaboration across societal sectors to improve access to health care.