Panel discussion questions for CQUIN webinar:

Tuesday, March 2nd, 2021

Pharm Folasade Odutola

Nigeria has been quite successful in implementing a client paid model but still has not scaled up to enough people. From a pharmacist and government official standpoint, what role should government play in scaling up?

The client paid model which involves CPs has been a welcome development here in Nigeria. It has actually reduced the high patient volume experienced in the government hospitals and also benefitted the government, patients, and CPs. The government needs to introduce more DDD options in the country e.g., Automated dispensing models. Also, we should not underestimate the power of awareness. Therefore, there is a need to increase the awareness of client paid model in the communities via available means of communication thereby encouraging the PLHIV of alternative methods available for accessing drugs which will also help in reducing stigmatization.

What safeguards should be in place to assure quality and safety of DDD as it is scaled up?

The government is to put in place policies to assure the quality and safety of DDD as it is scaled up. Provision of adequate security is paramount in the safety of DDD especially for Pharmacy Dispensing Units (PDU) and Prescription Collection Units: Lockers (PCU). Strict and effective MOU should be put in place for CPs, which includes quality of operations and safety of drugs. Central Dispensing Unit which involves delivery and picks up of medication by non-pharmacist

should not be encouraged because this can compromise the safety and the quality of medications.

How do you foresee private sector DDD models going beyond ART, to include other areas?

If all the loopholes in DDD have been eradicated, many private sector DDD model in other areas apart from ART will be widely accepted. The profit, convenience, and less manpower utilization are just a few of the advantages that beckon. It will also boost the efficiency of the health care sector and open our eyes to other areas of patient care/service delivery that have not being explored.

Ian Membe

Why did you decide to pursue the automated dispensing model in Lesotho and what has been critical to its success in the country?

- Lesotho is at the cusp of epidemic control, having reached the second '95' UNAIDS treatment goal, and the first and last 90 goals.
- This means that most HIV positive basotho are already on treatment. Most are being transitioned onto multi-month drug regimens.
- The biggest challenge the program currently faces is ensuring that people stay on treatment continously. Clients who live in South Africa also face challenges accessing drugs when they are visiting. Case-finding is still important but no longer the program's priority.
- Management of the large number of patients in the health facilities continues to be a challenge (and cost).
- Some ART clients have been on treatment for more than ten years.

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- Future opportunities for integrating other services, such as PreP for targeted populations- including adolescent young women and key populations.

Based on your experience in Lesotho, what do funders and MOHs in other countries need to consider in order to determine whether private sector DDD models will help to achieve ART coverage and quality in their settings?

- Where they are at in the epidemic- many countries will be reaching epidemic control in the five years. DDD mechanisms will be useful for ensuring that clients continue to receive multi-month drug regimens without needing to visit a health facility.
- The longer-term trajectory of sustainability and local ownership. Who is going to fund the DDD initiative in the longer term?
- The practical steps necessary for setting up decentralized drug delivery models that require setting up a Central Dispensing Unit that does not currently appear in the establishment (is a CDU a facility or should it be an extension of the supply-chain system?)
- Lesotho is already working on agreements with private sector pharmacies- these provide an opportunity for sustainability of the automated dispensing systems. We are working on a human-centered design private-sector engangment roadmap.
- Implementing policies that support implementation of DDD mechanisms.

For countries interested in implementing private sector DDD models, what do policy makers and donors need to know to select the optimal model?

- An analysis of how and where their programs are losing the largest number of clients on treatment.
- Whether most of their clients are in rural or urban areas- some countries are opting for more community-based mechanisms.

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- Ability to document and track clients through electronic data systems.
- Ensure that policies around multi-month dispensing are in place to support DDD models.
- To enhance sustainability, PEPFAR Lesotho is also working on transitioning many aspects of its program to governmental and local partners. Is a private-sector in place that can support this initiative?
- DDD models provide an opportunity to decant stable clients in general. Automated dispensing models are more suitable for the urban working populations, while the use of community health workers caters best for more rural locations.

Coceka Nogoduka

SANAC plays a unique role in bringing both government and civil society together. From that vantage point what kind of private sector models have worked best in South Africa and why?

- Private sector largely has not been explored as an avenue to supplement government capacity for HIV service delivery.
- Required:

    ✔ support from policymakers, Department of health, donors, implementing partners, and private providers – e.g. Public-private contracts, capital financing opportunities, and policies that incentivize entry and increase access to required resources

    ✔ supportive regulation that allows the private sector to innovate

    ✔ Partner with the private sector to provide differentiated care to clients of all income tiers

    ✔ Centralized Chronic Medication Dispensing and Distribution (CCMDD) program – this model has assisted the Private Sector involvement with innovation – e.g., ATM-type machines to dispense ARVs, condom vending machines, pre-packaging of ARVs, Community pharmacy and private-sector General Practitioners (GPs)

South Africa has been quite successful in introducing multiple private sector DDD (automation, lockers) models. Going forward, what are the main challenges you anticipate and how should other countries navigate these?

- Ensure effective and sustainable approach to Differentiated HIV Service Delivery
- Getting community pharmacists on the differentiated care
- Community Based ART Pick-up Points – NGOs & Community sites

Ibrahim Umoru

As a community representative, can you share some of the challenges your constituents have with accessing ART?

Since President Obasanjo rolled out of the biggest ART program in Nigeria in 2006 and with subsequent donor supports, more PLHIV now have access to ART. However there are some huge concerns that have crept up of recent. With the hug donor dependency of our ART program there seem to be a big shift towards targets than quality of care. The is a big increase with number of facilities offering care which has improved access but this does not totally run with attendant quality of care

Fee for services still remains an impediment to access

What are your thoughts about private sector engagement in ART delivery? What are the advantages? Do you have any concerns or thoughts about possible disadvantages?

Since the full roll out of ART in the private sector, it has greatly improved access. Many PLHIV no longer need to travel long distance to access care and also they do not experience long waiting time which is the norm in public facilities.

The private health sector has experienced high attrition rates among staff and this has affected the quality of care as trained health workers leave for better opportunities.

Of the private sector models we've discussed today, which are most appealing to you and why?

Decentralized Drug Distribution (DDD) was quite appealing as I was part of a team that employed this during the COVID-19. To put this in a systematic way in the private sector would make life very easy for PLHIV. However, there are some basic supportive processes to be put in place to ensure smoothness and high quality care too. Stress of traveling long distance and having to wait long hours are eliminated. This is a unique way of taking services to the clients