Bringing ART Closer to Communities:

The Role of Community Pharmacy DSD Models

A CQUIN Webinar

August 9, 2022

icap Global Health

HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

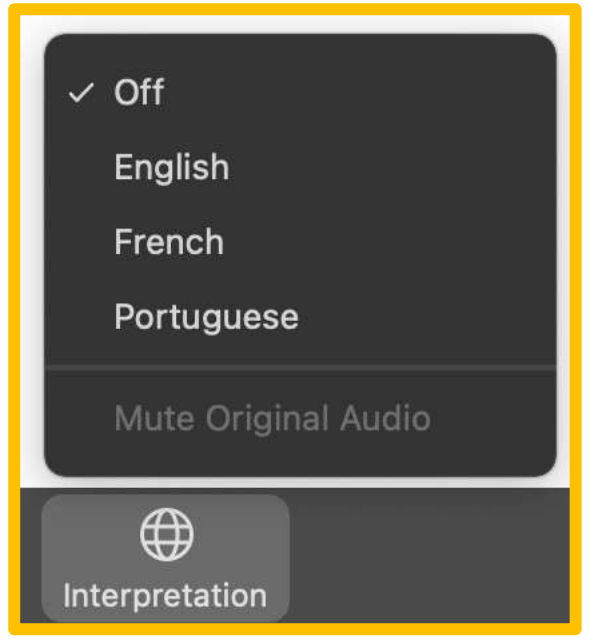
Welcome

Peter Preko
CQUIN Project Director
ICAP at Columbia University

Moses Bateganya
Director, Technical Support
FHI360

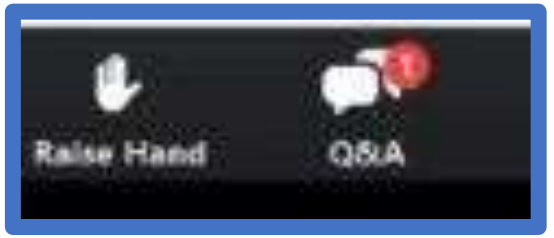
Welcome/Bienvenue/Bem-vindos

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
- Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.
- Certifique-se de ter selecionado o idioma à sua escolha usando o menu de interpretação na parte inferior do seu ecrã



Housekeeping

- 90-minute webinar
- Please type all questions in the Q&A box located on the toolbar
- We will have live Q&A after presentations



Agenda

- **Welcome**: Peter Preko, Project Director, ICAP/CQUIN
- **Framing Remarks:** Moses Bateganya, Technical Support Director, FHI360
- **Country Case Studies**
  - **Uganda**: Ivan Arinaitiwe, DSD Coordinator, Ministry of Health, Uganda
  - **Nigeria:** Uzoma Atu, National PSM Focal Point, Ministry of Health, Nigeria
  - **DRC:** Richard Ingwe Chuy, DSD Coordinator, Ministry of Health, DRC
  - **Liberia:** Samretta Caldwell, DSD Focal Point, Ministry of Health, Liberia
- **Panel Discussion: Peter Preko and Moses Bateganya (co-moderators)**
  - Lazarus Momanyi, DSD Advisor, Ministry of Health, Kenya
  - Lillian Mworeko, Executive Director, ICEWA, Uganda
  - Nkechi Okoro, M&E Focal Point, NEPWAN, Nigeria
  - Pharm Sola Tunde Dare, Community Pharmacy Focal, Nigeria

Framing Remarks

Moses Bateganya
Director, Technical Support
FHI360

Bringing ART Closer to Communities: The Role of Community Pharmacy DSD Models

Framing our conversation

Moses Bateganya

Technical Director, EpiC

PEPFAR

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EpiC Meeting Targets and Maintaining Epidemic Control

Four models of DSD for people established on HIV treatment

Health care worker-managed groups
(i.e., adolescent clubs managed by health care workers)

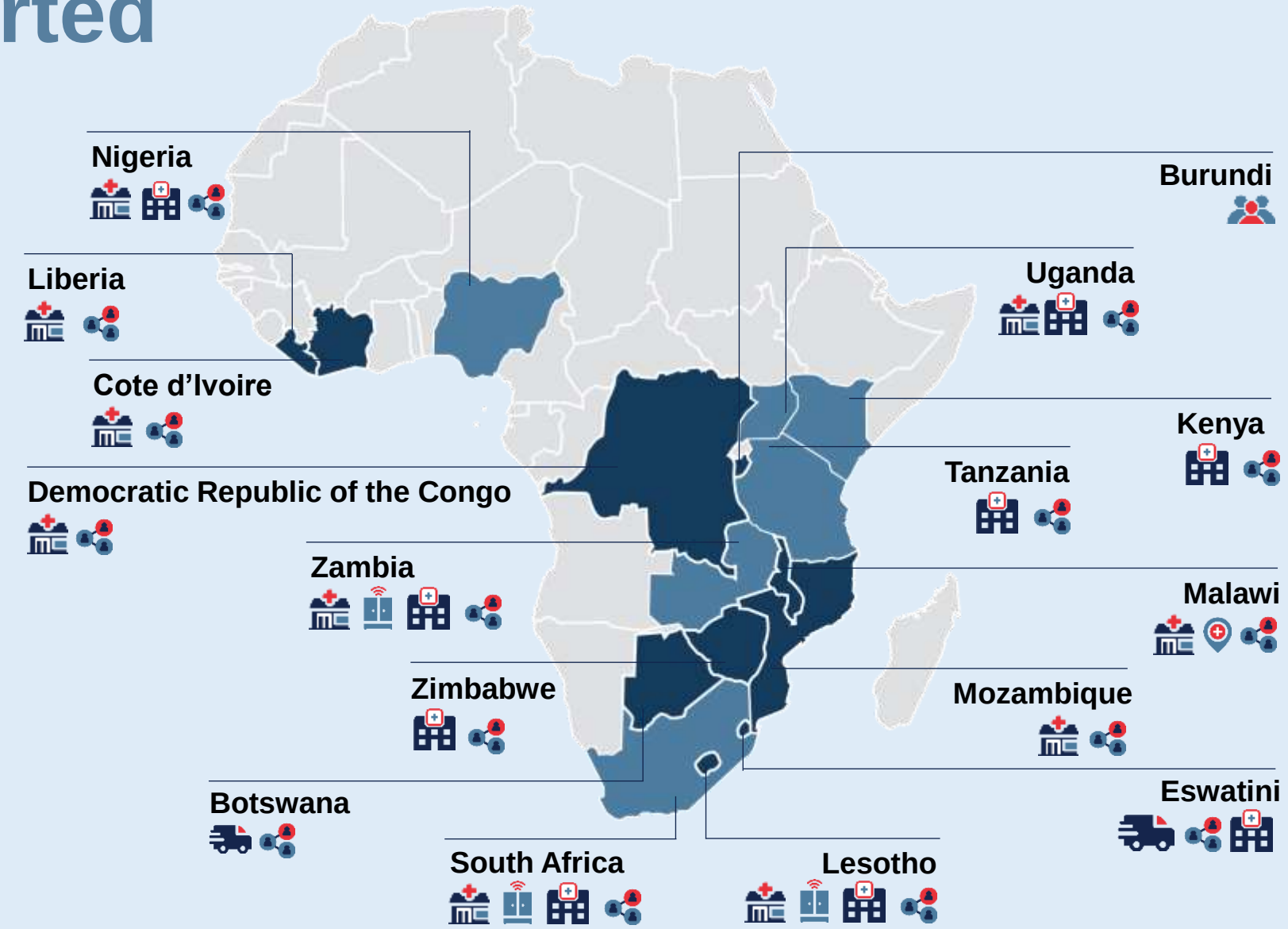
Client-managed groups
(i.e., client-led community ART refill groups)

Facility-based individual models
(i.e., fast track, MMD)

Out-of-facility individual models
(i.e., community pharmacy, private clinics, courier service home delivery, automated lockers)

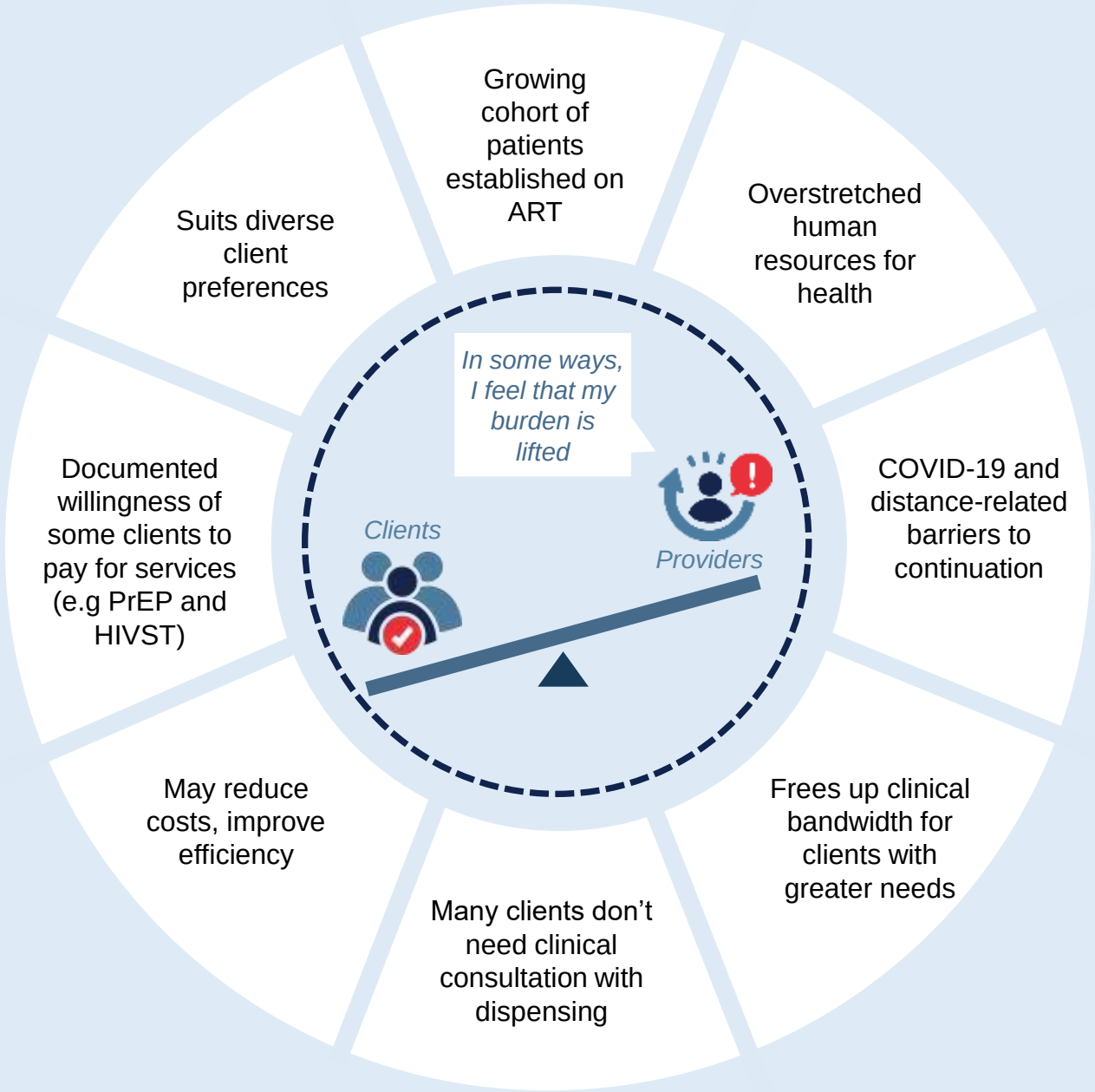
EpiC Supported DDD across Africa

- Private pharmacy
- Courier service
- Private clinic
- Community distribution
- Lockers
- Private hospitals



Why decentralized drug distribution

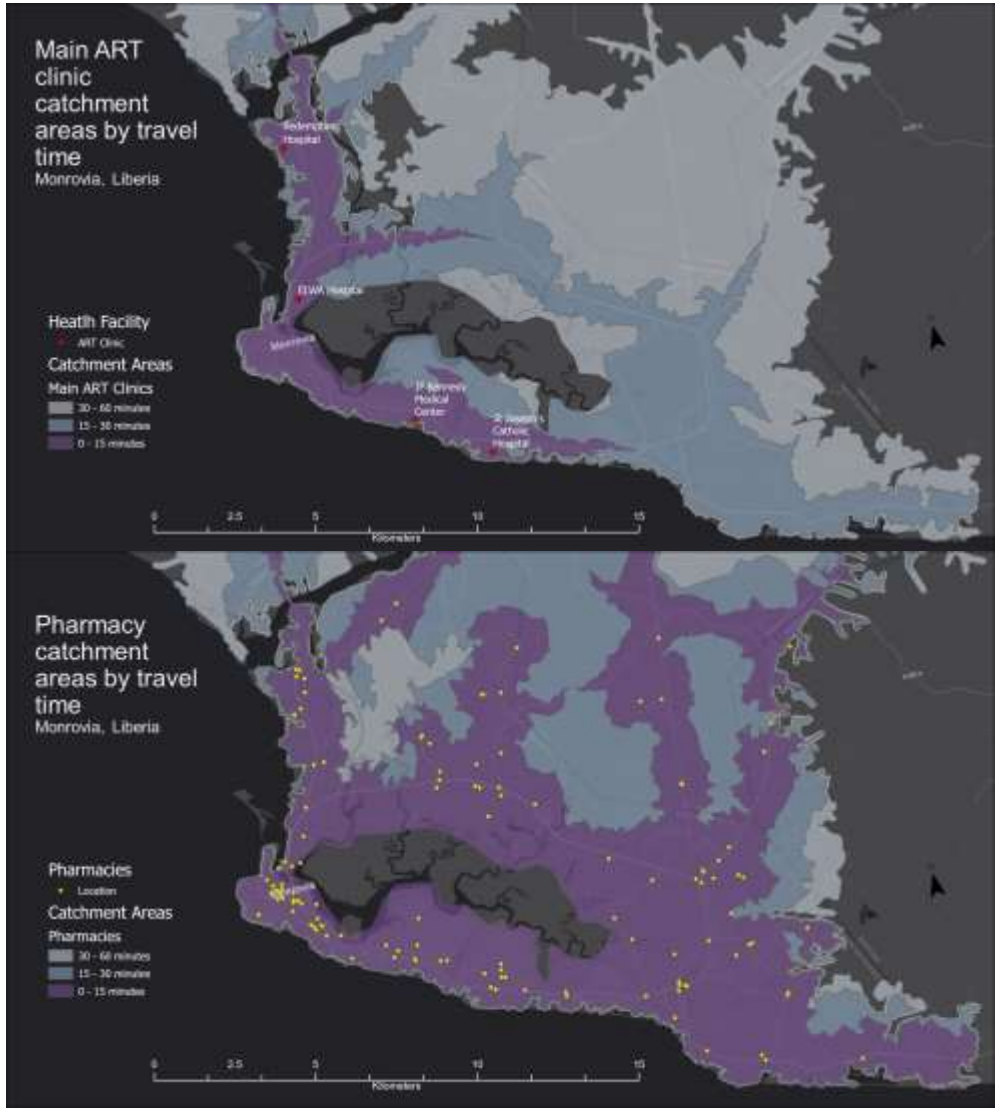
And why community pharmacies?



Why community pharmacies and what gaps do they fill?

- Public sector facilities have reached the maximum number of clients they can serve
- The private or community pharmacies offer
  - Convenience, confidentiality and quality perception
  - Provide greater choice
- Existing models do not meet all client needs
- There is an increasing number of patients with ability and willingness to pay.
  - Encouraging those to receive services in the private sector will free up public sector resources
  - Public sector resources would be spent on those most in need
- COVID 19 has made the need to reduce contact between patients and health facilities

Modeling the impact of DDD using pharmacies in Monrovia, Liberia shows potential increase access to ARVs across the city.



How the pharmacy and private clinic models fit in the DSD framework

Model	Private pharmacy/ clinic model	PODI and other community-based models	Courier service	Automated eLockers
When	3/6-monthly	3/6-monthly	3/6-monthly	3/6-monthly
Where	Private pharmacy Private clinic	PODI leader's home or other community structure e.g., DIC	Home Convenient location of choice	e-Lockers Pharmacies
Who	Private pharmacist Private clinician	Expert client/peer worker/HCWs	Private courier services	Contactless; toll-free number available
What	ART refill, PrEP, HIVST, HTC, VL sample collection, blood pressure/weight measurement, adherence counselling	ARV refills, adherence counseling, VL test reminders, discussions on income-generating activities	ART refills, TPT, PrEP	ART refills, PrEP
Opportunity	FP service/ commodity, **NCD drugs, NCD screening**, TPT, CTX	PrEP, FP service/ commodity, HIVST, **NCD drugs, NCD screening,** TPT, CTX	FP commodity, **NCD drugs,** HIVST, self-DBS sample collection, CTX	FP commodity, **NCD drugs,** HIVST, TPT, CTX

DDD Technical Resources

3 **Peer reviewed manuscripts** published in JIAS (1, 2) and GHSP

3 **Technical guides**

DDD strategic scale-up guide (available in En/Fr/Pt)

Adaptation of DDD models to COVID 19 guide (available in En/Fr/Pt)

DDD Mobile Application guide

9 **Modules of training materials** included in the training curriculum for staff involved in DDD

3 **Blog posts** sharing DDD experiences from Botswana, Liberia, and Malawi

1 **DDD mobile application tool** to facilitate streamline communication between facilities and pick-up points

7 **Final DDD activity reports** sharing process of implementation, achievements, challenges, next steps in Botswana, Burundi, Cameroon, DRC, Eswatini, Liberia, Malawi, and Mozambique

20 **DDD Learning Collaborative Webinar sessions** for cross-sharing learnings and experiences with other programs and countries

1809 **People from 60 countries have attended** the DDD Learning Collaborative Webinar sessions

2 **PEPFAR Solutions submitted** for the home delivery model and the pharmacy model

4 **DDD assessment tools** to facilitate stakeholder (client, provider, health facilities) engagement

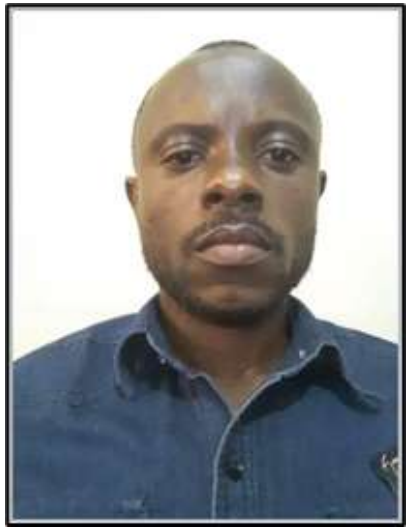
DDD webinar participants by country

EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.

Presenters

Ivan Arinaitwe
DSD Coordinator
Ministry of Health, Uganda

Uzoma Atu
National PSM Focal Point
Ministry of Health, Nigeria



Richard Ingwe Chuy
DSD Focal Point
Ministry of Health/PNLS, DRC

Samretta Caldwell
DSD Focal Point
Ministry of Health, Liberia

Ministry of Health

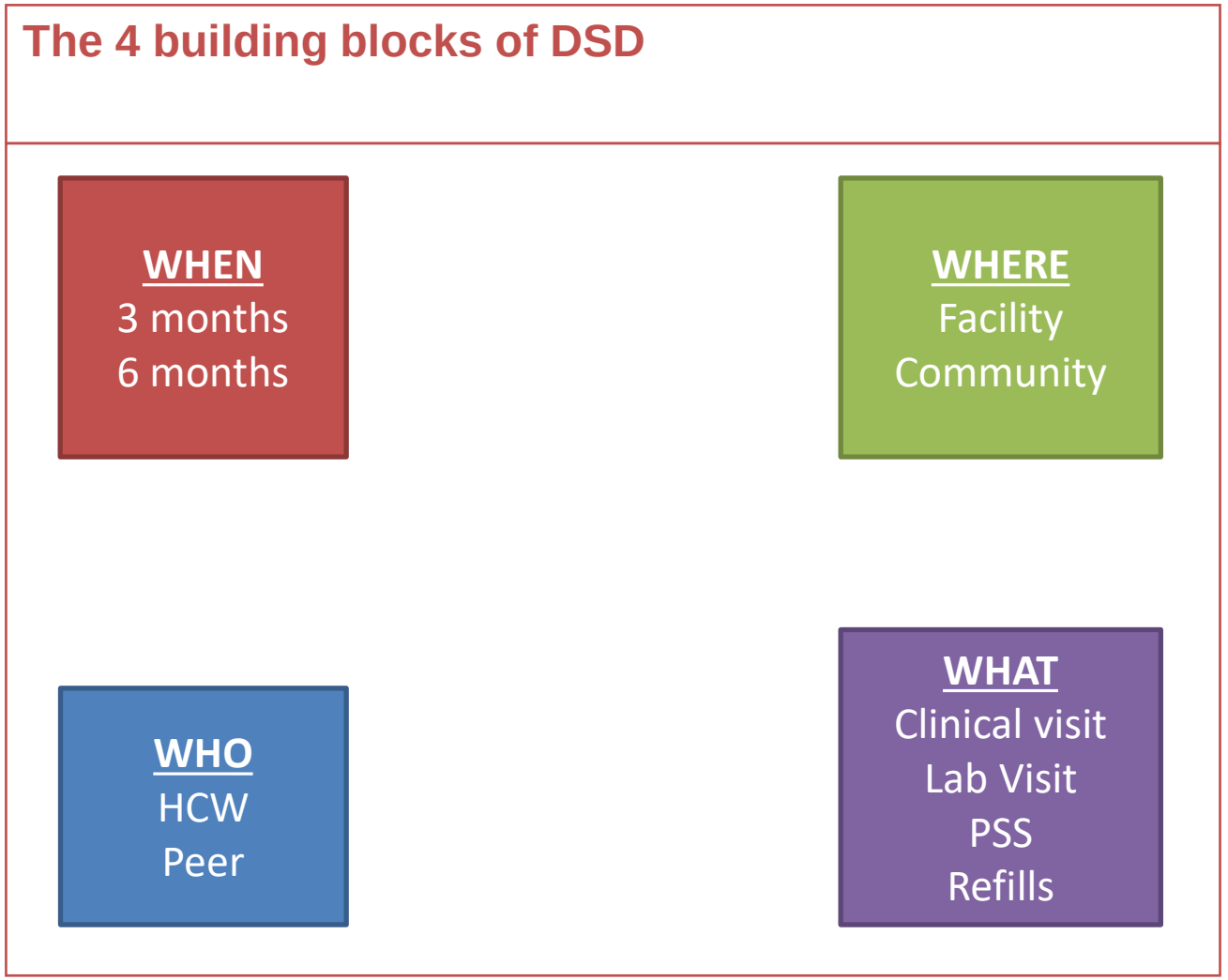
DSD IMPLEMENTATION IN UGANDA:
A case study of Community Retail Pharmacy Drug Distribution Point

Dr. Arinaitwe Ivan- DSD Coordinator Uganda

August 2022

Differentiated Service Delivery (DSD)

- 2017: Adopted DSD following WHO guidance.
- Training curriculum developed, National, regional & facility level trainings
- 2018: Incorporated into the national guidelines
- Enrollment criteria (Stable Vs. Unstable)
- Currently >95% of all facilities implementing DSD in;
  - Differentiated HIV testing services
  - Differentiated HIV Care and Treatment



Where we are

- ❑ **>95% facilities implementing DSD**
- ❑ **Healthcare facilities (HF) still congested**
  - 85% of HIV/AIDS PLHIV receive treatment at HF
    - Facility Based Groups (FBG)
    - Facility Based Individual Management (FBIM)
    - Fast Track Drug Refill (FTDR)
- ❑ **Low uptake of community models**
- ❑ **Covid-19 pandemic showed that community approaches work.**
- ❑ **Root cause analysis for poor retention shows main barriers as;**
  - Distance to facilities
  - Lack of transport (*Rf: IP performance review reports)*
- ❑ **Alternative drug distribution points considered to address the above**

New Guidelines For DSD In Uganda 2022

Category of Recipient of Care

- PLHIV newly identified and or re-engaging in care with advanced HIV disease
- PLHIV newly identified and or re-engaging in care when clinically well
- PLHIV established on ART and or with controlled chronic illnesses
- PLHIV with treatment failure
- PLHIV with uncontrolled chronic illness, and Drug limiting toxicities

Treatment at Facility or in Community

Group Model

Group models managed by HCW

Examples
FBG
CDDP
FSG
Viraemia Clinics

Group models managed by client

Examples
CCLAD
CLDDP

Individual Model

Individual models based at facilities
Examples
FTDR
FBIM
Peer led (YAPS,GANC)
Adolescent centers
Holiday treatment children

Individual model based in community

Examples
CRPDDP
Drop in centers
Home Drug delivery

Community Retail Drug Distribution Point
CRPDDP

Back ground

- Pilot in 4 Urban (KCCA) facilities in Kampala under IDI (IP) in 2019
- Approximately 9,000 RoCs enrolled
- 99% Retention & 99% Viral suppression
- Engaged MOH, Donors to scale up the pilot to Regional Referral Hospitals and other high volume facilities
- Only 91 districts have one or more pharmacy
- 31 districts, 61 HFs and 104 pharmacies

Enrollment criteria

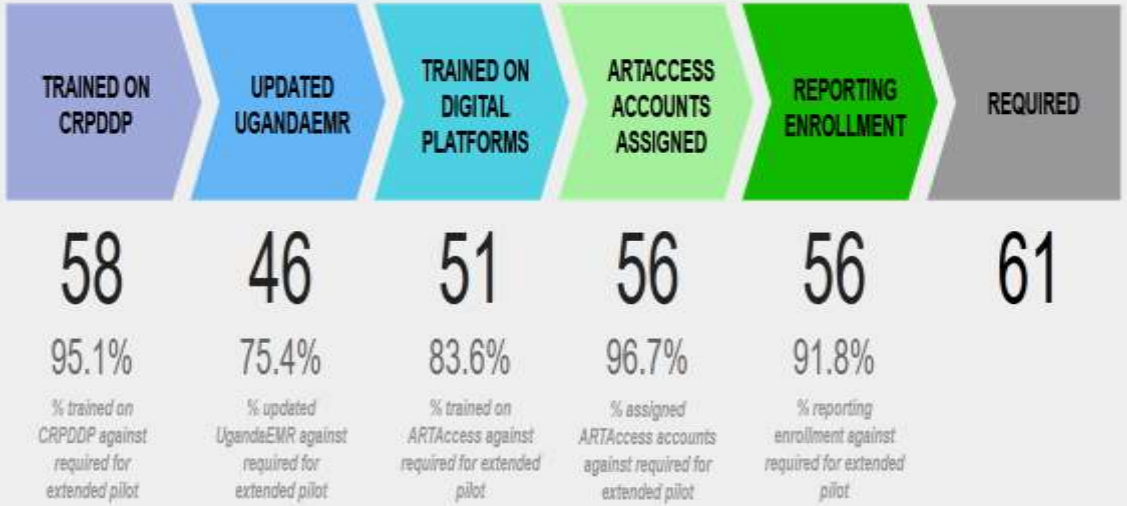
Enrollment Criteria for a Pharmacy

I. Must be operating as a retail pharmacy.
II. Possess a valid operational licensed by the licensing authority
III. Should have waiting space for the ROC.
IV. Should be able to meet standards for good storage practices (adequate space, well ventilated, shelves or pallets, secure absence of rodents or harmful insects, roof should not be leaking)
V. Should be easily accessible by ROC.
VI. Has a good record keeping history with the Electronic POS system.

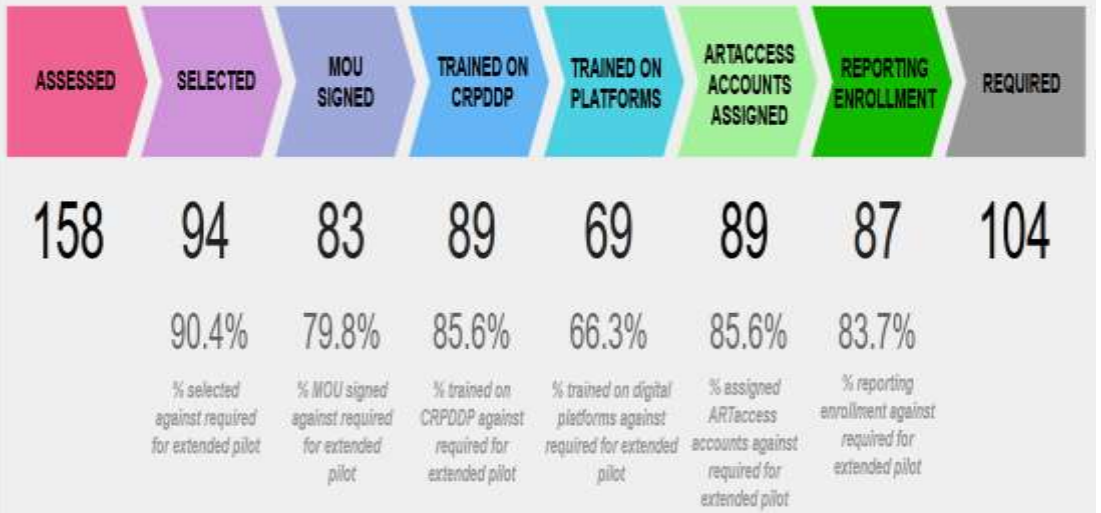
I. Adequately staffed with qualified personnel to undertake the additional roles.
II. Willingness to pick ARVs from the linked health facility.
III. Agree to undertake relevant trainings in comprehensive HIV management.
IV. Agree to abide by the data collection and reporting requirements.
V. Must be willing to sign a standard MOU
VI. Qualify with 75% of the above.

Onboarding Status

HEALTH FACILITY ONBOARDING PIPELINE



PHARMACY ONBOARDING PIPELINE



Enrollment Progress

ENROLLMENT PROGRESS

Number of Facilities Reporting

57 | 61

93%
of target achieved

Number of Pharmacies Reporting

87 | 104

84%
of target achieved

RECIPIENTS OF CARE ENROLLED IN THE PROGRAM

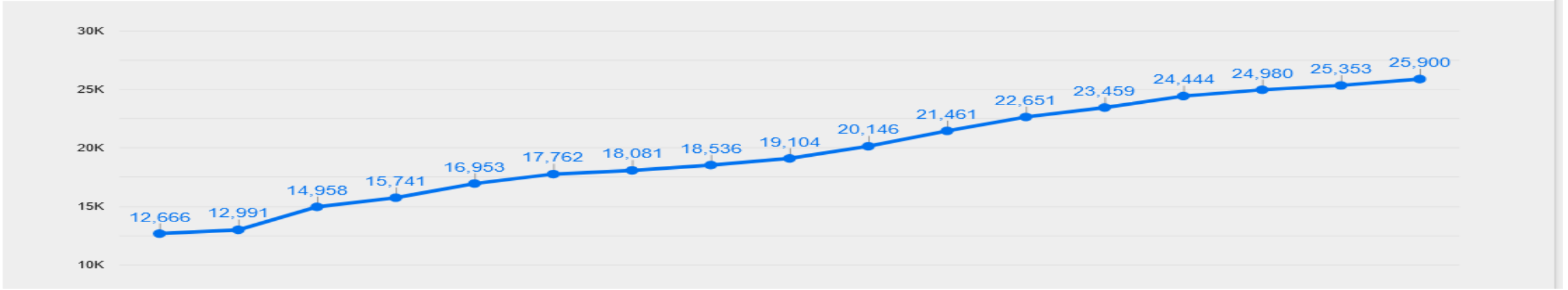
25,900

18.1%
% of ROCs enrolled against ROC enrollment target

ROC ENROLLMENT TARGET

142,951

ENROLLMENT OVER TIME



More information on WWW.DSDUganda.com

Recipients of Care Voices

- **Hadija, a beautician, says** the pharmacy model is very helpful. "It is fast and convenient," she says. "Going to the facility was a whole-day affair. During the COVID-19 lockdown, the pharmacy would deliver to my house, which is not the case with the facility. I go to the facility just for a check-up. My body has improved and I have grown fat now!! I have also made friends with other ROC who are served at the pharmacy. We have formed groups and share experiences, unlike at the facility. Please don't remove me from the pharmacy."

- "Going to the pharmacy saves time, while going to the health facility would take the whole day," say **Jimmy, a police officer.** "The pharmacy addresses stigma that could not be addressed at the health facility. We socialise with the staff and they are consistent, whereas staff change at the facility. During lockdown, the pharmacy would deliver drugs to my home. I have never experienced stock-outs since I started going to the pharmacy."

Considerations for the Data Tools to Facilitate Transitions

Data capture for Care Card

Codes for use on the care card

DSDM Patient Categorisation CA15a

1. PLHIV newly identified or re-engaging in care with advanced HIV disease
2. PLHIV newly identified or re-engaging in care when clinically well
3. PLHIV established on ART
4. PLHIV with treatment failure
5. PLHIV with uncontrolled chronic illness, and ART limiting toxicities

DSDM Models CA15b

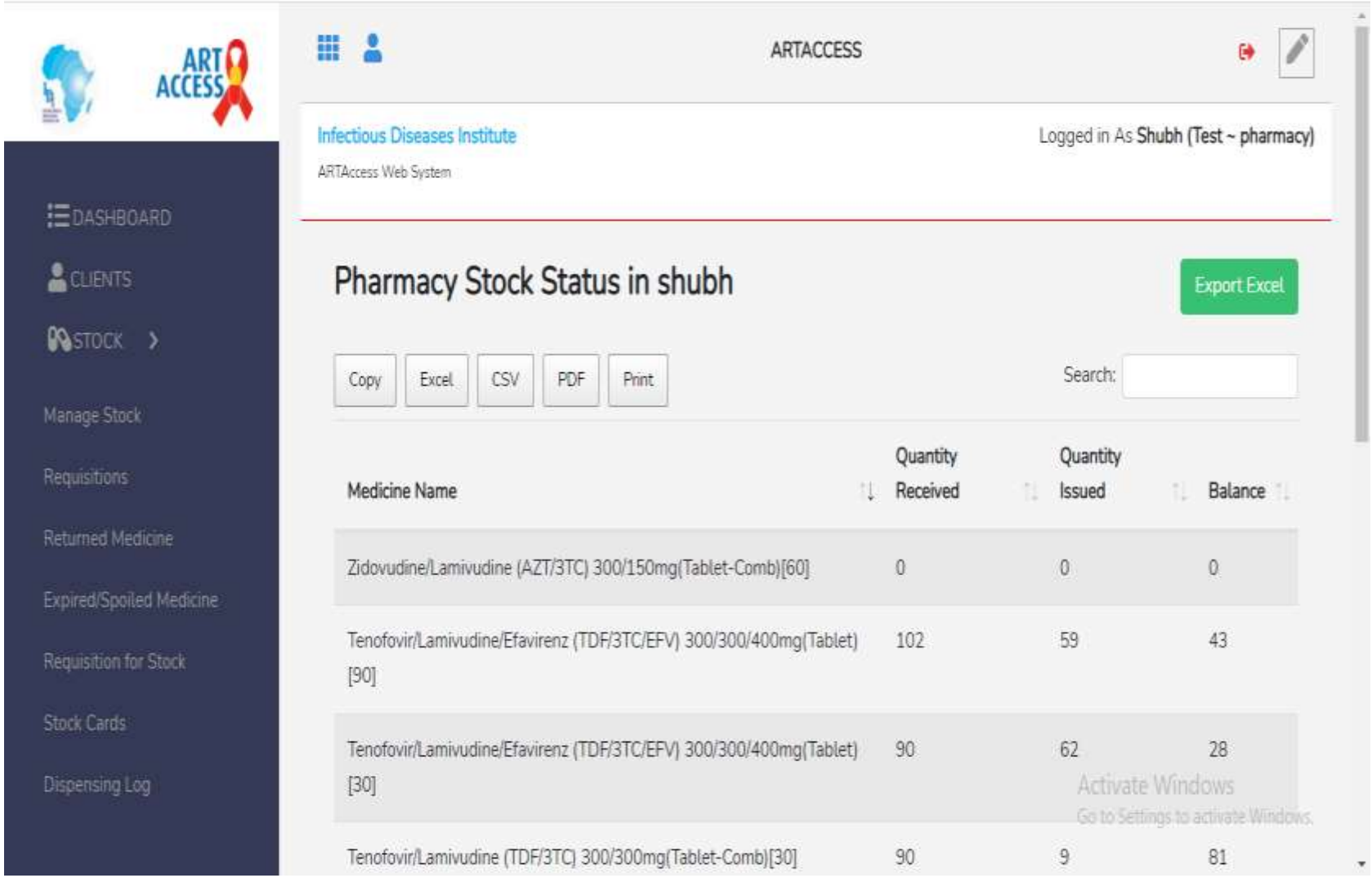
GMH: Group models managed by HCW
GMC: Group models managed by client
IMF: Individual models based at facilities
IMC: Individual model based in community

Approaches CA15c

1. GMH-FBG
2. GMH-CDDP
3. GMH-FSG
4. GMH-Viraemia Clinics
5. GMH- Others (Specify).....
6. GMC-CCLAD
7. GMC-CLDDP
8. GMC- Others (Specify).....
9. IMC-CRPDDP
10. IMC-Drop in centers
11. IMC-Home ART delivery
12. IMC-Others (Specify).....
13. IMF- FTDR
14. IMF-FBIM
15. IMF-YAPS
16. IMF-Adolescent centers
17. IMF-Holiday treatment children
18. IMF-Others (Specify).....

ARV Management & Security

- Bi –weekly stock management
- Stored under lock & key compartment.
- Restricted access to only authorized personnel



ACKNOWLEDGEMENT

- MINISTRY OF HEALTH UGANDA
- PEPFAR
- ICAP
- WHO
- UNICEF
- UNIAIDS
- CHAI
- EGPAF
- GLOBAL FUND

❑Thank You!!!

DIFFERENTIATED SERVICE DELIVERY: COMMUNITY PHARMACY MODELS

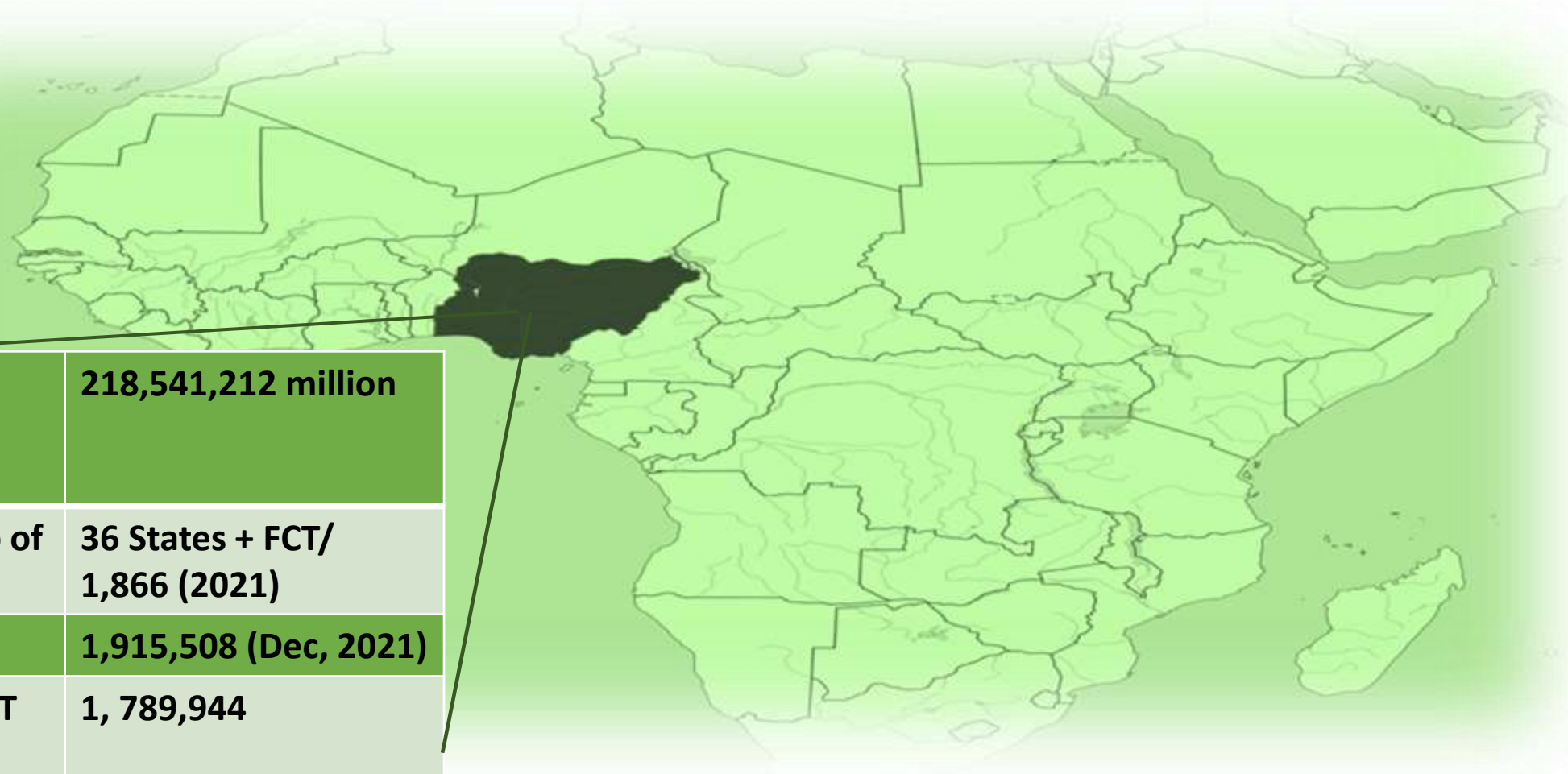
National AIDS/STIs Control Programme (NASCP)
Federal Ministry of Health

Pharm. Uzoma Atu
8th August, 2022

Outline

- Background
- Introduction
- Implementation of Community Pharmacy Model
- Other community ART models implemented/best practices
- Management of ART Country supply chain
- Assessment Tools

Background



Population Estimate (July 2022)	218,541,212 million
No of States/No of ART facilities	36 States + FCT/ 1,866 (2021)
Nigerians LHIV	1,915,508 (Dec, 2021)
Nigerians on ART (2021)	1, 789,944
HIV Prevalence	1.4% (NAIIS 2018)

A CROWDED CLINIC IN SESSION

DSD Models currently being Implemented

Facility Based

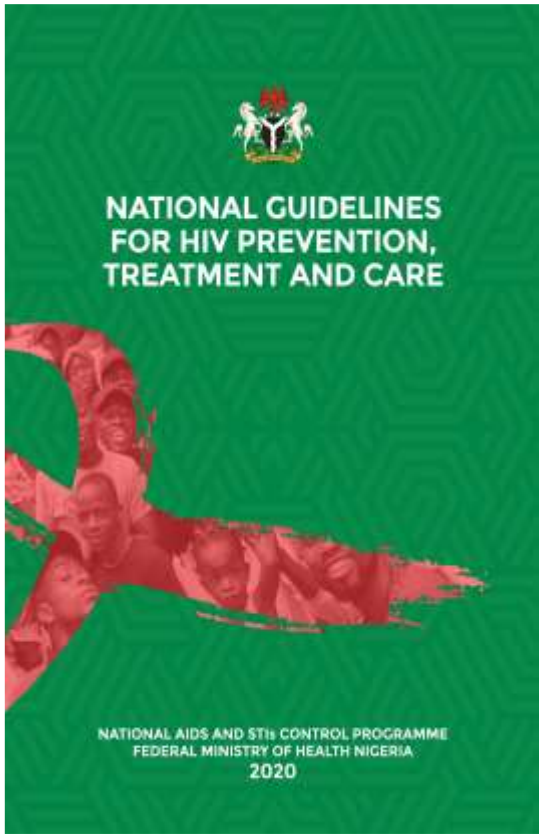
- Fast-track
- Decentralization (Hub and Spoke)
- After hours
- Weekend and Public holidays
- Facility ART group: HCW-led
- Facility ART group: Support group-led
- Child/Teen/Adolescents club (Peer managed)
- Mother infant pair/Mentor mother led

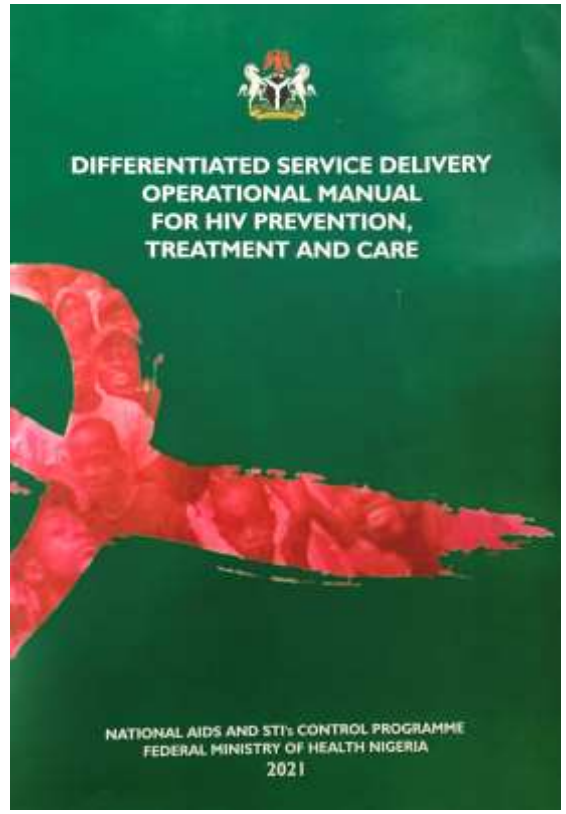
Community Based

- Community Pharmacy ART refill
- Home delivery
- One Stop Shop (OSS)
- Community ART Refill Group: HCW- led
- Community ART Refill Group: PLHIV- led
- Adolescent Community ART/ peer-led groups

Introduction: Policy Documents

- 2020 National Treatment guideline for HIV Prevention, Treatment, and Care
- DSD Operational Manual
- National Guideline for Continuity of HIV Services in the Context of Complex Public Health Emergencies

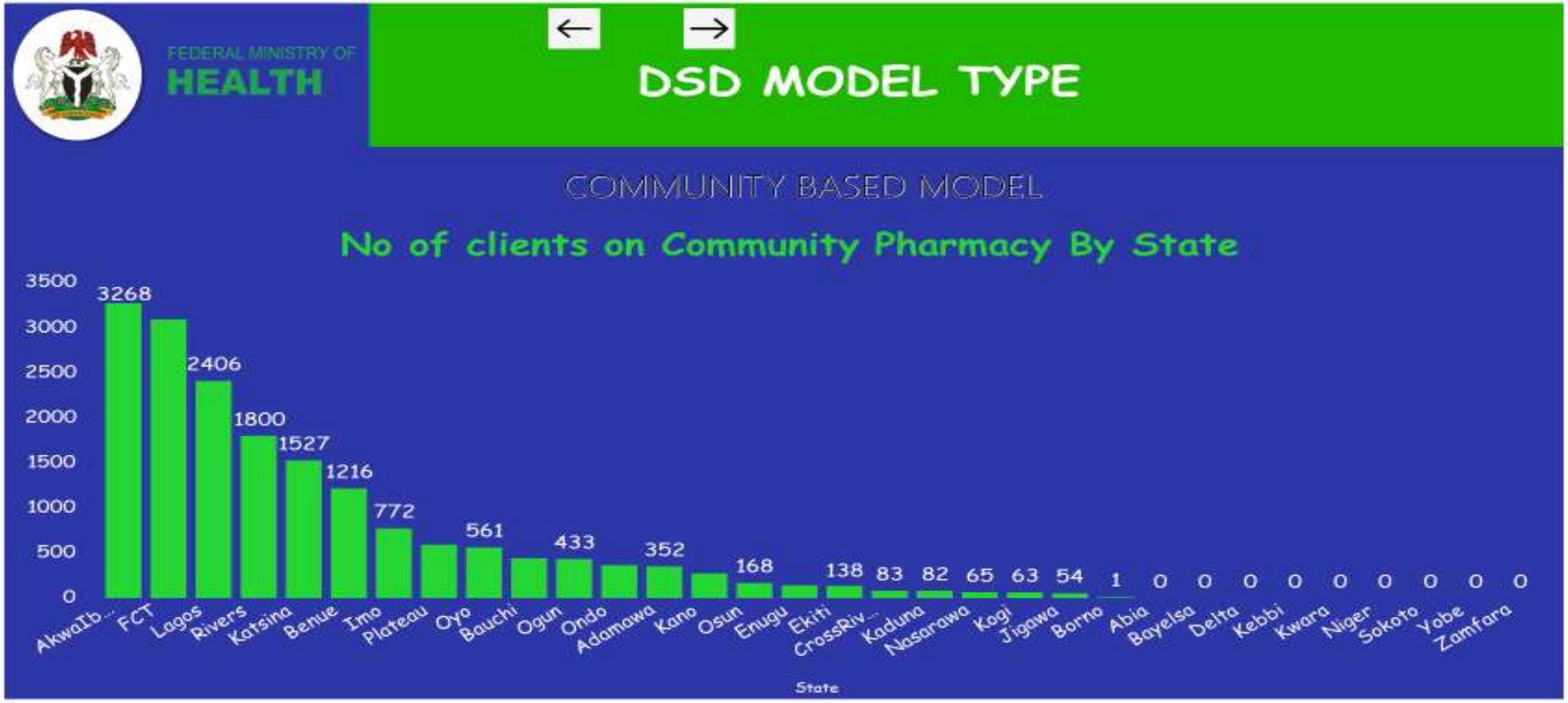




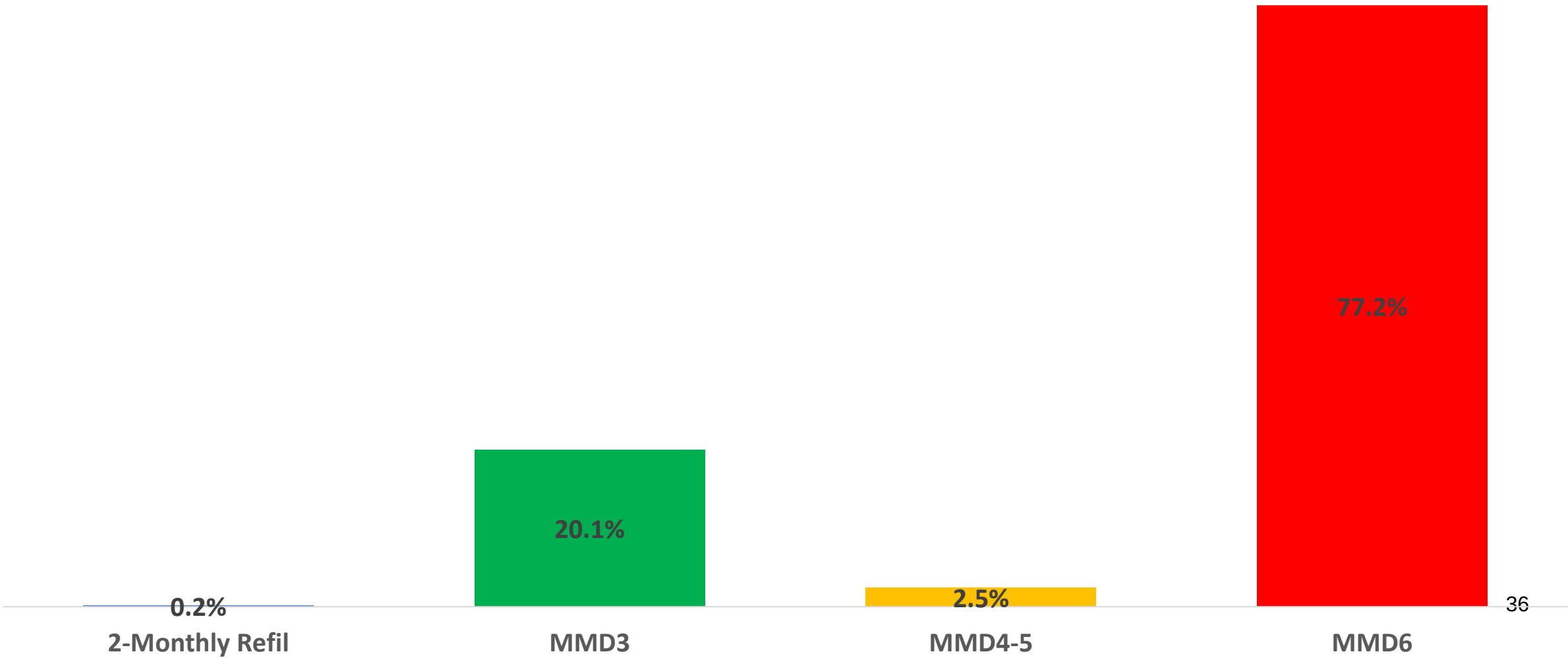
Community Pharmacy Model in Nigeria: Implementation Process

- A developed criteria (checklist) for engaging community pharmacy guides the identification and engagement process
  - Mapping and identification of registered community pharmacies (PSN, PCN, ACPN)
  - Stakeholder engagement (SMoH, IP, NAFDAC, PCN, PSN, ACPN, NEPWHAN)
  - Assessment and Selection using the developed checklist
  - Training of selected community pharmacists
  - Signing of Memorandum of Understanding (MoU)
  - Distribution of ARV commodities and reporting tools
  - Continuous monitoring and evaluation

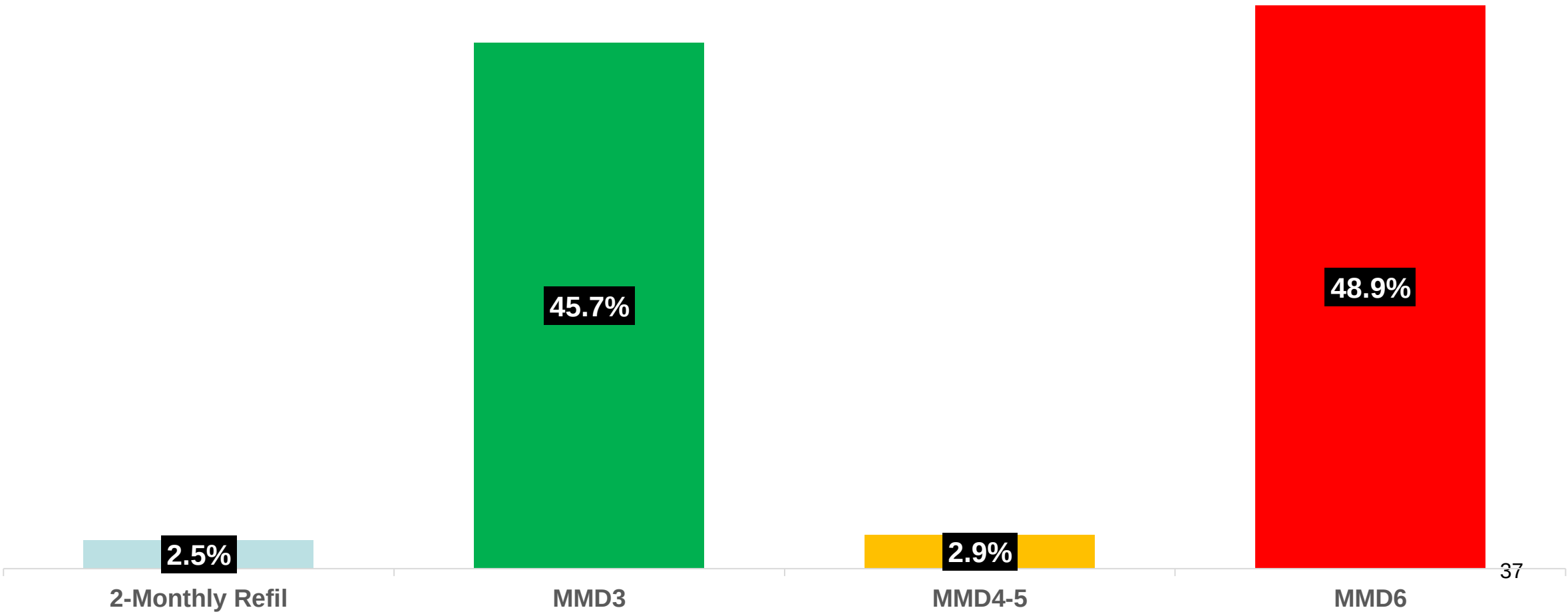
No of Clients on Community Pharmacy by States



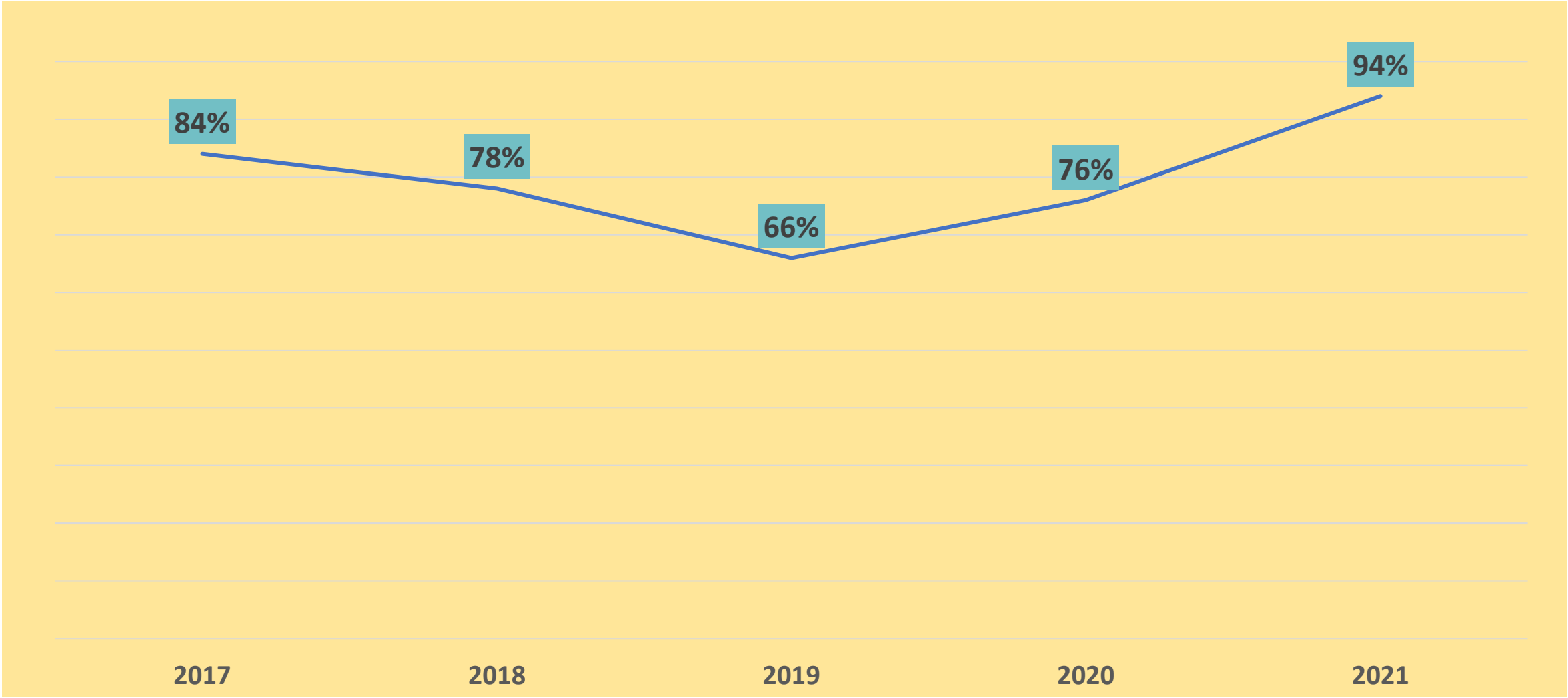
May - June 2022 Adult TLD MMD



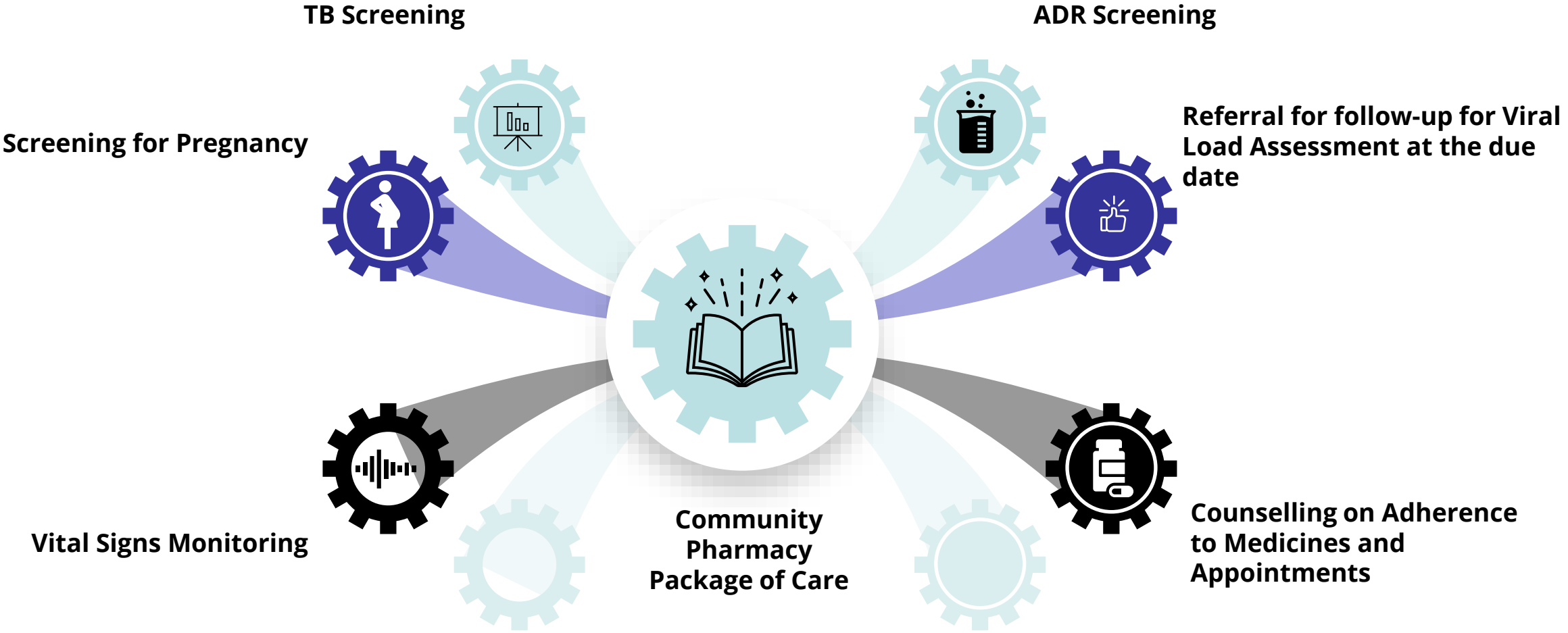
May - June 2022 Ped TLD MMD



Retention Rate (2017 – 2021)



Community Pharmacy Model in Nigeria: Package of Care

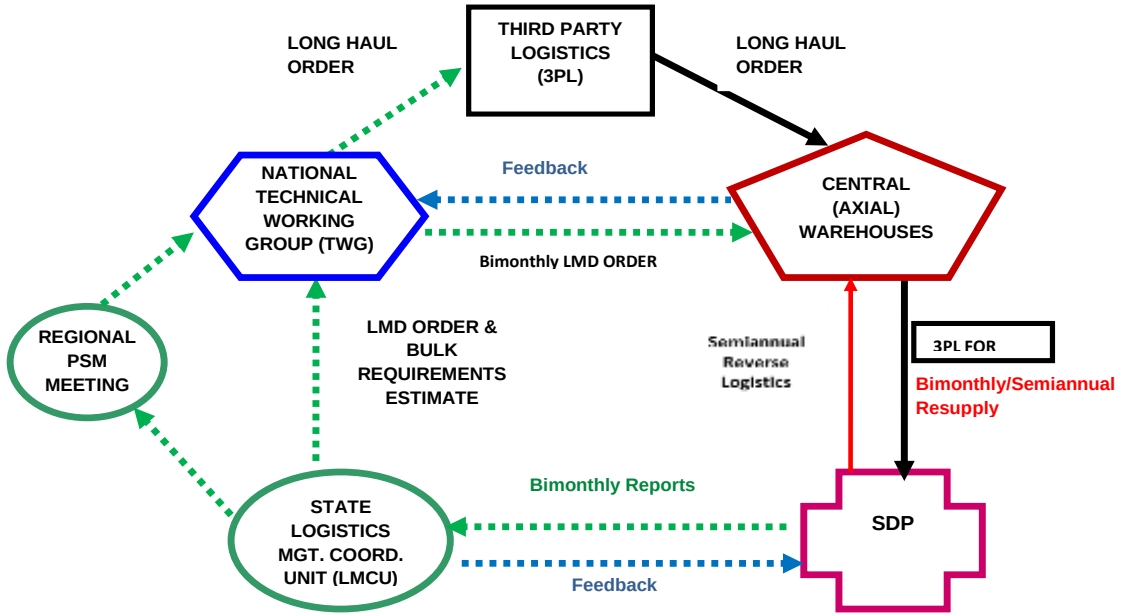


Community Pharmacy Model in Nigeria: Key Successes and Common Challenges

- **Successes:**
  - Reduce work burden on the facility
  - Convenience for the RoC
  - Bridged gap during COVID-19
  - Reduced distance to care and saves cost for the RoC
  - Expanded capacity strength for HIV service delivery
  - Increase in Retention of Care
- **Challenges:**
  - Poor documentation practices
  - Client's non-acceptance of the Pharmacist's service charge of ₦500 – ₦1000 ($1 - $2) for RoC on 6MMD
  - Sustainability: some IPs provide communication and transport allowance for client tracking

Management of ART Country supply chain----1

- Collaborate with funders and partners to conduct biannual supply plan review for HIV commodities
- The program generates forecast using QAT, but additional simulation is modeled on excel based tool
- The Quantification Analytics Tools is updated with the new forecast to inform procurement.
- The Quantification Analytics Tools is further updated as new consumption, stock on hand data and shipment information becomes available.



Facility Type	Resupply Period
Low Volume PMTCT Sites	Every 6 Months
ART & High Volume PMTCT Sites	Every 2 Months

Management of ART Country supply chain----2

- The min – max inventory system for TLD is 7 – 8 while other ARVs are 6 – 8.
  - This ensures timely reordering to meet up with the lead time requirement, which is about 6 months.
  - The min – max is occasionally adjusted to accommodate buffers stock
- Products are received at the two central warehouses and long hauled to regional warehouses for distribution during last mile delivery.
- The program developed a tool that tracks MMD implementation and supports data triangulation for commodity resupply

Management of ART Country supply chain----3

- Warehouse management information system
- CRRF/NHLMIS (This captures receipt, utilization, and stock balance)
    - Adjustment are queried as a form of accountability
- LMD orders are generated by LMCU for resupply
- LMD matrix is generated at central level indicating quantities to be supplied to facilities
- Facilities signs off on PODs as they receive supplies
    - The PODs are usually 4 copies, one copy each for the facilities, LMCU, 3PL and the warehouse
- Other LMIS tool such as Form for Transfer and Return of Commodities are also available
- Periodic visits to facilities and warehouses

Community Pharmacy Model: Reporting Tools

- CPMRS – Community Pharmacy Medical Record System
- CRRF – Combined Report Requisition Form
- Pharmacy Daily Work Sheet
- Pharmacy Order Form
- Referral Register
- Appointment Register
- ICC Card – Inventory Control Card
- Patient Care Card
- PADAF - Patient ARV Drug Accountability Form

Community Pharmacy Model: Assessment Tool

- Checklist for identification and evaluation (pre-engagement of Community Pharmacy)
- Pharmacy Order Form
- Monthly Pharmacy Review Meetings (administer a checklist during the meeting to assess performance)
- Community Pharmacy ART Refill App/Electronic Medical Record

THANK  YOU

Distribution décentralisée de la thérapie antirétrovirale dans le secteur privé en RDC:

Réunion d'introduction avec la Mission

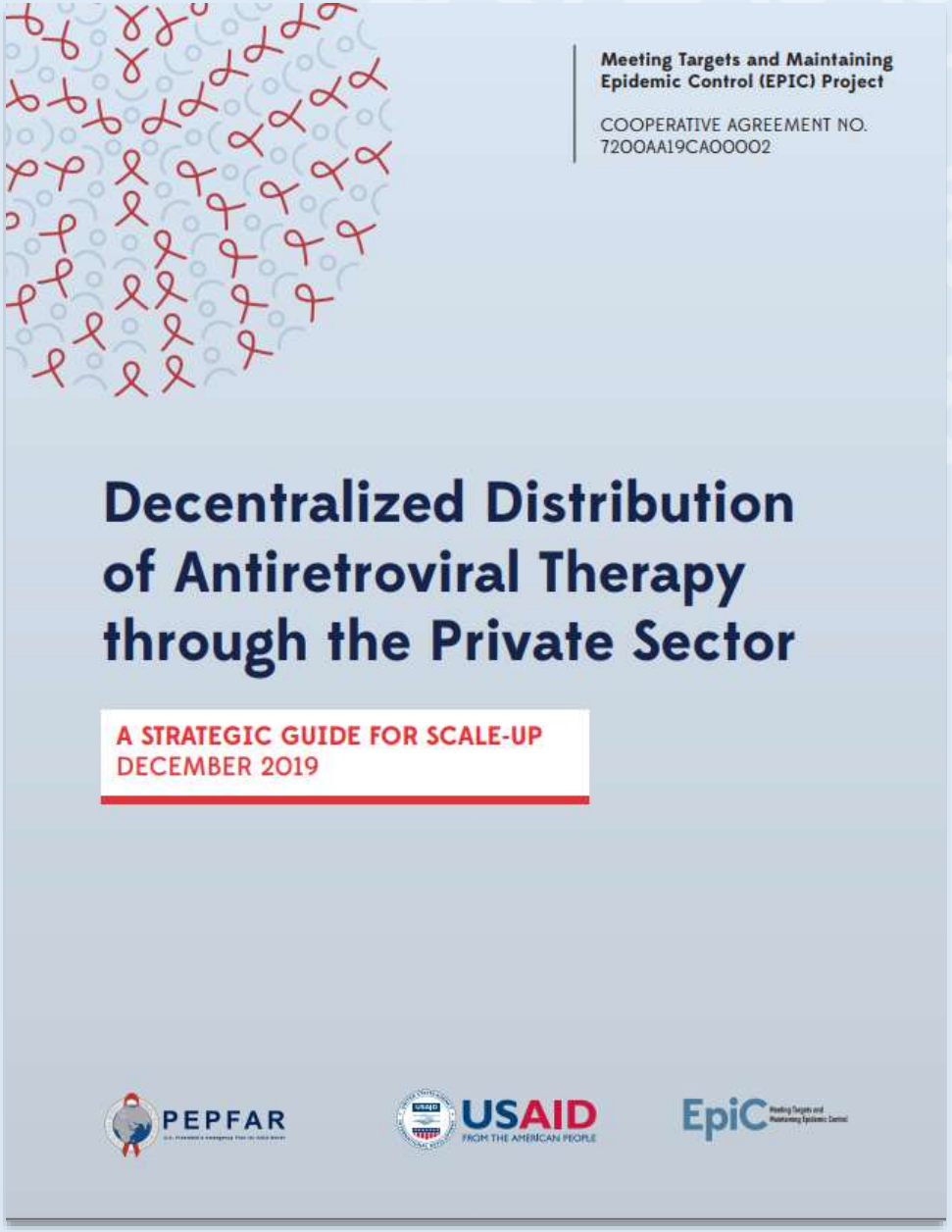
USAID FROM THE AMERICAN PEOPLE

PEPFAR

fhi360 THE SCIENCE OF IMPROVING LIVES

Agenda

- Introductions
- Portée des travaux (OHA et Mission)
- Breve introduction à DDD (EpiC)
- Priorités de mise en œuvre (Tous)
- Q&R et prochaines étape



Pourquoi DDD et pourquoi MAINTENANT?

- Soins surchargés dispensés par les établissements du secteur public avec des systèmes de santé faibles sont encore plus mis à rude épreuve par COVID 19
  - Les prestataires de soins seront moins disponibles pour s'occuper des patients atteints de TARV puisque beaucoup d'entre eux sont impliqués dans la réponse COVID ou travaillent à domicile
  - Il y a un risque accru de contracter la COVID-19 lorsque les PVVIH fréquentent des cliniques bondées dans les établissements de santé publique
  - De nombreux pays ont mis en place des confinements pour leurs populations, mais les pharmacies sont restées ouvertes comme lieu de premier appel pour les soins de santé
  - Nécessité d'assurer un TARV ininterrompu pour les PVVIH
- Avec la distanciation sociale et la fermeture des établissements, d'autres modèles de prestation pourraient être plus sûrs pour la plupart des patients, en particulier ceux qui présentent un risque plus élevé. (plus, de 60 ans, avec des comorbidités)

Modèles TARV existants du secteur privé

Modèle d'hôpital privé

- Fournir des soins complets
- Utilisé depuis longtemps
- Soutien des donateurs et du gouvernement
- Les clients peuvent contribuer
- Voir les clients stables et non stables
- Secteur entièrement privé
- Secteur privé partiel
- La pharmacie hospitalière peut délivrer aux patients des établissements de santé publique*
- Ailes privées dans les hôpitaux publics*

Modèles automatisés

- Modèles efficaces avec moins besoin de HRH par Right2Care (ePharmacy)
- Coûts d'installation plus élevés (PDU ~ 200 000 $, casiers ~ 8 300 $)
- Nécessite une bonne infrastructure (électricité, internet ou réseau GSM, EMR)
- Peut être déployé n'importe où, même dans un établissement de santé et réduit le besoin de HRH
- Nécessite une bonne gestion du dernier kilomètre
- Réduction de la stigmatisation en cas de combinaison avec d'autres médicaments contre les maladies chroniques
- Pour CMMD et Lockers doivent envisager une logistique inverse au cas où les patients ne se présenteraient pas
- Points de ramassage et heures de ramassage flexibles

Pharmacie privée

- Lié à des équipements publics
- Faibles coûts d'installation et de maintenance
- Les clients peuvent payer pour des services
- Si le programme paie, le coût varie entre 90 $ et 250 $ par mois.
- Largement disponible
- Réduction de la stigmatisation
- Facile à organiser l'approvisionnement groupé pour les ARV
- Réduction du besoin de HRH dans l'établissement
- Points de ramassage et heures de ramassage flexibles
- Peut inclure la livraison à domicile
- Pharmacovigilance
- Déploiement facile et rapide

Remodelé les modèles TARV du secteur privé; Réorganisée

Modèle d'hôpital privé

- Fournir des soins complets aux clients stables et non stables
- Soutien des donateurs et du gouvernement
- Les clients peuvent contribuer
- Ailes privées dans les hôpitaux publics*

Réoutillage pour COVID 19

- Les pharmacies internes peuvent distribuer aux patients à partir de sites publics
- Exonération des frais pour faciliter l'adoption
- Peut être un site de placement pour les casiers des guichets automatiques

Modèles automatisés

- Modèles efficaces avec moins besoin de HRH par Right2Care (ePharmacy)
- Coûts d'installation plus élevés
- Nécessite une bonne infrastructure (électricité, internet ou réseau GSM)
- Nécessite une bonne gestion du dernier kilomètre
- Points de ramassage et heures de ramassage flexibles

Réoutillage pour COVID 19

- Possibilité de mise en œuvre à Kinshasa
- Options de ramassage moins chères dans les bureaux de poste,

Pharmacie communautaire

- Lié à des équipements publics
- Faibles coûts d'installation et de maintenance
- Les clients peuvent payer pour des services
- Si le programme paie, le coût varie entre 90 $ et 250 $ par mois.
- Réduction du besoin de HRH dans l'établissement
- Points de ramassage et heures de ramassage flexibles
- Peut inclure la livraison à domicile
- Pharmacovigilance

Retooling pour COVID 19

- Recharge temporaire pour les clients incapables de voyager
- Soutien à l'observance pour les patients non réprimés
- Peut aider à la sensibilisation pour les PVVIH qui visitent sur COVID
- Peut héberger des modèles automatisés

Modèles de déploiement immédiat : Pharmacie privée (1)

- Il y a plus de 100 pharmacies privées officiellement enregistrées dans les 35 zones de santé de Kinshasa
  - Ils sont une source majeure de services, par exemple les contraceptifs
  - Plus, de 500 autres petites pharmacies et pharmacies
- Une enquête rapide pour évaluer la capacité, les besoins de formation et la cartographie des sites de TARV peut être menée rapidement
- Une formation en ligne peut également être dispensée pour combler les lacunes en matière de capacité.
- En cas de stock limité dans le pays plus pratique pour les clients de revenir pour une recharge (mensuelle, bimestrielle etc.)

Modèles de déploiement immédiat : livraison à domicile (2)

- Pour remédier aux fermetures d'établissement et aux déplacements limités des clients, alternative delivery models include
  - Pharmacie de détail à domicile (Nigeria, Kenya)
  - Établissement de santé aux patients par
    - Travailleurs communautaires (Afrique du Sud)
    - Un tiers (Nigeria)
    - Service postal (Botswana)
    - Personnel du programme (Nigeria)
  - Autres sites de dépôt ou de ramassage, par exemple les supermarchés

Modèles pour un déploiement immédiat : Drop in centers (3)

- XX drop dans les centres soutenus par FHI 360 à Kinshasa et dans d'autres villes
- Emplacement pratique pour KP
  - XX
  - YY

Que pouvons-nous réaliser ?

COVID 19 ➡ Incertitude, anxiété, panique et politiques de confinement

+

Les patients sous TARV doivent continuer à recevoir des ARV

Dans le contexte de la COVID-19, il est nécessaire de déployer rapidement des modèles DDD capables de répondre rapidement aux besoins immédiats des patients et de réduire la pression sur le système de santé public.

- Les pharmacies de détail sont déjà disponibles dans les zones où les patients vivent ou travaillent
- La pharmacie de détail peut également avoir la capacité d'effectuer la livraison à domicile de médicaments

D'autres modèles DD peuvent être déployés à mesure que l'urgence COVID 19 s'atténue.

Commencez par les domaines où les besoins sont les plus grands, puis étendez-vous à l'échelle nationale

Sélection des modèles DDD à déployer

Avril-juin 2020

Évaluation rapide en ligne des pharmacies, formation et déploiement en ligne, sélection des sites pour la mise en œuvre

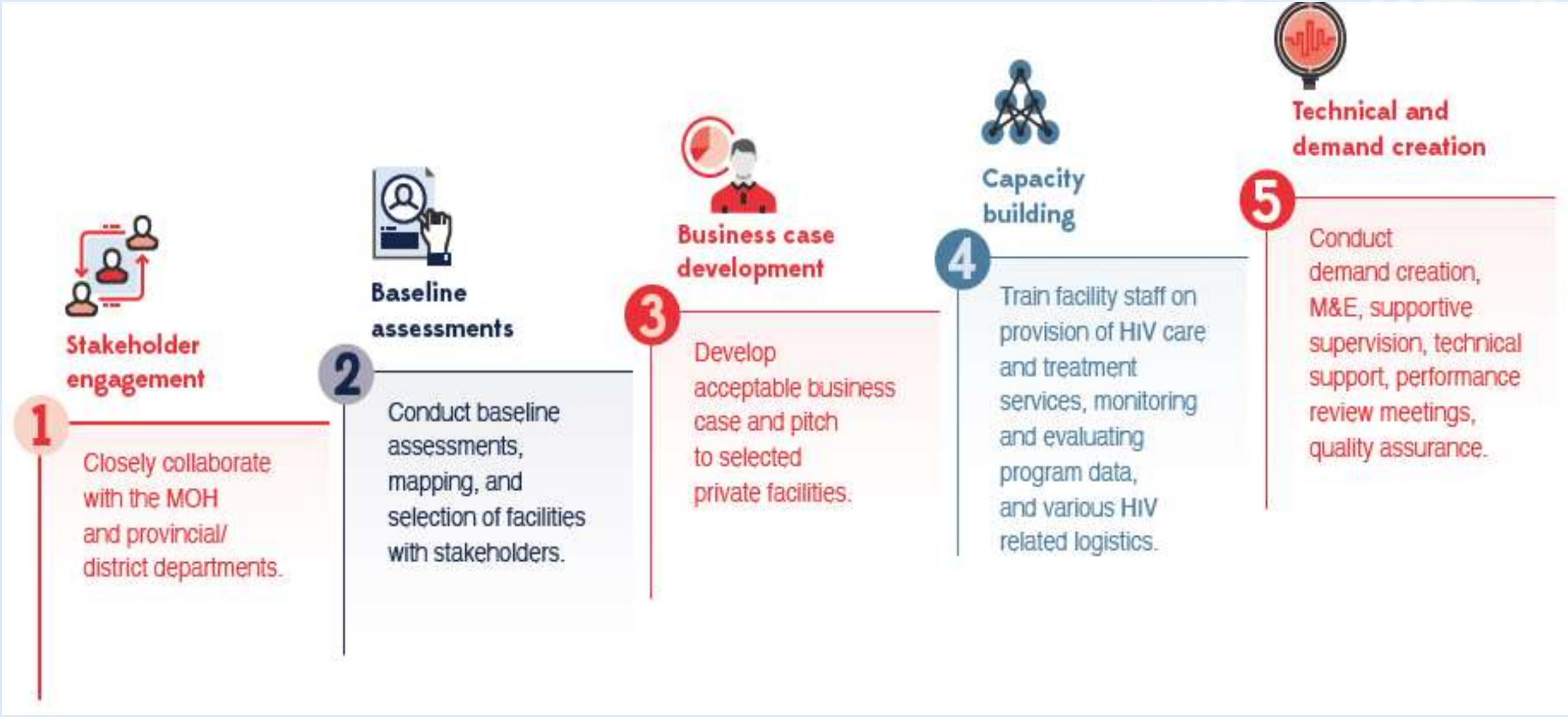
Juillet-Sept 2020

Évoluez vers d'autres sites, pharmacies et districts

Octobre 2020

Mise à l'échelle des modèles DD

Éléments nécessaires à la mise en œuvre



Prochaines étapes

- Portée
  - Models, Les Unités Sanitaires
-
- Mise en œuvre des rôles des partenaires

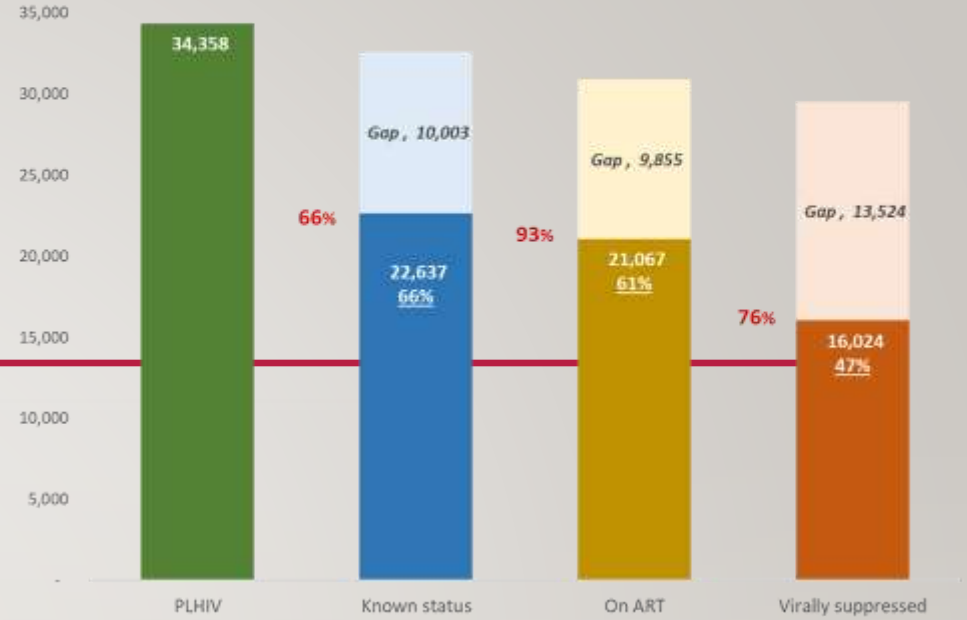
National AIDS & STI Control Program
Ministry Of Health, Liberia
Differentiated Drug Distribution At Private Pharmacies

Samretta Carr Caldwell
Deputy Manager for Programs and Clinical Services

OUTLINE

- Background
- Objectives of the strategy
- Key considerations
- Steps
  - Stakeholder engagement
  - Identification and Selection of pharmacies
  - Training and opening
- Results
  - Scale up, Devolvement
- Best Practice
- Challenges
- Successes
- Next Steps

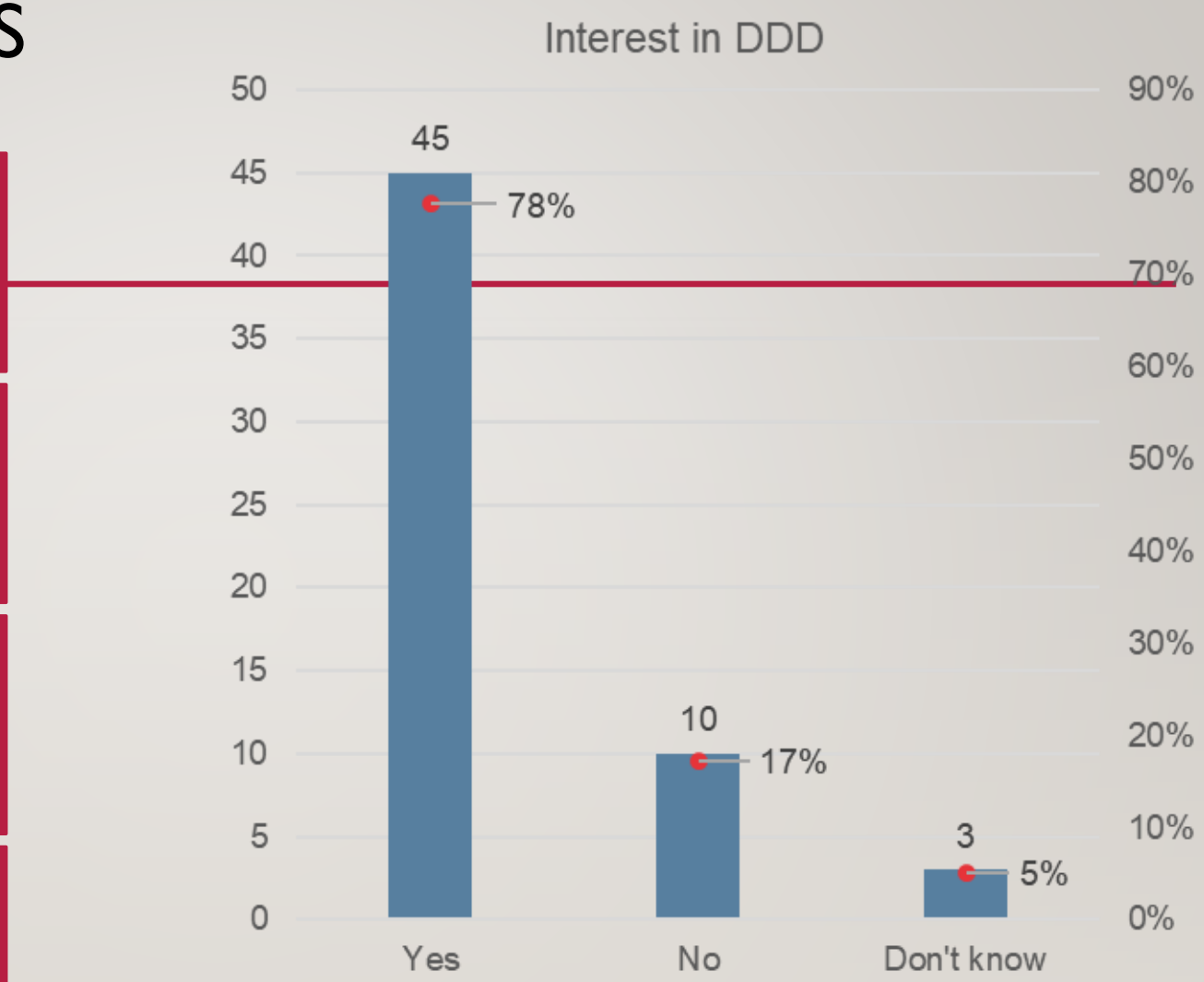
BACKGROUND



- Estimated number of people living with HIV – 34,358
- HIV Prevalence – 2.1%
- PLHIV on ART – 21,067
- Number of ART Facilities – 237 facilities in 15 counties (Montserrado hosts >60% of treatment burden)
- Community Pharmacy/ CSO distribution Model began in 2021 with an intent of using private pharmacies and other non facility-based options as refill options for ART.
- Implemented in only one county – Montserrado at present
- Percentage on TLD = 94%

LIBERIA DDD OBJECTIVES

Assess	Assess feasibility of DDD models for ART (pharmacy & CSO outlets)
Support	Support decongestion of high-volume facilities through optimization of MMD and DDD approaches
Support	Support decentralization of ART to ensure patients on ART receive their refills conveniently and safely;
Document	Document the processes, outputs and efficiency of decentralized ART distribution for informing the national discourse for sustainable financing of the AIDS response



A rapid assessment had shown that PLHIV are interested in DDD

KEY CONSIDERATION

- Context of the environment (e.g., facilities with the highest number of patients on ART, densely populated urban areas with crowded clinics and limited human resources, etc.)
- Ability and willingness to pay
- An enabling environment,
  - including supportive policies and legal/regulatory requirement being in place,
  - stakeholder engagement,
  - good coordination between public and private sector providers, and
  - mechanisms for data management

Training providers

KEY STEPS - STAKEHOLDER ENGAGEMENT

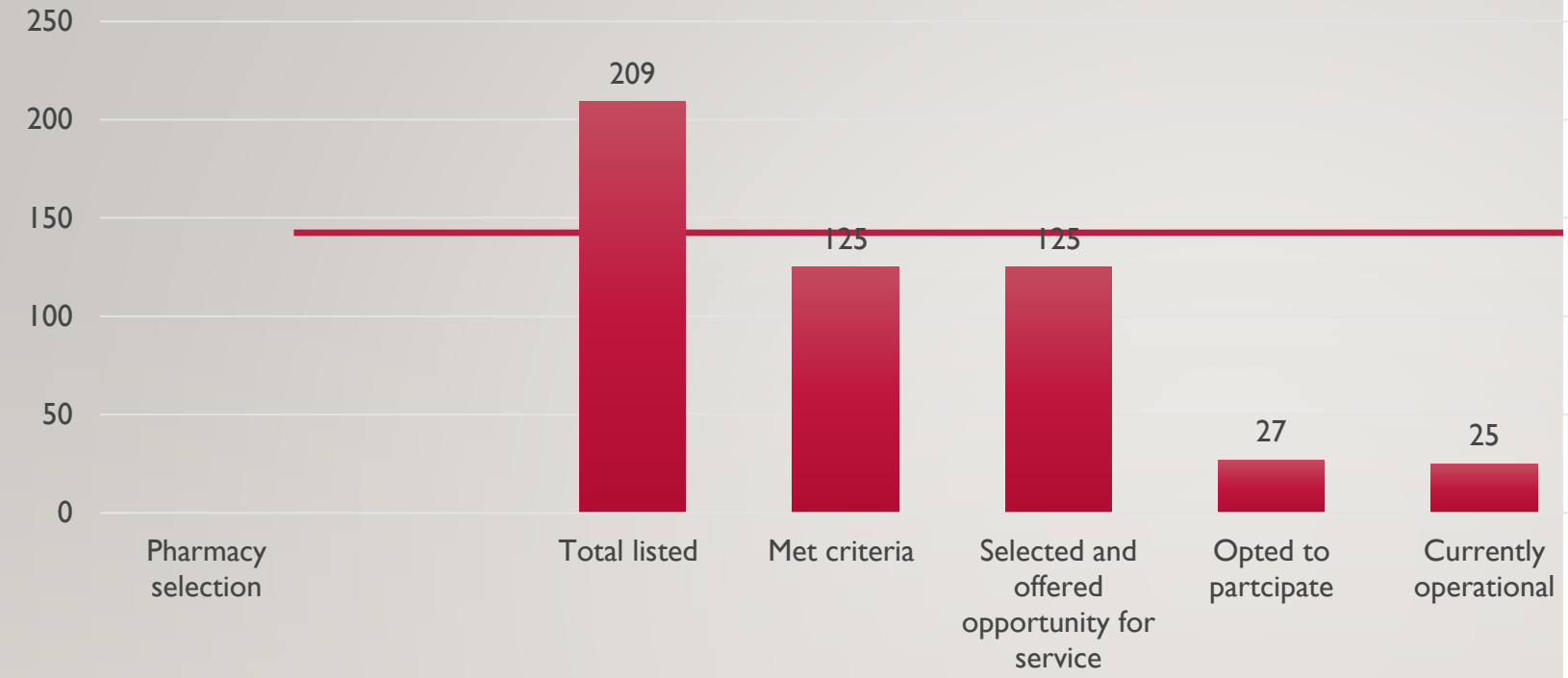
LIBNEP+	National Pharmacy Board	Health Facilities
• Assess need and demand for pharmacy services • Foster ownership and participation • Demand creation	• Facilitate access to private pharmacies • Ensure adherence to pharmaceutical regulation and monitoring	• Clinician buy in' • Access to Roc • Demand Creation • Support referral and linkage

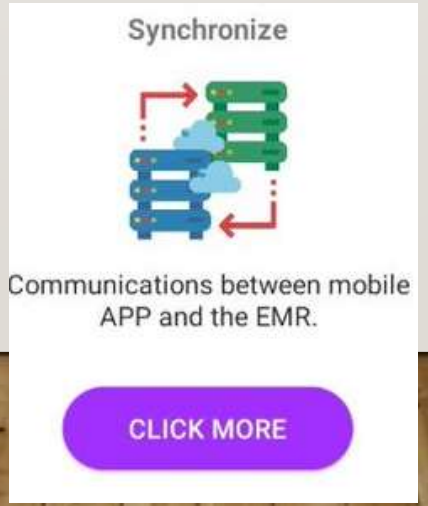
Joint Implementation of activities

- Set standards, criteria and tools for mapping and assessment
- Mapping and assessment of Community Pharmacies (CP)
- Conduct of clients' survey at health facility to assess interest
- Selection of CPs and getting approval of CPs owners
- Signing of MOU by stakeholders (CP, LPB, NACP, LibNeP+ and health facilities management)
- Training of facilities, CSO, & pharmacies on DDD & App

Stakeholder meeting

ENROLLMENT OF PHARMACIES





Process

Of 209 pharmacies that were mapped and assessed, 125 met jointly set criteria.

Key Criteria included:

- Pharmacy Infrastructure
- Availability of licensed Dispenser
- Storage and quality assurance

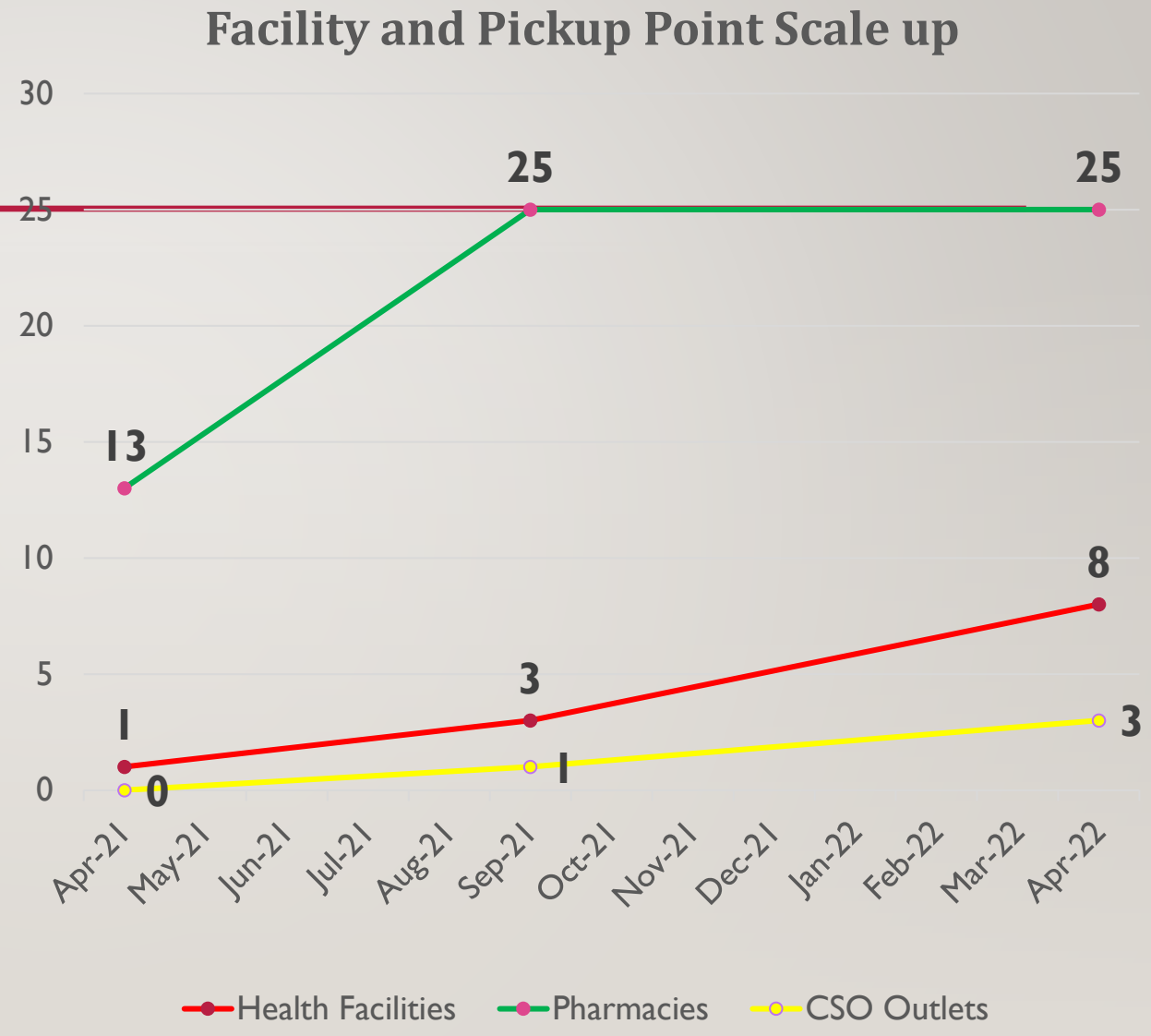
27 pharmacies opted to participate in the model with 25 showing up for training and currently operational.

Pharmacies were trained on both the concept of the program and the App functionality for documentation

Training topics included HIV overview, ART overview, client flow processed, positive communication, confidentiality, stigma, discrimination, and privacy which are vital for continuity

RESULTS – SERVICE SCALE UP

- Devolvement began in April of 2021 with 1 public facility and 13 private pharmacies
- September 2021 – 3 health facilities , 25 pharmacies & 1 CSO outlet
- April 2022 – 8 health facilities, 25 private pharmacies & 3 CSO outlets



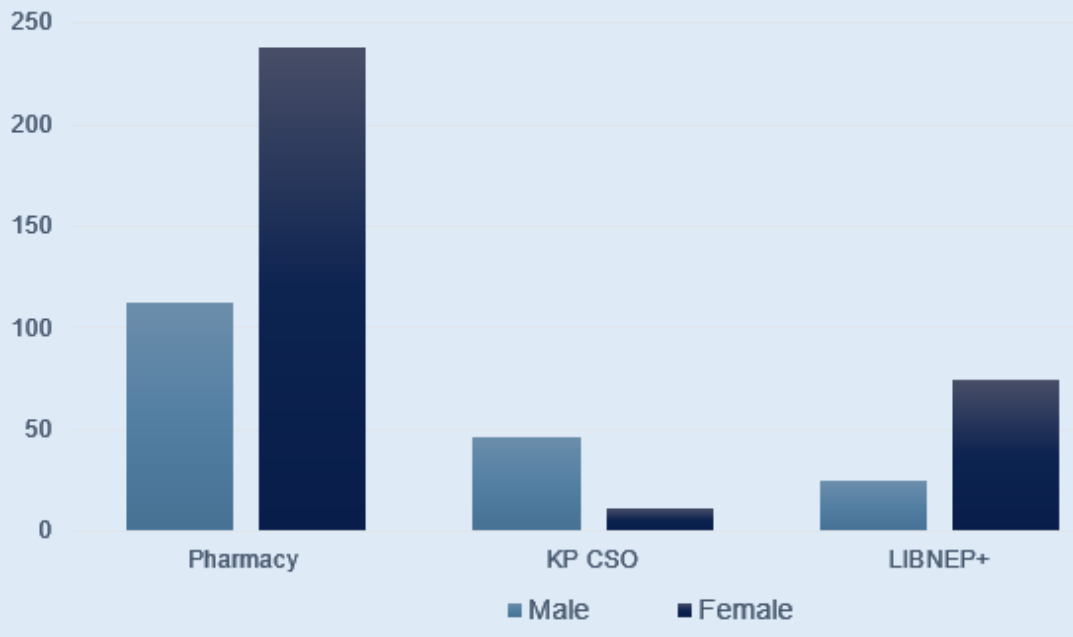
FEEDBACK FROM RECIPIENTS OF CARE ABOUT CPS

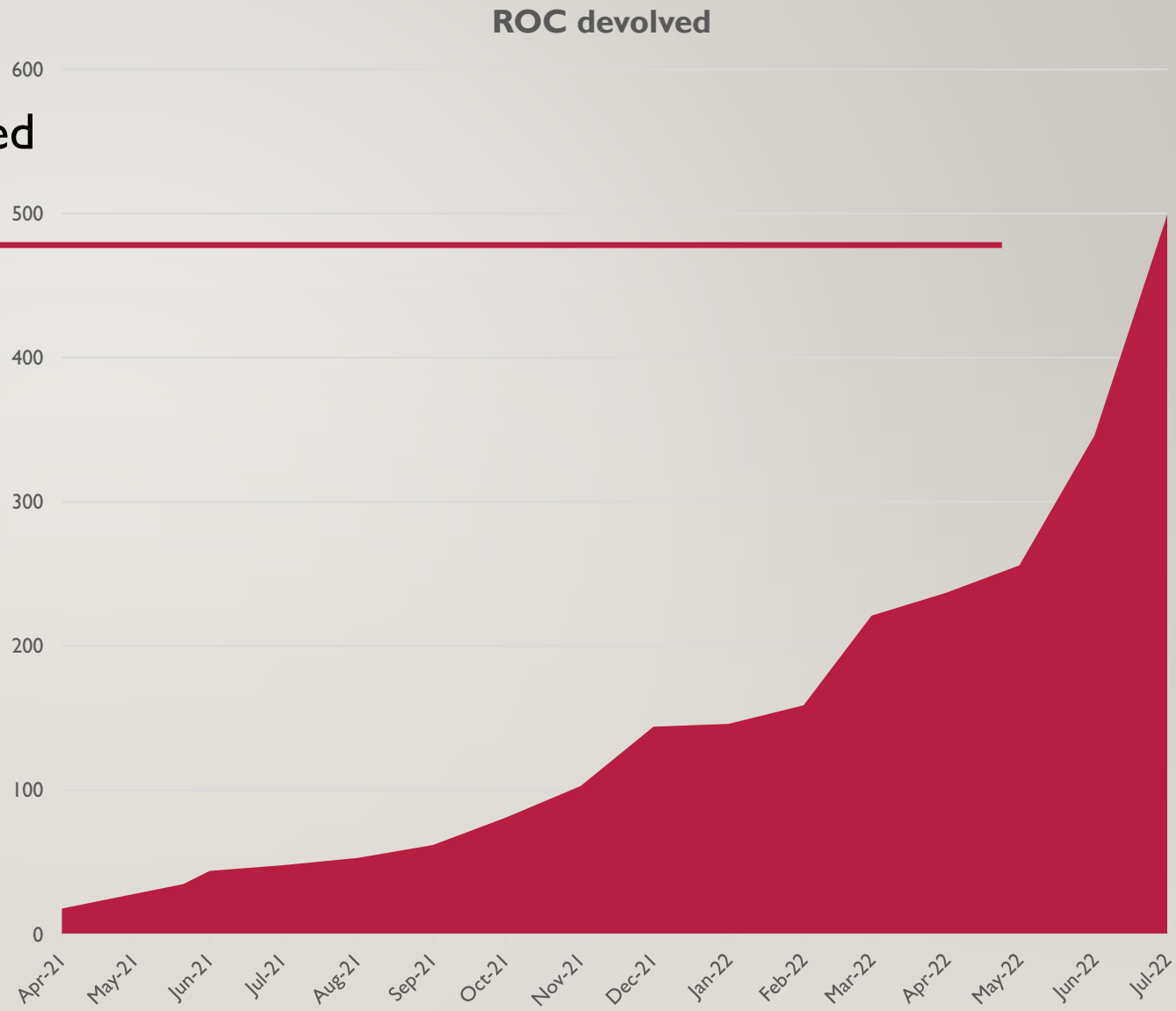
- They are given the right medication and doses
- The CPs have good communication skills
- Dispensers build a good rapport with ROC
- ROC appreciate reminder calls from CP
- Significantly reduced Turn around time for refills ROC spend limited time (<5 minutes)
- Thanks to the LPB for accepting to work with NACP
- Thanks to community pharmacies for accepting Roc

RESULTS

- As at July 2022 a total of 508 RoC are devolved to private pharmacies or CSO outlets.
  - Pharmacies – 351
  - KP outlets – 57
  - LIBNEP+ - 100

ROC devolved by PuP by sex





BEST PRACTICE

- National Program Leadership
- Strong stakeholder engagement
- Regular engagement and monitoring meeting with private pharmacies
- Roc feedback sessions to assess satisfaction and RoC perspective
- Use of RoC for demand creation and dispensing at CSO outlets
- No out of pocket payments for RoC
- Electronic record based system at private pharmacies

Challenges

- Slow enrollment
  - related to existing self-stigmatization and the perceived fear of possible confidentiality breaches.
  - The Possession of ROC by clinicians & other facility staff
- Poor documentation
- Issues with app update
- Supply of 6 MMD formulations to pharmacy and CSO outlets

SUCCESSES

- 100% Viral suppression amongst clients due for yearly in 2022
- Near 100% return for refill of all devolved clients
  - 7 of 169 failed to return for refill following a year of implementation
  - 3 Lost to follow up
  - 4 due to travel
- Successful utilization of 180 can formulation for pharmacy delivery

NEXT STEPS

Expand	Expand to other health facilities, pharmacies and interventions (PreP)
Continue	Continue engagements with key stakeholders.
Continue	Continue demand creation with facilities, PLHIV Peers, & CSO partners
Continue	Continue monitoring and supervision
Strengthen	Supply chain and logistics framework

ACKNOWLEDGEMENT

- Liberia Network of Persons Living with HIV (LIBNEP+)
- National Pharmacy Board
- FHI360 EPIC
- Stop AIDS In Liberia (SAIL)
- WHITE ROSE ALLIANCE

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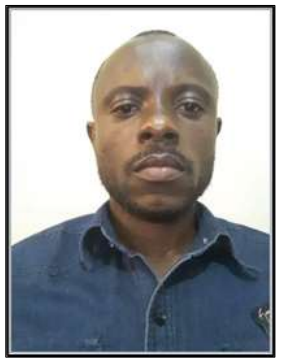

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Closing Remarks

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Slides from today's session will be accessible on the CQUIN website:

https://cquin.icap.columbia.edu/

Join us for our next CQUIN webinar September 6:
Monkeypox & HIV: Implications of the global epidemic for HIV service delivery in Africa

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The CQUIN Project for Differentiated Service Delivery