

Optimizing the Community Retail Pharmacy Drug Distribution Points (CrPDDP) to sustain treatment Continuity & viral suppression among stable clients

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BACKGROUND / INTRODUCTION

Kabale Regional Referral Hospital located in Kabale Municipality, Kabale district serving a population of 1,541,000 people in Kigezi sub region, south western Uganda; in February 2022 started implementing Community Retail Pharmacy Drug Distribution Point (CrPDDP) as an option approach of differentiated Services delivery for PLHIV clients dwelling /working within the Municipality. Other optional approaches available to 3,607 clients enrolled in Care and receiving ART from the hospital include; FBIM (Facility Based individual Management), FBG (Facility Based Groups), FTDR (Fast Track Drug Refills), and CCLAD (Community Client Led ART Delivery).

As a community-based drug distribution differentiated care and treatment approach that allows Recipients of Care (RoC)/clients to collect their medicines at a nearby selected local pharmacy in their community, the 2,435 stable clients on ART were required to meet the following criteria for enrollment; ART experienced at least 12 months, PLHIV 20+years, not pregnant or breast feeding and not on TB treatment. Relatedly, a Community Retail Pharmacy had to be identified as an alternative ARV pick-up point for maximum of 2000 selected recipients of care (RoC) and the hospital have a minimum of 1000 stable clients.

METHODS

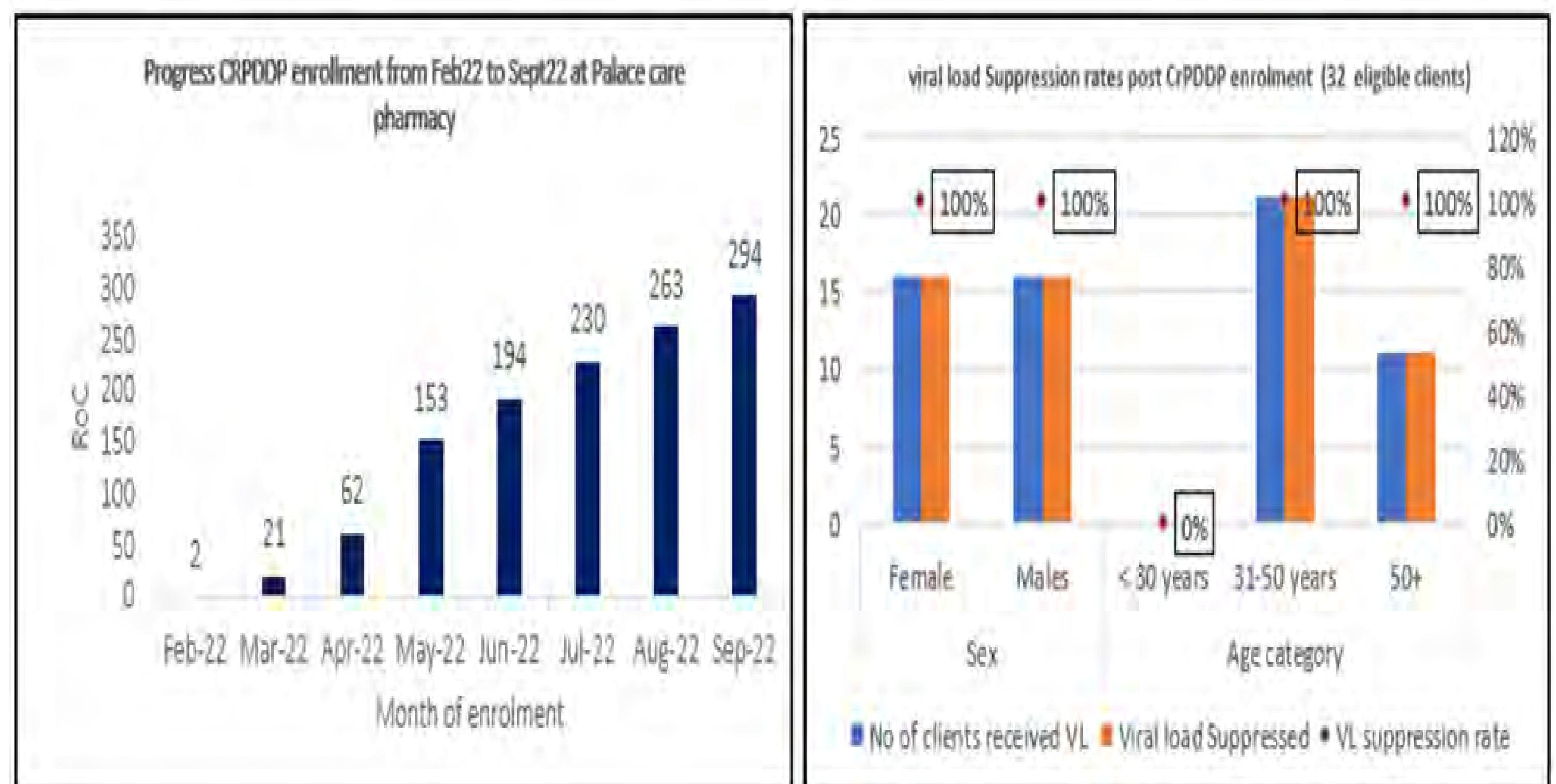
Geographic Information System analysis & mapping was used to identify 10 retail pharmacies within 1-2 kms from the hospital. Two of the three pharmacies that expressed interest were assessed with Palace Care Pharmacy, a single location retail pharmacy majorly serving averagely 360 walk-in clients monthly meeting the selection criteria and scoring over 75% on assessment.

Palace Care Pharmacy signed a service agreement with the Hospital to provide dispensing and basic patient monitoring services to PLHIV, received training on the CrPDDP approach & use of an online electronic system (ART Access) that is integrated with the hospital Uganda EMR system. ART Access-EMR integration and synchronization enabled provision of relevant patient information to support the provision of services to the RoC, ARVs requisition, processing and documentation of prescriptions made for enrolled clients on their respective clinical appointments and quarterly reporting in the National DHIS2 system.

Enrolment of RoC was done at the facility using a triplicate CrPDDP enrolment form guided by the eligibility criteria, a copy of which is provided to the pharmacy. Experiences of satisfied clients were shared through daily health worker led health education sessions to interest stable RoC to enroll in the approach, Physical escorting to the pharmacy for clients on their first encounter to foster linkages, six months ARV refills provided to clients and pharmacy supported with airtime & data to make pre-appointment reminders & updates services provided in the ART Access system. A dispensing fee of \$0.55 (UGX 2,000) per scheduled RoC visit to the pharmacy paid by the USAID LPHS Kigezi as reimbursement to the pharmacy when clients honored their scheduled pharmacy visit & had ARVs dispensed. Joint support supervisions of the retail pharmacy and Hospital by health facility staff, USAID LPHS Kigezi team, and Ministry of Health officials were conducted to review acceptability and adoption of the approach by clients, pharmacy and the Hospital.

RESULTS

By the end of September 294 active clients were enrolled and had received six (6) months of their ARV refills. All 294 clients were on a DTG based regimen. Of these, 32 (16 females, 16 males) clients due for a viral load removal post CrPDDP enrolment had received it.



- On age disaggregation: Zero enrollments aged < 15years, two (2) 16- 19 years, 21 (20- 30 years), 183 (31-49 years) and five (50 + years)
- On sex disaggregation: 170 (57.8%) females, 124 (42.2%) are males, median age of clients was 44 years.
- Duration on ART: 134 (45.6%) clients had spent 10+yrs on ART, 124 (42.2%) 5-9years and only 36 (12.2%) had spent <5years while on ART and were viral suppressed.

DISCUSSION

Despite the fact that only 294 (12%) of all 2,435 stable clients) on ART at Kabale Regional Referral Hospital were enrolled on CrPDDP approach by end of September 2022, there has been an incremental trend in numbers enrolled on the approach since its roll out in March 2022. This may be attributed to the slow acceptance by health workers of the approach and limitations in the eligibility criteria and demand creation strategy that excludes category of clients who could benefit from this approach.

Summarily, achievement of 100% suppression rates is indicative of enhanced treatment continuity and viral suppression for clients when enrolled on CrPDDP approach.



Joint support supervision at the retail community pharmacy



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