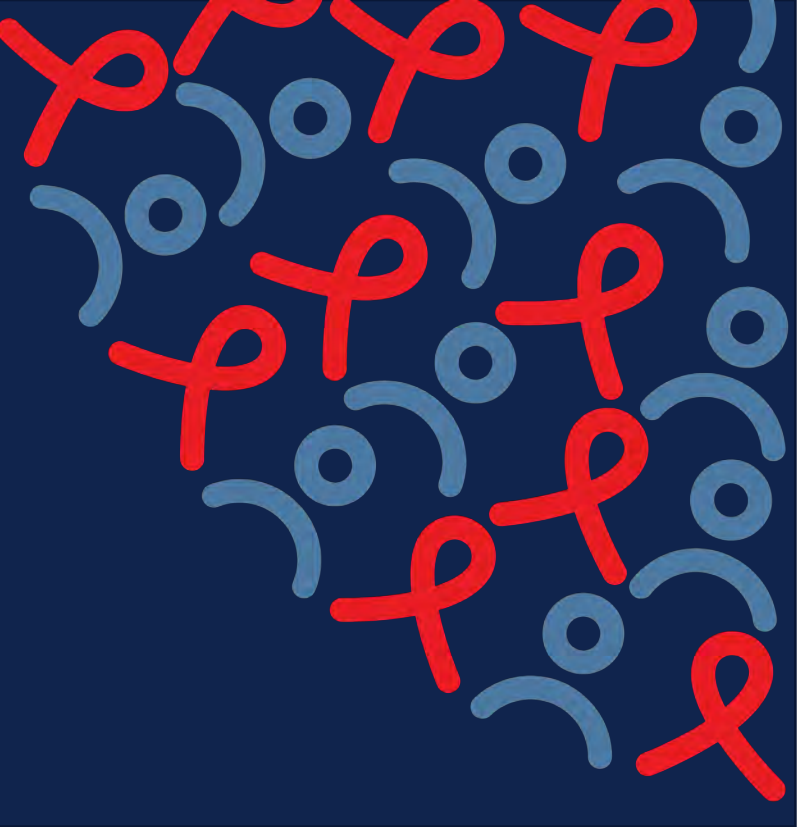


Decentralized drug distribution: The Liberia experience of a differentiated service model

Mercy Mambu,¹ Gift Kamanga,¹ Lirica Nishimoto,² Moses Jackson,⁴ Jonathan Flomo,⁴ Michael Odo,⁴ Oyibo Igagwu Idris,³ Mary Kariuki,² Nana Fosua Clement,¹ Chris Akolo²



BACKGROUND

As the number of people living with HIV (PLHIV) on lifesaving antiretroviral treatment increases, more convenient and decentralized service delivery models are needed for recipients of care and service providers. The USAID/PEPFAR-funded and FHI 360-led Meeting Targets and Maintaining Epidemic Control (EpiC) project in Monrovia, Liberia, adapted

decentralized drug distribution (DDD) models through community pharmacies and civil society organization (CSO) outlets. The National AIDS and STI Control Program (NACP), Liberia Pharmacy Board, health facility leadership, community pharmacy networks, and PLHIV networks were engaged to design the DDD models and select the community pharmacies

and CSO outlets with which to pilot the program. A critical component of DDD is an effective and streamlined data management system. EpiC Liberia reports lessons learned from the successful implementation of the two DDD models and efforts to improve and harmonize data reporting using the DDD App.

DDD APP AND INDICATORS

The DDD App was developed by FHI 360 and adapted in Liberia to facilitate real-time data exchange between health facilities and decentralized pickup point providers. A profile is created in the App for all enrolled clients that includes name, unique identification code, devolving health facility name, prescription, next refill date, and next viral load test date. The profile is then linked to the client-selected pickup point in the DDD App allowing pickup point providers to view the profile from their

interface. Once a client accesses their refill at the pickup point, the pickup point provider records the dispensation and reminds the client of their next viral load test appointment at the health facility.

To avoid data lapses in monitoring DDD services, the App is backed up by a dedicated paper-based register. Indicators including number of clients offered enrollment (measuring demand creation), number of clients who

accepted to enroll (measuring uptake), number of clients who received refills at pickup points (measuring use), and viral load test uptake (measuring continuity in comprehensive care) are routinely tracked. While the App can connect to a health facility electronic medical record (EMR) system, Liberia does not have a national EMR system, therefore, the App is used like an EMR for DDD at the health facility and DDD pickup points with data stored on a local server.

LESSONS LEARNED

DDD services in Liberia through community pharmacies and CSO outlets were initiated in April 2021, but initial client uptake was low. Although high-level stakeholders were well engaged from the planning stages leading to the approval of the DDD models, robust sensitization with the health facility providers was needed to address their concerns about confidentiality and fear of losing recipients of care with whom they had built trust and rapport. Gaining provider confidence and buy-in for the model was needed to boost demand creation and encourage uptake among clients.

Additionally, the DDD App initially faced operational challenges, including internet connectivity problems. Staff at the first health facility and pickup points were trained on the DDD App in June 2021, and the final set of trainings were conducted in March 2022. Providers received continuous and frequent support to help familiarize them with the App functions while overcoming the limitations of

virtual technical assistance in the height of the COVID-19 pandemic, which delayed trouble shooting.

Health facility staff reluctance was also alleviated by continuous engagement through face-to-face meetings to emphasize the advantages of DDD for recipients of care, and through quarterly performance review meetings with community pharmacists, CSO outreach workers, and health care workers. Improving service data visibility for health facilities and allowing timely data exchange reassured service quality which was critical for gaining health facility provider buy-in and successful implementation of DDD.

From April 2021 to March 2022, during the period when the DDD App was being rolled out and providers were trained, 226 clients enrolled. During the period after the App was made available to all service delivery points—April to October 2022—661 new clients enrolled for a total of 887.



Recipient of care accessing treatment at community pharmacy

PHOTO CREDIT: FHI 360

CONCLUSION

Influencing change in public health programs requires careful attention to high-level leadership and the involvement of implementers on the ground. The DDD App is critical for tracking and management of client data among multiple service delivery points for treatment

decentralization. Linking the App to a web-based dashboard, such as DHIS2 or PowerBI, should be considered for program implementers to facilitate quick visualization of data with disaggregation to allow for easier identification of areas in need of intervention.

AUTHOR AFFILIATIONS

- ¹ FHI 360, Liberia
- ² FHI 360, Durham, NC, United States
- ³ FHI 360, Nigeria
- ⁴ National AIDS and STI Control Program, Liberia

CONTACT INFORMATION FOR LEAD AUTHOR

Mercy Mambu, Technical Officer-Decentralized Drugs Delivery HIVEP - Liberia EpiC Technical Support, MMambu@fhi360.org.