

# MULTI-MONTH ANTIRETROVIRAL THERAPY DISPENSING IN ESWATINI: UPTAKE, CHALLENGES & THE FUTURE



Normusa Musarapasi<sup>1</sup>, Clara Nyapokoto<sup>2</sup>, Victor Williams<sup>1</sup>, Thokozani Maseko<sup>1</sup>, Fezokuhle Khumalo<sup>1</sup>, Jilly Motsa-Dlamini<sup>1</sup>, Setsabile Gulwako<sup>2</sup>, Lindiwe Simelane<sup>2</sup>, Rhino Chekenyere<sup>1</sup>, Arnold Mafukidze<sup>1</sup>, Pido Bongomin<sup>1</sup>, Sylvia Ojoo<sup>3</sup>, Sindy Matse<sup>2</sup>, Samson Haumba<sup>1,3</sup>

1. Center for Global Health Practice and Impact, Georgetown University, Mbabane Eswatini  
2. Eswatini National AIDS Programme, Ministry of Health, Eswatini  
3. Center for Global Health Practice and Impact, Georgetown University Medical Center, Washington DC, USA



## INTRODUCTION

- Eswatini adopted the six months multi-month drug dispensing (6MMD) approach to be responsive to client needs at the peak of COVID-19 pandemic in 2020
- Post COVID-19 pandemic, Eswatini aimed to scale up 6MMD
- The approach is expected to reduce client visits to health facilities saving them time and transport fare.
- The reduced number of visits to the health facility by clients also reduces institutional congestion and workload for the health care workers.
- Hence, more time will be available for more ill clients.
- We share the progress of implementing MMD over the past 24 months, challenges implementing MMD, and recommendations for future implementation of MMD.



## METHODOLOGY/PROCESS FOR 6MMD INTRO

- Stakeholder meetings and engagement to develop criteria for 6MMD eligibility and drug quantity forecasting
- Criteria developed for facility and community settings and different ART care models
- Introduction of the 90 pill Tenofovir-lamivudine-dolutegravir (TLD) bottle for three months ART supply
- Health facilities training and orientation on MMD:
  - client eligibility criteria,
  - drug ordering from the central medical stores
  - tracking client enrolment on 6MMD
- Client information and education to increase uptake of MMD
- Logistical support for monitoring and supervision
- Regular data analysis and review on progress of MMD implementation

## RESULTS

- Out of 391,093 medication pick ups, 179,089 were for April 2021 – March 2022, while 212004 were for April 2022 – March 2023.
- 96% of pickups from April 2021 – March 2022 were 6MMD vs 37% from April 2022 – March 2023
- 65% (n=254,650) were pick up by females and most clients (n=262,493; 67%) were aged 25 – 49.
- 85% 6MMD had undetectable viral load; vs 87% 3-5MMD & 79% <3Mths

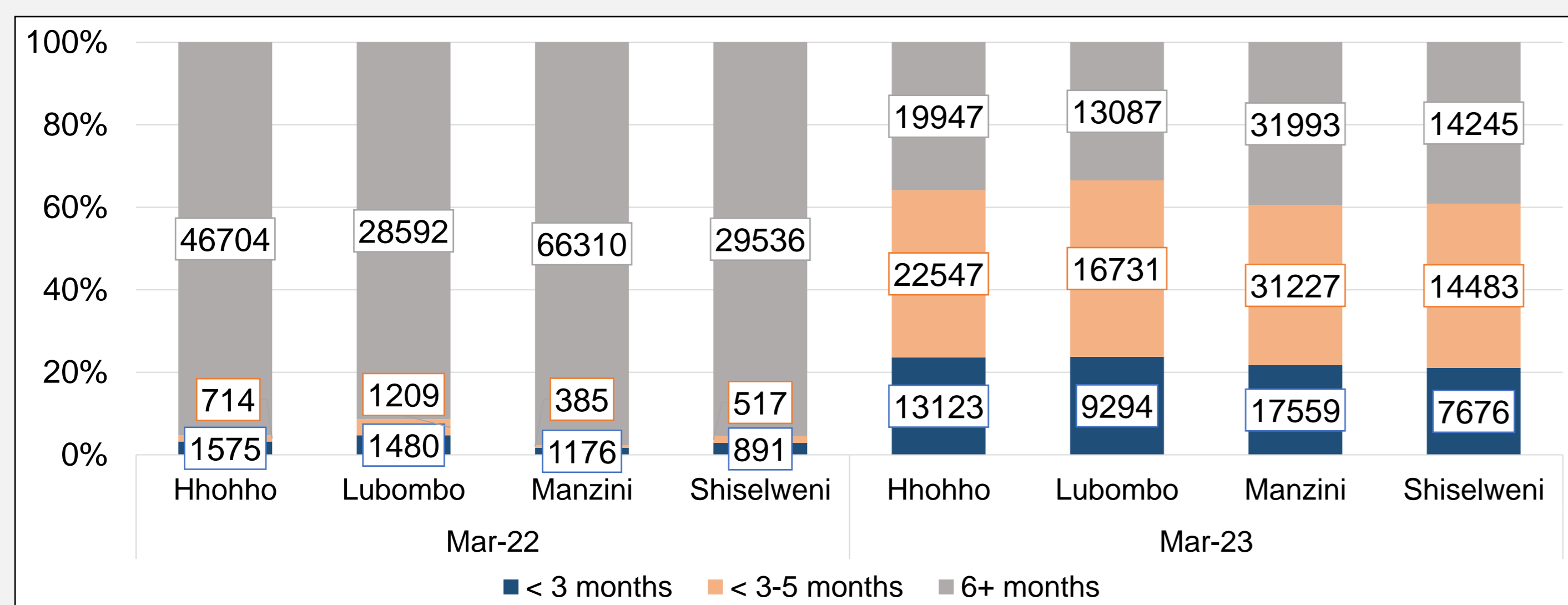


Figure 1: 6MMD by region over time April 2021-March 2022 and April 2022-March 2023

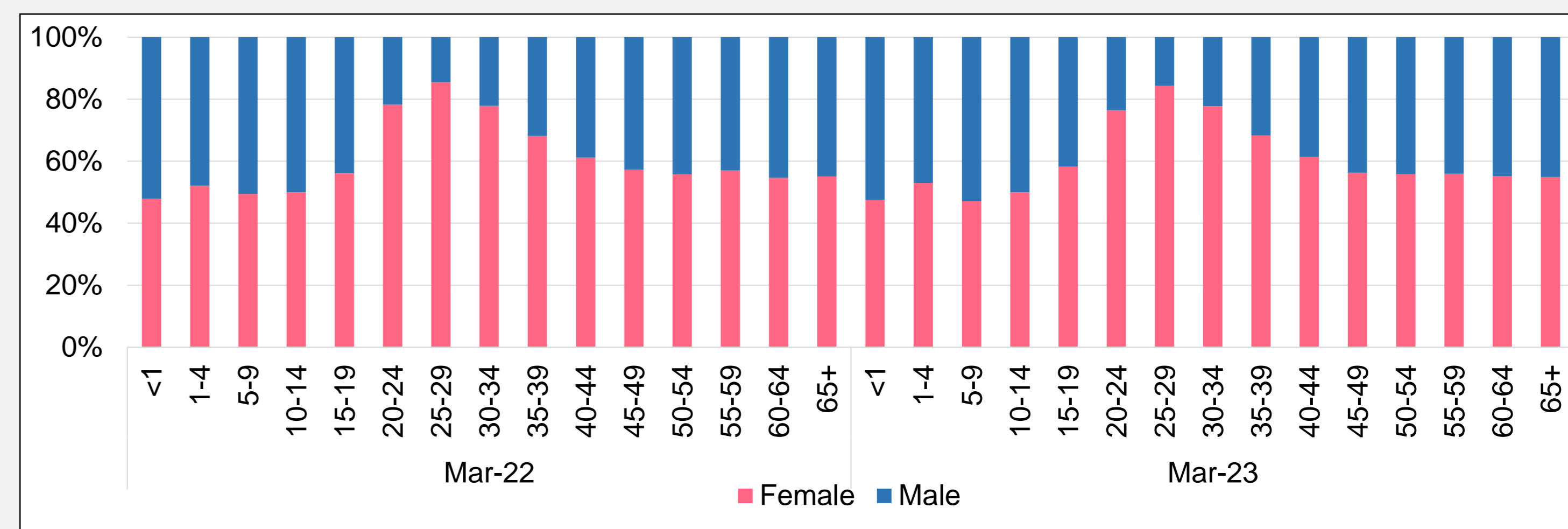


Figure 3: MMD by age and sex.

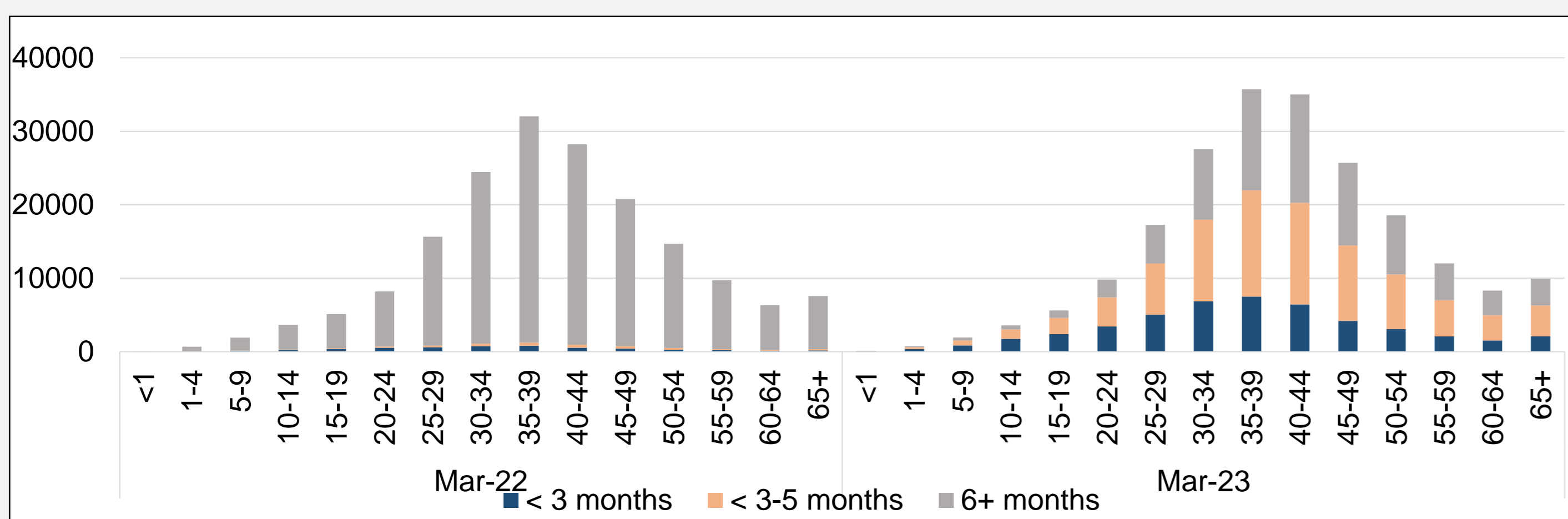


Figure 2: MMD by year and age group.

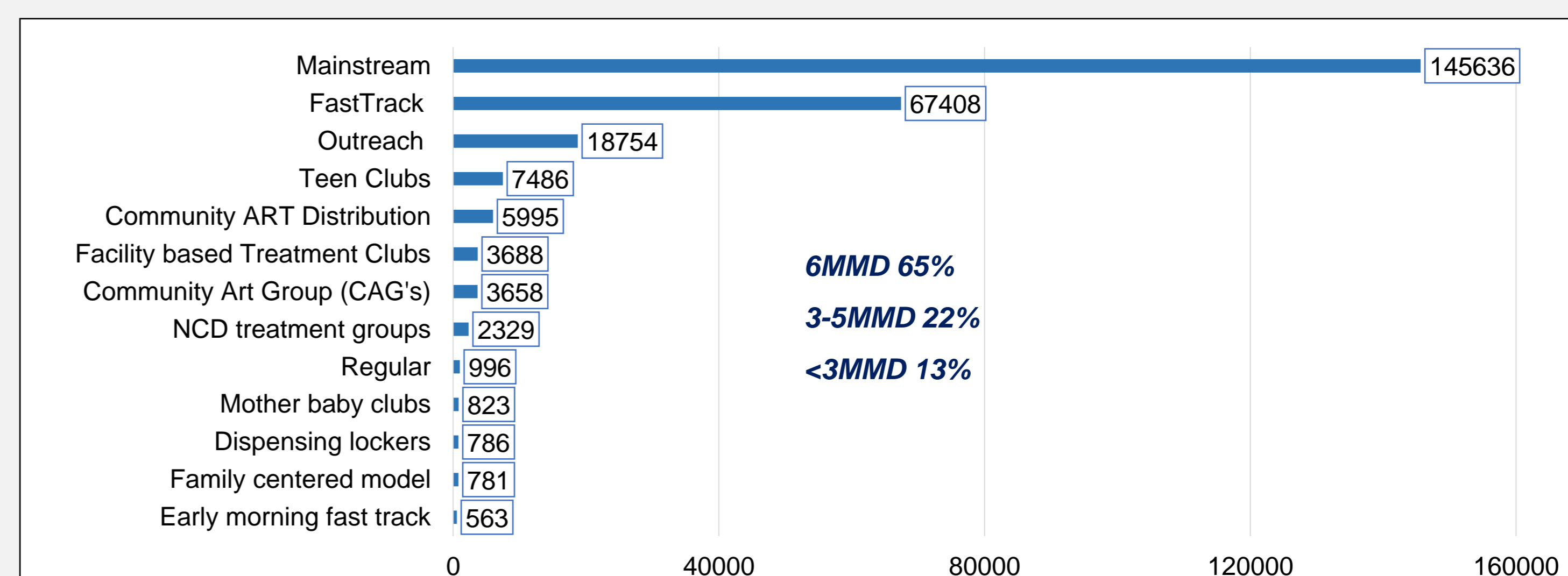


Figure 4: Most common ART Care model preferred by clients.

## CHALLENGES

- Disruption in the supply chain of essential commodities resulting in stockouts
- Mis-aligned clinical and laboratory visits result in multiple clinic visits for clients.
- Misclassification of 6MMD as a differentiated service delivery model.
- Sub-optimal data capturing at health facilities impacts the quantification of drugs and other essential commodities.
- The implementing partners drive community MMD, which is not sustainable.
- Changing client needs results in alternating between MMD types.

References  
Government of the Kingdom of Eswatini. Eswatini Population-Based HIV Impact Assessment 3 (SHIMS 3) 2021: Summary Sheet [Internet]. Mbabane, Eswatini; 2022 Dec. Available from: <https://phia.icap.columbia.edu/eswatini-summary-sheet-2021/>

## CONCLUSIONS/RECOMMENDATIONS

- MMD is evolving and available data indicates client's preference for MMD
- Addressing health system challenges and client-related factors can ensure optimal MMD implementations.
- Collaboration with other program areas can help align follow up visits.
- Streamlining available DSD models and resensitizing healthcare workers on eligibility criteria and the dynamic nature of DSD.
- Continuous supportive supervision and mentorship for healthcare workers will improve the implementation of MMD.

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For further information please contact: Dr Normusa Musarapasi, Email: [nmm43@georgetown.edu](mailto:nmm43@georgetown.edu)