CQUIN Integration Meeting
April 15-18, 2024
Nairobi, Kenya

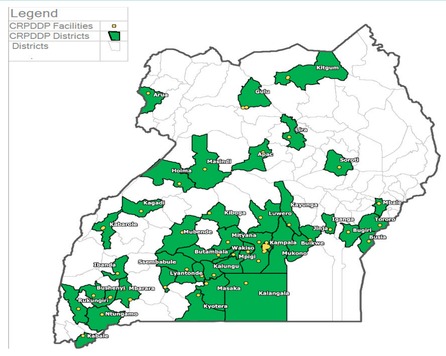
Community Retail Pharmacy Drug Distribution: Improving access to ARVs, PrEP, FP and NCDs

Africa Resource Centre (ARC) Contact Dr Bonface Fundafunda bonnie@africaresourcecentre.org

Geography served: Uganda, Kenya

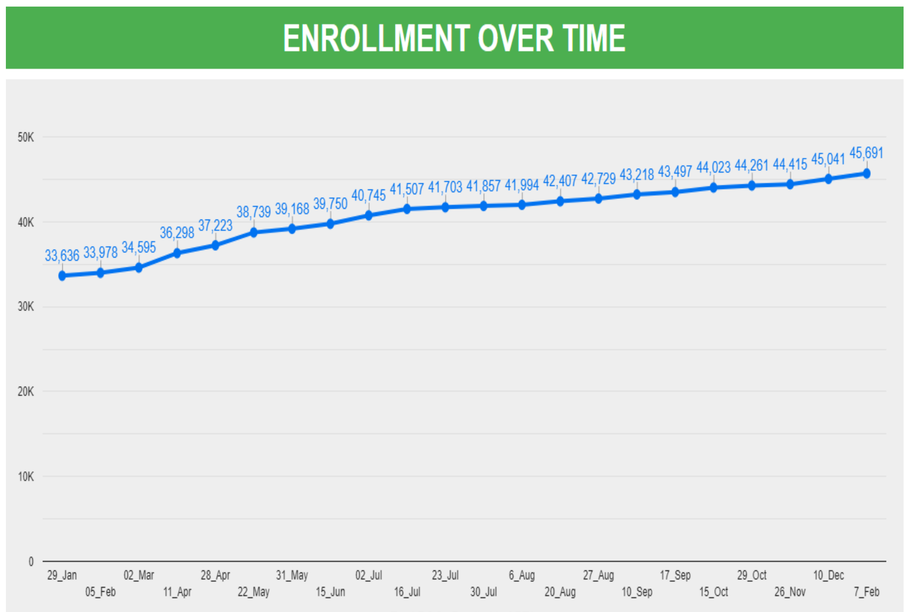
Background and Objectives

1. Deliver improved Recipient of Care (ROC) quality of care and ease of access to antiretroviral therapy (ART) and other chronic medicines including for pre-exposure prophylaxis (PrEP), family planning (FP) and non-communicable disease (NCD) management (hypertension and diabetes mellitus).
2. Improve ROC experience, congestion levels at facilities, retention rates and adherence to treatment
3. Scale up other Differentiated Service Delivery (DSD) models, Community Led Drug Distribution Points (CLDDP), Community Retail Pharmacy Drug Distribution Points (CRPDDP) and other group-specific models as required.
4. These objectives also apply to the ARC supported Kenya DSD programme being developed by NASCOP



Methods

- **DISCOVERY**: ARC started with engagement with MOH and identification of gaps in DSD. They advocated for **geo-mapping all health facilities and pharmacies** in the country. Partners **identified the pharmacy pickup pilot** of Infection Diseases Institute (IDI) as a promising model to be expanded.
- **DESIGN**: MOH with ARC assistance developed policy and implementation guidelines for the pharmacy model. MOH departments, funding agencies, implementing partners (IPs), and networks of people living with HIV were represented. Key features:
  - **Pharmacies act as dispensing arms** of health facilities. ROCs continue to belong to facilities.
  - **Clinicians enroll interested ROCs** into the model based on agreed eligibility .
  - **Digital platform used for enrollment monitoring, upcoming appointments, stock movement, and dispensing**.
  - Pharmacy staff ask triage questions and dispense 3- or-6-month ARV packs. **Pharmacies receive fee for each dispensing**, either donor or ROC paid.
- **PILOT**: (Uganda) ARC and MOH supported the PEPFAR IPs to train and rollout the model in over 60 health facilities and 90 private pharmacies. Activities were monitored through an implementation tracker, online meetings, and supportive supervision.
- Uganda in the process of rolling-out a pilot for integration of PrEP, FP and NCD medicines
- **SCALE-UP**: (Uganda) CRPDDP was **incorporated into national HIV guidelines and ARV model rolled out nationally**
- Kenya has completed its Discovery and Design phase and is gearing up for pilot phase, will use hub and spoke model as in Uganda, localized for the Kenyan context



Context

- **In Uganda and Kenya, HIV/TB clients wait for hours to access medicine.** Median waiting time for accessing HIV/TB services was almost three hours (170 minutes), and surveyed clients gave low scores for efficiency.
- **DSD and public-private partnerships have the potential to improve client experience and health system efficiency.** AIDS Control Program (ACP) set a target that 80% of ART clients should be enrolled in less intensive models (LIMs) of DSD.
- **ARC, ACP and NASCOP began a partnership to improve DSD outcomes.** ARC (an above-site technical assistance implementing partner) and other partners charted a course to improve DSD enrollment outcomes to improve convenience to clients and reduce congestion in health facilities.
- **ARC's technical assistance process used a systems-thinking approach to find opportunities to improve client services.** ARC began with a Discovery process that included: a) geomapping of all health facilities and pharmacies in Uganda and b) stakeholder engagement with relevant MOH departments, service providers, and clients. ARC collaborated with MOH to use the data and findings to design and implement a nationwide extended pilot based on a small pharmacy pick-up pilot that ran in 4 health facilities.
- **The Kenya context is not far removed from that of Uganda** and hence the value of cross-learning between the two countries and Discovery and Design completed providing technical assistance to NASCOP

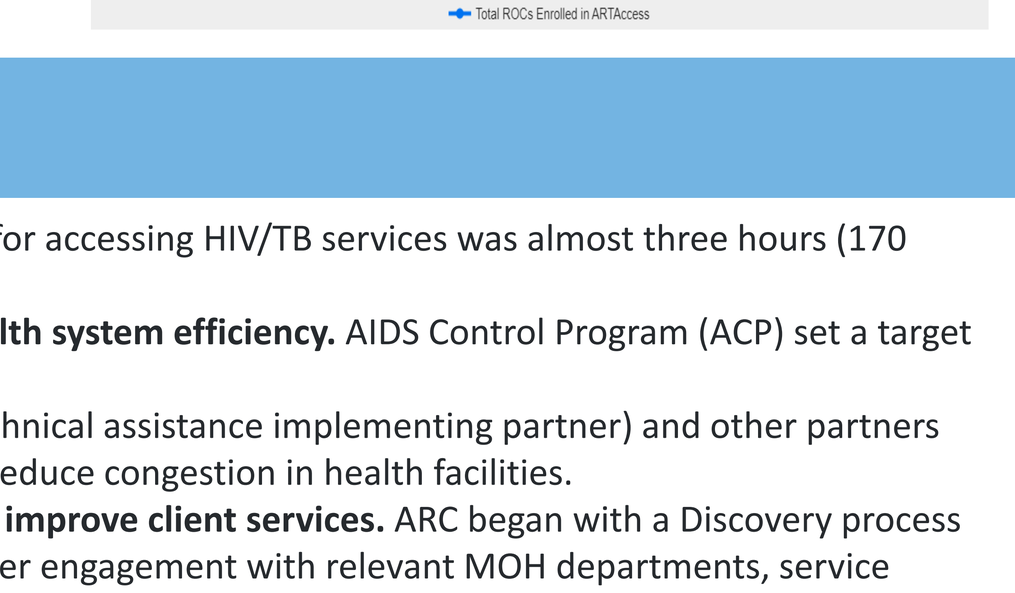
Lessons Learned

KEY ACHIEVEMENTS

✓ Over **46,000 ROCs** are enrolled at **80 health facilities** and **120 private pharmacies**.
✓ **98.7% of respondents** report **wait times of less than 20 minutes** at pharmacy
✓ **98.4% of respondents would recommend the CRPDDP model** to friends and colleagues.

OTHER LESSONS

✓ Key stakeholders at MOH and donors need to be incorporated into the discovery, design, and implementation. MOH needs to own the process.
✓ An integrated web based electronic system to manage dispensing and inventory, preferably an existing in-country system
✓ The lessons learned in Uganda to serve as a cross-learning and knowledge exchange



Next Steps

- **Uganda: Pilot to incorporate other commodities underway and will run till end of 2024, with PrEP, FP and NCD medication included**
- **Kenya pilot to commence soon with ART and thereafter integrate other FP and NCD medicines**