

# Progress made but still a lot more to do-- understanding the nuances and final hurdles of Decentralized Drug Distribution (DDD)

Decentralized Drug Distribution (DDD) Learning  
Collaborative

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July 15, 2021



# Welcome!

- The increasing number of PLHIV established on ART, weak health systems, HRH challenges and worsening COVID-19 pandemic call for innovative DSD models
  - Out of facility, private sector, virtual support

## DDD Scope of Work



**Sep 2019**

Conduct a desk review of private-sector DDD models



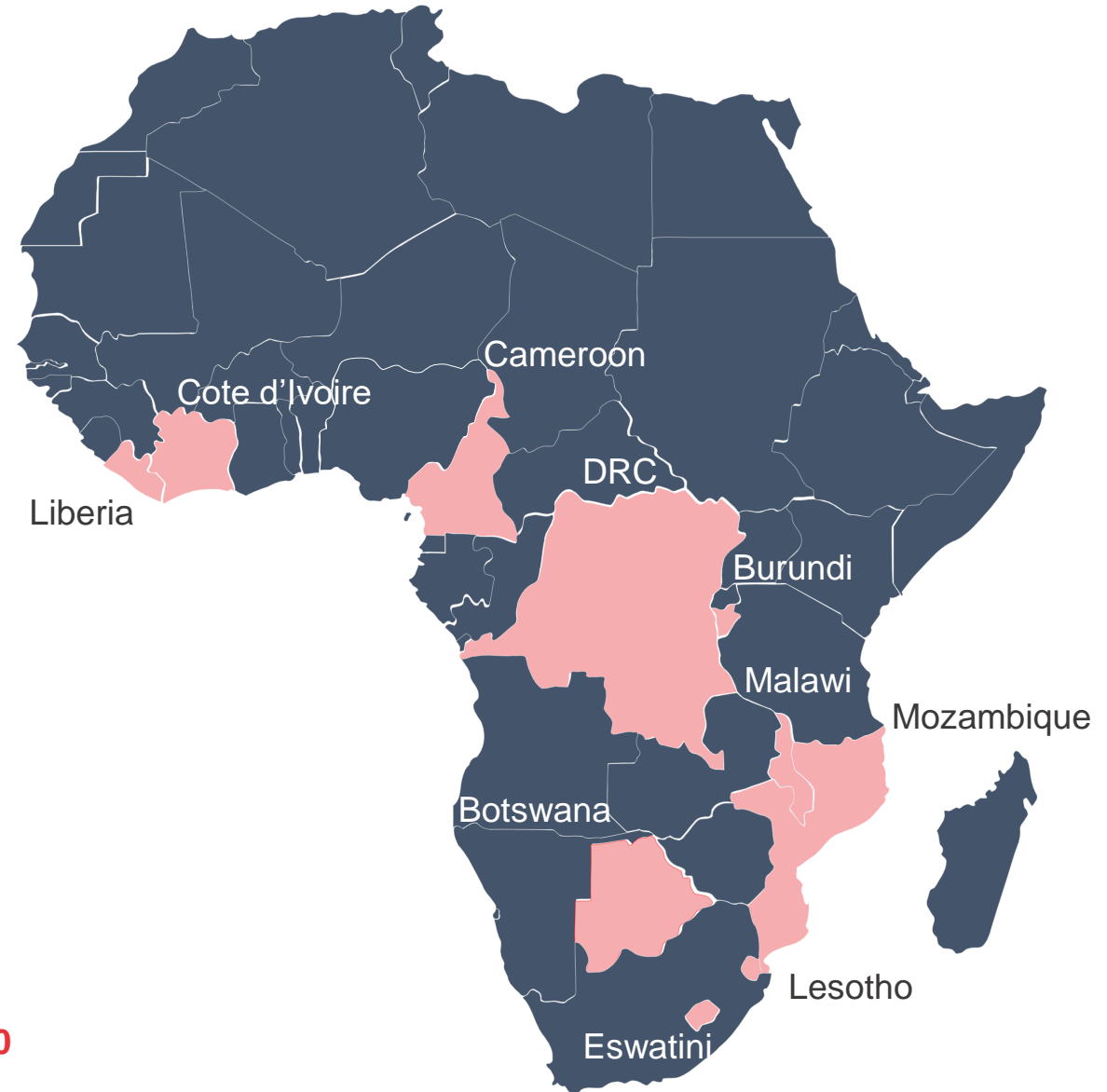
**Dec 2019**

Develop a strategic guide to scaling up DDD



**Apr 2020  
to date**

Support for implementation across 10 countries



Countries implementing different DDD models with EpiC support

# Session 15: Learning Collaborative Agenda



**Tom Minior**

Adult Clinical Branch  
Chief, USAID



**Facilitator**



**Nicholas  
Kisyeri**

DSD Advisor  
Eswatini National AIDS  
Program, MOH



**Eswatini  
DDD**



**Lauren  
Weir**

US Director  
Right to Care  
EpiC



**Lesotho Journey  
2020 to 2021 &  
Looking Forward**



**Samretta  
Caldwell**

Deputy Program Manager  
Liberia (NACP) & DSD  
focal person



**DDD  
Liberia**



## **Dercio Filimão**

Senior HIV/AIDS  
Treatment Advisor  
USAID



**Mozambique  
Decentralized Drug  
Distribution in  
Private Pharmacies**



## **Khan Kankomba**

Consultant  
FHI 360  
DRC, EpiC



**DDD in  
Democratic  
Republic of  
Congo: Private  
pharmacy model**



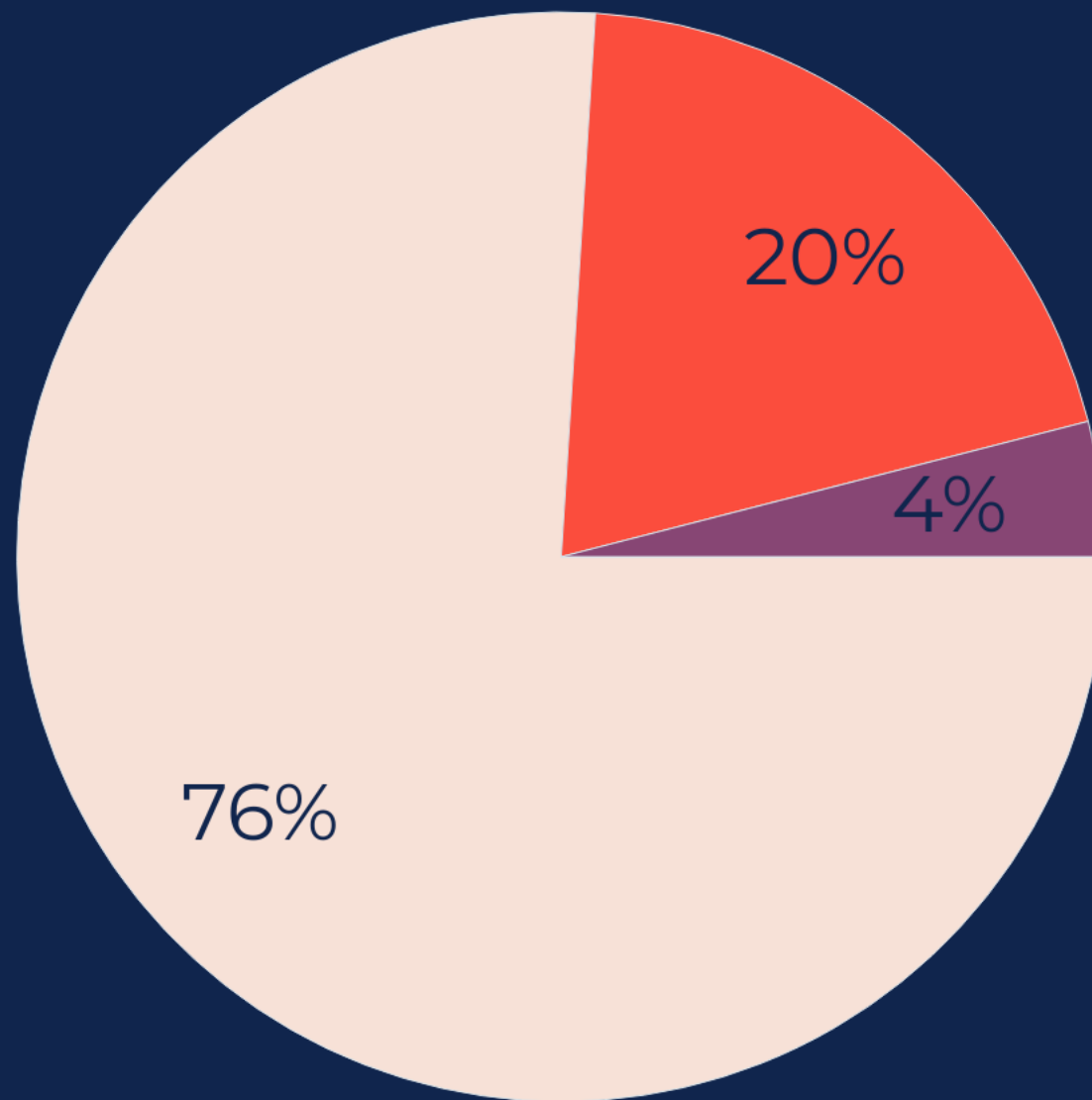
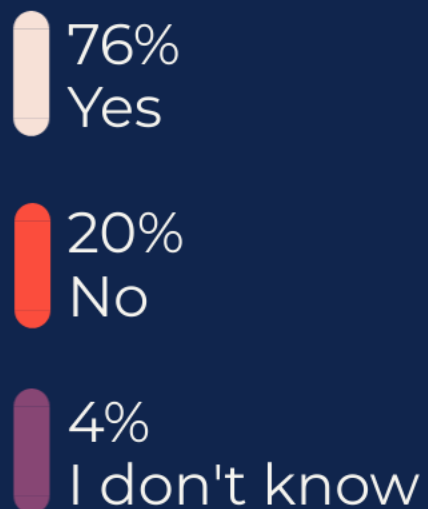
## **Philip Mkandawire**

Head of Market Development  
PSI Malawi  
EpiC



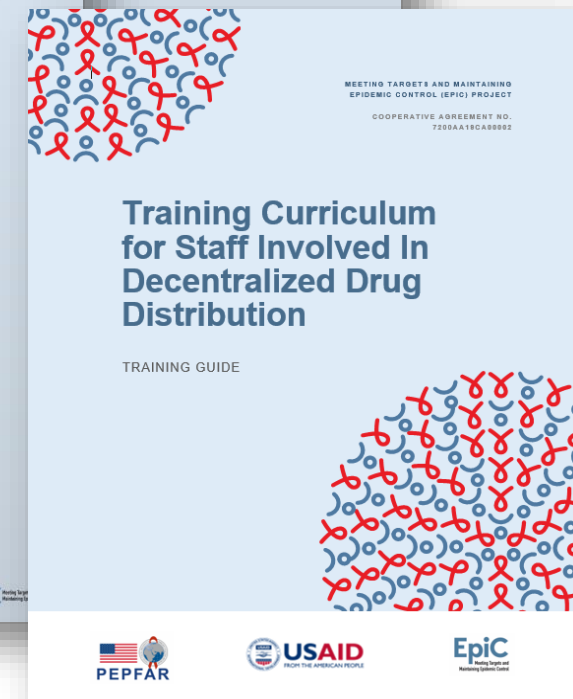
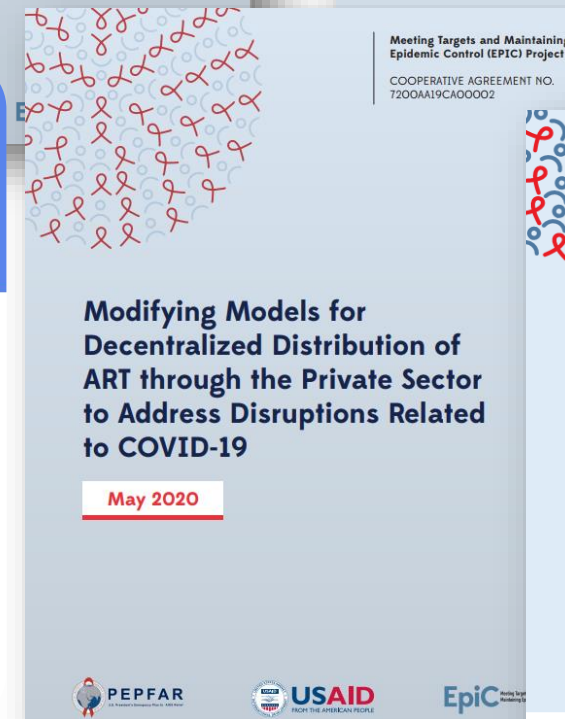
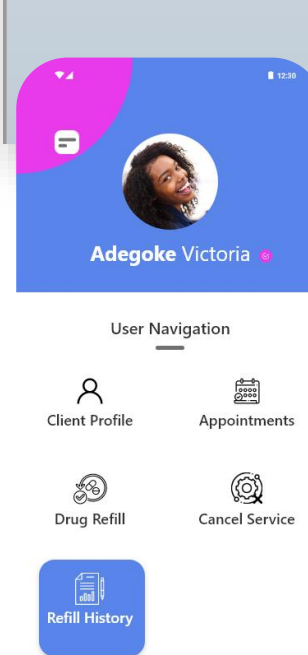
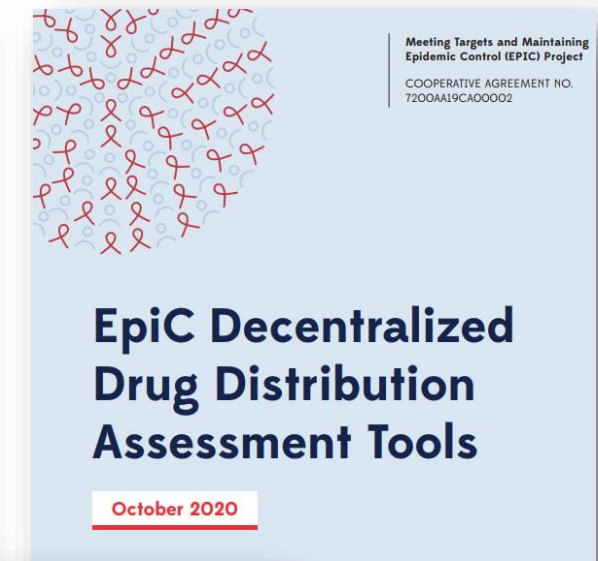
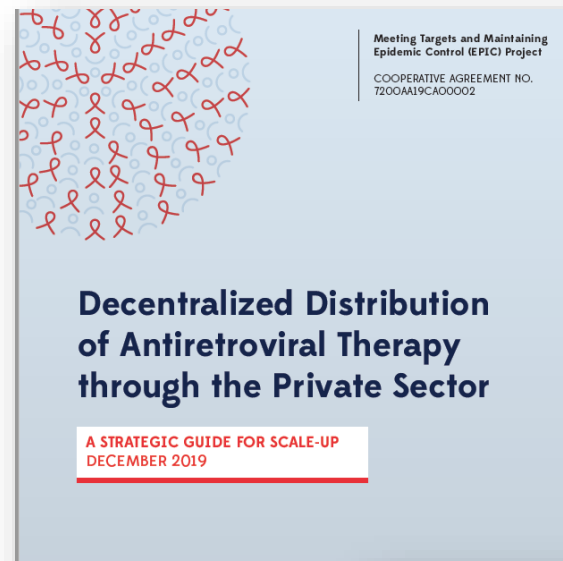
**Private Sector  
Decentralised Drug  
Distribution model –  
Malawi**

DO YOU THINK A  
DECENTRALIZED ART  
DISTRIBUTION MODEL  
THROUGH THE PRIVATE SECTOR  
WILL MEET THE NEEDS OF ART  
CLIENTS IN YOUR COUNTRY, OR  
IN A COUNTRY YOU SUPPORT?



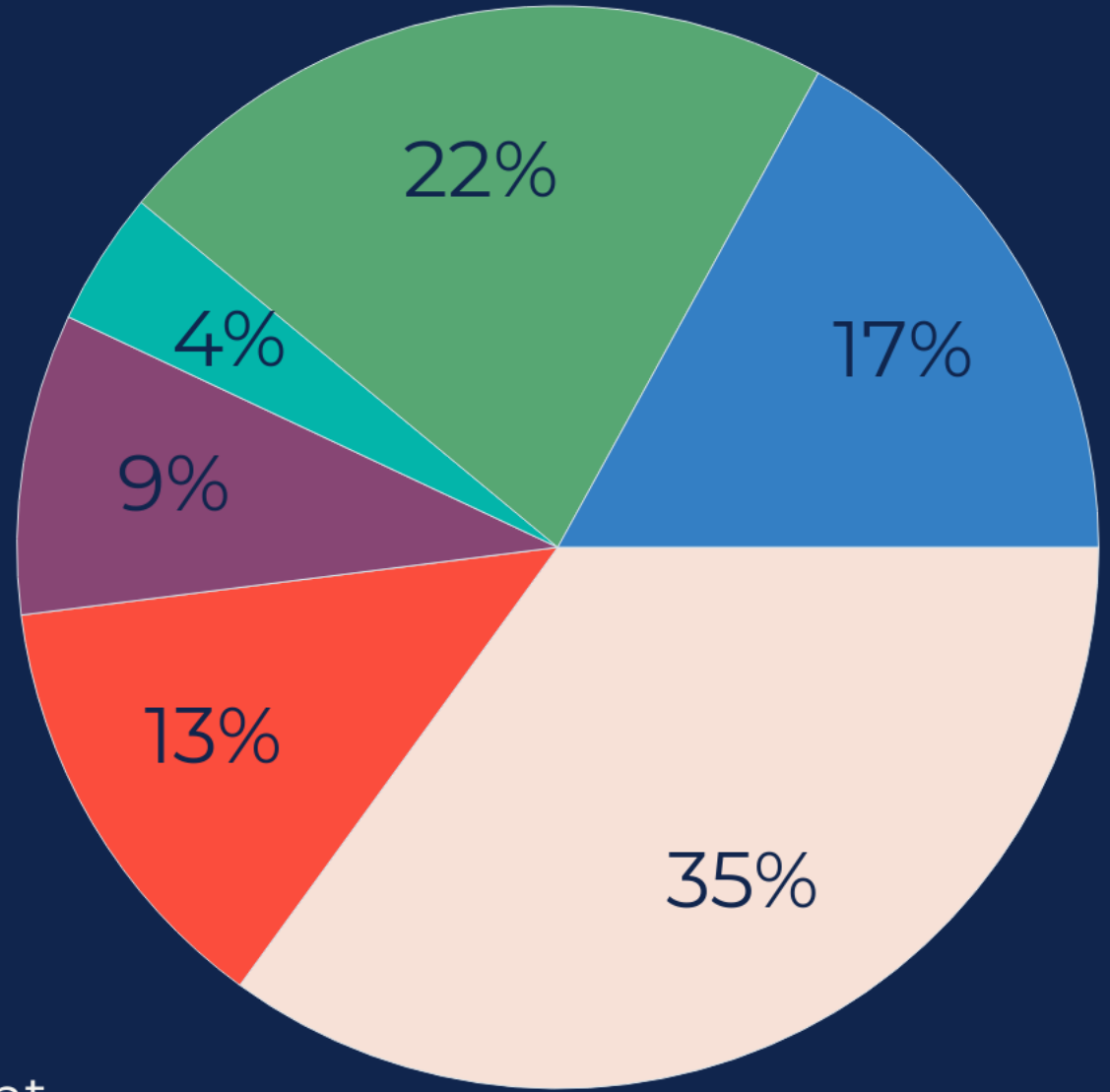
# DDD Resources

- **DDD strategic guide for scale-up** developed based on desk review of existing DDD models and opportunities
- **Guidance for modifying DDD models to address service disruptions from COVID-19**
- **DDD assessment tools** to identify appropriate models and needed support with clients, providers, and health facilities
- **DDD training materials** for providers involved in DDD
- **DDD App tool** for communication between health facilities and DDD pick-up points
- **Resources from cross learning** through monthly DDD learning collaborative sessions



WHAT DO YOU THINK IS, OR HAS BEEN, THE GREATEST CHALLENGE FOR IMPLEMENTING A DECENTRALIZED ART DISTRIBUTION MODEL?

- 35% MOH buy-in
- 17% Supply chain
- 13% Private sector/MOH collaboration
- 4% ART client demand
- 9% Negotiations of service fees
- 22% Data reporting and management





# Eswatini DDD

Dr Nicholas Kisyeri

DSD Advisor at Eswatini National AIDS Program - MOH





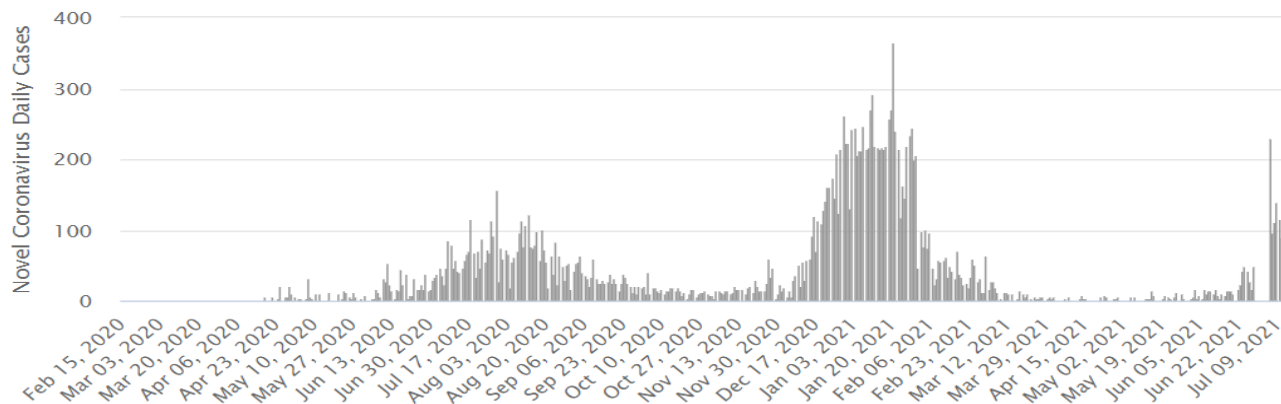
# Relevant COVID 19 Information



Total Population: 1,093,238 (Eswatini Census Report 2017)  
HIV Prevalence 15 – 49 years of age is 27% (UNAIDS 2020)  
Total PLHIV 208,848, On ART 191,782 (MOH, 2019)  
90 90 90 Country Score Card: 98 98 97 (UNAIDS 2020)  
The aggregate density of doctors, nurses, and midwives stands at 1.64 per 1,000 of population (WHO, 2018)

Daily New Cases

Cases per Day  
Data as of 0:00 GMT+0



**Updated: July 13, 2021**

Coronavirus Cases:

20,080

Deaths:

695

Recovered:

18,495

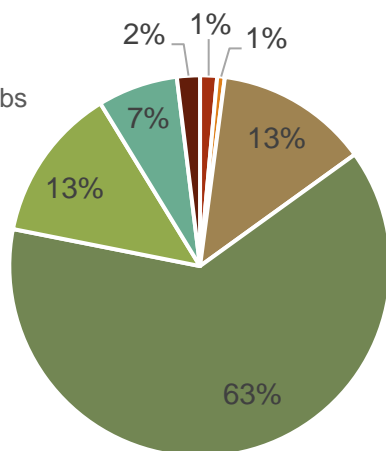


# DDD Models Implemented

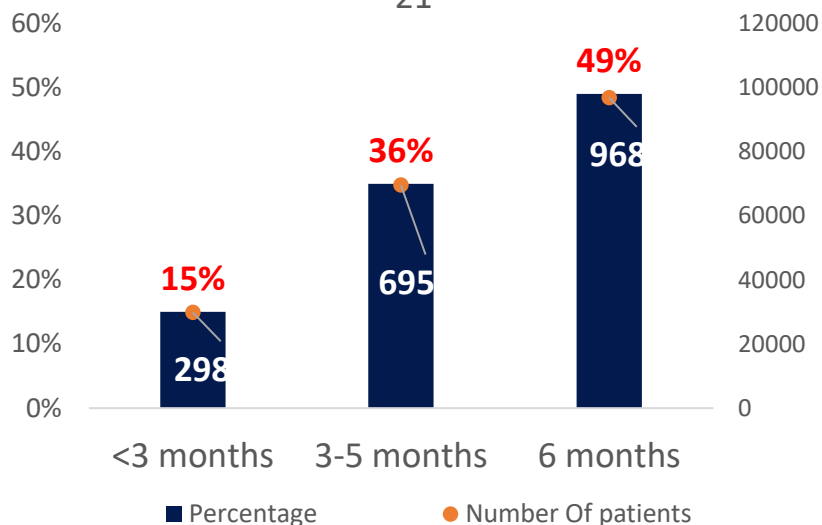


Proportion of Clients seen Jan – Mar 21

- Community ART Group
- Facility Based Treatment Clubs
- Fast Track
- Main stream
- No model documented
- Outreach
- Teen Clubs



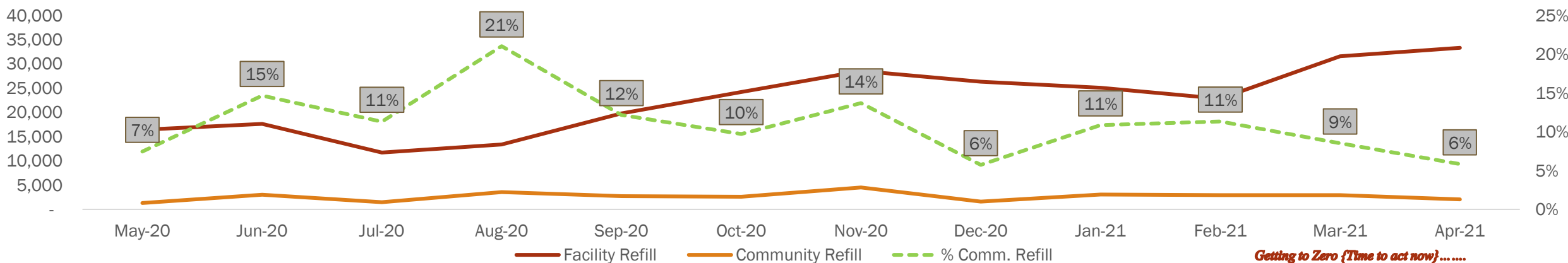
Multi-Months Drug Dispensing Jan – Mar 21



## Key findings from costing analysis of CDPs:

- Financial costs mostly incurred by donor-funded IPs.
- During start-up, about 25% of the opportunity costs were incurred by MOH, and for service provision, 45% by MOH and 55% by donor-funded IPs .
- For clients, there is a financial cost savings of ~US\$0.25 per refill and substantial opportunity cost savings of ~US\$4.90 per refill when accessing services through CDPs compared to going to existing health facilities

Two regions - Monthly Trend Facility and Community ART Refills (May 2020 – Apr 2021)



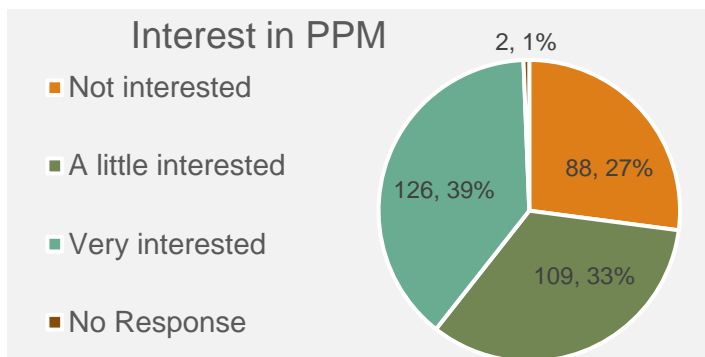
Getting to Zero {Time to act now}.....



# PPM surveys results



## Clients Perspectives (325 clients on ART)

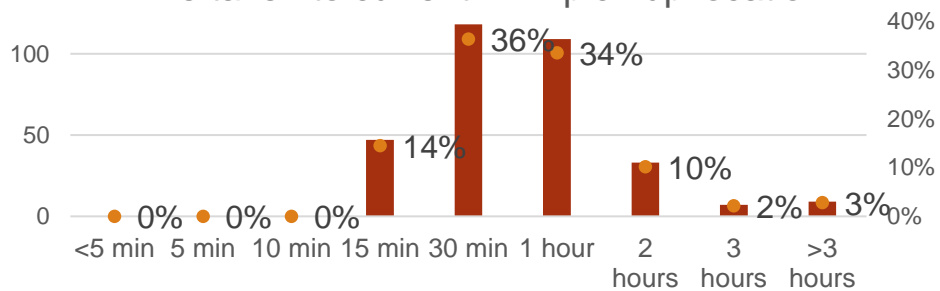


- >60% of clients are willing to pay a refill fee, among whom an average of E16.5 was considered acceptable
- 33% of pharmacies would charge a refill fee, among whom an average of E15.23 was the expected fee

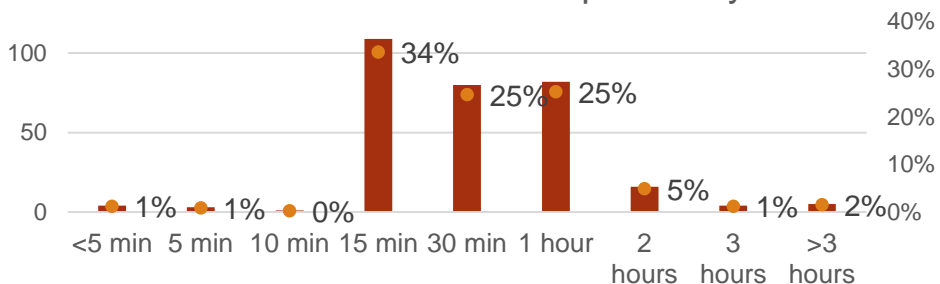
## Private Pharmacies perspectives (24 Pharmacies)

Opening hours	Count	% (n=15)
% of facilities open before 8:00 weekdays	4	27%
% of facilities open after 17:00 weekdays	10	67%
% of facilities open on Saturday	12	80%
% of facilities open on Sunday	9	60%

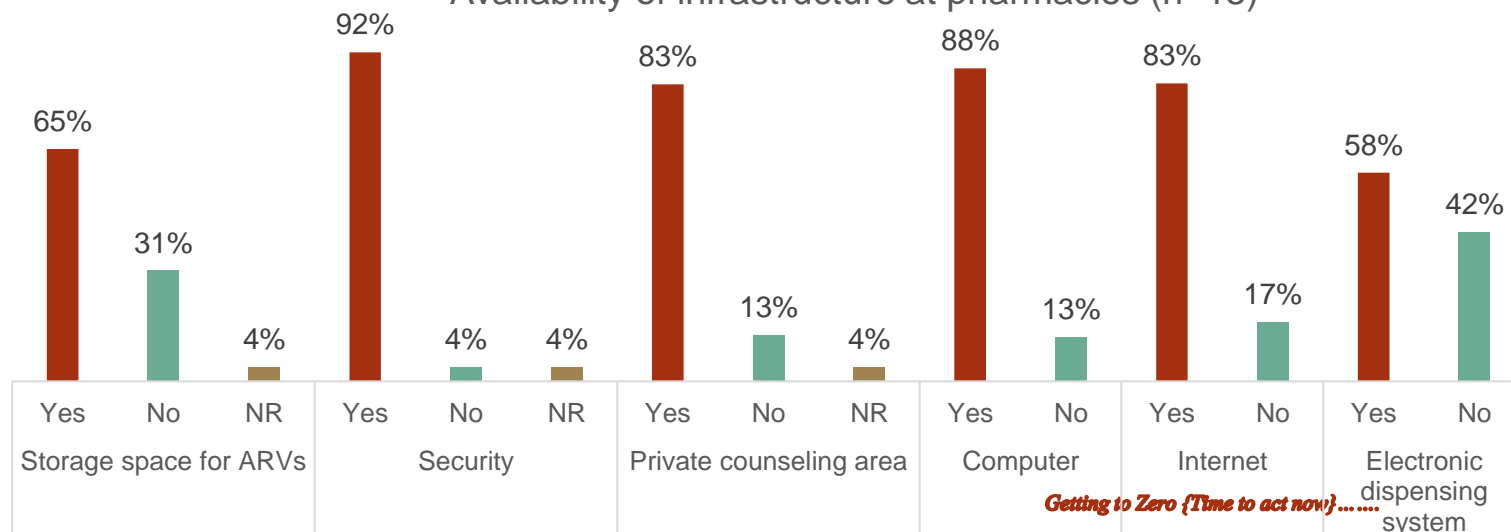
Time taken to current ARV pick-up location



Time taken to closest pharmacy

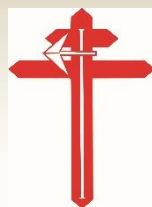
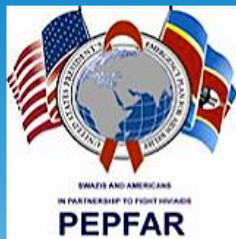


Availability of infrastructure at pharmacies (n=15)



Getting to Zero (Time to act now).....

# Partners / Stakeholders





# Lessons, Challenges and recommendations



## Lessons

- ❑ Clients still prefer facility-based refills
- ❑ 6MMD refills at CCD help decongest the facility
- ❑ VL monitoring and coverage can be sustained with the scale up of 6MMD
- ❑ Increased CCD acceptance with integration of services

## Challenges

1. Reduced contact time for clients in 6MMD=reduced TB screening
2. VL Result Return rate is low
3. Poor uptake of other services in CCD e.g. TB services
4. Dwindling resources with tighter and stretched budgets to fully cover transport and additional staffing
5. NCD drugs/ART drugs MMD mismatch due to shortages of the former
6. Shortage of some key ART medicines

## Recommendations

1. Virtual TB Screening and Implement virtual TB screening for clients in 6MMD
2. Work with the national lab system to improve timely return of VL results
3. Integration of services such as VL, TPT initiation and refills, FP commodities etc.
4. Explore on the PPM
5. Intensify HIV integration with other services
6. Work with the CMS on quantification.



**Bonolo**  
**meds**

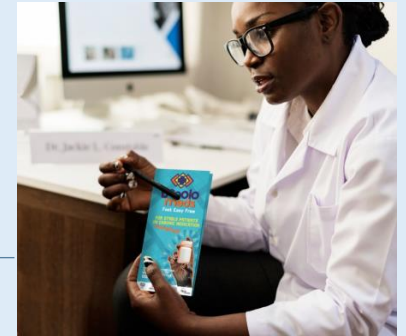
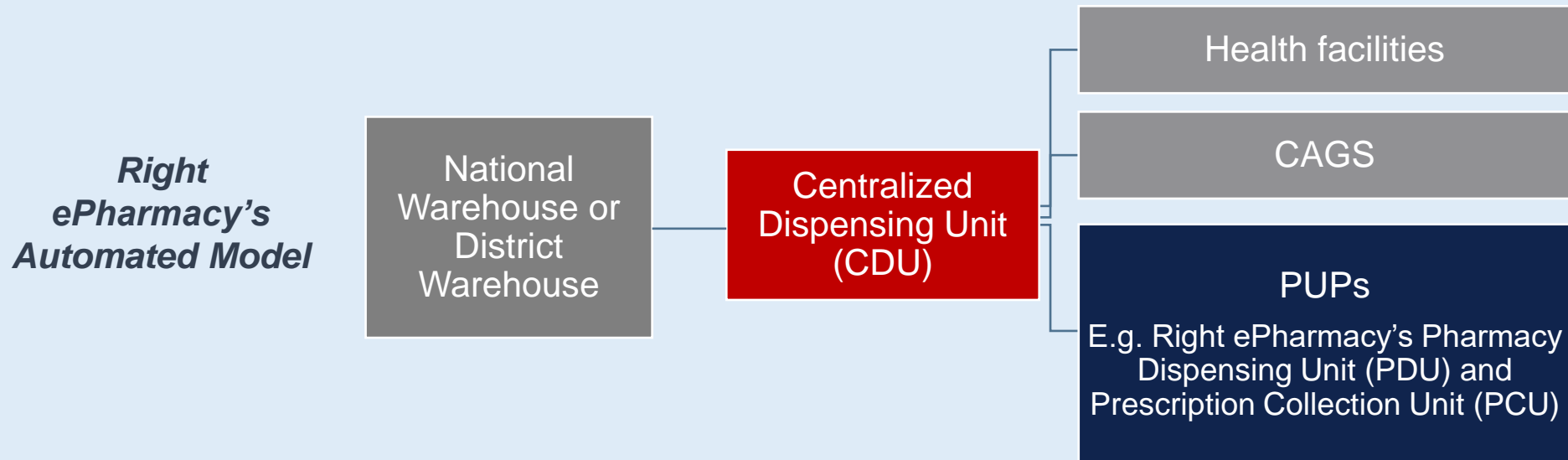
Fast. Easy. Free

**Lesotho Journey 2020 to  
2021 & Looking Forward**

# EpiC in Lesotho – The Task!

**Objective:** The EpiC project with our partners Right to Care (RTC) and Right ePharmacy will improve Lesotho's ART retention and respond to the new challenges of COVID-19 by increasing access to quality, client-centered ART services through automated DDD

1. Technical assistance to the Ministry of Health (MOH) and PEPFAR implementing partners (IPs) on the provision of alternative decentralized drug distribution (DDD)
2. Establishment of DDD for eligible PLHIV



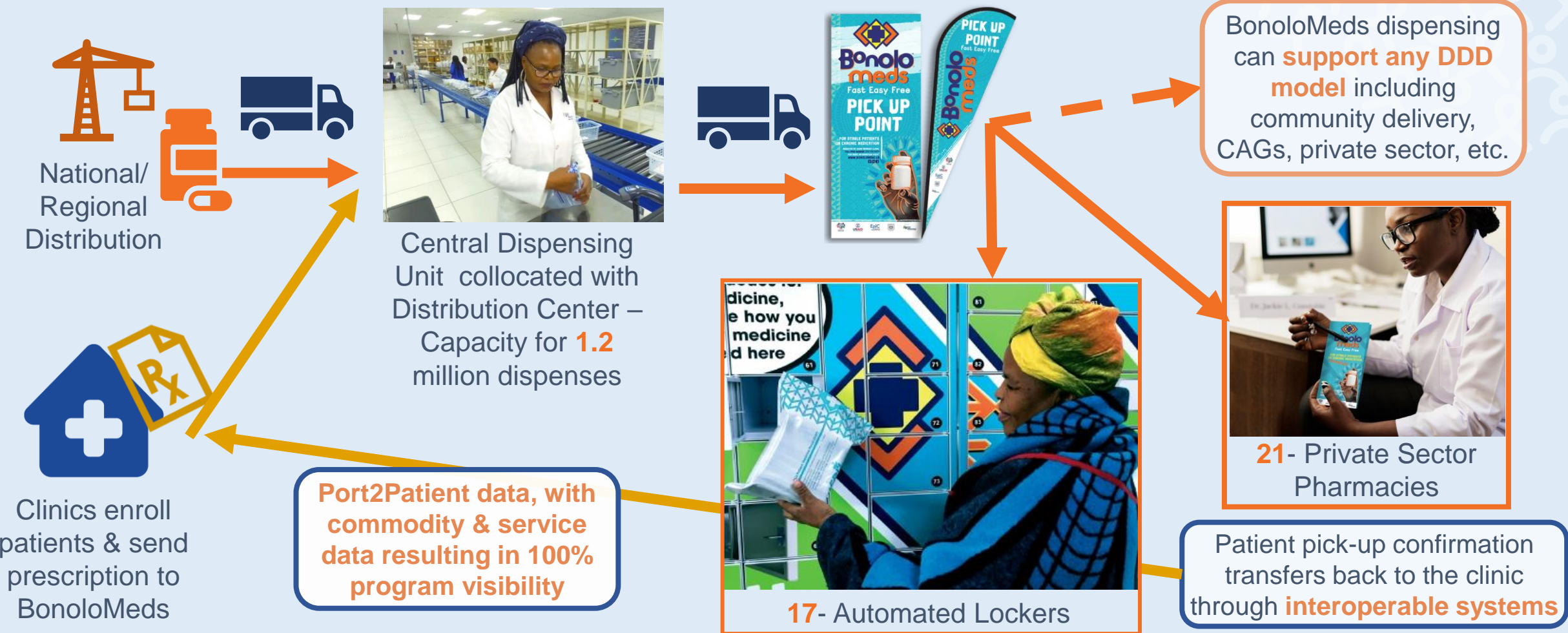






# EpiC in Lesotho – **BonoloMeds** – convenient medicine

The EpiC project, with our partners Right to Care & Right ePharmacy, improves Lesotho’s ART retention & responds to the new challenges of COVID-19 by increasing access to quality, client-centered ART services through automated DDD & remote counseling call center-**4,754 prescreened clients**





## Lessons Learned

- Governance, governance, governance, & more governance
- Adapt & mitigate, especially in the COVID-19 context
- Partner integration— with supply chain & service delivery partners
- Coordination for changing national guidelines & PEPFAR initiatives

## Looking Forward



- Adapt & mitigate to changing COVID-19 environment
- Full end to end supply chain integration supporting Port2 Patient data visibility
- Integration with PrEP & non-HIV commodities



Thibela  
ho ata hoa  
COVID19

# DECENTRALIZED DRUG DISTRIBUTION DDD-Liberia

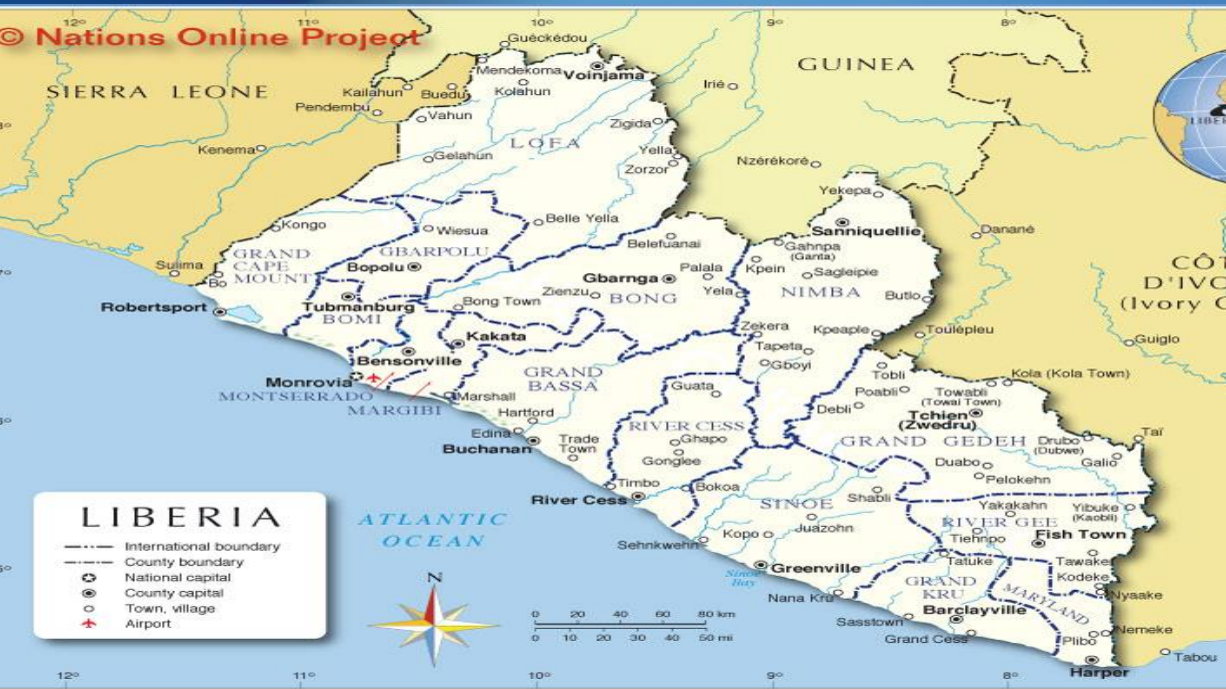


**Samretta Caldwell**

Deputy Program Manager Liberia (NACP) & DSD focal person

# Liberia:

1. Population – 5million
2. HIV Prevalence- 1.5%
3. Estimated PLHIV- 47,000
4. PLHIVs on ART- 18,000  
(38%)



## Background

- High self stigma
- Weak health system

Program is challenged with multiple missed appointments and low retention

### Opportunity in DDD

- Flexibility in refills
- More efficiency in health system operations and PLHIV cost

# Liberia DDD Achievements

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- Conduct of client's survey
- Cleaning and analysis of pharmacy assessment data
- Selection of pharmacies for DDD
- Assess buy-in and willingness of selected pharmacies
- MOU with community pharmacies
- Development of training manual
- Dissemination of assessments findings and implementation plan to key stakeholders

## Topic covered in the training manual

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- Overview of HIV/AIDS
- Antiretroviral Therapy
- Introduction to DDD
- Community Pharmacy Model
- Responsibilities of Stakeholders
- Patient Devolution Protocol and ART Refill
- Documentation at refill sites
- Adherence Management and Lifestyle Counseling
- Stigma and Discrimination
- Confidentiality
- Communication
- Consumers' Rights
- Commodity
- Dispensing of ART
- Rational Use of Drugs

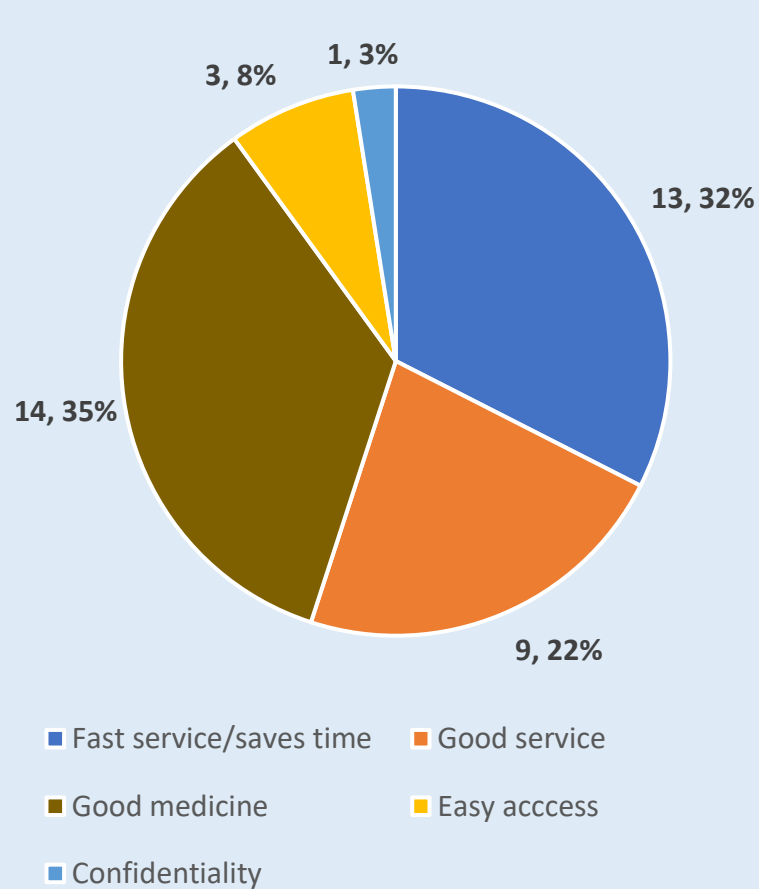
## Client survey results

- 57% have missed an appointment before
- 24% missed appointments because they were too unwell to travel
- Other reasons:
  - Out of town/business trip
  - Bad road
  - Facility was closed
  - Providers unavailable
  - Stock-out
- 79% had never heard of DDD
- 78% were interested in enrolling in DDD after hearing an explanation
- 52% were interested in picking-up ARVs without a clinical check-up

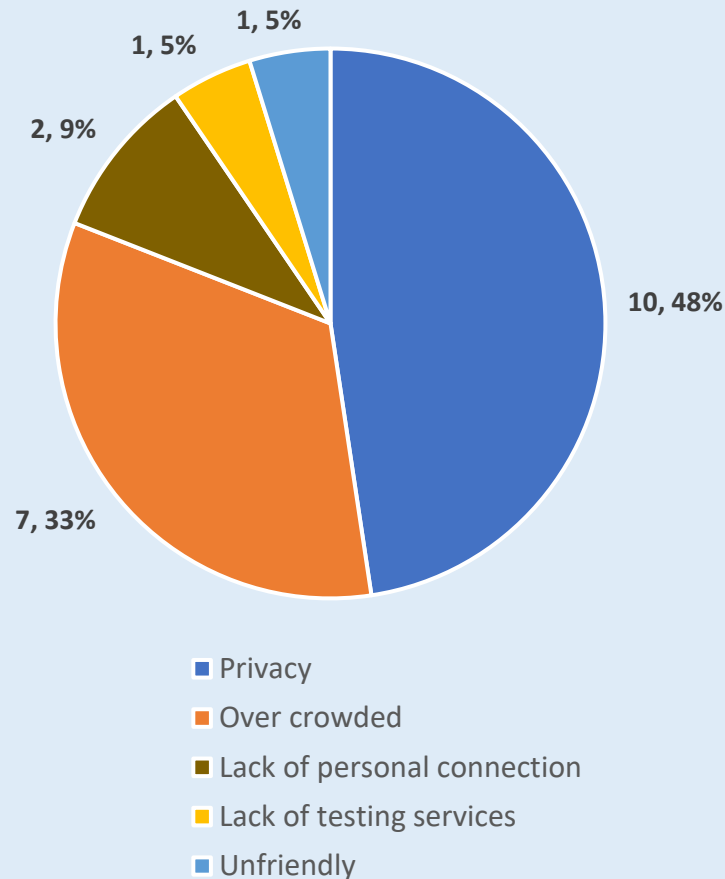


# Perception of pharmacies

## Perceived benefits



## Perceived challenges



- Fast services, good medicine, and good services were among the top perceived benefits of pharmacies
- Lack of privacy and over-crowdedness were among the top perceived challenges of pharmacies

# Liberia: DDD Overview

Launched DDD with community pharmacies as dispensing points in July 2021

- 13 community pharmacies activated with pharmacists trained on ART dispensation and reporting
- 48 clients devolved from hub ART clinic (Redemption Hospital)
- 2 clients have picked-up ARVs from community pharmacies to date

Selected CSO offices to also serve as dispensing points

- Outlet to differentiate for PLHIVs who may prefer CSO to CPs
- ART clinician serves as the dispenser under the supervision of the hub ART clinic pharmacist
- Considering community linkages for viral load sample collection

Engaging all critical stakeholders to ensure ownership/sustainability

- The Liberia Pharmacy Board
- Health facilities (Redemption Hospital, ELWA Hospital, & Duo Port Road Health Center)
- Community Pharmacies (Proprietors / Managers/ Dispensers)
- Civil Society Organizations- White Rose Alliance (WRA) , Stop AIDS In Liberia (SAIL), Liberia Network of People living with HIV (LibNeP+)
- Faith Based Organization- Lutheran Church of Liberia (LCL)
- FHI360 EpiC project

# The DDD App

Generic online platform to allow real time data exchange between the public health facility “hub” (with or without EMR) and DDD outlet and in the long-term through patient portal will allow tripartite communication

## Characteristics

Online and offline platform using a smartphone, tablet or laptop

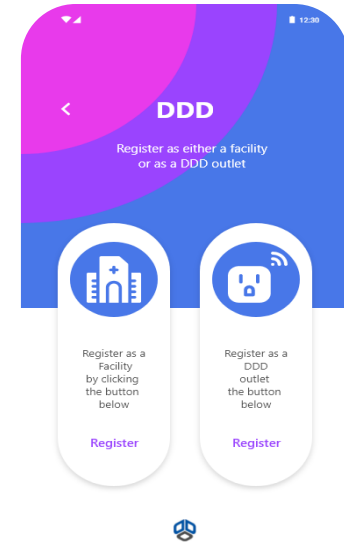
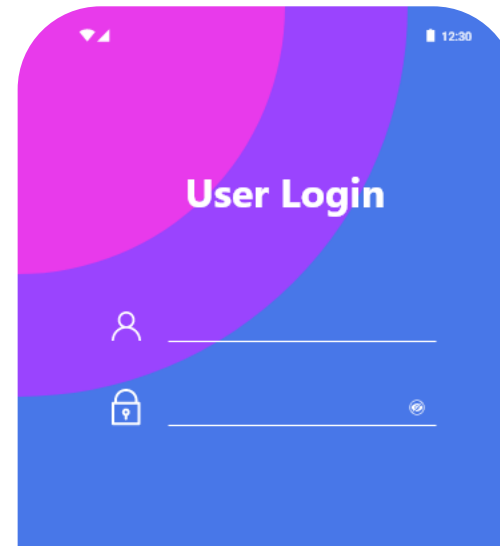
Enabled interactive bi-directional communication

Secure sharing of patient information

Capacity for automated reminders and reports

Dashboards

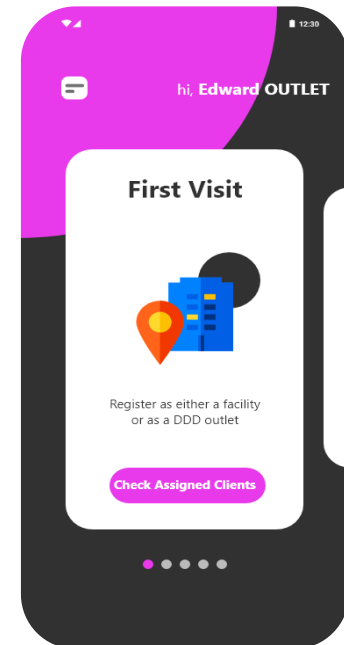
Inventory management- From Hub or Central store



[Forgot Password?](#)

Don't have an account?

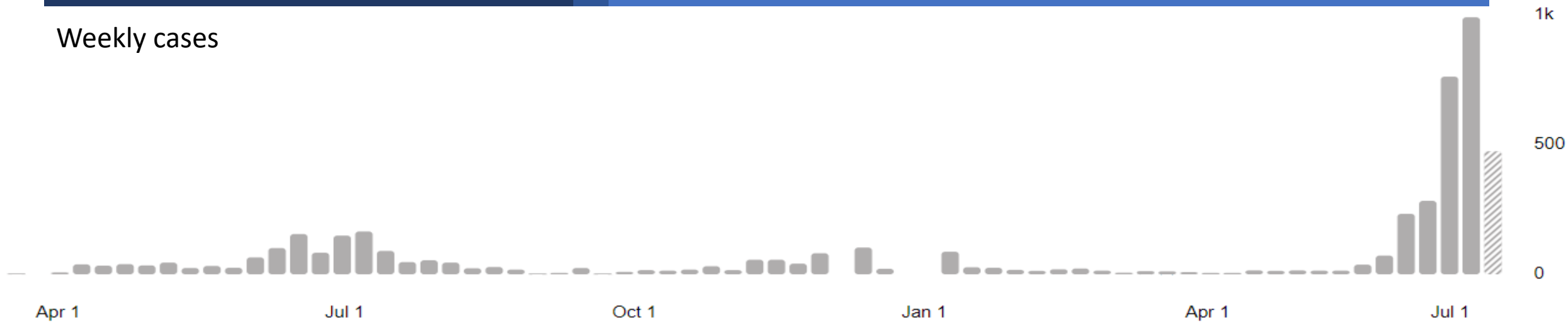
[Register](#)



# COVID in Liberia

- 4<sup>th</sup> wave ongoing
- 4,918 confirmed cases
- 134 total deaths; 55 in June 2021
- 82,212 persons vaccinated (0.8% of total population) as of June 2021

Weekly cases



**Thank you**

The bottom of the slide features two horizontal blue bars. The first bar is a solid blue rectangle spanning most of the width. The second bar is a slightly shorter blue rectangle positioned to the right of the first, creating a stepped effect.

# Mozambique Decentralized Drug Distribution in Private Pharmacies

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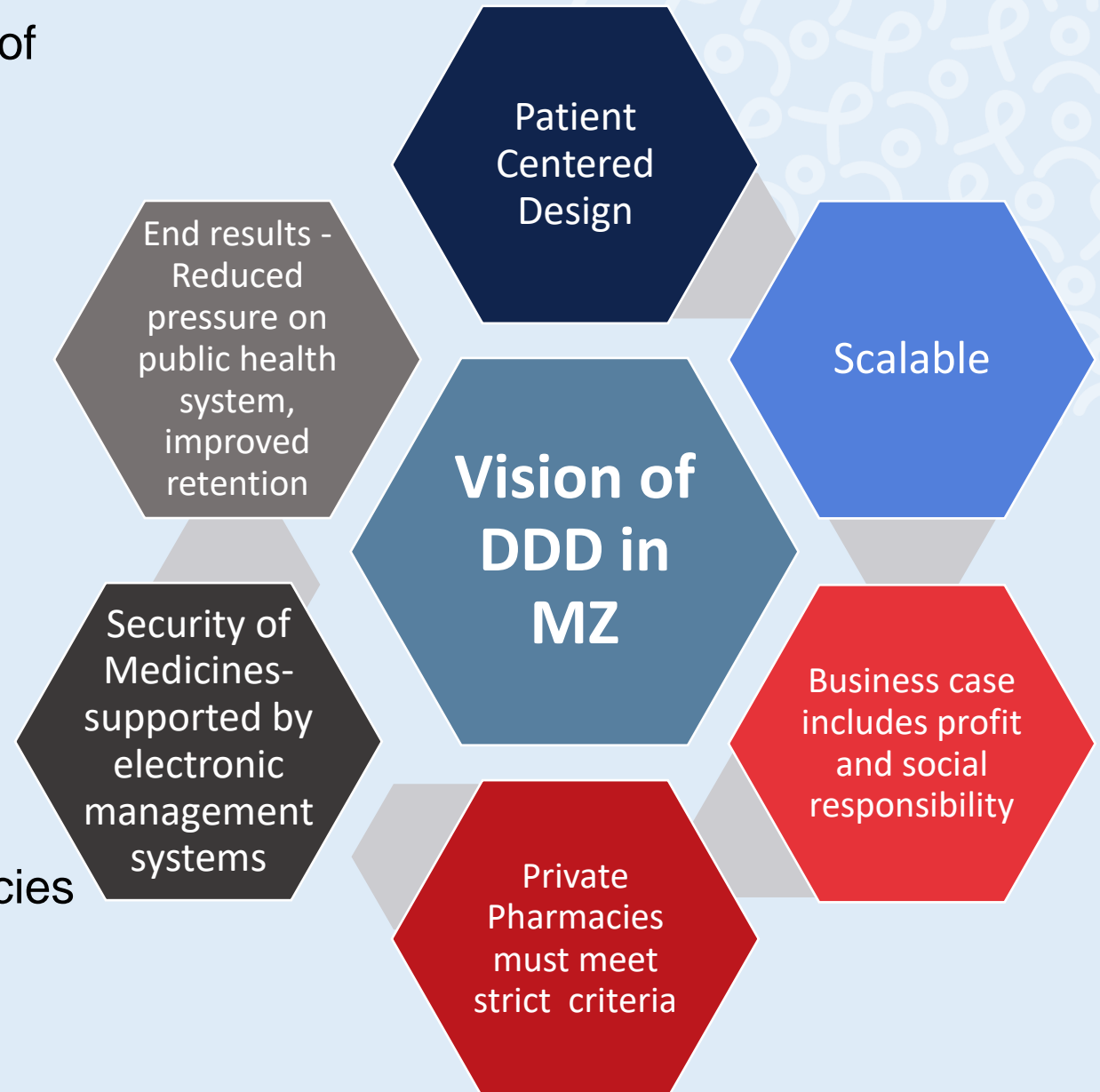
Learning Collaborative Webinar July 15, 2021 EpiC  
Mozambique

*Décio Filimão Senior HIV/AIDS Treatment Advisor, USAID*

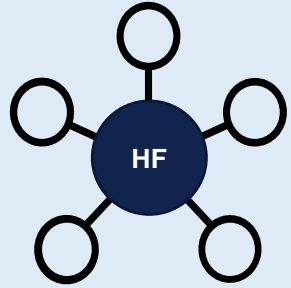


# Contextual factors for model development

- MOH currently offers (>5) several DSD models of care
- Covid has accelerated uptake of 3MDD
  - 33% in Mar 2020 to 68% in May 2021
- MOH formed a TWG:
  - Central Medical Stores Department
  - National STI/ HIV Control program
  - National Directorate for Pharmacy
  - Selects IPs and USAID/CDC
- Guidance from MOH to TWG:
  - No charge to the patient for ARV pick-up
  - Build on experience of pilot in Maputo City
  - Transparency in selection of private pharmacies
  - Scalable nationally
  - Reduce the use of manual tools/registers



# Mozambique Model for Private Pharmacies



## Provincial Networks for National roll out:

42 HF – 75 PP



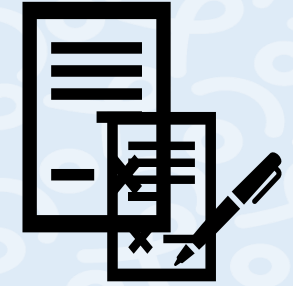
## Selection of health facilities:

Prioritize High Volume ( $\geq 2000$  on ART), use eHMIS, 3MDD > 1 year



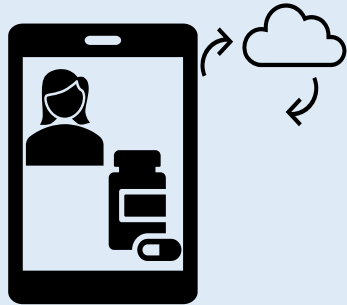
## Private pharmacy selection:

Appropriate HR, Adequate physical space,) Registered with MRA, convenient local



## Business case:

Fixed monthly fee (~\$200), MOU, contracts with IPs

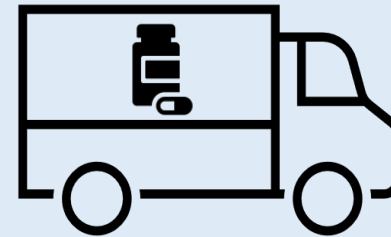


**Mobile App-based Information Systems** for patients & medicines management linked to national HIS/LMIS



## Eligible stable patients:

VL suppressed, 3MDD, 1st Line (TLD/TLE), no CPT/ IPT



## Medicines Logistics:

Provincial warehouses to private pharmacies



## Private Pharmacy: Package of Services for PLHIV

ARV supply for 3 months + adherence counseling, blood pressure, weight, TB screening & adverse reaction screening



## Lessons Learned:

- Crucial to engage all stakeholders (MoH, Professional associations, partners) at initiation of discussions for buy-in
- New approaches that have policy change implications may encounter fears and resistance...need to ensure all concerns identified and addressed
- MoH leadership crucial for wider geographical coverage and lower-level acceptance although may result in slow progression.
- Need for close monitoring of activities to ensure early identification of gaps and support implementation... electronic monitoring systems can help with this.

# Já pode levantar os seus antirretrovirais (ARVs) na Farmácia Privada!



**RÁPIDO**

**FÁCIL**

**GRATUITO**

### Vantagens de levantar os ARVs na Farmácia Privada:

1. Reduz às visitas à Unidade Sanitária;
2. Pode levantar os ARVs fora do horário normal do expediente, nos fins de semana e feriados;
3. Reduz os custos de transporte e ausências no local de trabalho;
4. Pode beneficiar de atendimento personalizado e atenção farmacêutica (medição/controlo do peso e da tensão arterial gratuitamente).

Para mais esclarecimentos, fale com o provedor de saúde da sua Unidade Sanitária

**Thank you**

**Obrigada!**



# DDD in Democratic Republic of Congo: Private pharmacy model

Implementation experience

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**Khan Kankomba**

*M&E Consultant FHI 360 DRC*



# DDD model implemented: Private Pharmacy Model

## Stakeholders Engagement

- PNLs, DPS, IPS, heads of Health Zones,,
- IHAP- HK and supported Health Facilities
- PLWHA Associations
- Pharmacy Association

## Activities Conducted

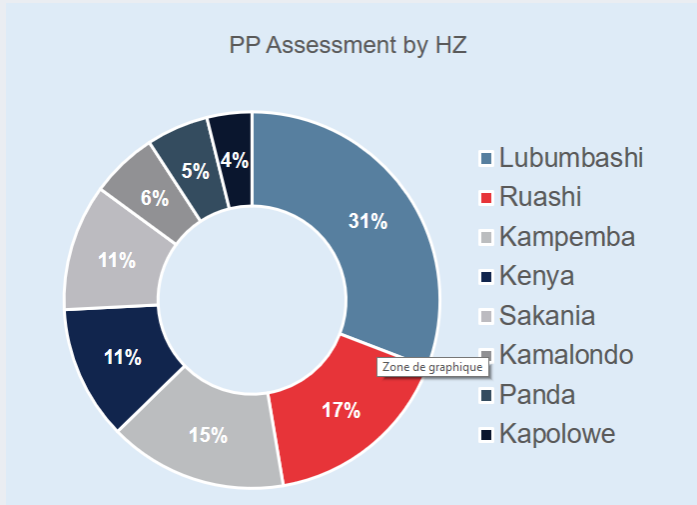
- Assessment of Pharmacies (957 )
- Classification Selection of PC based on 10 selection criteria /Score Grid (From 1 to 957)
- Selection of 20 PC for Phase 1 (IHAP) among 47 selected in a list of first 100 proposed
- Mapping of health facilities for geo of stable PLWHA (17 HF - 200 to +500 in fast track)
- Develop consolidated map of PC and distribution of stable PLWHA
- Joint activity DDD & IHAP HK: 3 Trainings sessions of 3 days on DDD and HIV for PC staff
- 10 Additional PC from IHAP,1 new training session of 10 PC Staff and 2 Health facilities
- CCC Materials production and demand creation
- MoU Signatures with PP
- Procurement of 20 File cabinets and blouses
- Procurement of 20 Tablets for DHIS2 Tracker
- DHIS2 Training of 20 PP Staff

## Immediate Outcomes

- 51 PP staff ,17 staff of Health Inst. supported by IHAP HK , 4 representatives of PLHA Ass and 4 representative of PC Ass. were trained
- 30 PP Started DDD Phase 1
- 368 ART Clients enrolled
- Report Document of PP assessment (including the database) of 8 HZ to DPS-PC unit
- 187 PP enrolled client Surveyed, 100% Satisfied, 76% reported a shorter distance, 65% learned about PP from Health facilities

# Implementation results

## Baseline assessments



## Facility assessment results

More than 500 ART Clients

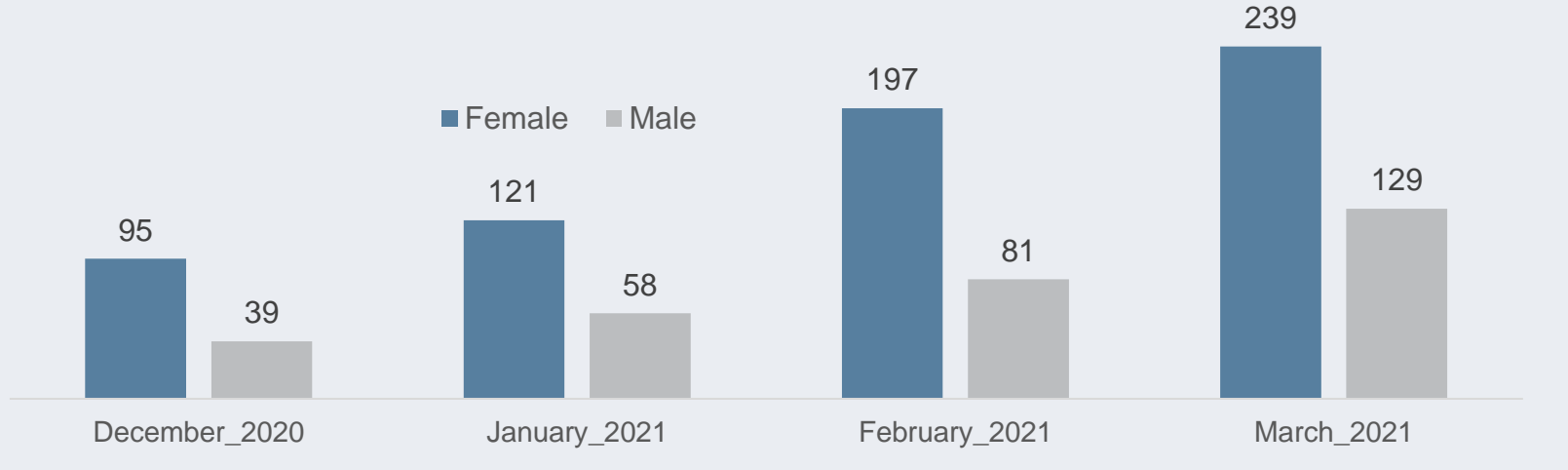
300-499 ART Clients

200-299 ART Clients

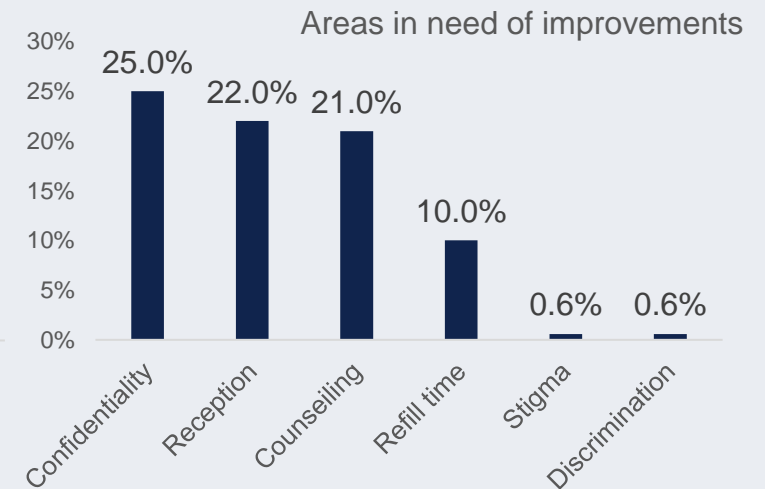
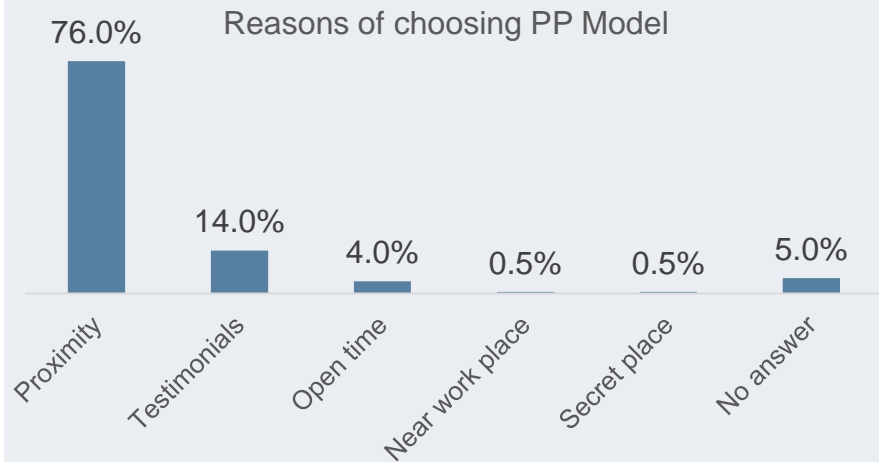
Health facility	Fast track	
1 Centre d'Excellence	3791	Categorie I
2 H GR Kamalondo	906	
3 Cinique Universitaire LSHI	816	
4 Kasumbalesa Douane	663	
5 Mary Center	584	
6 Hôpital SENDWE	496	
7 Racine Centre de Santé	430	Categorie II
8 HGR Kampemba	349	
9 HGR Hakika	381	
10 HGR Sakania	371	Categorie III
11 Chrina Centre Santé	277	
12 St Famille Centre Santé	272	
13 CS Amani	269	
14 Atlas 1 Centre Santé	218	
15 Bwafwano Centre Santé	215	
16 Muhona Centre Santé	210	
17 Hopital kapolowe gare	127	

Exception at Kapolowe, urgent need of ODD because villages are far from HF

## PP ART Clients by sex from Dec\_2020 to March\_2021

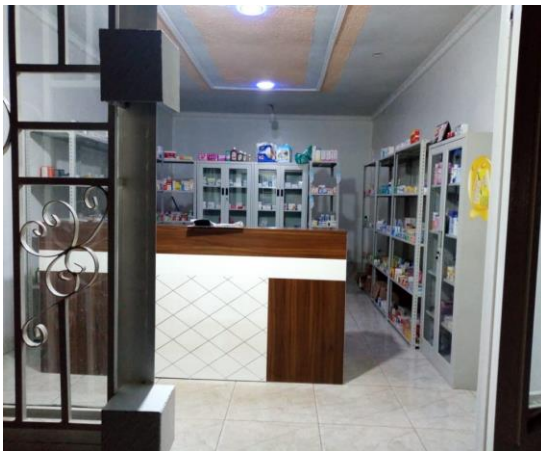


## Client satisfaction survey (n=176)



# Challenges

- Reluctance of health providers to offer the PP model to stable clients
- Negotiation of compensation to be provided to the PPs, which have a for-profit business model
- Management of start-up activities among key stakeholders.



# Strategies

- Stakeholder engagement at the beginning of the project, including establishment of the MOU, facilitated acceptability and success during implementation of the PP model.
- Having the PNLs lead all activities improved the quality of the implementation process.
- All actors, especially health institution providers, were sensitized that the PP model does not compete with other ARV distribution models and clients continue to be enrolled in the health facilities even if served by a PP.
- Health providers at the facility level and the beneficiaries of the PP model played key roles in promoting and creating demand for the model

# Recommendations and next steps

- Conduct regular supervision of health facilities and PPs
- Ensure adequate data collection and reporting
- Conduct active and continuous demand-creation activities with a key role for users of the PP model
- Guarantee a functional supply chain and improve data quality assurance by adding questions to monitor the quality of services at the PP pick-up points
- Continue to advocate for the expansion of the PP model in Kinshasa Province
- Work with the PNLs to revise the national guidelines to include the PP model as an additional differentiated model to increase access to ART among people living with HIV in DRC.



Pharmacies open late after regular health facility hours

# Private Sector Decentralised Drug Distribution model – Malawi

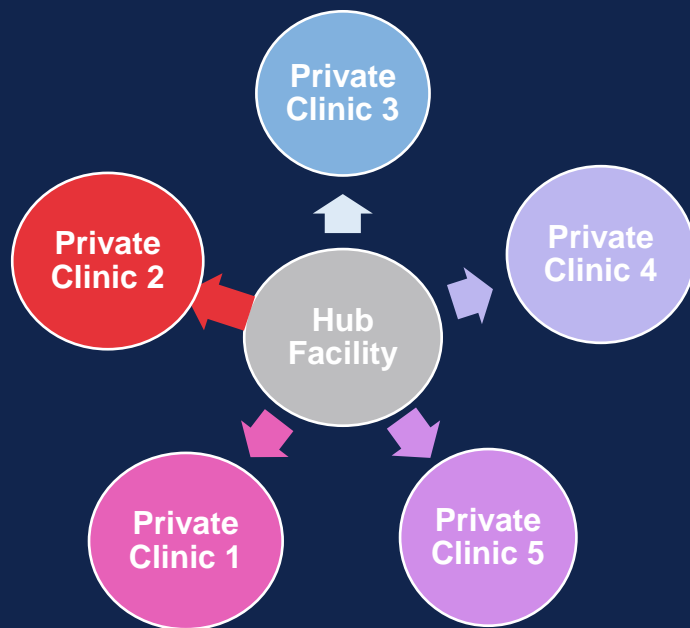
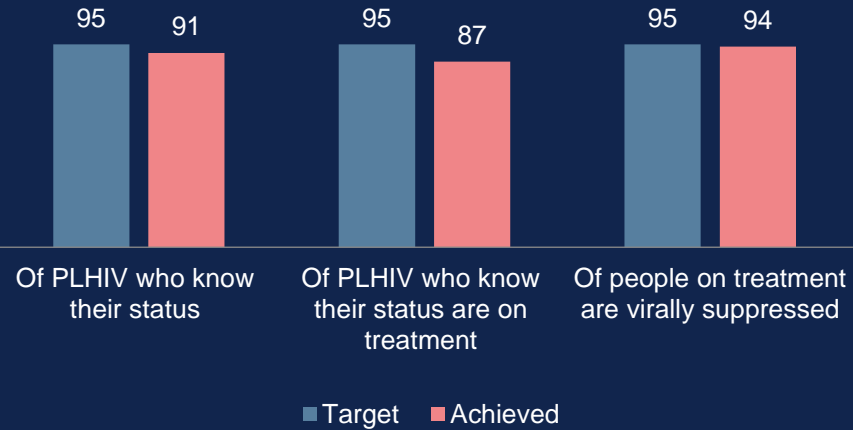
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**Philip Mkandawire**  
Head of Marketing and Research





## Malawi: Progress on UNAIDS 95-95-95 targets



## Background

- Malawi has made tremendous progress in the HIV Cascade (91-87-94)
- However, analysis of patient-level data identified patient treatment continuity as the single greatest threat to a sustainable HIV response in Malawi (MoH 2020 data)
- One potential solution for these retention challenges is the largely underutilized private health sector

### Malawi Private Clinic Model

- Devolvement of client to private clinics will help improve treatment continuity and decongest the public facilities
- Implement the hub and spoke model working with private clinics in 4 districts

# Key insights from the landscape analysis

## Capacity and perceptions of private providers and MOH

- Private providers were interested and willing to dispense ARVs
- MoH ART Coordinators held positive perceptions around the DDD model, which helped strengthen hub facility/private clinics collaboration
- Identified private clinics that are ready to start offering ARVs.

## Perceptions of ART clients informed demand creation

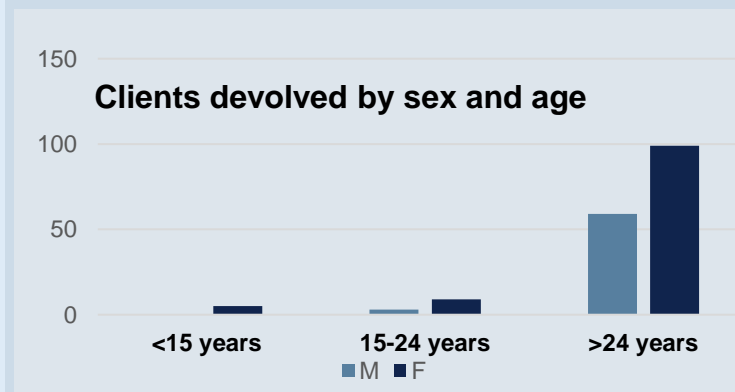
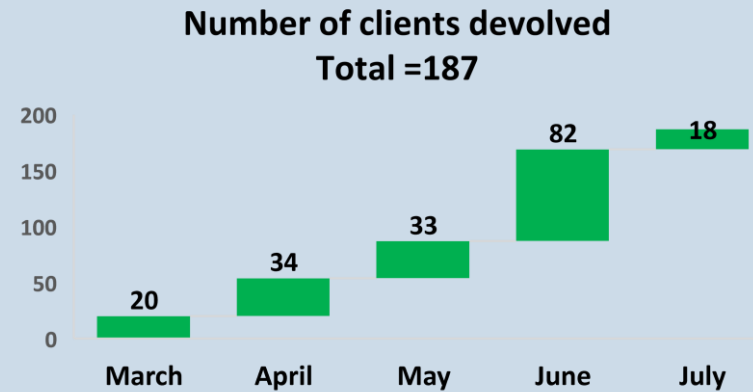
- Convenience for those busy.
- Privacy.
- No long ques.
- Cost savings to clients because of proximity.
- Reduced stigma associated with regular hospital visits for stable clients.
- Improved quality of care due to reduced workload

## Targeted demand creation

DDD providers talked about the model on local TV and community radio stations.

## Achievements

Established good collaboration with MoH and treatment IPs



## Continuous learning

### Feedback from devolved clients:

*“Wish the model started sometime back- it’s a game changer”*

*“Our dignity is now maintained”*

*“No long ques- we are treated as kings and queens”*

*“This is timely with Covid19”*

*“Privacy is assured”*

*“We will share with colleagues who are yet to make a decision to devolve”*



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 Gobe Group.

Q&A



# Upcoming Session

## **DSD and DDD in the context of New WHO Consolidated Guidelines**

Thursday, August 19, 2021

7:00 AM-8:30 AM ETD | 13:00-14:30 EAT

**[Register here](#)**

