


**Reducing frequency of ARV pick-ups  
for HIV patients stabilised on ARV treatment**

**Realistic in Africa ?  
What do we need to make that work ?**

**MSF Perspective**

Dr. Roger Teck - MSF  
WHO Satellite Meeting  
ICASA 2015 - Harare

A woman in traditional African attire, including a colorful headwrap and a patterned shawl, stands in a dry, hilly landscape under a clear blue sky. She is looking slightly to the left. The background shows rolling hills and a few scattered trees.

**STABLE ART patient**  
Monthly clinic visit  
for consultation  
and ART refill

**Health Services:**  
How to deal with a  
growing cohort of  
stable patients on  
ART?

## Objectives for models of long-term ART delivery

Improve  
Self-  
Management

Maintain  
+ Improve  
Health  
Outcomes

Reduce  
Workload

Healthcare Service Perspective

Increase  
Peer  
Support

Enhance  
Community  
Participation

Reduce  
Costs  
time + distance

Patient Perspective

# Drug dispensing for ART pickup

## “Bottleneck” for patients’ retention in care and for capacity of HIV treatment services



**Task shifting in dispensing**  
from pharmacists to  
nurses and lay workers

# **Reducing frequency of ARV pick-ups for HIV patients stabilised on ARV treatment**

**WHO recommendation:**

**Less frequent ARV medication pick ups  
should be recommended for patients stable on ART**

# Frequency of ARV pick-ups

| Country      | Number of re-fill month allowed by country guidelines  | Number of months re-fill | Arguments for non – allowing                 |
|--------------|--|--------------------------|--|
| Mozambique   | 3  | 1                        | Buffer stock - Supply stability              |
| South Africa | 3 months supplies not opposed by government circular. Medicines Act restricting re-scripts to 6 months | 1-2                      | Cash cycle - Supply stability                |
| Lesotho      | No specification   | 1                        | Storage space, adherence, storage conditions |
| Malawi       | 3 months for stable and adherent patients ; 6 - 12 months for travelling patients                      | 3                        | Willingness to move to 6 months              |
| Zimbabwe     | 3 (exceptionally 6-12 months for travelling patients )   | 3                        | Supply stability                             |
| DRC          | 1  | 1-3                      | No argument from DoH                         |

**Delinking Clinical Visit from ART refill**  
for Stable Patients on ART adult dose



**V**



**Appointment Spacing**  
3 monthly supplies of ART and Cotrimoxazole  
Clinical appointment once every 6 months to once  
every year (routine VL monitoring)





**Appointment spacing and fast-track drug refill**

|                              |                   |
|------------------------------|-------------------|
| <b>Context</b>               | Urban & rural     |
| <b>ART refill</b>            | 1 to 3-monthly    |
| <b>Mode</b>                  | Individual        |
| <b>Where</b>                 | Health facility   |
| <b>Led by</b>                | Lay worker        |
| <b>Clinical consultation</b> | Yearly            |
| <b>Blood drawing</b>         | Yearly viral load |



Brenda Shannon



|  |  |                 |
|--|--|-----------------|
|  | Appointment spacing and fast-track drug refill | Adherence Clubs |
|--|--|-----------------|

|                              |                   |                                     |
|------------------------------|-------------------|-------------------------------------|
| <b>Context</b>               | Urban & rural     | Urban                               |
| <b>ART refill</b>            | 1 to 3-monthly    | 2-monthly                           |
| <b>Mode</b>                  | Individual        | Group                               |
| <b>Where</b>                 | Health facility   | Health facility or community venues |
| <b>Led by</b>                | Lay worker        | Lay worker                          |
| <b>Clinical consultation</b> | Yearly            | Yearly                              |
| <b>Blood drawing</b>         | Yearly viral load | Yearly viral load                   |





|  | Appointment spacing and fast-track drug refill | Adherence Clubs | Community ART Distribution Points (PODI) |
|--|--|-----------------|--|
|--|--|-----------------|--|

|                              |                   |                                     |                                |
|------------------------------|-------------------|-------------------------------------|--------------------------------|
| <b>Context</b>               | Urban & rural     | Urban                               | Urban                          |
| <b>ART refill</b>            | 1 to 3-monthly    | 2-monthly                           | 3-monthly                      |
| <b>Mode</b>                  | Individual        | Group                               | Individual                     |
| <b>Where</b>                 | Health facility   | Health facility or community venues | Community distribution points  |
| <b>Led by</b>                | Lay worker        | Lay worker                          | Lay worker of network of PLHIV |
| <b>Clinical consultation</b> | Yearly            | Yearly                              | Yearly                         |
| <b>Blood drawing</b>         | Yearly viral load | Yearly viral load                   | Yearly viral load              |





|                              | Appointment spacing and fast-track drug refill | Adherence Clubs                     | Community ART Distribution Points (PODI) | Community ART Groups (CAGs) |
|------------------------------|--|-------------------------------------|--|-----------------------------|
| <b>Context</b>               | Urban & rural                                  | Urban                               | Urban                                    | Rural                       |
| <b>ART refill</b>            | 1 to 3-monthly                                 | 2-monthly                           | 3-monthly                                | 1 to 3 Monthly              |
| <b>Mode</b>                  | Individual                                     | Group                               | Individual                               | Group                       |
| <b>Where</b>                 | Health facility                                | Health facility or community venues | Community distribution points            | Patients' homes             |
| <b>Led by</b>                | Lay worker                                     | Lay worker                          | Lay worker of network of PLHIV           | Patients                    |
| <b>Clinical consultation</b> | Yearly   | Yearly                              | Yearly                                   | Yearly                      |
| <b>Blood drawing</b>         | Yearly viral load                              | Yearly viral load                   | Yearly viral load                        | Yearly viral load           |

*“The advantage of being in a CAG is that you can do other small jobs when you know that a group member will collect ART for you. This makes things easier “*

*CAG Group member, Tete, Mozambique*

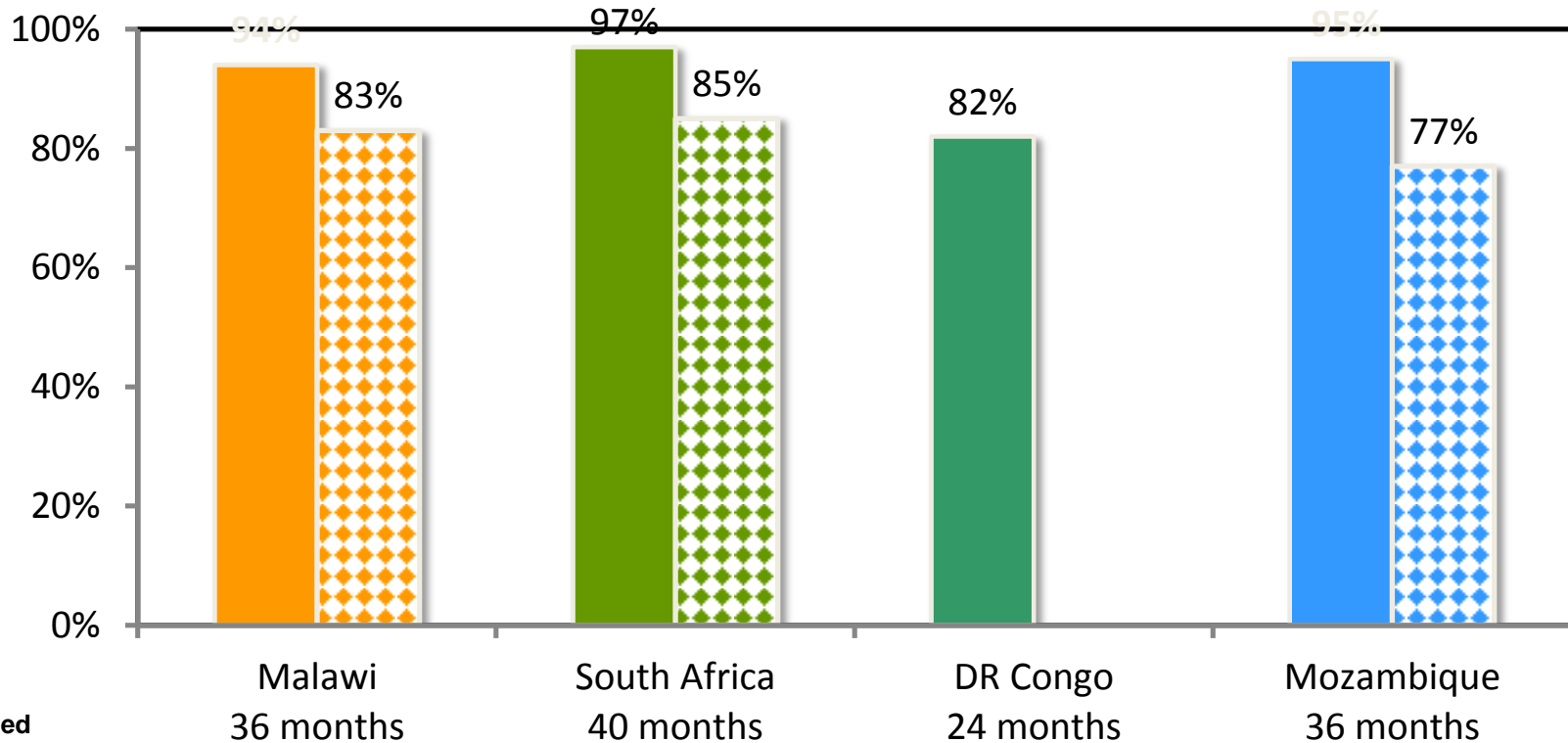


## **Patient costs at community ART distribution points:**

- Time spent for ART collection: 14 minutes vs. 85 minutes at hospital
- Transportation costs: 3x less at ART distribution point

**Improve  
health  
outcomes**

**Better retention than  
in conventional care**



Eligible & joined

Eligible & did not join

**Appointment  
spacing and  
fast-track  
drug refill**


**Adherence Clubs**

**Community ART  
Distribution  
Points (PODI)**

**Community ART  
Groups (CAGs)**

**“... belonging to a group strengthens people. Moreover, being united people become mentally stronger during treatment compared to those who do it individually.”**

CAG leader, Tete, Mozambique



Increase  
Peer  
Support



Community ART  
Groups (CAGs)

## Cost per patient per year

|                   |          |
|-------------------|----------|
| Adherence club    | 58 US\$  |
| Conventional care | 109 US\$ |

**Lower  
Service  
Provider  
Costs**

**Adherence Clubs**

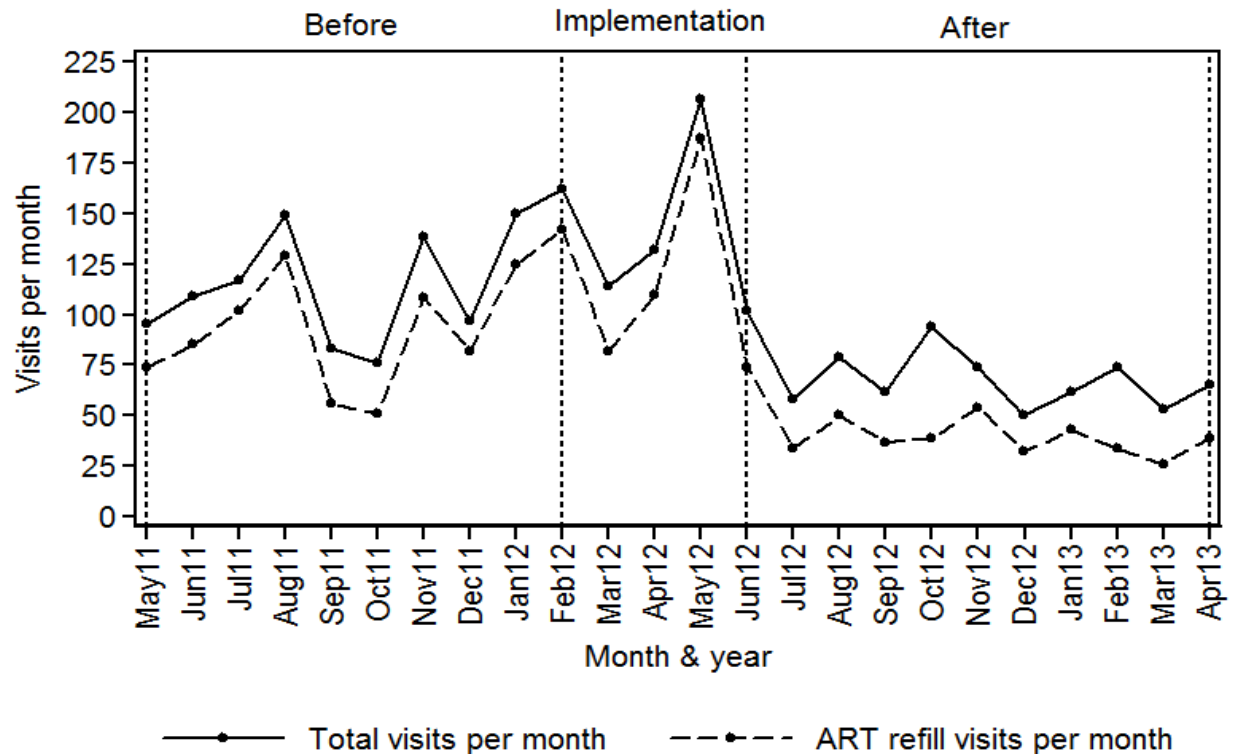


Samantha Reinders

Reduce  
Workload

Community ART  
Groups (CAGs)

## 59% reduction in ART refill visits in Thyolo, Malawi



# Key barrier: stockouts

Empty shelves; come back tomorrow

**ARV stockouts undermine efforts to fight HIV**

[www.samumsf.org](http://www.samumsf.org)

Medecins Sans Frontières

November 2015



# Supply chain Innovations targeting

## • Monitoring & Evaluation

Systems measuring ART stock(out) and cohort data at patient level

- Pharmacy based cohort monitoring
- Mobile health technology
- **Quality control and/or lacking data through patient reporting**

**STOP**  
**STOCKOUTS**

## • « Last Mile Delivery »

Flexible supplies closer to patients

- Chronic disease dispensing and distribution systems with community pickup points (PEP stores, churches, ..)
- Patient lead community pharmacies
- Fast Track (Quick Pick up) systems



PODI, Kinshasa

# What is needed for regular supply

- In-country and international planning and support in **'critical periods'** when regimens change (.....DTG, EFV 400mg)
- Global coordination of **demand vs supply security** for **critical medicines**
- **Planning and support for introduction multiple-months refill**
  - **Phased introduction** (per drug / per geographical area/ phased eligibility)
    - Optimal coordination needed
  - **Country wide introduction**
    - Push for 3-6 month supplies to all clinics

# **Reducing frequency of ARV pick-ups for HIV patients stabilised on ARV treatment**

- Reduces burden for these patients**
- Reduces workload in health services**

# Reducing frequency of ARV pick-ups is realistic

- **De-linking** clinical visits from ARV pick-ups
- **Differentiated models of care**
- Regular Supply: **avoid stockouts !!!**