TECHNICAL REPORT

Baseline Assessment for Community ART Refill Program

conducted by

Howard University Global Initiative Nigeria (HUGIN)

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Submitted by
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Strengthening Integrated Delivery of HIV/AIDS Services
(SIDHAS) Project
INTRODUCTION

Background

Nigeria bears 9% of the global burden of HIV/AIDS, ranking second only to South Africa (UNAIDS, 2013). According to the National Agency for the Control of AIDS (NACA), there are 3.4 Million Nigerians living with HIV of which 1.5 Million are eligible for Antiretroviral Therapy (ART). As at December, 2014, 747382 persons were reported to have been placed on ART (NACA, 2014).

Funded by the Presidents Emergency Fund for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project currently supports over quarter of persons on ART in Nigeria with almost 200,000 clients currently on treatment within 13 States of Nigeria. Many health facilities have their capacities overstretched with large numbers of persons accessing ART, increasing burden of the already overloaded Human Resources for Health (HRH) and overstretching the limited facilities.

In 2015, the World Health Organization (WHO) highlighted the changes in the new consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. One of the recommendations is the need to strengthen the continuum of care and improve the quality and efficiency of service delivery, including clinical and community-based care, called Differentiated Care. This is borne out of the need to manage an increasing number of patients on ART and an increasingly diverse set of patient needs. Differentiated Care provides for various care packages for diverse range of patients – for stable and unstable clients depending on their needs. Patients who are
stable on ART may safely move their care to one of many community ARV delivery models to relieve overburdened health-care facilities and enable more attention to be paid in clinical settings to patients who are unwell either because they are unstable on ART or because they present to the clinic with advanced disease. The model involves varying delivery components of the care, intensity of services delivered, location of service delivery, provider of services and frequency of services (WHO, 2015).

In setting out the new directions for HIV service delivery in 2016, the US Presidents Emergency Fund for AIDS Relief (PEPFAR) has advocated for the adoption of the new high-quality, less expensive service delivery models (e.g., less frequent client follow-up frequencies) in supported countries. To achieve greater efficiency and lower costs, it is recommended that clients stable on ART reduce clinic visits from bimonthly to semi-annual or annual visits and encourage standardization of community based models such as ARV pharmacy pickups in private pharmacies. This involves separating clinical visits from ART refill visits (frequency and location) with ART refill visits every 3-6 months and clinic visits extended 6-12 months for stable patients. Such patient-centred models expand clinic hours, provide services off-site or closer to patients, use patient satisfaction surveys to improve services and improving clinic flow (waiting times, etc.). In addition, interdisciplinary care teams are developed, linking facility and community providers to improve retention, adherence, and monitoring (PEPFAR Technical Considerations, Feb. 2016).

Howard University, Pharmaceutical Care and Continuing Education centre (HU/PACE) is a core partner in the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) with the mandate to strengthen pharmacy systems and services and build pharmacists'
capacity to deliver integrated and quality Pharmaceutical Care services to HIV clients that are sustainable for the long term. Community Pharmacists are registered private sector professionals who operate within the communities doing the business of drug procurement and supply, drug distribution, wholesaling, retailing, dispensing, providing medication information and education, and pharmaceutical care, as part of primary healthcare. Howard University has actively collaborated with Community Pharmacists for over 15 years to provide TB screening and referral services, HIV risk assessment, HIV testing services, HIV care and support service, STI and RH information and support etc. within the AWAP, GHAIN and SIDHAS projects.

**Goal and Objectives of CPARP**

The goal of this activity is to leverage on sustainable community based resources for improved ART services and improve retention of clients on ART.

The specific objectives are.

1. To devolve ART refill services to Community Pharmacy while ensuring clients are not alienated from standard clinical and laboratory services
2. To decongest ART sites with excessive client load and assess change in improve client satisfaction with ARV refill services
3. Identify benefits and challenges in implementing ARV refills in community pharmacies and make recommendations for improvement.

**Justification for the study**
Experience has shown that many Antiretroviral (ART) centres are overburdened by very large number of clients receiving treatment resulting in longer waiting time for the client and a considerable decrease in client/provider interaction time. ARV drug refill at Private Pharmacies within the community is an intervention that SIDHAS designed to address this gap. The intervention involves the devolvement of stable and willing ART clients to receive routine ARV drug refills, medication adherence support and treatment monitoring from community pharmacies. The drugs remain free but an administrative fee will be charged for services provided in the community pharmacy.

**Purpose of the baseline assessment**

As part of the formative assessments and to achieve and evaluate the outcomes, HU PACE conducted a baseline assessment of the perspectives of the ART clients, community pharmacists and healthcare workers on ARV refills in community pharmacies as well as the services and infrastructure of community pharmacies.

**METHODOLOGY**

**Tools**

Questionnaires were developed as assessment tools for the following categories of respondents and pretested.

- Community Pharmacists
- Clients on ART
- Healthcare workers providing ART services in private hospitals
Location

The 4 States prioritized by PEPFAR for Scale up were selected – Lagos, Akwa Ibom, Cross River and Rivers.

Inclusion/ Exclusion criteria

Of the 14 FHI360 supported LGAs, facilities with the highest number of clients were selected. Tertiary hospitals were excluded due to the relatively high number of available Pharmacists.

Two CPs were designed to support each health facility but only one eligible CP was found in Ikot Ekpene. In Lagos, due to the client load and availability of eligible CPs, additional CPs were engaged for GH Ajeromi and GH Apapa.

Site Selection

The selection of sites and supporting CPs was as follows:

- Lagos
  - GH Ajeromi, Ajeromi LGA – 4CPs
  - GH Apapa, Apapa LGA – 4CPs
  - Randle GH, Surulere LGA – 2 CPs
- Akwa Ibom State
  - GH Oron, Oron LGA - 2 CP
  - GH Ikot Ekpene, Ikot Ekpene LGA 1CP
- Rivers
• BMSH, Rivers State -3 CPs
• Model PHC Rumukurushi – 2 CPs
• CRS
  • GH Calabar, Cross River – 3CPs
  • DLHMH, Cross River – 2 CPs

**Sampling**

**CP Baseline Assessment**

- Baseline Assessment Survey was conducted in the 4 priority States in selected LGAs
- Minimum of 50% of CPs in the selected LGAs were interviewed
- Mapping of Community pharmacies and ART sites in the 4 priority states was done

**Provider Perspective Survey**

- Selected ART sites with highest client load in priority LGAs
- Minimum of 50% of all ART providers (Healthcare workers providing ART) will participate in the Provider Perspective Survey

**Client Perspective Survey**

- Selected specific high volume sites in priority LGAs (excluding tertiary institutions)
- Minimum of 150 clients to participate in the survey from 1 to 3 clinic days

**RESULTS**

The following were the results of the baseline assessments

**Baseline Assessment of Community Pharmacies for ART Refill Services**
1. A total of 150 community pharmacists were interviewed across four states; Akwa Ibom, Cross River, Lagos and Rivers.

2. 66% of the total respondents of the survey were Male (Akwa Ibom 56% Male, Cross River 83% Male, Lagos 62% Male and Rivers 65%).

3. Age range of majority of the respondents was between 31 to 40 years old except in Rivers state where most of the respondents were between 41 to 50 years old.

4. Over 90% of the pharmacies where the assessments were done, were owned by pharmacists across the four states.

5. About half the number of community pharmacists who were interviewed in the four states had been trained in Pharmaceutical Care in HIV/AIDS (Akwa Ibom 49%, Cross River 63%, Lagos 67% and Rivers 52%).

6. 92% of community pharmacists were willing to provide ARV refills in their premises (Akwa Ibom 97%, Cross River 94%, Lagos 91% and Rivers 84%).

7. Most of the community pharmacists (46%) were willing to provide ARV refills for less than 25 patients weekly though a number (17%) were also willing to provide to 26 to 50 patients weekly.

8. Majority of the community pharmacists (74%) interviewed required a fee for providing ARV refill service (Akwa Ibom 74%, Cross River 69%, Lagos 80% and Rivers 71%). Actual amount required ranged from N100 - N500 (31%) and N600 – N1000 (38%)

9. Even though they desired a payment for the service, 73% of the community pharmacists when asked indicated they were willing to provide the service for free.
10. Almost all the community pharmacists interviewed (92%) were willing to meet the project documentation requirements.

11. Most community pharmacists in Akwa Ibom, Cross River and Lagos were willing to devote an average 3 to 6 hours daily while in Rivers, community pharmacists were willing to give an average of >6 hours.

12. 82% of community pharmacists interviewed were willing to provide flexible hours for ARV refills.

**Provider Perspective Survey for Health care workers**

1. A total of 169 health facility personnel were interviewed across four states; Akwa Ibom, Cross River, Lagos and Rivers (Male 35% and Female 64%).

2. Majority of the respondents interviewed were between 25 to 54 years old (25 to 24 years 43%; 35 to 44 years 27%; 45 to 54 years; 24%).

3. Respondents included in the survey were Doctors (13%), Nurses (20%), Pharmacists (18%), Laboratory scientists (11%), CHEW (4%), Records officer (15%), Pharmacy technician (9%), others (8%).

4. Over 80% of those interviewed were involved in provision of HIV care and treatment in the facility with majority having spent an estimated one to two years providing the service.

5. Type of service provided ranged from dispensing medication (26%), laboratory service (8%), adherence counseling (11%), clinical services (13%), HIV testing and counseling (8%) and records (14%).
6. Over 80% of the respondents agreed that patient satisfaction should be priority when providing care.

7. The respondents indicated that their duration of interaction with the patient was often inadequate and that they experienced excessive work pressure most of the time.

8. Many (38%) agreed that patient hospital waiting times were at the least sometimes very long.

9. Across the four states, health facility personnel interviewed were satisfied with the attitude of the physicians, pharmacists and record staff to ART patients.

10. The respondents indicated that ART patients received all their prescribed ARV medicines most of the time.

11. The facility personnel agreed that an opportunity to access ARV medicines in private pharmacy may improve adherence and were satisfied with decentralization of ART services to other health facilities.

12. Respondents also indicated that ART patient load in the hospitals was high increasing patient waiting time and the high work load in pharmacy may reduce quality of pharmacist-patient interaction time.

13. Many of the facility personnel (41%) indicated that stable ART patients can be devolved to private pharmacies for ARV refill, adherence counseling and patient monitoring and over 50% were willing to support the linkage of stable ART patients to private pharmacies.
14. The most common reasons for supporting linkage of stable ART clients to private pharmacy included excessive workload for HRH (21%) and long client waiting times (21%).

15. Many facility personnel (>70%) did not support the payment of an administrative fee for ARV refill at private pharmacy by the patient.

16. 75% of all health facility personnel recommended that no fee be paid to private pharmacy as administrative/service charge for ARV refill service.

**Client Perspective Survey**

1. Total of 701 patients in ART were interviewed across four states (Akwa Ibom, Cross River, Lagos and Rivers).

2. Average length of time for most of the patients was less than one year (40%).

3. 70% of the patients were on TDF+3TC+EFV, 21% on AZT+3TC+NVP and 4% on other regimens.

4. Many of the patients (38%) spent more than three hours, on average, during a hospital visit but indicated that they did not consider the period too long for hospital appointments and pharmacy refills.

5. Over 80% of patients interviewed indicated that pharmacy-patient interaction time was adequate.

6. Majority of the patients (>80%) had adequate knowledge of how and when to take their medication, with only about 40% knowing what to avoid when taking their ARVs.
7. Over 80% of patients interviewed indicated that the pharmacist reviews their adherence to medication.

8. More than 60% of the respondents were aware of the side effects of their medicines and about 56% knew how to manage them.

9. More than 50% of patients interviewed reported having had to take long time off work/business to pick ARV refills from the hospital but majority (>70%) also agreed that it was convenient to pick up medication from the hospital.

10. About 37% of the patients interviewed were willing to pick up ARV refills from a private pharmacy with 29% willing to pay for an administrative fee for the service.

11. 28% of ART patients were also willing to pick up ARVs from support group meetings.

12. The most common reasons for preferring to pick up ARV refills in a private pharmacy by ART patients included proximity to home (32%), shorter waiting time for drug refill (24%), flexible drug pick up time (21%) and not wanting others to know HIV status (21%).

13. Estimated travel time from hospital to home for majority of the patients was 30 minutes to 1 hour.

14. Only 17% of the ART patients interviewed were willing to pay a N1000 ARV refill service charge but 21% were open to paying a fee of less than N500.

CONCLUSION
Community Pharmacists, ART clients and Health care workers are receptive to the concept of ARV refills for stable ART clients in community pharmacies. A significant proportion of clients – about 37% are willing to pick up ARV refills from a private pharmacy with 29% willing to pay for an administrative fee for the service. Over 90% of community pharmacies are willing to provide ARV refills for stable ART clients and document appropriately.

RECOMMENDATION

The Community Pharmacy ARV Refill Program is recommended to be rolled out immediately with continuous monitoring of services provided and participants feedback.

REFERENCES


APPENDIX

1. CP ARV refill Selection data