

# Getting beyond the low-hanging fruit: Strategies and experiences in increasing demand for decentralized HIV services

Decentralized Drug Distribution (DDD) Learning  
Collaborative

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January 14, 2021



# Session 9: Learning Collaborative Agenda (7-8:30 am EST)

- **Creating buzz around your innovative DDD models: Principles and application**  
Brian Pederson, FHI 360
- **Make it easy, Make it private, Make it convenient**  
Karin Hatzold, PSI/Malawi
- **EpiC Lesotho - BonoloMeds**  
Lauren Weir, Right to Care
- **Decentralized Drug Distribution in Burundi through the PODI model**  
Jeanne Marie Francine Karemera, FHI 360/ EpiC Burundi
- **Decentralized Distribution of ART: Communications Materials Development Process**  
Pablo Mabanza, FHI 360/ EpiC Democratic Republic of Congo
- **Q&A**  
Rose Wilcher, FHI 360



JAN  
2021

# Creating buzz around your innovative DDD models: Principles and application

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Brian Pedersen

Technical Advisor, Social and Behavior Change

# Where are we now?

- DDD is new concept in many places
- Few demand creation efforts to support introduction
- Most efforts focused on basic client education (e.g., how DDD works)
- For DDD to be successful, may need to do more

# What do we mean by “buzz”?

Speculative or excited talk or attention relating especially to a new or forthcoming product or event.

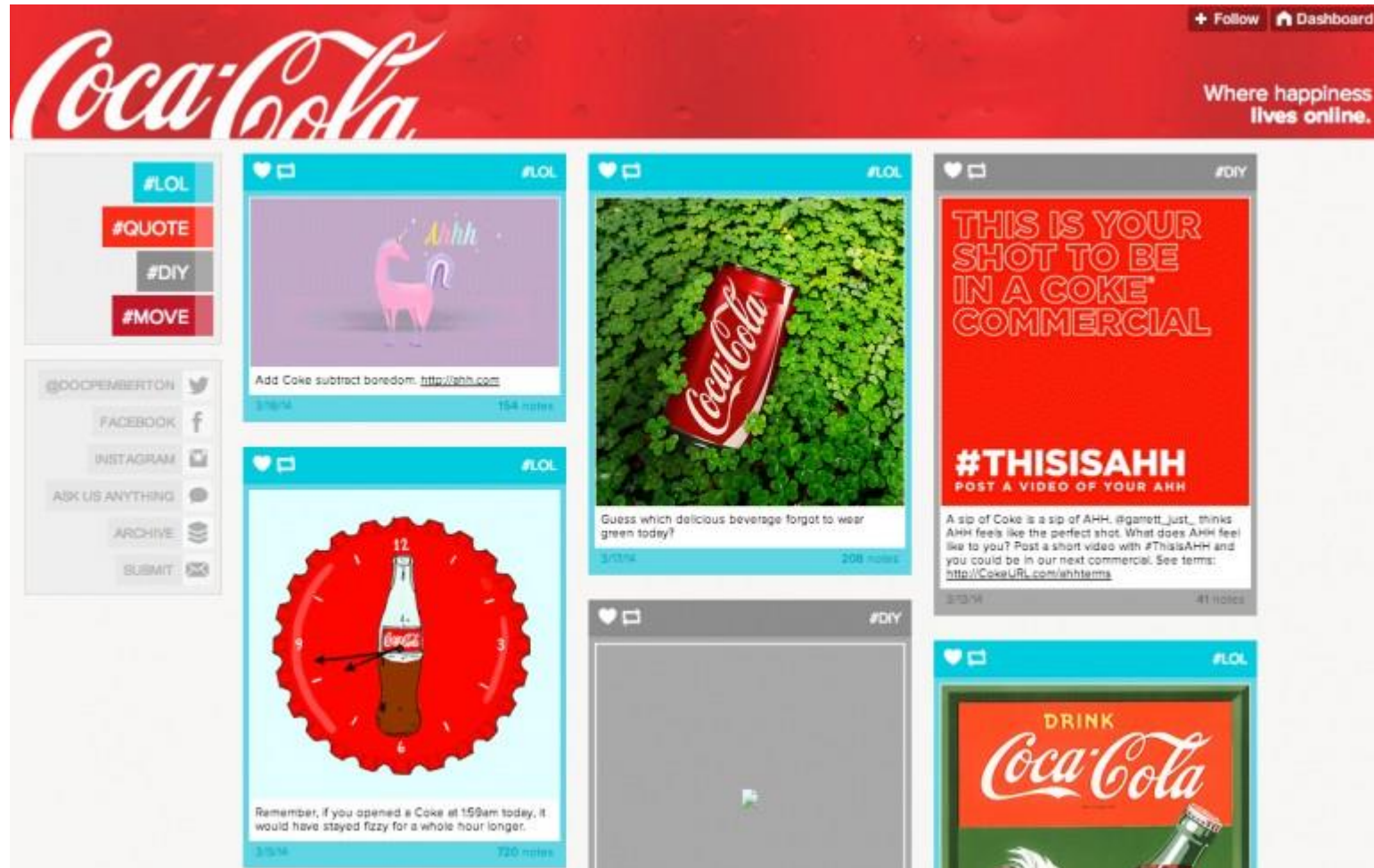
– Merriam-Webster

How do private companies create “buzz” around new products or services?

They create suspense and intrigue



# They plug in to other platforms and create shareable content





They get influencers to talk about their products



FACIAL FITNESS  
PAO



# They let social networks spread the word


Buzzsum

## How Sensitive Is Your OCD Radar?

Created by [Monica Woods](#) on September 17, 2016

### OCD TEST

1 2 3



To OCD free people all the following shapes look identical, but one of them is different - Are your eyes, brain and OCD radar sensitive enough to spot it? \*This test was created for amusement and is not diagnostic in any way.


FACEBOOK ENGAGEMENTS	LINKEDIN SHARES	TWITTER SHARES	PINTEREST SHARES	GOOGLE+ SHARES	DOMAIN LINKS	TOTAL SHARES
3.4M	32	4.8K	910	329	23	3.4M

Starbucks Newsroom

Home News Press Releases Fact Sheets Views Multimedia Contact

December 17, 2016 Community

## Starbucks Invites Customers to Create Red Cup Art



Share

Downloads

# They hold an event



*Mr. Vineet Taneja*

*Country Head, Mobile & IT, Samsung India*

cordially invites you to a press conference to experience

**“The Next GALAXY”**

on Tuesday, September 17<sup>th</sup>, 2013  
at 12.15 pm

[www.samsung.com/india](http://www.samsung.com/india)

They demonstrate the product



We're not hawking some new  
consumer product...

**...we can't create buzz  
this way for DDD!**

Why not?

# What would Apple do? (WWAD)

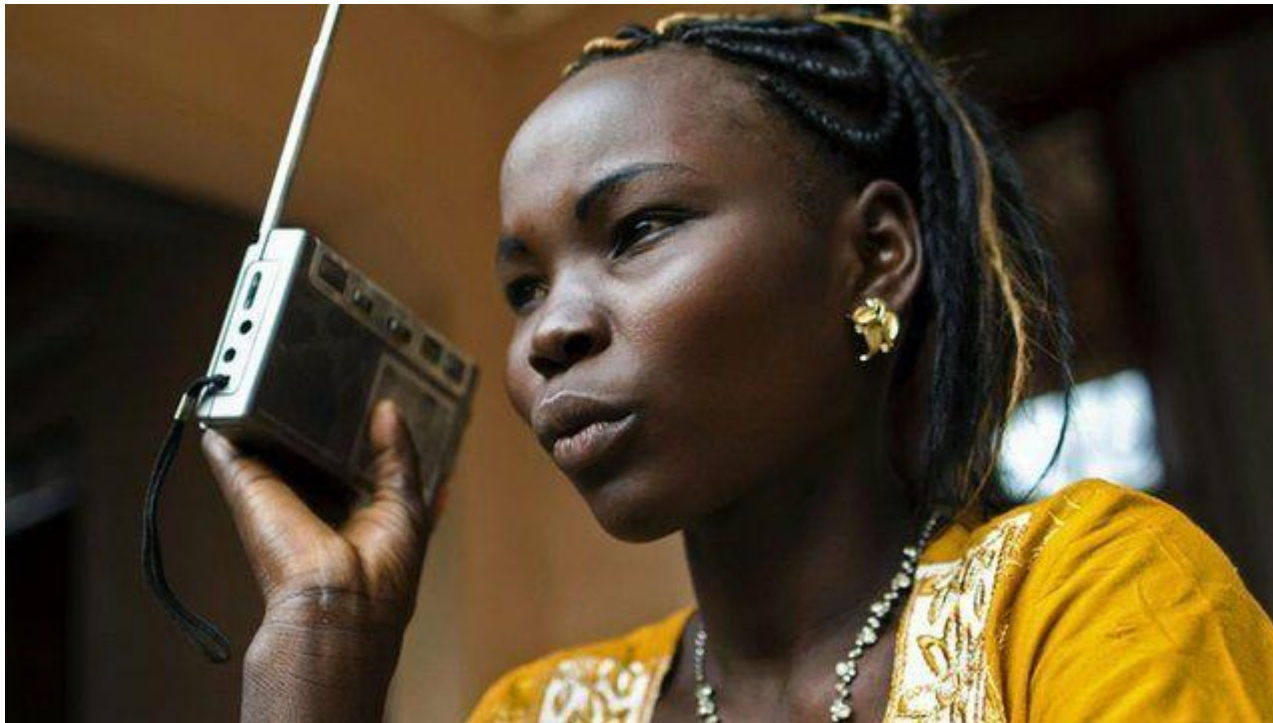


Create suspense and intrigue around DDD





# Plug in to other platforms and create shareable content about DDD



## 5 Tips To Keep Your Chin Up

- 1 Do something impulsive.**  
Do something impulsive that you haven't planned every day. It's better to have no plan so we can seize the opportunities that may arise.
- 2 Have rituals.**  
We are less who we are than what we do. Do 3 things that you love every day. As a result, feeling the gratitude will help you better sleep. Better sleep helps to be in a better mood. A better mood helps to make better decisions.
- 3 Exercise at least 10 minutes a day.**  
Exercising has an influence on your brain, on your mood, on your ability to reflect and on your health.
- 4 Take breaks.**  
Prevent burnouts by stopping what you are doing and do something else. Create a different atmosphere, add some novelties in your daily routine.
- 5 Learn something new.**  
Learning helps to create new connections in your brain and to come up with new ideas and new opportunities.

Source


# Get influencers to talk about DDD



## TESTIMONIALS

“ Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean at dolor euismod, finibus dolor sed, pretium massa. ”

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**BRENDA WILLIAMS**  
CLIENT  
www.mySite.com  
★★★★★

“ Rutrum tincidunt, vitae commodo, laoreet massa. Elementum praesent. Ut in. Praesent mauris, etiam velit ac, et fames mauris. Tempus suspendisse Integer ”

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**TOM RIDDLE**

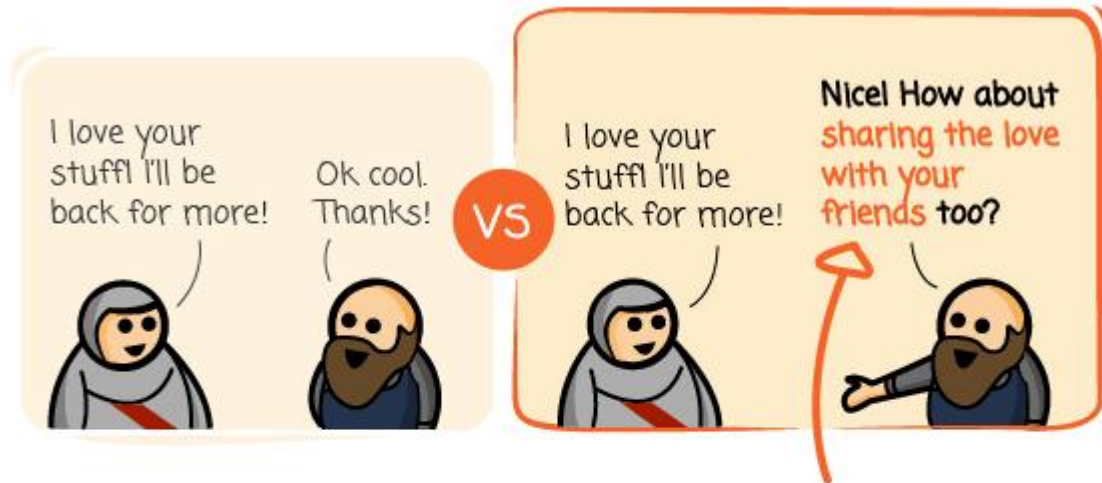
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**AMELIE ROSEWOOD**  
ACCOUNT  
www.website.com  
★★★★★

# Let social networks get the word out about DDD



**THIS IS REFERRAL MARKETING**

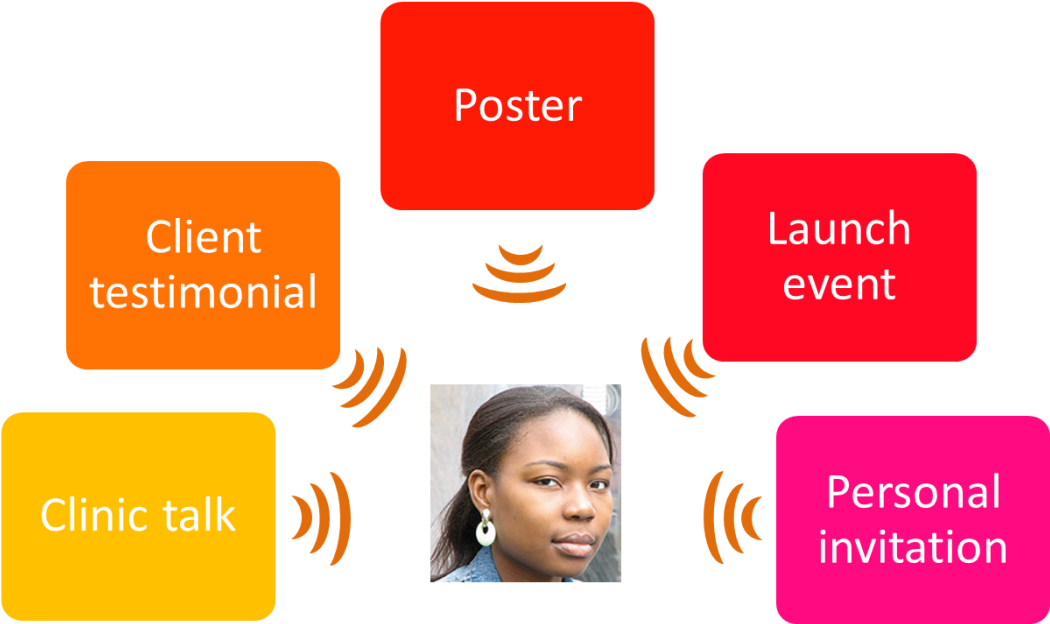
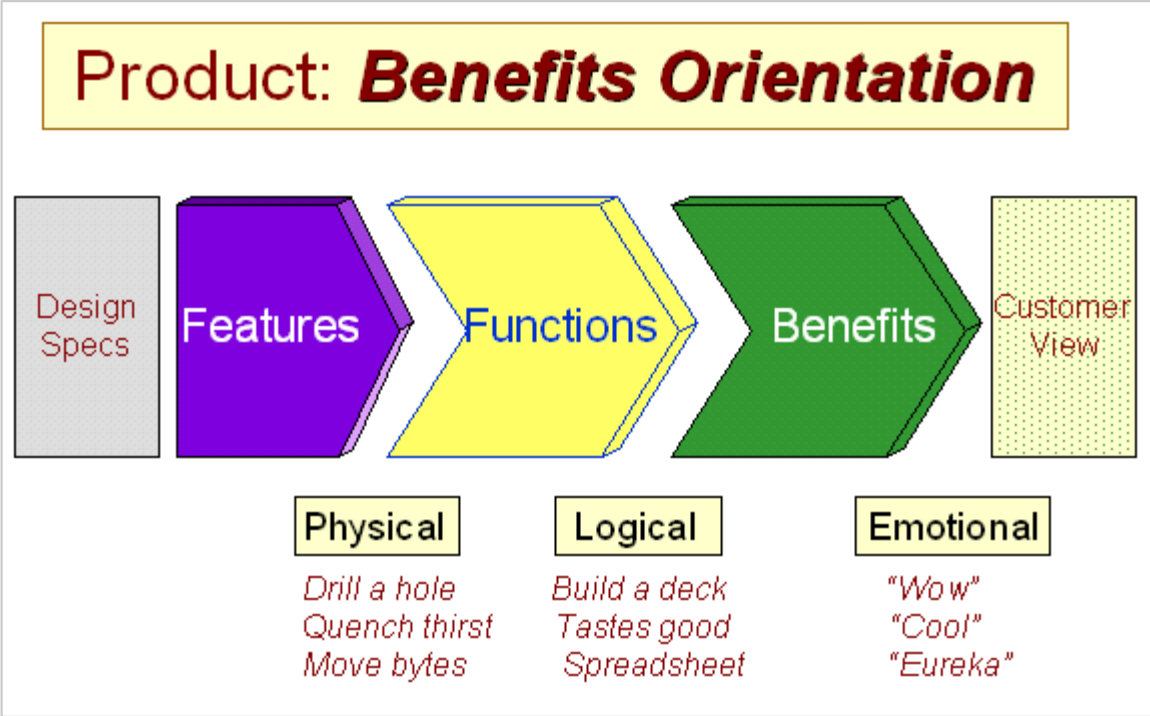
Referral Marketing is deliberately encouraging your customers to tell their friends about you.



# Hold an event to celebrate DDD launch



# Demonstrate DDD



# 90-second summary

- It's possible to create buzz around DDD the same way Apple creates buzz around a new iPhone
- Make DDD feel “special”
- Nest DDD messages into a bigger story (don't just focus on how it works)
- Your messenger is sometimes more important than your message
- Make DDD seem like the most popular choice
- Always ask yourself, “WWAD?” to make people **want** DDD

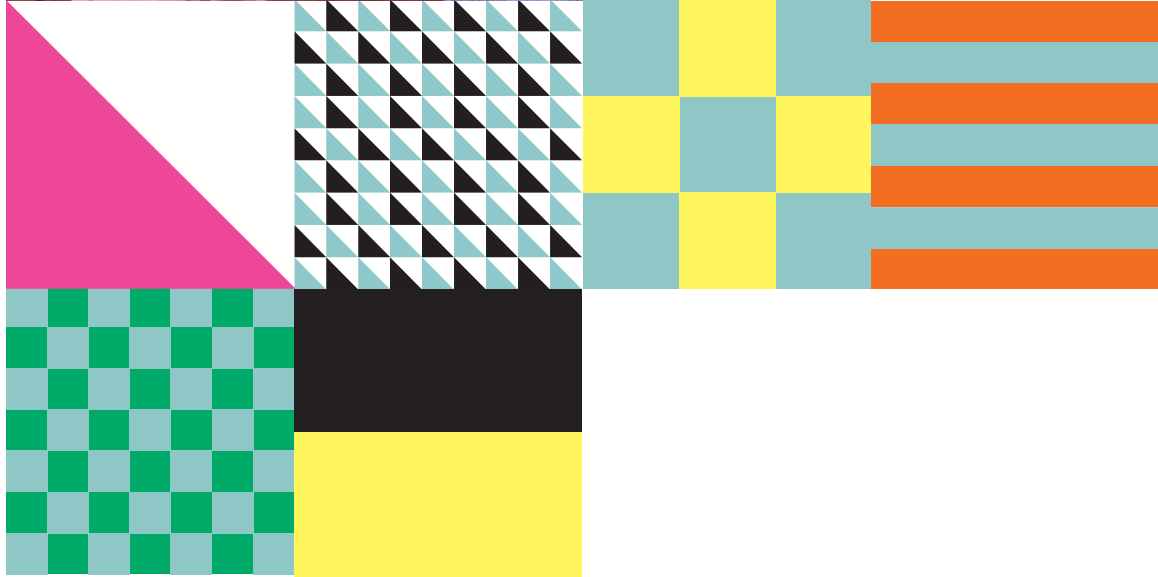
**Thank you!**



# Make it easy, Make it private, Make it convenient

Lessons from HIV self-testing on sustaining demand for decentralized ART

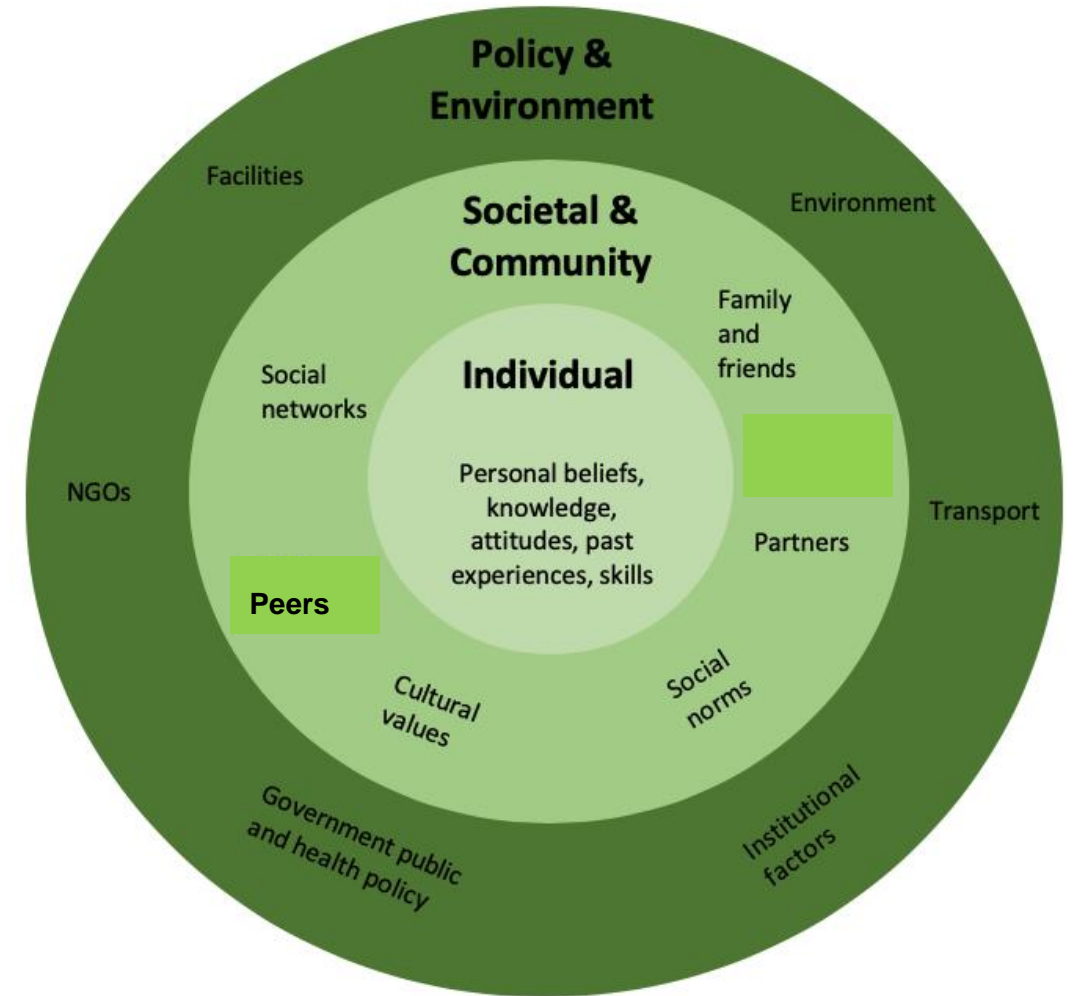
Karin Hatzold  
Associate Director HIV and TB  
Population Services International





# Barriers to HIV testing are very similar to those for ART uptake and sustained use

- Social norms
- Fear of embarrassment, stigma, discrimination
- Perceived lack of privacy and confidentiality
- Health workers attitudes towards clients/PLHIV
- High opportunity costs
  - Inconvenient
  - Missed work opportunities
  - Costs of access
  - Few testing opportunities outside of facilities



# Insights: Discrete Choice Experiments

## “HIVST Distribution”

### **HIVST Delivery model**

Accessing to information

Location of collection of kits:

Opening time of clinic

Type of distribution

### **Provider characteristics**

Type of provider

Distributor

### **Product characteristics**

Test price

Type of HIVST

## “Linkage to HIV care”

### **Linkage to HIV care services**

Method for encouraging linkage to care:

Location to confirm test and initiate ART

Fee for services

Period for linkage after distribution

### **Services characteristics**

Distance from the facility

Opening time of clinic

Flow at the clinic

Waiting time

Integrated HIV services at clinic

Availability of antiretroviral treatment

# Insights: Discrete Choice Experiments

## Consistent preferences across countries

### “HIVST Distribution”

**Favouring** home distribution by lay counsellors

**Against** mobile testing, kits distribution by partners and concerns about price

### “Linkage to HIV care”

**Favouring** community-based “neutral” linkage locations (home, counsellor’s home)

**Against** fee for services and long waiting times to confirm test and initiate treatment

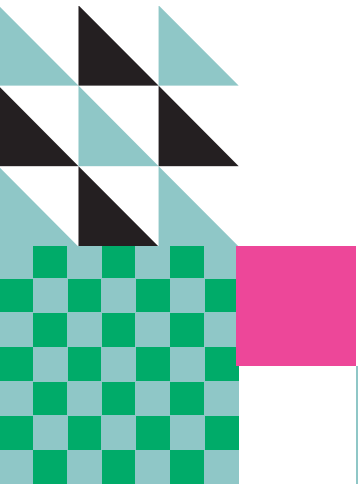
*“I will choose when to test, where I want to test, and I can determine how private the place of testing is...”*

*“People can’t be going to the hospital for an HIV test... Once I go there today, the news is going to spread everywhere and people will know that so and so is HIV positive.”*

*“The counselor must be there but not during the entire process”*

Deferring preferences around the method of **support** (pre- and post-test & and support for linkage)

Analysis of variation in preferences across populations strengthen user-centred interventions and targeting



# FSW Views on HIVST Access

FSW prefer collecting HIVST kits from dedicated FSW clinics

- ▲ Confidentiality concerns with PE and hairdressers

Mixed views among peer educators

- ▲ Most would like to distribute
- ▲ Some prefer clinic-based distribution like FSW
- ▲ Against hairdressers distributing kits

Hairdressers and Female Condom Promoters were willing to distribute kits

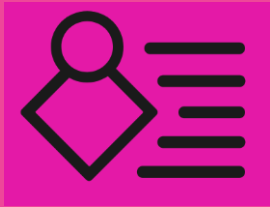
- ▲ Hairdressers expressed need to be paid - *“At least if we can get something... I can get motivated”*
- ▲ FC Promoters also agree to voucher system where vouchers distributed and redeemable for free HIVST kits

*“We don’t want to get from hairdressers, their husbands are our clients”*

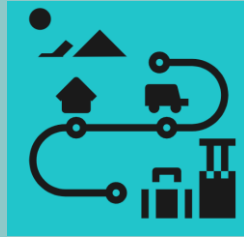
*“As soon as you leave she [the peer-educator] will talk about you saying ‘You see the lady who just left? I have given her a self-test kit!’”*

*“Don’t trust us, we may not give the kits to the intended beneficiaries!”*

# USER-CENTERED APPROACHES



SEGMENTATION &  
ARCHETYPES



JOURNEY MAPPING



IDEATION



PROTOTYPING

# Client Archetype: **Surviving Themba**



**Name:** Themba

**Age:** 24

**Gender:** Male

**I live in** Rural

**I work as** a multitude of things, piece jobs around the community

**I have** several family members including my parents

**I am** in a relationship but have multiple other partners

**For fun** I like to hangout at the local 'games' spot

## **Surviving Themba's Narrative**



Most likely to be living in rural, did not complete his schooling. He had to drop out in order to *"be a man"* and help his family make ends meet.

Themba helps out the house by tending to the farm, collects firewood and does some piece jobs in the community to help with money in the house e.g. help at the barber shop, sells goods at the market etc.

He has some dead time during the day when he cannot work the farms because of the blazing sun, so he sometimes spends this time with his friends at the local games hangout or plays and watching soccer if he is not visiting his girlfriend.

## **Psychographic Profile**

### **Attitudes and risk:**

*"I work all day... and I have needs, when I come back from work I have the urge to meet with a woman to release all this tension I have inside of me."*

- He holds traditional views on relationships and believes men are more superior
- He believes earning some income suggests one is ready to have a wife.
- He considers himself to be a catch for women as he has an income.
- Cannot say no to girls that throw themselves at him.
- Perceived risk is from his side - he cannot fathom the idea that a woman would cheat on him, as he is a catch
- Does not have it in him to stick to 1 partner and takes the women as a symbol for status and respect.

**Condoms:** Seldom uses condoms as he fears they may "slip off". He admits no one has taught him how to use a condom and is too embarrassed to ask and does not embarrass himself in front of a girl.

## Behavioral Profile



**HIV Perceptions:** A positive result will diminish their ability to work and earn an income.

It will not only compromise their health, but power and status that comes with the ability to provide.

**HIV testing behaviour:** Most likely to be a first time tester, avoids the clinic as a day off work influences their earning potential. Partners status is proxy for their own. *Don't believe their partner can cheat on them.*

**Recognised ST Value:** *Convenience- time , Private*

**Drivers for rejection:** *Credibility-* Kit it too simple looking. The independent nature of this threatens to expose low levels of education

**Key Touchpoint in the journey: Demonstration** - Offers an opportunity to display one does not need an education in order be able to successfully conduct the test - interactive leave behind that one can refer to when administering the test in private.

- Wants to “preserve public social public capital – pride and social admiration. Wants to be in control, therefore being seen at the testing facility will bring about judgement to his social persona. Also, Testing at the facility makes one lose power and control of information and confidentiality
- Benefit of HIVST – helps one to manage who accesses results, when and how. Self-Testing gives one end-to end control of the process

## Surviving Themba

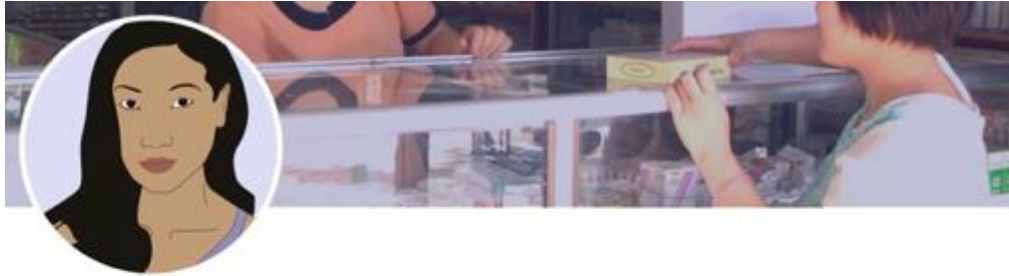
### Testing Journey

1. **Awareness** Most likely to respond to physical cues of one feeling unwell, tiredness etc. Less likely to confide in family and those around him and wont ask for information.
2. **Experience** Will often travel to a clinic where he is less likely to meet people that may recognize him.
  - ST is collected from the home of the distributor and test is conducted in isolation.
  - In the event of a reactive kit, one is less likely to go back to the distributor for support.
3. **Linkage** Less likely to link up immediately. Some denial, delayed acceptance of the result and only link to care when one starts to display physical symptoms. More likely to present as a new case at facility and go through testing process all over again. File is kept at facility far from home.



Key Insights

# Female sex worker HIVST personas



## Phuong Nguyen

Vietnamese sex worker

**GENDER:**  
Female

**AGE:**  
34 years old

**MARITAL STATUS:**  
Divorced

**CHILDREN:**  
1

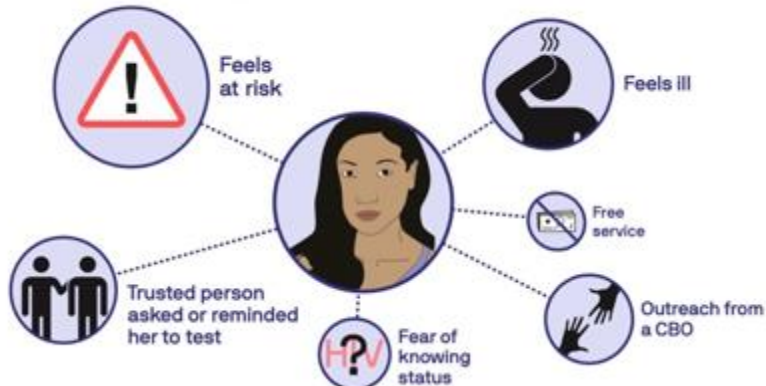
### HOME

Phuong lives in a room in a house in Hanoi, Vietnam, with her daughter. They have lived in their home for the past two years. Phuong is divorced and doesn't currently have a partner.

### LIFE

Phuong completed Grade 9 in school in the province where she grew up. Phuong began working as a sex worker six years ago. She currently works in a karaoke bar, but has also worked in guest houses and hair salons. On an average day, Phuong works for six hours and has between two and three clients.

### Factors influencing Phuong's decision to test for HIV



## A DIFFERENTIATED CARE MODEL FOR HIV SELF-TESTING

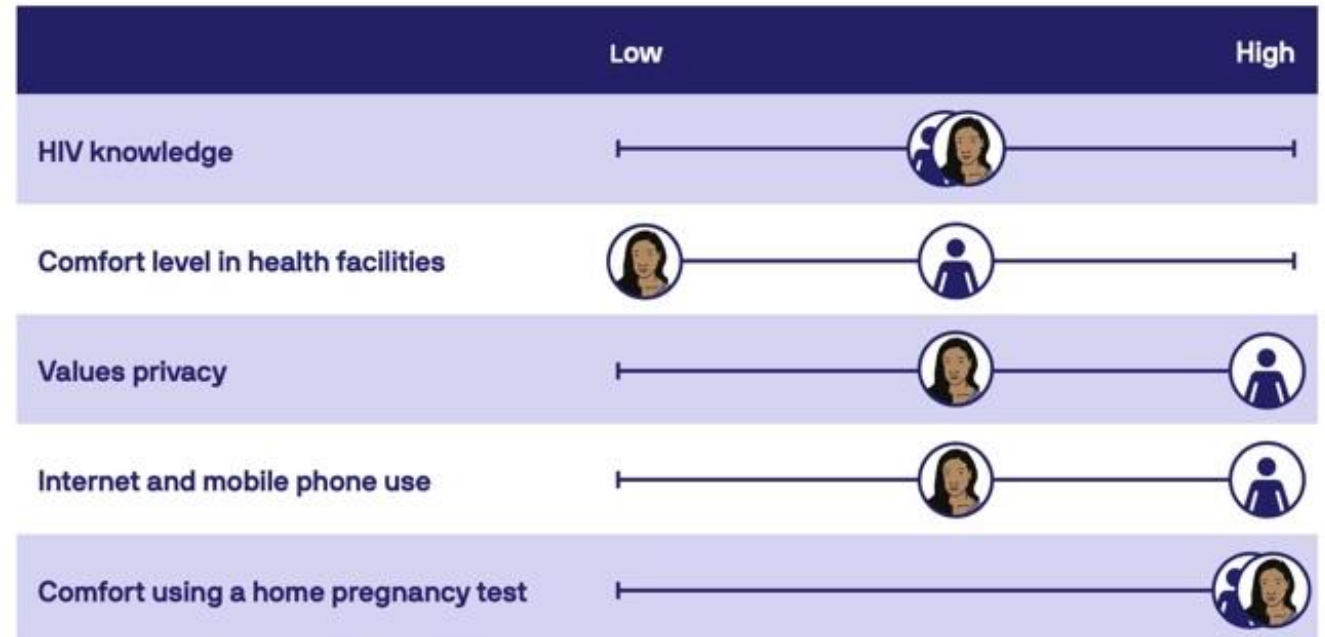
When building a differentiated care model, it is important to understand how age and other factors shape user needs and behaviors.



More experienced sex worker



Less experienced sex worker





# Make it easy, Make it private, Make it convenient - HIVST Demand Creation

Check your status.  
You decide when and where.  
**It's as easy as catching a taxi.**


Your self-screen kits, available at taxi ranks from May 2018.



**HIV SELF-SCREENING**  
1, 2, 3. SCREEN. KNOW. ACT.

Check your status.  
You decide when and where.  
**It's as easy as catching a taxi.**

Your self-screen kits, available at taxi ranks from May 2018.



**HIV SELF-SCREENING**  
1, 2, 3. SCREEN. KNOW. ACT.

THEY SHE ZE HE XE

**Order Kit FREE**



**Order Kit FREE**

KNOW MY STATUS,  
WRITE MY OWN STORY

[www.hivselfscreening.co.za](http://www.hivselfscreening.co.za)



# Know

**Order Kit FREE**



**Order Kit FREE**

KNOW MY STATUS,  
AM MY OWN QUEEN

[www.hivselfscreening.co.za](http://www.hivselfscreening.co.za)



# Demand creation decision makers, distributors and users

## Decision-makers:



Implementation, integration into national testing strategies and effective deployment of HIVST in the 3 project countries and in the.

## Dispensing agents:



Promotion of the integration of a complementary testing tool to achieve first 90 and fill the gap.

## HIVST users :



HIVST appropriation, uptake and dissemination

# HIVST to differentiate testing strategies

Targeted  
community based  
distribution

Secondary  
distribution  
female clinic  
attendees

Partner  
Notification/ICT

Direct facility  
based





Social/Sexual  
network testing

Online ordering  
and pick  
up/Pharmacy

## Mobilization

## Testing

## Linking

	Mobilization	Testing	Linking
 <b>When</b>	Daily placement of Posters/ in person sensitization at CBO office/ hygiene activities/ Social media	Daily at CBO office/ at client's convenient time/client request via phone call/WhatsApp/Delivery to client	If client tested positive at CBO office/ disclosure on phone via follow-up/ WhatsApp. Linkage options provided with kit
 <b>Where</b>	High volume, male focused hotspots in high burden locations/ Groups' social media	At place convenient to tester. Make on-site private self-testing and confirmatory testing available	Client preferred facility. Referral by on-site counsellor or offer ART starter pack on-site where available/ WhatsApp
 <b>Who</b>	CBO Mobilizers	Client	Client led by referral information On-site counsellor/ 1190 helpline
 <b>What</b>	WhatsApp/FB/ instructional videos/ IEC materials/ one-on one session	HIVST demo HIVST distribution/ on-site testing/confirmatory testing	On-site linkage through HTS counsellors for those who test on-site Phone call / SMS/ WhatsApp follow up

# Differentiated Testing Planning Tool

# Digital Solutions, Powering the HIVST user and linkage journey

## ACQUISITION

User acquires HIVST kit through WhatsApp chatbot, pharmacy, provider, or other platform.

1

## SELF - TEST

User takes the HIVST, guided by the chat bot's step by step instructions.

3

## GUIDANCE

Chatbot guides user to care and follows up to check on service uptake.

5

## JOIN

User uses mobile phone to enter a unique code and fills out anonymous demographic information on the WhatsApp chatbot.

2

## RESULTS

User submits results through the chatbot.

4

## REMINDER

User is reminded to seek post-test services.

6



DATA

Throughout the continuum: Anonymous demographic data collection on user demographic test result, and referrals to care

# HIVST and Covid-19

## Opportunities to increase demand

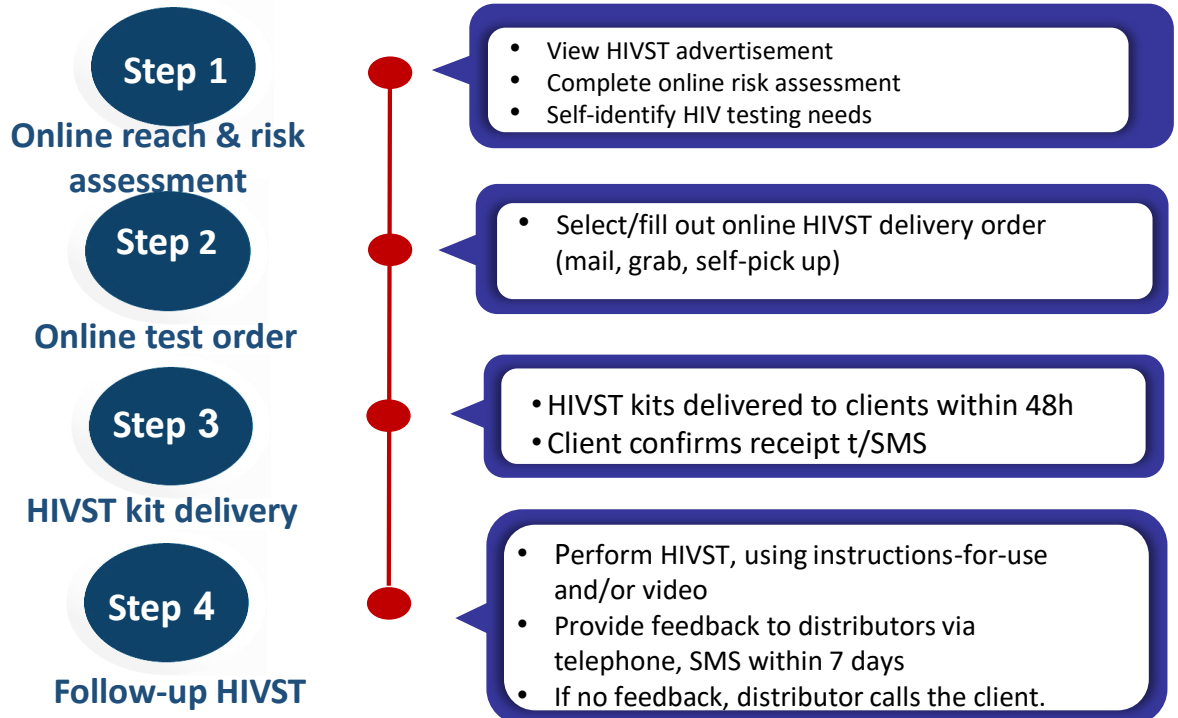
HIVST acceptable alternative to maintain services while adhering to physical distancing guidance.

Opportunities to integrate HIVST with COVID-19 contact tracing.

**Prioritizing areas & populations** with greatest needs and gaps in testing coverage.

### Approaches:

- ▲ Pick up at facility or community sites
- ▲ Online platforms (e.g. websites, social media, digital platforms) and distribution through mail
- ▲ Pharmacies, retail vendors, vending machines



## Conclusions

- Insights are always evidence based
- User is at the centre
- Design and adapt differentiated services with user according to their needs and behaviours along the testing/treatment/effective use journey
- Make it easy, Make it private, Make it convenient and ensure the client retains control

# EpiC Lesotho - BonoloMeds

Creating Demand for Automated Dispensing

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**Lauren R.K. Weir**

*Right to Care US Director*





# What is Bonolomedes?

Bonolomedes is an automated dispensing solution that enables Basotho living with HIV (BLHIV) to collect their ART where and when it is convenient for them.

## Demand

- Targeted branding reflecting issues of providers and patients
- Marketing focused on the convenience and privacy of pick-up
- Brand quality control and support
- Careful collaboration with prescribers at site level

## Supply

- Centralized patient specific packaging to support controlled and secure dispensing
- Automated contactless pick-up lockers in select locations
- Efficient software with linkages to EMRs and related systems to reduce and/or eliminate paper records
- Counseling available form secure hotline

**Governance**

# Branding is important for demand generation

Branding is the face of the campaign and supports related marketing which communicates the programs goals and related access for providers and patients alike

**ACCESSABLE** - clearly and easily identifiable.

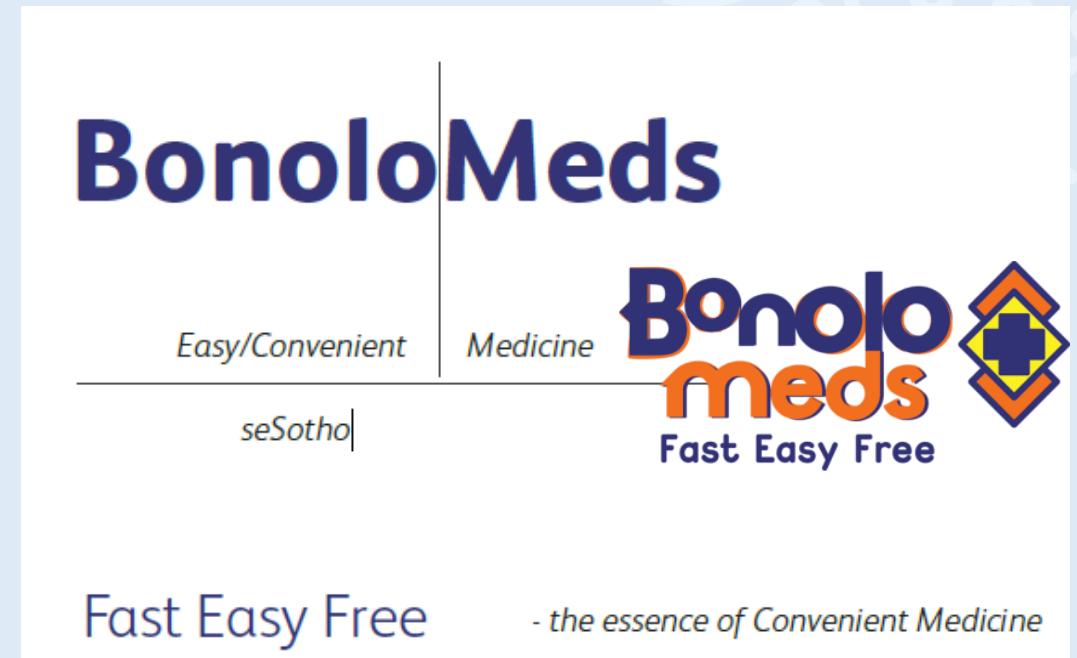
**TARGET AUDIANCE** - reflect the essence of the service offering to the relevant target market (the Basotho patients)

**APPROPRIATE**

**MEMORABLE** - the brand identity made to be unique and clear in communicating its service offering.

**VERSATILE** – i.e. user friendly - must meet the appropriate reproduction requirements.

**TIMELESS** - visual longevity is paramount when building brand equity.



# To develop the BonoloMeds brand we leveraged impressions from patients & providers



## Patient Insights

- There are often long queues at the hospital, followed by long queues at the chemist and in the end the patient can find that their medication isn't even available once they get to the front of the queue
- Patients would prefer not to go to the clinic/hospital at all
- Patients complain that they receive a 3/6 month repeat, yet when the patient returns to collect, clinics don't have the right medicines
- Patient's aren't allowed to send just anybody to collect their medication, which makes it difficult at times to have help



## Provider Insights

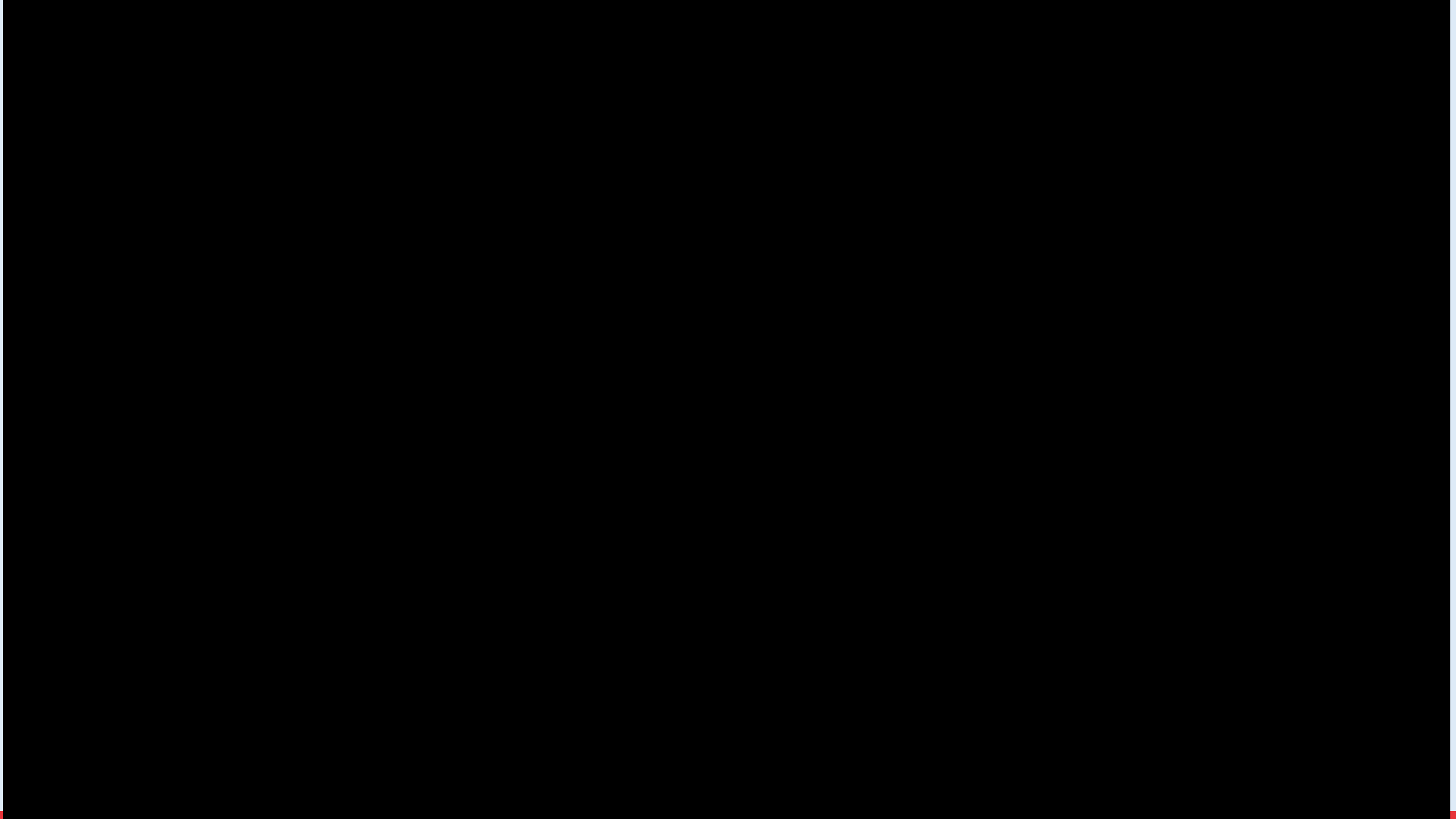
- Confidentiality is a barrier and having to attend clinic can perpetuate stigmas
- There are queues for the different types of patients, including specific files – the colour of which discloses your illness
- Queues get cut before you get to the front
- Migration of people into South Africa negatively impacts adherence
- Clinicians fear that sending patients to alternative collection points, may impact their job security

# BonoloMeds key brand messages

- Collect & Go lockers are **easy to use: speak to your healthcare worker** about how to register.
- **Fewer patients queuing** at public healthcare facilities as they will now collect at a nearby convenient location.
- By being **placed at busy locations close to where people live, work and commute**, Collect & Go smart lockers will help improve access to medicine and promote adherence
- Collect & Go lockers will **help decongest your healthcare facility**, allowing you to focus on patients.
- Collect & Go **patients will still belong to your facility** even though they collect their medication at a nearby smart locker.

Brand messages are targeted at both patients and providers, as providers are the “glue” that enables DDD





# Community campaigns targeting patients



Community Activation



Call Center



Social Media



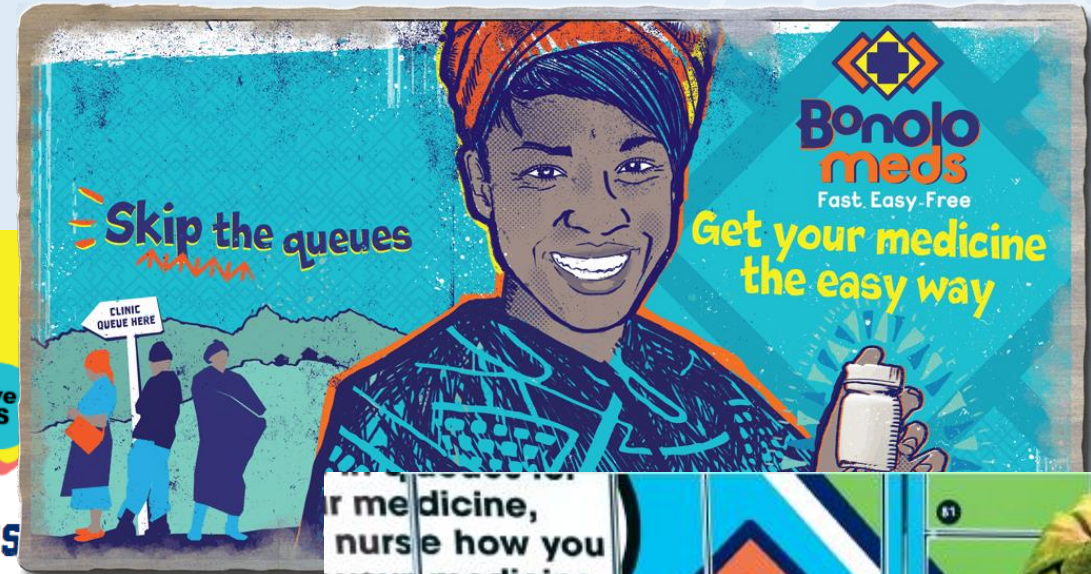
Web



Radio

**HOW TO REGISTER**

- 1 On your next appointment at your clinic, ask your healthcare professional if you qualify for BonoloMeds, if you do they will register you on BonoloMeds.
- 2 You must then choose a pick-up point that is close and convenient for you.
- 3 You can choose to use a standard BonoloMeds pick-up point or you can choose a BonoloMeds Collect & Go smart locker. Wherever you see the BonoloMeds sign.
- 4 You can choose to use a standard BonoloMeds pick-up point or you can choose a BonoloMeds Collect & Go smart locker. Wherever you see the BonoloMeds sign.
- 5 If you choose to collect from a BonoloMeds Collect & Go smart locker, the SMS will have a One-time PIN (OTP). Use this PIN to collect your medicine.





# Provider training leveraging branding

- Goal to introduce healthcare personnel to BonoloMeds and EpiC and build their knowledge, skills, and ability to generate demand for DDD
- Training sessions via contact workshops and remote workshops leveraging BonoloMeds material used included PowerPoint slides, the operational manual, prescription forms and eligibility checklists, and end-to-end video demonstrations.
- Demand creation and uptake:
  - Program visibility and sensitization
  - Screening for eligibility
  - Administered patient consent and enrolment
  - Scripting for eligible clients
  - Script transmission to the CDU
  - Patient tracking for missed appointments
  - Facility roles and responsibilities on BonoloMeds process flow







# Governance and collaboration is the most significant component

- Coordination between government, supply chain, treatment partners, private sector, and community is critical
- Providers themselves must be onboard and supportive of the program
- Collaboration with community groups to ensure appropriate referrals and follow-ups
- Buy-in from the patients themselves to collect their drugs and seek help when they need– in our programs we see **over 90% compliance with drug pick up**



# Looking forward—thoughts for consideration

Collaborative and effective governance is critical to ensure coordinated demand

Opportunities to include new products such as PrEP offer opportunities to serve patients that do not want to be seen in a traditional clinic setting, though this requires careful collaboration with new partners

Including medicines for other chronic conditions can support cost share among programs and avoid stigma

Collaborating with private sector partners can help develop successful branding and determine favorable pick-up points (i.e. lockers at malls)

Private health sector collaboration is critical, especially when considering prescribing products for new focus populations (i.e. PrEP), however more strategies are needed to consider total market approaches



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.

# Decentralized Drug Distribution in Burundi through the PODI model

“With demand creation, we can do better”

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**Karemera J.M Francine**

*Consultant FHI 360 Burundi*

*January 2021*



# Introduction: Burundi EpiC DDD project

- Population of ~11 million with ~85,000 PLHIV (~0.7%), with 1% prevalence among adults 15-49 as of 2019
- ~71,743 (84%) PLHIV receiving ART overall<sup>1</sup>
- “Test and Treat”  Congestion of facilities

## Objectives

- Increase access to ART through the expansion of PODIs to ensure patients on ART receive their refills safely and
- Support decongestion of high-volume facilities through optimization of DDD approaches.

**Implementation period:** September 2020 – March 2021

<sup>1</sup><https://www.unaids.org/en/regionscountries/countries/burundi>

# PODI model

## **PODI = Community Pick up Point**

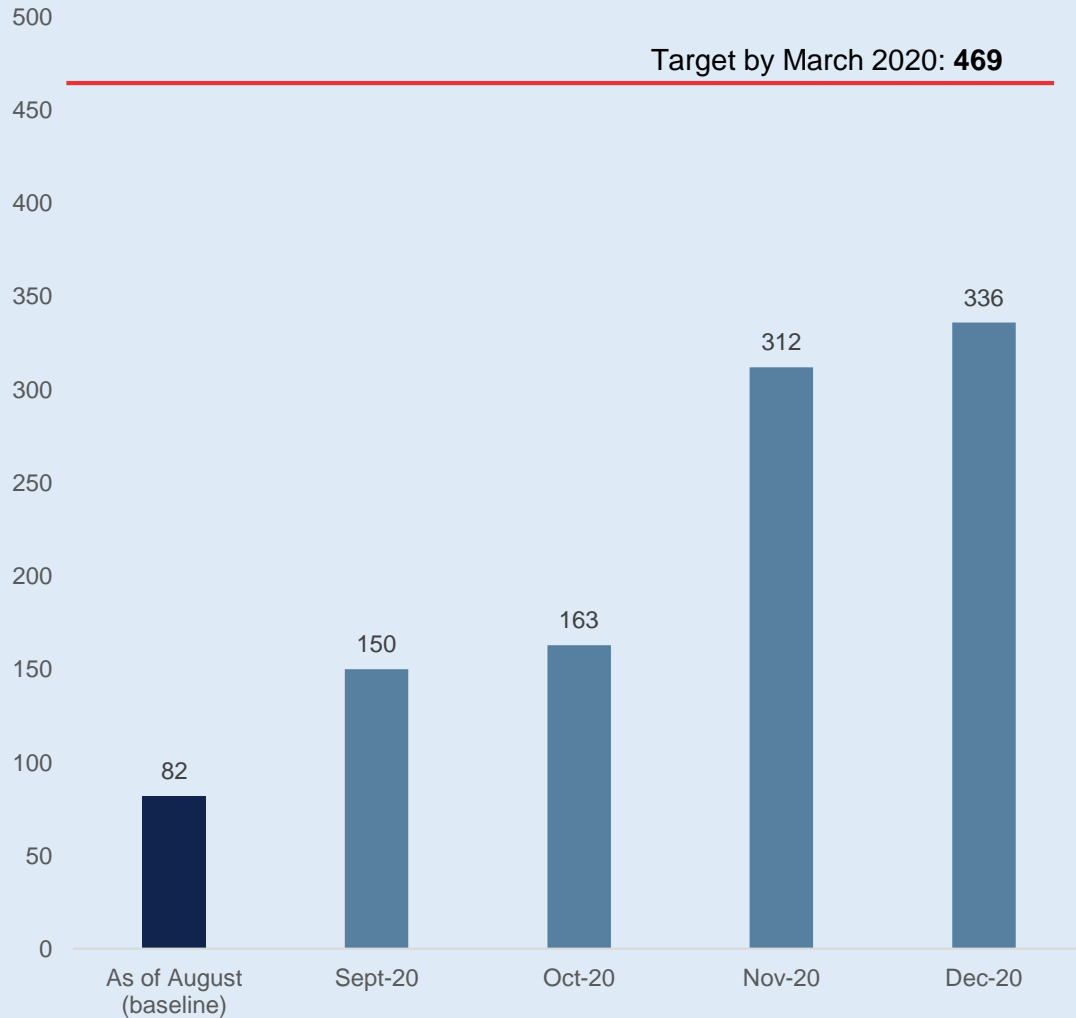
- ✓ The only DSD model approved in the current guidelines
- ✓ PODI groups include stable PLHIV from the same facility and the same locality or PLHIV with affinity
- ✓ A PODI is led by a PLHIV group leader: The members of the group choose among themselves a group leader whose role is to coordinate the group

## **Package of activities in a PODI:**

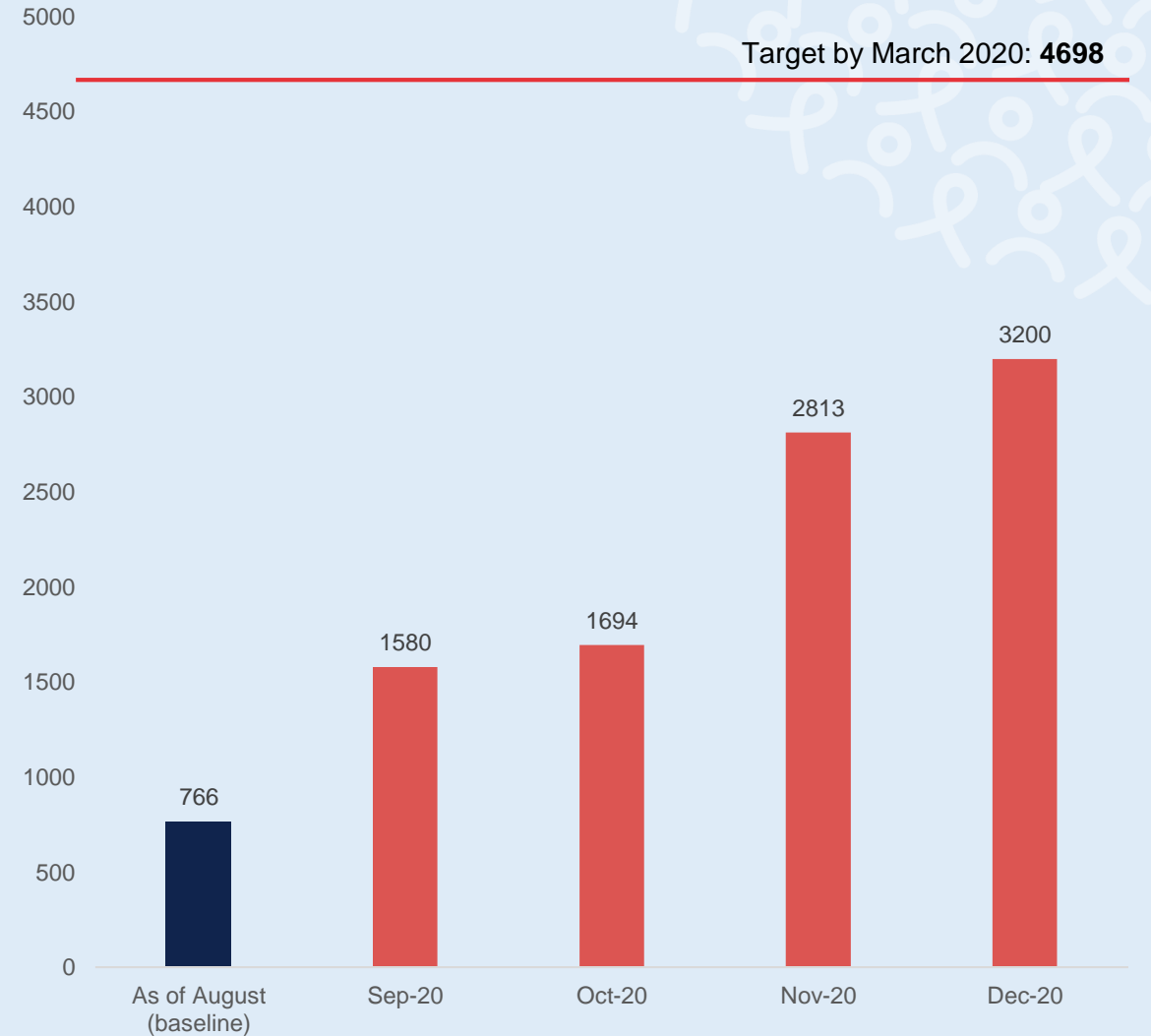
- ✓ Drugs distribution (ART, INH, Cotrimoxazole)
- ✓ Adherence sessions conducted by the leaders of PODI
- ✓ Reminder of appointments
- ✓ Income generating activities (in some PODIs)

# Number of PODIs established and enrollment

## Number of PODIs established by month



## Number of PODI enrollments by month







## How the demand was increased and maintained

- Conducted sensitization & training sessions for health authorities at the provincial, district, and health facility levels led by the MOH/PNLS
- Conducted sensitization sessions & trainings for community leaders and network of PLHIV on PODI model functions
- The purpose of these sensitizations was to increase their awareness of DSD models and its aim to decongest the sites and save time for beneficiaries of high-volume facilities where wait time is long.
- The community leaders and networks of PLHIV are engaged to reach out and sensitize other PLHIV
- Shared lessons learned and successes through regular visits and meetings with beneficiaries and stakeholders

Meeting with community leaders to request their engagement

# Demand creation: Role of stakeholders

## Health Providers

- Explain the PODI model and its advantages
- Focus on the barriers to accessing HIV treatment
- Explain that, in case of illness, they can visit the facilities because some PLHIV thought that if they adhere in PODIs, it will not be easy to come in for consultations
- Identify dynamic peer-leaders/community volunteers who can lead those groups

## Advantages of the PODI model

- ✓ Improve retention
- ✓ No expenses for transport
- ✓ Reduce waiting time
- ✓ Provision after office hours
- ✓ Opportunity for income generating activities



## Demand creation: Role of stakeholders

### PLHIV

- Can be peer-leaders/community volunteers
- Sensitize PLHIV in the community
- Explain advantages of PODI
- Collaborate with sites to organize and follow-up with groups/PODIs

### MoH and partners

- Train and sensitize health providers and network of PLHIV
- Mentor and coach health providers and PODI leaders to sensitize PLHIV
- Elaborate and adapt tools
- Follow-up on the implementation
- Share lessons and best practices among health facilities



## Conclusion

Rapid adherence to PODI and demand creation were improved due to:

- Engagement of the National program, Partners and Network of PLHIV
- Communicating the added value of the DDD model to address existing challenges including the high volume of beneficiaries in the facility
- Clearly communicating the added value for the beneficiaries
- Close collaboration between stakeholders and the MOH



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.

# Decentralized Distribution of ART: Communications Materials Development Process

Democratic Republic of Congo (DRC)

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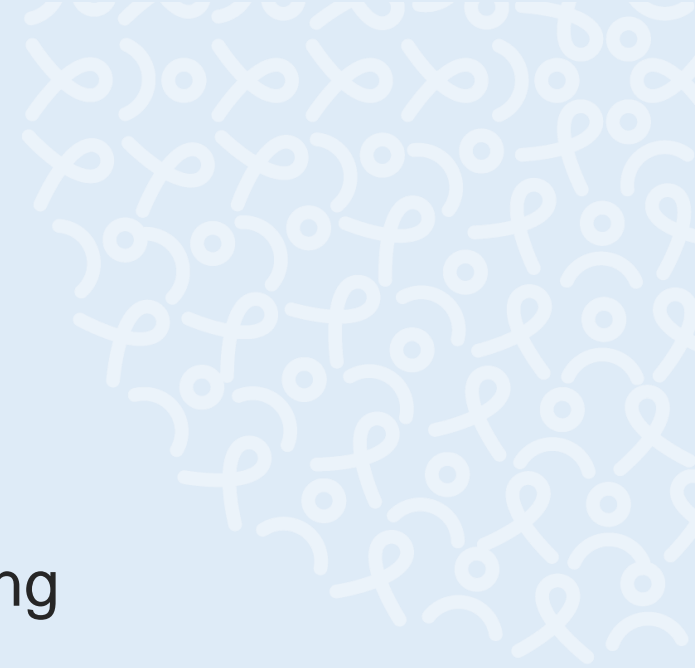
**Pablo Mabanza**

*EpiC DRC Acting Country Director*



# DRC Background

- Population of about 81 million people and an adult HIV prevalence of 1.2% (~ 450,000 PLHIV)
- ART coverage 57% overall; 58% among men, 73% among women, and 25% among children
- Challenging context
  - Few DDD models so many patients receive ART from facilities
  - Urgent need to accelerate decongestion of facilities and ensure uninterrupted ART for PLHIV



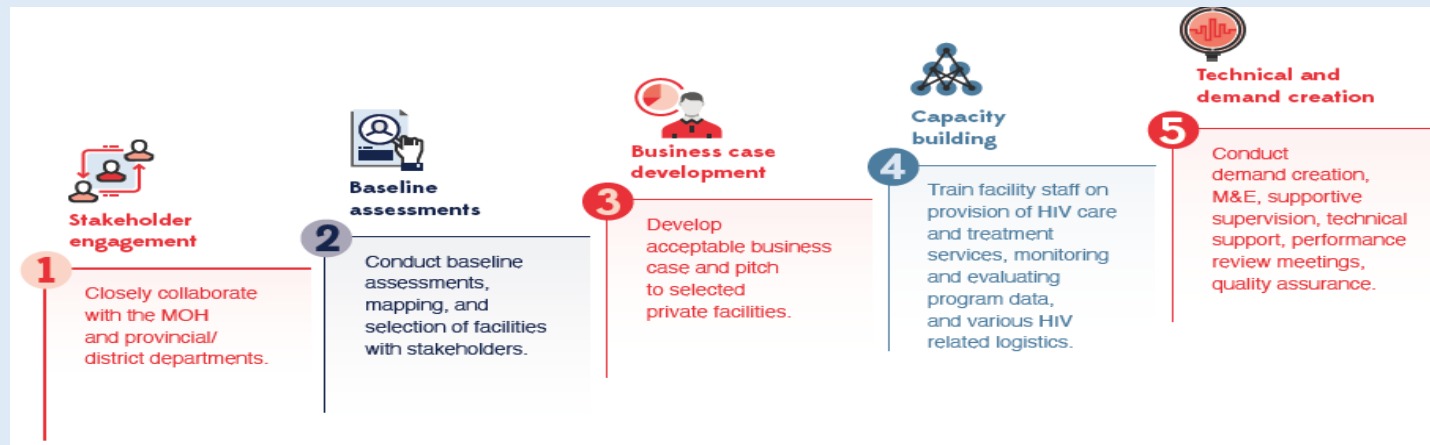
# DRC DDD Implementation Steps

## Why DDD in DRC:

- Refill of ARV in PP to address disruptions related to Covid-19
- Minimize potential exposure to COVID-19 for both patients and clinic/program staff

## Scope of Work:

- Increase access to decentralized ART to ensure patients on ART receive their ART safely
- Ensure sustainable mechanisms for decentralized provision of ART



## Implementation

- Goal is to enroll around 16,000 stables clients in the DDD model and accelerate progress toward 95-95-95 targets by 2025

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

- 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 (**15 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**



# DDD Communications Materials

## GOAL

- Produce communications materials on the new decentralized distribution model for ARV refills through pharmacies

## OBJECTIVE

- Disseminate information and convey the message to stable PLHIV in order to encourage the use of the pharmacy model through informed choice

# Methodology

Meeting with key stakeholders (DDD Staff, IHAP, and CCC Unit of national HIV program) to discuss approaches and to answer: **what, to whom, and how ?**

**What:** What messages to convey and with what materials (roll-up, poster, flyers, etc.)?

**To whom:** Which categories of patients to target (stable patients/VIP, people who are busy, people who may need motivation, etc.)?

**How:** From where should clients get the information (health facilities, pharmacies, PLHIV association, GAS...)?

## Approches: 5-day Workshop

**Day 1:** Conducted 3 focus groups with PLHIV, community members, and HIV providers to obtain their input on the content of the messages and type of materials

**Days 2 & 3:** Developed draft materials based on Day 1 results

**Day 4:** Conducted pre-test of the draft materials through a client survey

**Day 5:** Discussed and consolidated all inputs collected and finalized the materials

# Types of Materials and Messages

- **Roll-up:** A standing roll-up for HIV services/offices and for use during PLHIV association meetings
- **A2 Poster:** For private pharmacies, health facility waiting rooms, FOSA pharmacy waiting rooms, doctors' and nurses' offices, HIV Support Group meeting rooms
- **Flyer :** For PLHIV, HIV service providers, and the general population

The roll-up and posters convey the same messages, and the flyer provides more details and a list of pharmacies and their contact information by locations.

# OUTPUTS/RESULTS (1)

UNIVERSAL ART ACCESS

FINALY, FREE ARV REFILL IN PHARMACIES

RAPID SERVICES

PROXIMITY

CONFIDENTIALITY

ZERO STIGMA

ZERO DISCRIMINATION



# OUTPUTS/RESULTS (2-Flyer back)

CHERS PVVIH, LA PRISE REGULIERE DES MEDICAMENTS (ARV) GARANTIT NOTRE MIEUX ETRE ET NOUS EVITERA L'AGRAVATION DE NOTRE ETAT DE SANTE.

VOICI LES DIFFERENTS SITES DE DISTRIBUTION DES ARV EN RDC :

- CENTRES DE SANTE/HOPITAL
- POINTS DE DISTRIBUTION (PODI)
- GROUPES D'AUTOSUPPORT
- CLUBS D'ADHERENCE
- PHARMACIES



## POURQUOI DOIT-ON PRENDRE LES ARV A LA PHARMACIE ?

- PROXIMITE DE LA MAISON



- RAPIDITE DES SERVICES



- GARANTIE DE LA CONFIDENTIALITE



- REDUCTION DE LA STIGMATISATION



- REDUCTION DE LA DISCRIMINATION



- GRATUITE DES SERVICES



## QUI DOIT PRENDRE LES ARV ?

- TOUTE PERSONNE TESTEE POSITIVE AU VIH.

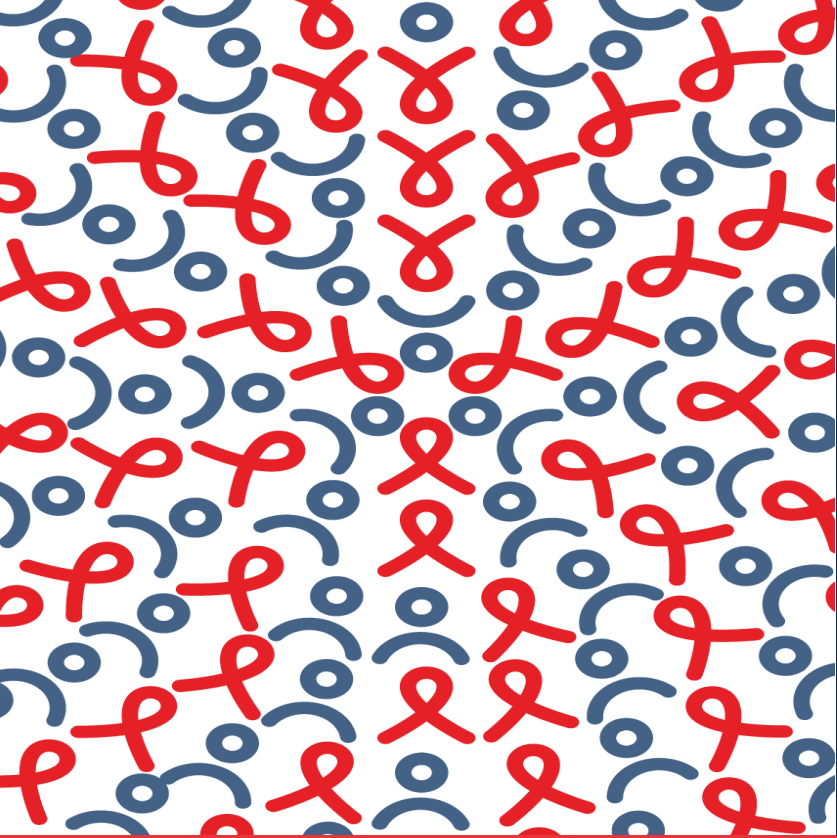
## QUI DOIT PRENDRE LES ARV DANS LA PHARMACIE ?

- TOUT CLIENT STABLE


# Pictures from the development process







THANK YOU



# Panel discussion & Closing

Rose Wilcher and Moses Bateganya

# Upcoming Session

**Unlocking the power of decentralized drug distribution: how DDD can work for tuberculosis, noncommunicable diseases and family planning**

Thursday, February 11, 2021

7:00 AM-8:30 AM EST | 13:00-14:30 CAT | 14:00-15:30 EAT

[Register here](#)

