



Differentiated Service Delivery adaptations
during COVID-19
for people living with HIV in Nigeria/West Africa

Institute of Human Virology Nigeria

December 2020

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Institute of Human Virology, Nigeria (IHVN)

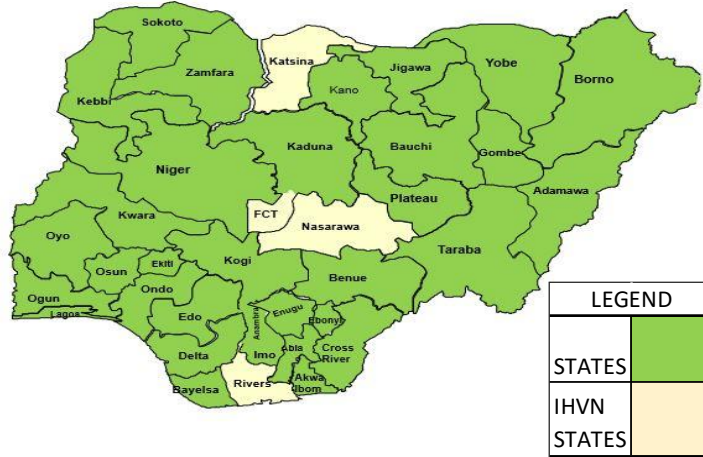


- A non-profit, non-governmental organization established 2004 to address the HIV/AIDS crisis in Nigeria.
- Now addressing tuberculosis, malaria and non-infectious diseases.
- Our mission is to be a Center of Excellence in
 - Health service implementation,
 - Capacity building,
 - Research, and
 - Ensuring equitable access to quality health care
 - Innovative and evidence-based strategies.

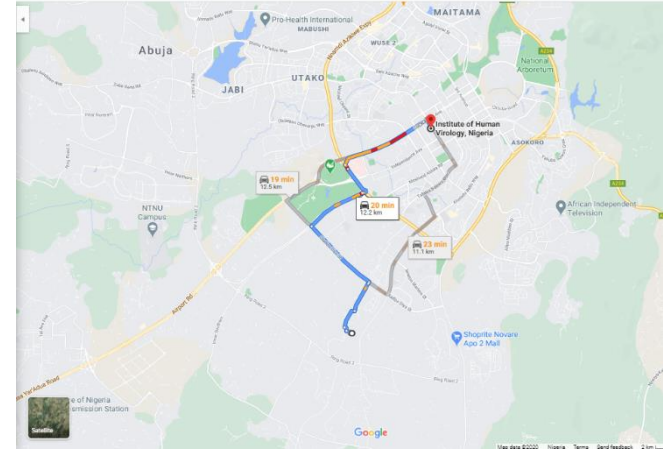




Our Location



FCT Abuja: 8.8941°N, 7.1860°E
Nasarawa State: 8.4998°N, 8.1997°E
Katsina State: 12.3797°N, 7.6306°E
Rivers State: 4.8396°N, 6.9112°E

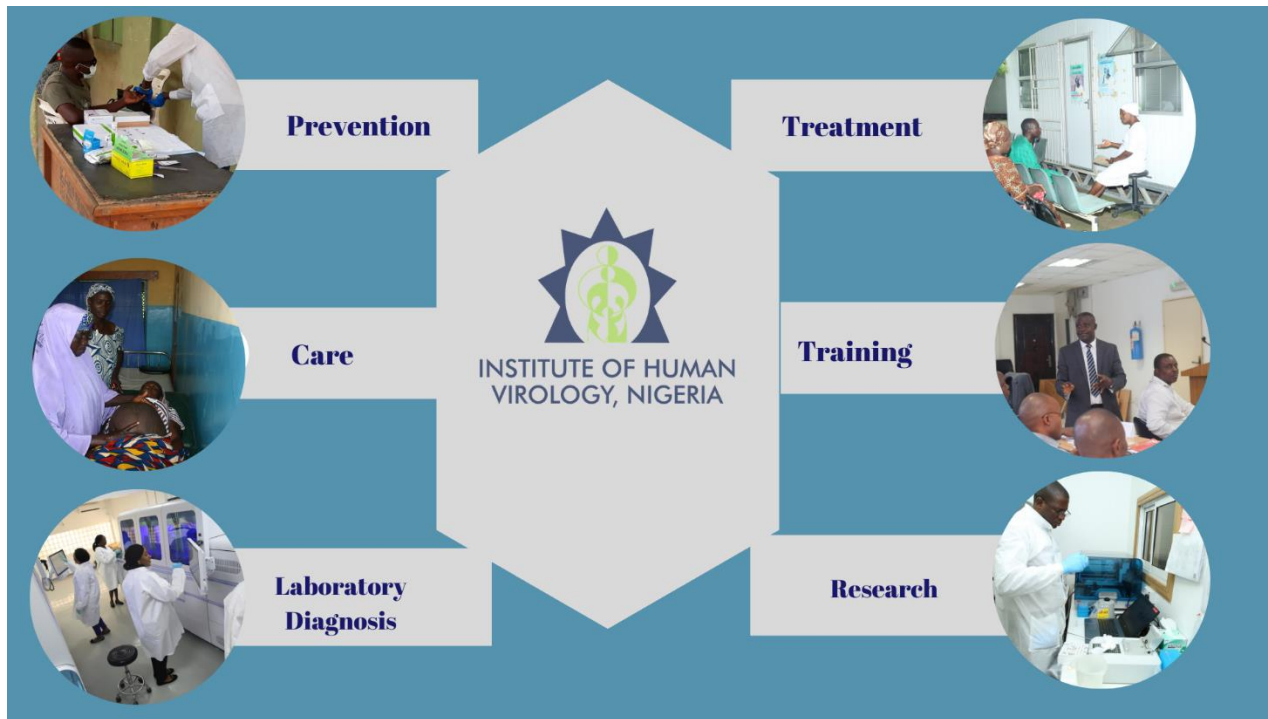


IHVN Head Office Location in Abuja





What we do



- Institute of Human Virology Nigeria (IHVN) provides prevention, care, treatment, laboratory diagnostics, capacity building and research for infectious and non-infectious diseases including HIV, tuberculosis, malaria and cancer.



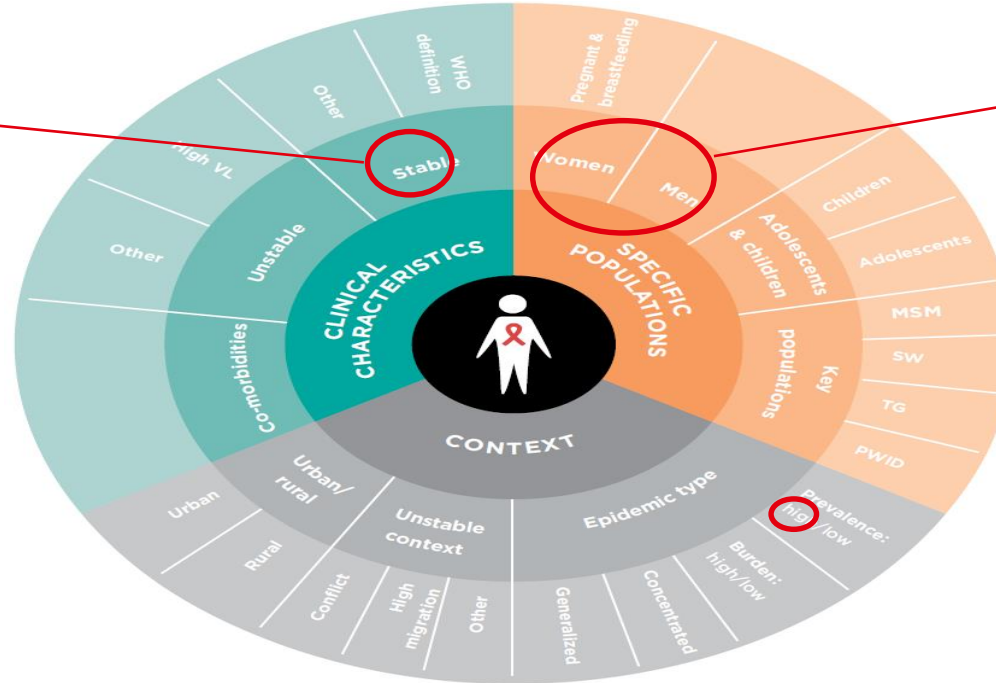
Specific Population

IHVN targeted population are presented in the cycle with specific DSD population marked



First-line regimen for clinically stable clients with viral suppression (<1000 copies/ml) or clients with good adherence profile (≥ 95%)

Manageable adverse drug reactions)



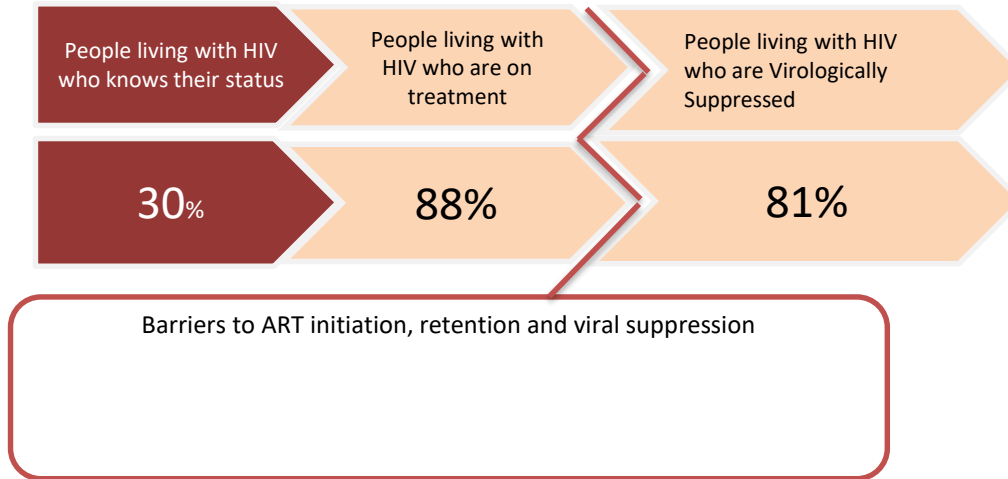
Adult PLHIV



PRE-COVID PURPOSE OF THE DSD MODEL

- Nigerian National Guidelines on HIV/AIDS Treatment and Prevention **2017** recommends ART initiation regardless of CD4 count

UNAIDS' 90-90-90 Progress in 2017



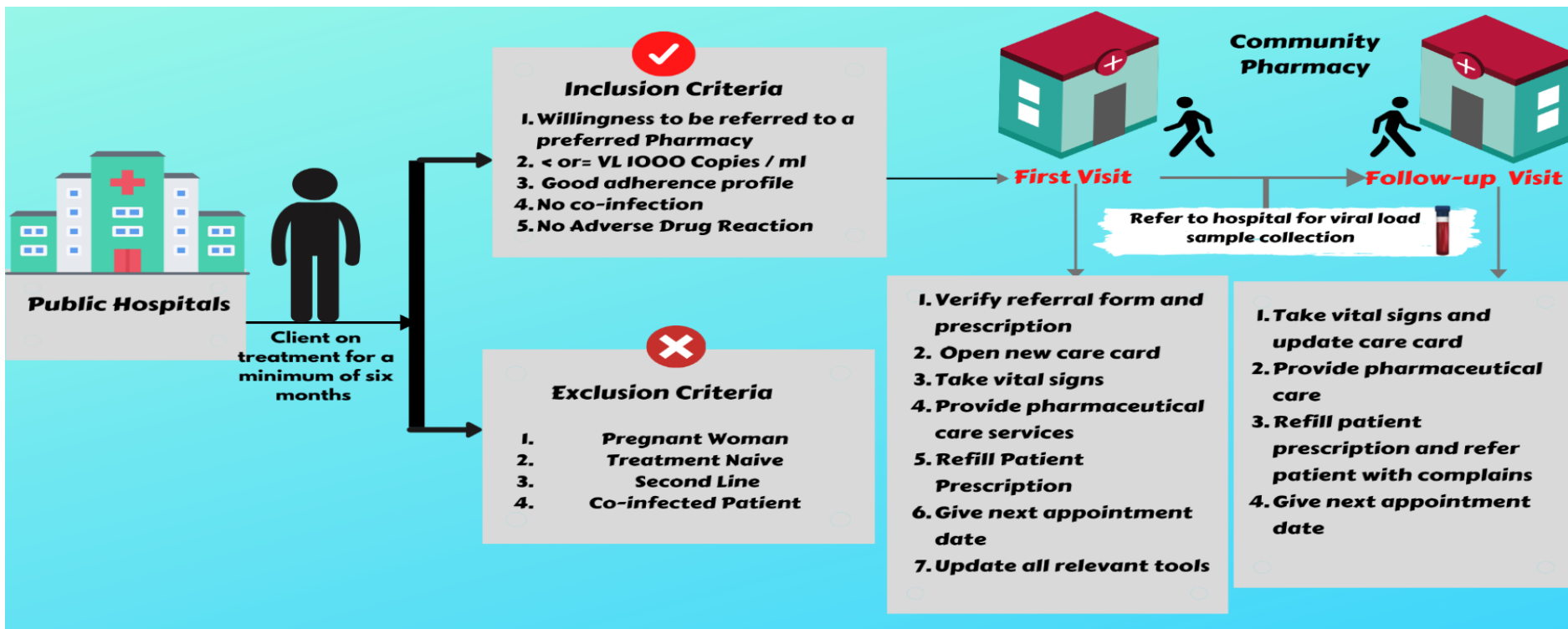
IHAVN commenced Community ART project in 2016 to achieve the UNAIDS' 2nd and 3rd 90's targets in Nigeria.

Data Source: Nigeria Federal Ministry of Health. NAHS 2018. Press release, March 14, 2018. Available at: <https://naca.gov.ng/wp-content/uploads/2019/03/NAHS-Press-Release.pdf>





COMMUNITY PHARMACY: PRE-COVID-19





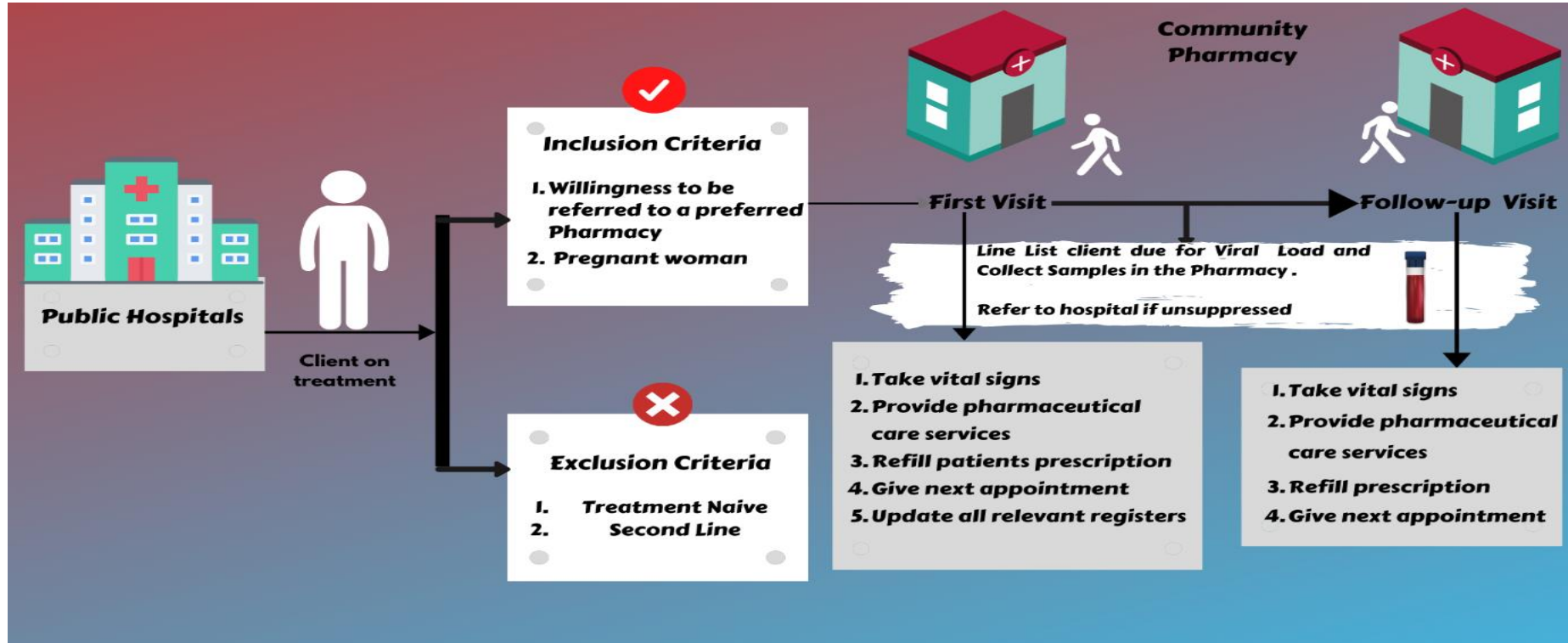
Building Blocks for Community Pharmacy Model (Pre-COVID)



	ART refills	Clinical consultation	Psychosocial support
WHEN	3 months	6 -12 months	3 months
WHERE	Registered Community Pharmacies	Health Facility	Community Pharmacies
WHO	Community Pharmacist	Clinician	Community Pharmacist
WHAT	ART Refill	Patients are reviewed for improvement in clinical outcome	Counselling to address stigma and other barriers to adherence



COMMUNITY PHARMACY IN RESPONSE TO COVID-19





Community pharmacy model during the COVID lockdown



ART refills

Clinical consultation

Psychosocial support

 **WHEN**

6 months

6months

Monthly (Virtual)

 **WHERE**

Community
Pharmacies

Community
Pharmacies

Phone calls

 **WHO**

Community
Pharmacists

Community
Pharmacists

Community
Pharmacists/ Mentor
Mothers/IHVN Staff

 **WHAT**

ART Refill

Patients' viral load samples
collected and result reviewed for
clinical outcome improvement

Counselling to address
stigma and other barriers to
adherence





Quantitative outcomes

	Pre-COVID	COVID period	Post COVID
Define period	End February 2020	Mar 20 -Sep 2020	Oct 20 -Nov 20
Scale up of community pharmacies			
Number of states with community pharmacy sites	4	4	4
Number of hospitals with community pharmacy sites	35	35	35
Number of community pharmacies with active patients collecting ART refills	101	100 (due to the demise of a Superintendent Pharmacist)	100 (due to the demise of a Superintendent Pharmacist)
Scale up patient access			
Sub-population			
Adults (>20 years and above)	7,798	7,798	7,798
Adolescents (15-19 years)	7	7	7
PMTCT	0	2	0
Inclusion of non-stable patients			
Stable <1000copies/ml	7,805	7,805	7,805
Inter implementing partner collaboration	0	121	0
Laboratory Investigation			
Community Viral Load Testing	0	638	0



Quantitative outcomes

	Pre-COVID	COVID period
Geographical access		
Number of patients collecting ART refills from community pharmacy other than one at which registered	0	121
Total coverage		
Proportion of total ART patients in participating regions utilizing community pharmacies	5% (7,805/135,020)	4% (7,805/191,484)
Proportion of total ART patients at participating hospitals utilizing community pharmacies	12% (7,805/63,014)	11% (7,805/68,001)



Adaptations to community pharmacy during COVID-19

	Pre-COVID (End February 2020)	COVID period (Mar 20 -Sep 2020)
ELIGIBILITY CRITERIA		
Minimum time on ART	>6months	>6months
Children eligible (<14 years)	No	No
Youth eligible (15-24)	Yes	Yes
Pregnant and breastfeeding women (PBFW) eligible	No	Yes (and linked with community mentor mothers)
Patients with a high VL	No	No
ONCE REFERRED TO COMMUNITY PHARMACY:		
Duration of script	3 months	6 months
Max ART refill at a time	3 months	6 months
Could collect ART refill at a different community pharmacy	No	Yes (provider requested)
Viral load taken at community pharmacy	No (only at tertiary hospital)	Yes (by trained personnel)



FEEDBACK FROM CLIENTS

“I just walked to the community pharmacy without the fear of meeting security operatives enforcing the COVID-19 lockdown. The Community Pharmacist is friendly. He even calls if you happen to miss your appointment date. ”

“The pharmacy is close to my house. Going there saves me the stress of going to the hospital. During the COVID-19 lock down, staff at the facility ran shifts. This resulted in a lot of challenges for those going for drug refills in hospitals. However, it was easy here at the community pharmacy.”

“I am comfortable doing my viral load tests in community pharmacy because there is no risk of meeting someone who knows me. I'll like this service to continue.”



“Drug refills at the community pharmacy during the COVID-19 lock down was easy. There were queues in facilities used as isolation centers.”

“When I heard the news about a COVID-19 lock down, I was afraid that the community pharmacy will be closed too but when I called them, they assured me that they were available to give me my medications. I came for drug refills and a viral load test too.”

“The community pharmacy has fewer people. I am able to discuss my concerns with the pharmacist. During the lock down, though pregnant, she (*the pharmacist*) also sent my drugs to me in my state where I was held up due to the inter-state travel ban.”



FEEDBACK FROM PROVIDERS

“Doing the viral load test in the community pharmacy helps us confirm that a client has done the test. Before now, clients may have challenges in going to the facility for viral load tests and not inform us. When viral load tests are done in the hospital, there is also a chance of mixing up client results. Because there are fewer people in the community pharmacy, the possibility of mixing up results is minimal” – Nnenna Mba

“Clients we attended to were happy about doing their viral load tests in the community pharmacy instead of the hospital because it saved them from stress, transportation costs and time wasting at facilities. .” - Temitope O



“The benefit of having viral load tests done in the community is that, we are able to keep track of clients who have done tests and follow up with them. During the lock down, we took HIV medications to the houses of our clients within the state. For the ones who traveled outside the state, we monitored their quantity of drugs and it was successful” – Osieyih Oseborega

“Most of the clients live close by. With the restriction of movement during the COVID-19 lock down, they found it easier to come to the community pharmacy instead of going to the hospital. We even attended to a stranded client who was not registered with us but could not go to his registered hospital for drug refill. – Regina Umendu



Community pharmacy model during the COVID lockdown



- Unsuppressed (<1000copies/ml) clients are identified and contacted via phone call to report in the referral facility for Enhanced Adherence Counselling (EAC). Clients that were unable to visit the referral hospital were provided EAC virtually and monitored on a two weekly/monthly depending on how patient adherence profile improves.
- Suppressed (<1000copies/ml) clients are informed during their ARV refill and counselled on the need to maintain good adherence.





Anticipated changes in community pharmacy model



Activity	During COVID-19	Future
Viral Load sample collection	IHVN Staff	Community Pharmacists
Viral Load Result Collection	IHVN Staff	Community Pharmacists
Collection of Prescription Refills	IHVN Staff	Uploaded by the Community Pharmacists on the Community Pharmacy Medical Record System
ART Refill	Community Pharmacists	[Community Pharmacists]





COVID-19: Summary of adaptation



- The viral load testing to determine patients clinical outcome and drug refill for PMTCT patients were done in the community pharmacies.
- Some community pharmacists were trained to collect dried blood spot (DBS) samples for viral load testing.
- The requirement to be virally suppressed was waved;
- The eligibility criteria for ART refill changed for PMTCT clients which enabled community pharmacies to commence ART refill for these clients.
- Community pharmacies were supplied TB preventive therapy to initiate clients.
- Community pharmacies are allowed to give up to 6 months of ART.





COVID-19: Reason for adaptation



- PMTCT ART refill -This was due to lockdown (movement restriction) and lack of antenatal care services in some of the referral facilities.
- Community viral load testing - This was due to lockdown (movement restriction) and to improve viral load coverage for clients refilling prescription at the community.
- Implementing partner ART collaboration: This was due to inter-state travel restriction, to avoid treatment disruption and improve adherence.





COVID-19: Impact on services



COVID-19 Impact on our Services and Response

PMTCT and other clients were unable to access antenatal services and ART refill at their primary facility.

- ❖ Community pharmacies commenced ART refill for PMTCT clients and linked clients with Mentor Mothers for antenatal services.
- ❖ Community ART groups and treatment teams helped with drug delivery.
- ❖ Collaboration with PLHIV groups for education and drug delivery.
- ❖ Use of courier/postal/individual services for ARV refills.
- ❖ Community Based Organizations (CBOs), including Orphans and Vulnerable Children CBOs assisted with refills for children and adolescents

Clients due for viral load sample collection could not visit the primary facility for their samples to be collected.

- ❖ IHVN constituted community viral load sample collection teams to collect viral load samples (using DBS) at the community pharmacies.
- ❖ Integrated viral load sample collection and Tuberculosis Preventive Therapy into community ARV refill services
- ❖ Virally unsuppressed clients received enhanced adherence counselling via phone calls

Clients who travelled out of their state of residence were unable to return for ARV refill appointment.

- ❖ IHVN collaborated with other Implementing Partners across the country to refill prescription for clients who travelled to non IHVN supported States.





Community pharmacy model going forward



Activity	Retained/Not Retained	Why/Why Not
Viral load sample collection at community pharmacies	Retained	Viral load coverage increased from 41% to 86%
PMTCT ART refill	Not Retained	To ensure these clients receive complete care package
IP ARV collaboration	Retained	Enable ARV refill for clients regardless of their location. Encourages continuous collaboration with other
6 month of drugs refills	Retained	Reduces frequency of visit for drug refill, cost of transportation and time spent thereby enhancing adherence





Conclusion



- **PMTCT refill** – ART refill for PMTCT clients yielded positive results and it was not included in the DSD model before COVID-19 because the community pharmacies do not have the capacity to provide the complete care package.
- **Community viral load testing-** This yielded positive results and was not part of the DSD model prior to COVID-19 because viral load sample collection was tied to clinical consultation at referral facility.
- **Implementing partner ART collaboration:** This yielded positive results and was not in place before COVID-19 because there was no travel restriction. Despite the relaxation of the travel restriction, the collaboration will be retained because it encourages continuous collaboration with other implementing partners for prescription refill convenience for the clients.

