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BACKGROUND

The Kampala Capital City Authority (KCCA) is the governing body responsible for provision of social services to city dwellers. The Infectious Diseases Institute (IDI) is the PEPFAR/CDC-funded partner responsible for strengthening health systems for delivery of comprehensive HIV/AIDS care in Kampala. Over 8 years, both KCCA and IDI have led efforts towards scale up of quality HIV care within public HFs. Of the 1,000,000 (72%) persons living with HIV (PLHIV) on antiretroviral therapy (ART) in Uganda, 20% received care in Kampala, and its surrounding areas between April and June, 2019. The number of PLHIV attending Kampala's mid-level public HFs has grown four times in the last 10 years, resulting in high patient-provider ratios, congestion, and long waiting times. The Kampala private community pharmacy ART refill model is a differentiated care approach that was introduced in 2017 for stable clients to address these challenges. Here, we describe the model and evaluate its effectiveness.

METHODS

- The IDI in partnership with the KCCA selected 6 private pharmacies to serve as community ART refill points for stable PLHIV from 4 high-volume public HFs (8000–13,000 PLHIV on ART at each site).
- Virally suppressed adults on first-line ART were sensitized and enrolled in this model by their primary care providers.
- They received ART refills at the pharmacy and attended semi-annual follow-up appointments at the primary HF per national guidelines.
- A nurse-dispenser per pharmacy supported free ART refills, symptomatic opportunistic infection screening, patient referrals, tracking and follow-up, ART inventory management, and reporting.
- Activities under this model were regularly supervised by teams from KCCA, IDI, the National Drug Authority, and the pharmaceutical society.
- Program data from pharmacy and facility records has been summarized and analysed.

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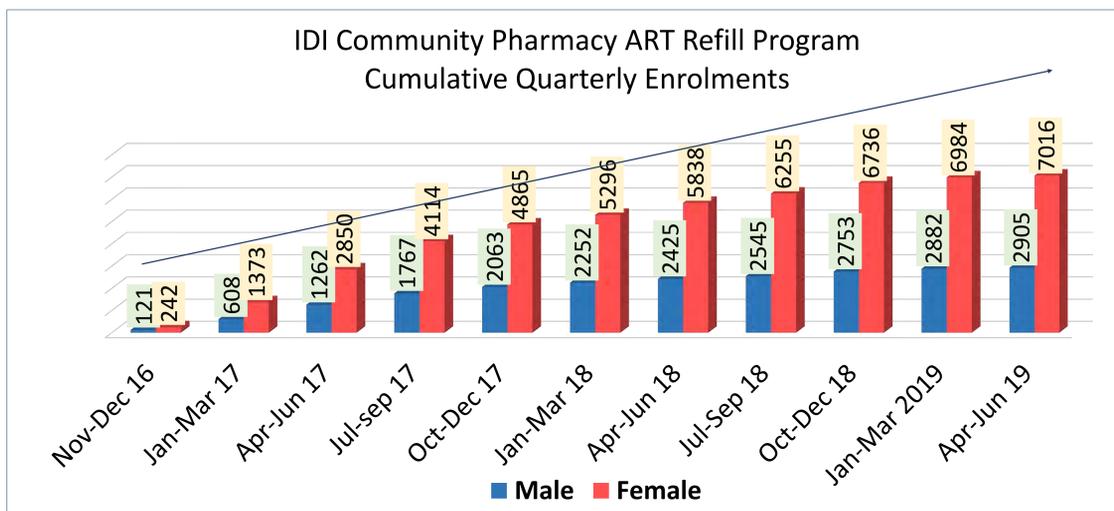
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Engagement of private community pharmacies in structured public-private partnerships presents a unique opportunity for delivery of simplified high quality ART refill services for PLHIV sub groups in resource-limited settings.

RESULTS

Over a 30-month period (Jan 17 - June 19), 9921 (29% men) PLHIV enrolled in the pharmacy refill model, representing 30% of clients at the 4 facilities. Of these, 96% had received ART refills as scheduled, and the average waiting time at the pharmacy was <10 minutes. The 12-month retention in care rate was 98%, and >99% of enrolled clients remained virally suppressed.



PROPORTION OF CLIENTS ACTIVE ON ART ENROLLED ON THE ARV REFILL PROGRAM

| | Males | Females | Total |
|--|-------|---------|-------|
| No of PLHIV receiving services at the 4 HFs | 9085 | 23843 | 32928 |
| No of PLHIV enrolled onto the ART refill model | 2905 | 7016 | 9921 |
| Percentage enrolment (%) | 32% | 29% | 30% |



A PLHIV receiving ART refill at a community pharmacy

CONCLUSIONS

- Rapid enrolment and good retention rates indicate high acceptability of this model among urban PLHIV.
- Structured public-private partnerships present opportunity for delivery of simplified ART refill services in RLS.
- Through such partnerships, community HIV service packages can be broadened to include; condom distribution, family planning, NCD care, INH prophylaxis, HIVST kits, PREP, and emergency PEP for SGBV cases.

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Acknowledgements

This program has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control & Prevention (CDC) under the terms of CoAg Number: GH002022

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