

Home delivery of antiretroviral drugs for people living with HIV (PLHIV) in Indonesia, Laos, Nepal, and Nigeria: Implications of COVID-19 experiences for post-pandemic decentralized ARV delivery

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BACKGROUND

COVID-19-imposed health facility closures and travel restrictions have necessitated innovative service delivery mechanisms for people with chronic health conditions including HIV. Home delivery (HD) is an out-of-facility differentiated service delivery model that can ensure treatment continuity.^{1,2} The USAID- and PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project, led by FHI 360, in Indonesia, Laos, Nepal, and Nigeria introduced HD of antiretrovirals (ARVs) for HIV treatment continuity. A 2020 program review revealed HD to be feasible and acceptable across the four countries, with 19% to 51% of eligible clients receiving ARVs through HD.³ We report on continued HD in 2021, the pandemic's second year, and present implications for decentralized drug delivery (DDD) beyond emergency circumstances.

METHODS

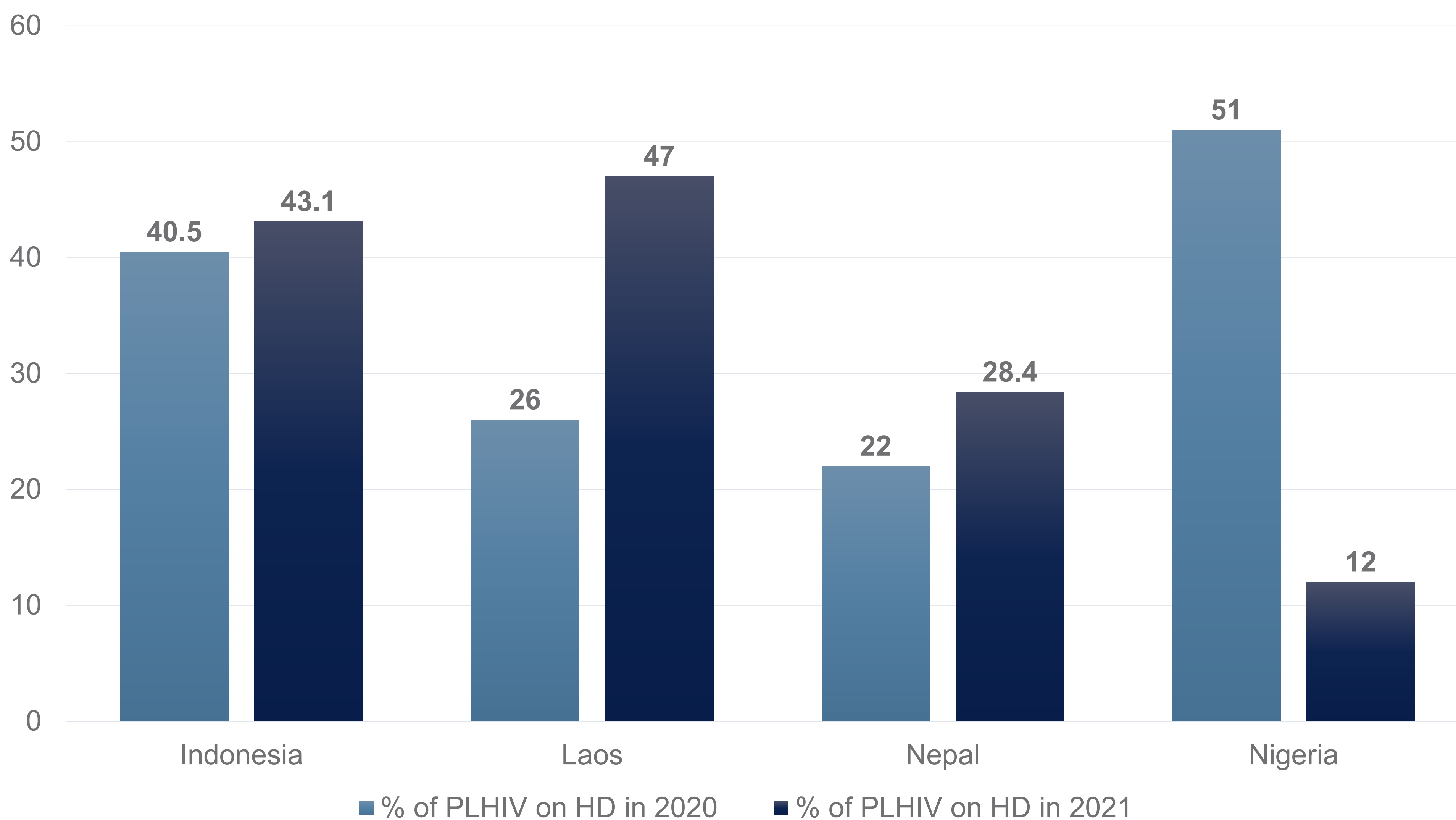
Throughout 2021, all four countries continued ARV home delivery mechanisms initiated in 2020. In Indonesia, the Jakarta Provincial Health Office continued to support Jak-Anter, a home-based ARV delivery system that uses ride-based apps and transport courier services. In Laos and Nepal, HD conducted by community health workers continued, with the numbers of clients using the service varying with pandemic intensity. In Akwa Ibom State, Nigeria, clients were progressively transferred to alternative DDD models with 21 facilities continuing to provide HD (versus 51 in 2020) to only those individuals not reachable through other models.

RESULTS

In 2021, in project-supported areas of Indonesia, Laos, and Nepal, 29.8%, 47.0%, and 28.4% of individuals, respectively, received ARVs through HD (Figure 1). In Nigeria, HD was restricted to only 12% of clients on ARVs in Mbo Local Government Area who could not go to the facility. In the four countries, service

delivery guidelines were adjusted to support HD but national policy changes needed to sustain the approach were still not made. While initial enrollment was slow, uptake improved following demand creation (through social media, expert clients, and continuous stakeholder engagement).

FIGURE 1. Percentage of PLHIV receiving home delivery in participating project sites, 2020 and 2021



REFERENCES

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- 2 PEPFAR. PEPFAR Solutions Platform [Internet]. How home delivery of antiretroviral drugs ensured uninterrupted HIV treatment during COVID-19 and can be optimized to address unique client needs and other emergencies. 2021 Nov 10 [cited 2022 Jun 6]. Available from: <https://www.pepfarsolutions.org/solutions/2021/11/5/ora>.
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Home delivery teams setting off in Akwa Ibom, Nigeria

CONCLUSIONS

Understaffing in health facilities, exacerbated by COVID-19 infection among health care providers, made ARV HD a valuable service alternative. Six-month dispensing allows HD to be practical and affordable but requires consistent ARV stocks. In addition, the countries continuing ARV HD rely on donor funding and external technical assistance, yet mechanisms for sustaining and scaling the approach without external support are not in place. New mechanisms for financing, supply chain management, staff training and supervision, and client sensitization are needed to implement HD at scale. Options for decentralized service delivery will be especially important for future service disruptions caused by other pandemics, natural disasters, or civil unrest.

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