

Liberia’s expansion of antiretroviral therapy refills through community pharmacies and community-based organizations

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BACKGROUND

The World Health Organization recommends the provision of client-centered differentiated service delivery models for antiretroviral therapy (ART). Liberia has an estimated 19,000¹ people living with HIV (PLHIV) on ART, but treatment interruption has been an enduring concern, in part because of high levels of stigma and discrimination² and travel-related challenges.^{3, 4}

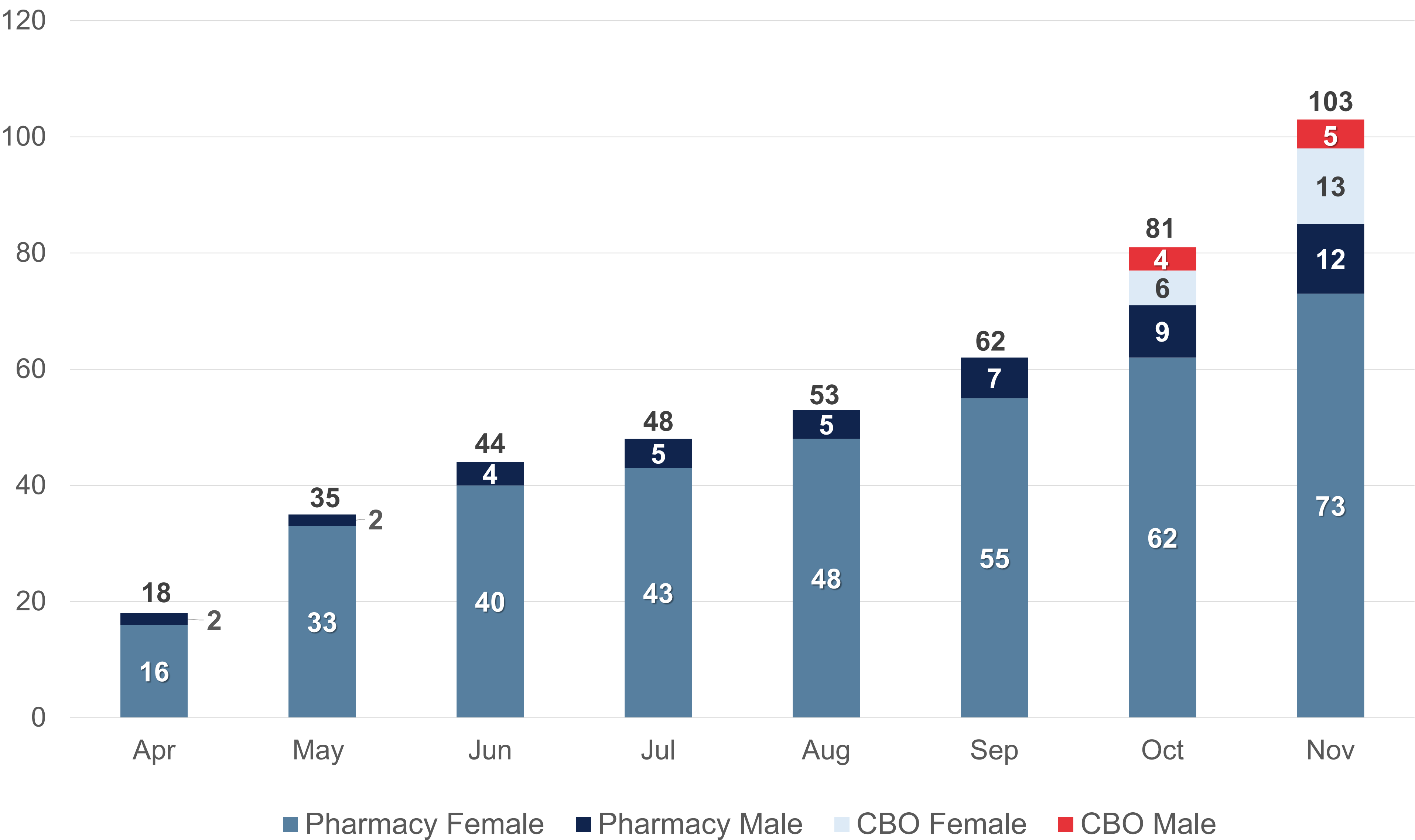
To address these issues, the USAID- and PEPFAR-funded Meeting Targets and Maintaining Epidemic Control (EpiC) project supported the Liberia Ministry of Health to pilot decentralized drug distribution (DDD) of ART through private pharmacies (PPs) and one community-based organization (CBO) in Monrovia.

RESULTS

Between April and November 2021, 1,240 clients established on treatment were offered enrollment in DDD, and 103 (8.3%) clients enrolled from three high-volume health facilities. Eighty-five clients (73 [85.9%] female; 12 [14.1%] male) chose PPs, and 34 clients (16 [47.1%] female and 18 [52.9%] male) chose the CBO as their preferred pick-up location (Figure 1).

Despite the high interest in DDD expressed by PLHIV at the health facility (52% of 58 clients established on treatment who were surveyed at baseline), the initial enrollment was slower than anticipated. Client concerns expressed during health talks included fear of confidentiality breach and losing contact with their clinicians.

FIGURE 1. Cumulative number of clients who accepted DDD by model (April–November 2021) in Monrovia, Liberia



MATERIALS AND METHODS

DDD through PPs was piloted at three health facilities in Monrovia beginning in April 2021, through a collaborative partnership with the National AIDS Control Program (NACP), the Liberia Pharmacy Board, respective health facility management teams, and the Liberia Network of People Living with HIV (LibNeP+). EpiC staff trained health facility and PP providers on DDD. A memorandum of understanding was developed among the three participating health facilities, PPs, and the NACP. Clients established on treatment were offered the model and selected one ART pick-up location out of the 26 PPs and one CBO (a LibNeP+ office) for their next ART refill. The LibNeP+ office was added as an option in October 2021.



Participants were trained to use the DDD mobile app.

CONCLUSIONS

DDD has been accepted in Liberia. However, expanded pick-up points and targeted counseling to address client fears about confidentiality are necessary to sustain the program. More work is needed to understand sex-related differences in model choice.

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