Community-based Group ARV Dispensing Improves ART Services in Namibia

Smiles and gratitude brighten the faces of the leaders and members of community adherence support groups (CASGs) in Onandjokwe district, Oshikoto region of Namibia, as they tally the benefits of group refilling of their long-term prescriptions for antiretrovirals (ARVs).

Group ARV refills, which involve CASG leaders collecting prepacked and patient-labeled ARVs on behalf of their members, have reduced transport costs to health facilities, improved waiting times at the facilities, and enhanced medication adherence and suppression of HIV viral loads. Antiretroviral therapy (ART) clients who benefit from this initiative must meet the clinical criteria, including suppressed viral load and good adherence to treatment. The leaders distribute individually packaged ARVs to group members according to standard operating procedures (SOPs). As of September 2017, approximately 55 groups with more than 600 members were registered for group ARV refills in the region.

Julia Sheepo, a member of the Know your Status CASG who had collected ARVs from her group leader at least twice as of September 2017, testified that receiving ARVs from the group leader in the comfort of her community reduced her travel costs to the health facility (Ndamono clinic). Ndamono clinic had approximately 800 ART clients in September 2017, with 22 of those on group ARV refills and many more awaiting clinical screening, which had been delayed by a shortage of nurses at the facility.

"I used to spend about 40 Namibian dollars (approximately USD 3)[1] on travel to Omuthiya hospital to collect ARVs," she said. In addition to the cost, Julia could spend up to 13 hours travelling to and from the hospital. She is relieved to now spend just about four hours at the community-based ART (CBART) group ARV refill meeting, during which group members receive comprehensive counseling within the community. According to Julia, the peer encouragement by other people living with HIV on how to live positively contributes to the success of the group ARV refills. CBART is one of the differentiated care models of ART adopted by Namibia as part of the 2016 National ART guidelines.

The US Ambassador to Namibia, H.E. Thomas F. Daughton, launched CBART group ARV refills on June 1, 2017. These groups are implemented widely in Onandjokwe and other districts in northern Namibia, where the HIV burden is high. During the CBART group ARV refill initiative launch, the ambassador remarked *"simple solutions = best solutions; bring the pharmacy to the people rather than sending*

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[1] This can be expensive for clients, especially those among the 34.9% of the population who live on USD 1 per day and 55.8% who live on USD 2 per day. https://en.wikipedia.org/wiki/Economy_of_Namibia.

people to the pharmacy". Since then, SIAPS has been supporting Namibia's Ministry of Health and Social Services (MoHSS) and partners to implement this initiative.

The MoHSS, with support of partners, has decentralized ART services to achieve the ambitious UNAIDS 90-90-90 targets for ending the AIDS epidemic by 2020. Although Namibia faces a high HIV burden, with approximately 220,000 (~10% of Namibia's 2.2 million people) living with HIV, the MoHSS has successfully expanded its ART patient coverage to more than 80%. With more than 150,000 people receiving ART from public health facilities countrywide, the MoHSS is making efforts to ensure retention of ART clients on treatment to minimize the development of HIV drug resistance.

Benefits of CBART Group ARV Dispensing to ART Clients and Health Workers

Marian Iilonga, the Know your Status CASG leader, affirmed the benefits of the program. The group has nine members receiving ART from the clinic.

CBART group ARV refills have taken services closer to the people. In addition to benefitting stable clients, clients who had poor adherence to ART are reportedly improving in an effort to meet the criteria to start benefiting from community-based group ARV refills.

"There is no reason [for clients] to miss appointment dates, no more problem of transport as group leaders collect ARVs for members"

Hileni Nankudhu, a pharmacist assistant at Onyaanya health center, indicated that adherence had improved to more than 85% from some group members' initial low of less than 25%.

Marian said, "*ARVs are available, reduced cost, strengthened adherence. Poor[ly] adherent people became better as they are free[r] in the group".*

Hileni, who had dispensed ARVs to group leaders at least twice as of September 2017, commended the initiative, which has minimized movement and saved time and transport costs for ART clients.

"There is no reason [for clients] to miss appointment dates, no more problem of transport as group leaders collect ARVs for members", Hileni remarked.

While concurring that CBART saves time and lessens the burden of ART service delivery by dealing with group leaders instead of all group members, Hileni's colleagues add that group ARV refills also eliminated crowding at health facilities and improved the service environment; reduced the work load from 30 to approximately 15 ART clients per staff member per day, and eased management of viral load as many clients in groups have one appointment.

Health workers have also noted greater willingness for ART clients to join groups as it saves time and money. Each client spent between 60 and 100 Namibian dollars (approximately USD 5–7) per visit for those staying farthest from the Okankolo and Onyaanya health centers. The six hours that once they spent on travel to and from health facilities such as Onyaanya before group ARV refills has been reduced to approximately 90 minutes, which is spent on counseling and receiving ARVs and on travel for group ARV refills within their communities.

KEY SUCCESS FACTORS

Factors Contributing to the Success of Group ARV Refills

Health workers attribute the success of group ARV refills to a number of factors, including staff commitment, team work between clinical and pharmacy staff, clients' adherence to ART and timely pick up of ARVs, the willingness of group leaders to pick up ARVs on behalf of group members, group leaders' patience, well-organized support groups, good communication between health workers and CASG leaders, and sufficient stock of ARVs.

Other factors include the counseling given to ART clients that enabled them to meet the criteria for group ARV refills and motivation and awareness creation by health workers.

Cooperation in the group, member's commitment to taking their ARVs, and support from partners such as Tonata PLHIV for registering the group and training the leaders also contributed to the success of CBART group ARV refills.

Implementing partners observed that long waits for ART clients at health facilities motivated their cooperation and appreciation of group ARV refills. Guidance and support from the MoHSS and partners facilitated the successful implementation of group ARV refills.

Challenges Experienced with Group ARV Dispensing

Although largely successful, the group ARV refill initiative is not without challenges. Partners supporting this initiative have noticed that some clients may still be nonadherent, partly due to changes in ARV brands that require them to visit health facilities. Such clients have had to be removed from the groups. Sometimes group leaders arrive late at the pharmacy, resulting in late dispensing; this affects the same-day distribution of ARVs to group members. In addition, some clients do not deliver their health passports to their leaders on time, and there is noticeably poor storage of ARVs, as evidenced by dirty medicine bottles.

Other challenges include low literacy levels that make it difficult for leaders to complete the ARV distribution and monitoring forms and groups with members whose residences span two districts. These challenges are being managed as stakeholders find ways to continue the implementation of group ARV refills.

Building on Success Factors and Addressing Challenges for Scale Up: *Recommendations for Improving Group ARV Refills*

As the CBART initiative is being expanded to other HIV high burden areas, partners implementing this initiative have proposed recommendations that will ensure successful scale up.

The Know your Status CASG leader recommended thorough screening of group members to rule out mental illness. This may have been missed at the clinical screening and could prevent members from benefitting from group ARV refills.

CASG members requested more ARV information than was being offered but were happy with the counseling provided to group members.

Health workers recommended advising CASG leaders to counsel members on cleanliness and good storage of ARVs. CASG leaders need pill count trays to avoid

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putting ARVs on paper or plastic when counting remaining pills before refills. They also felt that more time is needed to support CBART groups, especially as they start group ARV refills.

According to implementing partners, fuel for field monitoring of support groups, more human resources (nurses and drivers), and registers for clients' records are needed to support CASG. Leaders should be empowered to explain to members changes in brands of ARVs, partners should continue supporting the groups as they start group ARV refills, and group members should still refill at the health facilities for direct interaction with health workers.

Pehovelo Ndahangoudja (left), a registered nurse working with Tonata to support CASG, documents feedback on CBART from Know your Status CASG member Julia Sheepo (2nd from right) and leader Marian Ndahafo Iilonga (right) at Ndamono clinic, Onandjokwe district. Harriet R. Kagoya, SIAPS Senior M&E Advisor (2nd from left) guides the documentation. Photo credit: Stanley Stephanus for SIAPS Namibia

Overall, respondents recommended scale up of the initiative to all districts in Namibia. Testimonies from CBART beneficiaries confirmed the benefits expected at the launch of the initiative on June 1, 2017, when Gwaanaka CASG members said that receiving ARVs within their communities would be great relief from the burden of high transport costs and long waiting times at each ARV refill.

Roles of Partners in CBART Implementation

The MoHSS created a conducive environment and provided many enablers for ART, including group ARV refills. Revision of ART guidelines, training of health workers, and ensuring an adequate supply of ARVs made the successful implementation of the ART program in Namibia possible.

SIAPS supported the pharmaceutical aspects of CBART. SIAPS collaborated with the MoHSS, Tonata PLHIV network, and Project HOPE to develop SOPs, process flow for group ARV dispensing, and monitoring tools to be used by pharmacy staff and CASG leaders. SIAPS also oriented pharmacy staff on the SOPs and tools and provided guidance on flagging clients in the USAID/SIAPS-supported electronic dispensing tool used for ARV dispensing and ART patient management. SIAPS worked with pharmacy

staff, supported by Tonata, to orient leaders of selected support groups on the tools and on how to interact with the pharmacy for group ARV refills.

Tonata and Project HOPE support the CASG to register members in groups and to orient group leaders and link them with facility staff for group ARV refills. Tonata is responsible for monitoring ART adherence by CASG members within the community. IntraHealth nurse and clinical mentors facilitate clinical screening of CASG members for eligibility for group ARV refills and recommend them to facility pharmacies.

(left to right): Pehovelo Ndahangoudja of Tonata, Harriet R. Kagoya of SIAPS, and members of the Omega Muno support group discuss CBART experiences at Ndamono clinic on September 6, 2017. Photo credit: Stanley Stephanus for SIAPS Namibia

In focus: The launch of CBART Group ARV Refills on June 1, 2017, in Onandjokwe District

SIAPS Senior Technical Advisor Bayobuya Phulu (left) and IntraHealth nurse mentor Shirley Geza (right) help prepack ARVs for group dispensing ahead of the CBART group ARV refill milestone launch event on June 1, 2017. Photo credit: Harriet Kagoya for SIAPS Namibia at Onandjokwe District Hospital.

Bayobuya Phulu (front) shows the US Ambassador to Namibia, H.E. Thomas F. Daughton (3rd from right) the medicine labels for ARVs that were prepacked for group ARV dispensing at Onandjokwe DH. Photo credit: Stanley Stephanus for SIAPS Namibia. June 1, 2017

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