



# **Man Shall Not Live By Bread Alone: The Experience of Providing Antiretroviral Therapy outside the Hospital in a Low-resource Setting**

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# Background



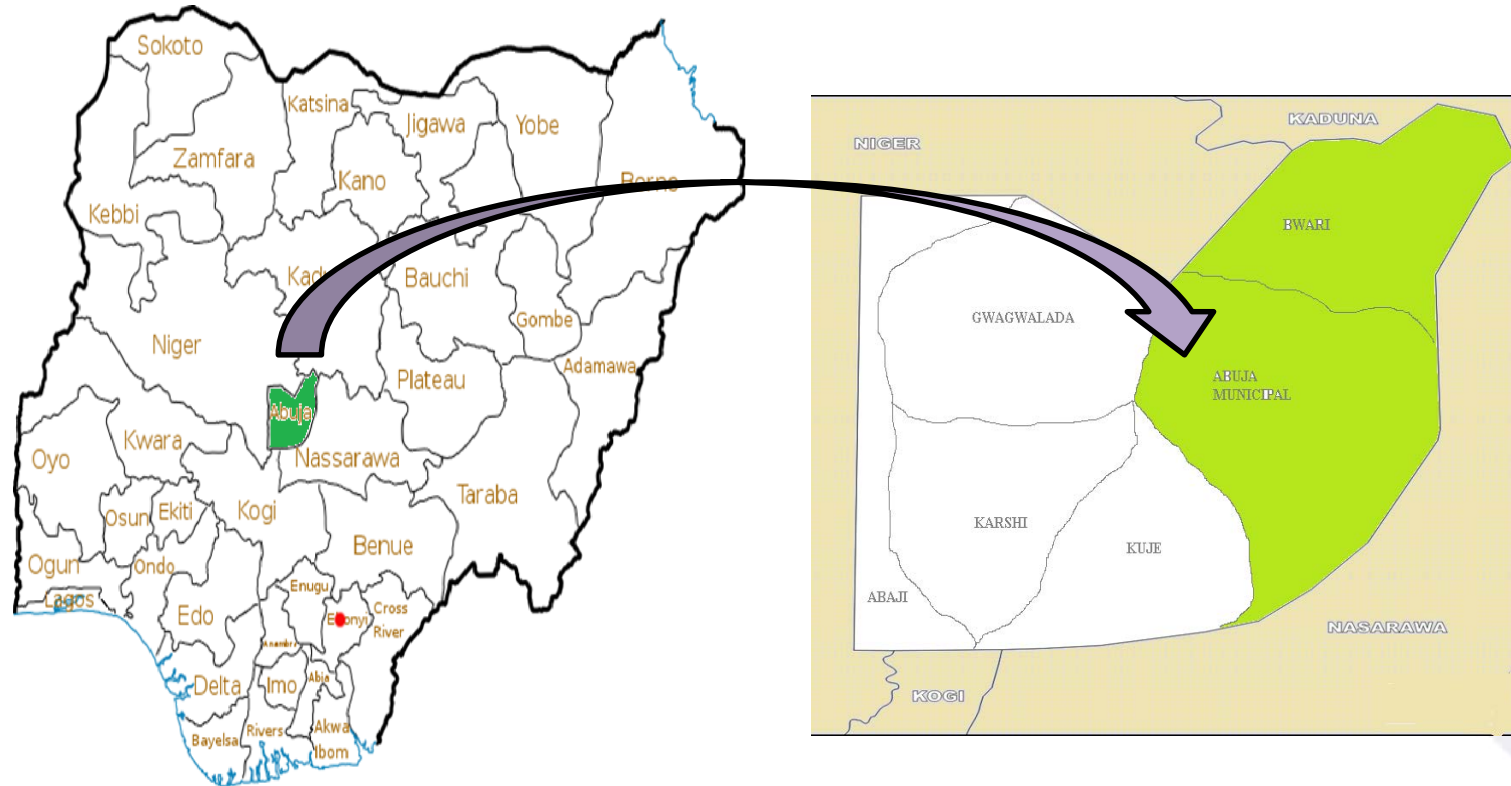
In resource limited settings, when hospitals become the only source of antiretroviral therapy, over-crowded hospitals, patient drop-out of treatment, missed medication & treatment failure results:





# Setting

Setting:  
FCT



# Option: Community Pharmacy ART



## **Basic features:**

1. Devolvement of stable patients to community pharmacy
2. Patient right to choose is respected
3. Patient counselling
4. Adverse drug reactions monitored
5. Consistent supply of medications
6. Communication between hospitals and community pharmacies

# Community Pharmacy ART



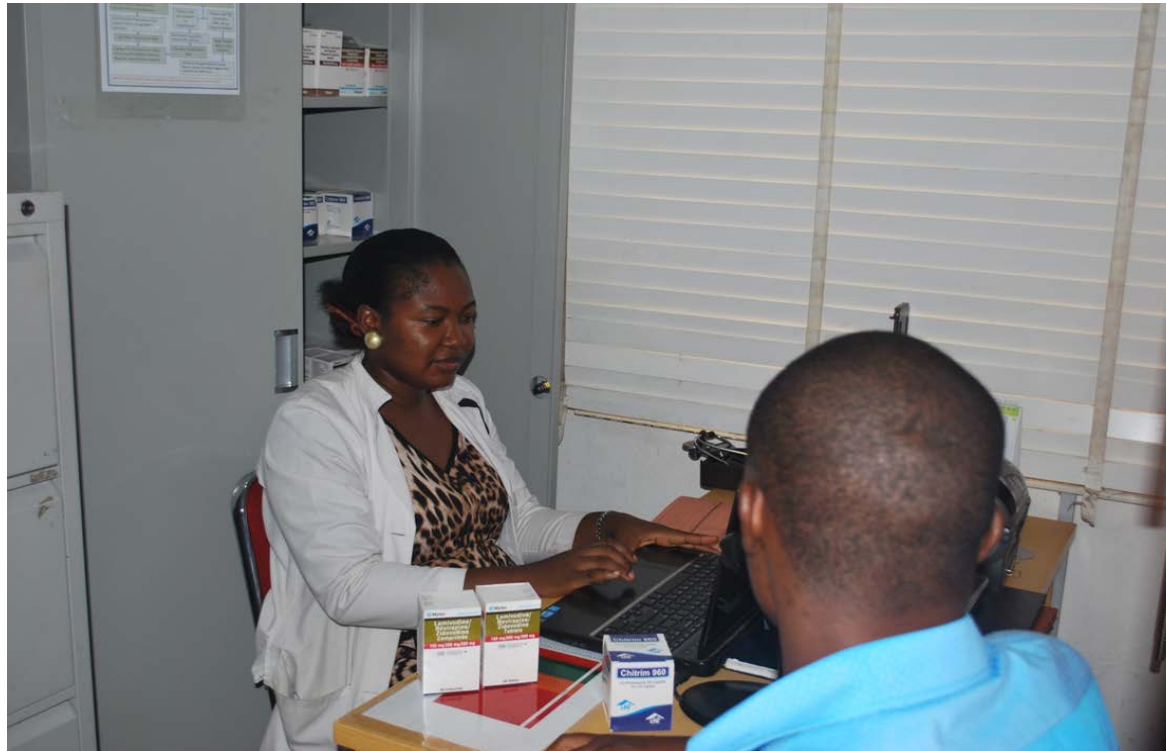
The patient selects the Pharmacy



# Community Pharmacy ART



The patient selects the healthcare worker



# Resources



Basic resources are provided to support the community pharmacies



# Methods: Data collection/analysis



- Patients who had completed 12 months on the model were included.
- Data was extracted from the IDART electronic medical record
- Baseline median HIV-1 RNA suppression and CD4 counts were estimated.
- Analysis of virologic suppression of patients who have received the second viral load test
- HIV-1 RNA suppression was defined as  $\leq 20$  copies/mL in plasma.



# Measure of outcome



- Retention in care after patients have been devolved to the community pharmacy
- Adherence to antiretroviral therapy
- HIV-1 RNA suppression

# Results: Baseline



Variable	N [Median]
Community Pharmacies	26
Public Hospitals	14
Median Age	35 years [30-41]
Median Baseline CD4	460 cells/mL [IQR=277-648]
Median Baseline Viral load	19 copies/mL [IQR = 19-32]

# Results: Outcomes



Variable	N (%; p-value)
Retention in therapy after 12 months	374 (99.7%)
Adherence to therapy (prescription refill)	375 (100%)
HIV 1-RNA suppression (for 19 patients with 2 <sup>nd</sup> Viral load)	19 copies/mL (p<0.46)

# Discussion



- People's right to choose should be respected
- Retention in treatment was high
- Adherence to prescription refill was excellent
- Good clinical outcomes observed (Viral suppression)
- The challenge of resources can be addressed by integrating the community pharmacies into the national health insurance scheme

# Conclusion



- The community Pharmacy ART model is a feasible community driven HIV response.
- The model should be developed into an over-arching comprehensive response to HIV, especially in resource limited settings

## **Recommendation:**

Integrate the community pharmacy model into the National Health Insurance Scheme to sustain the resource support

# Acknowledgement



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