Multi-Month Scripting (MMS) for ARVs for People Living with HIV (PLHIV) in Nigeria: Impact on High Volume ART Clinics

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🔺 The Challenge

— To achieve UNAIDS 90-90-90 targets, countries intensified their efforts, focusing on high HIV burden areas.

— Antiretroviral treatment (ART) clinics in Nigeria have seen an increase in the number of people living with HIV (PLHIV) coming through their doors daily. This leads to overcrowding, long wait times, human resource health care constraints and fatigue, and lower quality of care, leading to the risk of decreasing client satisfaction as well as patients being lost to follow-up.

— Many stable PLHIV are visiting the clinics either monthly or every other month to get drugs. As increasing numbers of PLHIV are put on treatment, the numbers seeking care at the same clinics increase exponentially.

— Two types of patients visit ART clinics:

– New patients waiting to be tested and put on ARVs.

– Returning patients picking up prescriptions as often as once a month. Many are adherent to their medication regimens, have been taking their anti-retrovirals for 10+ years, and are considered clinically stable.

⚕ Solution: Multi-Month Scripting

Allows stable patients to pick up multiple months (3) of their prescription (known as multi-month scripting, or MMS), thereby reducing the number of trips they need to make to the clinic.

⚙ Implementation

Success of MMS implementation primarily hinges on uninterrupted availability of commodities at health facilities. In Nigeria, the Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project, on behalf of USAID, has a mandate to ensure an uninterrupted supply of ARV drugs for the seamless implementation of MMS as part of a differentiated care model.

Beginning in January 2017, GHSC-PSM implemented the following approach to ensure a successful launch of an MMS approach to ARV dispensing:

— Collaborative planning among stakeholders to address:

– Eligibility and inclusion criteria for service delivery sites and ARVs

– Quantification and supply of ARVs

– Education and support needed for clinic personnel

– Performance monitoring (stockout, patient per regimen (PPR) numbers, provider feedback)

— Identification of ARVs to be dispensed using MMS:

– AZT/3TC/NVP 300/150/200mg

– TDF/3TC/EFV 300/300/600mg

— Site selection: Approved 104 clinics for MMS

— Sample population: 9 clinics serving 12% of 414,000 patients (total number eligible to receive MMS) across 104 ART clinics

👥 Quantifying Impact

— Health facility level data collected using quantitative/qualitative survey questionnaire:

– Date of commencement of MMS across target health facilities

– Daily clinic attendance record from target health facility between January – October 2017

– Effect of MMS on clinic congestion and provider workload

– Effect of MMS on increased enrollment of new patients into ART program

— Trend analysis on dispensed-to-user data and treatment numbers from target population health facility LMIS and Performance Planning Report (PPR) January 2017– February 2018

— ARV dispensing data for total population January 2017- February 2018

📊 Findings and Results:

Because of MMS implementation, we've seen:

FIGURE 1.0
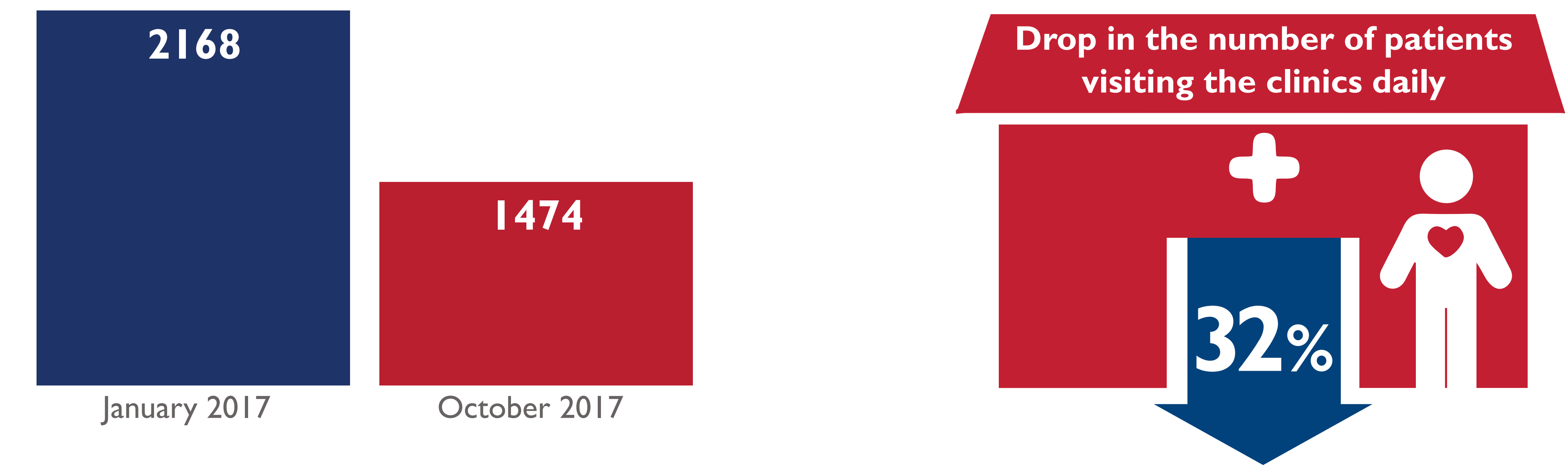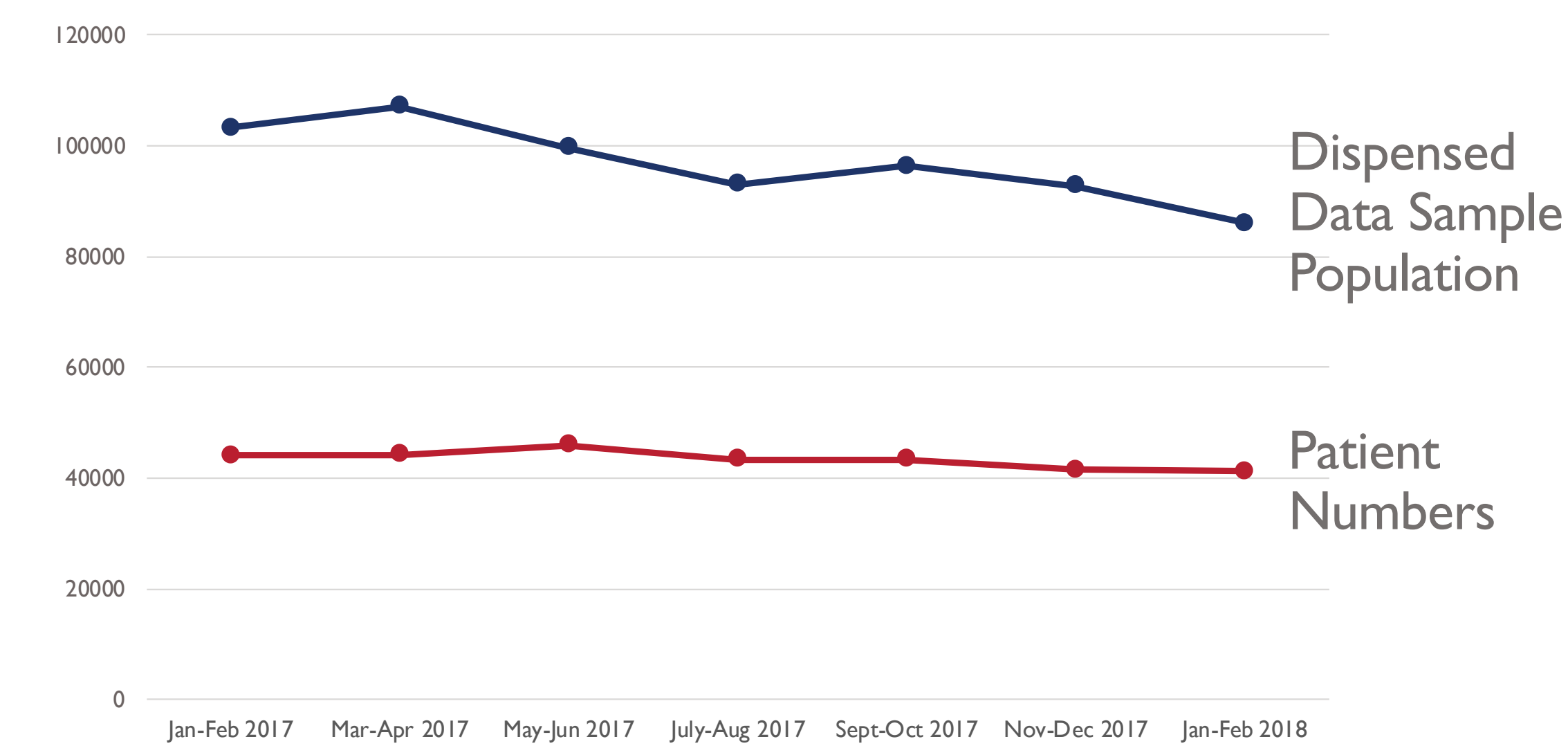Cumulative Number of Patients per daily visit

2168 — January 2017
1474 — October 2017

Drop in the number of patients visiting the clinics daily

32%

FIGURE 2.0
Decrease in ARV Prescriptions Filled with Corresponding No Change in Overall Patient Numbers

Dispensed Data Sample Population

Patient Numbers

Jan-Feb 2017 Mar-Apr 2017 May-Jun 2017 July-Aug 2017 Sept-Oct 2017 Nov-Dec 2017 Jan-Feb 2018

Patients that were previously taking their medication consistently and reliably are still adhering to the ART

👍 Positive Impact:

At the facility level:

— Less crowded clinics

— Workload significantly decreased as fewer stable patients have repeat visits

— Shorter wait times to see a healthcare provider

— Able to deliver a higher standard of care, more time spent per patient

— Decrease in human resources fatigue

At the patient level:

— Reduction in travel spend

— Reduction in time spend

— Patient's adherence to medication remains stable

— Shorter wait times

— Overall satisfaction with facility experience

University of Benin Teaching Hospital (UBTH) is one of the sites implementing MMS where survey data were collected.

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