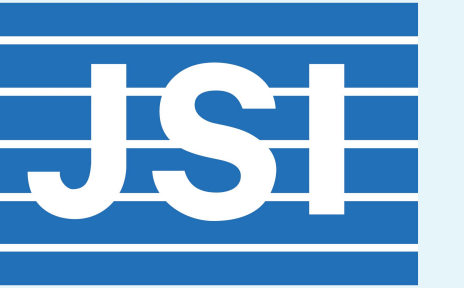


The Positive Impact of Multi-Month Dispensing of ARVs of Client Treatment Continuity



Authors: Yussif Ahmed Abdul Rahman,¹ Henry Tagoe,¹ Edward Adiiboka,¹ David Tetteh Nartey,¹ Thomas Ayomah,² Kristin Eifler,¹ Mark Kowalski,¹ and Henry Nagai¹

¹JSI Research & Training Institute, Inc.

²Effia Nkwanta Regional Hospital

Poster number: A-AIDS-2022-10293

The Role of Multi-month Dispensing

Treatment continuity is essential to controlling the AIDS epidemic and spread of HIV. By using multi-month dispensing (MMD) of antiretrovirals (ARVs) at health facilities, barriers to care and treatment for both patients and providers can be reduced. Ghana adopted MMD in October 2019 and continued to scale it up, especially during the COVID-19 pandemic. The USAID Strengthening the Care Continuum project, implemented by JSI Research & Training Institute, Inc. conducted a study to assess facility-based differentiated MMD and measure effectiveness.

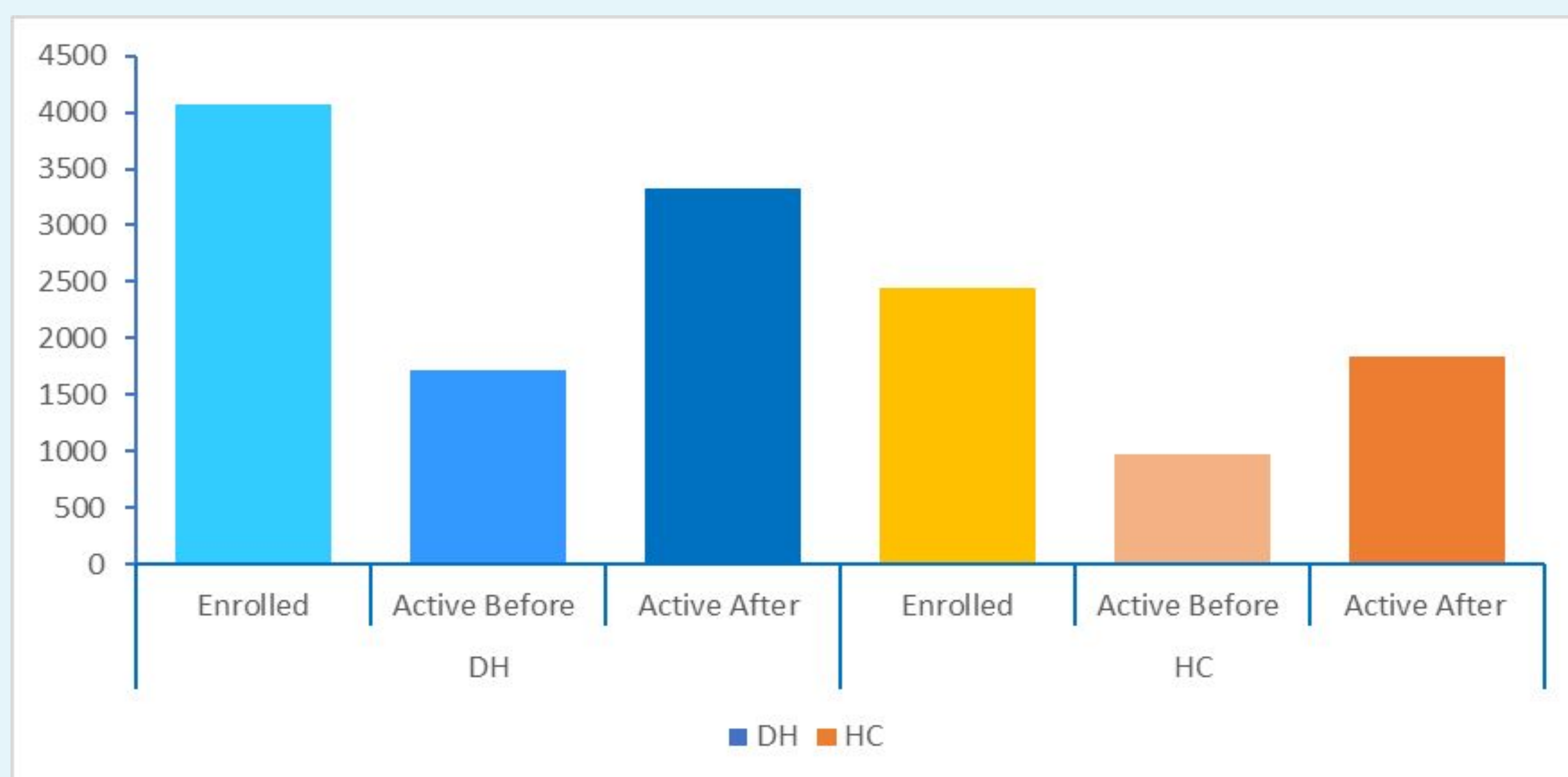
The Study

This longitudinal quantitative retrospective cohort study of clients initiated on antiretroviral therapy (ART) was conducted over three years (2018 to 2020). Data were collected from 58 health facilities that were grouped as district hospitals (DHs) as secondary sites (20), and health centers (HCs) as primary sites (38). All facilities implemented the full range of differentiated HIV services, including MMD. The differences between the groups were assessed using population-averaged generalized estimating equations, controlling for biases of facility hierarchy and available structures.

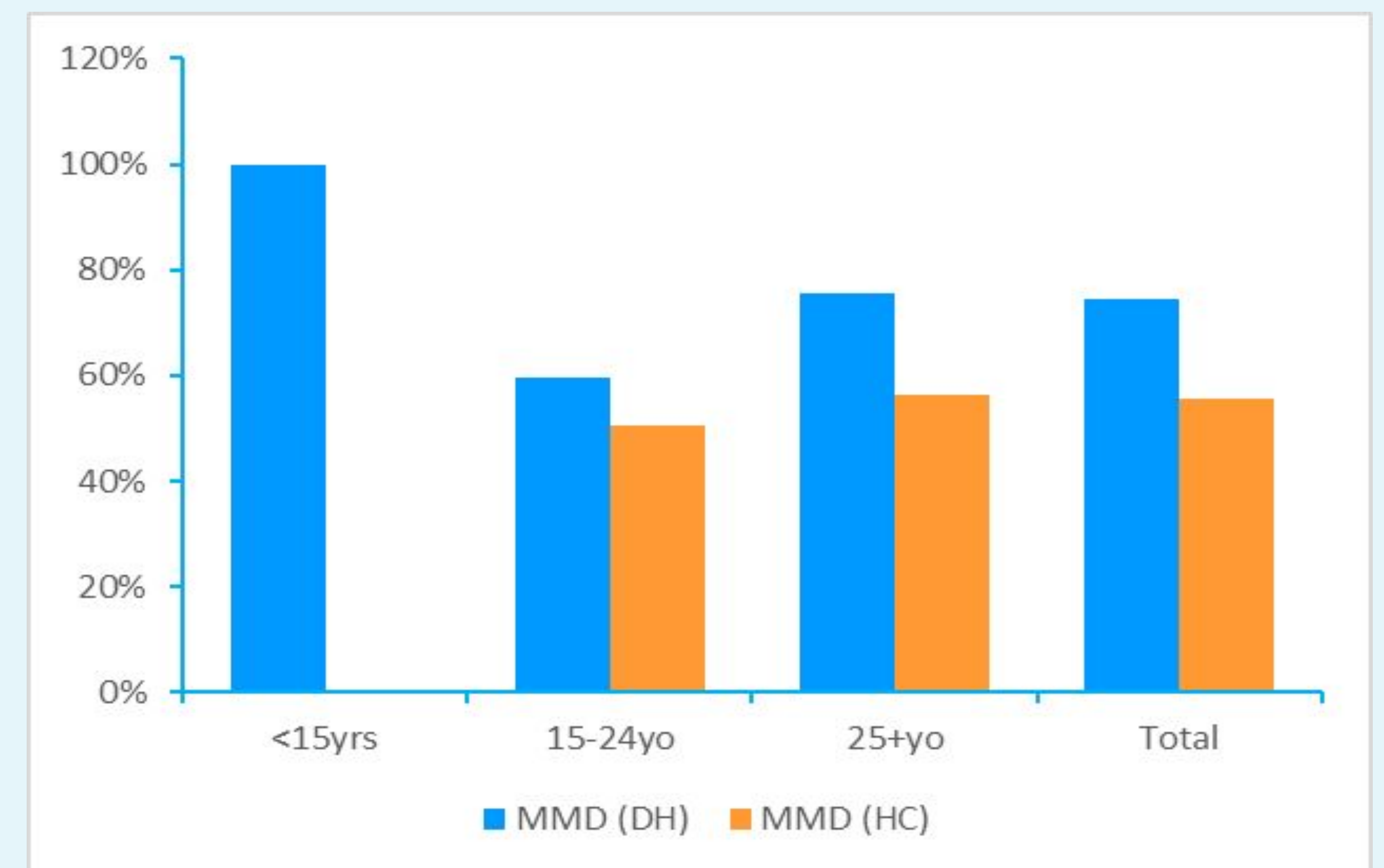
Results

A total of 6,709 clients were enrolled: 4,812 in DHs; and 1,897 in HCs. Overall retention on ART improved from 41% to 79%, with a significant difference in ART retention at HCs compared to DHs (75% and 82%, respectively). As such, MMD contributed to the significant increase in client retention on ART. However, there were significant differences between men and women: men were 6% more likely to receive MMD than women. Other variables influencing MMD were duration on ART, proximity to ART center, commodity security, and adherence to ARVs through self-reporting. Age, educational level, and marital status did not have an effect on MMD.

Overall Improvement in Retention



MMD is higher in DH than HC across age groups



Conclusion

As shown in the study, MMD improves retention on ART, but more so among men than women. Program implementers should integrate monitoring systems that ensure proper MMD tracking and provision for all eligible clients, while finding approaches such as integrated service delivery to increase the proportion of women on MMD. Policymakers should consider eligibility updates for MMD to commence for stable patients within 12 months on ART in resource-constrained settings such as Ghana.