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Decentralization and Demedicalization of Antiretroviral Services to Improve Client Experience in Care: Lessons from Southern Nigeria

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Background

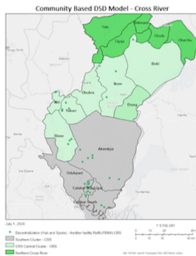
Socioeconomic challenges including stigma, discrimination, and long distances to health facilities are prominent barriers limiting access to antiretroviral therapy (ART) in Sub-Saharan Africa[1]. This paper describes the approach to decentralized and de-medicalized ART services implemented with support from PEPFAR/USAID in Akwa Ibom and Cross River States, Southern Nigeria.

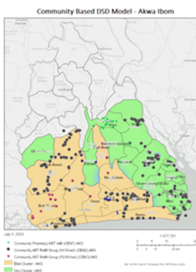
Description

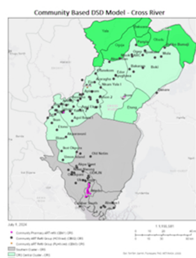
Decentralized ART services were provided to PLHIV receiving ART in Akwa Ibom and Cross River States in line with national policies from October 2015 to December 2023. The who, what, where and when framework was used to guide the development of models that best fit client needs. Between 2015 and 2017 ART decentralization was provided only through community pharmacies due to a need to keep clients within the health system. By 2017, healthcare worker-led Community ART refill Group model was created in a further shift to community-based decentralized care. By 2020, evolving client needs and the rapid increase in the treatment cohort necessitated a shift to demedicalized community-based refill models that were client-led and provided ART pickup services at routine community structures, such as schools, council halls, churches, patent medicine vendors, etc, where psychosocial support was provided by peers. The scale-up of home refills due to the COVID-19 pandemic further decentralized services to the community. In 2021, decentralization spoke facilities were introduced as an option for clients who were able to achieve self-care.

Lessons Learnt

Over the eight-year period, ART services were decentralized to a total of 3, 230 community structures (122 pharmacies, 280 Decentralization Spokes, 663 Client-led Community ART refill Groups, and 2,165 Healthcare worker-led Community ART refill Groups). However, structures were inactivated based on evolving needs. At present, 1,489 community structures are serving 49,336 clients. Engagement with healthcare workers, community stakeholders and the PLHIV community was crucial for ensuring the acceptability of the approaches. Client retention was 99% across the different models. Data use from implementation was essential to the continuous improvement of the interventions.







> **Engagement with stakeholders including the community of people living with HIV, is crucial to the acceptability of decentralized ART.**

Conclusions

The implementation of decentralized, demedicalized ART services enhances accessibility, acceptability, affordability, and quality of HIV care, and empowers clients to take an active role in their health management.

Acknowledgements

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References

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