Harnessing Digital Health Technologies to increase access to antiretroviral therapy in Kampala, Uganda; The ART ACCESS Application

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IN PARTNERSHIP WITH:



Infectious Diseases Institute (IDI) overview ...



Mission: To strengthen health systems in Africa, with strong emphasis on infectious diseases, through research and capacity development

Governance: Autonomous Ugandan not-for-profit wholly owned by Makerere University ... independent Board of <u>individuals</u> ... not bound by university rules

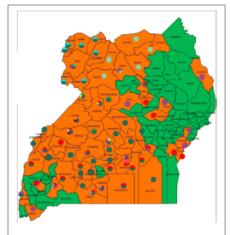
Strategic Plan: Supporting national policies ... contributing to their further development

Genesis: 15 years old; established with Pfizer funding – ended 2012

IDI programmes...

- Clinic: HIV national referral centre; over 7,000 'Friends' (clients) currently treated free; developing models of care
- Outreach: over 230,000 PLHIV currently supported (over 20% national effort) through district health systems strengthening; including refugees
- Training: 27,000 trained in clinical / management skills; team training; eLearning; free phone-in support
- Research: over 650 publications in peerreviewed journals; research capacity building





IDI active in 60% of Uganda districts (June 2018)

IDI programmes...

 Lab services: US-accredited lab; translational lab; lab training; lab outreach

 Global Health Security: building national capacity to prevent, detect, respond and research

 Ugandan Academy for Health Innovation & Impact : PPP with Johnson&Johnson

The IDI-Kampala HIV/AIDS project



A PEPFAR/CDC funded 5 year grant (April 17 - Sept 2022)

Goal: Accelerate epidemic control in Kampala region of Uganda through scale up of evidence based and high impact interventions towards achievement of UNAIDS 90:90:90 targets, and strengthening National, district, and community health structures

- Health systems strengthening approach based on WHO building blocks
- 141 HFs supported with 207,543 PLHIV on ART (June 19)
- Region implements DSDM through community & facility models
 - 43% on Facility Based Individual Management-FBIM
 - 38% on Fast Track Drug Refill
 - 19% on various community models (CDDPs, CCLADs, and variations of both)
 - 92.6% Viral suppression

Community private pharmacy ART Refill model



A voluntary HIV care model which engages six(6) selected private pharmacies within the city as community ART refill points for stable PLHIV under IDI-KCCA care.

Model supports 4 high volume mid-level urban public HFs (with total 32,928 on ART at all 4 sites).

Started Nov 2016 to address facility congestion, long waiting time, and patient attrition at 4 priority sites
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Enrolled clients are seen by a nurse

9057 (30% males) PLHIV active on model

All attend their primary HF semi-annually

Community private pharmacy ART Refill model



Patients are regarded stable for this programme if they:

- are older than 20 years
- are not suffering from major a OI
- are not pregnant
- had two viral load suppressions



- receive first line antiretroviral HIV medication for > 2 years
- have good adherence levels
- do not have a child that receives treatment in the facility
- have two or more phone contacts that are working

ART Access App



ART Access App developed with MCR DFID Wellcome Trust Health Systems Strengthening grant

Based upon pharmacy refill DSDM at IDI clinic*

AND

IDI KCCA community pharmacy refill process (paper based)

Conceptual Framework

Context

- Overcrowded health centres
- Frequent ART stock outs (leading to shorter refil times)
- Capacity within community pharmacies
- Increased coverage of phones/internet

Effects

- Health care worker burn out/ stress
- Increased risk of drug errors/ PLHIV lost to follow up
- High cost of transport and lost time at work for PLHIV
- Underuse of community pharmacy network

Intervention principles

- Develop model to decongent health centres
- Develop model that use mHealth for data collection/ algorithms to improve safety/ recording
- Develop model that is sustainable

1. Develop ART
Access App
with
stakeholder
input

LXNDON

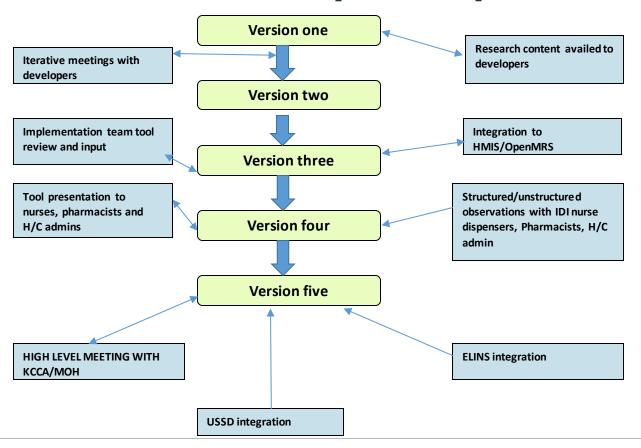
FAST-TRACK CITIES 2019

2. Evaluate feasibility and acceptability and safety of ART Access

3. Evaluate outcomes of ARTAccess App with other tools in full scale trial

Iterative APP development process





ART Access and the Uganda EMR



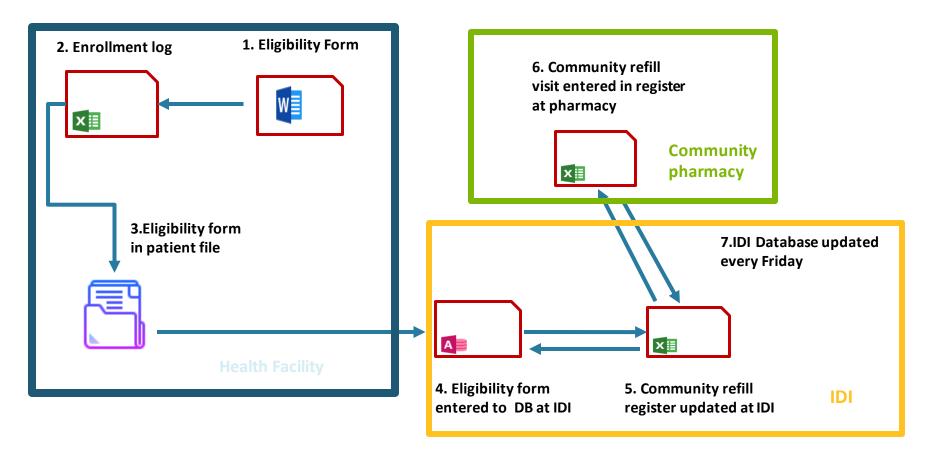


Progress so far



- App development started in 2017
- Roll out Jan 2019
- 3 community pharmacies
- 2 KCCA facilities
- Over 4,892 (50.2%) patients have transferred from paper to app

Paper based refill program



ARTAccess components

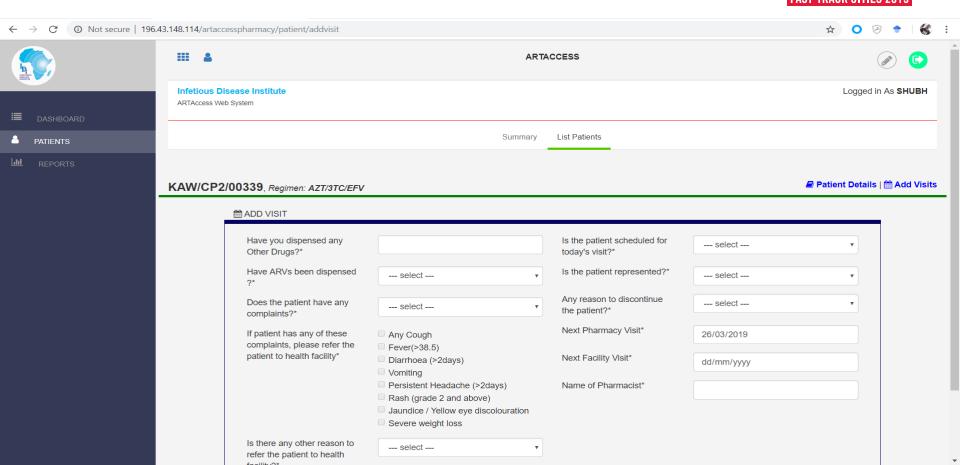


- Pharmacy landing page
- Pharmacy refill page
- Health facility landing page
- Health facility refill eligibility form
- Admin landing page (IDI)
- Admin report generation

Web and Phone versions available

Refill pharmacy dispensing interface LXNDON





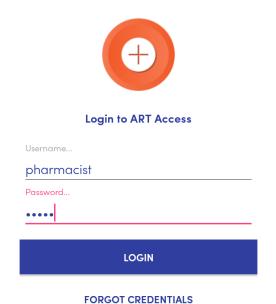
Smartphone app version



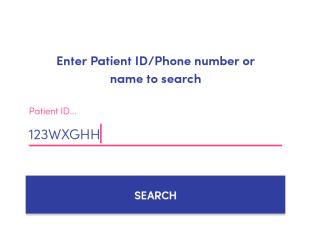








Regimen 3TC/AZT/NUP Give Septrin Yes Length of Refill 2 Months **Next Visit Date SELECT** 29/4/2018



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UPDATE PRESCRIPTION

BARBICAN CENTRE

Time and motion study



 117 patients (75 on the app and 42 on the paperbased system) at 3 pilot pharmacies.

Waiting time: 4.5(0.9-15.0)

Drug Refill time:

Time to exit: 1.5(0.8-2.6)

Waiting time 1.2(0-7)

time: 6.6(4.7-9.7)

Time to exit: 0.6(0.1-1.8)

Next Steps



Further investigation on waiting time/exit time

- Longer follow up to allow for evaluation of safety (removal from community programme, lost to follow up)
- Scale up in KCCA facilities as appropriate
- Addition of stock management module

Acknowledgments



We would like to thank

- the patients of the KCCA programme
- the staff of Kisenyi and Kawempe health facilities
- the staff of Cedars, Hefra and Shubh pharmacies
- The IDI ARTAccess and IDI KCCA teams
- Daniel Okello, Ag. Director Public health services and environment.

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Project Partners / funders



IDI-KCCA Project

The KCCA-IDI project was made possible with support from The U.S. President's Emergency Plan for AIDS Relief through the Centers for Disease Control.

ARTACCESS APP Funding









Partners









