

**Abstract Title**

Community Pharmacies Provide An Efficient Platform For Continuity Of Care For Emerging Chronic Illnesses; A Window Of Opportunity

**Abstract text (max 2500 characters incl spaces):****SUMMARY OF ISSUES:**

Despite advances made by Uganda AIDS Control Program and Ministry of Health towards universal access to Anti Retroviral Therapy (ART), HIV/AIDS related mortality due to non access is still unacceptably high. Current ART coverage is estimated at 44% among adult patients and 26% among children eligible for ART which translates to an annual reduction of AIDS related mortality of 29% and nearly 2 years improvement in life expectancy at birth. The picture gets even worse with sub population analysis as there are gross inequities in access; for instance 42% of ART eligible men as compared to 55% of ART eligible women and very limited access to treatment among Most At Risk Populations (MARPs) and fishing communities. It implies increased access to already existing treatment approaches, will save many more lives. The limited access to ART is caused by several factors including limited funding to health facilities, health worker shortage, very low patient thresholds set as targets for existing health facilities and generally an inadequate poorly facilitated health system already overburdened by other illnesses. After 3 decades with the HIV/AIDS epidemic, Uganda now has many patients born with the disease well in their third decade of life. Currently, the transmission rates are on the rise with about 124,000 new infections every year. This calls for more innovative and efficient ways to increase access to ART care. This abstract summarizes information obtained from both empirical research conducted by the author and a systematic review of related published literature on how community pharmacies can be incorporated into the HIV response to promote pluralistic and responsive health systems.

**DESCRIPTION OF INTERVENTION/ADVOCACY:**

Community pharmacies present a platform for creating linkages with existing facilities that provide HIV/AIDS care. To reduce the strain on the existing HIV/AIDS care facilities, expert patients who have been on treatment for five or more years and as a result understand their treatment regimen, achieve desirable compliance, know when to seek for specialized medical attention should be re-directed to other facilities such as community pharmacies that are well suited to offer medicine refill services. It must be noted that the HIV/AIDS epidemic has been transformed into a chronic illness and hence the proportion of expert patients is significantly. Such a strategy will free up some of the resources of clinician time, infrastructure and capacity at the health facilities for more in need patients such as newly enrolled patients, those facing regimen modification, those with co-morbidities and ultimately contribute significantly to increasing access to ART. The community pharmacies have strategic advantages such as convenient location, are open all day and need no appointment to see the pharmacist/health worker, and hence can provide medicine access to all across the sub populations affected by HIV/AIDS. Given the existing expertise and capacity at community pharmacies, they are advantaged to provide more than desirable care for the proportion of patients that report to health facilities on a routine basis for refills. They can screen patients for preliminary indicators of treatment failure, drug toxicities and refer such patients to facilities where they will get the necessary care.

**LESSONS LEARNED:**

Community pharmacies meet the suitability criteria to offer ART prescription refill services, have adequate qualified health workers who are willing to provide care to HIV expert patients, and have the ability and know-how of referring patients to more specialized facilities as need arises. Hence, leveraging community pharmacies as additional platforms for HIV/AIDS continuity of care will not only relieve the health facility of the patient strain but will facilitate the realisation of pluralistic health systems. Studies such as Okumu et al 2012, Kitutu et al 2011 conducted among community pharmacies in Uganda showed that health providers and owners of community pharmacies are willing to establish formal linkages with public health facilities so as to provide improved care to patients with chronic illness such as HIV/AIDS. Another study by Kariuki et al 2009 registered the following findings about human resources for health, medicine storage conditions and management and willingness to offer new pharmaceutical services such structured refills for particular patients. Up to 82% of community pharmacies were found to have at least three health workers, 51% of whom were found to have knowledgeable about HIV/AIDS and use of antiretroviral. Safety of drugs in the community pharmacies was found to be of desirable standard, with 82% storing drugs on shelves, 84% having refrigeration facility and 98% having well ventilated stores and 80% maintaining authorized access to medicine stores. Drug expiry in stores was not found to be a common issue among many. All the health workers in community pharmacies were found to refer their patients to hospitals for more specialized care whenever the patient required further examination or admission to hospital. The level of willingness to offer the service was found to be good at 69%.

#### NEXT STEPS:

Given the available evidence and health policy framework, it is timely to conduct a proof of concept study to answer questions related to acceptability of the intervention among all stakeholders, quality of patient related inventory at the pharmacies, and understand wider health system effects and inform essential factors for scale up and sustainability. It is also fundamental to assess effects on quality of care and rational use of drugs, equity of access and financial burden to the patient and pharmacy, while exploring methods for integrating information from private providers into HMIS and district health systems.

#### References

- Uganda STDs/AIDS Control Program and Ministry of Health, Status of Anti Retroviral Therapy Service Delivery in Uganda, 2010
- Whyte et al; Treating AIDS: Dilemmas of unequal access in Uganda; Journal of Social Aspects of HIV/AIDS Research Alliance; 2004
- Businge et al; Is Universal Access to HIV/AIDS Antiretroviral drugs in Uganda, a Reality or myth? Ultimate media
- Kitutu F E, Okumu M; 2009; Assessment of the role of community pharmacies in provision of primary health care in Uganda