Multi-Month Dispensing (MMD) for Children and Adolescents Living with HIV

A Guide for Community Case Workers in OVC Programs

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Introduction

This guide is meant to help you, a community case worker or facility case manager working on an orphans and vulnerable children (OVC) program, to understand your role in supporting multi-month dispensing (MMD) of anti-retroviral (ARV) medicines for children and adolescents living with HIV (CLHIV/ALHIV).

The guide will explain the basics of MMD, including:

- What is MMD?
- Which children are eligible for MMD?
- Why is MMD beneficial for CLHIV/ALHIV?

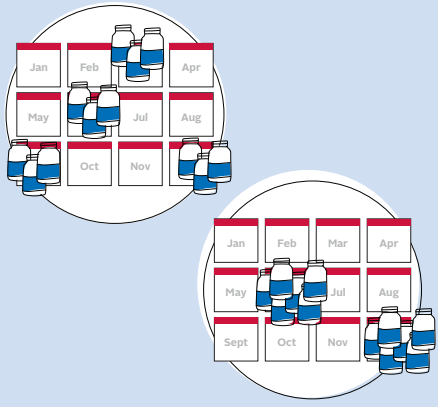
The guide will also explain what your role as a community case worker (CCW) is in supporting CLHIV/ALHIV on MMD, including how you will:

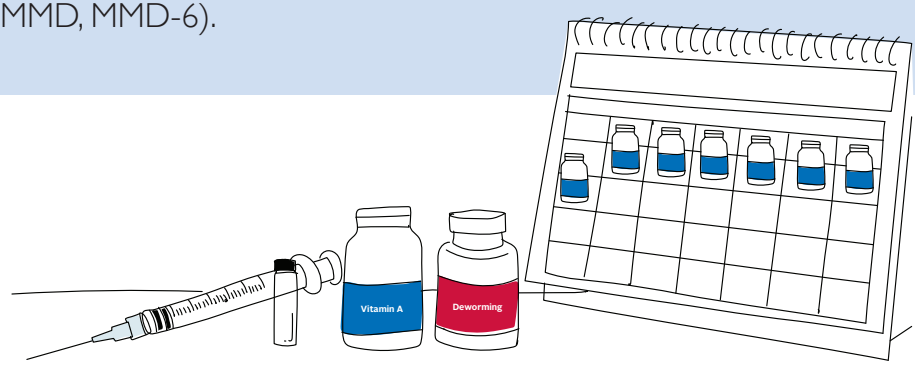
- Know which children and adolescents are on MMD
- Know which children are not on MMD but are eligible to start MMD, and what to do
- Support children and adolescents on MMD and their caregivers
- Ensure that CLHIV and ALHIV are adhering to optimal regimens even when they are not attending the clinic on a frequent basis
- Collect and report needed information about CLHIV/ALHIV on MMD
- Know when to communicate with health care providers about CLHIV/ALHIV on MMD

What is MMD?

In the past, anti-retroviral drugs (ARVs) were almost always dispensed (provided) one month at a time. This means that a person on anti-retroviral therapy (ART) is required to visit the health center or ART center every month, in order to pick up more drugs.

MMD means that an ART client receives more than one month supply of ARVs at a time and does not need to go for a clinic visit and new prescription every month. With MMD, a client usually receives a three-month supply (this is called 3-month MMD, or MMD-3) or a six-month supply (6-month MMD, MMD-6).





Note: MMD may refer not only to ARVs, but also to other medicines or health supplies such as TB preventive treatment, cotrimoxazole, family planning methods for adolescents, etc. When referring to MMD, this guide is referring to MMD of ARVs, for children and adolescents living with HIV.

The ARVs dispensed with MMD are exactly the same type of drugs you receive when ARVs are provided one month at a time, except that you get more drugs at each clinic visit so that you will not need to come into the clinic every month.

A CLHIV or ALHIV should continue taking the ARVs as usual; only the amount of drugs given at one time is changing.

Under MMD, ARVs can be distributed at community-based distribution points (e.g., a community ART refill group, a community ART distribution point or PODI) or picked up from a private pharmacy affiliated with the health center where the child is enrolled (community pharmacy ART).

Clinic visits are still needed, but less frequently, for assessments, lab testing, etc.

Which children or adolescents are eligible for MMD?

Health care workers responsible for treating children and adolescents with HIV will follow national guidelines in deciding which CLHIV/ALHIV are eligible for MMD. The eligibility criteria may change from time to time.

Other Factors and Considerations

- Generally, to be eligible for MMD, CLHIV/ALHIV are usually expected to have been on ART for at least one year and to be virally suppressed.
- Adolescent girls or young women should not be pregnant or breast feeding.
- Other factors which are important when considering MMD for children include the child's weight, age, and type of ARVs the child is taking (please see the section on Pediatric ART for more information on regimens and formulations).
- Other factors such as presence of TB or other opportunistic infections may also be considered.

What are the benefits of MMD?

As more people living with HIV are put on treatment, more and more people are going to clinics for their appointments and to pick up ARVs.

This has led to over-crowding at clinics, long waiting times, and potentially a lower standard of care. In addition, it may be putting people at increased risk of exposure to illnesses such as COVID-19 if infection prevention measures are not in place.

If stable ART clients are put on MMD, it has benefits at the clinic level, by reducing this over-crowding and the other consequences of overcrowding mentioned above. These benefits have been shown to improve client satisfaction with health services.

Additional benefits of MMDs for clients

- MMDs reduce the number of trips a client needs to make to the clinic, saving time and money
- Less crowded clinics means shorter waiting times, and potentially more time to spend with the health care providers
- Fewer people visiting clinics reduces the chances of getting exposed to (or spreading) Coronavirus (or other infectious diseases)
- In the event of movement restrictions due to disease outbreaks such as COVID 19, clients will have enough ARV supplies to continue treatment.

Most importantly, MMD has been shown to improve retention in care (continuity of treatment). This is important for viral load suppression, which is key to controlling the HIV epidemic.

What are some common misconceptions or concerns about MMD? *Talking points for CCWs*

The following sections show some common concerns about MMD and some information that may be useful to share when trying to address these concerns ("Talking Points").

These talking points are drawn from the "Job Aid for Providers, Case Workers, and Other Counselors to Discuss ARV MMD" with caregivers and with ALHIV and the related brochures for caregivers and ALHIV.

These materials are available to guide you in talking to caregivers and adolescents about MMD.

C/ALHIV need to be seen by a health provider every month. Talking Points:

- The newest antiretroviral medications are safer and more effective than previous medications. This means they help reach viral suppression faster with very few side effects.
- They are also easier to take and can be used by children, adolescents, and adults.
- Because they are so much better, you can receive a multi-month supply, and you need to collect medications only a few times a year, rather than every month.
- You can always contact or visit your ART clinic between visits, even when you receive 3 to 6 months' supply.

People will know that I/my child is HIV-positive if I'm picking up or storing more drugs. Talking Points:

- Even with MMD, you will not be picking up a lot of drugs. Some medications may come in a larger box. To guard their privacy, some clients use a large, discreet bag to collect and transport their bottles. Some clients also "double bag" their bottles for added privacy.
- Some clients also put some cotton/fabric inside the bottle (between the lid and the pills) to avoid the rattling noises of the pills in the bottles.
- At home, store the bottles in a cool, private, secure place. Some clients divide the bottles across different locations in the house to spread the bulk.

There is a higher risk of a client sharing or selling ARVs if they receive a bigger supply. Talking Point:

- ARVs should never be shared (or sold). Giving someone else your/your child's medications could cause you to run out of ARVs early. If ARVs are not taken every day, this could allow the virus to begin copying itself again and viral load to increase. If the virus is not suppressed, this increases the chances of becoming sick again.

The Role of the OVC Community Case Worker in MMD for C/ALHIV

As a CCW in the OVC program, you are regularly visiting CLHIV and ALHIV to support their care and monitor their progress on treatment (among other areas as reflected in their care plan).

Your Role Supporting C/ALHIV Who Are on MMD

For children and adolescents on MMD, you have a very important role to play in making sure that C/ALHIV are adhering to their treatment, doing well on treatment, helping them to overcome barriers, and referring them to the health facilities or communicating with health care providers in case of need.

It is a goal of ART programs to enroll all eligible children on MMD. A health care provider at the ART clinic makes decisions about enrolling CLHIV and ALHIV on MMD according to national guidelines and eligibility criteria. This information will be communicated to you, by your project's facility case manager or other staff, so you will know which of your C/ALHIV are on MMD (and which are not).

Job aids (Flipchart/Counselling cards, brochures for ALHIV and for caregivers of CLHIV, a Quick Reference and a Care & Support Checklist) have been developed for you which you can use when you talk to ALHIV on MMD or with caregivers of CLHIV or ALHIV on MMD.

Supporting MMD use, a checklist for home visits.

In your regular home visits to C/ALHIV, you should do the following:

- ☐ Confirm with the C/ALHIV or their caregiver that the C/ALHIV is on MMD

  Ask: "Are you getting only one month of ARVs at a time, or has the health care provider given you multiple ARV prescriptions, or prescriptions that last you more than one month?"

- ☐ Confirm the date when they are supposed to refill their prescription and the date of their next clinic appointment.

  Note: a caregiver should be allowed to pick up the child's medication without bringing the child unless the child is due for a clinical visit.

- ☐ Confirm that the C/ALHIV or caregiver has a plan to make their next refill and clinic appointment, and discuss any barriers that might prevent them from doing so, as well as plans for how to address these barriers, if any.

- ☐ If more than one person in the household is on MMD, encourage the C/ALHIV or caregiver to talk to the health care provider about aligning MMD schedules to maximize the benefits of MMD.

- ☐ Ask about any problems the caregiver might be experiencing related to administering the ARVs (e.g, the child has difficulty swallowing pills) or related to adherence, and help to address any of these challenges (refer to the section on Pediatric ART and the following section for more information and resources).

  Use pill counts to help you monitor adherence, following your project's guidance.

- ☐ Ask about any problems the C/ALHIV or caregiver might be experiencing related to storing the ARVs (e.g, not enough storage space, no place to store the ARVs in a confidential way, nowhere to keep ARVs cool, etc.) and help to address any of these challenges.
- ☐ Make sure that drug sharing is not happening in the household.
- ☐ Confirm that the C/ALHIV or caregiver has a plan to go for their viral load sample collection.

In addition to talking about MMD, you should continue to provide support to the C/ALHIV and their caregivers in accordance with your regular responsibilities and standard operating procedures (SOPs).

This support is especially important for C/ALHIV on MMD, since they will be seeing the health care providers less frequently than before. Your role in providing support becomes even more critical, to make sure these children and adolescents continue to do well on treatment.

This checklist can also be found in the Quick Reference along with the Care and Support Checklist for monitoring and documentation.

Supporting C/ALHIV on ART.

As a reminder, your role in supporting C/ALHIV on ART also includes the actions described on the following pages.

Please refer to your project's job aids, SOPs, or other guidance for more details on each area.

☐ Adherence support

At each home visit, you should assess the C/ALHIV's adherence to their medications and to their clinical appointments. You should provide support in identifying and overcoming any barriers to adherence, in case of any problems or challenges.

☐ Viral load monitoring

- *At each home visit, you should confirm whether the child or adolescent on ART has had a viral load (VL) test and when the date of the next VL test is scheduled. You can check this information by asking the caregiver or the ALHIV, or even better, by asking if you can see the clinic card or test result.*
- *C/ALHIV newly started on ART should have a VL test after six months. C/ALHIV on ART for one year or longer should have a VL test annually.*
- *If a C/ALHIV is due for a VL test, refer the client to the ART clinic. Ask or check if the last VL test results show if the C/ALHIV is virally suppressed (the VL is less than 1,000 copies/ml), and provide the appropriate counseling depending on the result.*
- *Note that if the result of a VL test shows that a C/ALHIV is not virally suppressed, a new VL test should be done after three months (after enhanced adherence counselling; see below).*

☐ Disclosure counseling

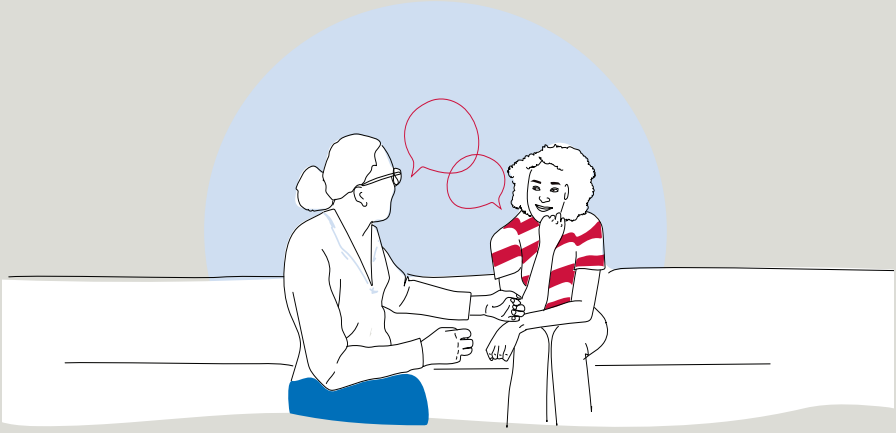
One of the main barriers to ART adherence in children and adolescents is a lack of disclosure (the child or adolescent has not been told that they are living with HIV). Many factors influence when and how a child's HIV status should be disclosed to them. Please refer to the project's SOPs for details about your role in supporting disclosure of HIV status to CIALHIV. Please note, though, that disclosure is not a requirement for MMD.

☐ Psychosocial support

Psychosocial support (PSS) for CIALHIV and their caregivers is an important part of their overall care. PSS can take many forms, such as counselling, participation in support groups or other social interactions and activities, spiritual or cultural support services, alcohol or drug abuse support, etc.

☐ Enhanced adherence counseling

Children or adolescents on treatment who have a high viral load may need to receive extra counselling in order to improve their adherence. Enhanced adherence counselling (EAC) is a more structured series of counselling sessions dedicated to identifying and addressing barriers to adherence.



☐ Promoting health, nutrition, and well-being

The well-being of children living with HIV also depends on their and general well-being – overall health status. As with all children, you should also continue to make sure that children living with HIV are:

- *Eating (and growing well)*
- *Playing or exercising regularly, practicing good hygiene*
- *Visiting the clinic as scheduled for their well-baby visits (for preventive health care including growth monitoring, immunizations, and deworming or Vitamin A supplements if appropriate)*
- *Attending early learning sessions, if available*
- *Seeing a doctor if they are sick*

Provide adolescents with appropriate HIV prevention messaging, risk reduction counselling, and/or referrals for needed sexual and reproductive health services.

Ethical Practices and Confidentiality

Remember that in all of your work with children, adolescents, and their families, you must follow the ethical practices in which you have been trained.

This includes keeping all information that has been provided to you about your beneficiaries, including information and records related to their HIV status and their treatment status, private and confidential.

In all of your work with C/ALHIV related to MMD, please continue to follow your training and project procedures related to privacy, confidentiality, and other ethical practices.

When to Refer or Communicate with a Health Care Worker at the Facility

You play a very important role in ensuring that CLHIV and ALHIV adhere to their medications and clinical appointments and continue to do well on their treatment. This role is especially important since C/ALHIV on MMD are scheduled to see their health provider less frequently.

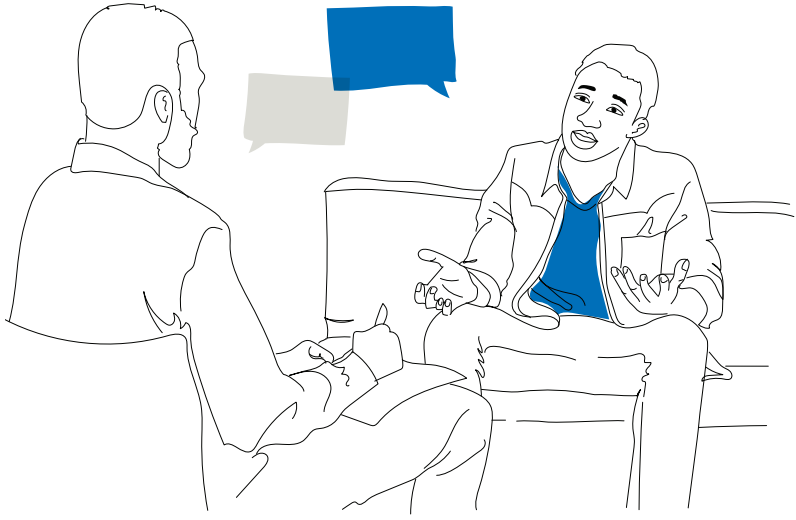
Making Referrals

As you monitor C/ALHIV on MMD, you should continue to follow your training and the project's SOPs for making referrals to or consulting with health care workers or other sources of support. These referrals may be needed in case the child or adolescent experiences any of the following issues:

- A missed clinical appointment or viral load service
- Poor adherence, which you are unable to resolve
- Challenges or barriers that could affect adherence, such as issues related to ARV storage, side effects, disclosure, stigma, abuse or neglect, alcohol or drug use, psychosocial support needs, food insecurity, or other
- Need for lab monitoring (CD4, viral load, liver function tests, etc.)
- Illness (persistent diarrhea, nausea, vomiting, abdominal pain, headache, skin rash, fever, or fatigue)
- Scheduled preventive health care (immunizations, growth monitoring, or other well-child check-ups)

Your Role Supporting C/ALHIV Who are Not on MMD

Your role in supporting C/ALHIV who are not on MMD is very similar to your role in supporting those who are: regular home visiting in accordance with project standard procedures to provide support in monitoring and supporting adherence, ensuring retention in care (continuity of treatment), monitoring health and well-being, and providing all of the other direct services or facilitating referrals for other needed services in health, education, child protection, or economic strengthening according to the project's goals.



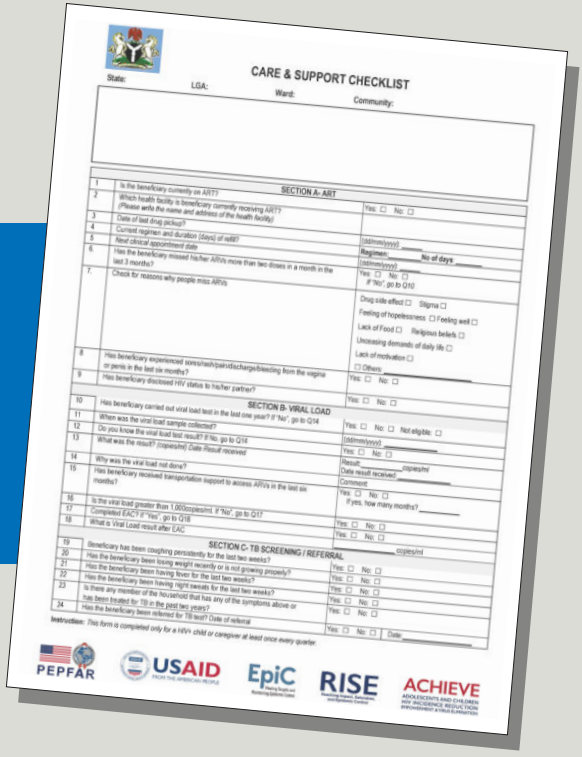
If you have a child or adolescent on ART who is not on MMD but who you believe meets the eligibility criteria (see section above), you should discuss the benefits of MMD and refer the child or adolescent to the treatment facility for their assessment and decision.

Monitoring and Reporting on MMD for C/ALHIV

By monitoring C/ALHIV on MMD, you can help to ensure C/ALHIV adhere to their ART throughout the time between clinic visits, ensure they attend future clinic visits, and provide counseling and referrals for any MMD-related clinical needs you identify.

To help you monitor C/ALHIV on MMD, you will use the OVC case management tool: Care & Support Checklist. The tool has recently been edited to include necessary information on the MMD status of C/ALHIV and is included below. You will complete the tool as you have always done with the family; the only differences are the few new questions added in questions 3-5. The completed forms are stored with the rest of the case file for the household.

A full-size version of this checklist can be found in the Quick Reference along with the checklist for home visits.



CARE & SUPPORT CHECKLIST

State: LGA: Ward: Community:

	SECTION A- ART	
1	Is the beneficiary currently on ART?	Yes ☐ No ☐
2	Which health facility is beneficiary currently receiving ART? (Please write the name and address of the health facility)	
3	Date of last drug pickup?	(dd/mm/yyyy)
4	Current regimen and duration (days) of refill?	Regimen: No of days
5	Next clinical appointment date	(dd/mm/yyyy)
6	Has the beneficiary missed his/her ARVs more than two doses in a month in the last 3 months?	Yes ☐ No ☐ If 'No', go to Q10
7	Check for reasons why people miss ARVs	Drug side effect ☐ Stigma ☐ Feeling of hopelessness ☐ Feeling well ☐ Lack of Food ☐ Religious beliefs ☐ Lack of motivation ☐ Others
8	Has beneficiary experienced sores/rash/pain/discharge/bleeding from the vagina or penis in the last six months?	Yes ☐ No ☐
9	Has beneficiary disclosed HIV status to his/her partner?	Yes ☐ No ☐
	SECTION B- VIRAL LOAD	
10	Has beneficiary carried out viral load test in the last one year?	Yes ☐ No ☐
11	When was the viral load sample collected?	Yes ☐ No ☐ Not eligible ☐
12	Do you know the viral load last result? If No, go to Q14	(dd/mm/yyyy)
13	What was the result? (copies/ml) Date Result received	Yes ☐ No ☐
14	Why was the viral load not done?	Result: copies/ml Date result received:
15	Has beneficiary received transportation support to access ARVs in the last six months?	Comment: Yes ☐ No ☐ If yes, how many months?
16	Is the viral load greater than 1,000copies/ml. If 'No', go to Q17	Yes ☐ No ☐
17	Completed EAC? If 'Yes', go to Q18	Yes ☐ No ☐
18	What is Viral Load result after EAC	copies/ml
	SECTION C- TB SCREENING / REFERRAL	
19	Beneficiary has been coughing persistently for the last two weeks?	Yes ☐ No ☐
20	Has the beneficiary been losing weight recently or is not growing properly?	Yes ☐ No ☐
21	Has the beneficiary been having fever for the last two weeks?	Yes ☐ No ☐
22	Has the beneficiary been having night sweats for the last two weeks?	Yes ☐ No ☐
23	Is there any member of the household that has any of the symptoms above or has been treated for TB in the past two years?	Yes ☐ No ☐
24	Has the beneficiary been referred for TB test? Date of referral	Yes ☐ No ☐ Date

Instruction: This form is completed only for a HIV+ child or caregiver at least once every quarter.

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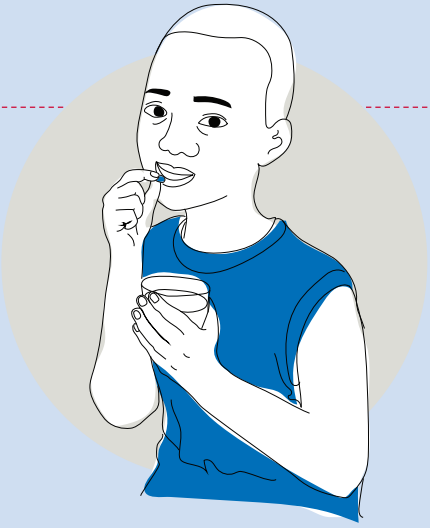
The Basics of Pediatric ART



All children and adolescents living with HIV should be started on ART as soon as they are diagnosed, and they should be supported to continue taking their medications regularly for life.

For a variety of reasons, children and adolescents often do not achieve the same rates of success on ART as adults. Part of the reason for this, especially among younger children, has to do with the types of drugs used in children, how they are given, and how often they change.

This section provides background information in case you are interested in learning more about ART for children. It briefly explains some of the considerations that go into ensuring that children access the most effective and convenient ART – this is referred to as "optimizing" ART.

You can learn more about this also by reviewing guidance issued by the Ministry of Health or National AIDS Control Program in your country, talking to health providers at the ART clinic, or doing research online on the websites of the World Health Organization, PEPFAR, or others.

ARVs, Regimens, and Formulations

- An ARV is a single drug. Examples include abacavir (ABC), lamivudine (3TC), lopinavir/ritonavir (LPV/r), and efavirenz (EFV). There are more than 30 different types of ARVs.
- A regimen is a combination of drugs given together. Regimens usually include three ARVs. This does not necessarily mean taking three separate medicines, because some medicines combine two or even three ARVs in one.
- Drug formulation refers to the different forms that a drug may come in. For example, the same drug may come in liquid (syrup) form, tablet form, or pellet form. Some children are not able to swallow tablets, and there are some types of tablets, such as LPV/r which cannot be chewed, crushed, or dissolved – they must be swallowed whole. Children who cannot do this therefore need a different formulation. Pellets are like very small tablets and so they are easy to swallow. They come in a capsule. When the capsule is opened, the pellets can be poured onto soft food, mixed with milk, or put directly in a child's mouth. Granules are like pellets, and come in a sachet. They are administered in the same way as pellets.

Liquid

Pellets

Tablet

There are job aids available to help health care workers counsel caregivers about how to administer pellets or teach their children to swallow tablets and how to address common challenges. If you need to support a caregiver in this way, you can find these materials through the ART clinic or your OVC program management team.

Optimizing Regimens

A trained health care worker at the ART clinic will decide what regimen to prescribe to a child, in accordance with national treatment guidelines. In addition to these guidelines, the health care worker will take into account ARV availability, the need for different formulations, possible side effects, other medicines the child may be taking, etc.

The preferred regimen for a child as well as the dosing (how much medicine to give) also depend on the child's age and weight. Especially in young children who are growing quickly, regular growth monitoring is very important so that the appropriate dosing and regimen are prescribed.

As children grow, they will graduate to the next regimen and formulation. While these decisions will be made at the ART clinic, you should be aware of what regimen and formulation each CLHIV is taking, so that you can provide appropriate support.

Sometimes, a particular drug regimen may not work for a child, due to "drug resistance" or other causes. In cases of treatment failure, a CLHIV or ALHIV may be changed to a different "second line" regimen (or "third line" in case of failure of the second line regimen).

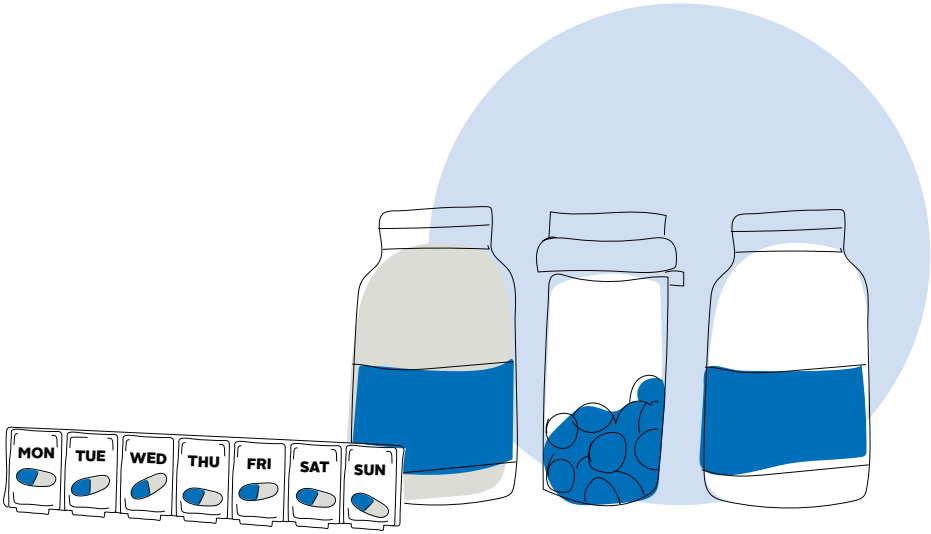
Recommended Regimen for Nigeria

Pediatric first line ART:

Children (<20 kg): ABC + 3TC + LPV/r
Children (20-30 kg): ABC + 3TC + DTG
Children/Adolescents (30 kg and higher): TDF + 3TC + DTG

Pediatric second line ART:

Children (<20 kg): AZT + 3TC + RAL
Children (20-30 kg): AZT + 3TC + LPV/r
Children/Adolescents (30 kg and higher): AZT + 3TC + LPV/r



Additional Resources

On communicating to CLHIV caregivers and ALHIV about MMD:

- "Job Aid for Providers, Case Workers and Other Counselors to Discuss ARV Multi Month Dispensing (MMD) with Caregivers of CALHIV"
- "Job Aid for Providers, Case Workers and Other Counselors to Discuss ARV Multi Month Dispensing (MMD) with ALHIV"
- "Multi-Month Dispensing of Antiretroviral Treatment and You" (two brochures, one for caregivers of C/ALHIV, one for ALHIV)

On adherence counselling and viral load monitoring:

- "Viral Load Monitoring and Enhanced Adherence Counseling Flipchart: Infants and Children", ICAP (also available in French)
- "Viral Load Monitoring and Enhanced Adherence Counseling Flipchart: Adolescents", ICAP (also available in French)
- "HIV Treatment Adherence Counseling and Retention Guide: A job aid for counselors and providers working with people living with HIV", FHI360/EpiC project, July 2020. Note that this guide is not adapted for use with caregivers of CLHIV/ALHIV.

On disclosure:

- "Grandir – Guide sur l'annonce du VHI à l'enfant et à l'adolescent: Manuel pratique à destination des soignants en Afrique", Sidaction, 2017.
- "Disclosure of Pediatric and Adolescent HIV Status Toolkit", Elizabeth Glaser Pediatric AIDS Foundation, 2018.

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