



Facility-provided Six Multi-Month Dispensing (6MMD) of ART

1. Purpose of facility-provided 6MMD

- Decongest the clinic with reduced number of clinic visits for stable clients
- Improve adherence and convenience
- Save time and costs for both clients and facilities
- Support better retention, viral suppression and other health outcomes

2. Who does what?

Clinicians

- Assess 6MMD eligibility
- Explain and offer 6MMD option
- Confirm client 6MMD verbal consent
- Prescribe 6MMD on clinic script (and dispense 6MMD ART + preventative meds if stock in consulting room)
- If previously using CCMDD, de-activate

Pharmacists/Pharmacy Staff

- 6MMD forecasting and timely ordering of 84-90 pack sizes
- Dispense 6MMD ART + preventive meds

3. Eligibility checklist

A client qualifies for 6MMD if they meet ALL criteria below:

- **Clinically stable** (no TB, severe illness, or recent hospitalizations, unstable NCD)
- Clients who are **older than 5 years**
- Clients who are **on ART for more than 12 months** with two most recent **consecutive VL results <50 copies/mL**
- Clients who are **not pregnant** or **within 12 months of delivery**
- Clients on TLD regimen and without NCD
- Can self-manage meds or has reliable caregiver
- Clinician confirms the client's eligibility
- Client voluntarily consents to facility-provided 6MMD

Children specific additional criteria:

- No regimen or dosage change in the last 3 months
- Caregivers counselled on disclosure process where age-appropriate disclosure not yet achieved
- Where client <12 years, caregiver voluntarily opts for facility-provided 6MMD

NOT eligible for 6MMD currently

This may change as NCD stock improves

- Stable ART clients who also **have an NCD** (e.g. hypertension, diabetes), even if it is controlled
- Clients on ART regimens **other than TLD**

4. Clinical assessment

Perform necessary health checks and screenings:

- Monitor routine vital signs
- Review recent blood results (e.g. viral load)
- Screen for intercurrent illnesses (e.g. TB symptoms, NCDs, STIs and mental health conditions)
- Note any new or existing side effects or adherence challenges

5. Facility-provided 6MMD information for the client

Viral load results and offering 6MMD:

- Congratulate for most recent two consecutive viral loads <50 copies/mL
- Encourage to keep up excellent adherence. Remind the client that keeping their VL <50 copies/mL remains important as it:
 - Enables living U=U
Undetectable=Untransmittable (zero risk of transmission to sexual partners)
 - Allows offer and continuation of 6MMD

Discuss how 6MMD works

- Purpose and benefits (see #1 above) and this is voluntary
- Procedure for 6-monthly clinical reviews, prescriptions and refills (see Figure 1 below)
- For clients previously in Repeat Prescription Collection strategies (RPCs) - external or facility pick-up point or adherence club utilizing CCMDD - clarify the difference between facility-provided 6MMD and RPCs
- Provide guidance on handling and storage (avoiding heat/moisture, keeping out of children's reach, keeping in original bottle)
- Explain return to standard care if client becomes clinically unwell (including TB), misses scheduled appointment by more than 28 days, receives a high VL result, becomes pregnant, or repeatedly reports lost/stolen treatment requiring re-supply
- Encourage return to clinic before next scheduled appointment if unwell or need further support

6. Integration of contraceptive care

- Assess contraceptive needs of women of reproductive age
- Explain contraceptive method choice impact on visit frequency. If client is using LARC methods (IUD/implant) no alignment issue
- If client is using oral or self-injectable contraception, provide with a 6-month supply of pills or 2 self-injection units if there is sufficient stock
- If client is using healthcare worker injectable contraception, align second or third re-injection dates

7. What to dispense?

- 6-month TLD supply
- Preventive therapies:
 - **Oral/self-injectable contraception** also dispense as 6MMD
 - **TPT** (preferably 3HP, if TPT was missed in first year of ART) also dispense entire remaining supply to complete TPT (3 or 6MMD)

8. Follow-up of clients on facility-provided 6MMD

- Conduct clinical review once every 6 months
- Reassess 6MMD eligibility at each clinical visit and provide 6-month script (6MMS)
- Align laboratory investigations with scheduled clinical visits
- Document: VL results; any 6MMD discontinuation or change back to RPCs

9. Discontinuation criteria

- Re-assessed as clinically unstable including new or uncontrolled NCD/mental health condition or diagnosed with TB
- Recall if viral load ≥ 50 copies/mL (if follow-up VL < 50 copies/mL 3 months later can re-enrol)
- Pregnancy
- Missed scheduled appointment by more than 28 days
- Repeated reporting of lost/stolen treatment requiring re-supply
- Client request including changing back to RPCs if preferred

10. Key reminders

- For client visit scheduling, see Figure 1
- Always reinforce adherence and safe storage of medication
- Encourage clients to return if unwell (before 6-month appointment date)
- Promote stigma reduction and link with community support

11. Documentation

- Document the client's enrolment in the 6MMD program and the date of enrolment
- Confirm the next appointment date 6 months later
- If previously using CCMDD, de-activate

Figure 1: Facility-provided 6MMD

