



Evaluating a Pharmacy-Led PrEP Refill Model on Continuation Rates in Lusaka's Serodiscordant Couples: A Working Paper

Evaluating a Pharmacy-Led PrEP Refill Model

DOI

[10.5281/zenodo.18531](https://doi.org/10.5281/zenodo.18531552)

[552](#)

6

Nchimunya Banda

Mulungushi University

Department of Public Health, University of Zambia, Lusaka

Hollie Hunt

Department of Internal Medicine, University of Zambia, Lusaka

Mulungushi University

Correspondence: nbanda@yahoo.com

Received 31 December 2005

Accepted 25 March 2006

Abstract

In Zambia, pre-exposure prophylaxis (PrEP) is a key HIV prevention tool for serodiscordant couples. Maintaining high continuation rates beyond initial uptake remains a programme challenge, as conventional clinic-based refill models can pose logistical and time barriers. This working paper evaluates the impact of a differentiated service delivery model—a pharmacy-led PrEP refill programme—on continuation rates among serodiscordant couples in Lusaka. It aims to assess the model's feasibility and preliminary effectiveness compared to standard clinic-based care. A mixed-methods, observational study was conducted. Quantitative data on refill visits and continuation were collected from programme registers for couples enrolled in the pharmacy-led model and a comparison group receiving standard care. A subset of clients and providers participated in in-depth interviews to explore experiences and perceptions. Preliminary analysis indicates a positive association between the pharmacy-led model and improved continuation. Clients using pharmacy refills demonstrated a 15-percentage point higher continuation rate at six months compared to the standard care group. Qualitative themes highlighted reduced waiting times and perceived lower stigma as key facilitators. The pharmacy-led refill model shows promise for improving PrEP continuation among serodiscordant couples in this setting by addressing common barriers associated with clinic-based care. It represents a viable strategy for health systems to optimise service delivery. Programmes should consider piloting and scaling pharmacy-led PrEP refills within differentiated service delivery frameworks. Further operational research is needed to assess long-term outcomes, cost-effectiveness, and optimal integration into national HIV prevention programmes. HIV prevention, pre-exposure prophylaxis, differentiated service delivery, adherence, Zambia, key populations, task shifting This working paper provides early evidence from the Zambian context on a pharmacy-led PrEP refill model, contributing to the discourse on practical, client-centred approaches to improve prevention outcomes for serodiscordant couples.

Keywords: *HIV prevention, serodiscordant couples, pre-exposure prophylaxis, Sub-Saharan Africa, programme evaluation, health services research, adherence*

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ REQUEST FULL PAPER

Email: info@parj.africa

Request your copy of the full paper today!

SUBMIT YOUR RESEARCH

Are you a researcher in Africa? We welcome your submissions!

Join our community of African scholars and share your groundbreaking work.

Submit at: app.parj.africa



Scan to visit app.parj.africa

Open Access Scholarship from PARJ

Empowering African Research | Advancing Global Knowledge