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REGIONAL COMMUNITY TREATMENT OBSERVATORY West Africa

Understanding Gaps in the HIV Treatment Cascade in 11 West African Countries: Findings from the Regional Community Treatment Observatory

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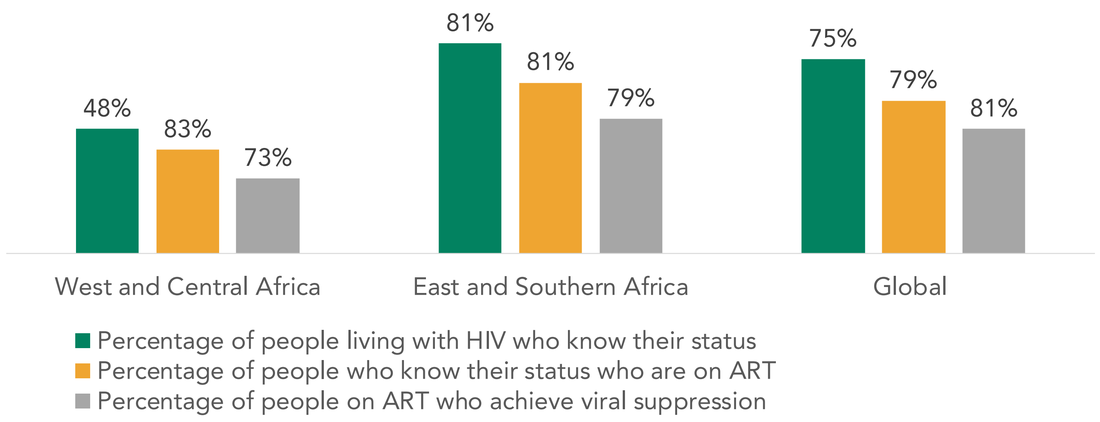
10th IAS Conference on HIV Science (IAS 2019), July 2019, Mexico City, Mexico

Introduction 1

By the year 2020, the world must achieve the 90-90-90 targets in order to remain on-track to achieve the Sustainable Development Goal of ending AIDS as a public health threat by 2030. West and Central Africa remains far behind the rest of the word in terms of progress towards these targets (Figure 1).

Figure 1. Progress Towards The 90-90-90 Targets (2017)



Of the 6.1 million people living with HIV (PLHIV) in the region, just 48% are aware of their status, 40% are accessing life-saving antiretroviral therapy (ART) and 29% are virally suppressed. Progress is stymied by drug stock-outs, weak health systems, gender and human rights barriers, and low quality of care.

Methodology 2

In February 2017, the International Treatment Preparedness Coalition (ITPC) established a Regional Community Treatment Observatory in West Africa (RCTO-WA). The aim of the RCTO-WA is to increase accountability for the 90-90-90 targets in 11 priority countries: **Benin, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Senegal, Sierra Leone** and **Togo**.

ITPC trained and supported the national network of PLHIV in each country to collect and analyze facility-level data along the HIV treatment cascade. From July 2017 – June 2018, the RCTO-WA conducted 538 monitoring visits to 103 health facilities, 279 key informant interviews and 110 focus group discussions. The selected sites cater to more than 80,000 people on ART.

Regional-level analysis of the results was done using a version of the "Five As" conceptual framework (Table 1).

Table 1. "The Five As" — A Person-Centered Conceptual Framework for Access

Availability	Accessibility	Acceptability	Affordability	Appropriateness
				
▸ Do the required health services, medicines, commodities and supplies exist? ▸ If so, do they exist when they are needed and in adequate supply?	▸ Are there long travel distances or wait times? ▸ Are hours of operation convenient? ▸ Are referral processes along the care cascade smooth?	▸ Is there a high quality of care? ▸ Are services provided free of stigma and discrimination? ▸ Are the human rights of patients promoted and protected?	▸ Do services require out-of-pocket spending on behalf of the client? ▸ Is the service delivery model(s) efficient? ▸ What is the sustainability of the response?	▸ Are services tailored to the specific needs of key and vulnerable populations? ▸ Are age and gender considered in service packages?

Results 3

Availability: With a great deal of variation between countries, the RCTO-WA documented stock-out frequency as 8.8% for HIV test kits, 23.4% for antiretroviral drugs (ARVs) and 17.2% for viral load lab supplies (such as reagents and consumables) (Table 2).

Table 2. Frequency of Stock-outs Recorded at the Monitored Health Facilities

Country	Stock-outs of HIV test kits	Stock-outs of ARVs	Stock-outs of viral load lab supplies
	Mean % of health facility visits when stock-outs were recorded (95% CI)		
All Countries	**8.8 (6.4-11.2)**	**23.4 (19.8-27.0)**	**17.2 (14.0-20.4)**
Benin	0.0 (0.0-0.0)	0.0 (0.0-0.0)	16.7 (0.0-38.7)
Côte d'Ivoire	2.9 (0.0-6.1)	13.3 (6.8-19.8)	0.0 (0.0-0.0)
Gambia	0.0 (0.0-0.0)	16.2 (7.4-24.9)	50.0 (38.0-62.0)
Ghana	2.6 (0.0-7.7)	10.3 (0.7-19.8)	0.0 (0.0-0.0)
Guinea	45.5 (32.2-58.7)	34.5 (21.9-47.2)	54.5 (41.2-67.8)
Guinea-Bissau	8.3 (0.0-24.7)	16.7 (0.0-38.7)	0.0 (0.0-0.0)
Liberia	5.3 (0.0-12.4)	47.4 (31.3-63.4)	7.9 (0.0-16.5)
Mali	16.7 (0.0-34.0)	22.2 (2.9-41.6)	5.6 (0.0-16.2)
Senegal	12.7 (3.9-21.5)	21.8 (10.9-32.8)	20.0 (9.4-30.6)
Sierra Leone	5.5 (0.8-10.2)	23.1 (14.4-31.7)	5.5 (0.8-10.2)
Togo	0.0 (0.0-0.0)	46.7 (32.0-61.4)	13.3 (3.4-23.3)

Accessibility: Qualitative RCTO-WA data from key informant interviews and focus group discussions highlight long distances to health facilities as a key barrier to access for HIV testing services (HTS) and ART (Figure 2).

Figure 2. Reasons for Not Accessing HTS (n=289) (Left) and ART (Right) (n=321)

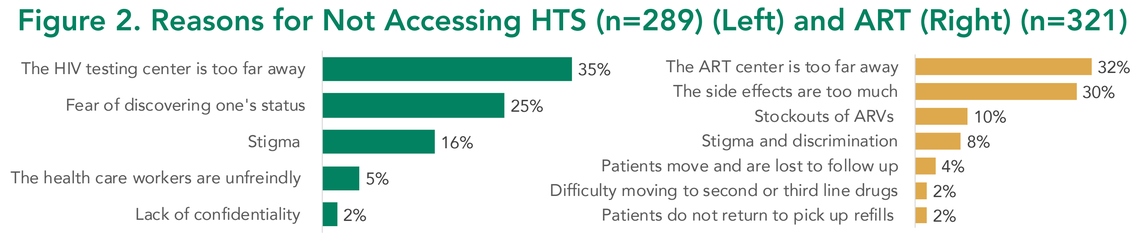
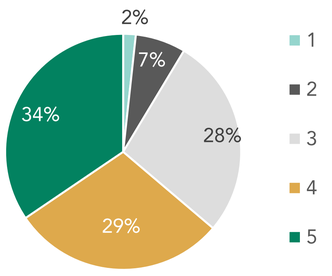


Figure 3. Quality of Care Rating (out of 5) at Monitored Health Facilities (n=55)



Acceptability: One third of people consulted rated the quality of services a 3 or less out of 5 (Figure 3). Quality of care was rated lowest among men who have sex with men (3.16/5.00) and highest among pregnant women (4.00/5.00). Among young people age 15-24 years, girls rated quality of care slightly lower than their male counterparts.

Affordability: Despite high out-of-pocket payments for health in the region, less than 5% (n=334) of people said user fees are a major barrier to accessing HIV services.

Acceptability: Key and vulnerable populations made up 16% of positive tests but just 7% of people on ART, suggesting linkage to care is a key challenge for these groups.

Conclusions & Strategic Advocacy Priorities 4

The RCTO-WA highlights key access gaps along the HIV treatment cascade. To achieve the 90-90-90 targets, ongoing community monitoring is critical.

From 23-24 October 2018, the Regional Advisory Board (RAB) for the RCTO-WA met in Côte d'Ivoire to review this data and provide a critical steer on the advocacy priorities going forward. The RAB drafted a data-driven prioritized advocacy plan, with the top three advocacy messages for each of the 90-90-90 targets (Table 3).

Table 3. Strategic Advocacy Priorities for the RCTO-WA

By 2020, 90% of people living with HIV will know their status
▸ Expand the availability of non-facility-based HIV testing options, including community-led and community-based HTS ▸ Intensify HIV communication and awareness campaigns to increase demand for HTS ▸ Include objectives to promote and protect human rights of PLHIV and key populations in costed HIV strategic plans
By 2020, 90% of people living with HIV who know their status will be receiving sustained ART
▸ Improve communication along the supply chain to prevent stock-outs of antiretrovirals ▸ Enhance linkage to—and retention in—care and treatment, especially for key and vulnerable populations ▸ Strengthen community systems and responses to support the roll out of differentiated service delivery
By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression
▸ Increase funding to ensure the availability of adequate viral load testing machines and laboratory supplies ▸ Enhance knowledge among PLHIV and healthcare workers to increase demand for high quality viral load testing services ▸ Ensure effective treatment monitoring through acceptable turn-around times for viral load test results

None of this is possible without strong community systems – including networks of PLHIV – to collect, track, analyze and feedback the data for targeted advocacy and action. The relationships among the PLHIV networks, the health facilities and the national and regional decision-makers are critical to foster and maintain. These relationships ensure that there is accountability for commitments to treatment access. They work to strengthen linkages between available services and community access.

Acknowledgements 5

The authors acknowledge the tireless efforts of the eleven national networks of people living with HIV who collected and analyzed this data. They also acknowledge the ongoing support of the ITPC-West Africa team for the successful implementation of the project, despite very difficult conditions. Thanks to the Regional Advisory Board for their critical steer on tool development, data validation and advocacy planning. The authors also thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for their financial support.

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Session Title: Chasing Waterfalls: Cascades of Care
Session Code: TUPDB01

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