

# IMPROVING ACCESS TO QUALITY HIV TREATMENT IN 11 WEST AFRICAN COUNTRIES

Impact of ITPC's Regional Community Treatment Observatory

OCTOBER 2019

In West and Central Africa, 64% of people living with HIV (PLHIV) are aware of their status, 51% are accessing antiretroviral therapy (ART), and 39% are virally suppressed (2018). Progress is stymied by low demand for services, stock-outs, weak health systems and poor quality of care. In 2017, the International Treatment Preparedness Coalition (ITPC) established a Regional Community Treatment Observatory in West Africa (RCTO-WA) to increase accountability for the 90-90-90 targets.

The RCTO-WA is a consortium led by ITPC and ITPC West Africa. The project works to increase access to optimal HIV treatment in 11 West African countries through the systematic monitoring of services by national networks of people living with HIV. Supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the RCTO-WA collects and analyzes data on the **availability, accessibility, acceptability, affordability and appropriateness** of HIV services. The project has a particular focus on assessing access to, and quality of, HIV services for pregnant women, young people, men who have sex with men, people who inject drugs and sex workers.

From January 2018 to June 2019, the RCTO-WA conducted 1781 monthly monitoring visits to 125 health facilities across the 11 countries. Giving nuance and depth to the quantitative data, 1501 interviews and 143 focus group discussions were held with patients and healthcare workers. Feedback was provided to communities, government and health center staff on a quarterly basis to help improve engagement between healthcare workers and recipients of care, and quality of services.

**TABLE 1. Characteristics of the RCTO-WA Dataset**

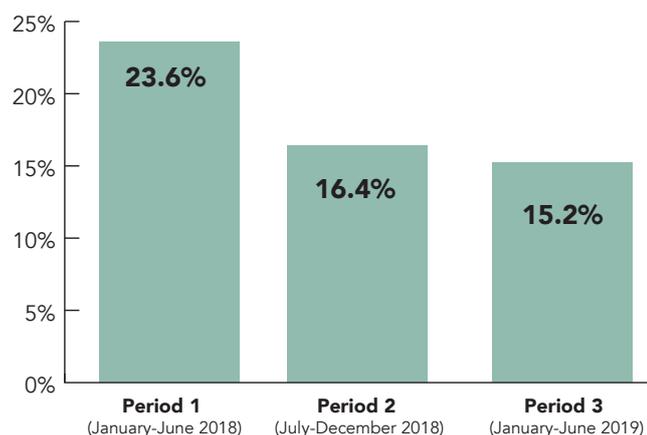
QUALITATIVE DATA	
INTERVIEWS	1501
FOCUS GROUP DISCUSSIONS	143
QUANTITATIVE DATA	
TOTAL # OF COUNTRIES IN THE RCTO-WA	11
TOTAL # OF HEALTH FACILITIES MONITORED	125
<ul style="list-style-type: none"> <li>■ Benin</li> <li>■ Côte d'Ivoire</li> <li>■ The Gambia</li> <li>■ Ghana</li> <li>■ Guinea</li> <li>■ Guinea-Bissau</li> <li>■ Liberia</li> <li>■ Mali</li> <li>■ Senegal</li> <li>■ Sierra Leone</li> <li>■ Togo</li> </ul>	<ul style="list-style-type: none"> <li>4</li> <li>27</li> <li>9</li> <li>16</li> <li>12</li> <li>2</li> <li>4</li> <li>4</li> <li>15</li> <li>21</li> <li>11</li> </ul>
TOTAL # OF HIV TESTS PERFORMED BY RCTO-WA MONITORED FACILITIES	631,863
<ul style="list-style-type: none"> <li>■ Young men (age 15-24 years)</li> <li>■ Young women (age 15-24 years)</li> <li>■ Men who have sex with men (MSM)</li> <li>■ Sex workers</li> <li>■ People who inject drugs (PWID)</li> </ul>	<ul style="list-style-type: none"> <li>29,123</li> <li>69,528</li> <li>11,380</li> <li>21,253</li> <li>2,944</li> </ul>
TOTAL # OF PEOPLE ON ART AT RCTO-WA MONITORED FACILITIES (as of JUNE 2019)	105,435
TOTAL # OF VIRAL LOAD TESTS PERFORMED BY RCTO-WA MONITORED FACILITIES	81,380

This is the second regional fact sheet the RCTO-WA has produced. Where the [first fact sheet](#) was a snapshot of findings from the period of January-June 2018, this fact sheet shows changes over the entire project (January 2018-June 2019).

## Availability

The frequency of ART stock-outs decreased significantly over the course of the project. Stock-outs were recorded during 23.6% (95% CI 19.9%-27.2%) of health facility visits in Period 1 (January-June 2018), declining to 16.4% (95% CI 13.6%-19.3%) in Period 2 (July-December 2018), and 15.2% (95% CI 12.3%-18.1%) in Period 3 (January-June 2019) (Figure 1). The time it took to resolve stock-outs of medicines also improved, yet remained unacceptably long. On average, stock-outs lasted for 41 days in Period 1, dropping to 35 days in Periods 2 and 3 combined.

**FIGURE 1. Frequency of Recorded ART Stock-outs at RCTO-WA Monitored Health Facilities**



### CASE EXAMPLE

#### Addressing Lab Reagent Stock-Outs In Benin

At the Bethesda Hospital in Cotonou, REBAP+ noticed that the site had not been supplied with lab reagents for more than 10 months, and patients were not receiving critical treatment monitoring services including viral load tests. At the next Community Consultative Group meeting, the Deputy Coordinator of The National AIDS Control Program (NACP) was confronted with this data, and a solution was found. After the meeting, the NACP stocked Bethesda Hospital with reagents. In 2019, no stock-outs have been recorded at the monitored facilities in Benin.

### CASE EXAMPLE

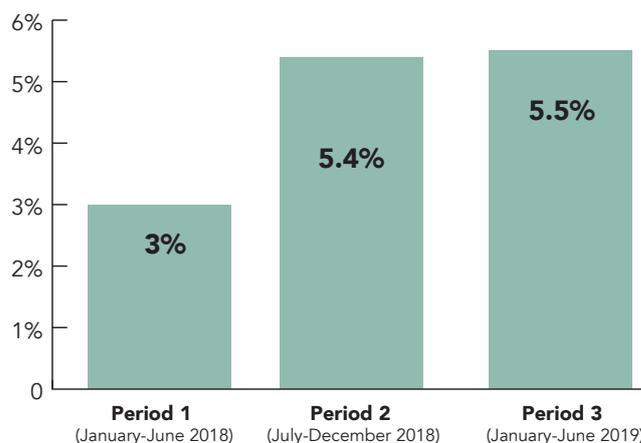
#### Advocating For DSD In Sierra Leone

NETHIPS' data revealed limited access to HIV services. They used this data to make the case to the National AIDS Control Program for a National Differentiated Service Delivery (DSD) Strategy. The Strategy was signed by government and the National AIDS Secretariat in May 2019. Elements of the Strategy include a flagging system to ensure timely treatment monitoring, client education to increase demand for viral load testing, and a results notification system using SMS, email, a web portal and WhatsApp chat.

## Accessibility

The RCTO-WA also documented a notable increase in access to HIV services. The number of HIV tests performed increased from 161,647 in Period 1, to 246,604 in Period 2, and then fell to 223,612 in Period 3. Yet, HIV-positive yield from those tests rose from 3.0%, to 5.4%, to 5.5%, respectively (Figure 2). This trend suggests that access to HIV testing services for people living with HIV increased, marking progress towards the target of ensuring 90% of people living with HIV know their status by 2020. Improved yield also reflects a more effective use of limited resources.

**FIGURE 2. HIV-Positive Yield from HIV Tests Performed at RCTO-WA Monitored Health Facilities**

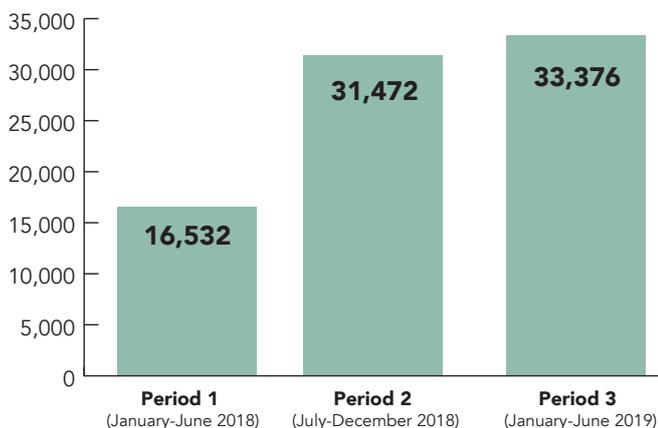


For those who tested negative, access to HIV prevention services also improved. In Period 1, the number of HIV-negative MSM who were provided with pre-exposure prophylaxis (PrEP) for HIV was 416. This rose to 602 in Period 2, and was maintained at 600 in Period 3.

For those who tested positive, access to ART improved. As of June 2018, the health facilities monitored by the RCTO-WA were providing 81,817 people with ART. By December 2018, this figure rose to 90,008. As of June 2019, RCTO-WA monitored facilities were providing ART to 105,435 people.

The number of viral load tests performed more than doubled, increasing from 16,532 in Period 1, to 31,472 in Period 2, to 33,376 in Period 3 (Figure 3). The World Health Organization recommends that stable patients<sup>1</sup> receive a viral load test once every 12 months. As of December 2018, RCTO-WA monitored facilities had 90,008 people on ART and performed 48,004 viral load tests in the past year (January-December 2018), for an estimated coverage of 53.3%. As of June 2019, RCTO-WA monitored facilities had 105,435 people on ART and performed 64,848 viral load tests in the past year (July 2018-June 2019), for an estimated coverage of 61.5%. While this is a significant improvement, effective treatment monitoring remains a persistent challenge in the region.

**FIGURE 3. Viral Load Tests Performed at RCTO-WA Monitored Health Facilities**

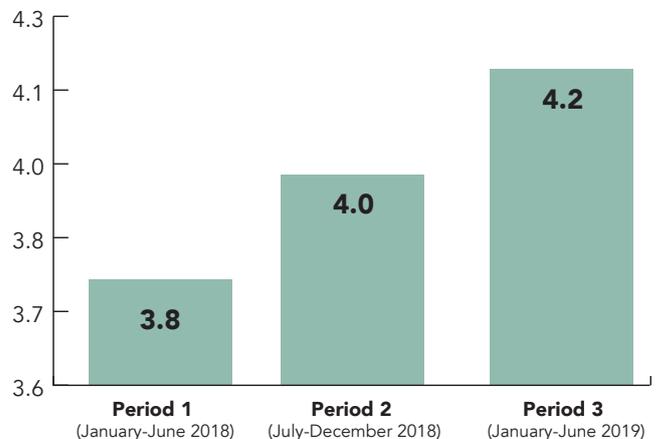


## Acceptability

According to beneficiaries, the quality of services provided at RCTO-WA monitored health facilities improved over time. During interviews and focus group discussions, the RCTO-WA asked people to rate the quality of services they received, 1 being the lowest and 5 being the highest. The average quality of care rating rose from 3.8 (n=44) in Period 1, to 4.0 (n=587) in Period 2, to 4.2 (n=849) in Period 3 (Figure 4). The average quality of care rating from

key populations (MSM, sex workers and PWID) also increased, from 3.6 in Period 1, to 3.8 in Period 2, to 4.0 in Period 3, though it was consistently lower than the general population.

**FIGURE 4. Average Quality of Care Rating (out of 5) at RCTO-WA Monitored Health Facilities**



Viral load suppression is another important quality of care indicator, often reflecting good adherence to uninterrupted ART and effective treatment monitoring.

The rate of viral suppression at RCTO-WA monitored health facilities increased dramatically, from 48.3% in Period 1, to 67.9% in Period 2, and 77.4% in Period 3 (Figure 5).

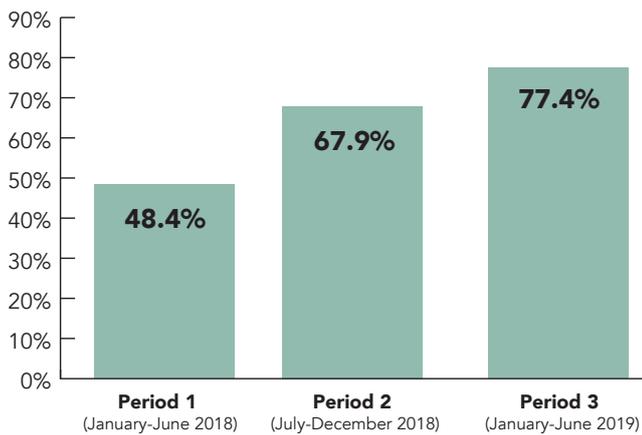
### CASE EXAMPLE

#### Improving Quality Patient Monitoring In Mali

During a visit to the Gabriel Touré University Teaching Hospital in Bamako, RMAP+ drew the attention of health facility managers to data quality issues that were affecting treatment monitoring. RMAP+ analysis revealed that viral load test results were being transferred from patient registers to the central database in groups, clustered by date. RMAP+ pointed out that it is better to record this data by patient. The reaction from the health facility was swift; without waiting for a memo from the hospital, the nurses began to transfer the viral load results by patient.

<sup>1</sup> The World Health Organization's consensus definition of stable patients is: Those who are receiving ART for at least 1 year with no adverse drug reactions requiring regular monitoring, no current illnesses or pregnancy, a good understanding of lifelong adherence, and evidence of treatment success

**FIGURE 5. Rate of Viral Load Suppression at RCTO-WA Monitored Health Facilities**



## Affordability

Despite high out-of-pocket expenditure on health in general in the West Africa region, affordability was not cited as a major barrier to accessing HIV treatment services at RCTO-WA monitored health facilities. Among 1491 interviews and focus group discussions conducted in Period 2 and 3 (July 2018 to June 2019), 1.7% of respondents said the reason for not accessing HIV testing services is that it requires payment. Similarly, 3.9% gave this answer for ART, and 3.8% for viral load testing. In Period 1 (January to June 2018), affordability was more commonly cited as a barrier for HIV testing (2.0%) and for ART (5.0%), suggesting modest improvements in this area.

## Appropriateness

The RCTO-WA monitored health facilities' progress towards the commitment in the Dakar Declaration to strengthen strategic information on key populations. While this improved during the project, progress was incremental and large data gaps remain. As of June 2018, 38 health facilities were recording disaggregated data for at least one key population, and only 20 were recording it for all three (MSM, sex workers and PWID). As of June 2019, 39 facilities were recording data for at least one key population and 22 were recording it for all three. Where data was available, the RCTO-WA shone a spotlight on distinct linkage to care issues for these groups, with little sign of change. In Period 1, key and vulnerable populations (MSM, sex workers, PWID and young people age 15-24 years) made up 16% of HIV-positive test results, but just 7% of people on ART at the same facilities. They made up 21.9% of positive test results and 6.5% of people on ART in Period 2, and 19.5% of positive test results and 7.8%

## CASE EXAMPLE

### Removing Financial Barriers To Treatment Access In Côte D'ivoire

RIP+ contributed to an April 2019 announcement from the Ivorian Government that it would stop people being charged for accessing HIV testing and treatment services. The renewed commitment followed pressure from donors, including a letter from PEPFAR. RIP+ presented its monitoring data from April-September 2018 at PEPFAR's COP19 planning meeting in Johannesburg. The slides highlighted payment as a key barrier, especially for young and pregnant women.

of people on ART in Period 3. Addressing these gaps will likely require longer-term structural changes, including reforming laws and policies and reducing stigma and discrimination.

## Conclusion

The RCTO-WA improved data transparency, creating a culture of collective problem-solving among PLHIV, healthcare workers and policy-makers. The project triangulated anecdotal evidence of facility-level improvements with macro data trends that show regional-level progress in some areas. This provides proof of concept for the positive effects of community-led monitoring at scale. The approach should be sustained and replicated elsewhere to help achieve global HIV treatment targets.

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