

ANNEXES

Country Results Profiles



CÔTE D'IVOIRE

Community Treatment Observatory Results Profile

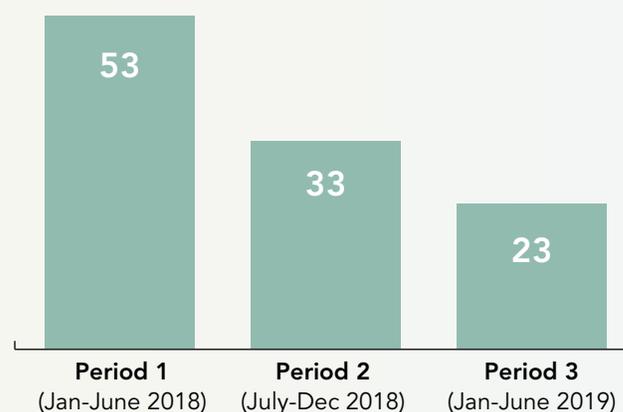
Overview

ITPC PARTNER: Le Réseau Ivoirien des organisations de Personnes vivant avec le VIH-SIDA (RIP+)			
# of health facilities CTO-monitored	# of monthly quantitative reports	# of key informant interviews	# of focus group discussions
27	389	600	34

Key Results

- At the CTO-monitored health facilities, the total number of people receiving ART increased from 111,739 in period 1 (January-June 2018), to 191,126 in period 2 (July-December 2018) to 199,687 in period 3 (January-June 2019).
- The speed with which ART stock-outs were resolved drastically improved, falling from 53 days in period 1, to 33 days in period 2, to 23 days in period 3 (Fig. 14).
- The number of key populations (men who have sex with men, sex workers, and people who inject drugs) who received a viral load test rose from 196 in period 1, to 420 in period 2, to 501 in period 3.
- In part due to advocacy led by the observatory, there was an April 2019 commitment from the government of Côte d'Ivoire to remove all user fees for people accessing HIV testing and treatment services.
- Close proximity to ITPC-West Africa office in Abidjan enhanced the quality and intensity of available technical support.
- There was high-level political buy-in for community-led monitoring, in part through strategic representation on the Community Consultative Group (CCG). This included members from the Global Fund CCM, the National AIDS Control Program, the National Commission of Human Rights, and the Central Drug Supply.

Figure 13. Average Length of ART Stock-outs at the CTO-Monitored Health Facilities in Côte d'Ivoire



Success Factors

- A large number of sites in the sample enabled the observatory to make meaningful inferences on national trends.

There was strong information sharing with other partner programs, including PEPFAR. This was done through having PEPFAR partners on the CCG (EGPAF, ACONDA VS), presenting results at the Embassy in Abidjan, and sharing findings at the COP review in Johannesburg in 2018. Ultimately, this led to the observatory securing funding to continue its work.

Next Steps

- Funding should be secured in the next Global Fund funding request to maintain or scale up the community treatment observatory in Côte d'Ivoire during the 2020-2022 funding cycle.

- Community-led advocacy is needed surrounding the Ministry's note to stop charging user fees. Not all health facilities are aware of it and enforcing it.
- Health centers need training on providing services to key populations. Only one of the 27 CTO-monitored sites is currently providing services to these groups. To increase treatment coverage, key population drop-in centers need to be able to provide ART.

Contact Details

[Alain Manouan, ITPC](#)

[Blanche Bakon, RIP+](#)

GHANA

Community Treatment Observatory Results Profile

Overview

ITPC PARTNER: National Network of Persons Living with HIV in Ghana (NAP+ Ghana)			
# of health facilities CTO-monitored	# of monthly quantitative reports	# of key informant interviews	# of focus group discussions
16	167	101	10

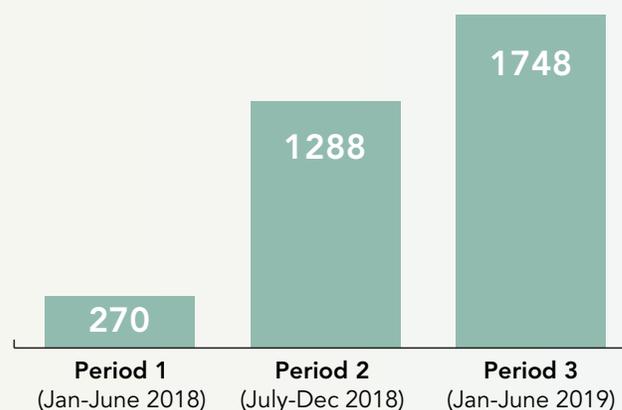
Key Results

- With collaboration between the community treatment observatory and the National AIDS Control Program, there have been no major ART shortages in Ghana since 2018
- At the CTO-monitored health facilities, the total number of people initiating ART increased more than six-fold, rising from 270 in period 1 (January-June 2018), to 1288 in period 2 (July-December 2018), to 1748 in period 3 (January-June 2019) (Fig 14).
- The proportion of people living with HIV that received their viral load test results back within two weeks of taking the test rose from 47% in period 1, to 67% in period 2, and was maintained at 66% in period 3.
- The observatory in Ghana consistently drew attention to the lack of data available for key populations. The Ghana AIDS Commission has since developed the Ghana Key Population Unique Identification System (GKPUIS) to help disaggregate key populations service data at health facilities.

community treatment observatory and health facility staff. Directors, hospital administrators, ART in-charges, data and information officers, laboratory technicians and midwives were all actively involved in the project at the monitored health facilities

- The Community Consultative Group took a leadership role in implementing the advocacy agenda. The CCG met with the head of the Tamale Teaching Hospital to discuss the viral load machine breakdown,

Figure 14. Number of People Initiating ART at the CTO-Monitored Health Facilities in Ghana



Success Factors

- There was strong collaboration among the

and met with chiefs and opinion leaders to address issues related to HIV stigma and discrimination among key populations.

Next Steps

- Funding should be secured in the next Global Fund funding request to maintain or scale up the community treatment observatory in Ghana during 2020-2022.
- Monitoring of the GKPUIS roll-out is needed, to ensure facilities collect and use disaggregated data on service access for key populations. There may be an opportunity to do this work with the \$3.1 million in Global Fund matching funds for scaling up community-led key population

programs, available for the 2020-2022 funding cycle.

- Ghana is the hub for the newly established PEPFAR West Africa Regional program, which includes Ghana, Burkina Faso, Liberia, Mali, Senegal, and Togo. PEPFAR should invest in the community treatment observatory's activities in the Western Region of Ghana, where the program is focused, to achieve the stated aim of epidemic control by September 2020.

Contact Details

[Alain Manouan, ITPC](#)

[Jonathan Tetteh-Kwao, NAP+](#)

MALI

Community Treatment Observatory Results Profile

Overview

ITPC PARTNER: Réseau Malien des Personnes vivant avec le VIH (RMAP+)			
# of health facilities CTO-monitored	# of monthly quantitative reports	# of key informant interviews	# of focus group discussions
4	63	293	16

Key Results

- At the CTO-monitored health facilities, the total number of key populations (men who have sex with men, sex workers and people who inject drugs) who received an HIV test more than doubled, rising from 1187 in period 1 (January-June 2018), to 1626 in period 2 (July-December 2018), to 2576 in period 3 (January-June 2019).
- At the CTO-monitored health facilities, the average number of days it took to resolve an ART stock-out fell from 37 days in period 1, to 27 days in period 2, and was maintained at 28 days in period 3.
- At the CTO-monitored health facilities, the total number of people on ART more than doubled, rising from 18,213 in period 1, to 36,971 in period 2, to 42,909 in period 3 (Fig 15).

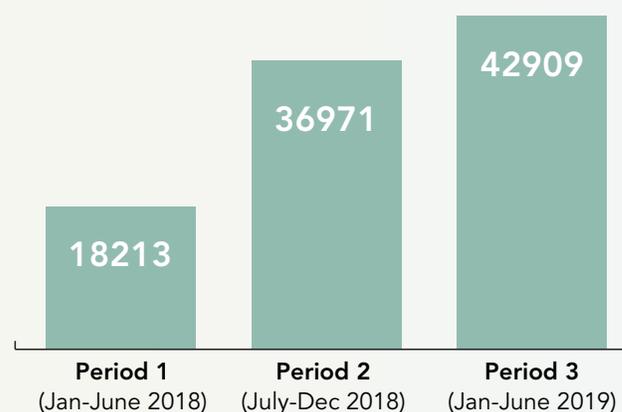
Success Factors

- A dedicated advocacy day with a clear theme (delays in receiving viral load results) resulted in a formal tri-partite contract with the national AIDS council (SE/HCNLS) and the Malian network of people living with HIV (RMAP+). RMAP+ is now an active partner in

ensuring recipients of care get their viral load results in a reasonable time.

- The Community Consultative Group used data from the treatment observatory to influence national policy documents. This contributed to the February 2019 launch of Mali's differentiated service delivery strategy, which has focused approach for HIV testing, prioritizing key populations and self-testing options. The CCG also ensured that community treatment observatory activities

Figure 15. Total Number of People on ART at the CTO-Monitored Health Facilities in Mali



were included in the country's acceleration plan for the 90-90-90 targets.

- Despite early challenges, the community treatment observatory persisted and was determined to improve. It succeeded. Compared to baseline, the treatment observatory in Mali achieved some of the greatest gains in the region.

Next Steps

- Funding should be secured in the next Global Fund funding request to maintain or scale up the community treatment observatory in Mali.

- Continued advocacy is needed to ensure that the growing number people initiated onto ART are monitored properly. Access to viral load testing services remains a significant challenge in Mali.
- Disaggregated data is needed for key populations. There is limited availability of key population data at 3 of the 4 Mali CTO-monitored sites.

Contact Details

[Alain Manouan, ITPC](#)

[Dramane Koné, RMAP+](#)

SIERRA LEONE

Community Treatment Observatory Results Profile

Overview

ITPC Partner: Réseau Malien des Personnes vivant avec le VIH (RMAP+)			
# of health facilities CTO-monitored	# of monthly quantitative reports	# of key informant interviews	# of focus group discussions
21	305	13	15

Key Results

- With sustained advocacy from the treatment observatory, Sierra Leone launched a policy on differentiated service delivery in March 2019. This policy includes community-based testing options for key populations, coupled with peer navigation to increase linkage to prevention and treatment services.
- At the CTO-monitored health facilities, the total number of key populations (men who have sex with men, sex workers and people who inject drugs) who received an HIV test more than doubled, rising from 1067 in period 1 (January-June 2018), to 2065 in period 2 (July-December 2018), to 2445 in period 3 (January-June 2019) (Fig 16).
- At the CTO-monitored health facilities, the total number of key populations (as defined above) on ART nearly tripled, increasing from 266 in period 1, to 486 in period 2, to 736 in period 3.

Success Factors

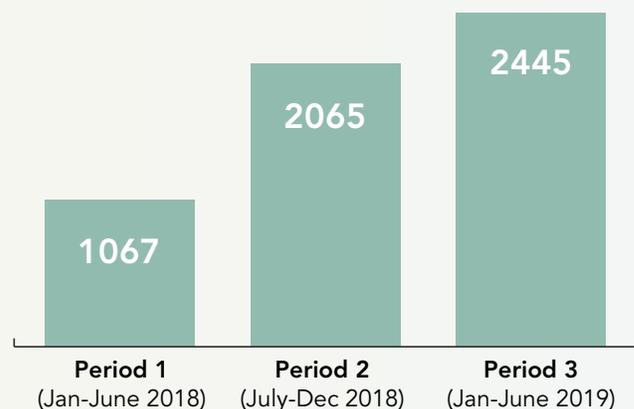
- Publication of Sierra Leone’s community treatment observatory results in The Journal of Health Design helped demonstrate to government decision-makers that the model was robust, and that community-led

monitoring data reliable and credible.

- Joint action by National AIDS Secretariat and National AIDS Control Programme was taken to respond to community treatment observatory stock-out alerts and immediately take HIV medicines and commodities to the facilities.
- Solidarity between general and key populations on a shared agenda strengthened overall community systems.

NETHIPS used data collected through the

Figure 16. Number of Key Populations Who Received an HIV Test at the CTO-Monitored Health Facilities in Sierra Leone



treatment observatory to mobilize additional funds from Christian Aid and from Solthis. This enabled NETHIPS to expand livelihood activities to support people's out-of-pocket expenditure on HIV services, and to build skills of network members on advocacy and proposal development, enhancing sustainability.

Next Steps

- Funding should be secured in the next Global Fund funding request to maintain or scale up the community treatment observatory in Sierra Leone. There may be

an opportunity to do this work with the \$1.5 million in Global Fund matching funds for programs to remove human rights-related barriers to health services, available for the 2020-2022 funding cycle.

- NETHIPS should be supported to monitor the implementation of Sierra Leone's new policy on differentiated service delivery, ensuring facilities adhere to the guidance.

Contact Details

[Alain Manouan, ITPC](#)

[Martin Ellie, NETHIPS](#)

TOGO

Community Treatment Observatory Results Profile

Overview

ITPC Partner: Réseau des Associations de Personnes Vivant Avec le VIH au Togo (RAS+)			
# of health facilities CTO-monitored	# of monthly quantitative reports	# of key informant interviews	# of focus group discussions
11	174	110	16

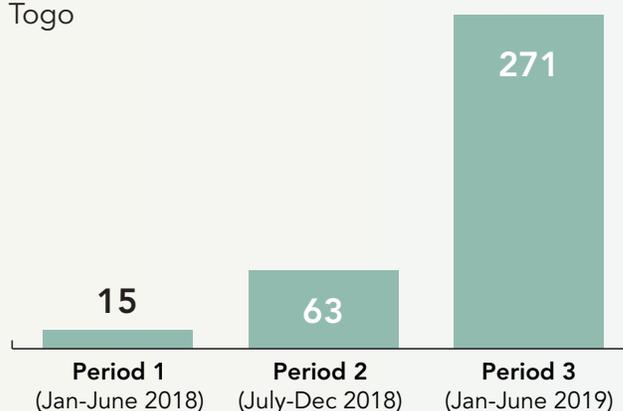
Key Results

- At the CTO-monitored health facilities, the number of key populations (men who have sex with men and sex workers) who were initiated onto ART rose 18-fold, increasing from 15 in period 1 (January-June 2018), to 63 in period 2 (July-December 2018), to 271 in period 3 (January-June 2019) (Fig 17).
- At the CTO-monitored health facilities, the number of eligible people provided with post-exposure prophylaxis (PEP) doubled, rising from 21 in period 1, to 31 in period 2, to 42 in period 3.
- At the CTO-monitored health facilities, the number of pregnant women who received an HIV test increased from 3713 in period 1, to 6553 in period 2, to 8508 in period 3.
- At the CTO-monitored health facilities, the number of young women age 15-24 years on ART increased from 769 in period 1, to 1944 in period 2, to 2032 in period 3.

meetings of the Quantifying Committee of Inputs, and meetings with civil society, CNLS/PNLS and USAID. This increased the credibility of RAS+ and attracted additional resources through PEPFAR/HP+ to continue the CTO work in COP19.

- The data collected by the community treatment observatory was seen as reliable by health facility staff. At the Sylvanus Olympio University Teaching Hospital in Lomé, Togo, the service supervisor in the prevention of mother-to-child unit used data

Figure 17. Number of Key Populations Initiating ART at the CTO-Monitored Health Facilities in Togo



Success Factors

- The community treatment observatory used their data to make evidence-informed interventions during CCM meetings,

collected by the treatment observatory to cross-checks information in its central reporting system.

- Multi-pronged advocacy with different stakeholders was used to find a solution to viral load stockouts. The community treatment observatory successfully advocated with CNLS/PNLS to make a budget line for preventive maintenance of equipment, and with PEPFAR to support the continuous availability of reagents.

Next Steps

- Funding should be secured in the next Global Fund funding request to maintain or scale up the community treatment observatory in Togo.

- Following the pre-exposure prophylaxis (PrEP) trial among men who have sex with men in Togo – which the treatment observatory monitored – advocacy is needed to ensure that national policy is updated and demand is created to enable full PrEP rollout to key populations.

Contact Details

[Alain Manouan, ITPC](#)

[Amen Hlomewoo, RAS+](#)