CCM Site Visits to Central Region

27th / 28th June 2018

1 INTRODUCTION

The HIV/TB Oversight Committee carried out two one-day field visits to the Central Region on 27th and 28th June 2018. The objectives of the mission were

a) Monitor Global Fund supported projects with a view of understanding status of ARV's, TB drugs and other essential commodities and equipment, procurement systems,
b) Identify opportunities to accelerate towards 90-90-90
c) Document best practices, challenges and proposed solutions to scale up HIV and TB and interventions.

The site visits were undertaken to the CHAG St. Luke Catholic Hospital in Apam and the Awutu Bereku health center.

2 PARTICIPANTS

- Annekatrin El Oumrany (CCM Secretariat) – both days
- Ernest Ortsin (GHANET) – both days
- Genevieve Dorbaye (TBVN) – both days
- Edith Andrews Annan (WHO) – 27th June
- Cecilia Senoo (HFFG) – 28th June

3 LIST OF ACRONYMS

ANC	Antenatal Care
ART	Antiretroviral Therapy
CHAG	Christian Health Association Ghana
CHN	Community Health Nurse
EID	Early Infant Diagnosis
HTS	HIV Testing & Counselling
LMD	Last Mile Distribution
LTFU	Lost To Follow Up
NACP	National AIDS Control Program
OPD	Out Patient Department
PLHIV	People Living with HIV
PNC	Postnatal Care
RMS	Regional Medical Store
VL	Viral Load

4 HIV

4.1 Awutu Bereku Health Center

4.1.1 OPD – Provider initiated testing

An HIV test is only offered to those clients who show signs and symptoms that might be caused by an HIV infection. The OPD nurse was aware of the respective guideline but admitted that she tends to forget to offer an HIV test to OPD clients.

4.1.2 PMTCT

ANC: HTS is done during the first ANC consultation. According to the reporting sheets provided to the team, 100% of ANC registrants are tested for HIV. Those who test positive are enrolled on ART at the same day without requiring specific lab tests beyond the pregnancy routine tests. The facility supplies HIV+ pregnant women with ARVs provided by the District Health Directorate even though it does not have a dedicated ART clinic. In cases where the woman was referred by a community health nurse, the ARVs are given to the latter. The referring CHN is informed about the woman reporting to the facility. All pregnant women receive information about the prophylaxis for her baby and EID. The healthcare facility proposes that the husband is provided HTS as well but it seems that the staff does not have much hope that husbands actually come, which might also affect their persuasiveness. Older children of HIV+ pregnant women are not routinely tested, which is considered a missed opportunity by the team.

Delivery: All women who deliver at the Awutu Bereku health center who do not have evidence of an HIV test result are tested during labor or after delivery. ARVs are provided to HIV+ mothers and their infants instantly. Since the original bottle of the syrup for the baby's prophylaxis is considered as rather big, the women receive a supply for one week each, after which they have to come back to the facility for another one week refill. Considering that mothers shall mostly rest after delivery for a six to eight week period, this praxis needs to be reviewed. Women who announce to deliver elsewhere, shall be taken care of at the other facility. The team understood that there is no systematic follow up in such cases.

EID: EID is discussed with the women concerned during ANC and again after delivery. Women are asked to return within two weeks after birth with their baby for PNC and EID and a reported 90% comply. The DBS are sent to Cape Coast, the results are usually ready after four weeks. The sample transport is ensured by the DHD that collects the samples of various facilities.

ART after delivery: A few weeks after birth, the mothers concerned are referred to an ART clinic using a referral sheet. The staff follows up with the women if they have reported to the Art clinic but not with the ART clinic itself.

Defaulting: While defaulting before birth was reportedly not a major problem, there is an about 20% defaulter rate after birth. Defaulter tracing is being done via telephone, partly in collaboration with the CHN.

4.1.3 Commodity security

The staff explained that LMD was initiated in early 2018 and that scheduled deliveries take place once a quarter, which is perceived as insufficient by the facility. While the team understood that the facility has a sufficient stock of ARVs, the staff pointed out that during the last scheduled delivery, a large proportion of commodities ordered was not provided by the RMS; an explanation was not offered by the RMS. The staff believes that in between the scheduled deliveries, no additional quantities can be obtained from the RMS. In cases of shortages and stock outs, they connect with other healthcare facilities and ration the stock available.

4.2 St. Luke Catholic Hospital Apam / CHAG

The St. Luke Catholic Hospital is the referral hospital for 77 communities. It has 576 clients in its records, of whom about 200 (>80% are female and four PMTCT clients, seven children) are active. Considering the vast majority being female, efforts need to be put in place to enhance HTS of their male partners.

Out of 54 clients who were enrolled in care in 2017, only 28 started ART. While test & treat started only later in 2017, it is hoped that the remaining 26 (22 of which are women) start ART in 2018. In 2017, 30 clients, including 2 children, were lost to follow up. Close to 100% of the clients were screened for TB. Two clients were tested positive for TB.

4.2.1 OPD – Provider initiated testing

The team inquired under which circumstances the prescriber at the OPD suggest an HIV test and was informed that this is usually based on signs and symptoms. The prescriber the team talked to was not informed about the guideline related to provider-initiated testing.

4.2.2 ART Clinic

General mode of operations: The ART clinic offers monthly clinic days between 7am and 3-4pm. Each clinic day is usually attended by about 80 clients. There are no Models of Hope. Usually two to three prescribers attend to the clients, which allows sufficient time for interactions with each client. If clients need services in between the clinic days, they are attended to by the same prescribers at the OPD. Stable clients receive supplies lasting 2-3 months.

Enrollment on ART: A number of lab tests, including liver and renal function tests, is considered as necessary before enrollment on treatment. All tests provided at the facility are free of charge for PLHIV independently of their insurance status (see more info under 4.2.6 Lab). Once the results are in, clients start treatment. If the client does not return the test results (e.g. when the client has to do tests outside the hospital), s/he will not be

enrolled on ART. Treatment of pregnant women is initiated from the 14th week onwards. In the past, the clinic has provided ART clients with snacks during clinic days to assist a bit with the overall poverty problem in the district but this system was not sustainable. Disclosure to spouses and other close relatives remains a problem. It is estimated that only 30% of the women disclose their status to their husband.

Referral and LTFU: If clients prefer treatment at a different ART center, they receive a referral sheet and are requested to confirm by a call once they have gone there. If the facility does not receive a call, they follow up with the other ART center and possibly the client. Those lost to follow up are contacted and partly even visited. However, it is not always possible to reach the clients and to re-counsel them about the importance of ART. However, other staff the team talked to confirmed that there is only a follow up on pediatric defaulters. The main reason for defaulting is reportedly the lack of T&T. Follow up is often difficult due to incorrect phone numbers and addresses provided by the clients.

Commodity situation / LMD: For the past year, the commodity situation has been stable except for pediatric suspensions. During these periods, adult medication is used for reconstitution for children. While the hospital procures most commodities on the open market or the CHAG procurement system, ARVs and test kits are obtained from the RMS in Cape Coast. These commodities are not delivered even though LMD has been put in place about six months ago. The facility would appreciate if the commodities could be deposited at the DHD for pick up.

Data collection: e-tracker was set up in April 2018 only. So far, 200 clients were entered into the system as and when they come for an appointment. The e-tracker is generally functioning. However, the data officer pointed out the following challenges:

- The officer uses her personal laptop because the only desktop is broken down. NACP has reportedly repaired it but the facility has not been able to pick it up from Accra. It is also questionable if the desk top is compatible with the MIFI.
- Lack of server response makes data entry impossible at times
- The team witnessed the frustratingly slow response of the e-tracker, probably due to a slow internet connection
- Data (air time) uploaded to the MIFI by NACP lasted only for a few data entries. Ever since she has run out of data, she waits for NACP to refill.
- Backlog of about 100 folders (follow ups) because of the above challenges
- Lack of response from NACP on the WhatsApp platform when challenges are reported
- Lots of error messages popping up requiring to start over and lose the entered data that are not saved at that point. It is assumed that the system may not be capable to handle the number of simultaneous data entries across the country.

Viral Load tests: Since the introduction of systematic viral load testing in September 2018, no sample was taken. The team was informed that the lab faced challenges and no information has been received by the ART clinic that those have been resolved. The team followed up with the lab and learned that the facility did not have enough sample tubes. The lab hence decided to use the sampling tubes for the "usual" tests leaving VL samples aside. They said that they received sample tubes but had not received any request from the ART clinic. Another aspect was reportedly the transport to the Cape Coast lab, which is done using a private vehicle. This allegation is contested by the hospital administrator who insisted that vehicles are available for sample transport – they however need to be requested officially. The team strongly encouraged the lab and the hospital administrator to initiate communication between the ART clinic, the lab and the hospital administration to make viral load testing possible asap.

4.2.3 ANC, maternity and PNC

PMTCT: ANC still uses CHAG specific ANC registers, not those provided by GHS. Pregnant women are tested and counselled at the ANC. The team saw reports from the first quarter 2018 that showed that HIV+ pregnant women are accompanied in person to the ART clinic for enrollment on ART. HIV+ women are requested to bring their husband and older children if any to be tested. ANC staff inquires with women if they are taking their drugs but they do not receive information from the ART staff when pregnant women default. This is however recommended considering that these women may come for ANC appointments but not to the ART facility. Pregnant women receive information on EID and nevirapine syrup for their baby. Women who cannot provide evidence on HTS when they come for delivery to the hospital are tested during labor by the ART counsellors. HIV test kits and nevirapine for the new born are confirmed to be available in sufficient quantities. The maternity does not follow up with the mothers if they come in timely with their baby for EID but leaves this up to the ART center. It is estimated that about 50% of the women will come timely for EID but about 20% will never come. There was mixed information about the EID being put in place. While the lab showed evidence of EID samples being sent to Cape Coast Teaching Hospital confirmed by ANC staff, the ART staff said that there is a lack of DBS cards, which is why EID is not done.

Postnatal care: The PNC staff confirmed that they see mothers whose HIV status is not clear. However, HTS is not offered to them by the PNC staff. PNC staff does not inquire with HIV+ mothers if they and their babies are taking the ARVs, which is seen as a missed opportunity. In summary, postnatal care does not seem to touch on HIV at all.

4.2.4 Lab

Costs of lab tests: The ART clinic as well as the lab confirmed that HIV+ clients receive all lab tests free of charge. The chemical analyzer had not been functional for several months, which is when clients had to get the related tests elsewhere, mostly at a fee. However, a new machine was procured and will be put in operation within the next days.

EID: EID samples have been sent to Cape Coast Teaching Hospital.

Viral load: When confronted with the allegation that the ART staff could not sent any samples for VL testing, the lab staff confirmed that they did not have a sufficiently large number of EDTA sample tubes available, resulting in a situation that the lab staff preferred to use those available for "normal" lab works. The team questioned the discrimination in the handling of VL samples.

5 TUBERCULOSIS

5.1 Awutu Bereku Health Center

Overview: For the past 12 months, the facility has provided DOTS to 88 clients but no MDR-TB client. About half of them were referred by different facilities or community health nurses, 30% are walk in client and the remaining 20% due to contact tracing. Most clients come for chest problems, those coming with different complaints are the minority. Usually TB is diagnosed before it reaches an advanced stage.

Diagnosis: Those clients who complain about cough are screened for tuberculosis. Those clients eligible for further testing are sent to the lab in Kasoa to provide a sputum sample. The prescriber usually requests for a microscopy test even though she is aware that the lab in Kasoa has a GeneXpert. She was not aware of the diagnostic guidelines that wherever a GeneXpert is available, it should be the first means of diagnosis. The team understood that the lab in Kasoa does not question the microscopy request. Only in instances of a negative result but suggestive symptoms, the test is repeated on GeneXpert.

Counselling / knowledge: The facility does not have a flipchart or other IEC materials that can be used for counselling of clients. However, the staff pointed out that most clients have some basic knowledge on TB and partly even suspect themselves that this is what they are suffering from.

Contact tracing: Contact tracing is done for all TB clients in the catchment areas. For clients living in a more distant place, the local community health nurse is informed. For contact tracing, the contact tracing book is used. The nurse explained that only those contacts are entered into the book who are eligible for testing – the team was not sure if this procedure is correct. The last time NTP provided the facility with funds for contact tracing was about a year ago (roughly 200 GHC). The facility supports the nurses in their contact tracing efforts that are usually done by foot or taxi.

Co-infection: All TB clients are tested for HIV but there was no co-infected client at the time of the visit.

Commodity security: At the time of the visit, the facility did not have any TB medication available (stock out since mid April). The one managing the orders left a few months prior without a proper handover and the procedures of requesting stock do not seem to be clear.

While the prescriber felt that the TB medication had not been delivered, it turned out that it had not been ordered since December. The tally card indicated five occasions of stock out during the past 12 months. The staff explained that LMD was initiated in early 2018 and that scheduled deliveries take place every three or four months, which is perceived as insufficient by the facility. Requisitions are expected about three months before the actual delivery. In the June delivery, a large proportion of commodities ordered was not provided by the RMS; an explanation was not given. The staff believes that in between the scheduled deliveries, no additional quantities can be obtained from the RMS. In cases of shortages and stock outs, they connect with other healthcare facilities.

5.2 St. Luke Catholic Hospital Apam / CHAG

The facility currently has seven TB clients, of which four are female. HTS is done for all of them by the ART clinic. One of the clients is co-infected. E-Tracker for TB has never been installed at this facility.

Intensified Case Finding: ICF has been put in place in March 2016 and has been carried out by the same task shifting officer (TSO) ever since. The TSO has impressed the team by his passion and commitment for the job. Upon his initiative, about 30 nurses and other medical staff was trained on TB and the screening tool. Between 7:30 and 8am, he visits the various wards to check on new admissions that might require a TB test. From 8am from Monday to Friday he attends the OPD as long as the OPD is open, which is usually until 3-5pm. Screening starts by the nurses at the OPD who were trained by him to filter out those clients that need a deeper investigation. In order to not miss any potential TB client, the prescribers were also trained on TB to provide a second filter for those who are not willing to speak up in the rather non-confidential space of the OPD reception area. Clients eligible for testing are first taken to the prescriber to do any additional lab tests simultaneously and receive preferential treatment in terms of their waiting time. After their OPD consultation, most are escorted to the lab. Due to the fast-tracking of their OPD consultation, test results are usually ready the same day and most clients are willing to wait for them. Additionally, the TSO in collaboration with the DHD have been going to healing camps and pharmacies for case finding. Pharmacies and chemical sellers were trained on TB to assist with the case finding. Those who test positive, are counselled, however, IEC materials are not available beyond a few posters. About 40% of the clients do not even have basic knowledge on TB and there is still a very strong believe that TB is a spiritual disease.

Diagnosis: The hospital has a GeneXpert. The TSO ensures that all initial diagnosis is done on GeneXpert, even though referring healthcare personnel may not be aware of the diagnosis guidelines. Data from September to December 2017 indicate that all suspected cases are tested and that with the exception of one case, all cases were enrolled on treatment.

DOTS room: The team felt that the DOTS room is inadequate for TB treatment. Not only is it situated in the middle of the building with no windows to the outside, at least one of the

walls is covered with mold (this was the team's impression). A different room that is well aired is highly recommendable.

Defaulting and contact tracing: Before drugs are handed out to any client, his/her house is visited in order to know for sure where they live. During those house visits, direct family members - but not other household members - are educated on and screened for TB. Persons eligible for testing are invited to the facility to provide a sputum sample to the lab. It would be preferable to provide the team with sputum containers, so the sample can be taken instantly, however, the team was informed that the lab does not want to comply. For clients not living in proximity, the CHN is contacted with a respective request and the drugs are sent to the nearby CHPS for DOTS. The TSO stated that he has the contact details of all CHN and CHPS to be able to follow up on defaulting clients. The biggest challenge is the poverty and the lack of nutritious foods. In order to help the TB clients to bear the side effects of the treatment, the facility hands out Tom Brown fortified flour, however, the quantities the facilities receives are inadequate to provide a real relief.

Commodity security: The facility usually does not have any challenges with the TB drugs stock levels. In case of shortages, they borrow drugs from surrounding facilities but they also emphasized that they never run out of TB drugs.

Lab: While the lab has a GeneXpert, it was not functional between July and December 2017. GeneXpert is the first means of TB diagnosis. During this period, the lab resorted to microscopy. The UPS has broken down for more than a month now and is yet to be repaired or replaced. Consequently, samples can only be tested as long as there are no power cuts. CHPS call before bringing samples, however, the majority of samples was collected by the hospital itself (not referring facilities). In 2017, 337 samples were tested on GeneXpert, however and 300 samples were tested on GeneXpert between January 2018 and the visit.

ANNEX – KEY INFORMANTS

a) CHAG St. Luke Catholic Hospital in Apam

Name	Job Title	Contact
Joseph Addo Asinor	Pharm. Tech.	024-2943240
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b) Health center in Awutu Breku

Name	Job Title	Contact
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