**MINUTES OF HIV/TB DASH BOARDS REVIEW MEETING**

**June 7th, 2017 at the CCM Secretariat**

**Attendance:**

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| **No.**  | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| 2 | Kenneth Danso | NACP | PR / Government |
| 3 | James Nii Darko Saakwa-Mante | NACP | PR / Government |
| 4 | Kwadwo Kodnah Owusu | NACP | PR / Government |
| 5 | Marijanatou Abdulai | NACP | PR / Government |
| 6 | Kwami Afutu | NTP | PR / Government |
| 7 | Raymond Gockah | NTP | PR / Government |
| 8 | Kwame Dieu-Donne Kulevome | NTP | PR / Government |
| 9 | Dr. Yaw Adusi Poku | NTP | PR / Government  |
| 10 | Daniel Kpogo | GAC | PR / Government |
| 11 | Raphael Sackitey | GAC | PR / Government |
| 12 | Twumasi Ankrah | PPAG | PR / NGO |
| 13 | Anne-Marie Godwyll | PPAG | PR / NGO |
| 14 | Pearl Opare | PPAG | PR / NGO |
| 15 | Patricia Agyei | ADRA | PR / NGO |
| 16 | Benjamin Kwarteng | ADRA | PR / NGO |
| 17 | Henry Kwasi Addo | ADRA | PR / NGO |
| 18 | Evans Opata | Coalition of NGOs in Malaria | NGO |
| 19 | Cecilia Senoo | SWAA | W&Cig |
| 20 | Damaris Forson | GHSC-PSM | Co-opted member |
| 21 | Mac-Darling Cobbinah | CEPEHRG  | KAP |
| 22 | Helen Odido | UNAIDS | Co-opted member |

**Absence:**

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| **No.**  | **Name** | **Organization** | **Sector** | **Reason**  |
| 1 | Jonathan Tetteh-Kwao Teye | Dream Weaver Organization | Co-opted member |  |
| 2 | Genevieve Dorbayi | TB Voice | PLWD |  |
| 3 | Edith Andrews | WHO | Co-opted member |  |
| 4 | Dr Felicia Owusu-Antwi | WHO | Co-opted member |  |

1. **Opening:**

The meeting started at about 9:25 am with an internal session for OC members only that lasted until 10:00, followed by the review of the five HIV/TB dashboards.

1. **Conflict of interest declaration**

Annekatrin El Oumrany inquired with the OC members if anyone wishes to declare actual or potential conflict of interest related to the topics to be discussed during the meeting. Mac-Darling reminded the OC members that his organization is a sub recipient of GAC. Other than that no conflict of interest was declared.

1. **Findings of the HIV Sentinel Survey 2016**

Annekatrin El Oumrany informed the OC members that according to HSS 2016, HIV prevalence among pregnant women has increased from 1.6% (2014) over 1.8% (2015) to 2.4% in 2016. The most striking findings were that the prevalence gap between urban and rural areas is narrowing, in some age groups rural prevalence even exceeding urban prevalence. While prevalence in the 15-29 years age group is relatively stable, the older age groups experience an important increase. Furthermore, regions that are currently NOT high-priority regions are now the ones with the highest prevalence (BAR, VR, increase by 1%), and also UWR is now among the high prevalence regions with 2.5% (increase by 1.2%). On the other hand three high priority regions show a significant reduction (GAR -0.8%) or stable prevalence (ER and AR -0.1%).

1. **Funding requests HIV/TB and RSSH / Implementation arrangements**

Annekatrin El Oumrany provided a short overview on the content of the HIV/TB and RSSH funding requests as well as the proposed implementation arrangements. The same information can be found on <http://www.ccmghana.net/index.php/funding-request>.

1. **Feedback from the field**

According to a group of Non State Actors (NSAs), Tema Hospital provided patients recently with ARVs expired in November 2016 due to the shortage of the same drug. The issue will be discussed in the meeting with NACP.

1. **Next site visits**

The OC decided to organize the next site visit to Volta Region to get more background information on the significant increase in HIV prevalence and the implications for the region. Another site visit is planned to one or possibly more MSM sites in GAR.

1. **PPAG Dash Board**
2. **Follow up:**
* **Activities from reprogramming request – way forward:** almost everything implemented except MoH, sanitary pads procurement/distribution and finance training. Out of US$73,000 reprogrammed, about 57% are already spent.
* **TB screening way forward:** In the futureNTP will undertake TB mass screening in prisons and enable infirmary nurses to do it themselves eventually. PPAG will facilitate TB screening.
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | Quarterly 46%, cum. 75%.  | Hygiene kits distribution postponed to Q2. Had hygiene kits still in stock to distribute. BCC material production postponed to Q2. Salary scheme is implemented (see minutes Q4). |

1. **Management Indicators:** no comments
2. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **% HIV prevention**  | How is possible to reach 108% with 3% of the budget? | Hygiene kits will be distributed in Q2. HIV prevention activities themselves are low cost.  |
| **% HTS** | How is it possible to reach 93% with 46% of the budget?  | All cost except hygiene kits / drama performance on this budget line, not just budget lines directly related to HTS.  |
| **# referrals TB** | Middle zone 89%, TfSC 11%. No TB screening with Northern and Southern zone  | Since TB screening will be carried out by NTP / infirmaries, this indicator will become irrelevant for PPAG |

1. **Challenges expected during the next six months:** None
2. **Recommendations:** None
3. **ADRA Dash Board**
4. **Follow up / feedback from the field:**
* **Status quo lubricant request:** discussions with GAC and NACP, provided lubricant need to them
* **Female condom model:** Found a supplier through PPAG
* **Continuation in ADRA implementation areas in 2018 and beyond: Which districts will be continued? Sustainability of remaining districts?** In discussion with WAPCAS about continuation in selected districts. No solution yet for delisted districts.
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 81% in Q1, 88% cum. Liquidity situation? | Q1: no liquidity challenges. However, April-June USD 202,000 needed but only 112,000 came. Activities have come to a stand-still until disbursement came. Annual disbursement not received yet.  |
| **Disaggregated absorption rate by grant objective** | Lowest for prevention programs 63% (Q1) / 80% cum. | Revised target for HTS (almost halved) but budget remained. Reminder to ADRA to think of a good use for savings or to inform CCM about amount of savings by E6  |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities** |  | Have a request for female condoms, received them in April. Request for 1.2m male condoms. FHD told ADRA that they need approval from GF in order to supply ADRA.  |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **HTS** |  | Q1: 51 cases diagnosed, 45 enrolled in treatment. For the remaining efforts underway to enroll them timely |
| **Referral by PEs** | Consistently low results for MIHOSO |  |
| **# referred KPs receiving services at DICs** | Significant improvement for all SRs |  |

1. **Challenges expected during the next six months:** malecondom availability
2. **Recommendations:**
* CCM to follow up on condom availability.
* ADRA to review possible savings until the end of the year and either use them or inform the CCM if they can be used by other PRs.
1. **GAC Dash Board**
2. **Follow up:**
* **Feedback from SR on condom quality issues:** As long as there are no official complaints, this issue is laid to rest because of lack of evidence.
* **Reprogramming request:** 25 activities. 15 were approved:
	1. Increase in salaries WAPCAS staff incl. SSR, and WAAF and NAP, incl. transport allowance peer educators and MoH, starting April.
	2. Dissemination of task shifting policy, waiting for NACP and signature of DG.
	3. Quality of service assessment KP programs
	4. HR assessment – local ownership needed
	5. Printing of 90-90-90 infographics
	6. NASA
	7. Training of 62 lay counsellors, start 11th June
	8. GIS training for SRs (for hotspot mapping)
	9. Purchase of equipment for WAPCAS

What was not approved (no reasons given):

* 1. MoH regional support meeting (will still be implemented one way or another)
	2. Joint 90-90-90 Monitoring
	3. Vehicles for 90-90-90 monitoring (problem: big maintenance / renting cost)
	4. Financial system upgrade
	5. Outreach PMTCT promoters
	6. Selection of additional MoH and PEs due to unclear sustainability in 2018 and beyond
	7. Additional DICs
	8. Condom vending machines

Decision on non-approved interventions is considered as final.

1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 81% cum, 88% Q1. Burn rate higher than disbursement rate but still <90% | Funds that were reimbursed by health facilities or condom sales not included in the DB. No liquidity challenges. GAC had the funds they needed. |
| **Disaggregated absorption rate by SR** | Still smallest burn rate for MSM. Did they have enough funds available? Last OC meeting: GAC has intensified monitoring of SR/SSR expenditures to avoid any liquidity challenges in the future | SRs had the funds they needed but disbursement only in February.  |

1. **Management Indicators: no comments**
2. **Programmatic Indicators:**

How is it possible with expenditures of less than 100% to reach a significant overachievement on almost of all the programmatic indicators? Is this expected to continue? If so, what is the plan for those savings? – GAC reply: there will not be any further saving

| **Indicator** | **Observation**  | **Answer / Decision**  |
| --- | --- | --- |
| **FSW HIV prevention** | >300% after three quarters with 59%, 73%, 28%. Why is performance so inconsistent? | First Q per year: Existing contacts become “New contacts” again – easy to identify and enroll. Other Qs: try to get remaining and additional contacts – harder to find |
| **MSM HIV prevention**  | Almost 6000 MSM reached = way more than the total of the past three quarters. What was done differently?  | First quarter of the year. Existing contacts were re-enrolled (see above). More outreach to sites that have no PE. Will continue in future.  |
| **MSM HTS** | If almost 6000 MSM = 200% of the target could be reached with prevention packages, why was it not possible to test more than the 1425 MSM (=80%)?    | Some activities, e.g. love and trust (combined with HTS), discontinued. Not every contact accepts to be tested on a regular basis. Number of test kits was sufficient.  |
| **MoH** | Increase of allowance with reprogramming request? | Yes, approved, receive 250 GHC since April  |
| **MSM on NHIS** | Targets (221) are very low. What explains that we don’t have a similar success for MSM as for PLHIV and even FSW?  | Dependents of beneficiaries are also registered. MSM tend to have less dependents than PLHIV. |
| **Clients enrolled in programme** | Definition of indicator? | = newly registered on program |
| **HBC PLHIV** | Definition of indicator?  | = receiving services |
| **PLHIV on NHIS** | Reached >1000%, cum 458%. Cum budget probably exceeded >300,000 GHC |  |

1. **Challenges expected during the next six months:** Implementation of reprogramming activities require GHS and NACP input (e.g. dissemination of task sharing policy) – need to happen timely.
2. **Recommendations:** Since the GF has not received a costed lubricant quantification, GAC is request to take the lead and develop a lubricant request by E/June incorporating the needs of GAC SRs, ADRA and NACP.
3. **NACP Dash Board:**
4. **Follow up:**
* **Experiences with Test&Treat?** Good start in 4 regions. In order to full go, policy on task shifting needs to be fully operational, which is not yet disseminated. People still pay for tests = barrier to treatment. NACP feels that lab tests may have to be payable in the future since no donor takes them up. 4 regions enrollment data: Q1/2016: 3325, Q2/2016: 3256 Q3: 2772, Q4 = start of T&T: 3882
* **Planned solution for blood sample transport, any follow up with NHIA?** VL scale up plan draft ready. Stakeholder meeting 28th July.Collaboration with CDC on sample referral plan. Planned start Aug.
* **Maintenance situation of analyzers to prevent break down and ensure rapid repair:** still no maintenance agreement. Idea to lease machines was turned down because of challenges with lab system in Ghana. GF is requested to pay for maintenance agreement for 2018, currently assessment of maintenance cost by LFA. DG/GHS: facilities shall take up maintenance cost.
* **Procurement of Oraquick:** GAC procurement process needs to go through new process, will not procure very quickly. No info when GoG can procure test kits.
1. **Financial Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 79% cum (78% PPM, 95% NACP), 60% quarterly (61% PPM, 73% NACP)Cum disbursement rate only at 80%. Impact on grant implementation?Explain revised budget: total PPM budget decreased while NACP budget increased. PPM budgets of the first quarters were revised significantly retrospectively, which would have allowed higher commodity procurement / security | 1.5m transfer to PPME (data strengthening) was delayed because of lack of funds. GF asked again for forecast in order to get another disbursement, which delays the disbursements. 2016: disbursement request. GF send disbursement schedule and asked for new forecast.Chunk of savings under PPM. Some funds saved cannot be spent by NACP but that are ring-fenced for LMD and other activities. Payments made directly to IHS, Chemonics and JSI are not communicated to NACP so that the burn rate may be actually 3% higher.Problematic for NACP to receive info on savings from PPM timely – concern to be communicated to GF. |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities** | Most ARVS: stock levels <3 months in the RMS. Emergency delivery in April but some E/R, N/R, UW/R RMS will not have enough stock (TLE, combinations included) to sustain until the next scheduled delivery this month. What happened to 30% buffer solution? 2nd line ARVs: 2 regions entirely stocked out, 2 more probably stocked out by now. Enormous stocks of Nevirapine suspension at the central level, but shortage at RMS.Email on potential expiries sent to NACPOraquick: when is the next shipment? Zidovudine children stock out | RMS move stock quickly to facilities. Vans used for ITNs and others and NACP had to wait for the vans to distribute ARVs. Training for facilities for PSCM. 30% buffer solution only in beginning of T&T, not anymore. Emergency delivery carried out in May, not April, is not reflected in April stock levels.Assumptions in the DB need to be adjusted. Support from GMS with the PR DB necessary.  Most are children’s ARV that are more difficult to manage. Buffer when commodities were ordered, now there was an over-supply in the countryExpected E/July, could not be brought in by air. Facilities informed to replace Zidovudine by Nevirapine.  |

1. **Programmatic Indicators:** Please make use of comment section!

| **Indicator** | **Observation**  | **Answer / Decision**  |
| --- | --- | --- |
| **# on ART** | 83%: 100,665 on ART same as Q4/2016: adjusted for loss to follow up? | Due to transition to e-tracker, result data will only be available in December 2017 as agreed with partners, incl. GF. No reliable reporting on this indicator until then. |
| **ART pregnant women** | 52%: Target increased and result dropped. Improvements in AR, ER, GAR, drop in all other regions. Worst performing regions UER (17%), EWR (4%) and VR (30%) | Consolidated ANC registers introduced to be used by all programs. Registers to be printed by all programs but only NACP did supply registers. Numbers entirely inadequate, some facilities use improvised registers. Number of pregnant women to be enrolled on ART depends on number tested positive. Result is actually better than in previous quarters: Q4: HIV+: 7574 ART: 2693 = 36%Q1: HIV+: 3843 ART: 2174 = 57% |
| **EID** | 39% but only thanks to WR, ER and GAR. 6 regions with <15%.  | Adjusted regional targets according to HSS results. Some regions did not report, therefore zero result |
| **HTS pregnant** **women** | 88%. Increased target and result. Best quarterly result so far both % and absolute. All regions except AR >=80% |  |
| **HTS** | 45%. Increase in target and drop in result even though 1m test kits arrived and stock was available. Plan for 1 m test kits? | Not discussed |
| **TB screening** | Results not available?  | Due to transition to e-tracker, result data will only be available in December 2017 as agreed with partners, incl. GF. No reliable reporting on this indicator until then. |

1. **Challenges expected during the next six months:** Challenges related to ANC registers. Malaria and FHD shall print and distribute their copies asap. Formal letter from GHS to facilities on use of consolidated ANC registers. GF needs to release funds quickly so that targets can be achieved.
2. **Recommendations:**
* NACP to put preparatory measures in place as much as possible for all activities that are expected to be implemented later this year (e.g. sample referral plan), so results improve until end of the year.
* Review EID results for regions with 0 performance. In future DB note in the comment section if reporting is incomplete.
* CCM to follow up on disbursements.
* CCM to communicate the need of timely information on PPM savings to the GF
1. **NTP Dash Board**
2. **Follow up:**
* **Challenges with changing clearing agent: need for the CCM to intervene?** Not yet. NTP will follow up with an official letter to CCM if CCM intervention is desired.
* **What is part of the TB package: what is offered free of charge and what not?** Sputum test free.GeneXpert free. Initial consultation payable. X-rays usually payable unless X-ray provided by one the facilities that have those 48 digital x-rays. Sputum transport will be put in place, so people will not have to move to facility with GeneXpert.
* **Status quo short course regimen:** Approval from Green Light Committee / WHO, currently revision of documents/tools. Sep/Oct: orientation for subscribers and start
* **Reprogramming request:** Equipment add. GeneXpert and for MDR facility CAD4 X-ray: assessment being done, docs submitted, waiting for approval. MDR facility and vehicles not approved. Will not significantly affect achievement of E/2018 target.
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 78% cum burn rate, 79% quarterly burn rateDisbursement rate 79%. Challenges for grant implementation?  | Disbursement rate did not impact on Q1 burn rate. Usually not enough funds in bank account, last 5-6 months, have to ask for a top up. New request necessary. NTP requested the annual amount of 14m but GF gave only 1.5m. NTP disagrees with analysis of the GF. Cash available in the country is rather concentrated in the regions but not available to be spent by NTP.  |
| **Disaggregated absorption rate by grant objective** | TB care = 75% (cum) but progr. target achievement only at 55%. Are our interventions too expensive? (for MDR-TB = match)  | Not discussed |
| **Disaggregated absorption rate by SR** | No regional expenditures?  | Not discussed |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities** | Stock status report: hardly any stock of pediatric meds in the RMS. DB: no district faced a stock out at all – correct? | Very low stock levels. Challenges with timely clearance of commodities. Risk of having to pay demurrage, lots of stock stuck at the port.  |

1. **Programmatic Indicators:**

| **Indicator** | **Observation**  | **Answer / Decision**  |
| --- | --- | --- |
| **# notified cases all** | 52% but higher target in 2017. However, with all efforts in place for the past year, less cases diagnosed than in Q1/2016. Same for results in the past three quarters. Recommendations from Dec. meeting have not resulted in higher impact. | About 50% of patients with presumed TB identified through ICF not tested. 99 Task shifting officers. Patients shall be accompanied to lab to provide sample. Hopes on targeted supervision. E/June: comprehensive analysis planned. Revised algorithm for facilities to ensure that presumed cased are not missed. Plan for 2017 to improve testing rate from 50% to 70%. Targets were set for every district. ICF only done at district hospital level, not at lower levels. Many cases may be missed especially at rural level – rural coverage planned for 2018 and beyond. Plans for sputum transport to GeneXpert sites. ANC screen for TB currently. NTP will also print ANC registers. NTP is reminded that additional registers are urgently needed. TB screening for prison inmates has not been effective. NTP takes care of it now themselves. Outreach screening of small scale minors had to be discontinued due to anti-galamsey campaign. Proposal to incorporate TB screening in KP intervention package. The OC feels that ICF at district level hospitals is largely insufficient and that much more needs to be done at community level, possibly in collaboration with NGOs.  |
| **Success rate**  | 87% = improved |   |
| **DR-TB** | 58% = 2nd best result under NFM in absolute terms, target increased by 25% |  |
| **Treatment DR-TB** | More cases enrolled than diagnosed (lack of Capreomycin in Q4). Out of 199 identified, 149 are put on treatment. What about the remaining?  | CCM continues to follow up.  |
| **# notified cases bacteriological**  | 100% |  |
| **DST** | 63%: in relative as well as absolute terms, = lowest result during the past year  | Not discussed |
| **# HTS** | 84%. If we have 3957 notified cases only, how can 4946 of them have a known HIV status? Similar result if the whole semester is considered. | CCM continues to follow up |
| **# ART** | 39% (higher target in 2017), highest number enrolled since NFM start |  |
| **# non NTP providers** | 0% Doesn’t non-NTP providers also include private healthcare facilities? If so, why don’t we have any results from them? When is the next STBP report due?  | CCM continues to follow up |
| **# district hospitals with no stock out** | True with low stock levels reported in stock status reports?  |  |

1. **Challenges expected during the next six months:** small scale miners’ screening not possible due to effective counter measures against illegal mining activities.
2. **Recommendations:** Collaborate with CBOs including KPs for case finding.
3. **Closing**

The meeting came to a close at about 4pm.