

# MINUTES OF HIV/TB DASHBOARD REVIEW MEETING

November 21st, 2018 at the CCM Secretariat

## Attendance:

No.	Name	Organization	Sector
1	Annekatrin El Oumrany	CCM Secretariat	CCM
2	Benjamin Spears Cheabu	CCM Secretariat	CCM
3	Abdul-Rahman Osuman	NACP	PR / Government
4	Dr. Nyonuku Akosua Baddoo	NACP	PR / Government
5	Kwami Afutu	NTP	PR / Government
6	Raymond Gockah	NTP	PR / Government
7	Henry Brown	NTP	PR / Government
8	Susuana Bruce	NTP	PR / Government
9	Patricia Agyei	WAPCAS	PR / NGO
10	Kofi Diaba	WAPCAS	PR / NGO
11	Eric Adu	WAPCAS	PR / NGO
12	Ernest Ortsin	GHANET	NGO
13	Genevieve Dorbayi	TB Voice	PLWD
14	Jonathan Tetteh-Kwao Teye	NAP+	Co-opted

## Absence:

No.	Name	Organization	Sector	Reason
	Mac-Darling Cobbinah	CEPEHRG	KAP	Excused
	Damaris Forson	GHSC-PSM	Co-opted member	Excused
	Nabil Alsoufi	USAID	Co-opted member	Excused
	Cecilia Senoo	SWAA	W&Cig	
	Evans Opata	Coalition of NGOs in Malaria	NGO	
	Edith Andrews Annan	WHO	Co-opted	

## 1. Opening:

The meeting started at about 9:50 am.

### a) Conflict of interest declaration and replacement of members involved in program implementation

The Program Officer Oversight asked the OC members if anyone has or expects conflict of interest, which was not the case.

### b) Capacity building: RMU/PMU presentation

This presentation had again to be cancelled due to the non-availability of the RMU.

c) **Other**

The Program Officer Oversight informed the OC about the result of a survey on the realistic number of **PLHIV on ART** as the numbers previously reported by NACP had not been adjusted for loss to follow up. While this survey identified a range, Ghana stakeholders agreed to work with the number of 100,000 PLHIV as of June 2018. The OC was also informed annulation of the **PEPFAR MoU**. The outstanding amount of about 19m will remain in Ghana but cannot be spent on commodities. USAID is in the process of developing a plan. The OC members were also informed about the accounting guideline that orders cannot only be placed if the amount is available in the budget in the month of the order. This means for the OC that the **analysis of the burn rate** must always include the commitments. The program officer also informed the OC about the most recent **performance ratings** (HIV/TB: B1, WAPCAS A2).

**2. NACP Dash Board:**

a) **Follow up:**

- **SSDM report on procurement:** *NACP looked at the report, now active collaboration with SSDM on procurement, still delays various steps in procurement process which go beyond SSDM (e.g. only monthly meeting with procurement authority: if issue is not sorted out, it takes another month or more.) Internal delays, e.g. getting signatures for approval of disbursement. Adverts in newspapers take time. Sometimes responses to advert do not meet requirements. Partly contracted supplier runs into difficulties with supplying the commodities.*
- **Follow up from GAR PMTCT data analysis:** *Health info officers in facilities work directly under PPME. Querying of data needs to be done more consistently. NACP SI team is going from facility to facility to investigate disparities.*
- **Site visit to CR in June/July 2018:** *NACP had sent email to CCM that either didn't arrive or was overlooked. Will resend.*
- **Site visit to GAR (Bortianor Health Center, Kaneshie Polyclinic, Anton Medical Center)**
  - HIV testing of 100% pregnant women, ART initiation usually on the same day, at ANC at Bortianor, at ART clinic at Kaneshie. HIV+ women tested at Anton Medical Center are enrolled at Mamobi, midwife calls every client to verify referral – is willing to provide treatment. *NACP re Kaneshie: Best practice: hand out ARV immediately at ANC. Refer client to ART clinic thereafter.*
  - Bortianor: since NACP training in June, ART and EID initiated, will offer deliveries for HIV+ women, commodities available, know addresses of HIV+ women and would know where to go in case of defaulting
  - Good availability of commodities, recent shortages of ARVs at Kaneshie leading to rationing from 6 months to 2 months supplies. *NACP indicated that RMS had stock. Reporting and requisition must be aligned, otherwise reduction of requisition possible*
  - Provider initiated testing only in cases of signs and symptoms (all facilities). *NACP: a lot of facilities have not received the respective information. NACP has copies of letter and distributes it during all visits and create onsite sites of testing. Not enough HTS registers, data should be captured in exercise book and copied later onwards into the HTS register*

- No innovative strategies to get male spouse tested in Bortianor and Anton. *NACP: Research on blocking factors ongoing at RDD/GHS, report expected around March 2019*
- Older children are systematically tested (how are they reported?) *NACP: sheet in client folder, family based testing currently not in e-tracker and also not in folder but will be included in folder when it is updated to meet current strategies.*
- Confirmation testing either not consistently done or not recorded (except at Anton)
- Communication on new guidelines from the NACP, RHD or DHD considered as inadequate. *NACP: TWG to be formed should take up communication*
- Prophylaxis is handed out after delivery, full bottle
- EID in Kaneshie only done during PNC (but separate visit to ART clinic necessary) and after 18 months.
- Delays in EID results (Bortianor still waiting for results of samples submitted in August, Kaneshie no results received for 10 out of 71 samples between Jan and Aug): *NACP: may take more time for the sample system to take up. Improvement expected by Q1/2019*
- Limited in-house facility trainings and proficiency tests for staff on HIV service delivery protocols
- Inconsistent and inadequate reporting and data validation (e.g. quarterly and half year reports do not match, hospital data do not match with DHIMS, facility registers do not match, e.g. HIV+ women delivering at the facility, Bortianor HTS register had not been completed the past two weeks before the CCM visit). *See above*
- 1<sup>st</sup> semester results according to DHIMS / **facility data**

Facility	ANC registrants	HTS	HIV+ at registration	HIV+ at 34 wks	ART
Bortianor	239	202 / 239	5	0	0
Kaneshie	2682	2682	46 / 52	0	16 / 39
Anton	240	240	2	28 / 0	0

- Private facility feels left out from trainings. *NACP: facilities need to be more pro-active and request to be invited. Not every private facility is interested in HIV services. CCM: inform private facilities that they need to be pro-active, otherwise they may not know and feel left out*
- **Engagement of NHIS to cover all HIV related services:** *NACP: support from GAC*
- **Acceleration plan:** *NACP: 80-90% of activities linked to DSD, crucial to follow up on its implementation. PEPFAR funds will go directly to the regions, not to NACP*
- **Implementation of TB IPT:** *NACP: drugs arrive in Dec. Orientation as part of DSD. Focus on those who are not virally suppressed, incl. new clients.*
- **NAP+ engagement to promote VL testing and EID:** not discussed
- **Enrollment without test results:** not discussed
- **E-tracker:** *NACP: plan: support / call center needed to provide instant assistance in case of technical challenges. Most facilities have the online e-tracker. Info on status quo of migration will be provided via email*
- **PCR machines and VL referral plan, collaboration with NTP where possible:** *NACP: No info available. Sample referral plan is for GHS, not purely dedicated to HIV*

- **OIG finding: expiries of test kits.** *NACP: many complaints about lack of test kits in the past. Facilities received all test kits they requested when sufficient quantities became available. Stock management at facility level needs to be improved*

**b) Financial Management Indicators:**

Indicator	Observation	Answer / Decision
<b>Absorption rate</b>	Cum 63%. Q3: 48%	
<b>Absorption rate per intervention/ implementor</b>	Treatment, care and support (74% of budget) = 70% cum HTS (8% of budget) = 1% cum Q3: (43% of budget) = 0% MoH (78% of budget) = 63% cum; Q3: (51% of budget) = 11% NACP (17% of budget) = 70% cum	2.8m out of 3m for MoH = PPM
<b>GF disbursement</b>	77%	
<b>PSM</b>	Separation of expenditures and commitments necessary	

**c) Commitment, Management, and Compliance Indicators:**

Indicator	Observation	Answer / Decision
<b>PSM and availability of commodities</b> (based on Oct stock levels after scheduled delivery)	Condoms (m): stock out in 6 regions (BAR, CR, ER, NR, WR, UER), 8 MoS at central level. When next shipment?  Stock out / very low stock of Abacavir + Lamivudine, 600mg+300mg across all regions except UER, VR, WR, KBTH. 0 MoS at central level. When will shipment arrive?  First Response: low stock levels in several regions. 3 MoS at central level, 1 MoS coming?	Monthly deliveries to IHS to reduce storage cost.  Delayed order from PEPFAR 9 MoS. GF shipment E/11 4 MoS. Currently redistributions ongoing.  Stock expiring Feb. Letter to RMS to use this stock first. Artificial rationing to ensure that stock is fully used. NACP shipped RDTs after scheduled delivery. GF: 1 MoS in Jan, March and June. GoG: 12 MoS expected to arrive Q1.

Indicator	Observation	Answer / Decision
	<p>Oraqwick overstock in many regions, short in GAR, 6 MoS at central level but nothing in pipeline?</p> <p>0.9 MoS DBS cards</p> <p>1.6 MoS VL tests</p> <p>Expiries: as listed in stock report</p>	<p>Sufficient stock in country</p> <p>High distribution to regions, abundance in regions (almost 40,000 = about 12 MoS)</p> <p>One order expected this month 42,000 tests, another 42,000 in Feb. Another order placed with GoG.</p> <p>NACP follows up continuously</p>
<b>Commitments</b>	<i>PSM–MA5: quantification and updates</i>	
	<i>Review of testing yield per pop, testing strategy and region on <b>quarterly</b> basis</i>	
<b>Management</b>	<b>Key positions vacant, add # of key positions</b>	
	<b>Sites with stock out 14/14</b>	
	<b>Product procurement past due 13/13</b>	

d) Programmatic Indicators:

Indicator	Observation	Answer / Decision
<p><b>ART pregnant women</b></p> <p><b>GF target = 62%</b></p>	<p>78% but decreasing performance since BG2018</p> <p>Low performing regions (&lt;70%): CR, NR, UWR</p> <p>Progress / road map to training add. 400 ANC facilities supposed to start in Q2 (only 112 facilities covered in budget, training on the job). How many covered in Q3?</p>	<p>Plan to train 400 facilities, 119 facilities were trained. Lots of other engagements, team has not been able to provide more trainings</p>
<b># on ART</b>	104,901 (71%)	<p>4901 = newly enrolled in Q3, adjusted for LTFU.</p> <p>Improvement for reduction of LTFU through DSD, trainings for pediatric ART in 4 regions (AR, WR, ER, BAR), pediatric acceleration task team</p>

Indicator	Observation	Answer / Decision
<b>HTS pregnant women</b> <b>GF target = 90%</b>	80% (population based target) 92% vs. ANV registrants  Low performing regions based on ANC registrants: WR 84%, NR 85%	Refusal of clients  CCM: according to GAR PMTCT data analysis: there are facilities that do not test a single woman and others who do badly on HTS coverage. NACP will review the data.  Western region is part of the 5 regions that PEPFAR support will focus on for DSD so the figures should improve. Supportive supervisory visits will help improve the challenges in the NR
<b>EID</b> <b>GF target = 62%</b>	64% cum but 77% in Q3. Low performing regions (<50%): AR 47%, BAR 47%, CR 46%, ER 48%, NR 32% Reagent shortages (Aug consumption data): KATH, ER, KBTH. Why no tests in VR in Sep?	trainings for pediatric ART in 4 regions (AR, WR, ER, BAR), pediatric acceleration task team  Reagent shortages at national and regional level now resolved.  VR: 5 scientists trained but only one does the job. He was on leave and the other scientists were too busy to run the tests
<b>HTS</b>	62%. Decreasing since BG 2018. Achievement in non-pregnant population alone: around 50%	Provider initiated testing (PIT) target 2.7 m per year, Guideline didn't reach all of the facilities. Problem: retesting. Focus on HIV+ spouses of pregnant women
<b>VL suppression</b>	64% VL suppression = 80% achievement, increasing trend, stock out of reagents in KBTH, KATH, ER in Aug. Low testing in Sep in KATH. Low VL suppression rates (<50%) in NR, VR	Issue: adherence. No system for reminder for appointments. DSD: call credit for facilities to call clients but funds not fully secured  Not part of baseline tests, only at 6/12 months.  Shortages resolved through NACP distributions.
<b>TB screening</b> <b>GF target = 50%</b>	DB: 267% Performance letter: 60% PR reports performance incorrectly.	X-ray only with signs and symptoms or before enrolling people on IPT

**e) Challenges expected within next 6 months:**

- Omitted

**f) Recommendations:**

- GHS to print sufficient numbers of registers, incl. ANC and HTS registers. Consider thinner versions for smaller facilities.
- NACP/PPME to improve quality of data entry on DHIMS, data validation and use of data

- NACP to ensure that confirmation testing is carried out systematically according to guidelines and captured in HTS register
- NACP to discuss with RHD challenges and solutions in forwarding guidelines, SOPs etc. to the facilities and inadequate monitoring of their implementation
- NACP to focus HTS efforts for spouses of HIV+ pregnant women
- NACP to inform all non-GHS facilities to contact NACP if they have interest in HIV trainings
- NACP to provide CCM with progress update on migration on e-tracker
- NACP to invite Benjamin Cheabu to one of the DSD trainings
- RMS to inform facilities pro-actively on shortages BEFORE requisitions are handed in

### 3. NTP Dash Board

#### a) Follow up:

- **SSDM report on procurement:** *NTP: received and read*
- **Site visit GAR (KBTH, Pentecost hospital):**
  - Big challenge: quality of DHIMS data, incl. data validation, extraction of data, data use, Regional data officer needed help to extract facility based DHIMS data from DHIMS. Data extracted not consistent with data of TSOs. Q2/2018 data according to DHIMS provided by RHD / **TSO results:**

Facility	Screened	Presumed	Tested	TB+	Treatment
KBTH	9591 / 2689	886 / 538	39 / 203	7 / 34	7 / 34
Pentecost	6981 / 424	126 / 88	138 /	6 / 5	6 / 6

- KBTH: ICF at 3/22 OPDs, TSO not accepted at OPD >> no systematic screening, no screening of ART clients reported
- Pentecost: screening based on willingness of OPD clients to be screened, no systematic screening >> only 3% of OPD clients screened
- Decision at Pentecost on when a client is considered as presumed client not consistent with NTP SOPs
- Long ways between KBTH OPD and lab resulting in LTFU
- Low testing rate
- No funds for contact tracing, follow up of defaulters or community screening received. KBTH volunteers are not reimbursed for T&T or communication.
- Low capacity use of GeneXpert: KBTH: average 150 samples per month (first semester) but >1000 can be tested, very few referrals from other facilities
- No sample referral in GAR: KBTH: most clients referred instead of sending the sample, many may not arrive at KBTH. 18% (Sep) do not come back to pick their result
- Pentecost: inadequate info on MDR-TB enablers package, regional TB coordinator cannot be reached, does not follow up either
- Monthly costs of tests for MDR-TB clients >300 GHS, consumes the entire enablers package
- Home visits for daily injections (incl. weekends and holidays) done by one nurse, resulting in lack of motivation

- Serious drug interactions with second line ART clients
- Need of MDR-TB admission facility, empty bungalows available at KBTH
- Pentecost: PLHIV not X-rayed for TB screening, only screening using the screening tool
- KBTH and Pentecost hospitals feel left out when it comes to trainings. *NTP: there have been no trainings since 2013*
- Pentecost: e-tracker training of data officer, not chest clinic staff, several months before tool is installed. *NTP: Should have received tablet during training. Will follow up.*
- **Sputum sample referral plan:** *NTP: part of 3.2m proposal*
- **Enhancing facility based awareness of screening and diagnostic guidelines:** *NTP: new algorithms printed. Regional teams during monitoring visits expected to distribute algorithms. Many probably not distributed yet. SOPs available, contain all the necessary steps*
- **X-raying at ART facilities:** *NTP: Semesterly X-raying will not be relevant anymore with start of TB IPT. Only one X-ray to rule out TB before start of IPT*
- **CSS: treatment monitors need to be officially introduced by GHS.**
- **Proposal for 3.2m USD:** *NTP: waiting for GF approval*

**b) Financial Indicators:**

Indicator	Observation	Answer / Decision
<b>Absorption rate</b>	42% cum. 108% in Q2. Plus 2m commitments, would bring up burn rate to 82%  Q2: exp DB: 999,968 but PU: 693,800	
<b>Absorption rate per intervention/ implementor</b>	TB prevention & care 10% (55% of budget)  MoH: 22% (67% of budget)  NTP: 73% (27% of budget)	
<b>PSM cost</b>	2m budget for products and equipment: what is it?	GeneXpert warranty 793,000, GeneXpert commodities 1.1m,

**c) Commitment, Management, and Compliance Indicators:**

Indicator	Observation	Answer / Decision
<b>Availability of commodities</b>	Kanamycin seems short. Next shipment?  Which commodities to look out for?	Order placed: ETA not known yet, airlifted  Other important commodities: Etambutol  GeneXpert: 19 MoS, will expire in October 2019



d) Programmatic Indicators:

Indicator	Observation	Answer / Decision
# notified cases all	61% but higher target, however, lowest result since 2015	NFM1: higher funds for case finding and contact tracing
Success rate GF target = 86%	59% achieved vs target of 86%, sharp drop from Q1 (87%). Low performer: AR 19%, BAR 54%	Results not put into DHIMS, NTP follows up
# RR/MDR-TB notified	114%, 57 cases notified	MDR-TB task force: more attention to MDR-TB in the regions, training on shorter regimen in July
# RR/MDR-TB who started treatment	63 enrolled = 111% of those notified. Cum: 66% enrolled  Compare with number diagnosed, not MDR-TB notification target	
# DST	Deleted?	
# Labs EQA	Result but no target?	Activity delayed, target will be repeated in Q of implementation, a comment will be added for a better understanding
# HTS (GF target = 100%)	93% of clients tested	
# ART (GF target = 100%)	36%  Include regional data	Data related. Q4
# non NTP providers	91%. Why target if no reporting of results in Q1/2?	
# district hospitals with no stock out	100%	
RR/MDR TB treatment success rate	Q2: 55% No data Q3	People enrolled 24 months ago.

e) Challenges expected in next 6 months:

- Omitted

**f) Recommendations:**

- NTP/PPME to improve quality of data entry on DHIMS, data validation and use of data.
- NTP to discuss with RHD challenges and solutions in forwarding guidelines, SOPs etc. to the facilities and inadequate monitoring of their implementation
- Develop guidelines on how to carry out contact and defaulter tracing (current guidelines are not sufficiently informative) and ensure that funds are available
- GHS to develop national system of sample transport
- NTP to provide information to all facilities on nearest GeneXpert

#### **4. WAPCAS Dash Board**

**a) Follow up:**

- **Briefing CCM stakeholder meeting**
- **Site visit to GAR MSM project in Labadi**
  - Activities implemented for 5 years, conversations with 2 PEs, 11 community members and case manager
  - Consistent availability of commodities
  - 2 PEs working for 2 years, each taking care of 36 men
  - Engage men at home
  - All community members had at least one 1:1 engagement, 6 had at least 2 conversations, each conversation 30-60 min within past quarter. New beneficiaries only had one conversation
  - Most community members would not know where to go in case of an infection, most new beneficiaries were unaware of DIC nearby
  - Very low condom use: no community member uses condoms consistently, four never use them
  - Complaint that condoms contribute to pain, often rough and quick sex among MSM
  - Majority of those community members engaged confidentially complained about symptoms of STIs
  - PEs have absolutely no knowledge on other STIs, have no IEC specifically on STIs: *WAPCAS: IEC on STIs exist, PEs should have them*
  - Testing rates: 26/36 and 15/36
  - Would like to learn more about how to better engage community members
  - Case manager seems to do a good job. 3 PLHIV, sees them several times per month, almost daily contact via phone, SMS, reminders about refills, educates himself on HIV using the internet
  - Other challenges: cost of lab tests, low awareness of CHRAJ discrimination system, cost of STI treatment, mutual blackmailing
- **Survey of lab/reagent availability in target areas:** *Finalized, report will be shared*
- **Implementation CSS and catalytic funds and CCM oversight:** *Preparatory activities completed, field work has started. Training of lay counsellors underway, M-Friends identified, 216 MoH trained, MoU with NMCP, TA for community monitoring in country by Dec 2018, HR under PR (not implemented by SR), short term contract with key actors signed, high level meeting with IGP, team set up at police to lead*

interventions, S&D training for remaining 15 EQUIP facilities. Implementation has started late and smoothly

- **Status quo IBBSS:** Advertisement on national and international media, proposals received, evaluation next week. Consultant shall be engaged within Q4.

**b) Financial Indicators:**

Indicator	Observation	Answer / Decision
<b>Absorption rate</b>	Cum: 35% Q3: 32%	Burn rate without catalytic 86% for Q3. Approval for catalytic in September >> short time for implementation. Activities will be fast tracked in Q4
<b>Absorption rate per intervention/ implementor</b>	HMIS/M&E: 29% of budget, 2% Prevention FSW: 25% of budget: 39% WAPCAS: 71% of budget, 36% CSS: 15% of budget: 0%	

**c) Commitment, Management, and Compliance Indicators:**

Indicator	Observation	Answer / Decision
<b>Availability of commodities</b>	Lubricant procurement	<i>Discussions ongoing to do procurement through GAC since GAC has procured before</i>
<b>Commitments</b>	<i>1 commitment: monthly capacity assessments</i>	
<b>Management</b>	<b>Sites with stock out: Number of sites must be &gt;0</b>	

**d) Programmatic Indicators:**

Indicator	Observation	Answer / Decision
<b>MSM linked to care (GF target = 45%)</b>	94%	
<b>FSWs linked to care (GF target = 45%)</b>	98%	
<b>MSM prevention package</b>	105%	

Indicator	Observation	Answer / Decision
<b>FSW prevention package</b>	121%	
<b>MSM HTS</b>	132%	
<b>FSW HTS</b>	127%	

e) **Challenges expected in next 6 months:** None

**f) Recommendations:**

- Ensure that all PEs have IEC on STIs available. Review expertise of PEs on STIs, treatment centers, interpersonal approaches and consider trainings
- Consider outreach activities focusing on screening for STIs and referral as part of HIV prevention.
- Inform PEs to intensify their efforts with newly enrolled community members
- Ensure that condoms are distributed to all enrolled community members
- Review content of condom sensitization and identify options to improve awareness of importance and actual condom use
- Share report on survey on lab/reagent availability with CCM

**5. Closing**

The meeting came to a close at about 5:15pm.