MINUTES OF HIV/TB DASHBOARD REVIEW MEETING

21st August 2019, at the CCM Secretariat

Attendance

No.	Name	Organisation
1	Evans Opata	GCNM
2	Anthony Ashinyo	NACP/GHS
3	Cecilia Senoo	SWAA Ghana
4	Mark Saalfeld	Global Fund
5	Kirat Bulut	Global Fund
6	Micheal Melchior	CDC
7	Kenneth Danso	NACP
8	Marijanatu Abdulai	NACP
9	James Saakua-Mante	NACP
10	Angela Trenton-Mbondo	UNAIDS
11	Mac-Darling Cobbinah	CEPEHRG
12	Joseph k. Omn	CEPEHRG
13	Ernest Ortsin	GHANET
14	Daniel Osei	GHS
15	Kyeremeh Atuahene	GAC
16	Genevieve Dorbayi	T.B Voice
17	Dr. Kafui Senya	WHO
18	Henry Brown	NTP
19	Abdul –Rahman Osuman	NACP
20	Kwami Afutu	NTP
21	Comfort Asamoah-Adu	WAPCAS
22	Kofi Diaba	WAPCAS
23	Kofi Owusu - Anane	WAPCAS
24	Edward Ofori Adel	WAPCAS
25	Frederick Arthur	WAPCAS
26	Eric Adu	WAPCAS
27	Jonathan Tetteh-Kwao Teye	Dreamweaver organization

1. Opening:

The meeting started at 09 : 10 am and chaired by Evans Opata.

a) Conflict of Interest (CoI) declaration

The Chairman of the OC provided information on Conflict of Interest and requested members to declare any CoI given the agenda of the meeting. Members were also reminded to declare any conflict of interest during proceedings if the need arose.

2. NACP Dash Board:

Follow ups:

a. PMTCT Performance in the Northern and Savannah regions

Question: As some other regions, for example, the Northern region, face similar data challenges, targeted monitoring is underway to resolve the issues

Response: Targeted monitoring to ten facilities was done in the NR . under reporting and data quality issues which have a potential of affecting programme outcome. These challenges were resolved on site. However, with NR having over 400 PMTCT sites with limited funds, there is the need for more funds to be allocated to the region to support them carry out monitoring to the rest of the remaining sites.

b. **Lack of HTS registers in the facilities**

Question: Copies of the HTS register were procured in 2016. Processes towards the procurement of a revised HTC register was to have commenced in 2018. *Has the procured registers arrived and distributed? Some facilities visited do not have them.*

Response: The programme is currently reviewing the existing register to take care of the changes in the algorithm for HIV testing. This process is expected to end by June 2019 after which the procurement process will start. **Has the change in algorithm been effected? Procurement?? Progress thus far?**

Answer: Yes the change in algorithm has been effected. The test kits to be used in the algorithm have been selected. Procurement process have also been initiated.

c. Involvement of private facilities in trainings

Question: The NACP has over the past decade engaged a significant number of private health facilities in HIV Services . However, data management has been a big challenge in some of these private facilities. To address this the programme plans to engage the leadership of the Association of Private Medical and Dental Practioners and the Health Facility Regulatory Authority (HeFRA) - the main body that regulates their practice. Once this is done, the NACP will include all those who express interest in providing HIV services. **Have you engaged the Association of Private Medical and Dental Practioners and the Health Facility Regulatory Authority (HeFRA)? Any updates?**

Response: Engagement is planned in the reprogramming activity

d. Viral load sample referral

Question: All regions except for Northern and Western Regions have been trained for VL sample referral. Trainings for the Northern and Western regions will be done pending approval from reprogramming

Response: Trainings for Northern region and Western region has been completed.

a) Financial Management Indicators: Separate expenditures and commodities

Indicator	**Observation**	
Disbursement	Disbursed **91**% of Target 90% Expensed **61**% of Target 90%	
Absorption rate per intervention	I. Treatment, care and support 60% of budget) with 186% burn rate II. Prog. Mang't (70 % of budget and 139% burn rate) III. PMTCT 14% of budget with 72% burn rate IV. RSSH:HMIS & M&E 10% of budget with 4% burn rate	
PSM	Expenditure:	

b) Commitment, Management, and Compliance Indicators:

Indicator	**Observation**	**Response**
Availability of commodities	Status of GoG procurements & deliveries? Dolutegravir which is expected to commence in July 2019. AZT+3TC+NVP = 2.3 Months of stock TDF+3TC+ EFV= 11.8 Months of stock	Dolutegravir is expected to be in - country by close of day 21st August 2019; and it is expected to last for about 4 months.

Commitments	None indicated	-
Management	Sites with stock outs: 14/14 Sites with prod. delivery past due: 14/14	Discuss with CCM Secretariat and NACP on accurate reporting on the dashboard as 14/14 does not give the true picture of the indicators in reality.
Compliance	None indicated	

c) Programmatic Indicators:

Indicator (Q4)	Observation	Response
# on ART 92%	There was a 20% increment compared to Q1 2019 period Using e-tracker by June 2019: Target – 132,599 Actual – 121, 985 DHIMS 2 by June 2019 124, 416	Attributable factors: Engagement with heads of facilities and service providers including data officers on the need to clear all backlog of PLHIV on ART. Daily monitoring of inputs into the e-tracker by facilities and phone calls to data officers who were not pulling their weight. Officers were also assisted to resolve challenges with the e-tracker through phone calls, emails and onsite visits.
ART pregnant women **84%**	There was a 6% increase compared to Q1 2019 performance Target = 6280 Actual = 5262 Low Performers NR = 51% UER = 69% BAR = 78% DO we have sufficient ANC registers now? And has documentation improved?	ANC registers are still not enough. Procurement for more registers have been initiated. The programme will continue to engage service providers and continuous supportive supervision.
Preg. With HIV status result **70%**	There was a 2% decrease compared to the Q1 2019 period	Documentation has improved since most of the regions are quickly respond to the feedback sent them by the programme. Data from AR and CR is still fraught with errors, the programme is collaborating with PPMED, FHD and the

	Do we have sufficient ANC registers now? And has documentation improved? **AR(59%) & CR(65%) still show low performance**	Regional Health Directorates to get the challenges resolved on an ongoing process.
# HIV risk infants < 2 months old tested (EID) **82%**	There was a 6% increment compared to Q1 2019 performance **ER (44%) and NR (5%) record low performance. Any peculiar reasons for such performance? What follow ups can oversight perform to help bridge the gap especially in the NR?**	Currently the machines in the Eastern and Northern regions are out of order. However, samples from exposed babies in these regions have been picked and efforts are being made to run these samples. Results is expected to reflect in Q3. For the NR - 97 samples (25 in Tamale and 72 in Bolga) is currently waiting to be runned
# 15+ tested and with known HIV status **152%**	There was a 77% increase over the Q1 2019 performance **Great improvement!** **What has been the game changer? How can we sustain these gains?**	One of the contributing factors is the implementation of testing at all entry points.
On ART, undetectable viral load at 12 months (VL suppression) **99%** **Target – 68** **Actaul – 67**	The introduction of Dolutegravir which has the advantage of achieving viral suppression within 6 weeks will greatly improve this indicator moving forward. **The PR will begin the process of using this drug in July 2019**	As at the end of July 2019 the commodity had not arrived in country.
Enrolled in HIV care/Tx screened for TB (TB screening) **66%**	TB screening for Q2 2019 decreased by 17% compared to Q1 2019. How do we consolidate and sustain this indicator? It drops and appreciates (compare previous quarters)	TB screening is being done and the programme will continue to engage service providers and monitor the data to ensure completeness

d) Challenges expected within next 3 months

I. Human resource challenges as a result of attrition of trained health care workers in the provision of services along the HIV cascade
II. Insufficient funds for monitoring and supervision at the regional and district levels
III. The migration of data officers into the GoG payroll will greatly affect service delivery of HIV in the country. This is because the reduction in salaries in a potential risk to motivation of the officers. The strict reprogramming regulations such as nonpayment of honorarium may have a negative impact on programme implementation going forward.
For this reason, we must anticipate HIV data management challenges due to reassignment of data officers to different non-HIV data management related tasks after migration onto GoG payroll.

e) Recommendations:

I. To push for the full implementation of the task sharing policy by the GHS
II. To allocate more funds/resources to the regions and districts to carry out DQA
III. The HRD should engage the Regional Health Directorates and Heads of BMCs to ensure that the data officers migrated on the GoG payroll priorities the HIV data management.

f) Notable improvements

In terms of HIV testing, the PR experienced a 153% achievement and this is the highest so far. The PR was also able to generate the number currently on treatment using the ART e-tracker and this was used in populating the PUDR The PR was also able to newly initiate 17, 801 for half year 2019 which has been the highest so far.

g) Planned Changes

The new strategies adopted by the reprogramming is expected to improve efficiently. The PR also intends to revise the updated guidelines and will be implementing this as per recommendation from the high level meeting. The transition to TLD has begun. the PR has also successfully migrated the data officers on to the GoG payroll. Revision of ART guidelines to include PreP and self-testing is also underway. Sub national decentralization of activities to the regions. Greater collaboration with non-state actors such as WAAF, WAPCAS etc. CDC will focus its implementation in the Western Region and their KP activities will be implemented by WAPCAS.

3. NTP Dash Board

a) Follow ups

Update of the NTP sample referral system?

I. Status of NTP sample referral system.

The NTP had previously planned a sole-sourcing with Ghana Post which was later turned down. Open source tendering processes are now in place to select a courier service for engagement. Despite the change on process, the NTP had initiated two pilot hubs to assess the viability of a sputum transport system with Ghana Post.

II. **NHIS:** The NHIA and GHS has agreed to enroll all TB patients free of charge starting January 2019 and existing MDR and pre-XDR - TB. The validity period of the subscription in one year. The NTP engaged with Regional Managers of the NHIA and RDHS to finalize the arrangement for the free enrolment of TB patients unto the NHIA. Following from this, over fifty (50) health facilities have forwarded list of diagnosed TB patients to NHIA for enrolment copying the Director General and the NTP. Western region reported that a number of TB patients have been issued the insurance coverage.

b) Financial Indicators:

<table>
<tr><th>Indicator</th><th>Observation</th><th>Answer / Decision</th></tr>
<tr><td>Absorption rate</td><td>
<table>
<tr><td>Intervention</td><td>% budget</td><td>Burn rate</td></tr>
<tr><td>i. MDR-TB</td><td>20 %</td><td>74%</td></tr>
<tr><td>ii.TB care & prevention</td><td>44 %</td><td>79%</td></tr>
<tr><td>iii.KBTH</td><td>00.0009%</td><td>81%</td></tr>
<tr><td>iv. MoH</td><td>61%</td><td>77%</td></tr>
<tr><td>v. NTP</td><td>30%</td><td>99%</td></tr>
<tr><td>vi. RHD</td><td>9%</td><td>91%</td></tr>
</table>
</td><td>Following the reprogramming exercise all actual expenditure has been equated to the budget for the period (Jan to Dec 2018 which is 100%) thereby showing a high absorption rate for the period Jan 2018 to June 2019 cummulatively

NTP, RHD and KBTH budget for the period has been almost totally absorbed except for the MOH where most of our commodities are yet to be delivered and paid for. MDR-TB and TB care and prevention which constitute 64 % is about 76% absorbed mainly due to the commodities yet to be delivered whilst Programme Management, HMIS & M&E as well as TB/HIV which constitute 36% is almost 98% absorbed</td></tr>
</table>

PSM cost	**PSM costs and commitments** **USD 42,210.72**	The only outstanding commitment valued $42,210.72 is Fortified Blended Nutritious food for MDR-TB patients as at the end of the reporting period. This has however been paid as at now but not factored in the financials

c) Commitment, Management, and Compliance Indicators:

Indicator	Observation	Answer / Decision
Availability of commodities (Months of stock)	TB Cat I + III patient Kit A Sputum containers: GeneXpert Cartridges	The stock available is for 16.6 13 months of stock: National and facility level stocks included Scheduled deliveries were made in July. Present stock is 6 MoS for both Moxiflaxacin 400mg and Kenamycin Sulphate Ing 1g vial
Commitments	**PSM cost = 1,471,694** Expenditure: 247,702 Commitments: 0.00 **Budget – Prod + equipment 2,520,875.00** Expenditure: 1,818,260.00 Commitments: 0.00 **Pharma – budget = 936,901.00**	

	Expenditure: 1,199,201 Commitments: 0.00	
Management	None	
Compliance	None	

d) **Programmatic Indicators:**

Indicator	Observation	Answer / Decision
# notified cases of all forms of TB **72% -**	Low performers: Q1 AR 58/ Q2 68% Q1 VR 75/ Q2 43% Q1 NR 59/Q2 74% Q1 UW 73/ Q2 63%	Those were provisional reports, reports obtained later recorded 68% for VR and 79% for UWR
Treatment success rate for TB pat. With confirmed bacteriology **80% - 95%**	95% GAR: 82% - 97% AR 57% - 89%	The National treatment success rate is 87%. On updating the data, GR achieved 87% while AR achieved 92%. Improved patient counselling and adherence to treatment in part accounts for the achievement.
# of confirmed RR/MDR-TB notified **116% - 96%**	96%	The programme has revised it diagnostic algorithm making Xpert the first tool for diagnosing TB. Increasingly, more presumed TB patients are being tested with Gene Xpert equipment increasing the chances of detecting Rifampicin resistance. Also, all previously treated TB patients are also tested with Gene Xpert equipment.
# RR/MDR-TB who started treatment **82% - 72%**	72% Target // actual	The programme, with the support of consultants have built capacity for Regional Clinical Teams to effectively manage DR-TB patients. The programme also targets enrolling all patients on treatment within two (2) weeks. **To what extent have we achieved this?** Patients enrolled includes patients diagnosed in prior period who were not enrolled on treatment. The average waiting time has reduced from 12 weeks to 6 weeks
# HIV+/TB pat, given ART during TB treatment	70%: Target / actual	What has accounted for this success? How do we consolidate this?

32% - 70%		Recoding and reporting has improved with the introduction of the revised WHO surveillance tools in the DHIMS2.
# TB pat. With known HIV status **94% - 80%**	80%	Any challenges in this regard? Incomplete data accounted for this. Updated data reported 87%.
Treatment success rate for RR/MDR TB	56% Target: 75 Actual: 42	Last reporting was Dec 2018 @ 97% Any challenges in this regard @ 56% PR is validating data to ascertain performance
Units reporting no stock out	100%	There was no stockout of essential TB commodities within the reporting period.
Notified TB cases from non-NTP providers	45%	
# HTS	74% but why is the target = 4743 and not real number of clients notified? Regional data	The target expressed is the national. The dashboard is expected to pick regional data to generate the result which is expressed in percentage.
RR/MDR TB treatment success rate	56%	What are the contributory factors? PR is validating data to ascertain performance

e) Challenges expected in next 3 months:

- Quarterly disbursement of funds from Global Fund not ideal for program activities
  Has this been communicated to the Global Fund? How is it resolved?

Recommendations: None indicated.

4. WAPCAS Dash Board

Follow up:

- **Social Accountability Monitoring Committees**: Plans on-going to kick-start activities of Social Accountability Monitoring Committees (SAMCs).
  Has SAMCs work commenced?

In Q1 2019 review of dashboards held on 22 May 2019, WAPCAS informed the OC that all preparatory activities including reconstitution and training for the SAMC (regional & national) have been completed and that the overall workplan for SAMC had also been developed for effective rollout in quarter 2.

In preparation for Q2 2019 review of dashboards meeting, OC members requested the presence of WAPCAS to address concerns related to fund allocation and utilization by WAPCAS, HFFG and 5 networks (STOP TB Partnership, TB Voice, NSA, NAP+ and the Coalition of NGOs in Malaria). Answers to the following questions were sought:

I. Has HFFG received funds from WAPCAS?
II. Details and verification of funds transferred to the five networks.
III. WAPCAS/HFFG to explain why funds have not been transferred to TB Voice Network and NAP+ Ghana for Quarter 2 monitoring as indicated in a said MoU?

Ms. Comfort Asamoah – Adu of WAPCAS indicated through the financial overview of WAPCAS that funds allocated to WAPCAS has been transferred. Funds for the five networks which include payment for their rent, support for office equipment and furniture, monthly stipend for selected national and regional NAP+ executives and that of Models of Hope has been duly disbursed.

On SAMCs, WAPCAS informed the OC that the National SAMC was obligated to perform biannual field monitoring activities and the first has been successfully conducted. The National SAMC, represented in the person of Mr. Ernest Ortsin expressed dissatisfaction with engagement processes with HFFG as requested workplans when submitted are not acknowledged. I seeking a resolution to the matter and any other matter that may arise , the OC recommended the following action strategies:

I. National SAMCs should, on the request of HFFG, submit their workplan and any documents and notify the PR (WAPCAS). To allow a transparent flow of information, National SAMCs and HFFG are requested to put the CCM Oversight & Communications Officer and WAPCAS in the copy of all correspondences.
II. HFFG should endeavor to seek an amicable, open and transparent engagement with SAMCs. SAMCs are required to report any issues to WAPCAS where WAPCAS is expected to seek an engagement process to resolve it.
III. SAMCs are obligated to follow all reporting protocols, i.e., submit any reports and, or documents requested of them in a complete and timely manner.

The OC concluded that, should HFFG and SAMCs fail to resolve any issues, the OC will inform the PR and engage directly with HFFG.

The OC recommended to WAPCAS to ensure that both parties fulfil their obligations to one another.

a) **Financial Indicators:**

<table>
<tr><th>Indicator</th><th>Observation</th><th>Comments</th></tr>
<tr><td>Absorption rate</td><td>99%
<table>
<tr><td></td><td>% budget</td><td>Burn rate %</td></tr>
<tr><td>WAPCAS</td><td>77</td><td>110</td></tr>
<tr><td>CEPEHRG</td><td>8</td><td>54</td></tr>
<tr><td>PRO-LINK</td><td>5</td><td>58</td></tr>
<tr><td>HFFG</td><td>10</td><td>72</td></tr>
</table></td><td></td></tr>
</table>

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

Indicator	Observation	Answer / Decision
Availability of commodities	CONDOMS Lubricated gel HIV test kits	Adequate stock for the next quarter.
Commitments		No commitments
Management	Key positions vacant 1/13	M & E manager still pending
Compliance		None indicated

c) **Programmatic Indicators:**

Indicator	Observation	Answer / Decision
MSM linked to care (CEPHERG)	137% Target 199/ actual 272	
FSWs linked to care	WAPCAS (100): target 262 / actual 261 Pro Link (99) target 102 / actual 103	

MSM prevention package CEPHERG	102% Target 1748 / actual 1776	PE have won confidence of the community members and hence ability to reach more of them. The introduction of the HR has also led to community members being empowered to come for services.
FSW prevention package WAPCAS/Pro – Link	WAPCAS : target 3162 / actual 3028 Pro Link (100) target 1242 / actual 2422	PE have won confidence of the community members and hence ability to reach more of them. The introduction of the HR has also led to community members being empowered to come for services.
MSM HTS (CEPHERG)	118% Target 1573/ actual 1849	Through the catalytic fund, KPs now have more testing options available to them.
No. notified cases of all forms of TB	88% Target 143 / Actual 126	Post training engagements with the TB champions have helped them to be more confident in their case finding efforts.
FSW HTS WAPCAS Pro – Link	WAPCAS (138): target 2846 / actual 3922 Pro Link (131) target 1117 / actual 1461	The testing figures were affected positively by the number of community members reached. Through the catalytic fund, KPs now have more testing options available to them.

f) Recommendations:

See above as apply to dealing with SAMC/HFFG

5. Closing

The meeting came to a close at 3: 15pm