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

**November 23rd, 2016 at the CCM Secretariat**

**Attendance:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| **2** | Stephen Ayisi-Addo | NACP | PR / Government |
| **3** | Kenneth Danso | NACP | PR / Government |
| 4 | Rosemond Jimma | NACP | PR / Government |
| 5 | James Nii Darko Saakwa-Mante | NACP | PR / Government |
| **6** | Dr. Derek Aryee | NACP | PR / Government |
| **7** | Rowland Adukpo | NACP | PR / Government |
| **8** | Kwami Afutu | NTP | PR / Government |
| **9** | Kwame Dieu-Donne Kulevome | NTP | PR / Government |
| 10 | Cosmos Ohene | GAC | PR / Government |
| 11 | Dennis Annang | GAC | PR / Government |
| 12 | Daniel Kpogo | GAC | PR / Government |
| 13 | Raphael Sackitey | GAC | PR / Government |
| 14 | Twumasi Ankrah | PPAG | PR / NGO |
| 15 | Kingsley Ofusu | PPAG | PR / NGO |
| 16 | Pearl Oper | PPAG | PR / NGO |
| 17 | Kojo Asamoah Boateng | PPAG | PR / NGO |
| 18 | Anne-Marie Godwyll | PPAG | PR / NGO |
| 19 | Henry Kwasi Addo | ADRA | NGO |
| 20 | Benjamin Kwarteng | ADRA | NGO |
| 21 | Damaris Forson | GHSC-PSM | Co-opted member |
| 22 | Helen Odido | UNAIDS | Co-opted member |
| 23 | Jonathan Tetteh-Kwao Teye | Dream Weaver Organization | Co-opted member |
| 24 | Dr Felicia Owusu-Antwi | WHO | Co-opted member |
| 25 | Evans Opata | Coalition of NGOs in Malaria | NGO |
| 26 | Mac-Darling Cobbinah | CEPEHRG | KAP |

**Absence:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
| 1 | Cecilia Senoo | SWAA | W&Cig | Mission |
| 2 | Edith Andrews | WHO | Co-opted member |  |
| 3 | Genevieve Dorbayi | TB Voice | PLWD |  |

1. **Opening:**

The meeting started at about 9:00am with an internal session that lasted until 10:15 for OC members only, followed by the review of the five HIV/TB dashboards.

1. **Conflict of interest declaration**

Annekatrin El Oumrany inquired if OC members perceived an actual or potential conflict of interest in relation to the OC meeting’s agenda. Mac-Darling Cobbinah reminded the OC of his position as Executive Director of CEPEHRG, a SSR under GAC, while he did not foresee any specific conflict of interest. The OC members were requested to be vigilant and propose mitigating measures should a conflict of interest materialize during this meeting.

1. **Selection of a new chair**

In the beginning of the meeting, a quorum was not reached, which is why a new chair could not be selected. The same situation established after the review of the dashboards so that the selection of a new chair will have to be postponed to 2017.

1. **Tightened oversight**

The OC members were informed that no tightened oversight session took place during the past quarter. In spite of several reminders, GAC has not been able to inform the CCM about the tightened oversight focal person. The issue will have to be discussed during the OC meeting.

1. **IBBSS and PSME findings**

While the final reports were not available, Annekatrin presented some of the findings from the latest IBBSS and PMSE surveys. During this presentation significant differences became apparent between the findings of the two surveys.

1. **Next site visits**

Two more site visits need to be carried out within 2016 to ADRA as well as PPAG. It was initially planned to have another site visit to the Western Region but because of budgetary constraints and GIZ security regulations related to the elections, individual site visits within GAR have to be organized. Discussions with PPAG were already led and a visit to Nsawam male and female prisons is prepared. The site visit to ADRA implementation sites will have to be discussed during this meeting.

1. **Feedback from the field**

Mac-Darling Cobbinah pointed out that Care Continuum implements KP (FSWs and MSM) activities in the same districts in which also organizations implement similar activities with Global Fund support. There is hence a risk of double reporting while KPs in other districts do not benefit of any support. He also raised concerns that the SAMC in E/R is spearheaded by GAC / TSU while PLHIV should be in the driving seat. The OC decided to discuss this issue with GAC during the meeting.

Furthermore, he explained that CD4 reagents are still lacking in a number of ART clinics, which would be further discussed with NACP.

1. **PPAG Dash Board**
2. **Follow up:**

* **Projection of savings:** mainly from personnel cost: 73,263 USD: Reprogramming request forwarded to GF with a focus on
  1. Stigma reduction, employing MoH, an production of pen drives with short films (Scenarios of Africa) to screen films (1,654 USD)
  2. Sanitary pads for female inmates (969 USD).
  3. Additional HTS/TB screening sessions in the highly congested prisons (Nsawam/Kumasi) (3,869 USD)
  4. IT equipment (17,667 USD).
  5. Training for new PEs, one per each of the 43 prisons (35,539 USD).
  6. Finance software training (9353 USD), vehicle repair (1154 USD) and WAN maintenance (3051)
* **Activities to address HIV related stigma more effectively:** two phase ambassador approach started? Part of reprogramming request. ADRA was contacted to get a soft copy of the Community Enhancement Model to assist in implementing more effective stigma activities
* **Distribution of pen drives with short films (Scenarios of Africa) on HIV to PEs:** Part of reprogramming request

1. **Financial Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | The gap between budget and expenditures is widening. It used to be 158K in August. Now it is 178K. | 73,000 reprogramming request handed in to GF. Exchange rate effects result in additional savings that cannot be touched for now. |

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

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **% HIV prevention** | KP1: inconsistent performance in Southern zone. | Distribution of hygiene kits across quarters. Donations as a reason why distribution of hygiene kits was postponed. |
| **% HTS** | Low achievements | Mainly from Nsawam (biggest prison in Ghana) where no HTS session took place. Last HTS in May (due to shortage of test kits), next session in November planned. In next quarter more than 100% expected |
| **# referrals TB** | 17% | Not consistent screening. Not sufficient support at regional level. Screening done by infirmary and program staff in collaboration with district TB coordinators. PEs are not trained. Samples taken at prison level in large numbers but labs often not able to process the large number of samples. PPAG will now inform the labs beforehand, so they are prepared. NTP suggests to collaborate with district coordinators – need to receive T&T |
| **# hygiene kits distributed** | Cum. achievement of TfSC (152%) seems very high, esp in times of decreasing inmate numbers. | No time to discuss |

1. **Recommendations:**

* CCM to follow up on lack of support from district/regional TB coordinators and lab technicians
* PPAG proposed to review possibility of collaboration with NGOs for TB screening

1. **ADRA Dash Board**
2. **Follow up / feedback from the field:**

* **Lubricant request:** Benjamin will follow up
* **Female condoms:** difficult for certain positions, not clear if WAPCAS has the same issues
* **Overlapping implementation areas with other projects?** No issues
* **How to avoid double counting:** unique identifying codes. Individual tracking sheets used by PEs per clients. Field officers double check results.
* **Site visit:** ADRA proposed **Agbogbloshi (night)**, Madina (night), East Legon. Agbogbloshie was selected. ADRA will follow up with program manager to get it organized

1. **Financial Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 89% cum burn rate |  |

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

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Condom distribution** | 56%. | Condoms received E08 only. New brand. Complaints from FSWs about different layout. Extra efforts for promotion of new type necessary. Otherwise no negative feedback so far. |
| **# referred KPs receiving services at DICs** |  | Much improvement since last quarters. |
| **Trust & Love sessions** | 75% | Conducted at hotspots for FSWs and NPP. Not full results because of budgetary constraints. |

1. **Recommendations:** None
2. **GAC Dash Board**
3. **Follow up:**

* **Lubricant:** No costed quantification developed yet. National quantification team needs to be involved.
* **Status quo reprogramming request.** Hard copy shared with chair/Exec Secretary 3rd November. Meeting with NACP requested by CT took place today to discuss the reprogramming request in the context of 90-90-90, budget will be established and reprogramming request resubmitted.
* **Tightened oversight:** Letter sent to CCM. Focal points will be Raphael Sackitey, Dan Kpogo.
* **CCM website, info on GAC is still needed:** Feedback by Tuesday: Raphael = focal person
* **Recruitment of NAP+ staff and consultant:** NAP+ candidates recruited. Consultant has been engaged, terms were agreed upon. Contract needs to be issued for signing (this week).
* **Feedback from SR on condom quality issues:** WAPCAS says that they have not received any complaints. CEPEHRG was proposed to proactively inform WAPCAS about any challenges they are facing
* **Challenges with condom procurement from RMS:** infograph is being developed on procedures. Shall be validated at the next meeting of condom committee
* **Payment of NHIS premiums through hospital accountants partly significantly delayed:** not possible currently to register without making a payment. ART center = focal point for registration. GAC will follow up
* **Inadequate compensation of Models of Hope / inadequate T&T:** will be incorporated into the reprogramming request
* **Lack of communication about planned activities in regions** (finding from site visit to A/R): GAC will recommunicate to TSUs need of better communication with RHDs

1. **Financial Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 123% quarterly burn rate, improves cum burn rate from 58% to 68% | Gap is now 1.8m USD, amount to be reprogrammed close to 1.8m |
| **Disaggregated absorption rate by grant objective** | Low burn rate CSS (59%) | Result of SAMC activities, need to be fully scaled up in all regions. Inaugurations took place quite late. Manual printing + printing of NAP+ constitution. Development of advocacy manual done in Oct. |

1. **Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities** | No availability of female condoms in some regions |  |

1. **Programmatic Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **FSW HIV prevention** | 73% | WAPCAS refresher training frontloaded due to elections, PEs didn’t have enough time to implement. |
| **MSM HIV prevention** | 57% | See above |
| **Reg. NAP+ offices** |  | One not functional yet. Raphael will find out. |
| **SAMC** | GAC seen as in the driving seat, while it should be PLHIV | GAC = member of SAMC. Every SAMC shall elect their chair. Selection is in the responsibility of the local committees. GAC will provide list of chairs. No date fixed for first meeting of national committee, shall take place this year. |
| **FSW on NHIS** | 0% | WAPCAS didn’t have enough funds. GAC received replenishments from GF in August (based on quarterly financial reports). GAC was not able to disburse the full NGO request. Was only able to disburse 50% of WAPCAS request. September: another 25% disbursed. WAPCAS also frontloaded refresher training, hence funds not sufficient to register FSWs. |
| **Clients enrolled in programme** |  | Based on reprogramming request. Some funds available to start now. 400 clients expected in the 4 regions |

1. **Recommendations:**

* CCM to follow up with GAC on the duplication of efforts with Care Continuum (was not discussed during OC meeting)

1. **NACP Dash Board:**
2. **Follow up:**

* **The treatment guidelines reviewed with NAP+?** Technical committee involved who does not contain NAP+ reps. No individual stakeholders contacted for the official review. NACP is recommended to add NAP+ reps to the working group. Confirmed that treatment monitor is not a mandatory condition to access treatment.
* **Start Test&Treat?** Trainings in 4 priority regions finished. GAR has started, W/R, E/R received scheduled deliveries. 30% buffer added to scheduled deliveries, so every facility has commodity security. Waiting for disbursements from GF to roll out training to other regions. **Info that not all facilities received the test&treat directives:** Directive was sent out to regional HIV coordinators who are in charge of forwarding the information to district HIV coordinators to inform ART clinics**.** Maybe info did not go through in all instances. NACP will follow up. No public announcement for Test&Treat. Low hanging fruit will be harvested first. Collaboration with NAP+ to spread the information.
* **Status quo GeneXpert for EID and VL?** 2018. Full WHO validation required before implementation. Preventive maintenance schedule for all existing VL machines to ensure continuous functioning. Most equipment = 3-5years old.
* **Status quo reprogramming request:** no feedback from GF yet
* **Fees:** Check with facilities and understand why they are charging. Directive to stop charging lab fees sent to all regions signed by DG. Some facilities have not been reimbursed NHIS since January, therefore charges for every client. Hematology, frequent break downs of machines, case for replacement of machines. Non-insured PLHIV will have to pay for consultation and every service not administered by ART clinic.

1. **Findings from site visit:** (Not enough time, hence need to concentrate on few issues.)

* **Best results in ART clinics where staff has time for clients:** HR issue, not always sufficient staff available. Task shifting concept
* **False cure claims:** NAP+ involved to inform PLHIV about false claims. Collaboration with FDA to close down those centers or prohibit respective statements. Talk to media people, recommendation to verify info before publishing it. No funds available to collaborate with individuals. Discuss at level of CCM.

1. **Financial Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | Local absorption rate: 62% | Reprogramming request. Print more registers + maintenance. |
| **Disaggregated absorption rate by grant objective** | Cum: 51% for M&E but 23% of budget  Q3: Treatment care and support: 49% burn rate but 57% of quarterly budget | District/region disbursement. Issue of retirement of advances. M&E funds at national level almost fully spent.  = PSM savings. |
| **Disaggregated absorption rate by SR** | Data not adjusted. |  |

1. **Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities** | No female condoms for several months in several regions  Not enough stock in regions  What was done to prevent expiry of several products? | RMS have to do their requisitions, may not correctly calculate the consumption. NACP is supporting them. Capacity building for RMS ongoing.  Proposal to have a PC system that calculates optimum stock and order levels. Idea is that LMIS solves the problems around human error.  Partly RMS do not have sufficient space. Might have to move to district warehouse system. Match consumption data with order data. |

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

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **# on ART** |  | 96,000 people on ART. |
| **ART pregnant women** | Particularly low results in UE/R, UW/R, V/R, N/R, C/R, extreme regional variation (13% vs. 82%), no clear trends | Less than 12,000 HIV+ pregnant women identified (10,000).  Misunderstanding of indicator, increased number of positives artificially.  Northern region with high attrition. Leadership problems. Intensify supervision of facilities concerned. Eastern region: district hospitals issue ARVs. Pharmacists did not want to give ARVs to midwives. ARVs at midwives level not full accomplished in either region. District pharmacists shall talk to district directorates. |
| **EID** | Particularly low results in UE/R, UW/R, W/R, C/R, BA/R, extreme regional variation (9% vs. 70%), no clear trends | Problems with equipment in several regions. Comprehensive plan. Child Welfare Nurses increasingly involved. 7 day = new opportunity, better admission than at 6 weeks. 98% sensitivity. |
| **HTS pregnant** **women** | Particularly low results in N/R, C/R, drop and stagnating results in several regions | 2500 ANC facilities = PMTCT. Midwives enter into DHIMS. Often underreporting. By next year only one ANC register. |
| **HTS** | Stagnating results. Plans? |  |
| **TB screening** | Explain targets, not compatible with PF | Targets according to joint TB/HIV document. NACP asked to use PF targets and to represent them as semester cumulative. |

1. **Recommendations:**

* NACP recommended to add a NAP+ representative to technical committees on topics that directly concern PLHIV.
* NACP requested to correct DB

1. **NTP Dash Board**
2. **Follow up:**

* **Status quo training GeneXpert, experiences:** 95% to be finalized by close of this week. Will be used as first line of diagnosis for PLHIV and for retreatment. Possibly order additional to cover all districts.
* **Main outcomes meeting with 3 hospitals per region:** improve screening procedures at OPD.
* **Results NGOs (only five with 20+ cases):** high likelihood that sputum test turns out negative. GeneXpert for confirmation important. Number of people screened improved.
* **Challenges with screening at OPD:** direct observatory of task shifting officers. Outcomes? Done, one week per facility.

1. **Financial Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 31% quarterly burn rate, 40% cum burn rate | GenExpert not yet accounted for, NTP has not received disbursement notification to PPM |
| **Disaggregated absorption rate by grant objective** | Particularly low:  TB care and prevention 15%  TB/HIV: 8%  MDR-TB: 21% (Drugs arrived in Aug)  GeneXpert delivery? |  |

1. **Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities** | Capreomycin 0 MoS?  0.1 MoS Cat I+III | Challenges with clearance of first line meds. Content of contract of clearing agent was changed (incoterms changed). Problem solved, will not happen again. |

1. **Programmatic Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **# notified cases all** | Significant drop in all regions. Train chemical sellers and CHN | = number of people enrolled in treatment, TB meds not available during 2 months. Significant increase to be expected in next reporting period. With GeneXpert from 2017 increasing number of cases expected (more sensitive, 60% sensitivity with light microscope). Social mobilization as part of reprogramming to start after elections, also using mass media (e.g. GTV). |
| **Success rate** | Significant drop in almost all regions | = denominator based on case estimation in 2015. 86% success rate based on actuals. Seasonality effects account for drops in regions (not the same number of cases in each quarter) |
| **# notified cases bacteriological** | Continuous drop since P2 | Consistent drop in number of cases identified |
| **# HTS** | 54%, lowest result since NFM | Based on theoretical target of cases identified, not on actual number of cases |
| **# ART** | Best result under NFM but still only at 32% |  |

1. **Closing**

The meeting came to a close at about 16:20.