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

**28 November, 2017 at the CCM Secretariat**

**Attendance:**

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| **No.**  | **Name** | **Organization** | **Sector** |
|  | Annekatrin El Oumrany | CCM Secretariat | CCM |
|  | Kenneth Danso | NACP | PR / Government |
|  | James Nii Darko Saakwa-Mante | NACP | PR / Government |
|  | Dr. Nyonuku Akosua Baddoo | NACP | PR / Government |
|  | Kwami Afutu | NTP | PR / Government |
|  | Henry Brown | NTP | PR / Government |
|  | Cynthia Adobea Asante | GAC | PR / Government |
|  | Daniel Kpogo | GAC | PR / Government |
|  | Raphael Sackitey | GAC | PR / Government |
|  | Helen Odido | UNAIDS | Multilateral  |
|  | Cecilia Senoo | SWAA | W&Cig |
|  | Evans Opata | Coalition of NGOs in Malaria | NGO |
|  | Mac-Darling Cobbinah | CEPEHRG  | KAP |

**Absence:**

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| **No.**  | **Name** | **Organization** | **Sector** | **Reason**  |
| 1 | Damaris Forson | GHSC-PSM | Co-opted member | excused |
| 2 | Edith Andrews | WHO | Co-opted member |  |
| 3 | Jonathan Tetteh-Kwao Teye | Dream Weaver Organization | Co-opted member |  |
| 4 | Dr Felicia Owusu-Antwi | WHO | Multilateral  | excused |
| 5 | Genevieve Dorbayi | TB Voice | PLWD |  |

1. **Opening:**

The meeting started at about 9:15 am.

1. **Conflict of interest declaration**

Upon the question for a potential or real conflict of interest, none of the OC members declared such.

1. **Testimonial of an MDR-TB client**

Annekatrin El Oumrany had interviewed a recently cured MDR-TB patient and showed the recorded interview to the OC members. The OC members suggested to shorten the video and show it at the CCM meetings for all members to have an idea about MDR-TB treatment and the challenges related.

1. **Status quo of grant making**

Annekatrin El Oumrany presented the TRP comments and Ghana replies to the HIV/TB funding request to the OC members and informed them about the status quo of grant making, regarding the funding requests as well as the matching funds proposal, and the final budget split (see the CCM website for the details).

1. **PPAG Dash Board**

Due to the good programmatic PPAG performance and the absence of major challenges, the OC reviewed the dashboard in the absence of the PR. The PR responded to questions upfront via email.

1. **Follow up:**
* 383 PLHIV: (319 males and 64 females). Considering the current inmates of roughly 13,500 men and 170 women, the HIV prevalence among female inmates is much higher than in any other KP group.
* PEs in Ho prison have not yet received their certificates: PPAG: The certificates are ready and will be distributed to the respective zones within the month of November, 2017.
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 79% |  |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **% HIV prevention**  | 103% |  |
| **% HTS** | 95% |  |
| **# screened TB** | 62%. Significant improvement. What is the status quo? | The project officers have since built a rapport with the District TB Coordinators resulting in a significant improvement on the indicator from the previous dashboards. Some of the prison infirmary nurses have been trained on the TB screening tool so they can screen inmates on their own and send the sputum samples to the nearest laboratory. They usually do not encounter much difficulty because they have been collaborating with Government Health Facilities for long. |

1. **Other observations:** None
2. **Recommendations:** None
3. **ADRA Dash Board**

Due to the excellent programmatic ADRA performance and the absence of major challenges, the OC reviewed the dashboard in the absence of the PR.

1. **Follow up:**
* None
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 88% |  |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **HIV prevention** | 133% |  |
| **HTS** | 125% |  |

1. **Other observations:** None
2. **GAC Dash Board**
3. **Follow up – information on site visit to Volta and Northern Regions In October:**
* NAP+ needs more guidance on how to do a good job on a tight budget
* NAP+: Monthly budget of 800 GHC only but hardly received due to delays in reporting and application processes for new cash. With amounts this low, quarterly retirement is highly recommended
* Communication between NAP+ HQ and regional NAP+ offices perceived as insufficient, regional executives partly believe that the HQ does not know the real situation on the ground. Better communication necessary to inform regional offices on new policies and guidelines
* NAP+ reps often do not represent the PLHIV community but tend to talk about their own experiences only
* False cure claims persist, PLHIV abandon medical treatment but want to have their viral load tested. More detail provided in the report and in email from Dr. Naa Ashiley Vanderpuye / WAAF.
* Inconsistent condom use among MSM – only one out of 20 in a group of community members interviewed claimed to use condoms consistently
* Many MSM are in heterosexual relationships and need to be educated on PMTCT as well.
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 88%, anticipated E/2017 burn rate?  | 95% anticipated E/2017 burn rate. Current amount of commitments: > 1m USD, disbursement has not arrived in time.  |
| **Disaggregated absorption rate by grant objective** | Lowest cum burn rate for MSM (59%) and CSS (65%) but CSS increased significantly over time while MSM was alternating |  |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities** | 0 MoS condoms | GAC will get more information and facilitate a rapid FDA registration  |

1. **Programmatic Indicators:**

| **Indicator** | **Observation**  | **Answer / Decision**  |
| --- | --- | --- |
| **FSW HIV prevention** | 29%, cum result 91%. Seems there is one peak quarter per year and rather low performance during the remaining three quarters. Why not more consistent?  | First quarter of the year, FSWs are recruited into the program = first contact. Rest of the year: still work with the same FSWs. Used to be semester targets for new contact, now it is annual targets  |
| **FSW HTS** | 159%, cum result 152%:  |  |
| **MSM HIV prevention**  | 59%, cum. result: 85%. 1741 MSM reached. Same comment as for FSWs. | Same reply as above |
| **MSM HTS** | 102%, cum result: 91%. 1814 MSM tested.  |  |
| **FSW Condoms**  | Cumulative result: 118% |  |
| **MSM Condoms**  | Cumulative result: 92% |  |
| **FSW on NHIS** | 82%. Cumulative result = 76% |  |
| **MSM on NHIS** | Cumulative result = 177% |  |
| **Clients enrolled in programme** | Cumulative result = 100% with activities in 4 quarters only. Need underestimated?  |  |
| **PLHIV on NHIS** | Cumulative result: 496% |  |

1. **Recommendations:**
* GAC to follow up on condom procurement and facilitate processes at FDA
* Address low condom use among MSM
* Incorporate PMTCT information in MSM HIV sensitization activities
* GAC is recommended to collaborate with some of the very committed PLHIV who are not necessarily part of the NAP+ secretariat or board
* CCM to follow up on GF disbursement (done)
1. **NACP Dash Board:**
2. **Follow up:**
* Condom procurement and redistribution:
* Info on site visit to VR and NR:
	1. Training on the job successfully implemented by NR, should be examined if this example can serve as best practice.
	2. NR: PCR machine is very sensitive and interrupts about 20% of test runs. Tests then have to be retaken.
	3. VR: Not many EID samples sent and delays occur because of waiting for more samples. NACP recommended to review if additional communication efforts are necessary.
	4. Sample transport problems are resolved when hospital administration is committed and supportive = leadership issue. Recommendation to ring fence an amount X to ensure that funds are available at all times for sample transport
	5. Ho Reg. Hospital: Increase in enrollment rates for non pregnant people since start of test & treat but difficulties to reach out to those tested positive in the past
	6. ANC Ho Reg. Hospital: very impressed with commitment, 100% HTS and enrollment rate
	7. Commitment, knowledge on policies and knowledge sharing in bigger hospitals significantly superior to those experienced in health centers
	8. Additional PMTCT registers needed
	9. IEC materials for clients and other healthcare staff desired, incl. videos for continuous airing
	10. Co-payments for lab exams occur when clients are sent to private labs and when facility is in a financially difficult situation due to NHIS reimbursement delays
	11. Commodity situation: no issues but lack of VL sample tubes and Oraquick. NACP: In the past GF supported. No procurement for some time. Some quantities are going to be procured by PEPFAR. GHS does not procure in sufficient quantities.
	12. General observation across programs: RMS complain about lack of adequate and consistent response to issues identifiable in the stock reports.
	13. More training of healthcare workers needed on HIV. Still high levels of stigma and discrimination. Review invitation to NACP trainings as there are a complaints that there are always the same faces while others who may be even more committed get frustrated by constantly being overlooked. NACP: inform RHD about the training who forward the info to the facilities. NACP does not have direct influence on participants selected. NACP trainers always check for relevance of the training for the participants. Facilities may be requested on the spot to replace the person if relevance is not evident. Recommendation that NACP also asks about any planned rotations to other facilities, so that those can be trained who stay.
	14. Problem that clinic days are used by community members for PLHIV “spotting”. Clinic days contribute to stigma and discrimination.
	15. False cure claims. NACP: Facilities shall not provide VL test for those on herbal treatment free of charge as VL quantification is based on number of ART clients.
	16. Lack of info on next grant among RHDs, recommendation to provide them with an overview on the way forward
	17. Ketu South: prevalence rates at ART clinic > 20%.
1. **Financial Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | Cum 83%, Q3 131%.  E/2017 burn rate?  | Commitment >2m USD Expected expenditures E/2017: 900,000 spent since BG/10 |
| **Disaggregated absorption rate by grant objective** | Local burn rate 68%How much out of the 14.6m commitments for products and equipment will materialize in 2017?Significant program over-expenditures in Q3Very low burn rate for RHDs 57% | Cash problems. Wrong understanding of commitment |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities** | Extremely high stock of paed. Nevirapine and VL testsExercise of pulling the individual component together to regional / central level | Not discussed |

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

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **# on ART** | 92% (121,847). Bigger increase than in 2016 but why not higher with test & treat? Communication issue?  | Rising enrollment numbers. Test & treat training for six remaining regions in July. Marvelous improvement expected in Q4. Recommendation to discuss mass communication on test & treat with GAC |
| **ART pregnant women** | 59%. Extreme regional variation between 10 and 102%. Only 6% improvement in absolute numbers Q1-Q3 vs LY  | Regional coordinators requested to report low performing facilities. Engagement of RHDs.  |
| **EID** | 45%. Q1-Q3/ 2017 = 5688 (vs. LY = 3680 >> +55%). If Q3 counted alone: 65%  | 2018: integrated in CWC |
| **HTS pregnant** **women** | 85% stagnant over time. Some regions have improved, some have remained at the same level over time (AR, CR, ER) | Data: some providers still don’t understand the data collection requirements correctly. Documentation = big challenge.  |
| **HTS** | 45%. 896,042 people tested in 2017 of which 597,359 were pregnant women. 1,795,748 test kits issued by all RMS. Average monthly issues do not match with monthly issues, same for condoms, resulting in inaccurate MoS. Quarterly result = lowest since BG/2016  | New testing directive to offer HTS to every OPD attendant.  |
| **TB screening** | 235,214 reached: does this include double counts?  | Double counting, number of screening, not number of people screened measured |

1. **Recommendations:**
* NACP to provide quarterly data on women tested positive
* Institutionalize training on the job for staff who were not on the training, follow up through RHDs
* Address lack of VL sample tubes
* Communicate to ART facilities that they do not offer VL tests if they are not on ART
* Enhance collaboration with traditional healers, so do not request their clients to abandon ART
* Supervisory site visits must be guided by data
* Strengthen focus on low performing regions and facilities
* Discuss possibilities of mass communication on nation-wide availability of test & treat with GAC

1. **NTP Dash Board**
2. **Follow up:**
* Enablers package: what are the components / amounts and why do some MDR-TB clients not receive it?
* Info on site visits to VR and NR:
	1. Cough police strategy introduced in VR for enhanced case finding (encourage community members to report unusually long cough individuals)
	2. Prison screening: seems to work best if screening is undertaken in collaboration with the usual collaborating hospital (compared to through another actor as PPAG)
	3. Case finding in communities significantly dependent on personal commitment of healthcare staff. Motivation through an award for community health nurses to identify cases as community level that is not covered by ICF?
	4. Inconsistent approach to ICF. Ketu South: only coughing clients are screened, not all OPD clients.
	5. ICF: High tracing efforts to contact clients for their results (60%) that have left the hospital without their result
	6. Lack of sputum containers. NTP: national problem. Procurement was initiated timely but takes several months. Similarly, NTP wanted to procure a two year contract for food items for patients but SSDM accorded only a one year contract
	7. Ho Regional Hospital: only GeneXpert in the district. Most samples arrive in a good state. Most common problem: sample contains saliva and not sputum
	8. Ketu South: border crossing collaboration for TB diagnosis
	9. Need of psychosocial support for MDR-TB patients, considering the risks and challenges related to the treatment. Evaluate possibility of MoH concept for TB clients.
	10. E-tracker: so far only functional in pilot facilities. No info to RHDs about general roll-out
	11. Important to intensify involvement of traditional healers and pastors in the national TB response
	12. Stigma and discrimination in communities caused by ignorance. Many still believe that TB is fatal. More mass communication is recommended
	13. Bigger hospitals’ staff (regional / district) much better informed about TB. Less stigma and discrimination, less fear of the nurses to approach TB clients
	14. Lack of N95 masks for those treating MDR-TB clients
	15. Lack of info on next grant among RHDs
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 61% down from 80%, according to financial overview 68% | 3.2m commitment for commodities, 1.8m commitment for M&E salaries 24m expected final expenditures, 90% final burn rate Additional payments to be done directly from GF |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities** | Why did we run so low on stock of Cat I+III and pediatrics? Has the stock been cleared and distributed? What is being done to avoid the problems with clearing agents all together? Shortage of sputum containers.  | Was ordered timely. Some medicines including pediatric medicines were air-lifted and have been cleared and distributed to all RMS after some delay at the airport.  The main stock arrives at the seaport next weekNational shortage, too long procurement processes |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **# notified cases all** | 49%, 3436 reached. Stable numbers for the past year, no increase. How could the prevalence survey find the cases that we don’t find?  | Survey: most TB cases did not present with symptoms but were presumed based on radiological findings - Proportion of MTB survey cases detected by **CXR**? 152/202\*100 = 75.2%. NTP is currently deploying 48 digital X-ray equipment across the country to enhance TB diagnosis.  2 trucks equipped with digital X-ray have also been procured in BG Oct. and immediately put in use in screening slum communities. Also, the incidence rate is 156/100,000 translating into about 42,000 TB patients annually. As a success, the program could improve the % of people screened through ICF and eligible for testing who are tested from 48% to 72%.  |
| **Success rate** | 83% but based on real cases identified = 98% |  |
| **# RR/MDR-TB notified** | How come we had such a great result in Q2 and significantly drop in Q3 (89 vs. 42) | The Greater Accra region had stock out of GeneXpert cartridges in July-August, while a number of (6 sites) were also not functional due to damaged UPS. Total tests done dropped by 14.7% (7939/9369) compared with quarters 1 and 2. Plan to purchase 35 UPS. |
| **# RR/MDR-TB who started treatment** | Number of deaths since July 2015? Otherwise 38% of those diagnosed are not on treatment, possibly infecting others. | NTP will follow up with numbers |
| **# notified cases bacteriological** | Always at least 90% of those diagnosed = bacteriologically confirmed. GF target = 51/52% |  |
| **# HTS** | Results always exceed GF % target (77/80%). Always more than 80% of those diagnosed tested.  |  |
| **# ART** | Number of people tested positive per quarter?  | NTP will follow up with numbers on people tested positive per quarter to allow an evaluation of the results |

1. **Recommendations:**
* Meeting OC with DG, Dir PH, SSDM and Programme Manager
* NTP to share details on procurement of medication and local commodities (sputum containers)
* NTP to adjust Q3 budget and provide answers on co-infected numbers, and deaths among MDR-TB patients
* NTP to provide information about enablers package
1. **Closing**

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