ITPC Community Treatment Observatory (CTO)

Africa Café, PATA Summit
Johannesburg, South Africa
18 October 2019
ITPC Priorities & Strategies - #WatchWhatMatters

**ACTIVATE DEMAND FOR HEALTH**
#TreatPeopleRight
ITPC will mobilise people to demand access to life-saving medicines and health care.

**MAKE LIFE-SAVING MEDICINES AVAILABLE AND AFFORDABLE**
#MakeMedicinesAffordable
ITPC will increase the availability and affordability of life-saving medicines and high-quality health care.

**HOLD GOVERNMENTS AND LEADERS ACCOUNTABLE**
#WatchWhatMatters
ITPC will support community-level monitoring of access to medicines and mobilise communities to hold governments accountable to ensure this access.
What is a CTO?

Systematically and routinely collects and analyses qualitative and quantitative data.

Uses data for monitoring trends along the HIV care cascade, and to inform targeted action that will improve the quality of HIV services.

An organized group of community members collect data on various aspects of HIV prevention, testing, care and treatment services.

Can operate at district, provincial, national, regional or global level.

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ITPC COMMUNITY MONITORING
Along the HIV Continuum of Prevention, Care and Treatment

PREVENTION
- What prevention services available?
  - Prevention Services
  - Populations Identified
    - Who is left behind?
  - Received HIV Test
    - Quality of risk management counselling?

CARE & TREATMENT
- Linked to Care
  - Quality and process of linkage to care?
- Initiated on ART
  - What are inclusion criteria? How long? What regimens?
- Sustained on ART
  - Adherence & social support?

VIRAL SUPPRESSION
- Received Viral Load Test
  - Availability & frequency of viral load tests?
- Speed and use of result for ART management?

How are structural barriers, such as stigma and discrimination, addressed?
What do CTOs monitor?

CTOs collect and analyses data on **availability, accessibility, acceptability, affordability** and **appropriateness** of HIV care and services – model can be applied in various contexts/disease focus areas.
ITPC Community Monitoring: Where? For whom?

Locations
• 11 West African countries
• 3 southern African countries

Populations:
• Key populations
• Pregnant women
• Young people (15-24 years)
FIGURE 3
ITPC’s CTO Structure.
The basic structure of a community treatment observatory includes five basic components

- **Focal point person**: oversees the general operations; conducts data entry and analysis; and serves as the liaison data collectors, CCG, and AI.

- **Data supervisor**: lead data collector that reviews, checks, and verifies data.

- **Data collection sites**: health facilities (public or private), community-based service delivery facilities, and/or community service points.

- **Data collector**: interact directly with data collection sites and recipients of care to collect qualitative and quantitative data.

- **Academic Institution (AI)**: supports analysis, facilitates institutional review board (IRB), and oversees data quality audit.

- **Community Consultative Group (CCG)**: serves as a technical advisory board that oversees and guides implementation of the CTO.

**Note**: The number of data supervisors and data sites shown here are for example only. In operation, these numbers may vary.
Patients do not return to pick up refills
Difficulty moving to second or third line drugs
Patients move and are lost to follow up
Stigma and discrimination
Stockouts of ARVs
The side effects are too much
The ART center is too far away

Reasons for not accessing ART services (n=321), July 2017 - June 2018

- The ART center is too far away: 32%
- The side effects are too much: 30%
- Stockouts of ARVs: 10%
- Stigma and discrimination: 8%
- Patients move and are lost to follow up: 4%
- Difficulty moving to second or third line drugs: 2%
- Patients do not return to pick up refills: 2%
ITPC’s Community Monitoring Model

Monitoring and Reporting

Community

National

Regional

Global

Advocacy Alerts
(e.g. drug stock-outs)
Dialogue with Service Providers

National Reports
Engage with Policy Makers

Regional Reports
Influence Regional Policy Makers

Global Reports
Influence Global Policy Processes

Evidence-Informed Advocacy
Case studies

**CASE EXAMPLE**

**Improving Quality Patient Monitoring In Mali**

During a visit to the Gabriel Touré University Teaching Hospital in Bamako, RMAP+ drew the attention of health facility managers to data quality issues that were affecting treatment monitoring. RMAP+ analysis revealed that viral load test results were being transferred from patient registers to the central database in groups, clustered by date. RMAP+ pointed out that it is better to record this data by patient. The reaction from the health facility was swift; without waiting for a memo from the hospital, the nurses began to transfer the viral load results by patient.

**CASE EXAMPLE**

**Removing Financial Barriers To Treatment Access In Côte d’Ivoire**

RIP+ contributed to an April 2019 announcement from the Ivorian Government that it would stop people being charged for accessing HIV testing and treatment services. The renewed commitment followed pressure from donors, including a letter from PEPFAR. RIP+ presented its monitoring data from April-September 2018 at PEPFAR’s COP19 planning meeting in Johannesburg. The slides highlighted payment as a key barrier, especially for young and pregnant women.

**CASE EXAMPLE**

**Addressing Lab Reagent Stock-Outs In Benin**

At the Bethesda Hospital in Cotonou, REBAP+ noticed that the site had not been supplied with lab reagents for more than 10 months, and patients were not receiving critical treatment monitoring services including viral load tests. At the next Community Consultative Group meeting, the Deputy Coordinator of The National AIDS Control Program (NACP) was confronted with this data, and a solution was found. After the meeting, the NACP stocked Bethesda Hospital with reagents. In 2019, no stock-outs have been recorded at the monitored facilities in Benin.
Lessons Learned

- Buy-in from national partners is crucial – **Health facilities, MOH/national AIDS program, ethical approval entity, community groups**

- Strategic use of collected data strengthens advocacy

- Building the capacity of the host organisation is vital for establishing and running a CTO
Best practices

Establishing and setting up a CTO requires:

- Human & financial resources
- Capacity building of the host organisation
- Data quality control mechanisms needed (DQA, training & monitoring data collectors, academic institution)
- Adequate site selection (target population, high burden, high volume)
- Establishment of accountability mechanisms to ensure quality of data
- Buy-in and collaboration with partners