

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.

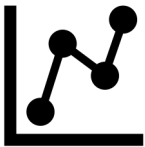


HOLD GOVERNMENTS AND LEADERS ACCOUNTABLE

#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



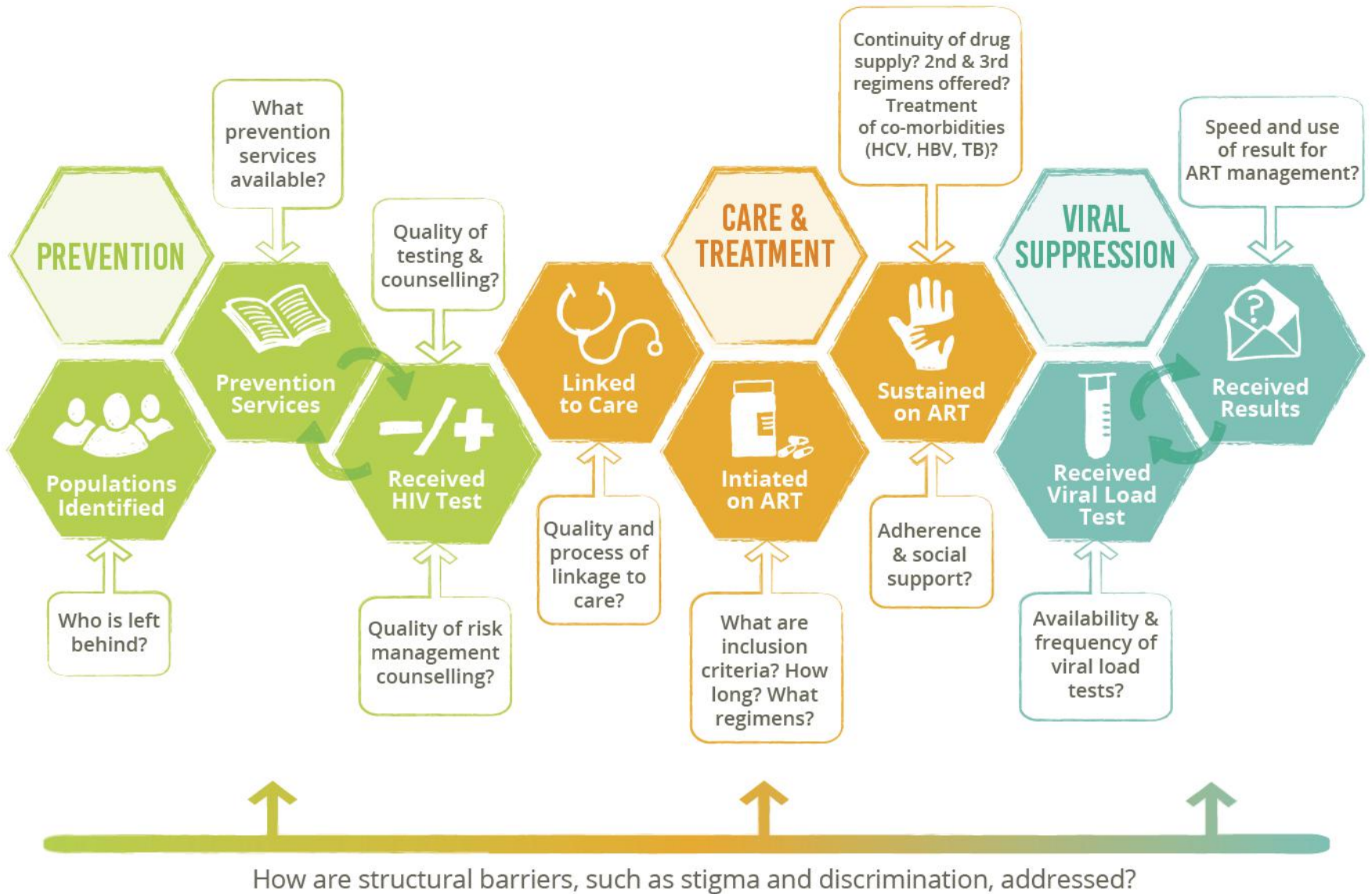
An organized group of community members collect data on various aspects of HIV prevention, testing, care and treatment services



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

ITPC COMMUNITY MONITORING

Along the HIV Continuum of Prevention, Care and Treatment



What do CTOs monitor?

CTOs collect and analyse data on **availability, accessibility, acceptability, affordability** and **appropriateness** of HIV care and services – *model can be applied in various contexts/disease focus areas*

"The Five As" – A Person-Centered Conceptual Framework for Access



ITPC Community Monitoring: Where? For whom?

Locations

- 11 West African countries
- 3 southern African countries

Populations:

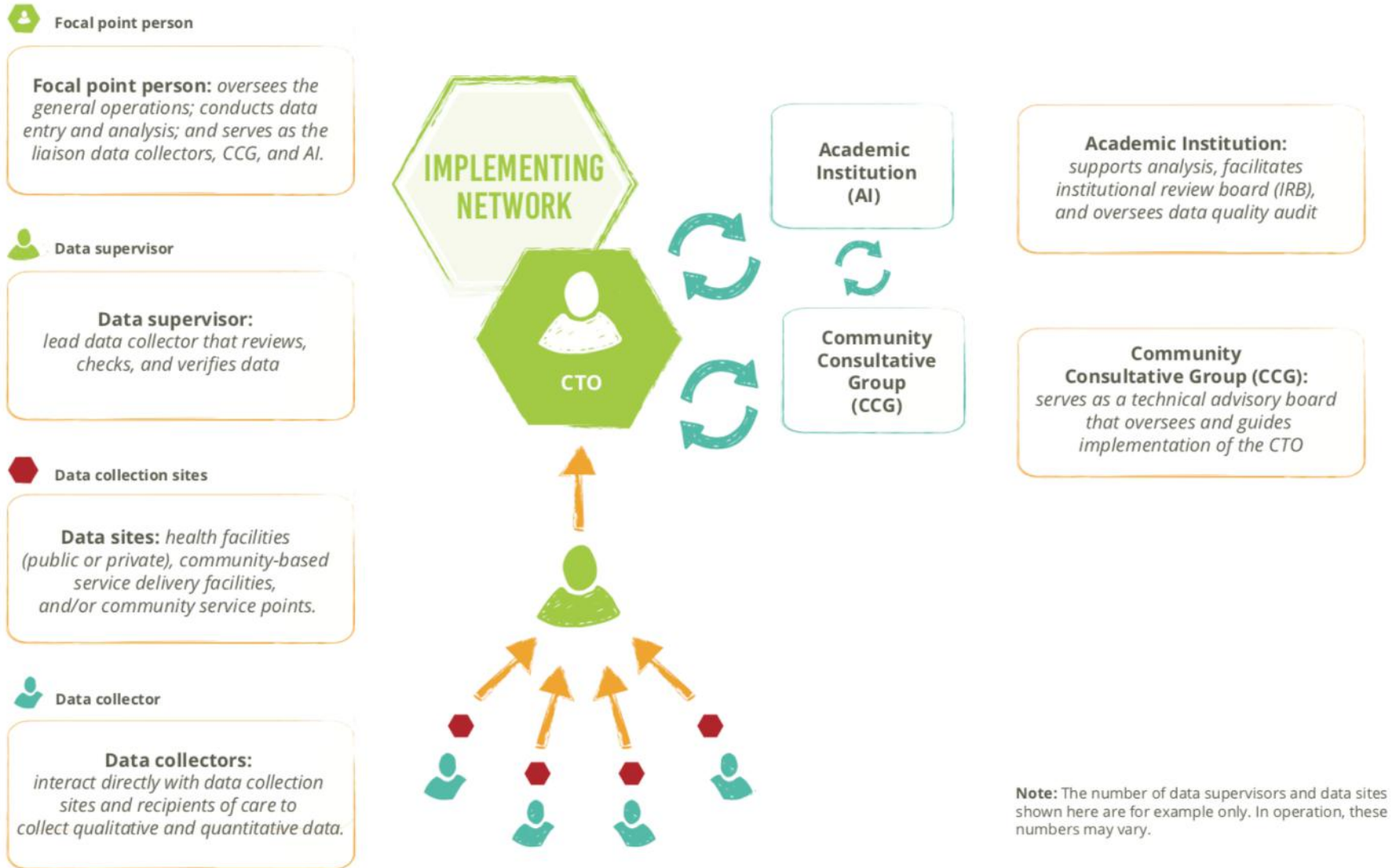
- Key populations
- Pregnant women
- Young people (15-24 years)



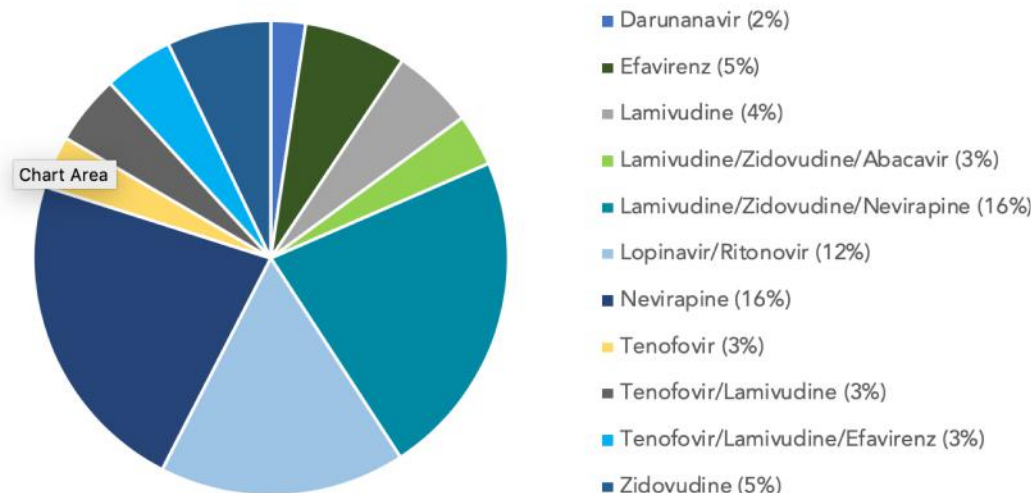
FIGURE 3

ITPC's CTO Structure.

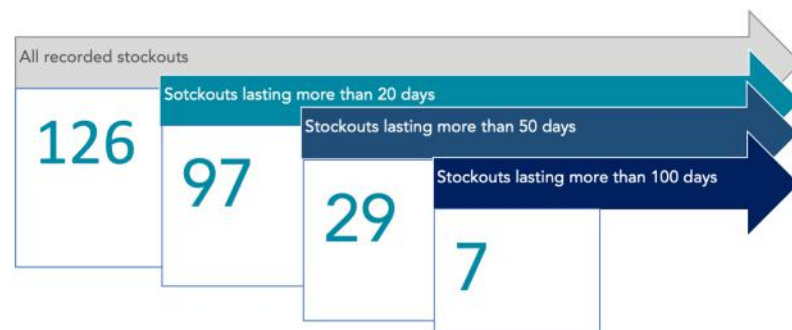
The basic structure of a community treatment observatory includes five basic components



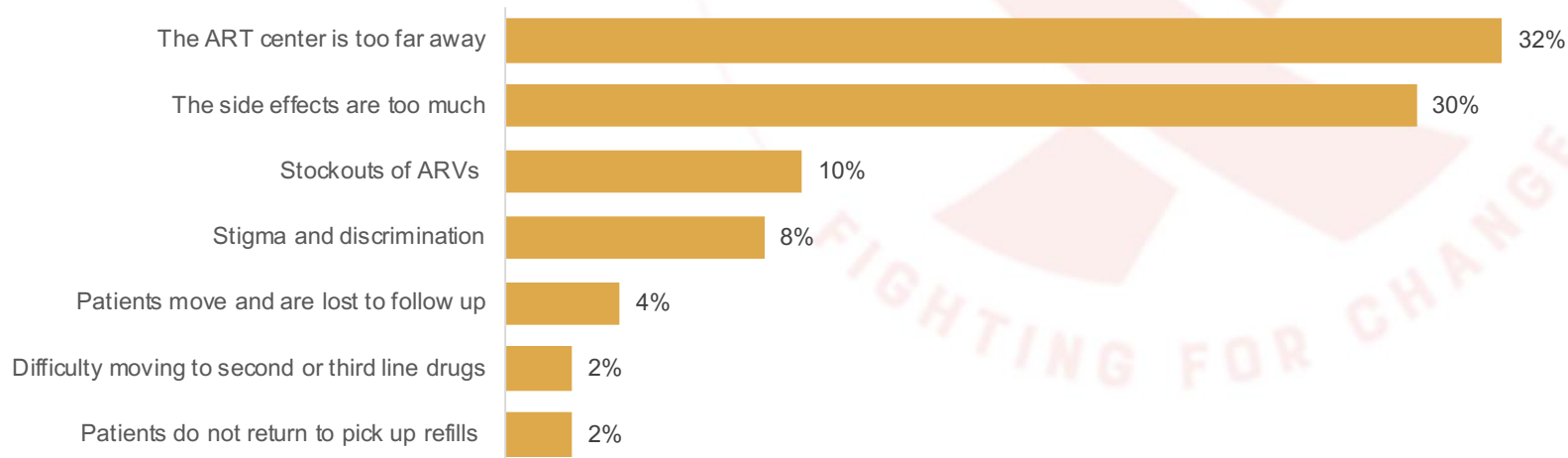
Frequency of Reported Stockouts of ARVs (in the last month) During RCTO-WA Monthly Monitoring Visits, January-June 2018, by Drug



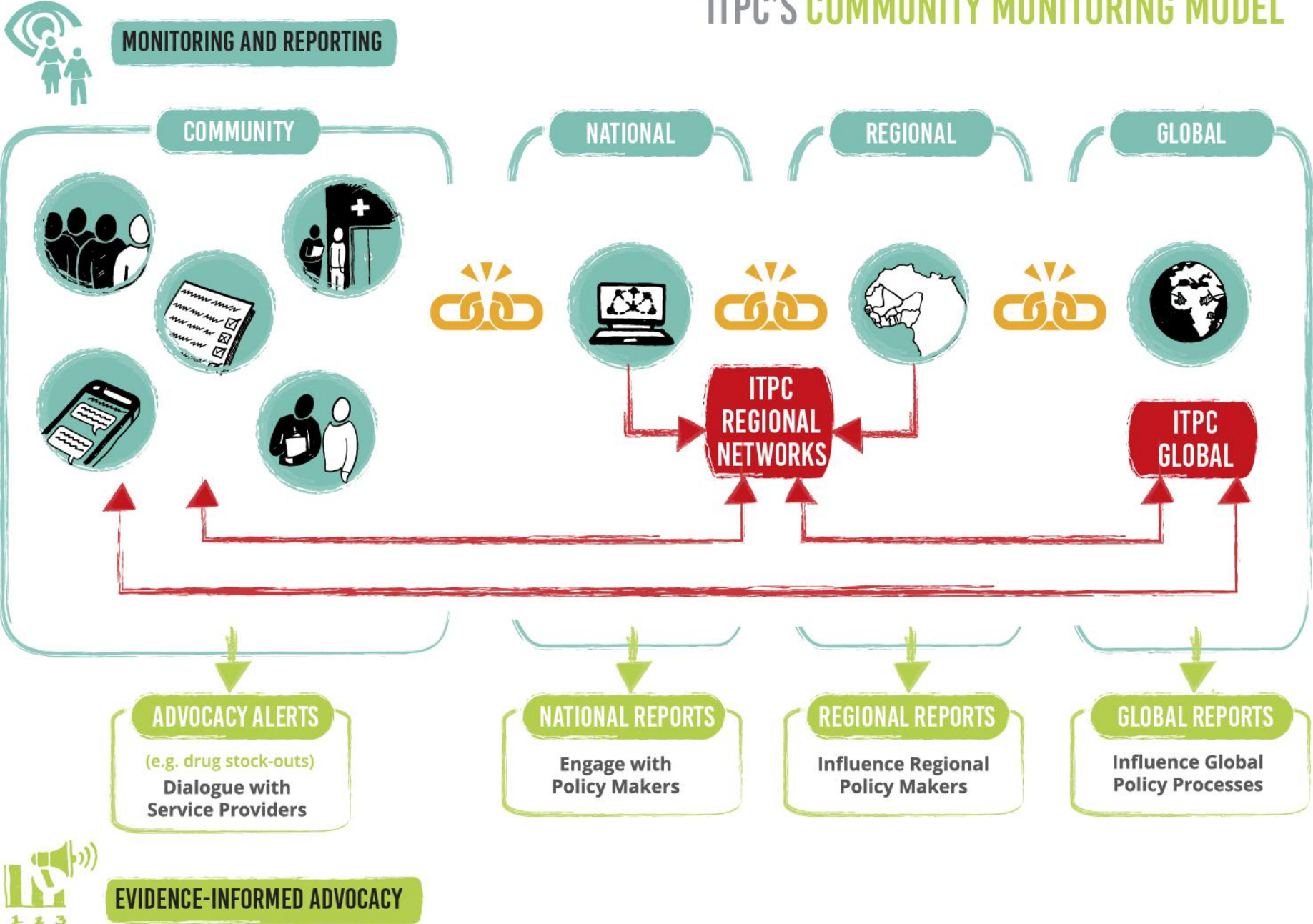
Length of ARV Stockouts at RCTO-WA Facilities, January-June 2018



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



ITPC'S COMMUNITY MONITORING MODEL



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.

Improving Quality Patient Monitoring in Mali

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.

Removing Financial Barriers to Treatment Access in Côte d'Ivoire

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.

Addressing Lab Reagent Stock-Outs In Benin

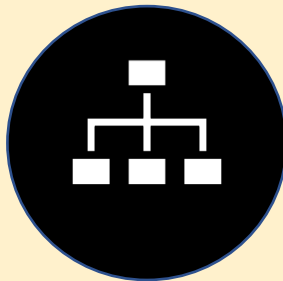
Lessons Learned



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



ITPC

INTERNATIONAL TREATMENT
PREPAREDNESS COALITION

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