



# The role of community in monitoring DSD scale-up in West & Central Africa

ICASA 2019 satellite

Differentiated ART delivery approaches for West and Central Africa: From pilots to plans for scale-up

Wame Jallow (ITPC)

4 December 2019





# The Problem of Low Prevalence

**3 OUT OF 4 DON'T HAVE ACCESS TO ARV**  
(ANTIRETROVIRAL DRUGS)



- WCA includes **three of the six** countries worldwide that face the **triple threat** of a high HIV burden, low treatment coverage and little or no decrease in HIV infections: *Central African Republic, the Democratic Republic of Congo and Nigeria*.
- Six** out of 25 countries in the WCA region account for **83% of PLHIV** in the region:
  - Nigeria 52%, Cameroon 10%,**
  - Ivory Coast 7%, DRC 7%,**
  - Ghana for 4%, Chad for 3%**

WCA accounts for 18% of the global HIV burden, despite having only 6% of the global population. The epidemic is especially acute for women, who comprise 54% of adults living with HIV. HIV prevalence (15 – 49 years) was **2.6% among females and 1.8% among males at the end of 2015**.

[https://www.unaids.org/sites/default/files/media\\_asset/WCA-catch-up-plan\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/WCA-catch-up-plan_en.pdf)

Table1:  
ART coverage rates in countries with lower and higher prevalence.

Treatment coverage in lower versus higher prevalence countries		
	Lower prevalence (<5% HIV+ in adults)	Higher prevalence (≥5% HIV+ in adults)
Countries	40	12
Total HIV Epidemic size	16.0 million	16.1 million
Adult HIV prevalence	1.6%	14.6%
% Adults on ART	31.7%	48.3%
% Children on ART	22.4%	42.6%
% Pregnant women on ART	46.7%	89.1%
% Pregnant women with ≥4 ANC	55.3%	68.1%
% Infants given EID test	20.1%	72.3%
Annual Death rate, HIV	4.5%	2.5%
Annual HIV transmission rate	6.2%	5.4%

Source: Andrew Hill et al., Op.Cit.

[https://www.msf.org/sites/msf.org/files/2016\\_04\\_hiv\\_report\\_eng.pdf](https://www.msf.org/sites/msf.org/files/2016_04_hiv_report_eng.pdf)



# What is DSD?



Differentiated service delivery is a recipient of care-centered approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system.

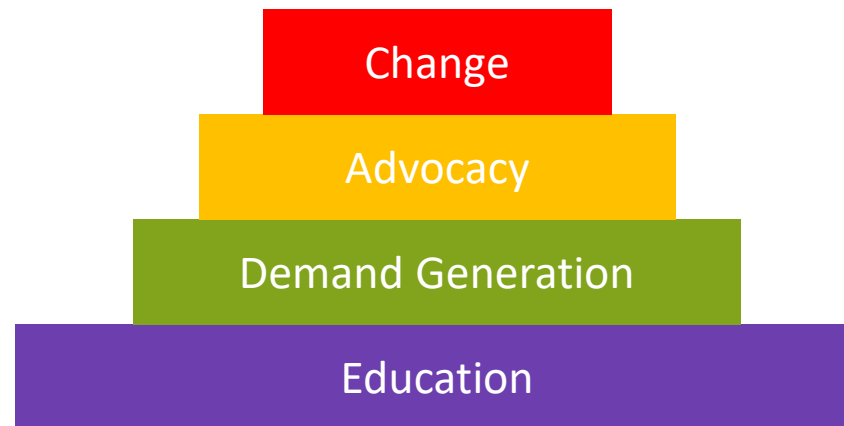


# Role of The Community Includes:

- **Demand Generation** – health / treatment knowledge & DSD awareness
- **Community-led Monitoring** – community treatment observatories that include alerts and feedback mechanisms
- **Community Advocacy** – evidence-informed targeted action for change



The bedrock of ALL  
demand creation is **EDUCATION!**

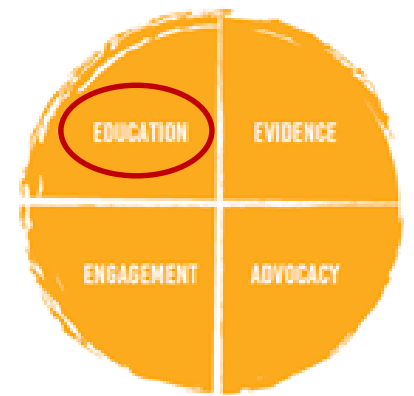


It is **IMPOSSIBLE** to meet  
Africa's Health Agenda  
without generating demand!

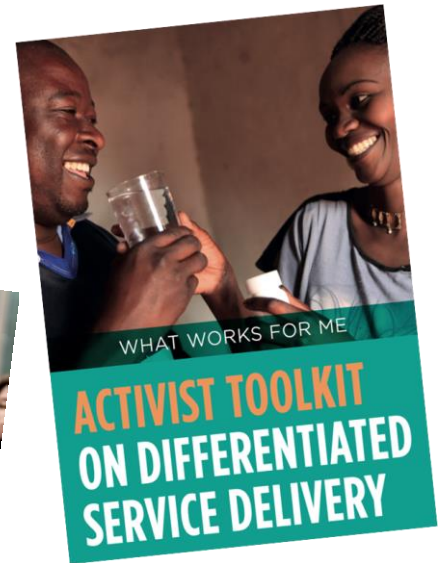
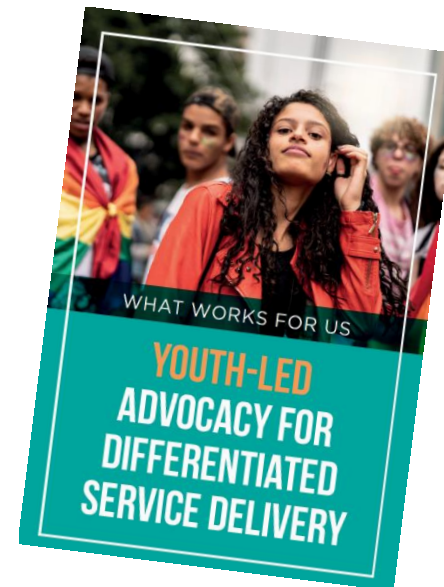


# DSD Demand Creation

knowledge and awareness building



- Developed by *and* for communities of people living with HIV
- “*What works for me*” is a community toolkit on DSD to support communities to demand services that work for them. Available in English and French (2017)
- “*What works for us*” is tailored to needs of adolescents and YPLHIV (2018).
- Informational *video* on DSD (2018)





# DSD Demand Creation

community consultations,  
workshops and small grants



- Rapid **assessment survey on 'readiness'** of communities to advocate for differentiated models of ART delivery. (2016)
- A five (5)-day intensive **community workshop on DSD with 30 activists across 12 countries** from seven (7) networks of people living with HIV in Africa and Asia. (2017)
- In 2018, ITPC disbursed **small advocacy grants** for DSD to community organisations
  - Kenya, Tanzania, Malawi, South Africa, Zambia, Zimbabwe and India (2018)





*Inauguration of first community managed DSD ART refill center - Ahmedabad, India*



*(L) Mercy Ngulube (UK) launching the chapter on youth-led advocacy for DSD, of the ITPC/ARASA toolkit, "What Works for Me"; (R) Participants at the PATA Summit (25-28 November 2018) – Dar Es Salaam, Tanzania*





(L) Newspaper clipping highlighting the need for community DSD models; (R) Dissemination of policy paper with parliamentarians – Dar Es Salaam, Tanzania



Community treatment education on RVLT

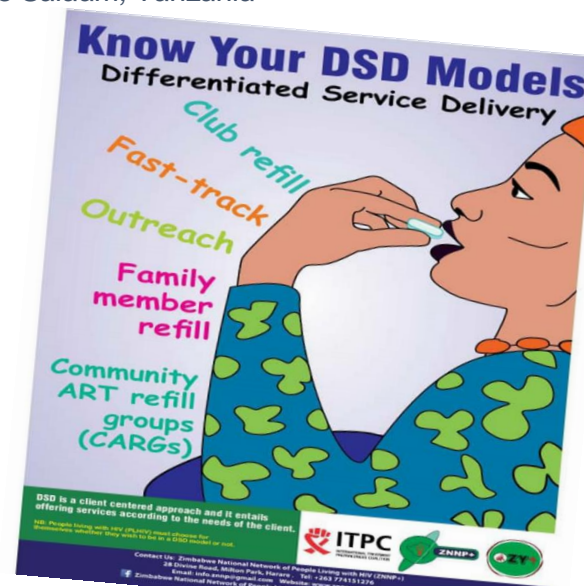


Illustration 5. Poster raising awareness of DSD models, for communities - Harare, Zimbabwe



# Community-Led Monitoring

- ✗ **Not...community-based service delivery**
- ✗ **Not...the monitoring of community-based service delivery**
- ✗ **Not...the monitoring of communities by** service providers or governments
- ✗ **Not...M&E** that includes some community-centered **indicators**
- ✗ **Not...periodic community-check ins** by facilities/HCPs to ensure that services intended to serve communities are doing so effectively



# Community-Led Monitoring

- ✗ Not...*community-based service delivery*
- ✗ Not...the monitoring of *community-based service delivery*
- ✗ Not...the *monitoring of communities* by service providers or governments
- ✗ Not...M&E that includes some community-centered **indicators**
- ✗ Not...periodic **community-check ins** by facilities/HCPs to ensure that services intended to serve communities are doing so effectively



- ✓ Monitoring of services **BY communities**, where they are the end-user.
- ✓ Monitoring can be **routine** or **at a point in time**.
- ✓ Monitoring is of **indicators that are relevant** to that community in order to improve services (quality, type of service etc.).
- ✓ Monitoring provides an evidence-informed platform for the all-too-often **missing voice** in the response to advocate for change.



# Community Treatment Observatories



- In February 2017, with support from Global Fund, ITPC established a **Regional Community Treatment Observatory in West Africa**
- 11 priority countries: *Benin, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Senegal, Sierra Leone and Togo*
- In 2018, **expanded the CTOs** in Southern Africa to: *Zambia, Zimbabwe, and Malawi*





# Partners in West Africa

Country	Community Treatment Observatory Host Organization
Benin	Réseau Béninois des Associations de Personnes vivant avec le VIH (REBAP+)
Côte d'Ivoire	Réseau Ivoirien des organisations de Personnes vivant avec le VIH/SIDA (RIP+)
Gambia	Gambia Network of AIDS Support Societies (GAMNASS)
Ghana	National Network of Persons Living with HIV in Ghana (NAP+ Ghana)
Guinea	Réseau Guinéen des Associations de Personnes infectées et affectées par le VIH/SIDA (REGAP+)
Guinea-Bissau	Rede Nacional das Associações das Pessoas Viventes com VIH (Network of Associations of PLHIV of Guinea Bissau) (RENAP+GB)
Liberia	Liberia Network of People Living with HIV (LIBNEP+)
Mali	Réseau Malien des Personnes vivant avec le VIH (RMAP+)
Senegal	Réseau National des associations de PVVIH du Sénégal (RNP+)
Sierra Leone	Network of HIV Positives in Sierra Leone (NETHIPS)
Togo	Réseau des Associations de Personnes Vivant Avec le VIH au Togo (RAS+)



# Methodology: *analytical framework*

## The “Five As” Analytical Framework

Availability	Accessibility	Acceptability	Affordability	Appropriateness
				
<ul style="list-style-type: none"><li>Do the required health services, medicines, commodities and supplies exist?</li><li>If so, do they exist when they are needed and in adequate supply?</li></ul>	<ul style="list-style-type: none"><li>Are there long travel distances or wait times?</li><li>Are hours of operation convenient?</li><li>Are referral processes along the care cascade smooth?</li></ul>	<ul style="list-style-type: none"><li>Is there a high quality of care?</li><li>Are services provided free of stigma and discrimination?</li><li>Are the human rights of patients promoted and protected?</li></ul>	<ul style="list-style-type: none"><li>Do services require out-of-pocket spending on behalf of the client?</li><li>Is the service delivery model(s) efficient?</li><li>What is the sustainability of the response?</li></ul>	<ul style="list-style-type: none"><li>Are services tailored to the specific needs of key and vulnerable populations?</li><li>Are age and gender considered in service packages?</li></ul>





# The Power of **BIG DATA** in the hands of activated communities



**11**  
Countries



**2**  
Years of monitoring



**84**  
Data collectors



**125**  
Health facilities



**1781**  
Quantitative reports



**631,863**  
HIV tests performed



**105,435**  
People on ART



**81,380**  
VL tests performed



**1501**  
Interviews



**143**  
Focus groups



**98,651**  
Young people reached



**35,577**  
Key populations reached

A statistically significant sample size for the entire West and Central African region (95% confidence interval).





# KEY RESULTS of ITPC's Ongoing Community-led Monitoring

Fig 1. Frequency of Recorded **ART Stock-outs** at RCTO-WA Monitored Facilities

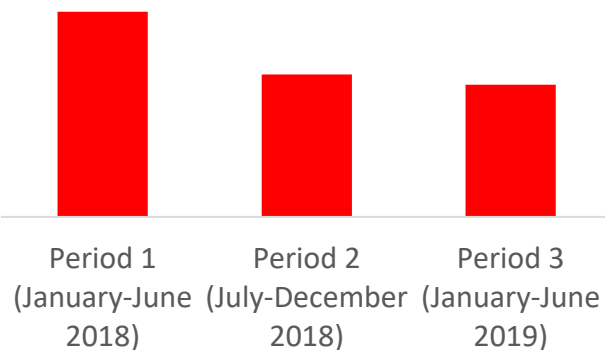


Fig 2. Frequency of Recorded **VL Lab Supply Stock-outs** at RCTO-WA Monitored Facilities

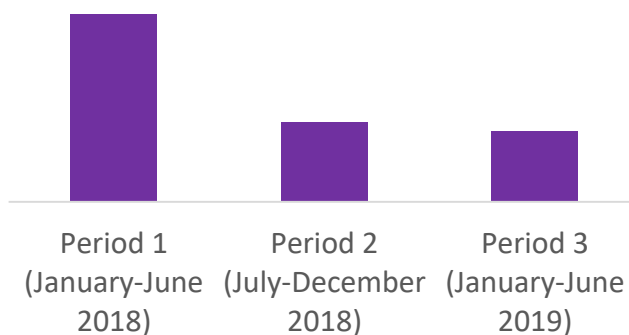


Fig 3. Average **Length (days)** of ART Stock-outs at RCTO-WA Monitoring Facilities in Côte d'Ivoire

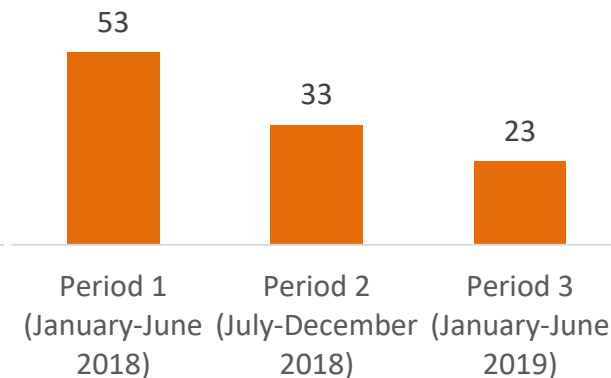


Fig 4. Average **Quality of Care** Rating (out of 5) at RCTO-WA Monitored Health Facilities

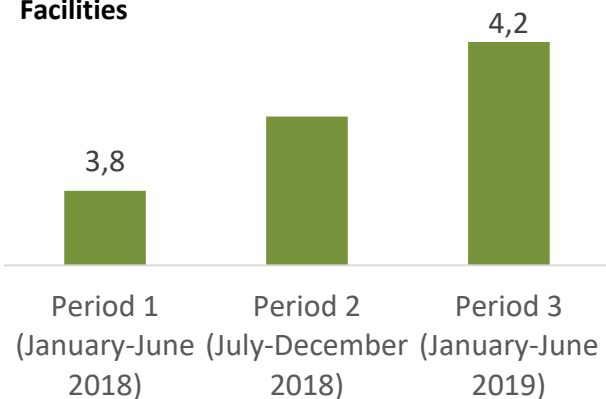


Fig 5. **Viral Load Tests** Performed at RCTO-WA Monitored Health Facilities

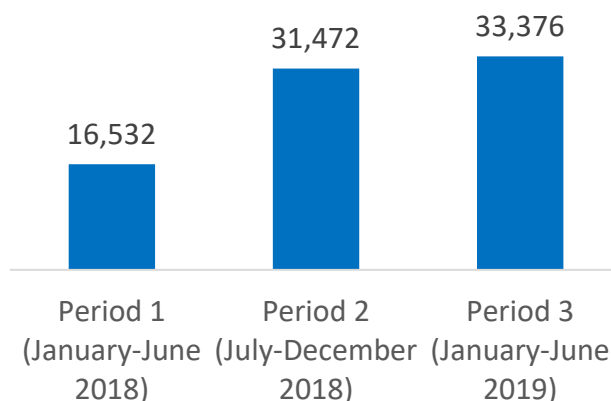
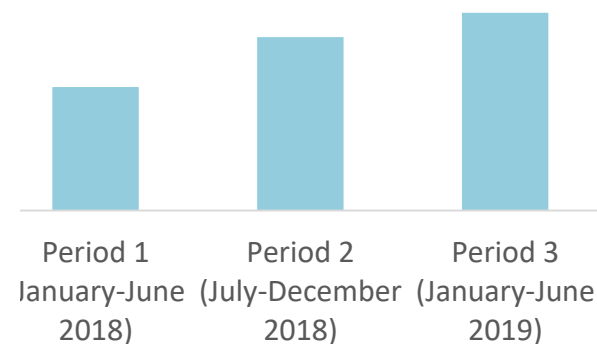


Fig 6. Rate of **Viral Load Suppression** at RCTO-WA Monitored Health Facilities





# Advocacy Success Stories



- **India:** Community input into [development of national SOPs for DSD and successful pilot community-led ART refill centre](#) in Gujarat state
- **Malawi:** Community awareness of DSD and contribution to the [successful adoption of community DSD models](#) (community ART groups and nurse-led ART outreaches) in addition to facility-based models (fast track, multi-month refills and teen clubs)
- **South Africa:** Development of [situational analysis and development of technical brief on DSD scale up](#), with a focus on adolescents and [young](#) people living with HIV.



# Success Story of Community-led Monitoring



## CTO SUCCESS STORY

### SIERRA LEONE

The host of the national CTO in Sierra Leone, NETHIPS, has been engaged in sustained advocacy efforts with the government to formally adopt a National Differentiated Service Delivery Strategy. Making use of CTO data that showed the low uptake of services for key populations, NETHIPS has made the case to the National AIDS Control Program of the Ministry of Health and Sanitation that such a strategy is needed in order to reduce barriers to accessing services and to achieve the 90-90-90 targets. On 4 March 2019, at the National HIV/AIDS Control Program conference hall, NETHIPS turned CTO data into an advocacy win, securing a commitment from the government to develop a DSD policy for Sierra Leone. The policy was signed by government and the National AIDS Secretariat in May 2019. As next step, NETHIPS will now work closely with key partners to mobilize the resources needed to implement Sierra Leone's new DSD policy.



# The role of the community is central to the scale up of effective DSD

