

Community-Led HIV Treatment: Generating and Fulfilling Demand to Increase ART Coverage

Solange Baptiste

International Treatment Preparedness Coalition (ITPC)

Panel 4: Optimizing HIV Treatment – Demand, Initiation,
Technologies, and Delivery

Tuesday, September 10, 2019 14:45-16:00

LONDON

FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

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WHAT'S WRONG WITH THIS PICTURE?

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KNOWLEDGE CAN MAKE A WORLD OF DIFFERENCE

You can't demand something
that you don't know about!

Knowledge is necessary
but not sufficient to
generate demand!

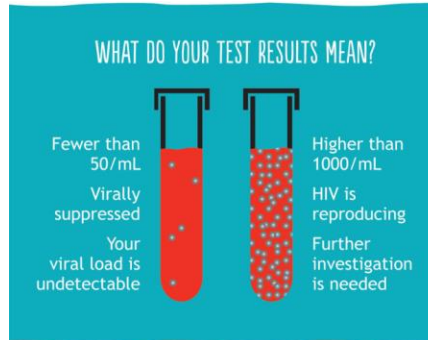


Awareness \neq Demand

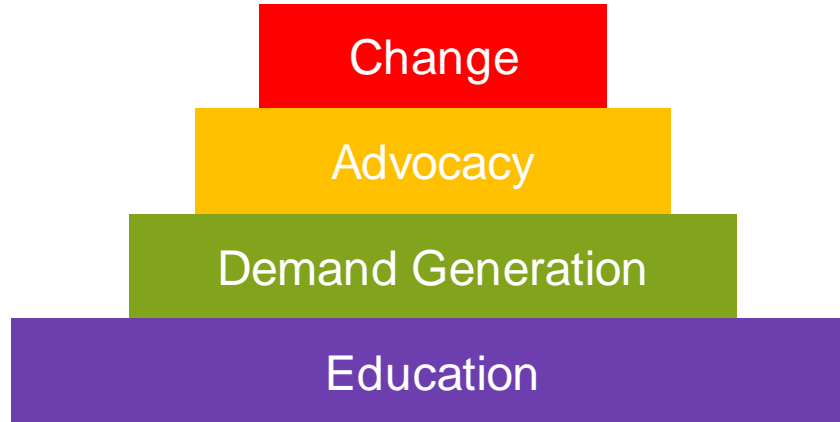
CONTEXT SHAPES MEANING

Viral Load
Test

Results



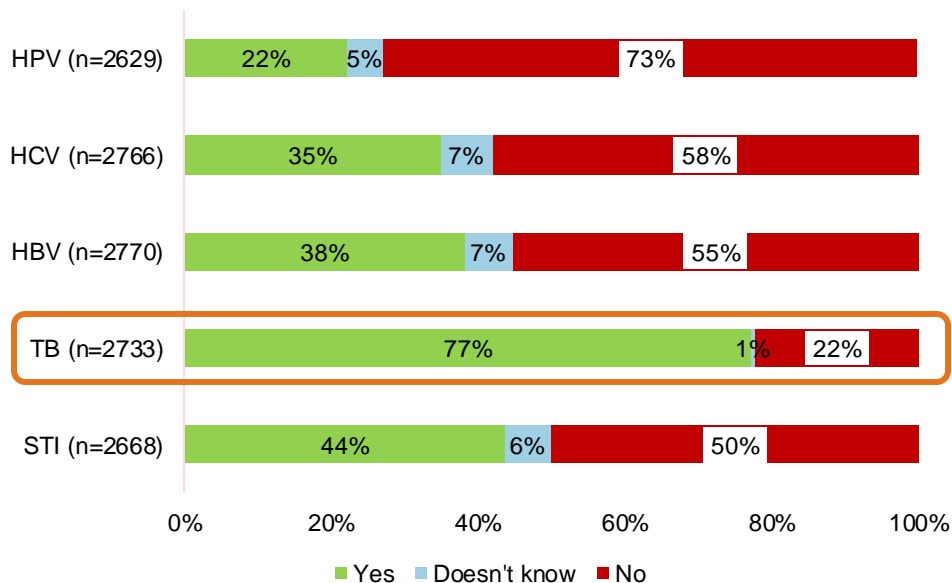
The bedrock of ALL demand creation is EDUCATION!



Many ART Sites do not have the capacity to screen for Common Comorbidities

“Assessing Access to Quality HIV/AIDS Treatment: Achievements and Remaining Challenges” ITPC Global Survey 2017-2018 (7 Regions, 14 countries)

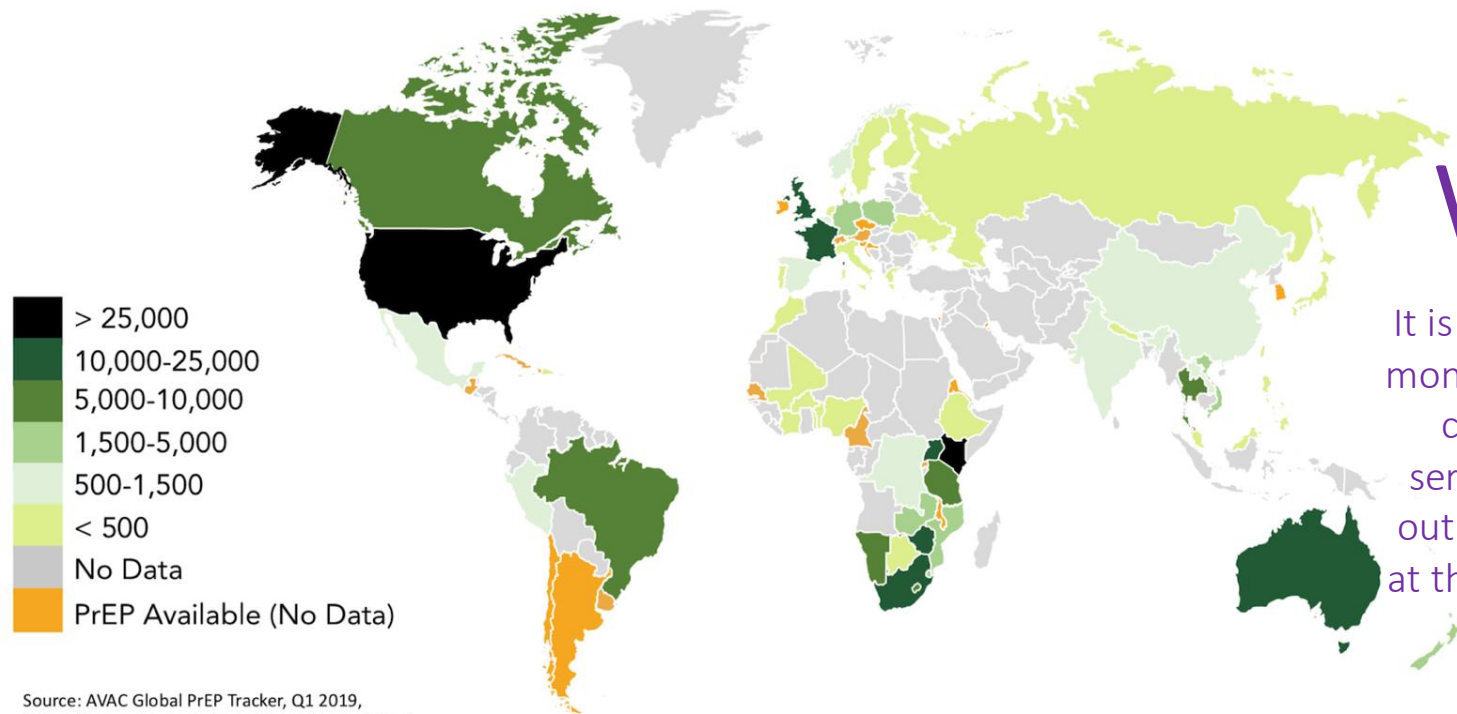
Screening for Common Comorbidities in PLHIV



- 26.1% of survey respondents reported that **testing for comorbidities was unavailable at their healthcare site**, forcing them to travel to a different health centre, where they frequently experienced stigma and discrimination from healthcare workers who did not provide to HIV care.
- WHO recommends that **all people living with HIV be tested for TB**. Only 77.1% participants reported being asked about TB symptoms / offered a test.
- Roughly a **third** of survey respondents were screened for common comorbidities, such as hepatitis B and C virus (HBV, HCV); an **even smaller** proportion were screened for **HPV, cryptococcal disease and cardiovascular disease**.

The Critical Role of Advocacy

PrEP Initiations by Country, April 2019



SO
WHAT?

It is critical that resources and money are directed to affected communities to monitor service delivery and to carry out advocacy to make change at the local level. Ex. MSM and FSW groups

Source: AVAC Global PrEP Tracker, Q1 2019,
<https://www.prepwatch.org/country-updates/>

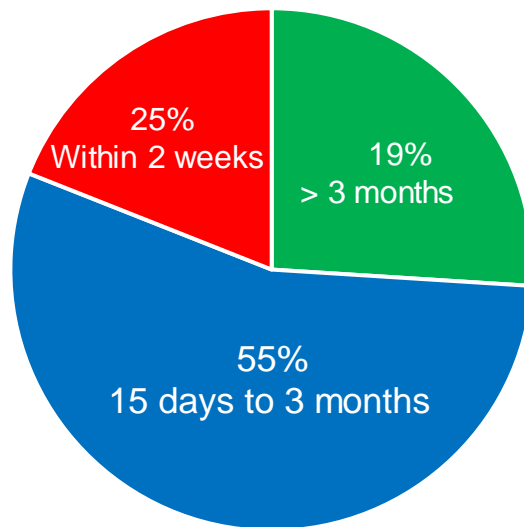
RCTO Data on VL Test Return Time

ITPC Regional Community Treatment Observatory – 11 West African Countries

<http://itpcglobal.org/wp-content/uploads/2019/06/RCTO-WA-Data-for-a-Difference-Advocacy-Paper.pdf>



VL Test Result Return Time Across all 11 RCTO Countries



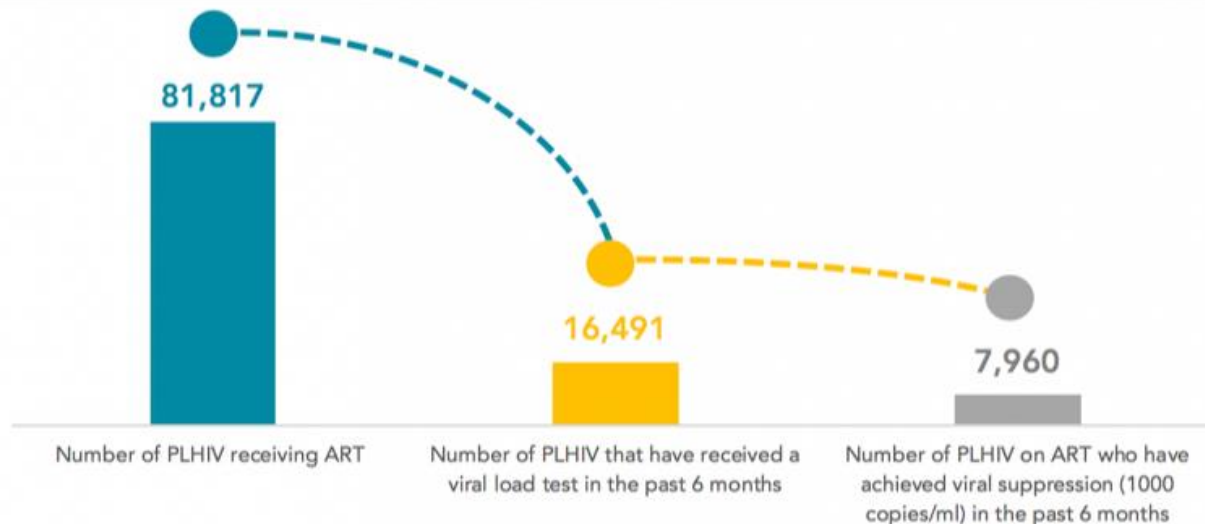
**Sadly, only
1 in 4 viral load
test results are
returned to the
patient within
two weeks!**

■ Within 2 weeks ■ 15 Days to 3 Months ■ More than 3 Months

Access to Viral Load Testing Services and Viral Load Suppression Data at RCTO-WA monitored Health Facilities (as of June 2018)

ITPC Regional Community Treatment Observatory – 11 West African Countries

<http://itpcglobal.org/wp-content/uploads/2019/06/RCTO-WA-Data-for-a-Difference-Advocacy-Paper.pdf>



Of those who received a viral load test, less than half (48%) were virally suppressed - far lower than the UNAIDS estimate of 73%.

To what extent can community data challenge academic data?

Using Data to Improve Quality of Care

The Critical Role of Advocacy

<http://itpcglobal.org/wp-content/uploads/2019/06/RCTO-WA-Data-for-a-Difference-Advocacy-Paper.pdf>

CTO SUCCESS STORY

MALI

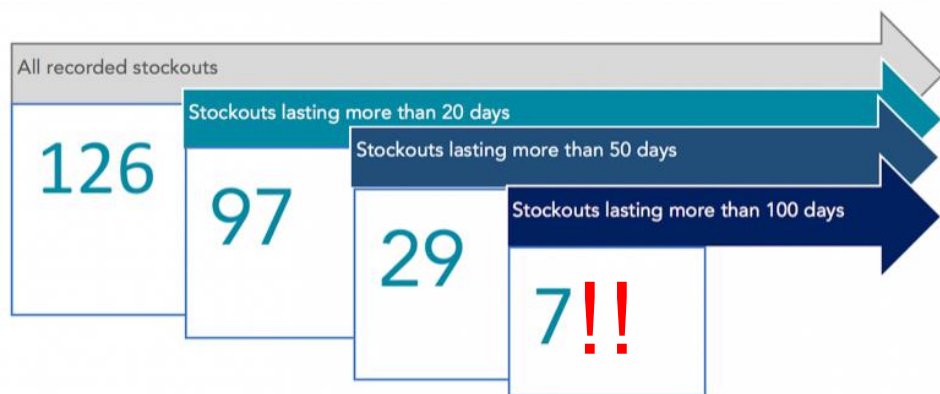
The host of the national CTO in Mali, RMAP+, has used CTO data to improve quality of care in health facilities by improving data quality and individual patient monitoring. During a recent CTO monitoring visit to the Gabriel Touré University Teaching Hospital in Bamako, RMAP+ drew the attention of health facility managers to data entry issues. Viral load test results were being transferred from patient registers to the central viral load databases in groups, clustered by date. Using their CTO data analysis, RMAP+ pointed out that it is better to record this data individually, by patient.



Stock Outs...Shortages!

What I need is not there!!

ITPC Regional Community Treatment Observatory – 11 West African Countries



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

Country	Average Number of Days that ARVs Remain Out of Stock
Benin	No reported stockouts
!!! Côte d'Ivoire	53 Days
Gambia	26 Days
Ghana	32 Days
Guinea	34 Days
Liberia	39 Days
Guinea-Bissau	31 Days
Mali	37 Days
Senegal	37 Days
Sierra Leone	25 Days
!!! Togo	67 Days

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

<http://itpcglobal.org/wp-content/uploads/2019/06/RCTO-WA-Data-for-a-Difference-Advocacy-Paper.pdf>

Using Data to Alleviate Stockouts

The Critical Role of Advocacy

<http://itpcglobal.org/wp-content/uploads/2019/06/RCTO-WA-Data-for-a-Difference-Advocacy-Paper.pdf>

CTO SUCCESS STORY

BENIN

At the Bethesda Hospital in Cotonou, Benin, CTO host REBAP+ noticed that the site had not been supplied with lab reagents for more than 10 months. This meant that patients were not receiving critical treatment monitoring services, including viral load and CD4 count test. The CTO data on reagent stock outs was recorded in REBAP+'s report, for presentation to the CTO's Community Consultative Group (CCG). During this meeting of the CCG, the Deputy Coordinator of The National AIDS Control Program (Programme santé de lutte contre le Sida-PSLS) was confronted with REBAP+'s CTO data on reagent stock-outs. The CCG's function as a feedback mechanism for the CTO worked, and a solution was found. After the meeting, PSLS stocked Bethesda Hospital with reagents.



Who is the Community?

- “Community” is a widely used term that has no single or fixed definition. Broadly, communities are formed by people who are connected to each other in distinct and varied ways.
 - Communities are diverse and dynamic, and one person may be part of more than one community.
- ✓ People who health systems are trying to reach and whose health they aim to improve.
 - ✓ People who are particularly affected by a given health problem.
 - ✓ People who share specific characteristics or vulnerabilities, such as due to their gender, identity, geography, behaviour, ethnicity, religion, culture or age.
 - ✓ Groups that represent these people.

June 2019, Slide from Gavin Reid, The Global Fund: **Community Expert Consultation on Defining HIV Community-Led Responses**

In, 2016, the United Nations Political Declaration on Ending AIDS set the world on the Fast-Track to end the epidemic by 2030.

By 2030, what % of service delivery should be community-led?

Investing in Community-led Work



Point 19: Invest at least a quarter of AIDS spending on HIV prevention and invest at least 6% of all global AIDS resources for social enablers, including advocacy, community and political mobilization, community monitoring, outreach programmes and public communication by 2020, and **ensure that at least 30% of all service delivery by 2030 is community-led.**

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/june/20160608_PS_HLM_PoliticalDeclaration

Closing Questions

- Who is *funding treatment literacy* in a way that it will lead to better health and HIV outcomes?
- Are we still considering *coverage success without looking at quality metrics*?
- To what extent can *community data challenge academic data*?
- What will need to change to enable donors to *shift money to community-led* interventions?

113

DAYS

90-90-90



What does the future look like?