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

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Panel 4: Optimizing HIV Treatment – Demand, Initiation, Technologies, and Delivery
Tuesday, September 10, 2019 14:45-16:00
WHAT'S WRONG WITH THIS PICTURE?
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 ≠ Demand

CONTEXT SHAPES MEANING

Viral Load Test

Results

WHAT DO YOUR TEST RESULTS MEAN?

- Fewer than 50/mL
  Virally suppressed
  Your viral load is undetectable

- Higher than 1000/mL
  HIV is reproducing
  Further investigation is needed

U=U

Undetectable
Untransmitable

@ITPCglobal
The bedrock of ALL demand creation is EDUCATION!
Many ART Sites do not have the capacity to screen for Common Comorbidities


<table>
<thead>
<tr>
<th>Screening for Common Comorbidities in PLHIV</th>
<th>Yes</th>
<th>Doesn't know</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV (n=2629)</td>
<td>22%</td>
<td>5%</td>
<td>73%</td>
</tr>
<tr>
<td>HCV (n=2766)</td>
<td>35%</td>
<td>7%</td>
<td>58%</td>
</tr>
<tr>
<td>HBV (n=2770)</td>
<td>38%</td>
<td>7%</td>
<td>55%</td>
</tr>
<tr>
<td>TB (n=2733)</td>
<td>77%</td>
<td>1%</td>
<td>22%</td>
</tr>
<tr>
<td>STI (n=2668)</td>
<td>44%</td>
<td>6%</td>
<td>50%</td>
</tr>
</tbody>
</table>

- 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

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.
RCTO Data on VL Test Return Time

ITPC Regional Community Treatment Observatory – 11 West African Countries


Sad, only 1 in 4 viral load test results are returned to the patient within two weeks!
Access to Viral Load Testing Services and Viral Load Suppression Data at RCTO-WA monitored Health Facilities (as of June 2018)

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


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

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

Using Data to Alleviate Stockouts

The Critical Role of Advocacy


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, PLSLS 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.
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.

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?
What does the future look like?