

TAP

Treatment Acceleration Programme

Economic Commission for Africa (ECA) - P.O. Box 3001, Addis Ababa, Ethiopia

TREATMENT ACCELERATION PROGRAMME

Joint World Bank/WHO/ECA Mission

January 15-17, 2007

Site Visit Report Accra Region

Day 1: Tema

Narh-Bita Hospital: Private, non-profit Christian Hospital with HIV treatment program supported by TAP/FHI.

Statistics: Started May 2006. 32 pts treated with antiretrovirals currently and 85 being followed. pMTCT program with low acceptance of testing, 209 tested and 12 positive. Most of those under treatment are from VCT (only 4 from PMTCT). 5 total defaulters and 5 deaths on ART.

Best Practices: Integration of HI patients into regular system of care, high level of social support for patients due to Christian principles.

Biggest Challenge: Sustainability of program after TAP leaves and number of patients increase, low uptake of pMTCT services and low referral rates to treatment, difficulty getting test kits from government due to logistical challenges. Waiting for CD4 results to come back.

Tema General Hospital: Large, public hospital serving town of 450,000. HIV clinic run out of Fevers Unit on Thursdays.

Statistics: 62 on ART with 266 total being followed at "Fevers Unit". 4 known deaths on ART. 3 active trained MDs alternate Thursdays, see 30-40 patients/day. PMTCT: 64% accept counseling, 37% accept testing, 2% positive.

Best Practices: Dedicated team with testing and counseling on all wards.

Biggest Challenge: Issues of stigma associated with Fevers Unit and with nurses who are doing counseling as well. Issues of quality control for labs done outside hospital or nurses sending people to the lab for testing without proper counseling.

Day 2: Accra

Korle-Bu Teaching Hospital: Large public referral hospital in Accra supported by TAP.

Statistics: Started December 2003. Total number of pts on ART: 2400 (more than 1/3 of all pts in Ghana). Peds Clinic (started July 2004): 422 total enrolled, 156 on ART. 16 deaths on ART. pMTCT with 27 positive (2%) and 22 got NVP during 1st 6 months of 2006. 7 doctors/day divide inpatient and outpatient duties on Fevers Unit. 16 inpatients and 120-230 outpatient per day.

Best Practices: Very good peds clinic, better adherence success with children than adults, integrated into Mother's Hostel and peds specialty clinic has other clinics the rest of the week—no stigma. Feel that 50,000/month cost of ARV enhances adherence—staff knows who can pay and who cannot, support those who cannot pay.

Challenges: Large, spread out hospital sometimes lacks coordination between TB, pMTCT, VCT, Fevers Unit, wards, pharmacy, etc. TAP did not include money to open new sites for expansion—patients are traveling a long way to get treated at Korle-Bu and need to develop treatment options closer to home. pMTCT “hasn't taken off” with low acceptance rates and low referrals to care. Worried about sustainability of ARV procurement—feels that government need to integrate as part of overall health budget. Need to strengthen link between prevention and treatment.

Odorna Clinic: Private Outpatient Clinic, mostly male patients, contracted to provide health care for local employers, also with mission to serve the community. Supported by FHI/TAP.

Statistics: Small program with only 35 on ARVs, 105 followed, mostly men. Generating more demand, put 12 new patients on ARVs in December. Do very little PMTCT as they do not do much Antenatal care or deliveries.

Best Practices: Patient confidentiality strictly guarded, integrate HIV care into regular outpatient clinic, no special “HIV” day. Patients do not “handle” their own chart and HIV pt. charts are kept locked. Doing some outreach in the community to “know your status” and considering opening a youth center. Commitment to continue to provide care even after TAP ends.

Challenges: Although ART is subsidized, OIs still are very costly and pts have trouble affording them. Pediatric syrup supply is short—can only give one month at a time. Pretest counseling is a burden when patients are obviously ill and dying. Finding and keeping staff is difficult: “you train, you lose.” CD4 only done 2 day per week as it is not done on site.