

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 Eastern Region

Report of Joint TAP Mission to Selected Sites in the Eastern Region of Ghana

Date of Mission: 15-16th January 2007

Sites Visited: Koforidua central government hospital, Atua government hospital, St. Martins Deporres Hospital-Agormanya and St. Dominic's hospital- Akwatia (TAP sites)

Other Team Members:

Mr. Enoch Osafo, NCHS

Mr. Yinka Adeyemi, ECA, Ethiopia

Dr. Albertus Voetberg, World Bank, Kenya

Introduction

This mission, one of three (Other two to sites in greater Accra and Ashanti Region) was undertaken as a prelude to the 4th RAP/RCCC meeting due to be held on 18-19 January 2007 in Accra. The RAP/RCCC meeting is held every six months to review the World Bank sponsored TAP activities in Ghana, Mozambique and Burkina Faso.

The mission afforded participants the opportunity to assess progress of work at sites as regards sustainability of services especially when the TAP project comes to an end in September 2007.

The visiting team met the regional health directorate team first upon arrival in the region to confirm purpose of visit before proceeding to selected sites. At this meeting Dr. S.B. Ofori, the regional HIV/AIDS coordinator presented a profile of HIV/AIDS activities in the region.

Summary of Regional HIV/AIDS profile

The average HIV prevalence from five sites in the region is 4.7%, as against the national rate of 2.7% (2005 Sentinel survey).

Cumulative AIDS cases from 2001-2006 is 5774. There are five ART sites, two of which are TAP sites. As at December 2006 approximately 600 persons had been put on ART and since September 2006 when St. Dominic's hospital (The only TAP site visited) started the ART programme, 32 clients had initiated therapy.

Summary of observations

ART programme was well organized at sites and well supported and managed by committed staff. Drug supply is regular and each site visited had at least, a 2month buffer stock. Patient flow chart was clear and data collection was satisfactory.

Despite human resource constraints, the addition of new ART sites had resulted in redistribution of clients leading to relative reductions in client load at older sites.

ART Clinics in Atua government hospital and St. Martins Deporres in Manya Krobo are essentially being run by one trained Medical assistant and nurses and supervised by one physician.

In Atua government hospital, an increase in VCT uptake recently has been partly attributed to ART programme.

ART programme is enhanced by nutritional support of PLHIV by Catholic Relief Services (CRS). Clients attending clinic are supplied with food.

The role of Herbal medications in the care of PLHIV in Akwatia must be managed well with the inception of ART. The hospital currently collaborates with a herbalist for the treatment of clients even with the commencement of ART now. Effort must be made to convince such eligible clients to accept ART given the fact that they have been on herbal medication for the past 14 years.

Challenges

1. Limited human resource. Some staff are trained but do not participate in ART clinics and some also transferred elsewhere.
2. Decline in adherence due to lack of T&T for client follow-up by staff.
3. Decline in prevention activities such as behavior change communication due to increased national focus on ART implementation.
4. St. Dominic's in Akwatia would require a chemical analyzer to run supplementary tests.
5. St. Martin's Deporres (Pilot site) are awaiting a response to an appeal for support to the NACP after the pullout of Family Health International.
6. The monthly 50,000 Cedis charge for ART service is a barrier to care in rural sites.

Recommendations

1. Staff strength in all sites to be augmented through training of more teams. Incorporation of ART course in pre-service training of key health staff will contribute significantly in bridging the staff gap.
2. Procurement bottlenecks must be removed to hasten the process of acquisition of a chemical analyzer for St. Dominic's hospital, Akwatia.
3. A new strategy for follow-up of clients ought to be developed using lessons from Community TB DOT programme.
4. The effect of herbal medication programmes on ART delivery in Akwatia is a researchable topic.

Conclusion

On behalf of the team and NACP, I wish to thank the regional HIV/AIDS Coordinator, health directorate team and all persons at sites visited who contributed to a successful mission.

Compiled by

Dr. Stephen Ayisi Addo