

# TAP

## Treatment Acceleration Programme

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### Official Mission to Burkina Faso 3-11 October 2005

#### 1. Introduction

1.1 The overall objective of the field mission was to contribute to the amelioration of the implementation of the national plan to scale-up anti-retroviral treatment and the reinforcement of the monitoring and evaluation of the treatment of people living with HIV/AIDS (PLWHA).

1.2 Specific objectives of the joint mission were to:

- a. Look at the state of advancement of the treatment of PLWHA, in particular in relation to the TAP and the Global Fund;
- b. Look at progresses accomplished on prevention of mother to child transmission (PMTCT);
- c. Get a better understanding of the tools used in the field;
- d. Look at the data collection and management system of the PLWHA under ARV;
- e. Identify the difficulties met by the actors in the field in relation to the implementation of anti-retro viral (ARV) treatment;
- f. Offered recommendations for a better organization of ARV treatment.

1.3 A joint WHO/UNECA/World Bank team held discussions with Burkinabé officials from October 3 to 8, 2005 to review the progress made in the anti-retroviral therapy (ART) scale-up programme in the country, with a special emphasis on the monitoring learning and research aspect of the Treatment Acceleration Programme (TAP). The team worked closely with the Ministry of Health AIDS Commission officials, the Implementing Partners (IPs) as well as with other stakeholders involved in ART scale-up in Burkina Faso: Global Fund/UNDP, UNICEF, French Cooperation, Finish Cooperation, PAMAC, REGIPIV, DGPML, etc.

1.4 Under the leadership of the Permanent Secretary of the National AIDS Committee the group divided into 4 teams assigned public and private treatment sites to each team, as well as associations involved in the TAP.

- Team A, in which I was involved would visit Bobo Dioulasso
- Team B: Koudougou
- Team C: Ouahigouya
- Technical team working in Ouagadougou specifically on M&E

## **2. Findings**

### **2.1 General findings:**

- The information level of the principal implementing partners (IPs) on the politics regarding the medical treatment of the PLWHA is very high. However, the interpretation of the directives for treatments and the form of the financial cost of the medical treatment and the biological follow-up doesn't always seem to be the same. In collaboration with social services and the public treatment sites, the status of the indigenous are still in question and a certificate stating their status has to be issued to give them free access to treatment and biological follow-up. This can cause some delays. Free ARV are most often given by the Associations where public treatment sites are still charging for them;
- Most of the visited associations have established some kind of relationship with the public/private sites for the biological follow-up of patients and offer a package of services including awareness, voluntary counseling and testing (VCT) and psycho-social follow-up of patients taking ARV. It was noted that public treatment sites seem to have difficulties in establishing a global framework for medical treatment including prevention, treatment and care and to develop interfaces with the community through the associations;
- In the field, the integration of the different initiatives for medical treatment (Multi-Country HIV/AIDS Programme for Africa (MAP), TAP, Global Fund) seems to have been done without too much difficulty;
- The associations of PLWHA have important active lines. The TAP initiative seems to have motivated them toward ARV treatment under the supervision of young medical doctors who have been recruited for this purpose. In the long term, this implied the necessity of a regular supervision by the health services to oversee the quality of care provided by the associations;
- The Regional Hospital of Koudougou follows an active line of 183 patients (in which 45 are under ARV). That is relatively small compared to the estimated need according to the national indicators.

In this active line, 118 (60% of the patients) are waiting for treatment while 61 additional treatments were available. This is because patients have to travel to Ouagadougou to make a pre-therapeutic test as the recently purchased equipment was not yet functioning;

- Most of the associations in the framework of the TAP (through AIDSETI or CICDOC) receive help from the Associational and Community Support Programme (PAMAC).

## 2.2 On the staff

- All the visited treatment sites have multi-disciplinary teams for medical treatment composed of at least a medical doctor, a pharmacist biologist, a laboratory technician, a pharmacist responsible for the stock, a nurse, a psychologist, an Assistant and a social educator;
- Most of the members of the teams have received training on medical treatment in the area of ARV.

## 2.3 On the services

- A number of the associations involved are offering a package of care (VCT, treatment and care, psycho-social and nutritional support).

## 2.4 On management

### a) Management of the drugs:

- The availability of ARV does not seem to be a real issue, but the regional treatment sites have a hard time anticipating the needs that impacts the stock level;
- The medical treatment of the opportunistic infections (OIs) seems to cause problems because of unavailability/shortages.

### b) Management of equipment and reagents:

- The lack of biomedical equipment in Regional Hospitals delays ARV treatment of PLWHA in need and impose on them additional constraints;
- The absence of reagents and the high cost of screenings are major factors in delaying putting patients under ARV;
- The lack of relationship between PMTCT services and/or the treatment sites offering VCT shows the importance of reinforcing consultations between the various treatment sites.

c) Tools and mechanism:

- The data collection and management tools provided by the Ministry of Health AIDS Commission are often available;
- Therapeutic and eligibility committees exist but are not functioning all the time;
- Observation clubs and consultations exist in most of the treatment sites;
- All the visited associations put in place talking groups to help PLWHA to express themselves.

### **3. Recommendations:**

3.1 Below is a set of recommendations offered to the Burkinabé officials. It is recommended to:

- Strengthen the capacities of the National AIDS Committee to ensure the supervision of the associations involved in medical treatment of PLWHA as well as overseeing the quality of care they receive;
- Strengthen the role of Regional Health Districts in the implementation of programmes;
- Establish systematic links between the entry points and the management of the active lines, especially PMTCT/VCT under supervision of NGOs and Associations;
- Reinforce consultation mechanisms between the treatment sites and develop partnership between the various actors;
- Improve supply of drugs for the treatment of OIs;
- Put in place a follow-up mechanism for resistance according to the definition of protocols by including University Hospital Centers of Ouagadougou, Bobo Dioulasso under the coordination of the Ministry of Health AIDS Commission;
- Finalize the M&E tools and put in place a computerized system for the management of the data;
- Formalize the link between PAMAC & the Ministry of Health AIDS Commission for the M&E of activities of Associations under the TAP;
- Monitor the implementation of the training plan that has just been initiated and formulated in collaboration with the Research and Training Centre.