

# TAP

Treatment Acceleration Programme

*Economic Commission for Africa (ECA) - P.O. Box 3005, Addis Ababa, Ethiopia*

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## **TREATMENT ACCELERATION PROGRAMME**

### **4th Regional Advisory Panel (RAP) & Regional Clinical Coordination sub-Committee (RCCC) Meeting**

Accra, Ghana  
18-19 January 2007

#### **AGENDA**

#### **THURSDAY 18 JANUARY 2007 – BUGUM CONFERENCE ROOM**

08:00 – 09:00      *Registration*

**09:00 – 09:45      Opening Ceremony**

**Chair:**            Prof. F. T. Sai, Ghana

Introduction of Chairman

Opening remark:            Mr. Mats Karlsson, World Bank

Brief statement by:        Mr. Israel Sembajwe, UNECA

Welcoming remark by:     Dr. Joaquim Saweka, WHO

Opening RAP/RCCC by:     Hon. Deputy Minister of Health,  
Ghana

09:45 – 10:00      Brief update on the state of TAP by:  
Dr. Albertus Voetberg, World Bank  
Dr. Assimawe Pana, OMS-Afro

**10:00 - 12:00      Session I: State of Implementation of TAP in Burkina Faso,  
Ghana and Mozambique**

**Chair:**            Prof. Joseph Yssoufou Drabo, Ministry of Health,  
Burkina Faso

**Rapporteurs:** Dr. Henry Nagai, FHI

During this session each country will present a 20 minutes PowerPoint update on the state of implementation with emphasis on the following:

- Prevalence, services provided, comparative of service output of RAP 3)
- Successes
- Challenges
- Way forward

*10:40-11:00*

*Coffee break*

**11:00 – 12:00**

**Session I: Continues**

**Chair:** Prof. Joseph Yssoufou Drabo, Ministry of Health, Burkina Faso

**Rapporteur:** Dr. Henry Nagai, FHI

Open discussions

**12:00 – 13:30**

**Session II: Country update on routine offer of HIV testing and PMTCT services**

**Chair:** Dr. Albertus Voetberg, World Bank

**Rapporteurs:** Ms. Cassandra de Souza, World Bank  
Ms. Evelyn Awittor, World Bank

During the 2<sup>nd</sup> RAP meeting, the meeting recommended that the TAP looks at the benefit of routine testing and opt out approach and to support countries in moving forward with these. Moreover, the meeting provided an update on progress made in the Prevention of Mother-to-Child-Transmission (PMTCT) in TAP countries and recommended that programs should reinforce adherence.

Each country will make a 15 minutes presentation to give an update on these issues.

**Presenters:** Representative from Burkina Faso (15 min)  
Representative from Ghana (15 min)  
Representative from Mozambique (15 min)

Open discussions

*13:30 – 14:30*

*Lunch*

14:30 – 16:30

**Session III: Update on learning agenda (ECA/WB/DEC)**

**Chair:** Mr. Israel Sembajwe, UNECA

**Rapporteurs:** Dr. Françoise Bigirimana, WHO  
Dr. Sally-Ann Ohene, WHO

Lessons learned from the TAP learning agenda: Preliminary results. (20 minutes)

**Presenters:** Mr. Damien de Walque, Mr. Harounan Kazianga, World Bank and Dr. Laeticia Nikiema, IRSS Burkina Faso

Public-Private Partnerships (PPP) in Burkina Faso (15 minutes): ECA has commissioned BroadReach Healthcare to assess four areas in the design and functioning of the PPPs in Burkina Faso, Ghana and Mozambique supported under the project: governance, costs, performance and sustainability. Findings will be presented during the meeting under the leadership of UNECA.

**Presenters:** Dr. Ernest Darkoh & Dr. Peter Navario, BroadReach Healthcare, South Africa

Health insurance schemes and addressing care and support of PLWHAs: Experiences from South Africa (15 minutes)

**Presenter:** Dr. Leon Regensburg, Specialist Physician, Aid for AIDS, South Africa

Private Enterprise Foundation (PEF) study (15 minutes)

**Presenter:** Mr. Frimpong Addo, PEF

Knowledge sharing: TAP communication strategy by UNECA (15 minutes): Over the past few years, TAP pilot projects in Ghana, Mozambique and Burkina Faso have generated many lessons, especially with regards to drug resistance, treatment, adherence, commodity supply, etc. These lessons, if properly disseminated, should be informed programme, policy, monitoring and evaluation in Africa's non-pilot countries. The key to this is appropriate knowledge sharing in a manner that penetrates the policy fabrics in target countries.

**Presenter:** Mr. Yinka Adeyemi, Communication Officer, UNECA

Open discussions

16:30 – 17:00

*Coffee break*

**17:00 – 18:30**

**Session IV: Update on drug resistance monitoring, treatment adherence and brief update on patient tracking in countries**

**Chair:** Dr. Assimawe Pana, WHO-Afro

**Rapporteurs:** Mr. Zacharie Balima, Ministry of Health  
Dr. Babou Bazie, WHO

During the 3<sup>rd</sup> RAP meeting, TAP countries recognized that development of drug resistance is a significant risk for their treatment programs and have put in place initial mechanisms to monitor potential development of drug resistance. The three countries were at different stages of this process. Similar to the monitoring of drug resistance, the development of patient tracking systems in the TAP countries was still lagging behind implementation and most patient tracking systems in use were piecemeal efforts.

Each TAP countries will make a 15 minutes presentation on progress made since the 3<sup>rd</sup> RAP meeting.

**Presenters:** Representative from Burkina Faso (15 min)  
Representative from Ghana (15 min)  
Representative from Mozambique (15 min)  
Dr. Florence Doualla-Bell, McGill AIDS Center (15 min)  
Dr. Tendani Gaolathe, Botswana Harvard University (15 min)

Open discussions

18:30

*Reception – Ocean Terrace*

**FRIDAY 19 JANUARY 2007 – BUGUM CONFERENCE ROOM**

**08:30 – 10:30**

**Session V: Expert Panel: XDR Tuberculosis and what the TAP countries can do**

**Chair:** Dr. Joaquim Saweka , WHO

**Rapporteurs:** Dr. Abdou Moha, WHO  
Dr. Sandra Muchanga, WHO

A global laboratory network survey conducted by the US Centers for Disease Control (CDC) and the World Health Organization (WHO) reported in early 2006 that virtually untreatable tuberculosis (TB) due to extensive drug resistance was present in every region of the world. International concerns about the emergence of such strains were heightened by a recent report from the KwaZulu-Natal province of South Africa highlighting the risk for rapid mortality in HIV-infected persons with highly resistant TB.

**Presenters:** Dr. Anthony Peter Moll, Principal Medical Officer, Church of Scotland Hospital, South Africa (15 min)  
Dr. Haileyesus Getahun, Medical Officer TB/HIV and Drug Resistance, WHO (15 min)

Open discussions

*10:30 – 11:00*

*Coffee break*

**11:00 – 13:00**

**Session VI: The “After TAP”**

**Chair:** Prof. F. T. Sai, Ghana

**Co-Chair:** Dr. Albertus Voetberg, World Bank

**Rapporteurs:** Dr. Bernard Dornoo, WHO

Ms. Virginie Mongonou, UNECA

This session will be centered on how each country intends to build on TAP and long-term financing, care and support. Each country should briefly present a set of preliminary options/business plan to be shared.

*13:00 – 14:00*

*Lunch*

**14:00 – 15:30**

**Session VI: Continues**

**Chair:** Prof. F.T. Sai, Ghana

**Co-Chair:** Dr. Albertus Voetberg, World Bank

**Rapporteurs:** Dr. Bernard Dornoo, WHO

Ms. Virginie Mongonou, UNECA

Open discussions

*15:30 – 16:00*

*Coffee break*

**16:00 – 17:30**

**Session VII: Next steps and closing session**

**Chair:** Mr. Israel Sembajwe, UNECA

**Rapporteur:** Ms. Virginie Mongonou, UNECA

List of key action points

Roles and responsibilities

Closing remark by: Dr. Albertus Voetberg, World Bank  
Mr. Israel Sembajwe, UNECA  
Dr. Assimawe Pana, WHO-Afro