# Improving Access to Quality HIV Services in 11 West African Countries: Effects of a Regional Community Treatment Observatory

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## BACKGROUND

In West and Central Africa, 64% of people living with HIV (PLHIV) are aware of their status, 51% are accessing antiretroviral therapy (ART), and 39% are virally suppressed. Progress is stymied by low demand for services, drug stock-outs, weak health systems and poor quality of care. In response, the International Treatment Preparedness Coalition (ITPC) established a Regional Community Treatment Observatory (RCTO) in West Africa in 2017.

## METHODS

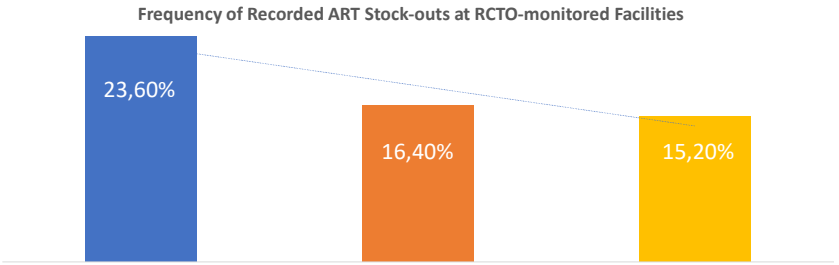
ITPC trained and supported national networks of PLHIV to collect and analyze facility-level HIV treatment data from 125 health centers in 11 West African countries. From January 2018 to June 2019, the treatment observatory produced 1781 monthly quantitative reports, complemented by 1501 interviews, and 143 focus group discussions. Feedback was provided to communities, governments and health center staff on a quarterly basis to help improve performance.

"The majority of people living with HIV were from disadvantaged communities and couldn't afford to pay fees for on-site treatment. The CTO pressured the Ministry of Health to sign a by-law stating that from now on, **on-site treatment would be free of charge**. This was a major aspect of our intervention."
— **Valentin Keipo, CTO Focal Point, Côte d'Ivoire**

Over three years, the Regional Community Treatment Observatory in West Africa improved HIV treatment delivery, strengthened health systems, and institutionalized community-led monitoring.

## RESULTS

The number of HIV tests performed increased from 161,647 in the first six-month period, to 246,604 in the second, and then fell to 223,612 in the third. Yet, people who knew their status rose from 3.0%, to 5.4%, to 5.5%. As shown in the Figure below, the frequency of ART stock-outs decreased significantly over the course of the project. Stock-outs were recorded during 23.6% (95% CI 19.9%-27.2%) of health facility visits in the first period, declining to 16.4% (95% CI 13.6%-19.3%) in the second period, and 15.2% (95% CI 12.3%-18.1%) in the third period. The number of viral load tests performed more than doubled, increasing from 16,532 in the first period, to 31,472 in the second period, to 33,376 in the third. Viral suppression also increased dramatically, from 48.3% in the first period, to 67.9% in the second period, and 77.4% in the third. Recipients of care reported improved quality of services. Out of a possible score of 5, the average quality of care rating rose from 3.8 in the first period, to 4.0 in the second, to 4.2 in the third.




## CONCLUSIONS

Over three years, the RCTO's work uncovered gaps in the cascade of care while creating a culture of collective problem solving among recipients of care, healthcare workers, academic partners and policymakers. The project gathered evidence about access to and quality of services to identify needed facility-level improvements and to inform advocacy efforts while collecting macro-level data on regional-level progress. These results add to the body of evidence about the positive effects of community-led monitoring when done at scale.The approach should be expanded to improve HIV services and to facilitate the achievement of global HIV targets.

## ACKNOWLEDGEMENTS

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Open Society Foundations, The Robert Carr Fund, the International AIDS Society and the French 5% Initiative.

## ADDITIONAL RESOURCES

Oberth, G.et al. (2019). Understanding gaps in the HIV treatment cascade in eleven West African countries: Findings from a regional community treatment observatory. Centre for Social Science Research (CSSR) Working Paper No. 441. ISBN: 978-1-77011-428-9. Online at http://www.cssr.uct.ac.za/cssr/pub/wp/441

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