

**USAID  
STRENGTHENING  
THE CARE  
CONTINUUM  
PROJECT**

**WEBINAR**

**HIV/AIDS JOINT STRATEGY TO ACHIEVE  
EPIDEMIC CONTROL IN GHANA**


**LESSONS LEARNED AND BEST PRACTICES  
(YEAR TWO)**

**Webinar | November 29, 2021 | 9am**

**Zoom ID: 964 2479 3517      Passcode: 046031**

**Link:** <https://jsi.zoom.us/j/96424793517?pwd=UWU2djRvMmQ3QTNWRWN3S1VpWEtHUT09>





# HIV Epidemic Control Effort in 15 Districts in W & WN Regions

## BEST PRACTICES & LESSONS LEARNED

**USAID STRENGTHENING THE CARE CONTINUUM PROJECT**



# Outline

- **Project objectives**
- **Best Practice & Lessons Learned**

Facility & ART services –TLD/MMD & Suppressing VL

New Prevention tools – PrEP, HIVST

KP/Continuity of treatment and Interruption in treatment

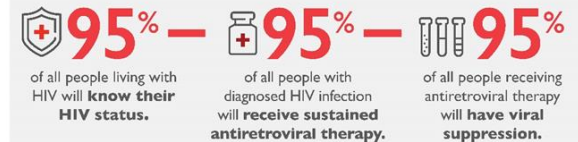
Jump-starting PrEP in Ghana, experience in the GAR/AR

Jump-starting PrEP in Ghana, experience in the WR


## USAID STRENGTHENING THE CARE CONTINUUM PROJECT

Improving Comprehensive HIV Services for General and Priority Populations in Ghana's Western, Western North and Ahafo Regions.

The Care Continuum Project is dedicated to helping Ghana reach HIV 95/95/95 targets by increasing PLHIV's access to and use of HIV services.



### KEY PROJECT ACTIVITIES

	Coordinating and integrating activities among Ghanaian stakeholders
	Promoting Ghanaian leadership
	Emphasizing quality improvement and effective use of data
	Addressing structural barriers related to HIV service access and use
	Addressing gender inequality
	Integrating community HIV services and focusing on referrals to achieve 95/95/95

# The USAID Strengthening the Care Continuum



JSI, in collaboration with the Ghana AIDS Commission, Ghana Health Service and all actors including 10 partner CSOs and 98 health facilities, is accelerating Ghana's progress toward the 95-95-95 Joint United Nations Programme on HIV/AIDS (UNAIDS) targets at the national level and achieving epidemic control through the following objectives:

1. *Scale-up effective case-finding, linkage to ART, and retention on treatment to achieve epidemic control in the Western, Western North and Ahafo Regions by September 2022.*
2. *Demonstrate strategies to achieve 95-95-95 epidemic control targets at the national level.*



# Facility & ART services – TLD/MMD & Suppressing VL

## Optimizing HIV Service Delivery

**Presented by:**

Dr Michael Kwashie  
Director, Clinical Care

**USAID STRENGTHENING THE CARE CONTINUUM PROJECT**



# Facility & ART Service



## OBJECTIVE

**Scale-up effective case-finding, linkage to and retention in treatment, increase viral suppression and implement biomedical HIV prevention method.**

# Best Practices

## Active linkage to treatment

- Escort, navigation, use of linkage register

## Differentiated ART delivery

- Increasing number of ART sites and clinic days
- CAD
- MMSD
- Improve retention on ART through B2C campaign
- Efficient supply chain back up

## Optimize VL Suppression

- Efficient couriering of VL samples
- Increased demand creation for VL test
- Effective management high VL clients

## Improving accountability through CQI, data quality and use

Do you know that a woman living with HIV can give birth to an

# HIV-FREE BABY?



Test now to know your HIV status and protect your partner and your baby.



Talk to your health care provider about Prevention of Mother-to-Child Transmission (PMCT) and Index Testing.



A close-up portrait of a smiling Black man with short hair and a light beard, wearing a white shirt with yellow trim. He is giving a thumbs-up gesture. The background is a blurred green outdoor setting.

**// ADHERE  
TO YOUR  
MEDICATION  
TO STAY  
HEALTHY.**

**HIV doesn't win  
unless you give  
it the victory.**

**- SEYRAM**  
HIV Case Manager  
Life Relief Foundation, Takoradi

## Lessons Learned

- The Back to Care Campaign has impacted positively in maintaining clients on treatment as well as bringing those lost back to care
- Improved retention in care through good facility and community collaboration
- Increased demand for and improved suppression of Viral Load test results



# New Prevention tools – PrEP, HIVST

**You have the  
POWER**

**Presented by:**  
Edward Adiibokah  
Technical Advisor II

**USAID STRENGTHENING THE CARE CONTINUUM PROJECT**



# HIVST & PrEP

## OBJECTIVE

**The project set out as a key mandate to assist the country adopt HIVST as part of the combination prevention strategy**

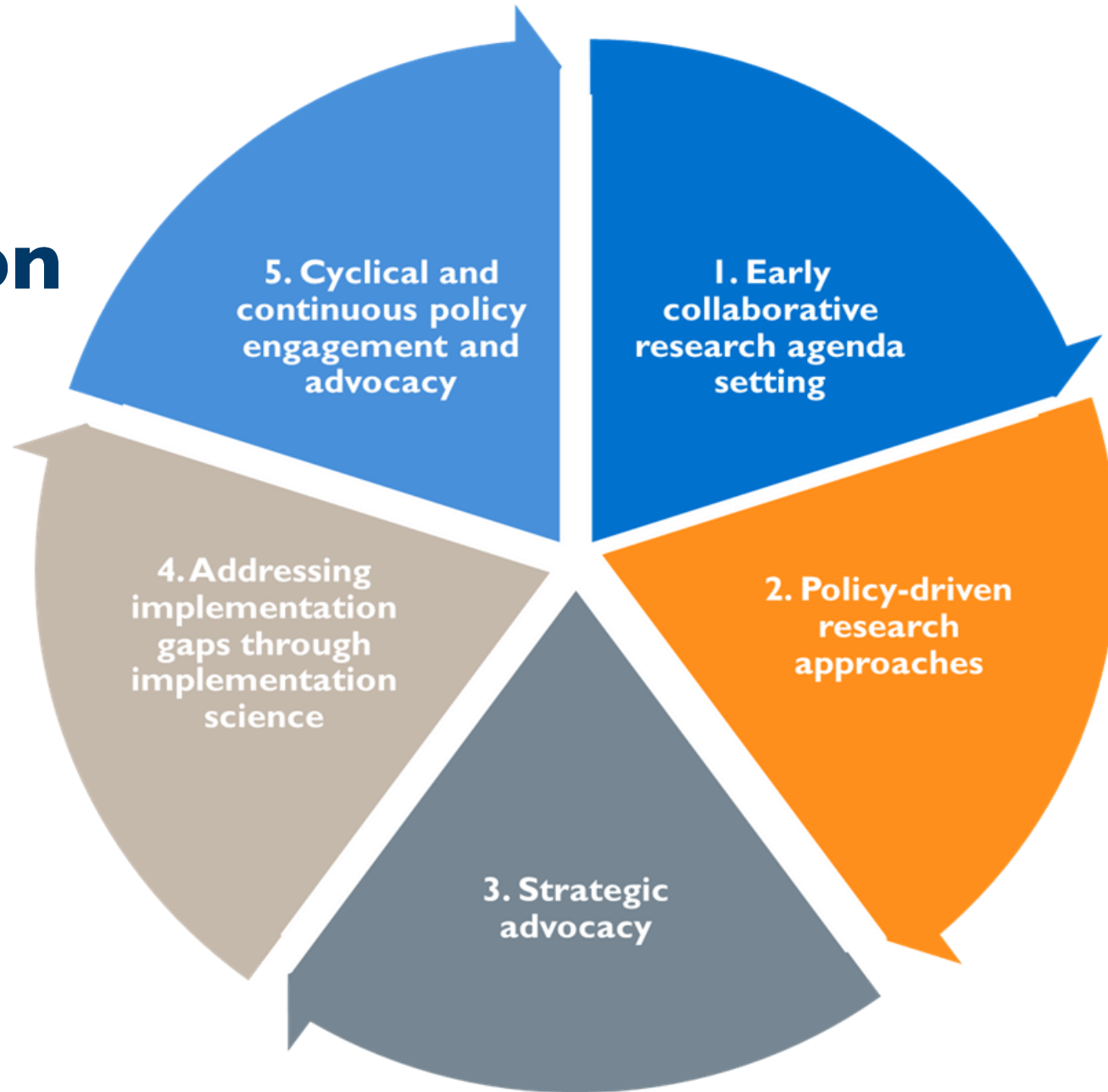
To access  
our services,  
**Dial \*212#**  
(free on all networks)



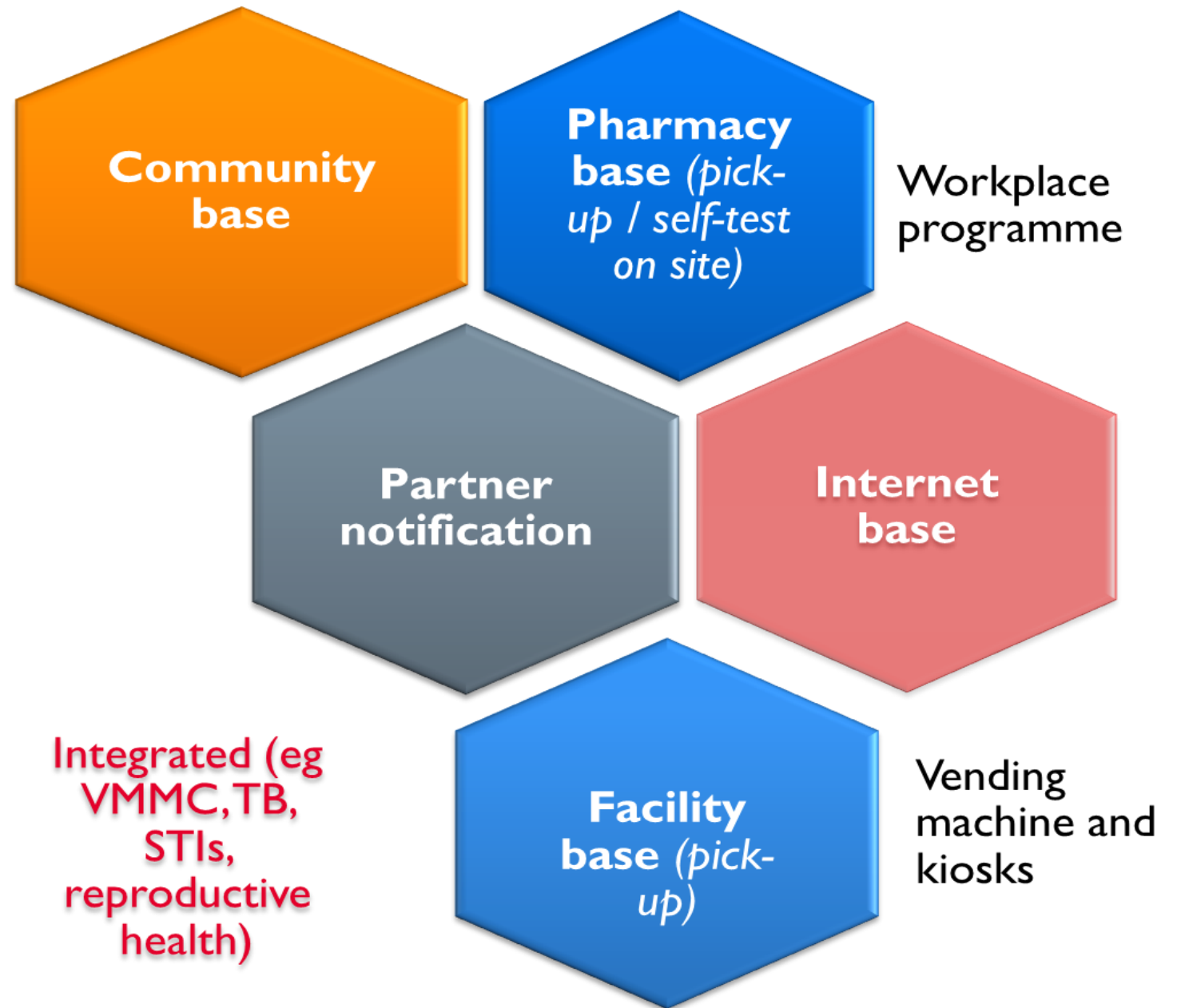
# The Journey to HIVST Implementation in Ghana

- HIV self-testing (HIVST) is proven to be efficacious in getting non-testers to get screened and know their HIV status in a convenience, autonomy, and private space.
- HIV self-testing, a key gap in research, policy and programming in Ghana at the inception of the Care Continuum Project.

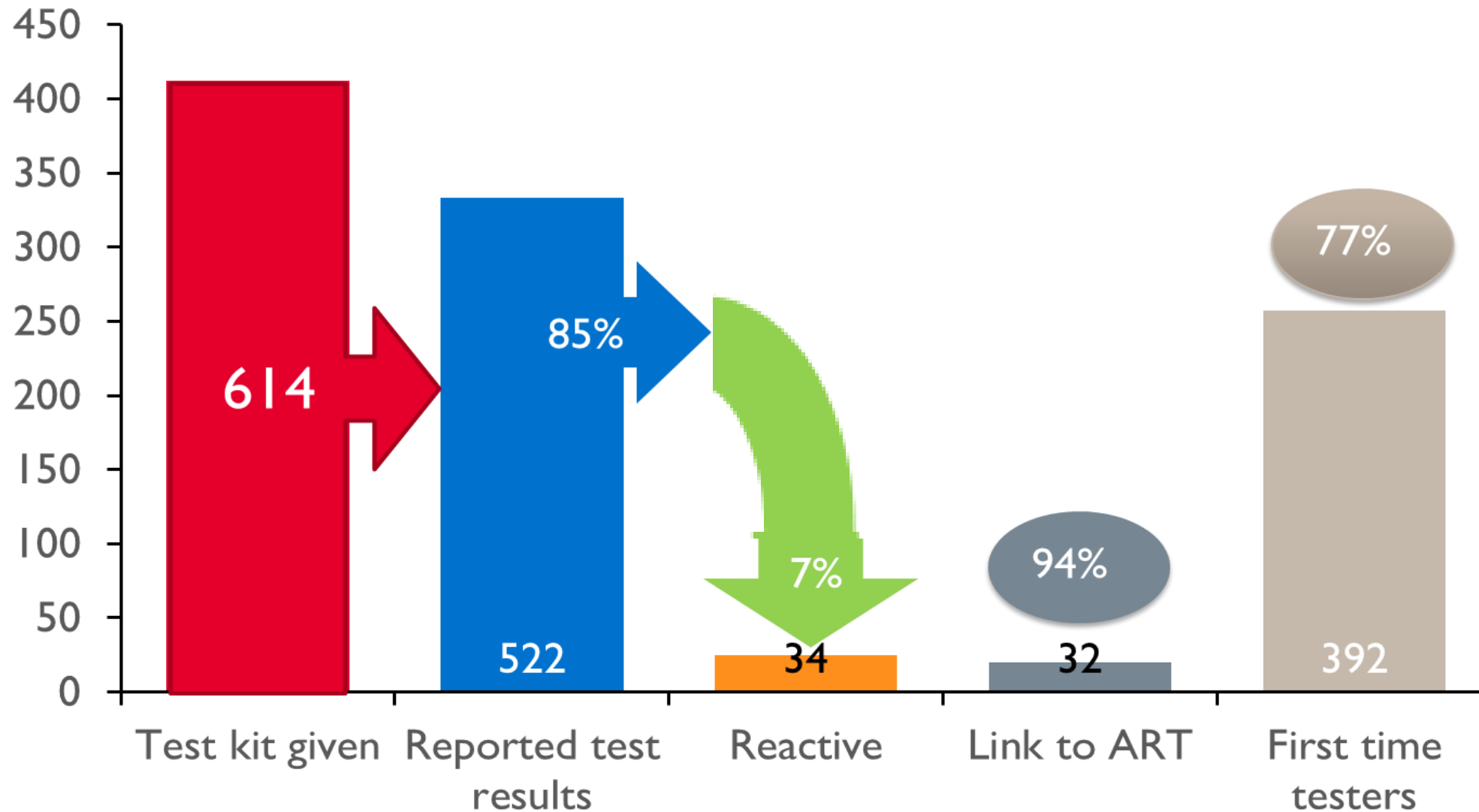
# Approach to HIVST Implementation in Ghana



# HIVST Service Delivery Channels



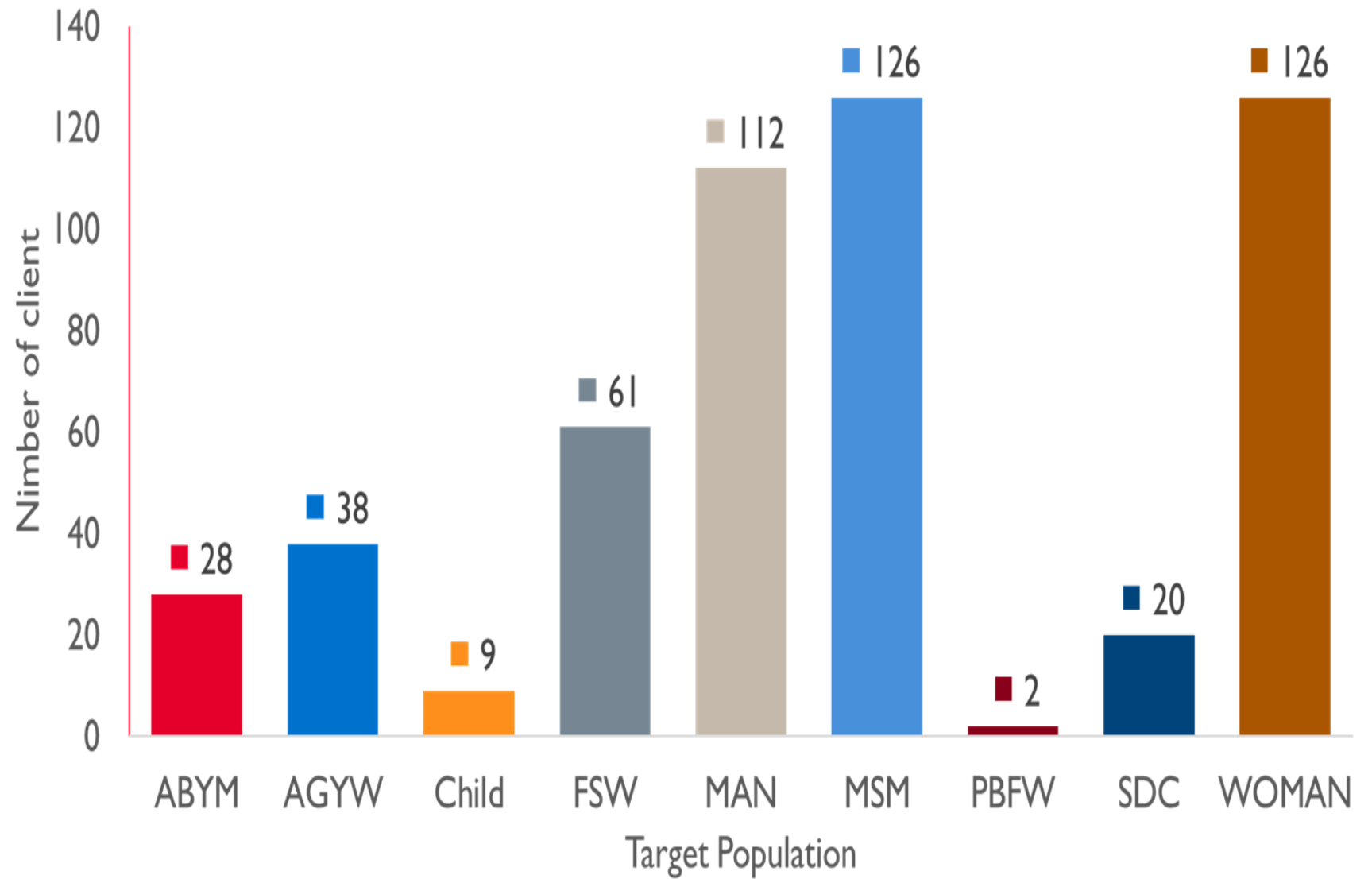
# HIVST Cascade (April – September 2021)



## Key Points:

- Distributed 1,100 HIVST kits to implementing partners
- Distributed 614 test kits to clients and 522 result reported
- 34 clients reported reactive
- 32 confirmed positive and linked to treatment and care
- 392 clients are first time testers of HIV

# Distribution by Target Population



# Key Lessons

- Persons who are hesitant to use normal HTS are using HIVST as an entry point to HIV testing
- Helpful for MSM to navigate unfriendly environment
- Following the science works, in making the shift from concept to implementation



## Perspectives of Policymakers on the Introduction and Scale-Up of HIV Self-Testing and Implication for National HIV Programming in Ghana

Henry Nagai<sup>1</sup>, Henry Tagoe<sup>2\*</sup>, Waimar Tun<sup>3</sup>, Edward Adiibokah<sup>2</sup>, Augustine Ankomah<sup>2</sup>, Yussif Ahmed Abdul Rahman<sup>1</sup>, Stephen Ayisi Addo<sup>4</sup>, Stephen Kyeremeh Atuahene<sup>5</sup>, Emmanuel Essandoh<sup>6</sup> and Mark Kowalski<sup>7</sup>

## Conference- ICASA 2021

PEC016



### LAST-MILE HIV EPIDEMIC CONTROL: EVERYONE COULD KNOW THEIR HIV STATUS THROUGH SELF-TESTING IN THE WESTERN REGION OF GHANA

TRACK E: HEALTH SYSTEMS, ECONOMICS AND IMPLEMENTATION SCIENCE

Henry Tagoe<sup>1</sup>, Waimar Tun<sup>1</sup>, Henry Nagai<sup>2</sup>, Edward Adiibokah<sup>1</sup>, Jessica Posner<sup>1</sup>, Yussif Ahmed Abdul Rahman<sup>2</sup>

<sup>1</sup>Population Council, <sup>2</sup>JSI Research and Training Institute, Inc.

PECO80

### C38. HIV Testing and diagnosis



### HIV-SELF TESTING AMONG KEY POPULATIONS IN A HOSTILE ENVIRONMENT IN GHANA

Dabasea Andrews<sup>1</sup>, Adiibokah Edward<sup>3</sup>, Owusu Mark K.<sup>1</sup>, Wosornu Senyo K.<sup>1</sup>, Owusu Elliot,<sup>1</sup> Kristin Eifler<sup>2</sup>

<sup>1</sup>Maritime Life Precious Foundation, <sup>2</sup>JSI Research and Training Institute, Inc., <sup>3</sup>Population Council



# KP/Continuity of treatment and Interruption in treatment

## Create Demand for HIV Service Delivery

### **Presented by:**

Ebenezer Kye-Mensah  
Snr. Capacity & Institutional  
Strengthening Advisor

**USAID STRENGTHENING THE CARE CONTINUUM PROJECT**



# Community Intervention & Key Population (KP)

## OBJECTIVE

**Socially mobilize and generate community involvement in quality HIV services, living no one behind**

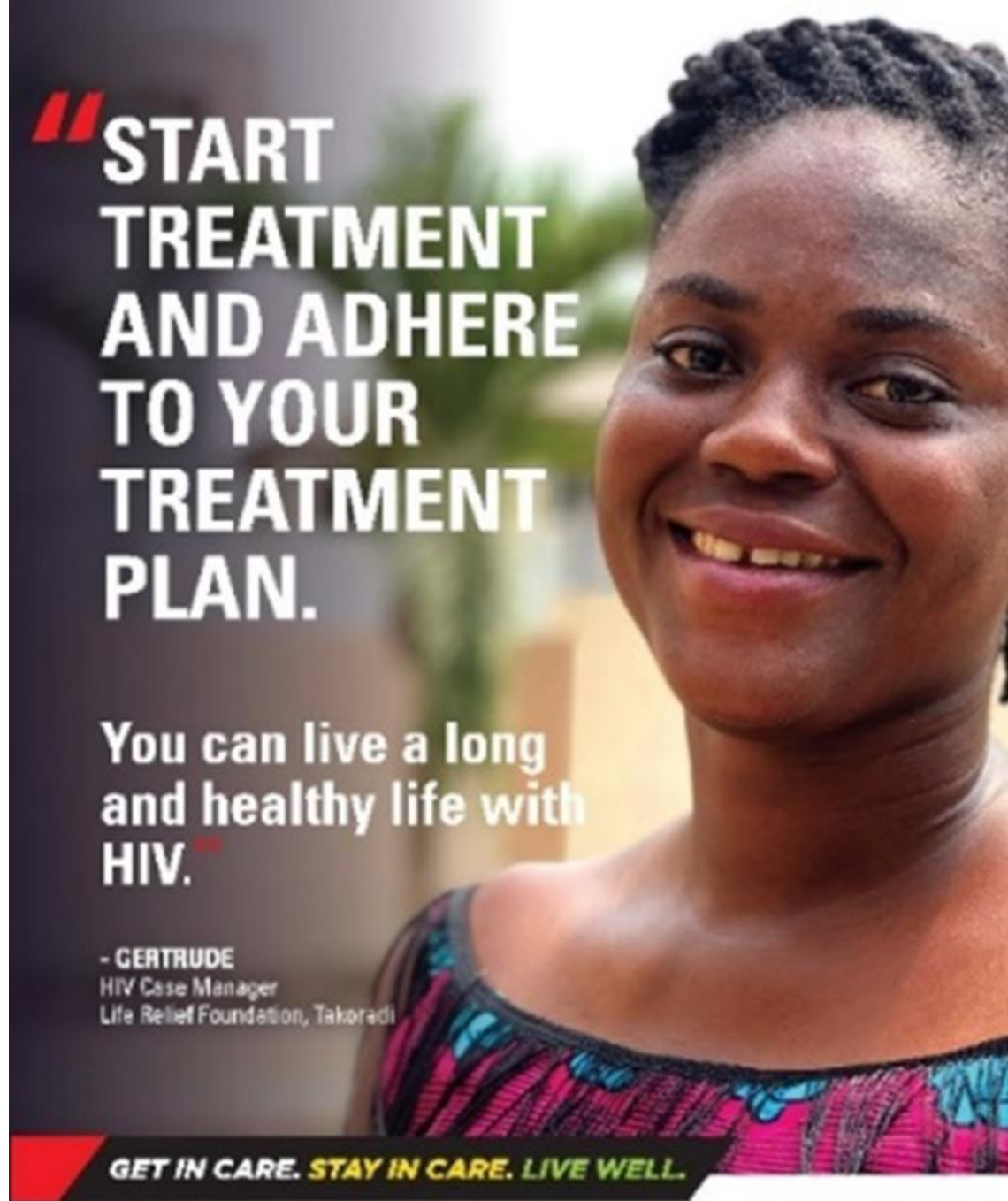


# Activities Implemented

**Back to Care Campaign**, an initiative to identify, trace, and bring back ART clients who have missed their appointment for 28 days or more

- Collaborated with HF facilities to generate list of treatment interrupted clients from the national electronic database (E-Tracker).
- Client centered follow-up activities such as home visits was undertaken to facilitate return to treatment.

**Dedicated Case Managers** were assigned to lead B2C efforts-contact tracing, escort to facility, treatment re-initiation and treatment adherence.



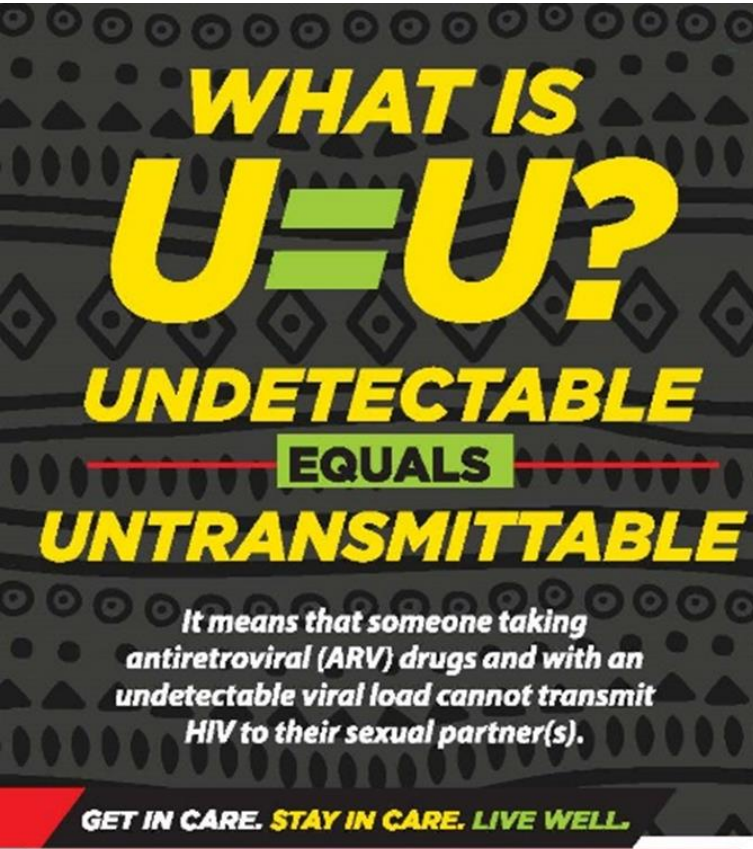
**“START  
TREATMENT  
AND ADHERE  
TO YOUR  
TREATMENT  
PLAN.**

**You can live a long  
and healthy life with  
HIV.**

- GERTRUDE  
HIV Case Manager  
Life Relief Foundation, Takoradi

**GET IN CARE. STAY IN CARE. LIVE WELL.**

# Best Practices & Lessons Learned



- Weekly clients data reviews with ART teams helps to quickly identify and trace clients whose treatment is interrupted as opposed to waiting for months after the missed appointments.
- Use of differentiated service delivery modalities helps in ensuring access to ARVs, particularly for those with greater financial need or particular populations who may face greater stigma (e.g., sex workers and men who have sex with men).
- Use of motivational counseling approaches helps to foster enabling client-provider interactions that helps to reduce apprehension of some clients to providers, especially when they have to be reinitiated to treatment.
- Collaborative work between CSOs and Health Facility Staff, especially the Data Officers, ART Counselors and the Pharmacist helps in delivering client centered services.

# EpiC Ghana

Achievements, Lessons Learned and Best Practices

## PrEP JUMP START STRATEGY

November 29, 2021

Trudi Nunoo  
Technical Advisor  
FHI 360 EpiC Ghana project.



**USAID**  
FROM THE AMERICAN PEOPLE

**EpiC**  
Meeting Targets and  
Maintaining Epidemic Control

# Overall: EpiC Ghana

- PEPFAR KPIF, via the USAID EpiC (Meeting Targets and Maintaining Epidemic Control) program, which is led by FHI 360, supports a KP-led approach to accelerate progress towards the 95-95-95 UNAIDS goals in six West African countries (Burkina Faso, Togo, Mali, Liberia, Ghana, Senegal).
- Activities proposed in Ghana under KPIF responded to the gaps in the national program and aligned with the overall national response including the PEPFAR Care Continuum (led by JSI) and Global Fund (led by WAPCAS) projects.
- **EpiC Ghana Focus**
  - PrEP and HIVST in select KP districts of Ashanti and Greater Accra regions
  - Above site support on PrEP & HIVST for national scale-up.
  - Addressed structural barriers related to SDV & crisis response.
  - Designed and integrated U=U messages and materials into existing HIV programs
- **Implementing Partners (KPIF FY20/FY21):** WAPCAS & 2 Subs, WAAF & 2 Subs, Equip Health Ghana

# PrEP Implementation Highlights

- Robust collective energy and commitment among key actors accelerated the approval of the PrEP jump start strategy.
- EpiC, with strong support and coordination from NACP and USAID, organized the PrEP & HIVST Implementation Committee chaired by NACP and co-chaired by GAC.
- Implementation Committee membership (Gov't, Development partners, CSOs) allowed key components of the implementation plan to be accelerated such as:
  - Development and validation of the ABC PrEP implementation guide & commitment of PrEP commodities
  - Agreement of service delivery sites (6 health facilities), monitoring tools, training of National PrEP master trainers and rolled out of PrEP implementation among KPs in FY20.
- EpiC in FY21 (June 2021) secured approval from the committee to train HCWs and commence Event Driven (ED) PrEP in two health facilities to address the key gap of high PrEP discontinuation rates among MSM caused by the burden of daily pill taking.



# PrEP Implementation Strategies

- Online and in-person demand creation of PrEP among KP networks on social media platforms and KP communities.
- PrEP service delivery in 6 health facilities.
- Referrals and linkages of high-risk HIVST non-reactive KPs for PrEP.
- Monitoring, mentoring and coaching of health facilities on PrEP by Equip Health.
- Community initiation of PrEP with WAAF mobile clinic and community PrEP refills by trained lay counselors (1 month & 3 months MMD).
- PrEP Champions to share experiences with PrEP users and refute myths and misconceptions



# Performance Highlights of EpiC Ghana, FY21 (Oct 2020 – Sept 2021)

---

- Initiated 1,342 KPs (462 MSM, 867 FSWs, 13 TG) and 9 other high-risk persons on PrEP
- PrEP CURR: 1,415 KPs (897 FSWs, 500 MSM, 18 TG)
- 74 KPs (65 MSM, 9 FSWs) tested positive at the point of screening and were initiated on ART and 16 KPs (13 MSM, 3 FSWs) were initiated on PEP.
- 129 KPs (55 MSM, 63 FSWs, 11 TG) discontinued PrEP a month after not returning for their refill.
- 28 KPs (13 FSWs, 11MSM, 4 TG) restarted PrEP within the period.
- 10 KPs (8 MSM, 2FSW) sero-converted while on PrEP (due to non-adherence or were in window period when initiated), 8 MSM and 1 FSW were initiated on ART while 1 FSW is still being followed up to start ART.

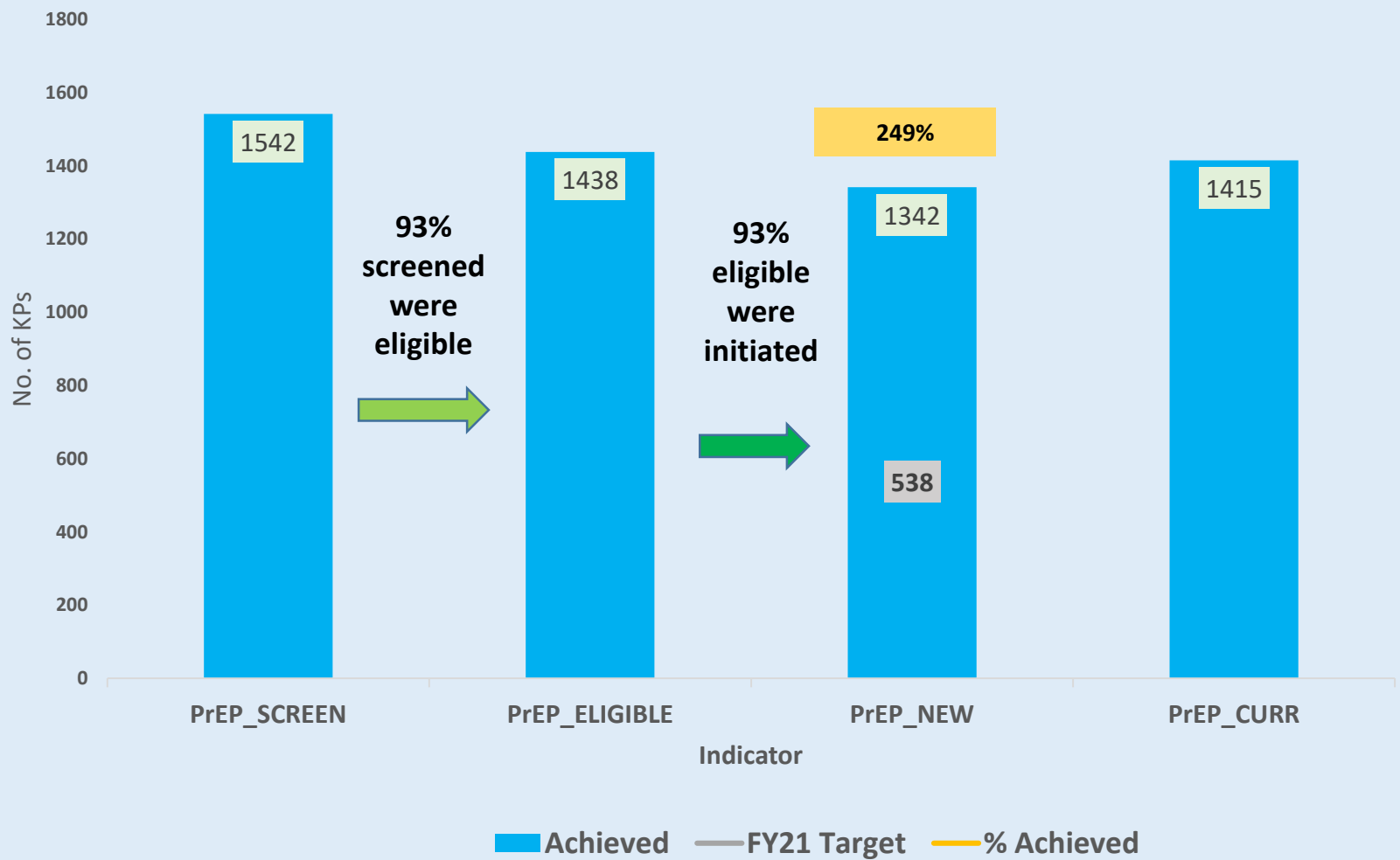


# PrEP Achievement by Facility - Oct 2020 to Sept 2021

Indicators	Kaneshie Poly			LEKMA Hos			Ussher Polyclinic			IHCC				Kumasi South Hos			Suntresu Hos			Grand Total			
	FSW	MSM	Total	FSW	MSM	Total	FSW	MSM	Total	FSW	MSM	TG	Total	FSW	MSM	Total	FSW	MSM	Total	FSW	MSM	TG	TOTAL
PrEP_SCREEN	315	68	383	82	42	124	71	125	196	149	192	14	355	173	39	212	185	87	272	975	553	14	1542
PrEP_ELIGIBLE	301	53	354	82	39	121	69	101	170	146	160	13	319	170	39	209	182	83	265	950	475	13	1438
PrEP_NEW	266	53	319	80	38	118	59	97	156	142	157	13	312	162	39	201	158	78	236	867	462	13	1342
PrEP_CURR	266	53	319	80	38	118	59	97	156	172	195	18	385	162	39	201	158	78	236	897	500	18	1415

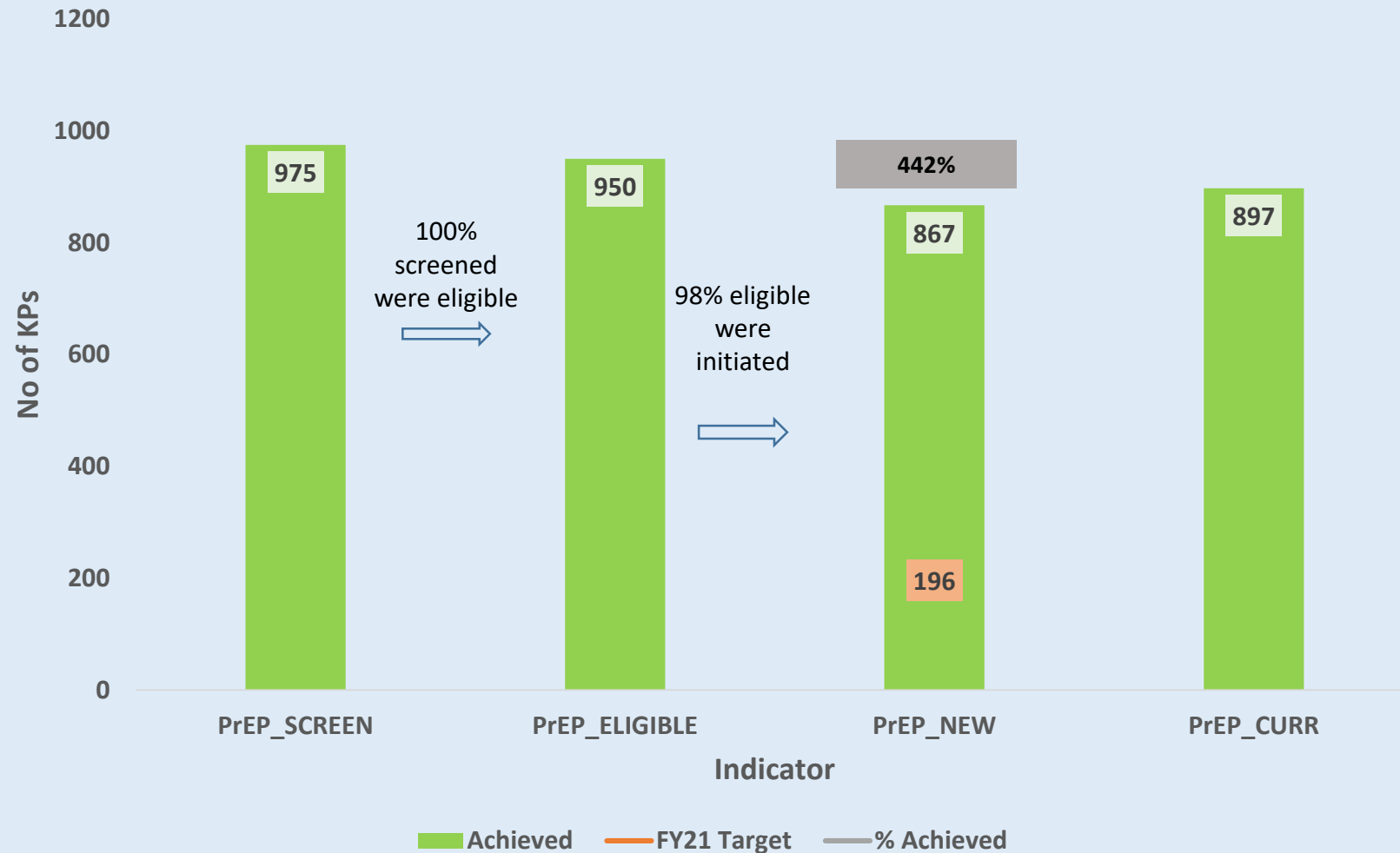
**Note: 9 (2 Female Partners of MSM, 2 Male Partners of FSW and 5 Non-paying partners of FSWs) other high-risk persons were also screened, found eligible and initiated on PrEP**

# PrEP Cascade for All Key Populations – Oct 2020 to Sept 2021



- 1,342 (249%) KP initiated on PrEP, total FY21 target was 538
- PrEP\_CURR was 1,415

# PrEP Cascade by FSW - Oct 2020 to Sept 2021



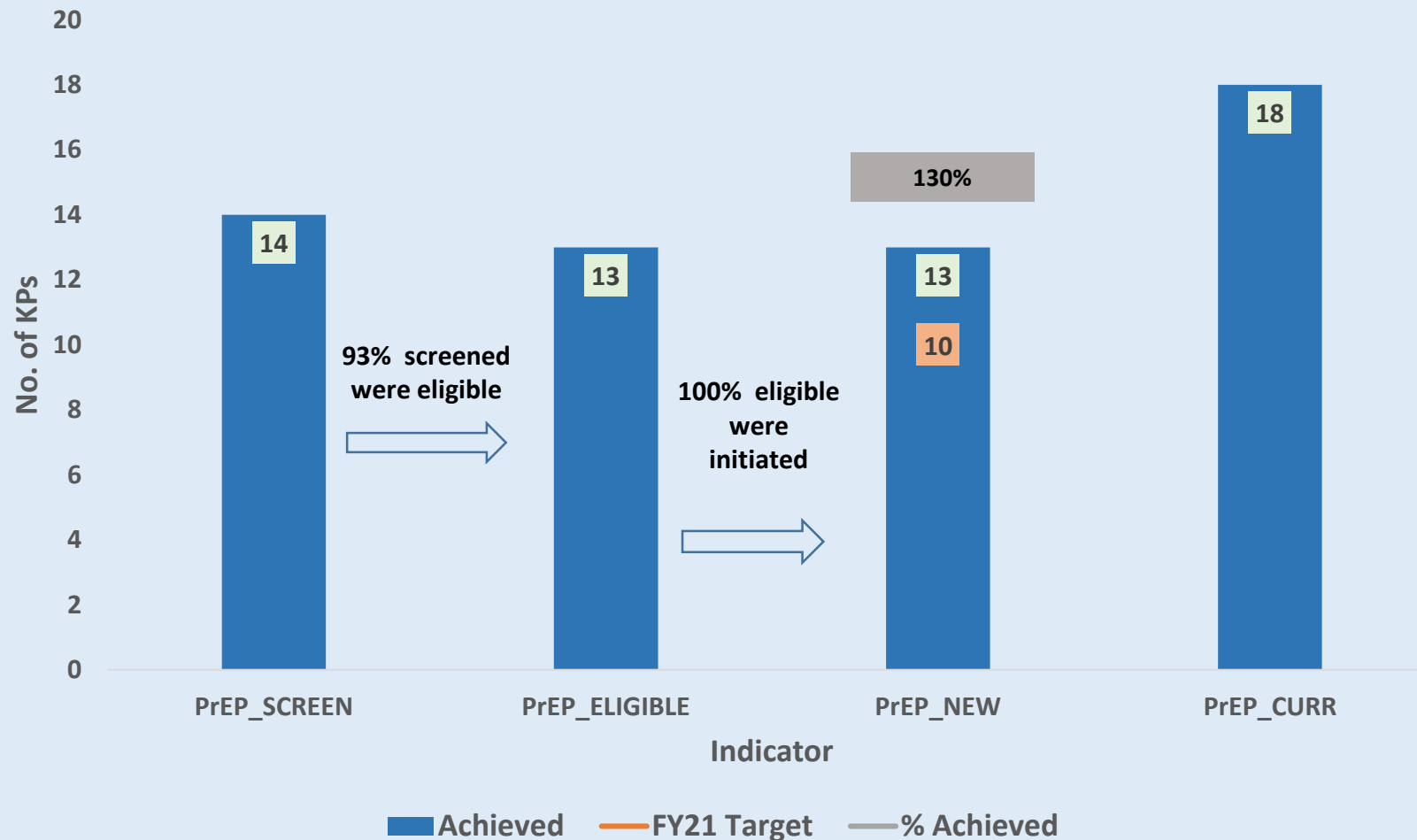
- 83 FSWs (9.78%) who were eligible did not accept PrEP because they could not commit to daily pill taking
- 9 FSWs tested positive at the point of screening and all initiated ART
- 63 FSWs discontinued PrEP
- 13 FSW restarted PrEP

# PrEP Cascade by MSM – Oct 2020 to Sept 2021



- 462 (139.2%) MSM were initiated on PrEP, FY21 target was 332
- 13 out of 78 not eligible were initiated on PEP
- 65 tested positive and were initiated on ART (11% case finding)
- 55 MSM discontinued PrEP and 11 MSM restarted PrEP

# PrEP Cascade by TG – Oct 2020 to Sept 2021



- 13 TG (130%) initiated on PrEP, FY21 target was 10
- 11 TG discontinued PrEP
- 4 TG restarted PrEP

# Lessons learned:

- PrEP demand decreased in certain sites after the first two quarters of implementation.
- Some clients did not return for PrEP refills due to daily pill taking, side effects, and misconceptions shared by PrEP users who have experienced some side effects. These rates were higher in public health facilities.
- Lab costs (e.g., willingness of clients to pay for labs, operationalizing the coverage of lab fees) negatively affected FSW's ability to initiate on PrEP - Explore the possibility of NHIS covering lab fees and/or revising the operational guidance based on latest WHO guidelines.
- Not all public health facilities are providing PEP services to KPs.
- Majority of KPs accessing PrEP are of reproductive age 20-29 yrs (FSWs 67.8%, MSM 73.37%, TG 76.9%) followed by 30-39 yrs (FSW 31.6%, MSM 13.4%, TG 23.1%) and less than 20 ( FSW 8.42%, MSM 11.9%).
- There was a 10.87% case finding rate among MSM seeking PrEP services.



## Lessons learned (continued):

- PrEP Champions were utilized to educate KPs on the benefits of PrEP and supported adherence.
- Strengthened and expanded PrEP community-initiation and refills to improve access (one month/3 months MMD).
- Improved demand creation and work within higher-risk and higher-need social networks.
- In FY22, will utilize the Online Reservation Application (ORA) to facilitate linkages and scheduling of PrEP and other HIV service appointments at IHCC, mobile clinic and WAAF subs service providers.





# Lessons Learned: Improving Adherence

---

- Ensure that KPs provide credible and reliable contact information for themselves and 1 or 2 trusted contacts to enable effective follow up
- Intensify PEs/CMs follow-ups and mobilization of clients for PrEP refills
- MSM prefer ED-PrEP and FSW prefer long term injectables as an option for daily pills taking – Need to start ED PrEP for MSM, other PrEP modalities for women (e.g. PrEP ring)
- Improve M&E systems to accurately record, track clients' discontinuation and restart (PrEP cycle) rates and other important data points to be analysed for programme improvement
- PrEP Champions are more committed and have been effective in identifying new clients, conducting follow-ups on PrEP users due for refills, conducting HIVST and referring non-reactive clients for PrEP.

# Lessons Learned: Improving Counseling at Screening and Follow-up Visits



Provide periodic orientation and refresher training for service providers



Continuous improvement of staff and volunteers' counseling skills to ensure clients understand how PrEP is taken, how it works, how to stop, and how to restart



Provide enough time at the screening session for quality counseling

# Best Practices

- ❑ **Multi sector approach – Involvement of all key stakeholders and continuous collaboration with NACP & GAC.**
- Setting up the PrEP & HIVST Implementation Committee chaired by NACP and co-chaired by GAC resulted in collective agreement and commitment to the jump start strategy, roadmap, ToT for National PrEP Master Trainers to roll out PrEP implementation in Ghana.
- Organized virtual bi-monthly Implementation Committee meetings to share lessons, best practices, challenges and solutions for national scale up – Lessons learned utilized for national scale up to 16 additional sites.
- Submitted monthly & quarterly reports to NACP & GAC to update them on progress and achievements



# Best Practices

## ❑ Supply Chain management:

- Involvement of service providers in HIV commodity quantification meetings.
- Quantification of PrEP commodities and approval by the Supply Chain committee (NACP) of PrEP commodities for PEPFAR implementation.
- Ensured availability of PrEP commodities throughout the implementation period.





# Best Practices

- ❑ **3-Pronged Approach employed for facility entry & PrEP Logistics management:**
  - Orientation of management & HCWs at selected health facilities by EQUIP created ownership.
  - Orientation by NACP on logistics management requirements and M&E tools for RMS and health facilities ensured effective tracking, management and accountability of PrEP commodities.
  - Continuous monitoring, mentoring and coaching of health facilities on PrEP implementation by Equip Health.
- ❑ **Community initiation of PrEP** by WAAF's mobile clinic and PrEP refills by trained lay counselors as part of the DSD model promoted access to PrEP services and reduced high discontinuation rates.
- ❑ **Use of Commodity Accountability Tools (CATs)** approved by NACP to effectively track, manage and account for commodities used for community initiation ensured accurate and timely reporting (community to facilities to RMS)

# Medaase

Questions/Comments





EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.



# Jump-starting PrEP in Ghana: experience in the WR

**PrEP – Be the  
champion you  
desire**

**Presented by:**

Dr Henry Tagoe  
Technical Advisor

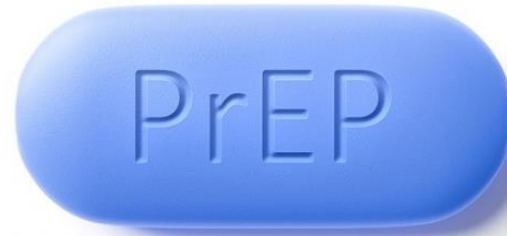
**USAID STRENGTHENING THE CARE CONTINUUM PROJECT**



# PrEP implementation in WR

## OBJECTIVE

**Demonstration  
project on PrEP to  
provide the  
empirical evidence  
for national scale-up**



# The Journey to PrEP Implementation in Ghana

## Research Agenda Setting



- Project held a research agenda setting workshop (2017) to guide implementation science for the project and shape KP research within Ghana
- The process identified the need for **implementation science research on PrEP and HIV self-testing as priorities**
- Conducted feasibility and acceptability studies on PrEP and HIVST among KPs, health service providers and policymakers (2017-2018)

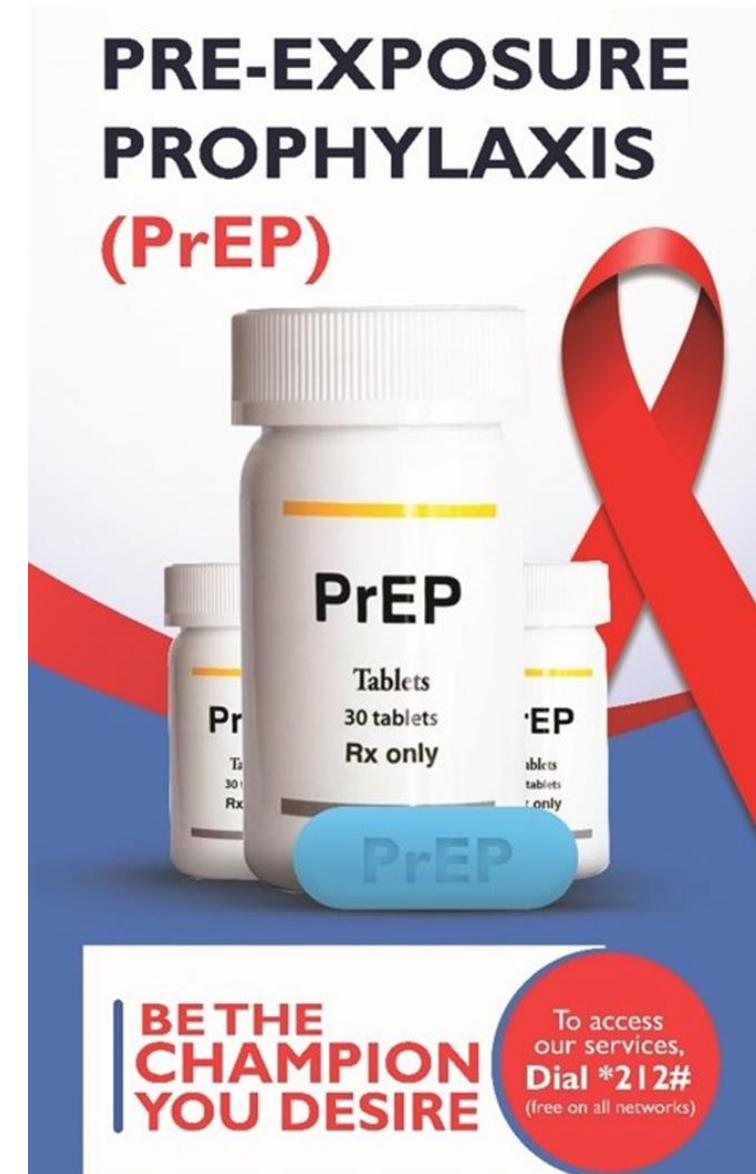
# Bridging the Gap – Research, Policy, and Practice to Introduce PrEP

- Advocacy, engage policymaker through dissemination of study findings
  - Research, Monitory and Evaluation Committee (GAC)
  - National, regional and international conferences (NHARCON, ICASA & INTEREST)
  - Members of the National PrEP and HIV Implementation Committee

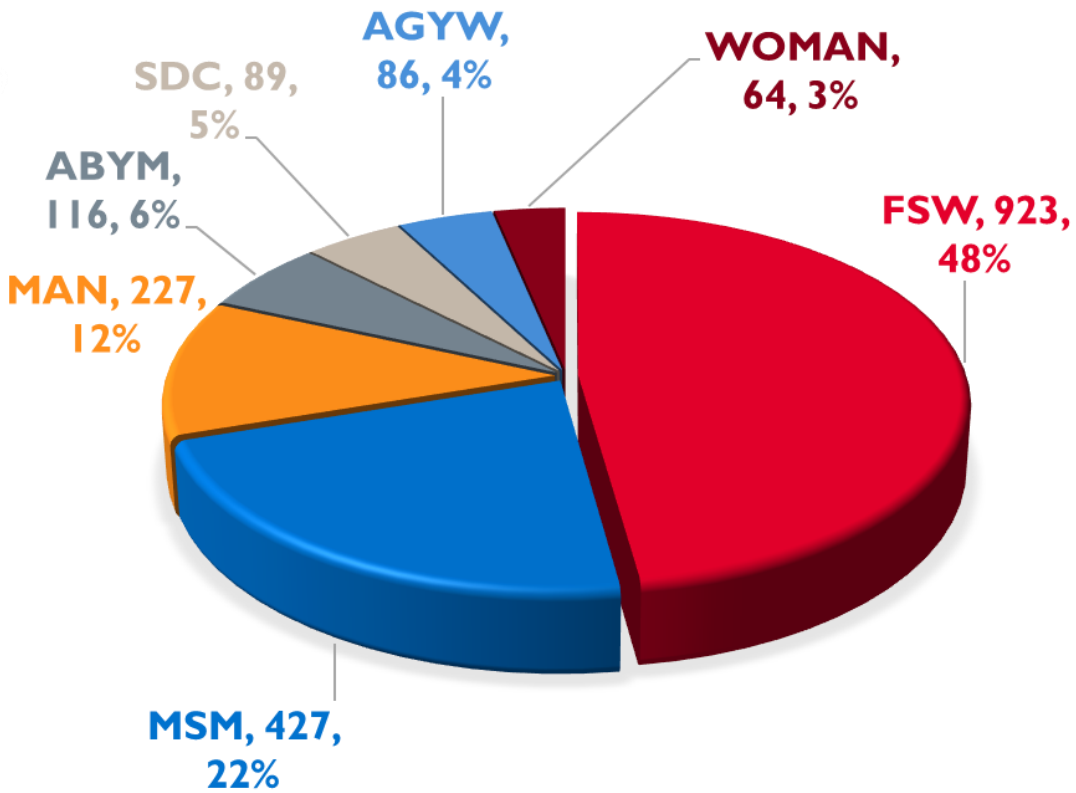
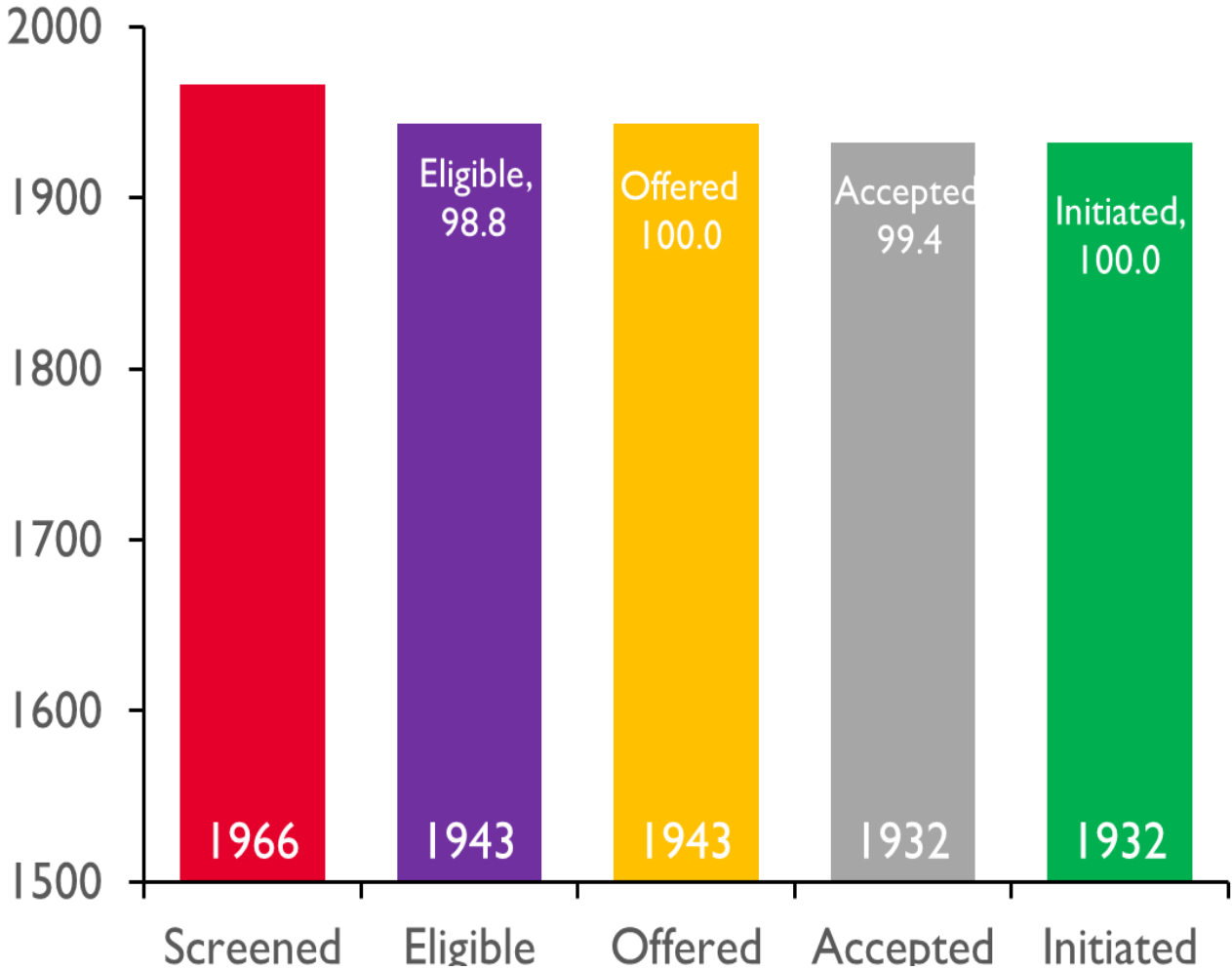


# Activities Implemented

- Trained 23 health facilities to implement PrEP programme to clients in the communities
- Trained 7 CSOs to support community demand creation for PrEP
- Supported partner CSOs to mobilize potential PrEP clients for eligibility and substantial risk screening
- Encouraged health facility-led community initiation of PrEP
- Working with health facilities and CSOs to use DICs and community delivery of PrEP



# Oral PrEP Cascade (Oct 2020- Sept 2021)



# Insight from PrEP Implementation in WR



- 4 clients discontinued PrEP, 10 clients tested positive for HIV during screening for PrEP and 13 clients were Exposure (72 hours) or AHI
- Adherence rate is higher among SDC, MSM with FSWs less likely to come for follow-up refill
- Young adolescents and older men showing interest in PrEP
- PrEP is contributing to HIV & HBV positive case finding
- Monitoring of clients, commodity and other logistics is central for sustainability
- CSOs are critical for community demand creation for PrEP
- MSM prefer event driven PrEP while FSWs have higher preference for injectable PrEP

# Best Practices & Lessons Learned



#PrEPWORKS

- Integration of PrEP programme into all health service delivery at the facility increase access to PrEP services
- PrEP commodity management is critical to sustain clients interest on PrEP
- Community partners (CSOs) play a critical role through demand creation, mobilization of clients and community support for PrEP activities
- Opportunity to increase access and utilization of PrEP among AGYW through the integration of PrEP programme into family planning services delivery for adolescent

# ACCESS THE HEALTHY LIVING PLATFORM (HLP)

**FOR FREE!**

HLP provides you with health information and tips on STI, HIV, life skills and gender-based violence. **It connects you to a helpline counselor.**



## Thank You

**USAID STRENGTHENING THE CARE CONTINUUM PROJECT**





## USAID STRENGTHENING THE CARE CONTINUUM PROJECT

# WEBINAR

## HIV/AIDS JOINT STRATEGY TO ACHIEVE EPIDEMIC CONTROL IN GHANA

## LESSONS LEARNED AND BEST PRACTICES (YEAR TWO)



**Webinar | November 29, 2021 | 9am**

**Zoom ID: 964 2479 3517      Passcode: 046031**

**Link:** <https://jsi.zoom.us/j/96424793517?pwd=UWU2djRvMmQ3QTNWRWN3S1VpWEtHUT09>