



Providing ART refills outside of a clinic setting to men who have sex with men in Ghana

Consultation on differentiated ART delivery in WCA

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Ghana

HIV epidemiological context

- Population – 29 million
- HIV prevalence - 1.67% (Nat. HIV and AIDS Estimates 2017)
- Antenatal HIV prevalence - 2.1% (GHS/NACP, HSS 2017)
- Female sex worker prevalence - 6.9% (GAC FSW/IBBSS 2015)
- Annual number of new HIV infections - 22,110 (Nat. HIV and AIDS Estimates 2017)
- Total number of people living with HIV - 320,479 (Nat. HIV and AIDS Estimates 2017)
- Annual AIDS related deaths - 13,416 (Nat. HIV and AIDS Estimates 2017)





HIV prevalence among men who have sex with men (MSM) (GMS II)

Region	GMS II HIV prevalence (2017)
Greater Accra	42.2%
Ashanti	25.4%
Brong-Ahafo	4.0%
Central	10.1%
Eastern	9.0%
Northern Ghana	4.3%
Volta	14.0%
Western	10.0%
NATIONAL	18.1%





Challenges for MSM

- Finding facilities/providers that are key population competent and professional (not just friendly)
- Lack of one stop shop & fast track service at many ART sites.
- Dealing with self stigma
 - Feeling that they will meet another member of the MSM community
- Low treatment literacy
 - Misconception within MSM networks about side effects of ART, “my organs will fail”





Drug boxes discarded to avoid exposure





Intervention

“Different clients have different needs”

1. Mobile outreach service
 - Mapping clusters of MSM who will need refill within a period and providing refill service through an outreach mobile service.
2. ART refills at offices
 - Couriering ARV to KPs who want to receive refills in offices.
3. Buddy collection of ARV refills
 - Social (Case Manager, Model of Hope) and sexual partner picking refills on behalf of clients





Mobile outreach and Model of Hope





Building blocks of ART refill outside the clinic

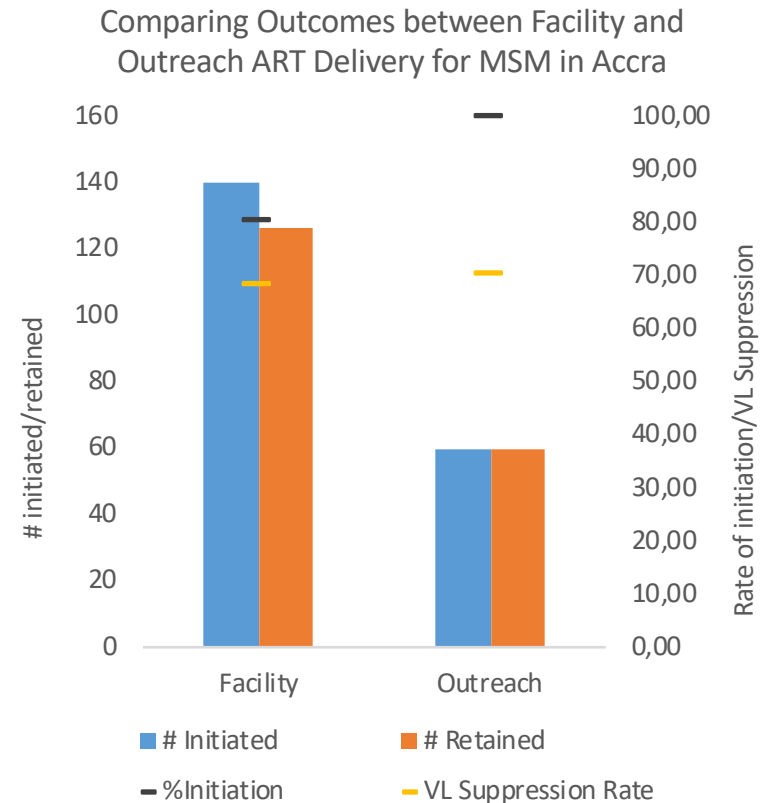
	ART refills	Clinical consultation	Psychosocial support
WHEN	Any appointment date/time as mutually arranged needed	3-6 months	As and when needed
WHERE	Community points, Office (place of work) Door step (any convenient place)	Mobile Clinic providing ART	At the clinic/on phone
WHO	Nurse/Case Manager/partner	Nurse prescriber/general nurse	Nurse counsellor Lay provider
WHAT	Pre-packed ART	Symptom screen and clinical consultation	support to allay fears of ART side effects, organ failure





Outcomes

- All 60 MSM PLHIV clients identified through outreach services in Accra initiated on ART compared to that of facility of 80% on average within the past 12 months
- Number of MSM PLHIV served outside clinic settings have high ART retention (no LTFU so far compared 5%-20% observed in facility setting)
- There is no significant difference for Viral suppression for MSM PLHIV clients through such outreach services in Accra compared to the traditional facility based client (70% and 68% respectively)





Impact

“I get my refills in my office through a courier services. It saves me time and money.”

- MSM Client

“Clients are satisfied and more motivated.”

- Healthcare worker





Scale up/Sustainability

- Scale up has been slower than expected
- Consideration within national level DSD scale up
 - Drop in centre as ARV refill point
- Incorporation of DSD skills into refresher trainings for KP related caregivers in new districts
- Increasing DSD awareness/demand among MSM networks in 6 districts





Lessons learned

- Improves adherence and linked people to care through word of mouth
- It takes time for government counterparts to accept these ART refills models for various reasons
 - Accountability
 - Data
 - LTFU

