

'TREAT ALL' POLICY IN GHANA: Laboratory Costs Dynamics on Key Populations

AUTHORS: Benefour, Samuel²; Bruce, Egbert¹; Nyanor, Angelina Kodua¹; Appiah, Patrick¹; Nartey, David¹; Bonnah, Isaac¹; Mohammed, Mahamud¹; Bock, Ariella¹; Maher, Sean¹; Tapsoba, Placide²; Tun Waimar³; Nagai, Henry¹

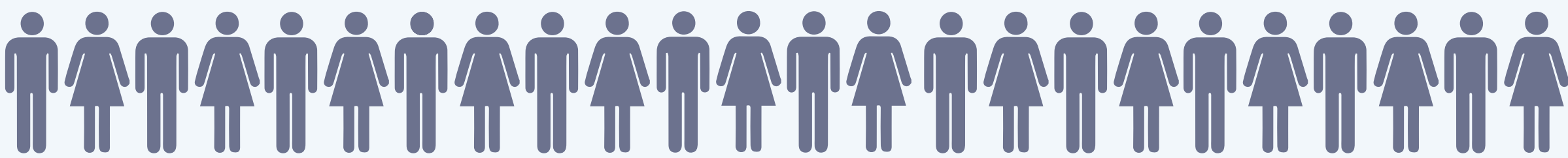
¹JSI Research & Training Institute, Inc., ²Population Council, Accra, Ghana, ³Population Council, Washington, DC

ISSUES

On 1st October 2016, Ghana adopted the World Health Organisation's (WHO) guidelines to 'Treat All' people living with HIV (PLHIV) with antiretroviral treatment (ART). This strategy aims to test and treat at least 90 percent of PLHIV in Ghana by 2020. Prior to adopting this policy, Ghana followed the WHO guidelines where only PLHIV with a CD4 count of ≤ 500 were

provided ART. However, with the 'Treat All' policy, every person testing HIV positive will be immediately initiated onto ART regardless of CD4 count. However, significant issues including payments for required laboratory investigation, wrong contact information, and lost to follow-ups act as barriers to test and start.

- Policy makers and ART providers should ensure that nobody is left behind when it comes to HIV treatment
- All laboratory cost associated with ART should be covered by NHIS.
- Viral loads should be situated in district hospitals to prevent KPLHIV from traveling long distance for testing



DESCRIPTIONS

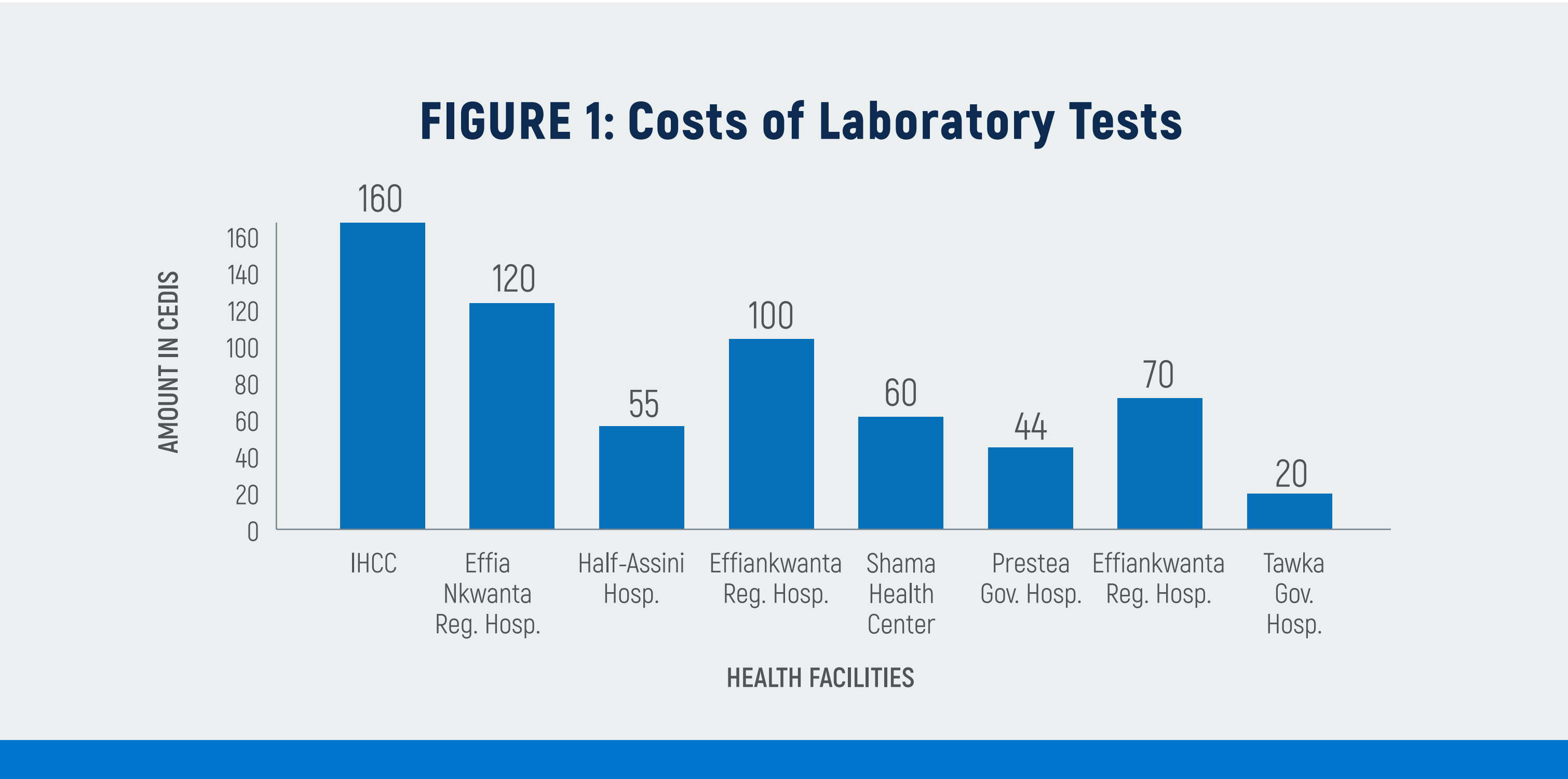
The USAID Strengthening the Care Continuum Project (the Care Continuum), funded by USAID and implemented by JSI Research and Training Institute, Inc. in partnership with the Population Council works with 13 local civil society organizations (CSOs) to identify HIV positive key populations (KPs), including female sex workers (FSWs) and men who have sex with men (MSM) and ensure that they are initiated on ART in line with the 'Treat All' policy.

- Known challenges to ART initiation include:
- The National Health Insurance Scheme (NHIS) does not cover laboratory costs associated with:
 - > Liver Function Test (LFT)
 - > Full Blood Count (FBC)
 - > Chemistry Test
 - > CD4
 - > Viral load
 - > Glucose -6-phosphate dehydrogenase (G6PD)
 - > Blue Cross (BuE/Cr)
 - > Hepatitis B

- CD4 count machines are found only in regional and district hospitals. Delays are caused when blood samples need to be batched and sent to these hospitals for CD4 analysis.
- CD4 counts done outside of the government health facilities are expensive and unaffordable to many KPs.
- The CD4 machines break down frequently because of the pressure on the equipment. When a KP member tests HIV positive before his or her enrollment,

- some initial laboratory tests are done before the individual is put on treatment.
- Viral load machines are only situated in regional hospitals.
- KPLHIV are lost to follow-up during adherence counselling and delays in initiation.

To overcome these challenges, the Care Continuum engaged case managers—who are KP PLHIV themselves who are doing well on ART to support other KPLHIV.



NEXT STEPS

In September 2017, the Director General of Ghana Health Services issued updated ART guidelines for all ART sites to facilitate the fast-track of ART enrollment.

New guidelines included that:

- All HIV positive people should be put on ART in the shortest possible time after adherence counseling.
- Baseline laboratory tests should not be a barrier to initiation of ART.
- Treatment Adherence monitor should not be a barrier to initiation of ART.

- Testing for viral load as means of evaluating ART adherence should be used instead of CD4 counts.

The Care Continuum will work to educate case managers, healthcare workers, CSOs on the guidelines to enable them to advocate for fast-track-enrollment of HIV positive clients. The Care Continuum will also work with policy makers and donor to advocate for NHIS to cover all laboratory costs associated with ART and to make viral load machines available in all district hospitals.

LESSONS LEARNED

CSOs, through the use of case managers and program officers, helped key populations living with HIV (KPLHIV) navigate pre-ART laboratory investigations at the district and regional ART facilities. Experience revealed:

- Laboratory investigation as a pre-condition for initiation on ART impeded KP access to ART.
- A significant number of KPLHIV on ART (estimated at over 70%) were not registered as part of the National Health insurance scheme, hence their inability to pay for costs covered by the scheme.
- Results from eight (8) health facilities where CSOs refer KP for enrollment on ART show that basic laboratory

investigations costs ranges from GHC160.00 (\$3640) at an International CSO health facility in Accra to GHC 20.00 (\$4.50) in a Government health facility at Tarkwa in the Western region. (Figure 1)

- Many KPLHIV become frustrated because of their inability to pay for laboratory costs and end up being lost to follow-up.
- Case managers were effective in finding KPLHIV who are lost to follow up as well as supporting new KPLHIV to navigate scheduling of laboratory services and ART initiation. (see Poster # THPDB017)
- CSOs paying for National Health Insurance for KP positives helped with enrollment on ART. (See Poster WEPDB052)

CONTACT: Samuel Benefour · samuel_benefour@gh.jsi.com