

Participatory data review to overcome challenges in achieving key project indicators in Togo

LOME, Togo—As part of the interventions implemented by the Ending AIDS in West Africa (#EAWA) project, a virtual meeting to review data from 15 of the 25 sites (health centers) with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program was held on June 30, 2020, with technical support from Data.FI. #EAWA is a United States Agency for International Development (USAID) project implemented by FHI 360.

The data review meeting covered the period from October 1, 2019 to May 31, 2020. The 15 selected sites were identified on the basis of the size of their population of people living with HIV (PLHIV) and gaps in reaching key performance indicators for the project.

This review meeting also included monitoring and evaluation (M&E) staff and PEPFAR site focal points, as well as representatives from Togo's National AIDS and Sexually Transmitted Infections Prevention Program (PNLS/IST).

The #EAWA team gave a detailed presentation on the individual and overall performance of sites, followed by discussions with the participants. The discussion focused on comparing the cumulative results against the project's contractual targets for:

- HIV testing and seropositivity rate
- HIV testing by modality
- Index case testing modality

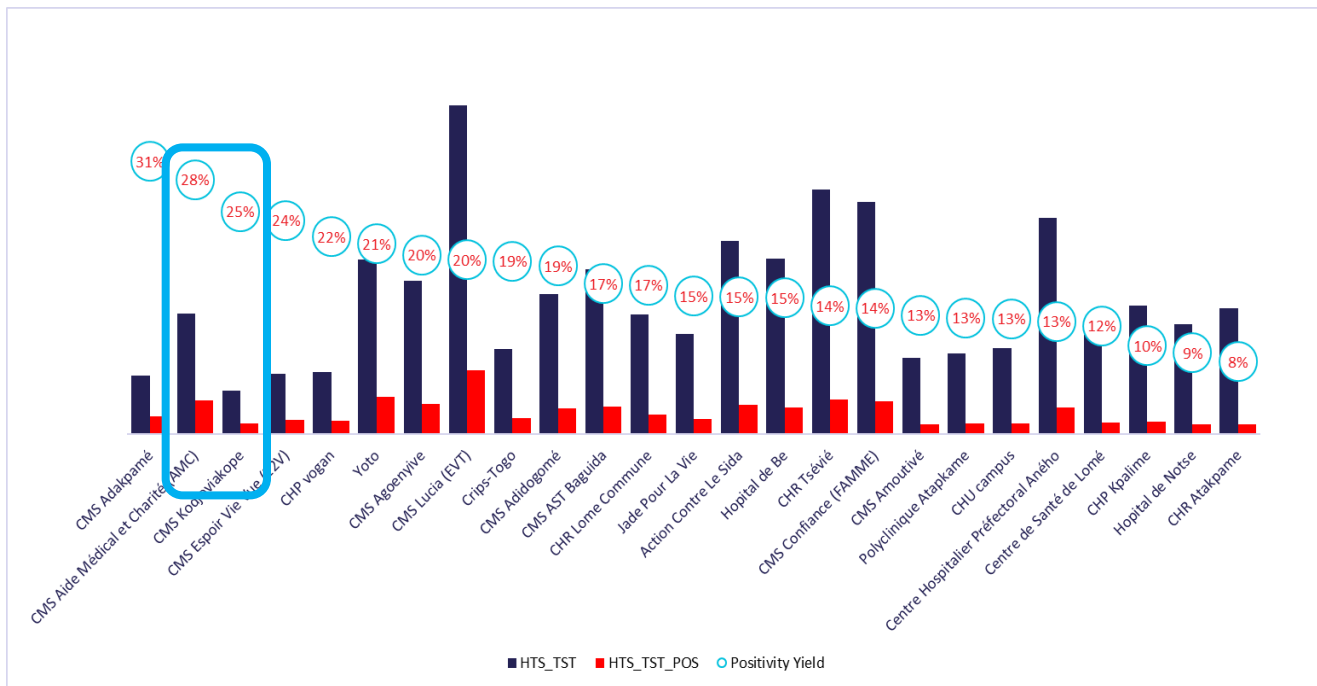
ANALYSIS OF HIV SEROPOSITIVITY RATE PERFORMANCE AT #EAWA PROJECT IMPLEMENTATION SITES

Analysis of data from the 15 sites on HIV testing targets showed a very high seropositivity rate compared to the PEPFAR program's target of 12%. Eleven of the 15 sites studied had seropositivity rates greater than or equal to 12%. Two sites recorded even higher rates of seropositivity: the Centre médico-social (CMS) in Adakpamé (**31%**) and Aides Médicales et Charité (AMC) (**29%**). (See Figure 1.)



Health personnel in Togo are taking additional safety precautions during the COVID-19 pandemic while taking blood specimens. Photo by #EAWA.

Figure 1. Results of screened cases, positive cases, and seropositivity rates by site (October 1, 2019–May 31, 2020)



The reasons given for these high seropositivity rates included:

- Failure to report all tests performed by partner clinics. These partner clinics perform the initial test; only positive cases are referred to project sites for confirmation. Those that come back negative are not referred, which contributes to higher seropositivity rates.
- Uneven use of the risk assessment form to identify clients eligible for HIV testing by site providers. Providers tended to screen primarily symptomatic clients, greatly reducing the volume of people to be tested.

Corrective actions were developed with the site providers to resolve these implementation challenges, including steps to maintain the HIV seropositivity rate at 12% for the duration of the project.

CORRECTIVE ACTIONS DEVELOPED

The corrective actions that were developed and selected to address these challenges include:

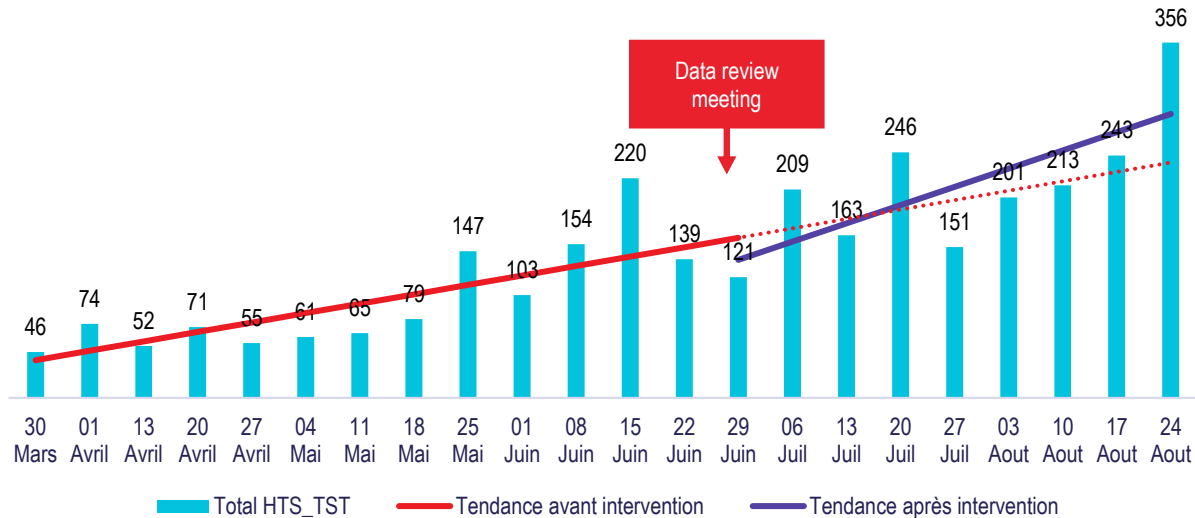
- Recording all persons tested in the project's partner clinics or health centers, both positive and negative, beginning on July 1, 2020.
- Updating the testing data for the June 1–June 30, 2020 period by adding all cases that tested negative.
- Regular and ongoing coaching for site providers to ensure proper use of the risk assessment form.

EVOLUTION OF TESTING PERFORMANCE AND SEROPOSITIVITY RATES

An average of nine additional HIV tests were performed each week prior to the data review. By implementing the corrective actions developed to improve the accuracy of HTS_TST reports in the two

targeted health facilities, the number of recorded tests improved, and the number of additional weekly tests reported doubled to 18.¹

Figure 2. Weekly evolution of tested cases for the Centre médico-social (CMS) Adakpamé and the CMS Aide Médicale Charité (AMC)



PERSPECTIVES FOR THE FUTURE

The following actions are needed to increase site testing volumes:

- Systematic recording of all people tested for HIV (negative and positive results) in the partner clinics of #EAWA project implementation sites
- Maintaining and strengthening coaching of site providers in the regular use of the risk assessment form to identify all eligible clients (regardless of symptoms) and offer them HIV testing
- Organizing monthly site meetings with the support of #EAWA technical trainers to review data and analyze performance on evolving trends in screening tests and seropositivity rates

¹¹ Trend before intervention: $y = 9.4x + 28.3$ | Trend after intervention $y = 18.3x - 117.66$

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