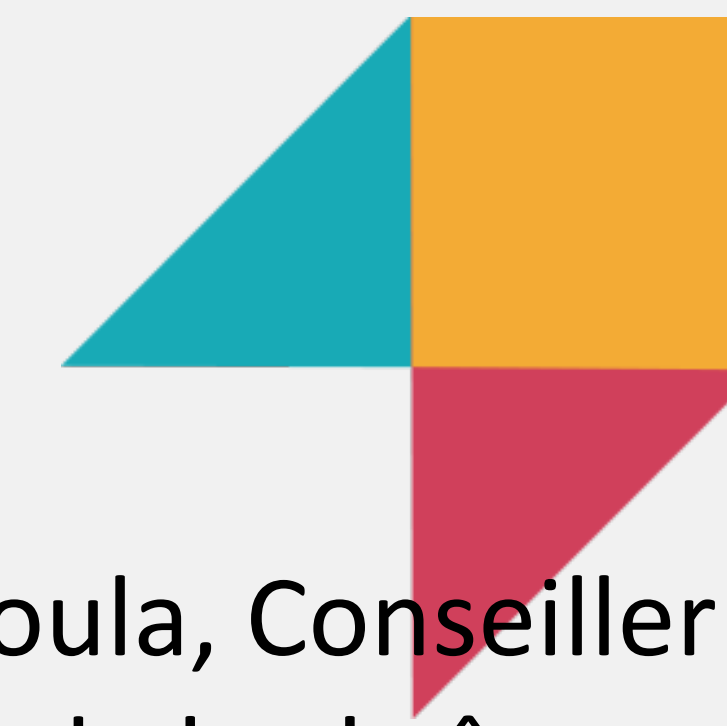


Success in Togo in the Transition to New High Quality Antiretroviral Therapy (TLD)



**HEALTH SYSTEMS
STRENGTHENING
ACCELERATOR**

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Le Projet *USAID Global Health Supply Chain Technical Assistance Francophone Task Order (GHSC-TA Francophone TO)*

Context

In order to improve the quality of care for adult patients living with HIV, the Togolese Ministry of Health has revised the National Guide for the Care of People Living with HIV (PLHIV) in order to introduce the TLD and the treatment based on Dolutegravir in the care protocols in Togo. This revision of the policy is in line with the implementation of new directives from the World Health Organization (WHO) since 2018. Togo's transition plan began with the implementation of all new patients screened in the whole from the country. The President's Emergency Plan for AIDS Relief (PEPFAR), through the GHSC-PSM project, purchased the 1st stock of 7824 TLD90 boxes from Togo and used specifically on PEPFAR sites as pilot sites for this implementation and 13000 TLD30 arriving February 2020 have allowed to boost the transition. Since the start of the transition in 2020, 98% of patients are under TLDs on PEPFAR sites and 97% at the national level, testifying to the success of the transition. This success is partly attributable to the efforts of the GHSC-TA Francophone TO project to ensure the continuous availability of inputs at PEPFAR sites, to strengthen the skills of stock managers in the form of in situ coaching and to ensure the availability of management tools.

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Description of the activity

Togo's policy has determined that 95% of 1st-line patients will switch to use of TLD, a generic combination pill of tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD), which is taken at a fixed dose of once a day. This new therapy was unknown to providers before, and it was the first time it was used in Togo. Implementing this transition required strong collaboration between the country's stakeholders: the National AIDS Control Program (PNLS), supply chain partners (such as USAID), clinics, the Directorate of Medicines and Laboratories Pharmacy (DPML), the World Fund and the technical group for monitoring purchases and stocks.

The PEPFAR sites were the Pilot sites for the implementation of the use of the TLD 90, and are supplied each month with TLDs based on their needs. The transition started with new patients and continued with old patients when there was no longer any risk of expiry of TLE stocks.

The purchasing and inventory monitoring group meets every month under the leadership of the PNLS with the participation of all the stakeholders in order to ensure the availability of drugs through the monitoring of supply plans and to take decisions as needed. as quickly as possible in order to resolve in time any supply problem that could lead to a national shortage of drugs and stop the transition.

One strategy to ensure continuous communication was the creation of a WhatsApp group to share important information for stakeholders. This includes useful training, notes on the methodologies adopted by the PNLS, information to be shared between the different sites, stock management reports, etc. This sharing of information helps to ensure an effective transition of patients on TLE at the TLD, and also avoid expiry of the TLE available at the central level.

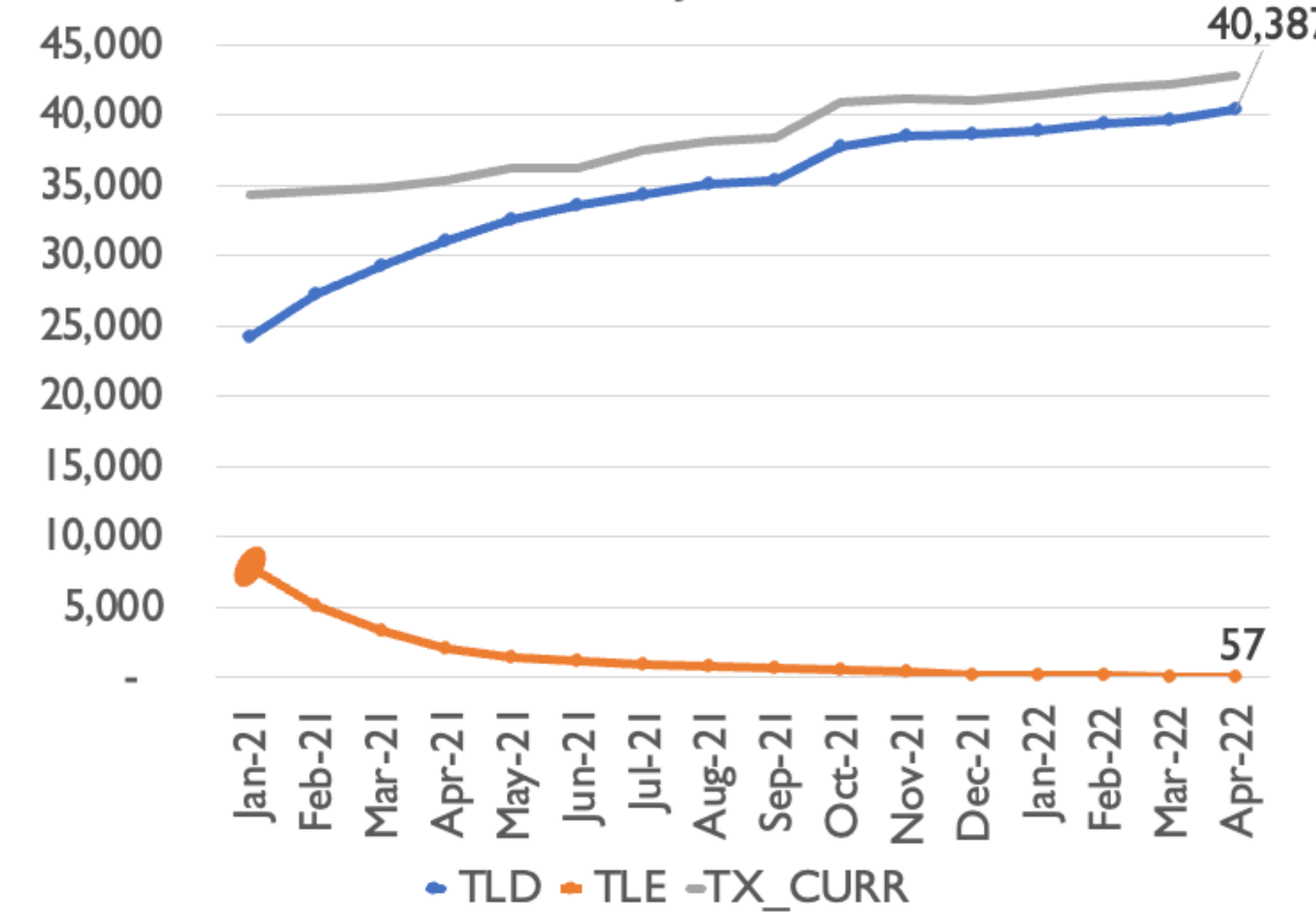
The success of the PEPFAR sites made it possible to scale the transition using both TLD30 and TLD90 on all sites at the national level. The PNLS regularly monitors the transition plan in collaboration with the GHSC-TA Francophone TO team in order to promote ownership for the management of this system and its sustainability.

Impact of the activity

The transition enabled the strengthening of the medication management system at the sites and this led to having zero ruptures of The transition enabled the strengthening of the medication management system at the sites leading to zero ruptures of the products. At the national level, the reinforcement was felt in the monitoring of the availability of stocks at the central and site levels. The factors that have contributed to this strengthening are the harmonization of management tools, the development, validation and scaling up of memory aids. Thus, the monitoring of the supply plan has been improved and the actors can take decisions quickly in order to avoid shortages. This also made it possible to improve the purchase, storage and system of resupplying the sites with drugs, taking into account the opinions expressed by the sites.

In addition, Togo worked with the private sector for the first time, enabling greater efficiency in last mile distribution. The collaboration with the clinical partner, the PMU, the central purchasing body and the private sector has strengthened the performance of the sites on the transition of treatment and on the quality of data in order to achieve the objectives of the transition. This made it possible to have a good level of stocks at the central level and good availability at the level of the support sites. The project also noted a reduction in loss of follow-up and an improvement in patient compliance with rapid adherence to treatment, an improvement in quality of life, and in the number of patients with rapid viral load suppression and are eligible for the multi-month dispensation.

Transition au TLD de Janvier 2021 Avril 2022



Evidence: Since the Department of Health launched the TLD Transition Program in January 2020, the initiative has seen significant progress. In July 2021, after only 18 months, the transition from TLE to TLD in 24 PEPFAR health sites is complete for 97.41% of eligible patients. These PEPFAR sites benefit from a direct partnership with the GHSC-TA Francophone TO for technical assistance, which includes in-depth stock management training and workshops for HIV drug stock managers.

Facilitators

The purchasing and inventory monitoring group meets every month under the leadership of the PNLS with the participation of all the stakeholders in order to ensure the availability of drugs through the monitoring of supply plans and to take decisions as needed. as quickly as possible in order to resolve in time any supply problem that could lead to a national shortage of drugs and stop the transition.

One strategy to ensure ongoing communication is to create a WhatsApp group to share important information for stakeholders. This includes useful training, notes on the methodologies adopted by the PNLS, information to be shared between the different sites, stock management reports, etc. This information sharing allows

to have constant availability of ARVs (TLDs) at the central level and at the last mile with a rapid resupply system through the private sector.

Good collaboration between the project and the PNLS has promoted better monitoring of the transition and scaling up to achieve 97% transition at the national level.

Barriers

A first hurdle was the pandemic, COVID-19, which led to delays in drug delivery dates. A second obstacle to encounter is that of patient resistance to changing treatment.

Lessons learned

The methodology for developing a transition plan defining the steps are known and for the next transitions these steps can be used. The case of transitioning children from LPV/r 40/10 adopted the same methodology.

The purchasing and inventory monitoring group is functional and makes quick decisions when needed to avoid stock shortages.

Health centers are no longer crowded with people because with the TLD90 one box is equivalent to a 3-month treatment, which has considerably reduced lost sight, improved compliance, which also contributes to the reduction of opportunistic infections.