The CQUIN Learning Network

Patients at High Risk:
Experience, Guidelines, and Best Practices in Uganda

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July 17-19, 2017
Harare, Zimbabwe

HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

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Differentiated Care for P@HR: Country Experience

- Scope of the Problem
- Treatment Guidelines
- Best Practices / Lessons Learned
- Differentiating Care for P@HR

Client categories for differentiating HIV treatment and care

Stable Clients	Unstable/Complex Clients
• PLHIV on ART for more than 12 months • Virally suppressed: 1 virally suppressed test result within 12 months • Not sick, no concurrent illness) (WHO 1,2) • TB clients who have completed 2 months intensive phase treatment and are sputum negative • On 1st or 2nd line ART line regimens • Demonstrated good adherence (over 95%)	• PLHIV with co- infections • On ART <12 Months • Not virally suppressed • On 3rd line treatment < 1 year • TB clients in intensive phase of treatment (< 2 months) or who are still sputum positive after intensive phase treatment • MDRTB TB/HIV co-infected clients • WHO stages 3 or 4

Scope of the Problem

- The HIV program has not developed reporting formats on the prevalence of “high risk” patients amongst PLHIV in your country
  - *Patient level data is available*
- The rates of newly-diagnosed patients presenting with advanced disease (CD4 < 200 cells/mm3) has declined to 10-30%
  - *A Base line CD4 is recommended but still not done for every new patient*
- The rate of patients receiving routine VL testing that are unsuppressed varies; 10% in adults and 40% among children
  - *although the VL coverage is about 50%*
- Rates of TB/HIV in the program ranges between 5-15%
- Overall opportunistic infections occur in 15-24% of PHA

Treatment Guidelines

There is no specified package of care for P@HR in our national guidelines:

- For patients presenting with advanced disease if their CD4 is less than 100 are screened for cryptococcol disease
- Patients on ART who are "unstable" are managed according the particular condition they present with:
  - Not virally suppressed
  - CD4 < 200/mm^3
  - Adverse drug reaction requiring ongoing monitoring
  - Active opportunistic infection, including TB
  - Non-adherent with ART
  - Substance use
  - Comorbid condition(s) requiring frequent follow up

All new and unstable clients are treated at the facilities after comprehensive clinical assessment

Trained staff attend to all patient and consult where necessary

Treatment Guidelines

Clinical evaluation and monitoring of HIV disease

- Provide cotrimoxazole prophylaxis to every infected HIV patient for life
- Provide INH prophylaxis if eligible
- Screen and manage other OIs like TB and cryptococcal infection

Opportunistic infection screening, prevention, and management

- Provide cotrimoxazole prophylaxis to every infected HIV patient for life
- Provide INH prophylaxis if eligible
- Screen and manage other OIs like TB and cryptococcal infection

Other areas of the package

- **Screening and treatment of comorbidities Screen and manage NCDs including:**
- **Sexual and reproductive health services linking them to ANC**
- **Do adherence preparation, monitoring and support**
- **Psychosocial support and palliative care**
- **Orphans and vulnerable children (OVC)**
- **Positive health, dignity and prevention**
- **Other prevention services**
  - Provide immunizations according to the national immunizations schedule
  - Educate and promote use of long-lasting insecticide-treated mosquito nets (LLINs)
  - Educate and promote use of safe water, sanitation and hygiene practices

Best Practices / Lessons Learned

- Some partners have just started small pilots of P@HR
  - TASO
- There is no data yet from these pilots

Differentiated Care for P@HR

- There no plans yet to differentiate care for P@HR
- We should introduce this to the national DSD TWG
- We need to adapt the definition and understanding in the current National DSD implementation guidelines