

The CQUIN Learning Network

Annual Meeting

International Consortium for Advanced HIV Disease (iCAHD)

Ben Cheng

GHIG & International Diagnostics Centre, LSHTM

February 13-15

Maputo, Mozambique



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery



iCAHD

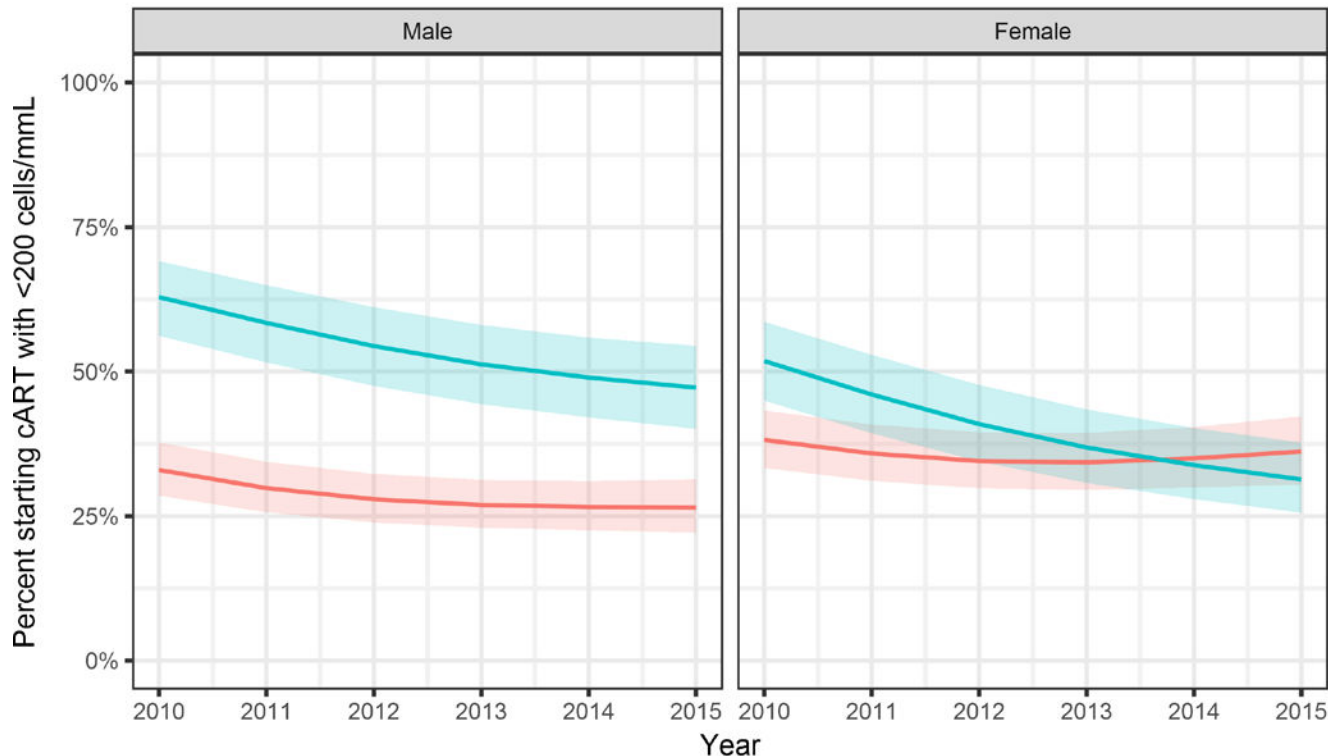
Dedicated to advancing and implementing a sustainable advanced disease package of care in countries. Activities will include:

- Country-situation mapping
- Research-gap mapping
- Global market
- Global architecture and funding

Advanced HIV Disease

Advanced HIV disease remains a persistent problem

Income group High-income not HIC



38% of patients start ART with advanced HIV disease

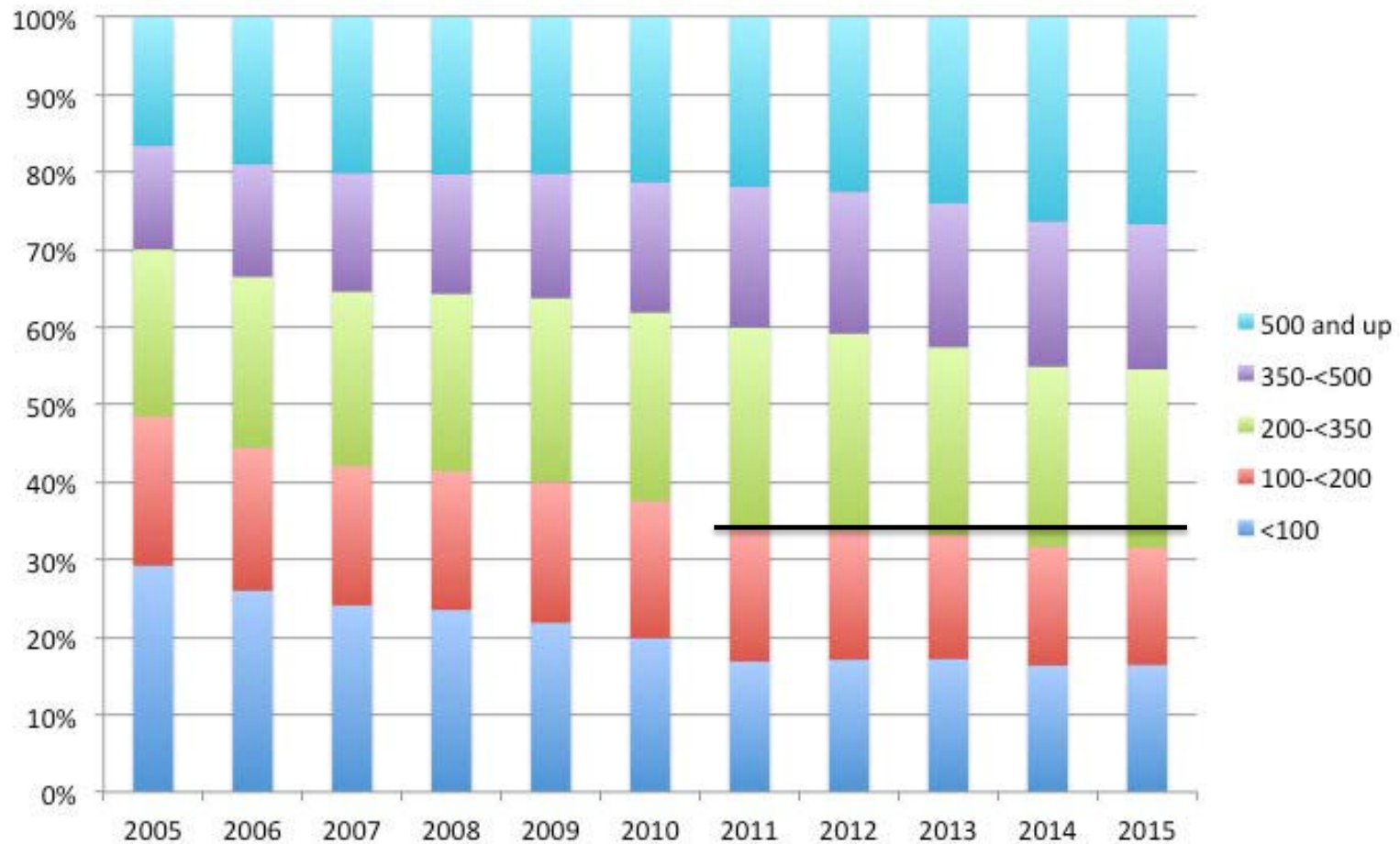
Higher in LMIC and among men

The results are based on 951 855 adults from 55 countries

Source: *leDEA/COHERE–WHO Collaboration*

The CQUIN Learning Network

Country Example of Advanced HIV Disease Proportions



HIV-Related Mortality Remains High

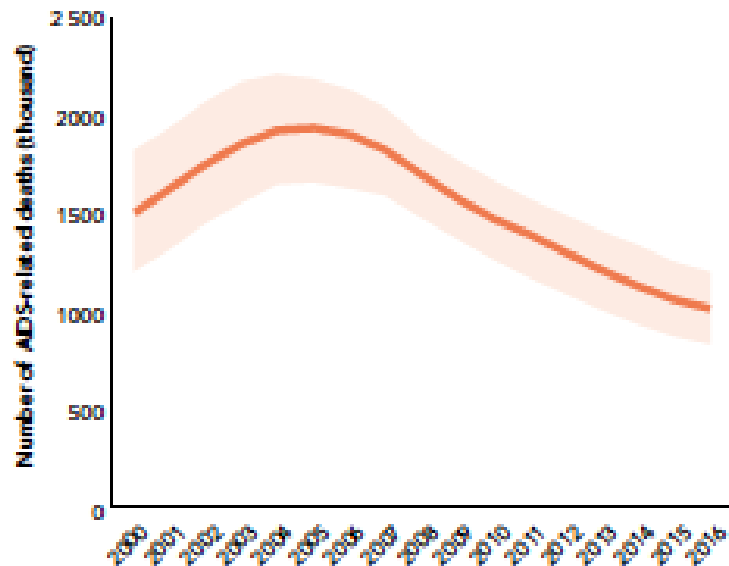


FIGURE 2.1. AIDS-RELATED DEATHS, ALL AGES, GLOBAL, 2000-2016

Source: UNAIDS 2017 estimates.

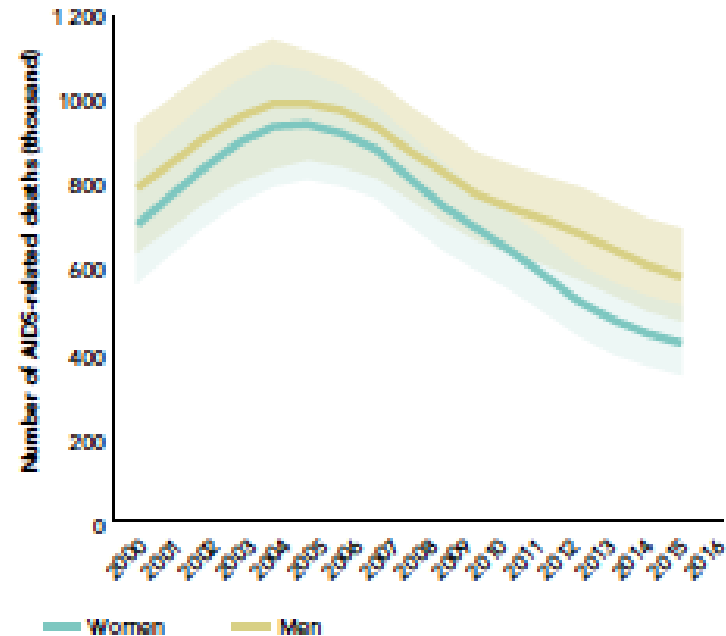
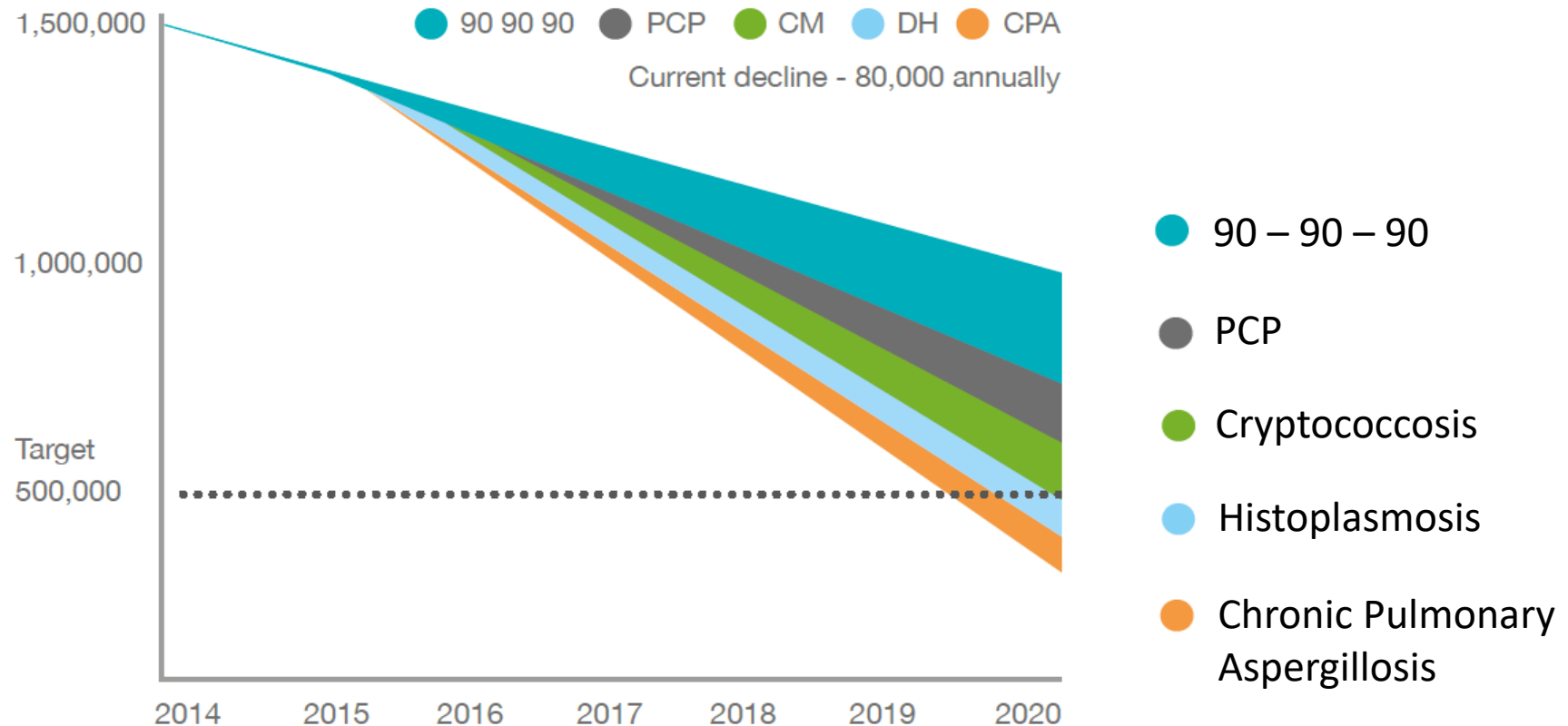


FIGURE 2.2. AIDS-RELATED DEATHS BY SEX, ALL AGES, GLOBAL, 2000-2016

Source: UNAIDS 2017 estimates.

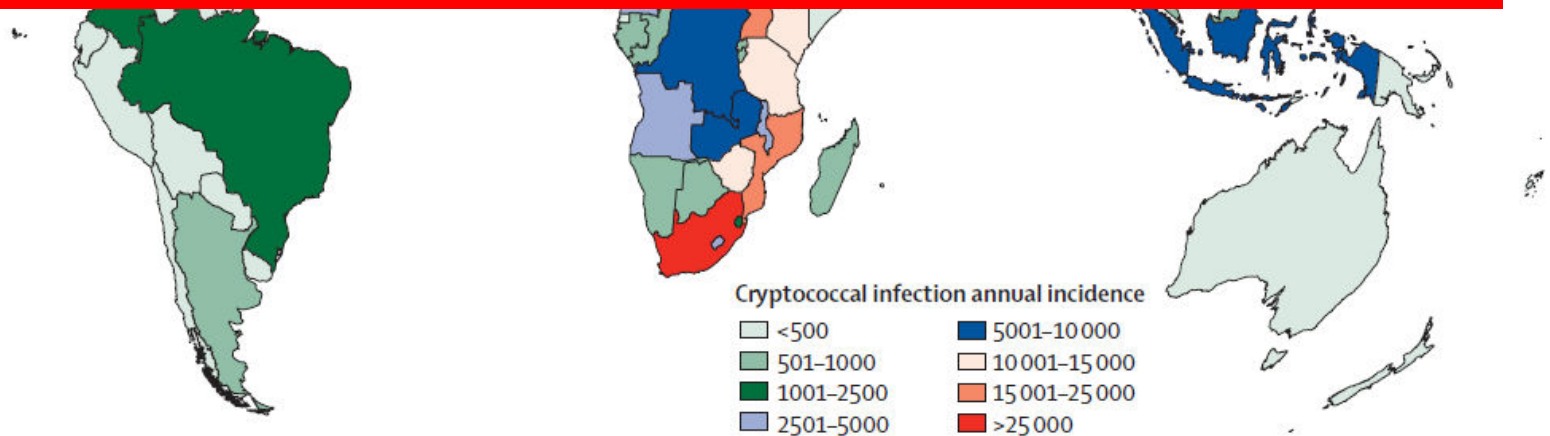
Reduction in AIDS Deaths to Under ½ Million by 2020



Global Burden of disease of HIV-Associated Cryptococcal Meningitis

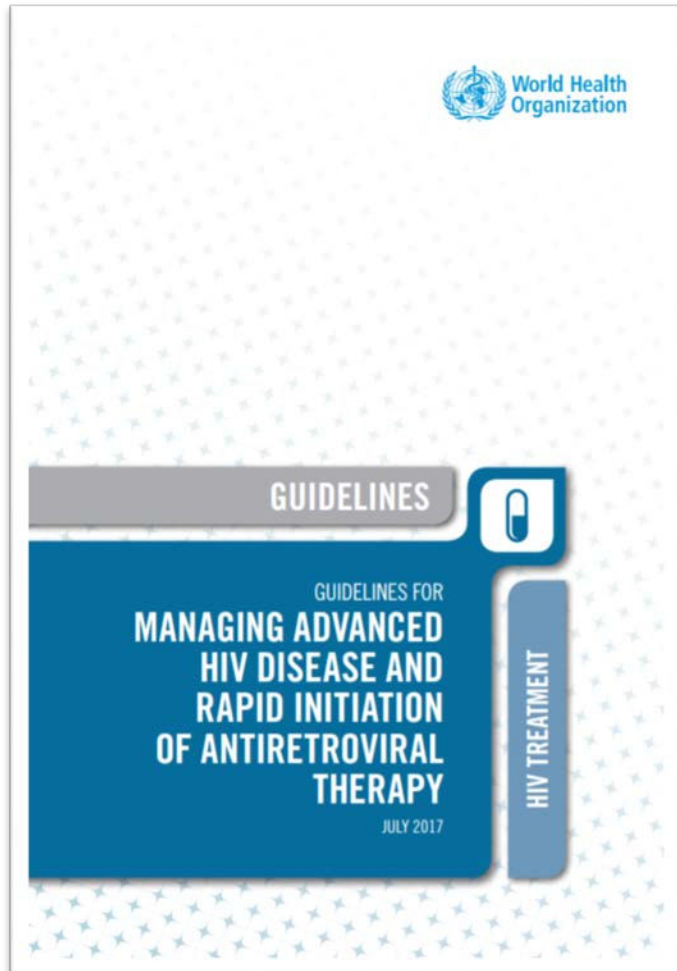


**Crypto accounts for 15% of all AIDS deaths
(95% CI: 10%-19%)**



Sub-Saharan Africa: 162 500 cases, 135 900 deaths

WHO Guidelines for Management of Advanced Disease



Management of advanced HIV disease

A package of interventions including screening, treatment and/or prophylaxis for major opportunistic infections, rapid ART initiation and intensified adherence support interventions should be offered to everyone presenting with advanced HIV disease.

(Strong recommendation, moderate-quality evidence)

HIV



Test and treat

Screen for
advanced disease

Patients with advanced HIV
require differentiated care

Advanced HIV



Fast track ART



Screening



Treat serious infections



DSD for Patients with Advanced HIV Disease

- ART-naïve, late presenters, clinically well
- ART-naïve, late presenters, clinically unwell
- ART-exposed, treatment failure/LTFU, clinically well
- ART-exposed, treatment failure/LTFU, clinically unwell
- Resistance?

The Enduring Challenge of Advanced HIV Infection

Nathan Ford, M.P.H., Ph.D., and Meg Doherty, M.D., Ph.D.

- In the REALITY trial, almost half the patients with a CD4+ count of fewer than 100 cells/mm³ (the cut-off value for participation in the trial) had mild or no symptoms (WHO clinical stage 1 or 2 disease)
- This observation serves to **highlight the limits of relying on clinical assessment alone** to identify HIV-positive patients at high risk for severe disease and death
- It also reinforces the importance of maintaining the capacity to measure CD4+ cells
- In locations in which viral-load testing is available, the **CD4+ count is no longer required in order to determine a patient's eligibility for antiretroviral therapy or to track the response to treatment**, yet measurement of the CD4+ count remains **essential for assessing the risk of severe disease**, both in patients who newly present for care and in those who return for care after a period of treatment interruption

Country	CTP	IPT	GXP	CrAg/Fluc	TB LAM
Botswana (2016)		Children only?			
Ethiopia (2014)				In addendum	
Lesotho (2016)					
Malawi (2016)					
Mozambique (?)					
South Africa (2015)					Not in 2015 guidelines, but should be updated
Swaziland (2015)				*	*
Tanzania (2016)				*	
Uganda (2016)					Conditional
Zambia (2016)					
Zimbabwe (2016)					

* Not in that year's guidelines, but MoH has said will be included in next version

Challenges to DSD for Advanced HIV Disease Patients

- Drugs and diagnostic tests are not routinely available in many health facilities
- Drug formulation
- Cold chain requirements
- In country registration of drugs and diagnostics
- Toxicity monitoring
- How will advanced disease interventions be funded, and how much will they cost?

Acknowledgements

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UNITAID

MSF

WHO