



Innovations to Improve AHD linkages – Experiences from IDI programs



DR Joanita Kigozi

Deputy HoD, Health Systems Strengthening Department
Infectious Diseases Institute, Kampala, Uganda

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery



Presentation Outline

- Background
- Problem statement
- “Hub and Spoke” model to improve AHD linkage
- Key recommendations

Background – IDI

- Mission: To strengthen health systems in Africa, with a strong emphasis on infectious diseases, through research and capacity development
- 6 Core programs: Prevention care and treatment, Research, Laboratory services, training, Global Health security, ***Health Systems Strengthening***
- Health Systems Strengthening programs:
 - 23 districts across 3 regions, 290,000 PLHIV in care with PEPFAR/CDC support
 - Supported facilities from National Referral Hospital to HCII level

AHD Problem statement – IDI programs

- Presentation with AHD common - 24% of those tested in 2018*
- Baseline CD4 testing rates declining with “treat all” and changing priorities
- Attrition rates still high – 1 year retention about 80%
- Significant proportion of Hospital AHD admissions are ART exposed
- Limited capacity to manage symptomatic AHD at lower level facilities

Jan to Mar 2020 program data – Kampala region

% new PLHIV offered a baseline CD4 Test	% with CD4 <200	% screened with serum crag	% Serum crag positive
66%	21%	86%	10%

**Nasuuna E et al: Reduction in baseline CD4 count testing following HIV “Treat All” adoption in Uganda*

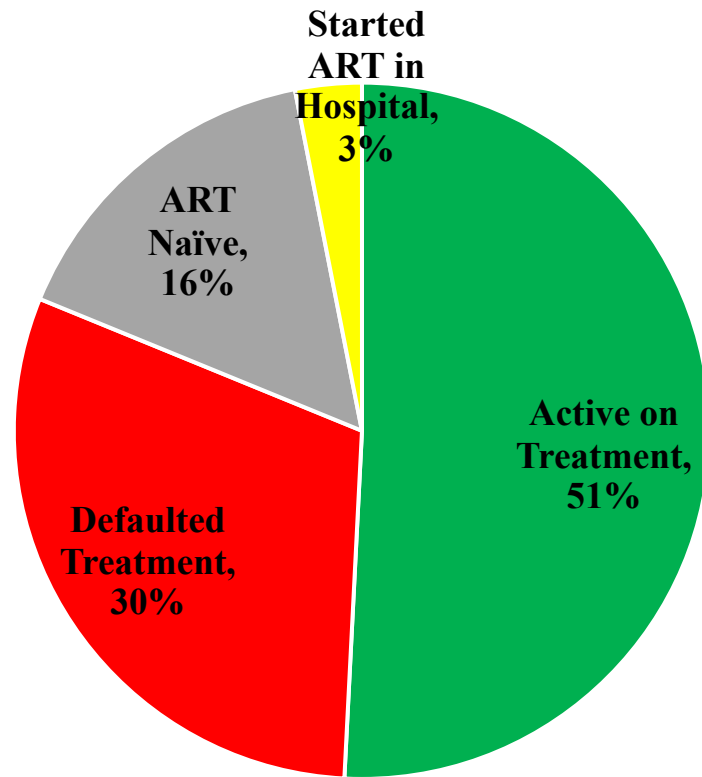
Hub and Spoke model to improve AHD linkage and management - Kampala region



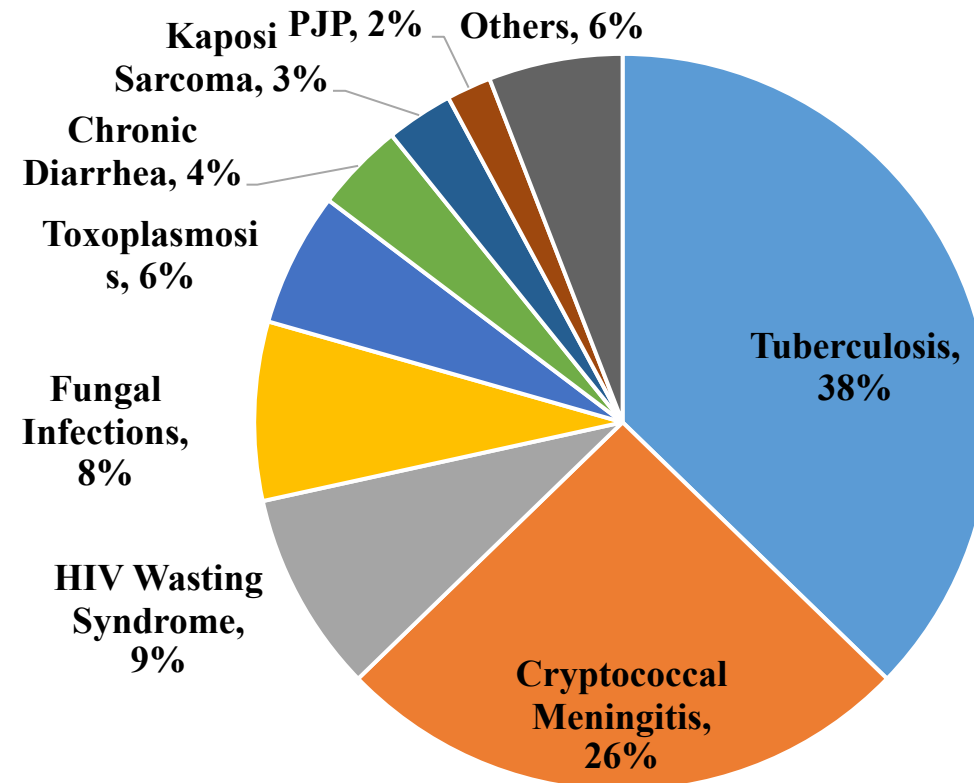
- Advanced care clinicians and linkage focal persons
 - Specialised tests/investigations
 - Follow up to establish status up to one month after discharge
 - Audit ART experienced admissions and feed back to referring site for QI
 - Continuous joint management for selected complex cases
- Primary care and AHD linkage focal persons
 - Triplicate written referrals/escorted referrals
 - Follow up to establish effective linkage
 - Feed back on quality of services at referral unit

Experiences - Kiruddu Referral Hospital hub(March to June 2020 results).

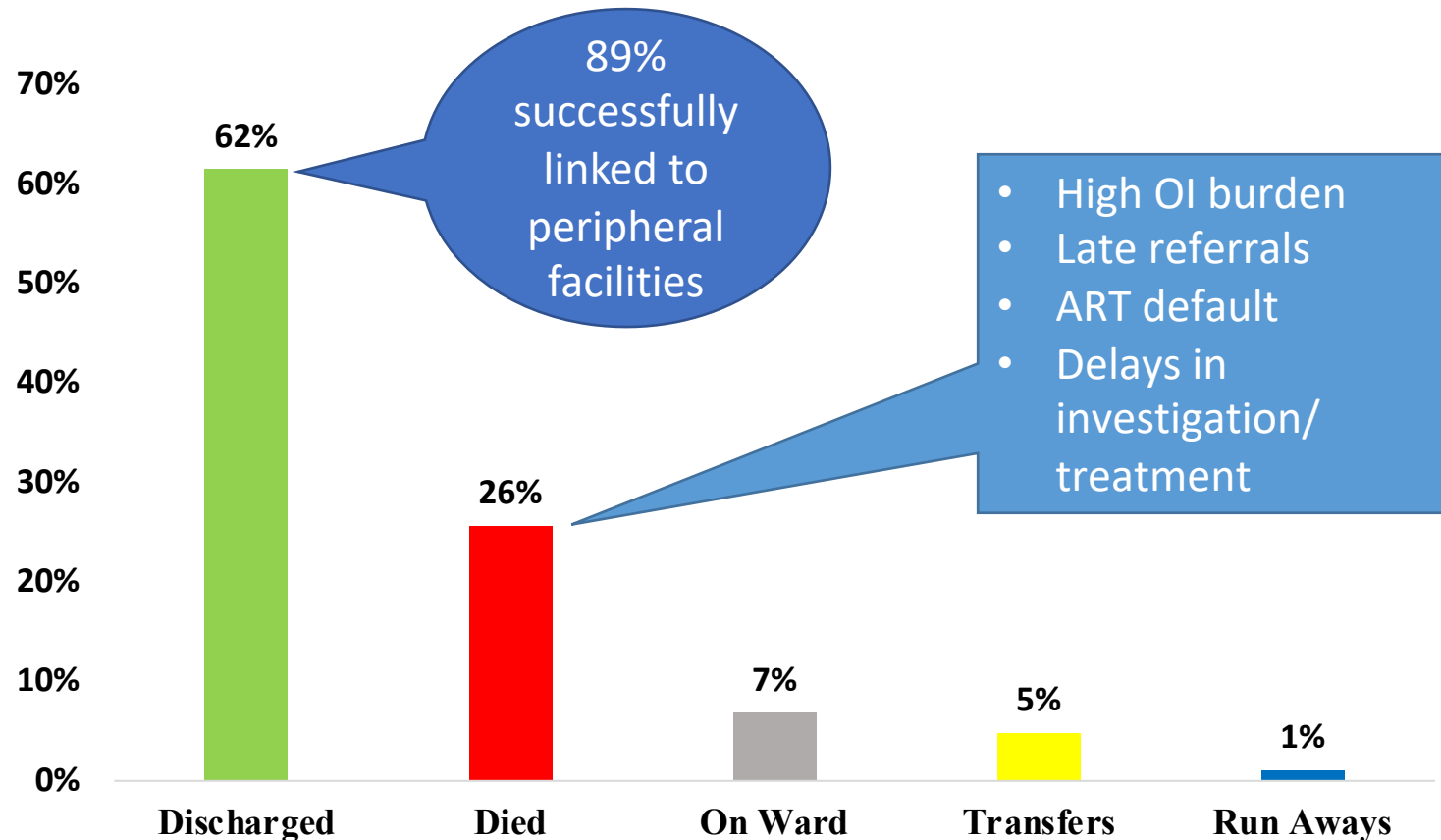
ART status on admission



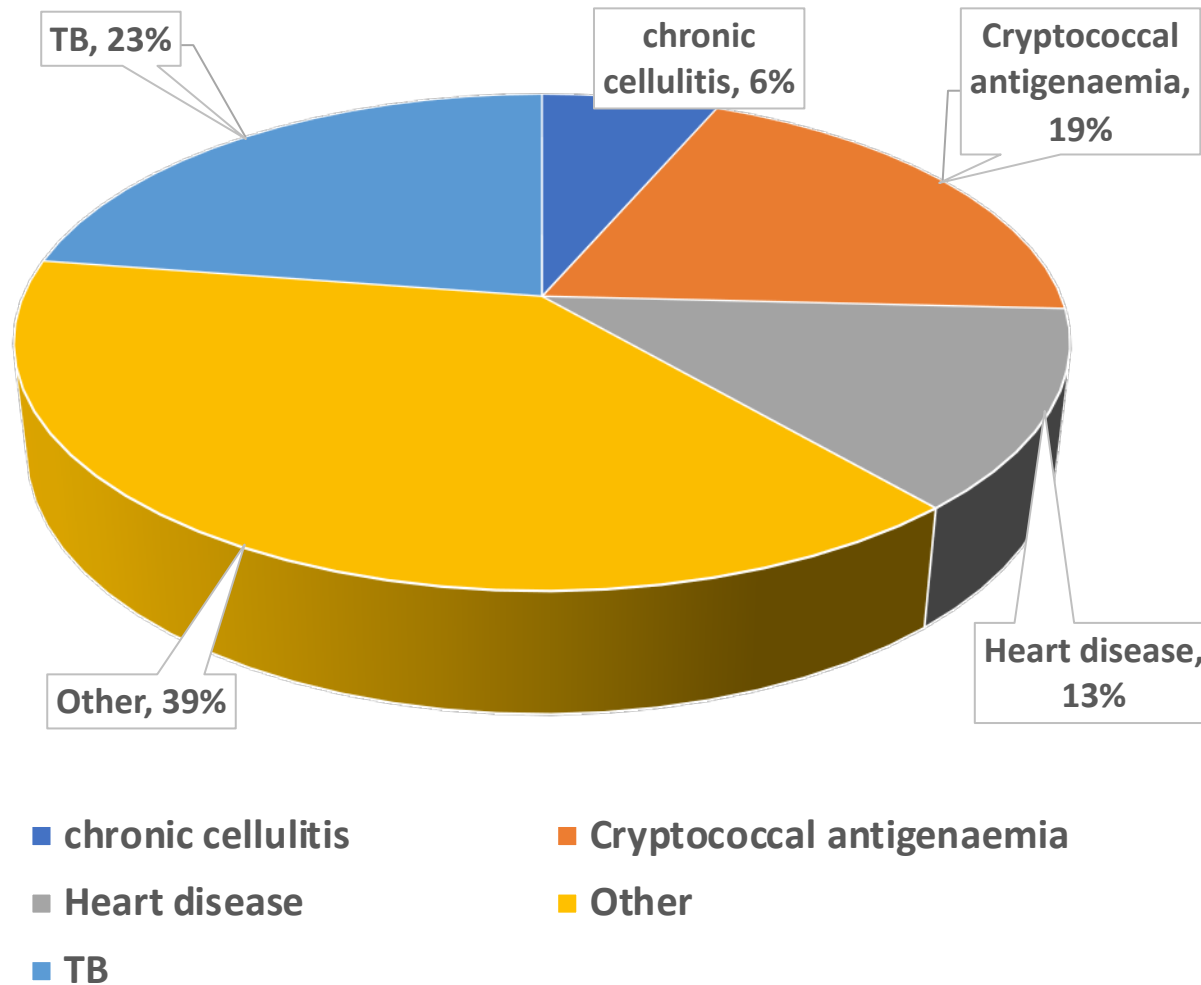
Reasons for admission



Experiences - Kiruddu Referral Hospital hub (March to June 2020 results)..



Experiences – Kawaala HCII Spoke (April to June 2020 results)



Kawaala HC statistics:

9127 active in care

207 new HIV positive during this period

- 31 individuals referred for complex HIV care management at a regional hub
- 14/31 (45%) to Kiruddu RH – 9/14 (64%) with TB or CCM

Key recommendations

- Need to develop AHD structures – requires some investments (urgent care, referral systems, HR)
- Central directory of sites including package of services and linkages focal persons to support follow up
- Regular audit of AHD admissions to identify ongoing missed opportunities for prevention of AHD; and feedback
- Regular review of AHD data at all levels – to ensure alignment to national guidance and CQI

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