Advanced HIV disease care at Lighthouse clinics in Malawi - How far have we come?

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Objectives of the presentation

• Describe the setup of Lighthouse Trust clinics in Malawi and the role AHD care and other DSD play within the clinics

• Highlight the extent of AHD services currently delivered in Centers of Excellence and in supported districts

• Share some thoughts on the M&E of AHD services and the importance of training in this field
Lighthouse Clinic Trust operates five large referral level HIV/TB clinics and supports 5 districts in Malawi’s North

Lighthouse clinic at Kamuzu Central Hospital in Lilongwe was founded in 2001, is funded by PEPFAR through CDC since 2003 and was recognized as Centre of Excellence for HIV care in 2004 by the WHO.

Currently Lighthouse Trust established Centres of Excellence in all Malawian referral hospitals:

- Kamuzu Central Hospital, Lilongwe (LH-KCH)
- Bwaila Hospital, Lilongwe (LH-MPC)
- Queen Elisabeth Central Hospital, Blantyre (LH-UFC)
- Zomba Central Hospital (LH-Tisungane)
- Mzuzu Central Hospital (LH-Rainbow) – under development

The Centres of Excellence treat more than 60,000 HIV patients with ARVs and including other supported spoke sites this number exceeds 130,000.
All CoE sites offer **integrated service delivery:**

- Comprehensive HIV care
- Comprehensive TB care
- Kaposi’s sarcoma diagnosis and treatment
- Cervical cancer screening and treatment (cryotherapy/thermocoagulation)
- Nutritional and psychosocial counselling and support

**Differentiated service delivery**

- 6 multi-monthly refills
- Teen clubs
- Nurse led-Community ART program
- Advanced HIV disease care
After results of the REALITY trial were published the “ALUP algorithm” was implemented (which can still be found the AHD toolkit –CQUIN website)

Patients initiating ART or failing on ART are screened with CD4 and subsequent CrAg and LAM reflex POC-test if results < 200 cells/ml (initially < 100 cells/ml)

CoE clinics are equipped with point of care labs for side effects management (Crea, LFT), POC-VL for “targeted VL” and CD4 point of care machines

ALUP = Advanced, Late, Unstable Patients
LH supports AHD inpatient care in referral hospitals where AHD is frequent

- Extensive inpatients HIV testing services
- Provision of all AHD tests in the ward
- Treatment advice and consultation for the teams
- GeneXpert MTB/RIF as well as CXR facilities are available through the central hospitals
- Ultrasound to diagnose EPTB (FASH scan) is available in all clinics and used for in and outpatients
Trend of Lighthouse KCH AHD services 2020

- PIMA CD4 is regularly used and yield of AHD fluctuated between 40 and 54%
- The number of CrAg and LAM tests approx. mirrors the AHD yield
- The average yield of the reflex-tests was
  - CrAg 20% (range 11-35%)
  - LAM 22% (range 11-42%)
- The changes due to COVID in April onwards reduced service utilization significantly
AHD lab data – Comparison of the referral level clinics

- The large Lighthouse clinics did 5143 CD4 (35% <200), 1889 CrAg (10% pos) and 1998 LAM (16% pos) tests from January to June 2020
- The proportion of patients with AHD differ significantly - highest in LH and Umodzi based in the larger Lilongwe KCH and Blantyre QECH referral hospital
- LH KCH Lilongwe has substantially more CrAg positives while this is very low in Bwaila-MPC (which is mainly a “walk-in” clinic) and Rainbow MCH in the North
- Also LAM positivity is higher in the LH KCH – but surprisingly also high in Rainbow clinic in the North which geographically has a lower TB prevalence in general
AHD implementation in Northern District Hospitals January-June 2020

- Four of five district hospitals operate ADH diagnostics
- Although absolute numbers are smaller in district hospital than in the referral hospital the yield is not negligible
- “Remote districts” (Likoma) still pending implementation
- It is planned to roll-out AHD services (PIMA/CrAG/LAM) 13 more rural hospitals in the near future (COVID permit)
Some considerations on M&E of AHD

- AHD services need to be monitored – but health care workers in ART programs already suffer from overburden of multiple registers

- “Registeritis = every pet initiative in the clinic needs a special, new register” – DHA estimates that there are an endless line of more than 60 registers for the HIV program alone – “severe registeritis”

- LH is currently developing a reasonably comprehensive AHD monitoring system from existing registers and especially from existing electronic data systems (e.g. EMRS, lab machines)

- Transitions between services delivery points e.g. lab-clinic, clinic-hospital make it hard to capture patient data. Therefore we are currently ending our AHD cascade at the CrAg/LAM test results (not LP done, treatment given, etc...)

- Data quality is a difficult issue and our clinic and M&E teams are working on this actively
Training considerations for AHD

• Provision of tests is important – but it is equally important to train clinicians and nurses to adequately act upon the results

• Since LH operates clinics far apart, basic telemedicine needs to play an important role
  • WhatsApp clinician group
  • ECHO sessions

• Development of training material for AHD is an ongoing priority for Lighthouse
  • Case manual
  • Chest X-ray manual
• Lighthouse has a history of AHD care and in the large clinics algorithms are well established
• Proportion of AHD is high and yield of CrAg and LAM is significant
• AHD services can be successfully rolled out in districts and further decentralized services are planned
• M&E and training in AHD are important points of consideration- which should not be forgotten over the provision of the relevant tests
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