



Advanced HIV Disease Update: Uganda

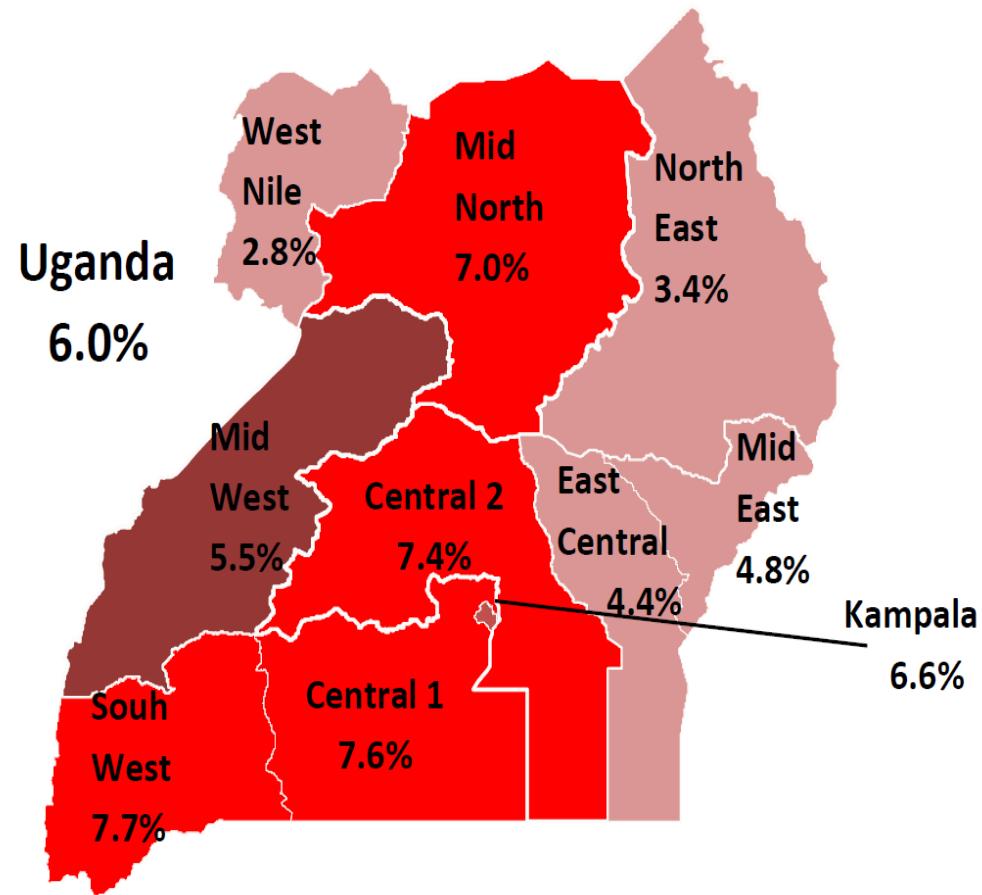
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Ministry of Health
28th to 29th July 2020



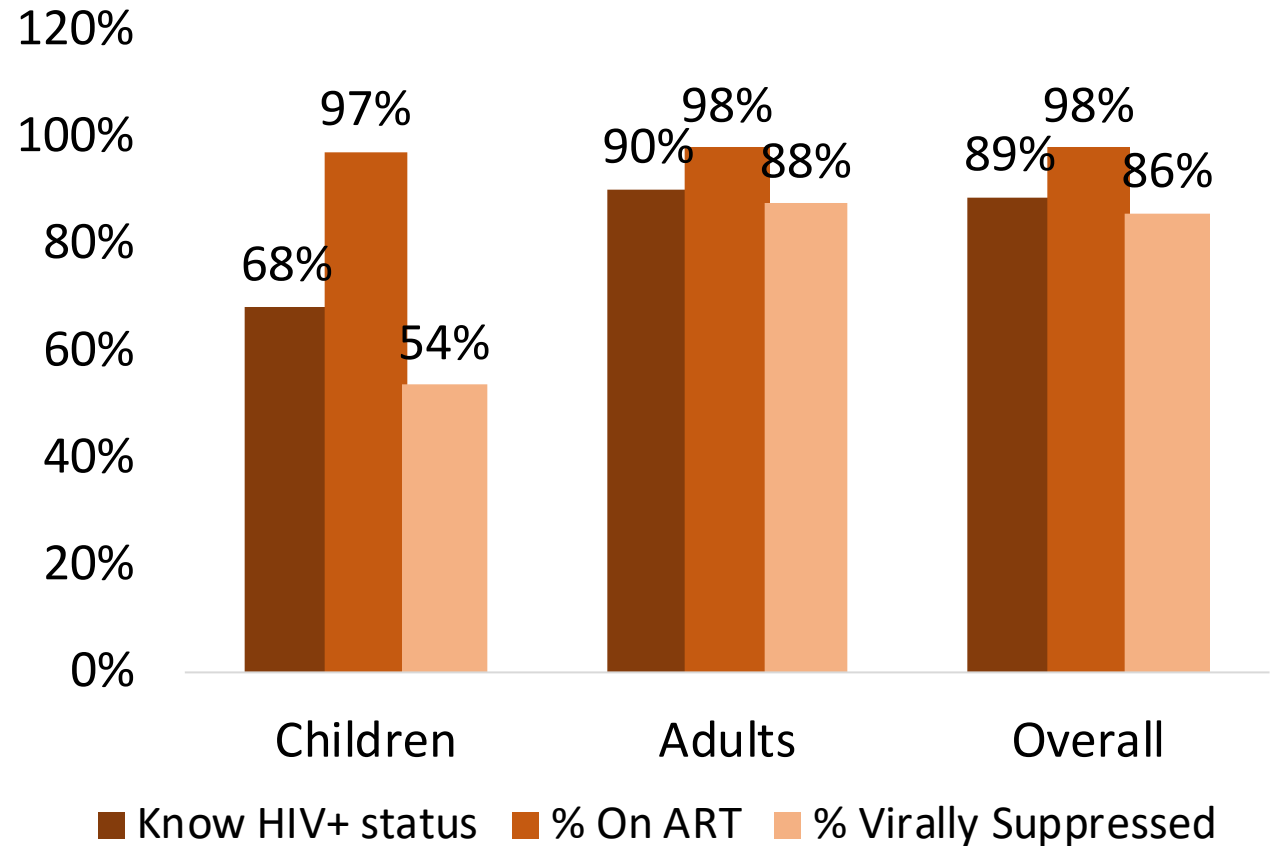
HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

HIV in Uganda -

HIV Prevalence Among Adults Aged 15 – 49 Years by Survey Region (UAIS 2016)



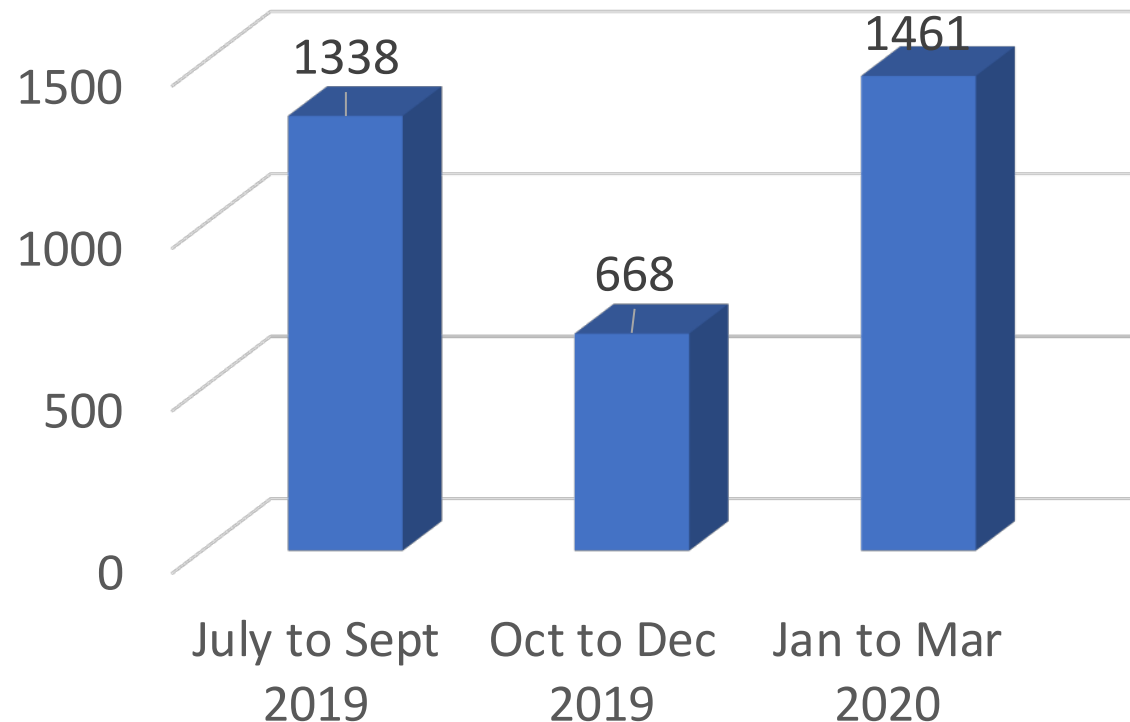
Progress towards 95-95-95



AHD in Uganda

- **1/5th** of people initiating ART have CD4<200
- **~11%** of PLHIV in care experience **treatment failure to ART regimens**
- **~1/5th** of unsuppressed PLHIV are returning to care with AHD

Mortality among PLHIV



AHD Coordination and Leadership

- Uganda has an AHD Technical WC that meets monthly
- Coordinated by the National AHD/TBHIV Technical Officer
- AHD TWC constitutes members from
 - MoH,
 - PEPFAR,
 - CHAI,
 - Recipients of care
 - Academia
 - Focal persons from Implementing partners

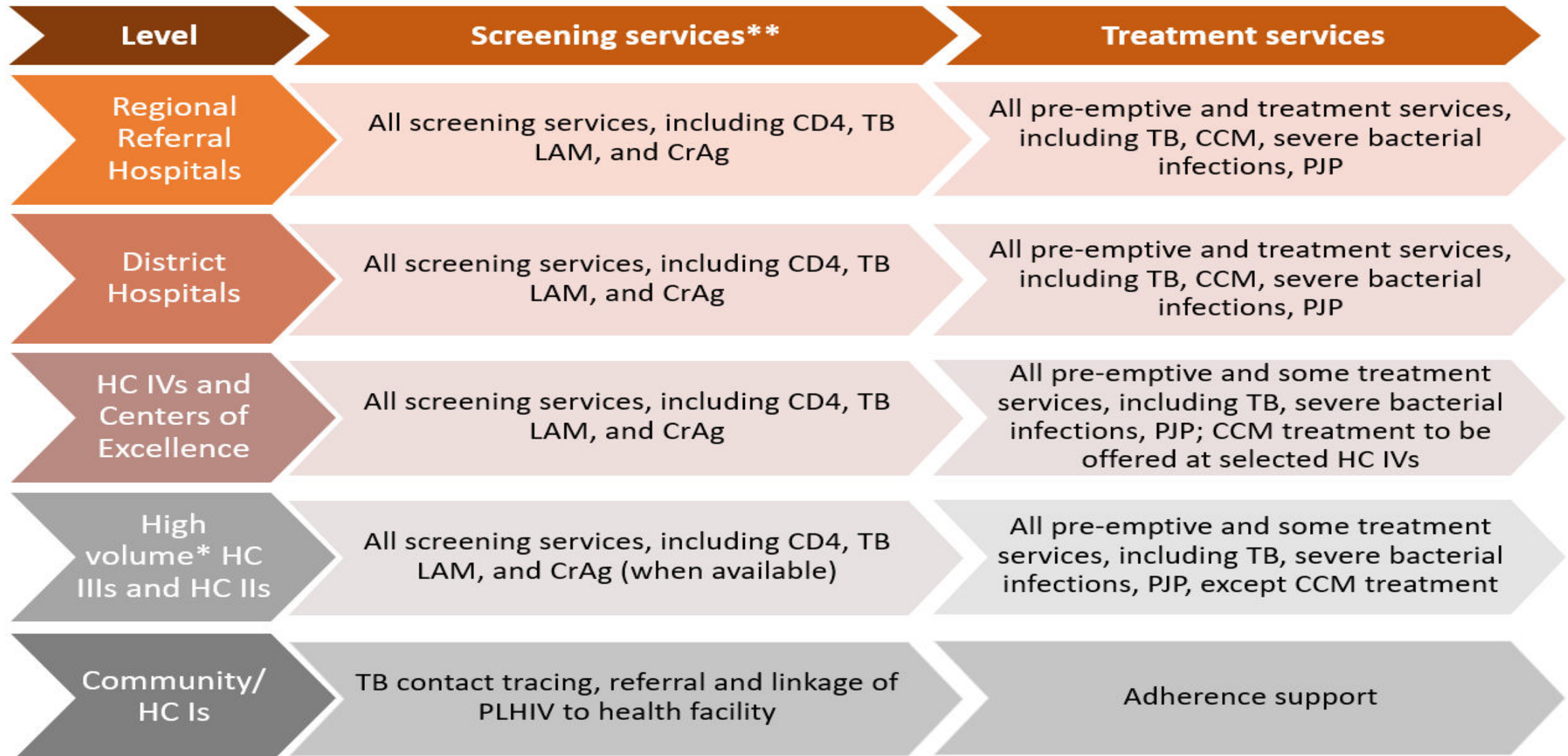
AHD Policies and Guidelines

- Has a national AHD strategy that was disseminated in May 2019
- AHD guidelines are incorporated within the national HIV consolidated guidelines
- Country developed national training materials in form of an AHD tool kit
- National level trainings were conducted in May 2019, followed by facility level trainings

AHD Essential Package

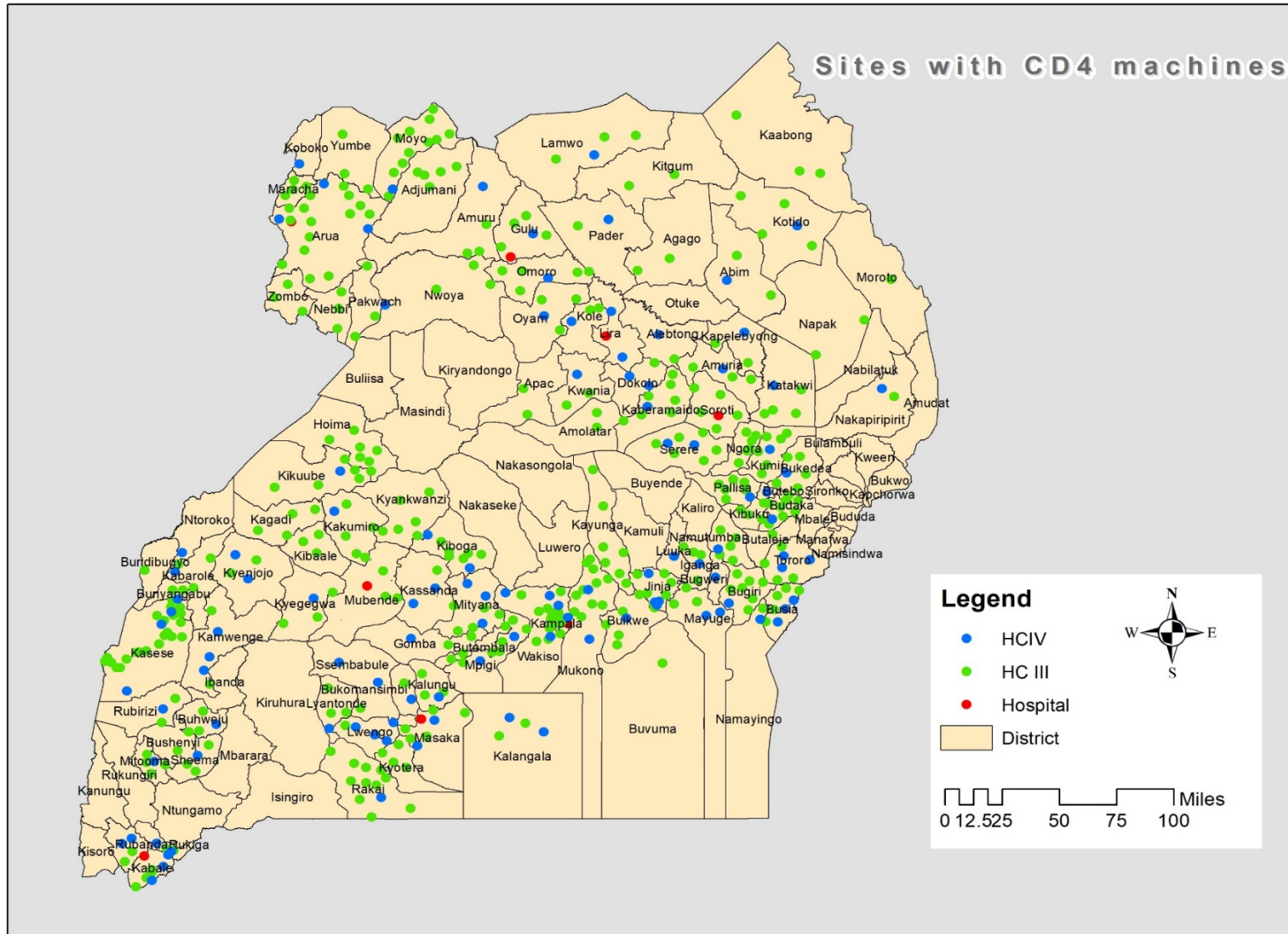
Component	Intervention
1 Diagnostics	<ul style="list-style-type: none">• CD4 for new PLHIV at baseline and for those with unsuppressed VL• Urine TB LAM for PLHIV with CD4 < 200 cells/mm³• Sputum Gene Xpert MTB/ RIF for resistance categorization• Cryptococcal antigen screening for PLHIV above 10 years• Nutritional assessment and support
2 Prophylaxis and pre-emptive treatment	<ul style="list-style-type: none">• Co-trimoxazole prophylaxis for all with AHD• TB Prophylaxis for those without TB signs and symptoms• Fluconazole Pre-emptive treatment for CRAG – positive people without evidence of Meningitis
3 Rapid ART Initiation	<ul style="list-style-type: none">• Rapid ART initiation any CD4 with negative symptom screen• Defer initiation if positive Symptom Screen for TB and CRAG
4 Adherence Support	<ul style="list-style-type: none">• Tailored counselling to ensure optimal adherence to the AHD package, including phone calls and home visits

Service delivery packages for different levels



*High volume is defined as >500 patients on treatment annually **Symptom screening tool should be used at every encounter with the patient

Laboratory Services: CD4 Testing



- Each district has facility with a CD4 machine
- There are 100 hubs across the country which are accessible through the hub system
- Hubs serve all facilities both public and private labs with in the radius of over 40-50km

Monitoring & Evaluation

IM Name	Agency	New & Non-suppressed	No. of HIV+ patients that received CD4 test	No. of patients with CD4<200	No. of patients with CD4<200 that received CrAg test	No. of patients that received TB LAM test	No. of patients with +ve CrAg Test	No. of patients with +ve TB LAM test	No. of CrAg+ patients that received Fluconazole	No. of TB LAM+ patients that received TB treatment	% HIV+ patients that received CD4 test	% patients with CD4<200	% HIV+ patients with CD4<200 that received CrAg test	% HIV+ patients that received TB LAM test	% HIV+ patients with +ve CrAg Test	% HIV+ patients with +ve TB LAM test	% CrAg+ patients that received Fluconazole	% TB LAM+ patients that received TB treatment
National Overall		102,571	17,048	3,295	3,086	1,620	264	260	223	224	17%	19%	94%	49%	9%	16%	84%	86%
PEPFAR Overall		101,114	16,691	3,180	2,975	1,550	257	256	216	220	17%	19%	94%	49%	9%	17%	84%	86%
Fort portal Region	CDC	6,326	1,547	199	195	39	23	8	19	7	24%	13%	98%	20%	12%	21%	83%	88%
Kampala Region	CDC	13,561	4,063	934	911	379	74	59	58	55	30%	23%	98%	41%	8%	16%	78%	93%
IDI W & WN	CDC	10,149	2,328	497	475	335	25	50	24	50	23%	21%	96%	67%	5%	15%	96%	100%
Mubende Region	CDC	6,952	1,798	391	359	149	38	28	29	16	26%	22%	92%	38%	11%	19%	76%	57%
Masaka Region	CDC	7,637	2,358	386	327	218	32	30	30	20	31%	16%	85%	56%	10%	14%	94%	67%
Soroti Region	CDC	3,535	498	53	39	33	3	14	3	13	14%	11%	74%	62%	8%	42%	100%	93%
UPS	CDC	1,491	433	18	18	7	0	0	0	0	29%	4%	100%	39%	0%	0%		
CDC Overall		49,651	13,025	2,478	2,324	1,160	195	189	163	161	26%	19%	94%	47%	8%	16%	84%	85%
WALTER REED/MUW	DOD	4,208	542	41	34	36	2	5	2	5	13%	8%	83%	88%	6%	14%	100%	100%
URC/UPDF	DOD	1,351	283	28	23	13	2	4	2	4	21%	10%	82%	46%	9%	31%	100%	100%
DOD Overall		5,559	825	69	57	49	4	9	4	9	15%	8%	83%	71%	7%	18%	100%	100%
RHITES-Acholi	USAID	10,329	303	32	30	26	2	3	2	0	3%	11%	94%	81%	7%	12%	100%	0%
Intra Health/RHITES	USAID	11,070	348	66	62	34	14	13	13	12	3%	19%	94%	52%	23%	38%	93%	92%
URC/RHITES EC	USAID	4,978	184	45	39	19	4	3	3	3	4%	24%	87%	42%	10%	16%	75%	100%
RHITES-Lango	USAID	5,267	167	35	29	13	7	3	7	3	3%	21%	83%	37%	24%	23%	100%	100%
EGPAF/RHITES - SW	USAID	13,760	1,749	443	422	249	31	36	24	32	13%	25%	95%	56%	7%	14%	77%	89%
USAID Overall		45,404	2,751	621	582	341	58	58	49	50	6%	23%	94%	55%	10%	17%	84%	86%
State/UNHCR	STATE	500	90	12	12	0	0	0	0	0	18%	13%	100%	0%	0%			
Non PEPFAR		1,457	357	115	111	70	7	4	7	4	25%	32%	97%	61%	6%	6%	100%	100%
Scale used		<60%	60%-<80%	80%														

Update on CHAI AHD Project

Objective: To improve access to optimal products for diagnosis and treatment for Advanced HIV Disease



1. Catalytic procurement:

- a. **CD4 reagents for gap filling** were delivered in June'20
- b. Delivery of **CM commodities** (5FC and L-AmB) expected later this month



2. Scaling up Cryptococcal Meningitis treatment

- a. Trainings for health workers at all regional referral hospitals scheduled for August'20
- b. Strengthening referral linkages for Cryptococcal Meningitis.



3. Introduction of device free CD4 test :

- a. Central level evaluation of the kit
- b. Phased implementation: Phase one of implementation to be conducted in **170 sites** – 150 sites (which do not have CD4 machines) and 20 sites (which have CD4 machines). Orders for the test kits have been made.

DSD Models for AHD and P@HR

Categories	AHD <u>RoC</u> category			
	CD4 < 200 cells/mm ³	WHO stage 3 or 4	Children < 5 years	
			<2 years	2 - <5 years
Facility Based Individual Management (Conventional)	✓	✓	✓	✓
Facility Based Group	✓	✓	✓	✓
Fast track drug pick-up				✓ ¹
Community Client Led ART Distribution (<u>RoC</u> managed)				
Community Drug Distribution Points (HW managed)				✓ ²

- Recipients of care (RoC) DSD model depends on stability & age
- All unstable RoC are managed under the more intensive models (i.e. FBIM or FBG)
- RoC with WHO stage 3 or 4 events are considered unstable
- 1 and 2, Stable children 2 - <5years can join FTDR or CDDP if their parents/care givers are stable and choose to join these models

Additional Perspectives from National Network of People Living with HIV

- Need to stress the importance of demand creation among PLHIV for AHD services by health care practitioners
- All PLHIV should be helped to understand what AHD is and what categories of PLHIV must know their CD4 count
- Knowing one's HIV status is a partial diagnosis if CD4 count is not known; so know your AHD status
- All PLHIV on ART with persistently high viral loads need to know their AHD status

Challenges

- Inadequate access to AHD diagnostics especially CD4 tests
- Access to TBLAM limited by packaging;- smaller packages of 25 test kits would have wider coverage
- Inadequate skills among frontline Health workers in using the revised HMIS tools

Priorities for 2020 – 2021

- Training on WHO recommended treatment for Crypto
- Assess feasibility of device free CD4 test kits (LFA CD4 200)
- Characterize the mortality profile among PLHIV
- Conduct support supervision and mentorships for AHD
- Continue coordination meetings to review and monitoring program performance

Acknowledgements

- Ministry of Health AIDS Control Program
- Development Partners
 - CHAI
 - PEPFAR
- CQUIN