Advanced HIV Disease Update: [Ethiopia]

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HIV in Ethiopia

• Total population = 109,224,414 (2018) (World Population Prospects)
• Total estimated PLHIV = 666,882 (2020 SPECTRUM estimate)
• HIV prevalence = 0.88% (2020 SPECTRUM estimate)

Progress towards 90-90-90:
• First 90 = 79% (EDHS 2016)
• Second 90 = 92% (DHIS-2 program data)
• Third 90 = 91% (DHIS-2 program data)
What is known about the prevalence of AHD?

- Almost one third presented to care with AHD and the number is higher in LMICs,
- Local prevalence of AHD is not known,

What is known about mortality rates amongst PLHIV?

- Annual AIDS death 11,137,
- AIDS mortality per 100,000 = 11.3%, (2019 SPECTRUM)
- Preliminary report of AHRI’s ART effectiveness study (NAPES) (June 2020),
  The cumulative survival rate considering registered death as an event is
  first year =97.7%,
  fifth year = 96.5% and
  seventh year = 95.7%.
- E.g., PEPFAR MER indicator TX_ML:
AHD Coordination and Leadership

• How are AHD services coordinated at national level?
  • Part of continuum of HIV care in the facility-based service,
  • There are initiations for differentiated service - High VL clinic by ICAP,

• Is there a technical working group and/or focal person?
  • There is a functional DSD TWG and there are focal persons assigned,
  • There are DSD models implemented for stable clients,

• To what extent are recipients of care/people living with HIV engaged in coordination, policy development and guidelines related to AHD?
  • PLHIV and their networks are engaged at all levels as part of continuum of HIV service,
AHD Policies and Guidelines

• Is there a national AHD strategy?
  • There is no specific strategy for AHD, it’s addressed in the national comprehensive HIV strategy,

• Are there national AHD guidelines?
  • Management of AHD is incorporated in the national comprehensive HIV care and treatment guideline,

• Are there national training materials related to AHD?
  • There is no stand alone training, it’s included in the national ART training material,
AHD Essential Package

What is the essential package of AHD diagnostic and treatment services?

**WHO Package of Care for Patients with AHD:**
- Rapid initiation of ART
- Screening for Cryptococcus antigen in the blood
- Screening and treatment for tuberculosis, or TPT, as indicated
- Cotrimoxazole prophylaxis
- Intensive follow-up
<table>
<thead>
<tr>
<th>Areas for the package</th>
<th>Intervention</th>
<th>CD4 cell count</th>
<th>Adults &amp; adolescents</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening &amp; diagnosis</td>
<td>Sputum Xpert® MTB/RIF as the first test for TB diagnosis among symptomatic PLHIV</td>
<td>Any</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Cryptococcal antigen screening</td>
<td>≤100 cells/mm³</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prophylaxis and pre-emptive treatment</td>
<td>Co-trimoxazole prophylaxis</td>
<td>≤350 cells/mm³ or clinical stage 3 or 4</td>
<td>Yes</td>
<td>Yes For criteria, see chapter 4</td>
</tr>
<tr>
<td></td>
<td>TB preventive treatment</td>
<td>Any</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Fluconazole pre-emptive therapy for cryptococcal antigen- positive people without evidence of meningitis</td>
<td>&lt;100 cells/mm³</td>
<td>Yes</td>
<td>Not applicable (screening not advised)</td>
</tr>
<tr>
<td>ART initiation</td>
<td>Rapid ART initiation (as recommended in Chapter 3)</td>
<td>Any</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Defer initiation if clinical symptoms suggest TB or cryptococcal meningitis (see Chapter 3)</td>
<td>Any</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Adapted adherence support</td>
<td>Tailored counselling to ensure optimal adherence to the advanced disease package, including home visits if feasible</td>
<td>&lt;200 cells/mm³</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Tests for HIV screening and monitoring and approaches to screening for confections and non-communicable diseases

<table>
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<tr>
<th>Management</th>
<th>Recommended</th>
<th>Desirable (if feasible)</th>
</tr>
</thead>
</table>
| **Baseline**                | • HIV testing  
                                | • CD4 cell count  
                                | • Cryptococcus antigen if CD4 cell count ≤100 cells/mm³  
                                | • TB symptom screening  
                                | • GenXpert  
                                | • Screening for STI | • HBV (HBsAg) serology  
                                | • HCV serology  
                                | • Pregnancy test  
                                | • Assessment for major non-communicable chronic diseases and comorbidities |
| **Follow-up for clients who differed ART initiation** | CD4 cell count (every 6 months in circumstances where ART initiation is differed). |                                        |
| **On ART**                  | • VL: ART (@ 6 and 12 mo, and Q 12 months thereafter)  
                                | • PMTCT (@ 3mo* and Q 6 mo until the MTC risk ends) | • Serum Cr and eGFR for TDF  
                                | • Pregnancy test*, especially for women of childbearing age not receiving family planning. |
AHD Essential Package

• At what level of the health system are these provided?

• Its part of the continuum of HIV care, all ART providing sites are expected to provide the service,
• Health centers refer to Hospital for management
• How and where are CD4 tests done in Ethiopia?
  
  • CD4 test service is provided with referral network using postal sample referral,
  
  • For high load facilities- On site testing is available,
• Are there data or documentation challenges related to AHD?
  
  • No program data available in the DHIS-2,
• No project,
DSD Models for AHD and P@HR

- Initiatives like High viral load clinic in some facilities,
NEP+:

• member of all HIV related TWGs at national level and exchange of information among PLHIV communities

• member of CCM/E

• actively and meaningfully participate in national HIV program planning and implementation
Challenges

• NA
Priorities for 2020 – 2021

• AHD
We would like express our heartfelt acknowledgement to

- CQUIN/ ICAP,
- MOH,
- DSD TWG,