CQUIN/CHAI VIRTUAL ADVANCED HIV DISEASE WORKSHOP: July 28 and 29, 2020

SUMMARY REPORT

Background

At the launch of the HIV Coverage, Quality and Impact Network (CQUIN) in 2017, network member countries identified the design and implementation of differentiated service delivery (DSD) models for Advanced HIV Disease (AHD) as a major priority. In response, CQUIN initiated a community of practice for AHD and people at high risk of disease progression (P@HR), and a series of AHD-related activities that include hosting its first workshop on AHD and P@HR in Zimbabwe, in July 2017; developing a Call to Action document to highlight the need for DSD models for people with AHD and hosting AHD satellite sessions at IAS 2019 and ICASA 2019.

In July 2020, ICAP collaborated with the Clinton Health Access Initiative (CHAI), Unitaid and other stakeholders to organize CQUIN's second multi-country AHD workshop, using a virtual platform due to COVID-19. The main goal was to facilitate practical discussion on DSD for people with AHD in countries receiving support from the CHAI/Unitaid Optimal AHD Project and the CQUIN learning network.

Meeting Dates and Objectives

The meeting was held virtually over two half-days on July 28 & 29, 2020. The objectives of the meeting were to:

- Review member countries' progress towards establishing effective differentiated service delivery models for people with AHD
- Exchange knowledge, best practices, innovations, resources and strategies for implementing AHD models at scale
- Identify common gaps, challenges and opportunities for future joint-learning, co-creation of tools and resources, and south-to-south exchange visits
- Co-create a new AHD dashboard to help member countries track progress, identify gaps and priority activities for scaling up DSD for AHD.

Meeting Participants

The workshop brought together over 400 participants from 20 countries, including Botswana, Côte d'Ivoire, DRC, Eswatini, Ethiopia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Nigeria, South Africa, Sierra Leone, Tanzania, Uganda, Zambia and Zimbabwe. Country teams consisted of representatives from ministries of health (MOH), United States Government (USG) agencies, PEPFAR Implementing partners, CHAI, national networks of people living with HIV and frontline healthcare workers. Participants from the international community included representatives from the Office of the U.S Global AIDS Coordinator (OGAC), U.S Centers for Disease Control and Prevention (CDC), United States Agency for International Development (USAID), World Health Organization (WHO), The Joint United Nations Programme on HIV and AIDS (UNAIDS), CHAI, Unitaid, Médecins Sans Frontières (MSF), the International Treatment Preparedness Coalition (ITPC), International AIDS Society (IAS), ICAP at Columbia University and the Bill & Melinda Gates Foundation.

Key Issues Presented/Discussed

The meeting was opened by Dr. Wafaa El-Sadr, Global Director, ICAP at Columbia University who presented an overview of the CQUIN network and highlighted the importance of designing DSD models for people with AHD and P@HR. She also shared results of a pre-meeting survey which highlighted significant gaps in AHD services across the network countries: Only half of participants indicated that their countries have a national AHD policy, AHD strategy and/or implementation plan, and less than 30% indicated that recipients of care were significantly engaged in AHD program activities such as development of implementation strategies. These gaps underscored the relevance of the meeting.

In his opening remarks, Dr. Luis Pizzaro, Team Lead, Unitaid, shared with participants an overview of the Optimal AHD Project. He highlighted the project's achievements to date, noting that it has: established an Early Market Access Vehicle (EMAV) and negotiated a ceiling price agreement for the Omega VISITECT® CD4 Advanced Disease test to facilitate rapid product introduction; kicked off catalytic procurement for AHD commodities, reducing the pricing of flucytosine (5FC); supported countries to develop AHD programs and implementation plans; generated momentum in the AHD market; developed a training toolkit; established an Implementation Steering Committee (ISC); and launched the AHD Community Advisory Board. These achievements will help facilitate scale-up of AHD services across the region.

Presenting the perspectives of recipients of care, Mr. Idrissa Songo, Executive Director of the Network of HIV Positives in Sierra Leone (NETHIPS) and Ms. Solange Baptiste, Executive Director of the International Treatment Preparedness Coalition (ITPC), reminded participants that recipients of care have limited knowledge of the term AHD and cautioned participants to try to not be unduly biomedical and to ensure the community is properly informed and engaged. They noted that working together as partners with recipients of care at the center will lead to decline in AIDS-related mortality and sustainability of gains already made.

Setting the stage for the meeting, Dr. James Hakim, Professor of Medicine at the University of Zimbabwe, highlighted the significant progress made in the global fight against the HIV epidemic. He also recognized that although mortality from HIV has now plateaued, emphasizing that over 50% of HIV-related mortality is due to AHD and approximately a third of people living with HIV presenting to care have AHD. According to Dr. Hakim, this is due to continued challenges with HIV program coverage, suboptimal retention and disengagement from care by ART-experienced recipients of care, and ongoing adherence challenges leading to emergence of resistance to ARVs. He charged countries to continue to deliver and scale up the WHO AHD package of care which includes screening, prophylaxis and pre-emptive management of opportunistic infections, rapid initiation of ART and intensification of adherence support.

The meeting agenda included eight sessions that comprised plenary sessions, parallel sessions and panel discussions. One of the main highlights was the AHD progress updates presented by Ministries of Health. All 17 countries developed updates that were shared on the meeting website, and eight countries (DRC, Eswatini, Malawi, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe) showcased their progress towards AHD scale up in live parallel sessions, enabling the exchange of lessons, best practices and challenges.

Network countries who piloted the CQUIN AHD dashboard thought it was a useful tool that when adopted and used annually to stage and evaluate progress of AHD implementation, could help identify strengths and gaps to inform scale up of DSD for AHD.

The meeting was highly rated, with 99% of meeting participants who responded to the meeting evaluation indicating that the topics covered were relevant to scaling up AHD in their countries and 98% who felt the meeting objectives were met. Unfortunately, internet connectivity issues caused 27% of participants to miss some sessions and 4% of people had major technical difficulties accessing the online workshop.

Common/Cross Cutting Issues and Challenges

- While some network countries have made significant progress with AHD implementation, other countries, especially those relatively new to CQUIN, are yet to start implementing AHD or are at a very preliminary stage.
- Access to CD4 testing has either been scaled back or plateaued globally as countries have prioritized scale up of viral load monitoring. However, data from the Zimbabwe Population-Based HIV Impact Assessment (ZIMPHIA) showed that 30% of people on ART with suppressed viral load had advanced HIV disease, raising the concern that reliance on viral load monitoring alone by national programs could lead to missed opportunities for timely identification and provision of differentiated service delivery for people with AHD.
- There was a general consensus that CD4 at baseline is still relevant to help identify people entering care with advanced HIV disease in order to screen them for relevant opportunistic infections, provide prophylaxis and targeted adherence and psychosocial support. Ensuring ongoing access for baseline CD4 testing – and CD4 testing when individuals previously on ART re-engage in care – is a high priority.
- There is need to strengthen the engagement of recipients of care when designing policies and implementation strategies for AHD, as well as to improve AHD-related education and empowerment of recipients of care.

Key Outputs

- Progress updates on DSD for AHD from each country
- A compilation of AHD-related tools and resources shared via the CQUIN website
- The draft AHD dashboard and results of pilots from five countries, with recommendations to help finalize it.
- The CQUIN website has been updated with country updates on AHD implementation progress, tools and resources, as well as AHD-related articles and toolkits.

Next steps

- CQUIN will finalize the AHD dashboard and SOPs and share with network countries to use for annual staging and tracking of AHD implementation.
- Continue to discuss AHD implementation and country experiences in the CQUIN webinar series.