



CQUIN 5th Annual Meeting

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AHD Case Study - Malawi

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

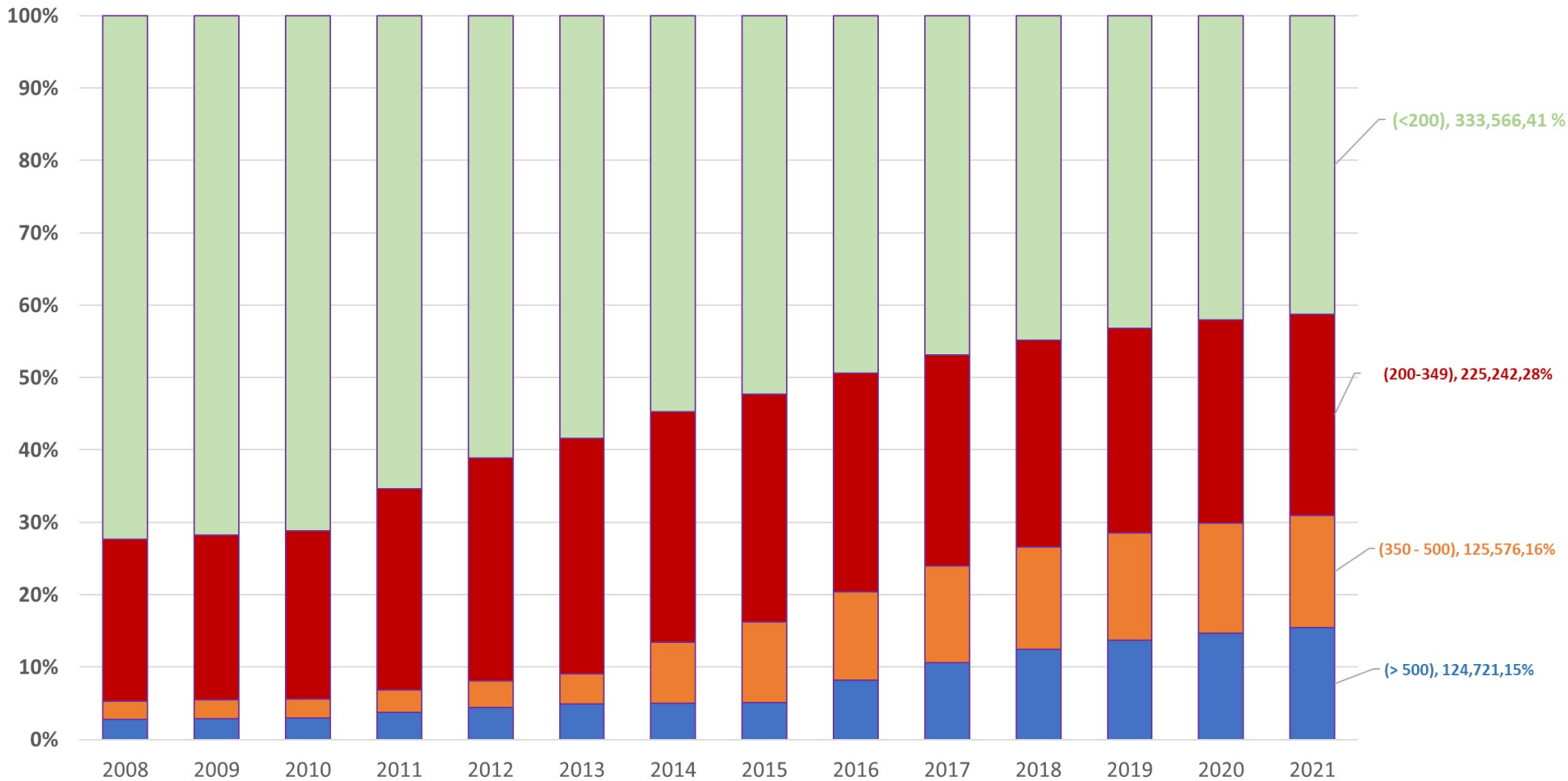
Outline

1. National-level Planning
 - a. Brief Overview of AHD Epidemiology
 - b. Establishment of the AHD Coordinating Body
 - c. National AHD Package of Care
 - d. AHD Training
 - e. Establishing AHD SCMS
 - f. Establishing AHD M&E Systems
 - g. AHD Dashboard (CQUIN AHD Dashboard Data)
2. Sub-National Level AHD Implementation, Scale-up and Monitoring
 - a. Regional planning for AHD implementation
 - b. Establishing the AHD Model
 - c. Results on AHD Facility and Patient Coverage
 - d. AHD Scale-up plan
3. Challenges & Opportunities

AHD Prevalence in Malawi

Source: Malawi Spectrum 2021 (v14)

Distribution by CD4 count - HIV+ on ART (15+), 2008-2021



Decreasing trend in AHD prevalence contributed by early initiation of optimal ART

Performance on AHD Diagnostics

Source: National Routine Program Data

Quarter	CD4				Urine-LAM			Serum CrAG		
	Installed	Tot.result	<=200		Tot Tests	Positive		Tot Tests	Positive	
2020 Q3	209	4,762	882	19%	2,594	912	35%	1,902	219	12%
2020 Q4	295	7,428	1,738	23%	3,941	559	14%	2,917	421	14%
2021 Q1	311	7,582	2,038	27%	3,838	707	18%	3,449	443	13%
2021 Q2	129	9,367	2,268	24%	4,554	810	18%	4,030	219	5%
Total		29,139	6,926	24%	14,927	2,988	20%	12,298	1,302	11%

- Increasing trend in screening and diagnosis

Establishment of the AHD Coordinating Body

- National HIV Care and Treatment TWG meeting
 - AHD TWG subcommittee since 2019
 - CSOs are key stakeholders for PLHIV engagement
 - Meet quarterly
- National AHD focal person
 - Stationed at DHA, Ministry of Health
 - Coordinates national AHD program interventions

AHD Training

- National AHD training curriculum
- Use facilitator-led training design
 - 14 modules including sample testing practical
 - Differentiated clinical practical sessions by facility level
- Target audience
 - Clinicians, nurses
 - Laboratory officers & assistants
- Centrally coordinated training
 - Maximize on experience sharing
 - Total of 3,500 providers trained across the country



Establishing AHD SCMS

- **MOH – DHA (PSM Section) mandated**
 - Forecasting, procurement, coordinate distribution
 - Integrated with other HIV commodities
- **Collaboration with MOH – Health & Technical Support Services (Diagnostics Dept)**
 - Quantification of AHD commodities (CD4, TB LAM, CrAg)
 - Quality assurance
- **Commodity distribution done bi-monthly**
 - Staggered delivery of commodities to support scale up
 - Use push system supported by quarterly consumption data

Establishing AHD M&E Systems

- 5 national AHD cascade indicators used
 - Quarterly data reporting and analysis
 - Dissemination through TWG
- AHD diagnostic reporting
 - Use laboratory register
 - Improvised register in other testing sites i.e., in-patient wards, ART clinic
- Treatment initiation data
 - Use improved register for CM
- Development of updated data collection tools underway through QI project

AHD Dashboard (CQUIN AHD Dashboard Data)

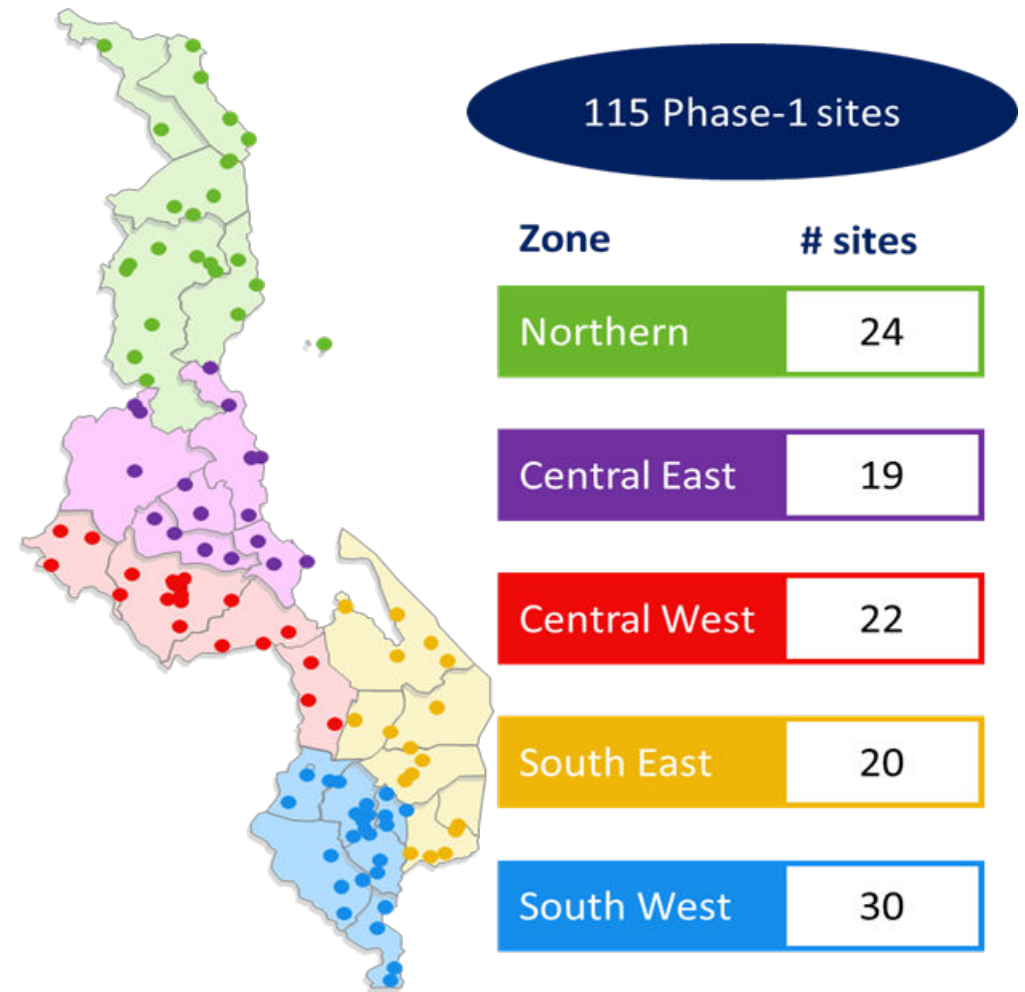
Domain	Results	Comments
Policies		AHD strategy which actively promotes the implementation and monitoring of AHD services at scale at all levels of the health system
Guidelines		National HIV treatment guidelines include AHD management in detail
Implementation plan		National AHD scale-up plan has been developed but not implemented
SOPs		No existing national AHD SOPs
Coordination		National DSD Focal Person or someone in similar coordination role at the national level
Engagement of RoC		PLHIV are meaningfully engaged in implementation and evaluation of AHD
Training		National in-service AHD training curriculum or module(s) in place and systematic trainings are ongoing based on the scale up plan
Diagnostic Capability 1 (Identifying AHD)		PLHIV are routinely assessed for advanced immunosuppression using CD4 testing or alternative (e.g., universal CrAg and/or TB LAM screening) in < 25% of health facilities
Diagnostic Capability 2 (Identifying OI)		
Facility Coverage		Fewer than 25% of health facilities providing ART have the minimum package of AHD services available (on site or by referral)
Patient Coverage 1 (Testing for AHD)		< 25% of eligible PLHIV are routinely assessed for advanced immunosuppression using CD4 testing or alternative
Patient Coverage 2 (OI Screening)		Over 75% of patients with advanced immunosuppression receive the screening services for TB and CM as per the national AHD package
Patient Coverage 3 (OI Prophylaxis)		50-75% of eligible patients receive the OI prevention services in the national AHD package (e.g., TPT, CTX, cryptococcal prophylaxis)
Patient Coverage 4 (OI Management)		More than 75% of eligible patients receive the OI management services in the national AHD package (e.g., treatment of TB)
Supply Chain Management		An integrated AHD related commodities forecasting, quantification and procurement implemented for all relevant opportunistic infections
M&E System		At least some necessary AHD-related data elements are being documented in a systematic and structured way but none are reported routinely via national M&E tools/HMIS
Quality		Quality standards for AHD services have not been defined and are not currently in development
Impact		No evaluations of the national AHD package of care* have been completed

Regional planning for AHD implementation

- **District AHD focal people**
 - Have WhatsApp forum for alerts and urgent guidance
- **Patient flow**
 - District and Community Hospital
 - Screening in ART clinic, IPD; Testing in Lab
 - Health Centers
 - Screen & Test in ART clinic
 - Referral for treatment initiation
- **Laboratory supervision**
 - Testing in laboratory - Lab techs
 - Task sharing with nurses
 - Task shifting in health centers

Establishing the AHD Model

- Hub and spoke model
- Hub sites
 - Tertiary or regional hospitals
 - Secondary or district
 - Community hospitals
- Spoke sites
 - Primary health centres
 - Allocated 4 – 6 sites per hub



AHD Facility and Patient Coverage

Facility Coverage

- 152 (20%) of 764 ART facilities
- Diagnostic tests available on site or by referral

Patient coverage – Countrywide

- AHD Identification
 - CD4: 29,139 (10%) of 291,216 of eligible PLHIV
- OI screening coverage
 - TB LAM: 14,927 (72%) of 20,688 identified AHD cases
 - CrAg: 12,298 (59%) 20,688 of identified AHD cases
- OI treatment coverage
 - TB: 5,540 (94%) of 5,921 of AHD cases
 - CM: No data
- OI Prophylaxis coverage
 - TPT: 25,303 (64%) of 39,543 eligible ART clients
 - CPT: 660,603 (76%) of 871,098 clients alive on ART
 - CM: No data

AHD Scale-up plan

- **Phase 2 implementation**
 - Planned for Jan 2022 – Based on availability of test kits
 - 240 additional spoke sites
- **Criteria**
 - High burden primary health
 - Lab assistant or HIV diagnostic assistant
 - Refer AHD cases for secondary management
- **Tests used**
 - Semi-quantitative CD4 test
 - Urine TB LAM, Whole blood CrAg

Challenges & Opportunities

• Challenges

- Operational challenge to use single register for AHD cascade reporting
 - Especially CM treatment
- Low AHD identification using CD4 screening
- Low uptake AHD services resulted in expiry of commodities.

• Opportunities

- Scale up lessons from Quality improvement interventions by Bill and Melinda Gates AHD project
- Readily available desk job aids and SOPs for WHO clinical staging to support AHD identification
- Providers training done resulting in increased demand for AHD services
- Mentorship visits to AHD facilities

Acknowledgements

- **Ministry of Health**
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- **Clinton Health Access Initiative**
- **CSO Community**