Outline

- **CQUIN's focus on AHD**

- **The CQUIN AHD CMM**

- **2021 – 2023 Results of the CQUIN AHD CMM**

  - Overall CMM Results by country and by maturity of domain

  - CMM results for countries staging for the first time

  - CMM trends over time for countries re-staging

  - Diagnostic Coverage Results

  - Client Coverage Results

- **Conclusions**

- **Next Steps**

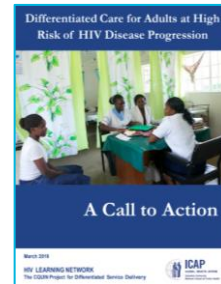# The CQUIN AHD Community of Practice

2017: Inception	▶	2018 – 2019: A Call to Action	▶	2020: Time to Act!	▶	2021 – Present

Inception

A Call to Action

Time to Act!

AHD CMM Scale-up

MILESTONE 1

July 17-19, Harare, Zimbabwe

All-network meeting on DSD for people with AHD and people at high risk of HIV disease progression.

MILESTONE 2

AHD community of practice

Co-created document Differentiated Care for Adults at High Risk of HIV Disease Progression: A Call to Action as an advocacy tool for differentiated AHD programs.
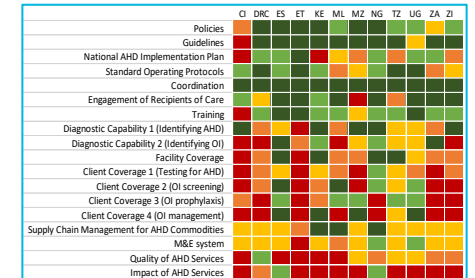
MILESTONE 3

July 28 - 29, 2020

Virtual AHD Workshop co-hosted with CHAI & UNITAID. Initial development and piloting of the CQUIN AHD capability maturity model.

MILESTONE 4

Scale-up use of the AHD CMM

Finalized the AHD CMM toolkit following the pilot.

Used by 14 CQUIN-member countries in 2021/2022

Scaled-up to all CQUIN-member countries in 2023

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AHD Capability Maturity Model

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Advanced HIV Disease Dashboard: Version 3.0

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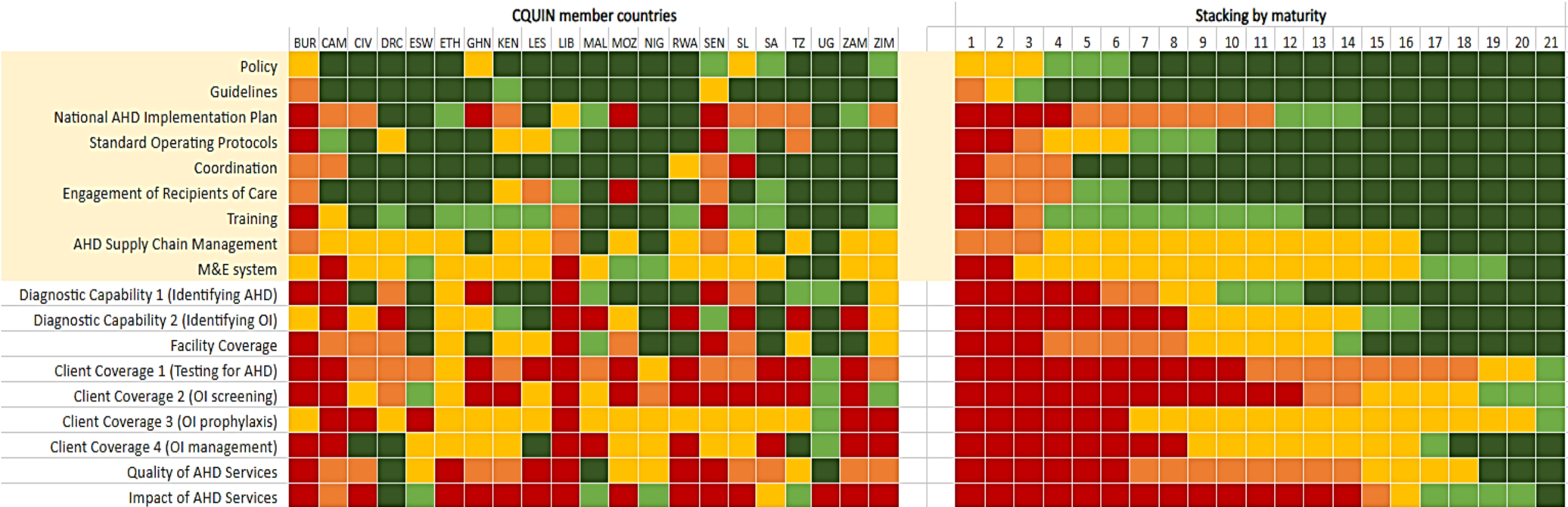|					
Policies	The national HIV treatment policy does not include a strategy for Advanced HIV Disease (AHD) identification and management	The national HIV treatment policy does not include a strategy for AHD, but one is under development	National policies include an AHD strategy but do not promote implementation and monitoring of AHD services at scale	National policies include an AHD strategy which actively promotes the implementation and monitoring of AHD services at scale, with a focus only on secondary and tertiary levels of the health system	National policies include an AHD strategy which actively promotes the implementation and monitoring of AHD services at scale at all levels of the health system (primary, secondary, and tertiary health facilities) *and* include coverage targets for AHD service delivery.
Guidelines	The country has not defined a minimum package* of AHD services *(e.g., services to identify advanced immunosuppression [low CD4], and to diagnose and treat prevalent opportunistic infections such as TB and cryptococcal infection)*	A minimum package of AHD services has been defined but has not yet been incorporated into the national HIV treatment guidelines	National HIV treatment guidelines include AHD management but there is no detailed and disease-specific operational guide, either stand-alone or integrated in the DSD Operational Guide	National HIV treatment guidelines include AHD management in detail and there is an approved disease-specific operational guide to support implementation (either stand-alone or integrated), but the operational guide is not yet in use.	National HIV treatment guidelines include AHD management in detail, there is an approved disease-specific operational guide to support implementation, and it is being actively used to inform implementation *(e.g., used in trainings, mentorship and by services providers).*
National AHD implementation plan	There is no existing national AHD scale-up plan, and none is currently under development	There is no existing national AHD scale-up plan, but one is currently under development	A national AHD scale-up plan has been developed but not implemented	A national AHD scale-up plan has been developed, and is being actively implemented in some subnational units *(e.g., regions, districts)*	A national AHD scale-up plan has been developed, is being implemented nationwide, and key milestones are being regularly monitored.

Least mature ———————————————— Most mature

18 Domains namely:

1. Polices
2. Guidelines
3. AHD Scale-up Plan
4. SOPs
5. Coordination
6. ROC Engagement
7. Training
8. Supply Chain
9. M&E System
10. Diagnostic Capability 1
11. Diagnostic Capability 2
12. Facility Coverage
13. Client Coverage 1
14. Client Coverage 2
15. Client Coverage 3
16. Client Coverage 4
17. Quality
18. Impact

Enabling Domains (domains 1–9)

Outcome Domains (domains 10–18)

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Mature domains are centered on the enabling domains. Of the 9 enabling domains, 3 domains (AHD implementation plan, SCMS and M&E systems) are the least mature.

Country trends over time by domain
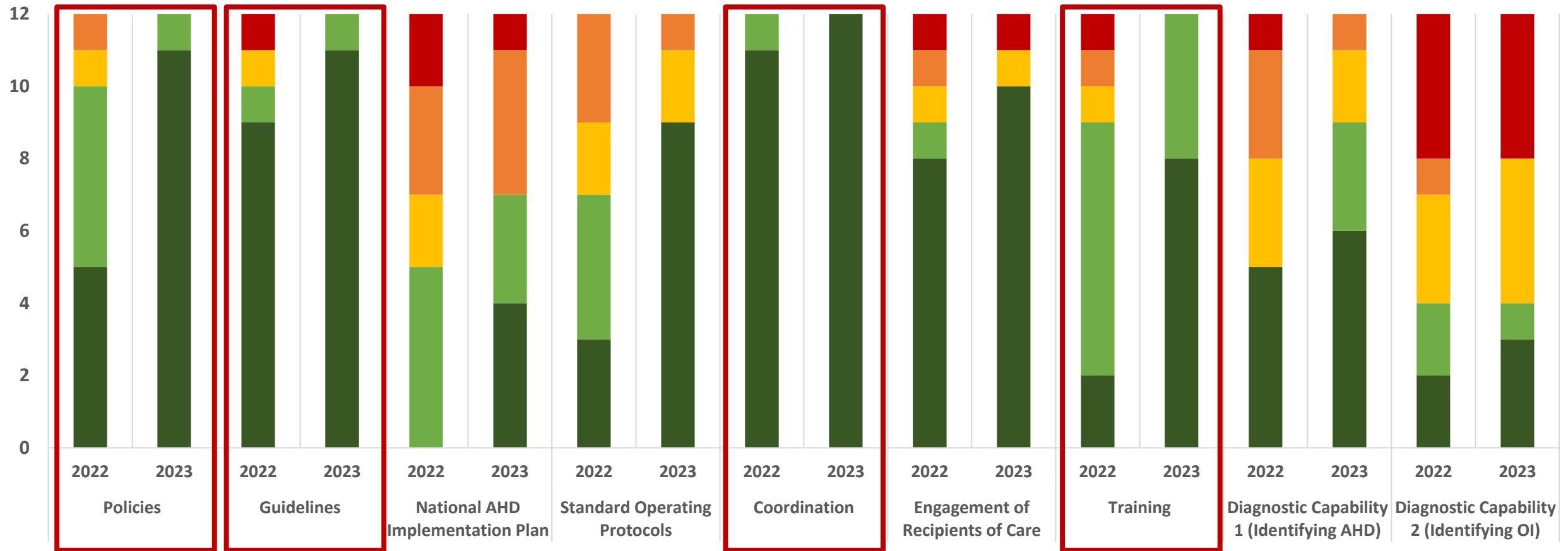
Improved maturity seen across these 9 domains with 4 domains (policies, guidelines, coordination and training domains) staged as DG or G across all 12 countries

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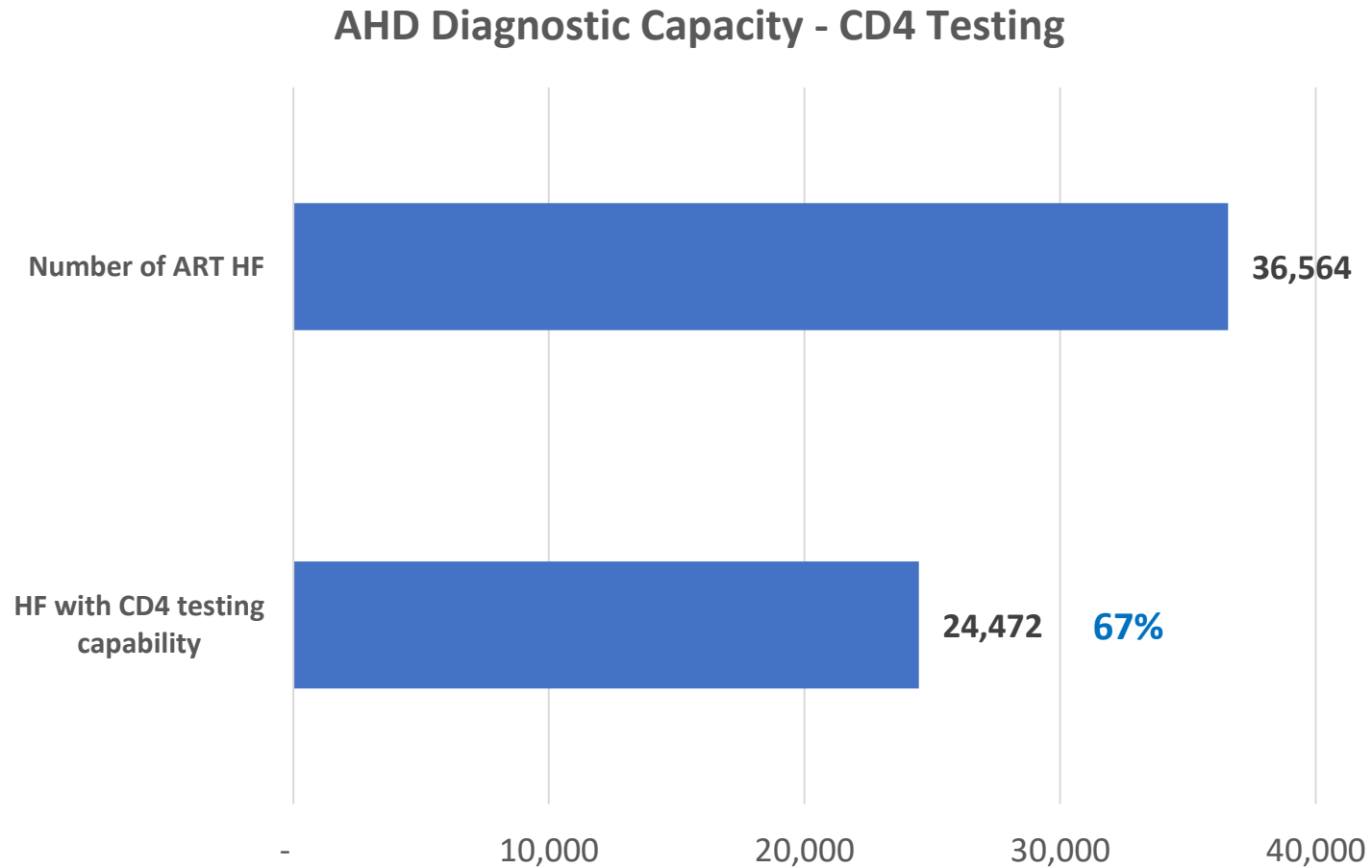The CQUIN Project for Differentiated Service Delivery

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Country trends over time by domain
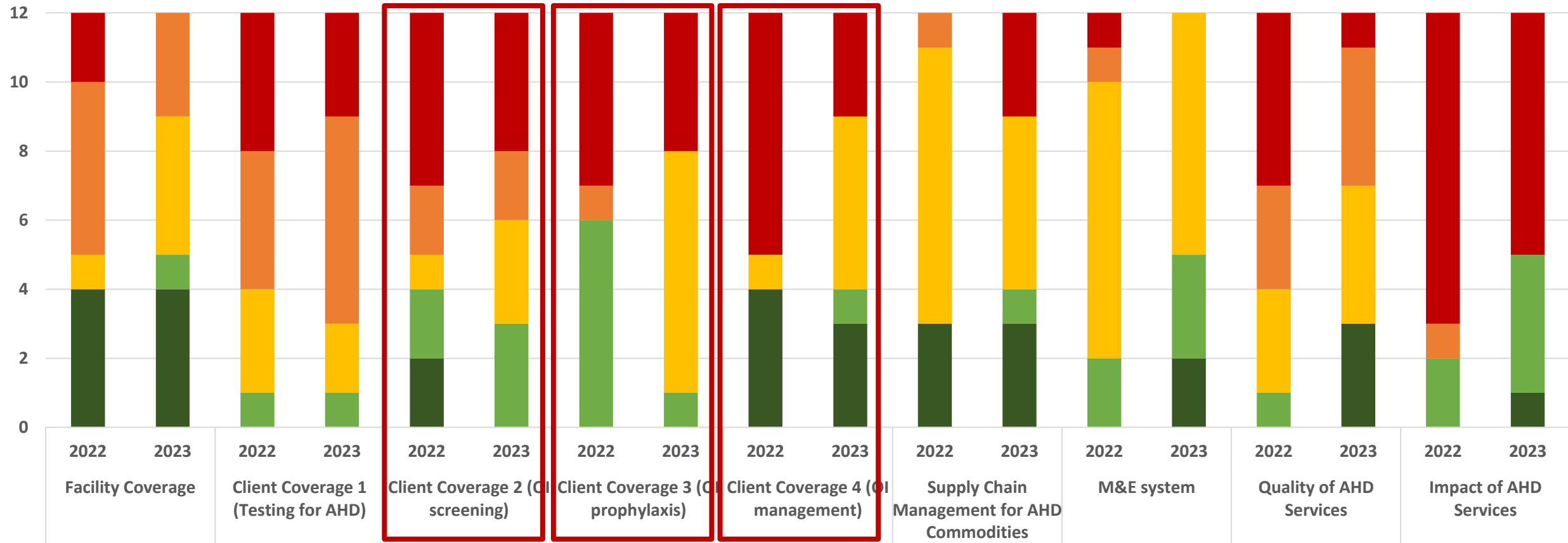
In these 9 domains, there is a noteworthy decline in 3 domains (client coverage 2, client coverage 3 and client coverage 4). The least mature domain is client coverage 1 – testing for AHD.

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Diagnostic Capacity: CD4 Testing

- 16 out of 21 **(76%)** CQUIN-member countries shared data on CD4 testing capacity

- Out of 36,564 HF in these 16 countries, 24,472 **(67%) HF had access to CD4 testing**

AHD Diagnostic Capacity - CD4 Testing

Category	Value
Number of ART HF	36,564
HF with CD4 testing capability	24,472 — 67%

Axis: - , 10,000, 20,000, 30,000, 40,000

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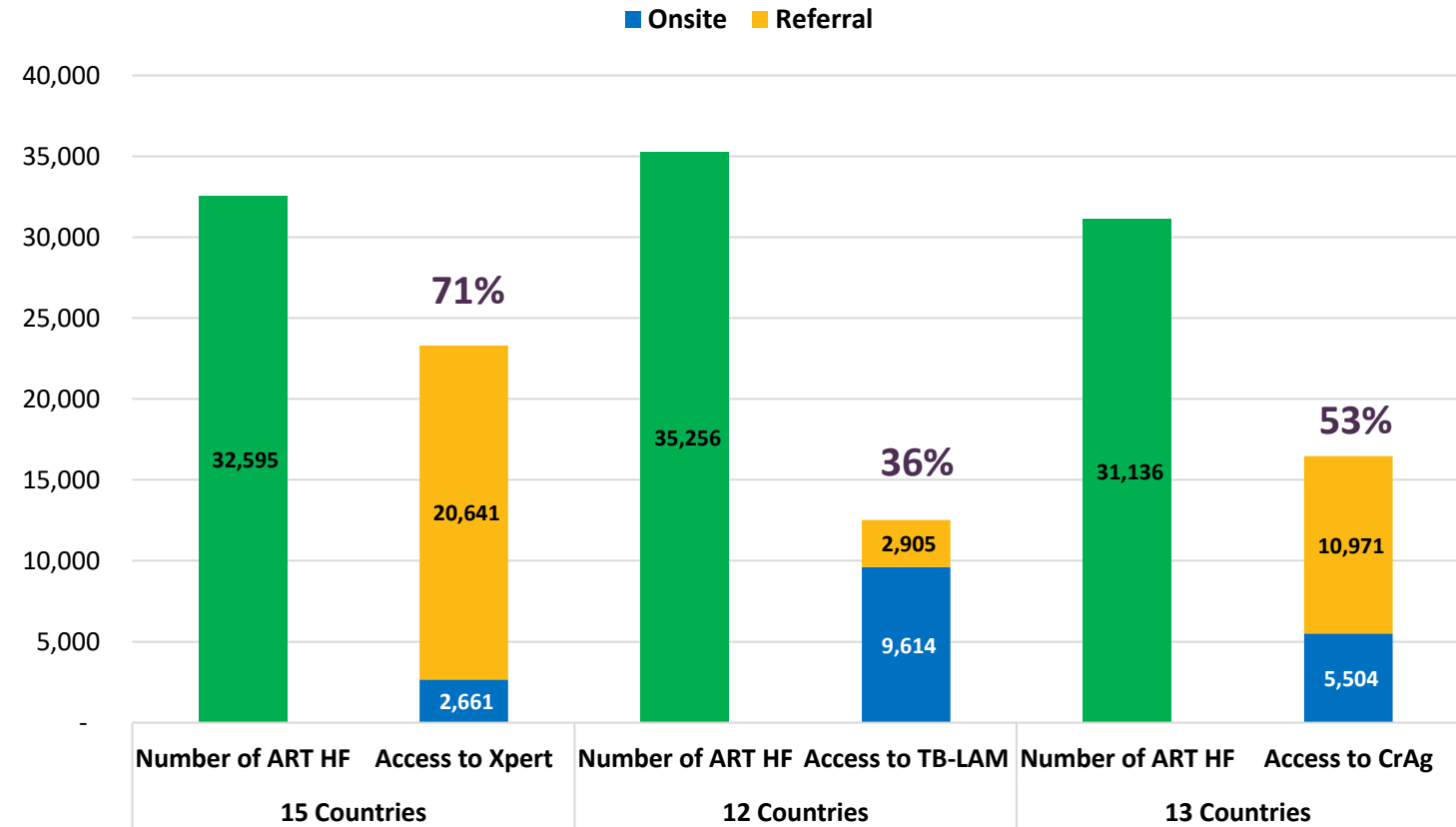
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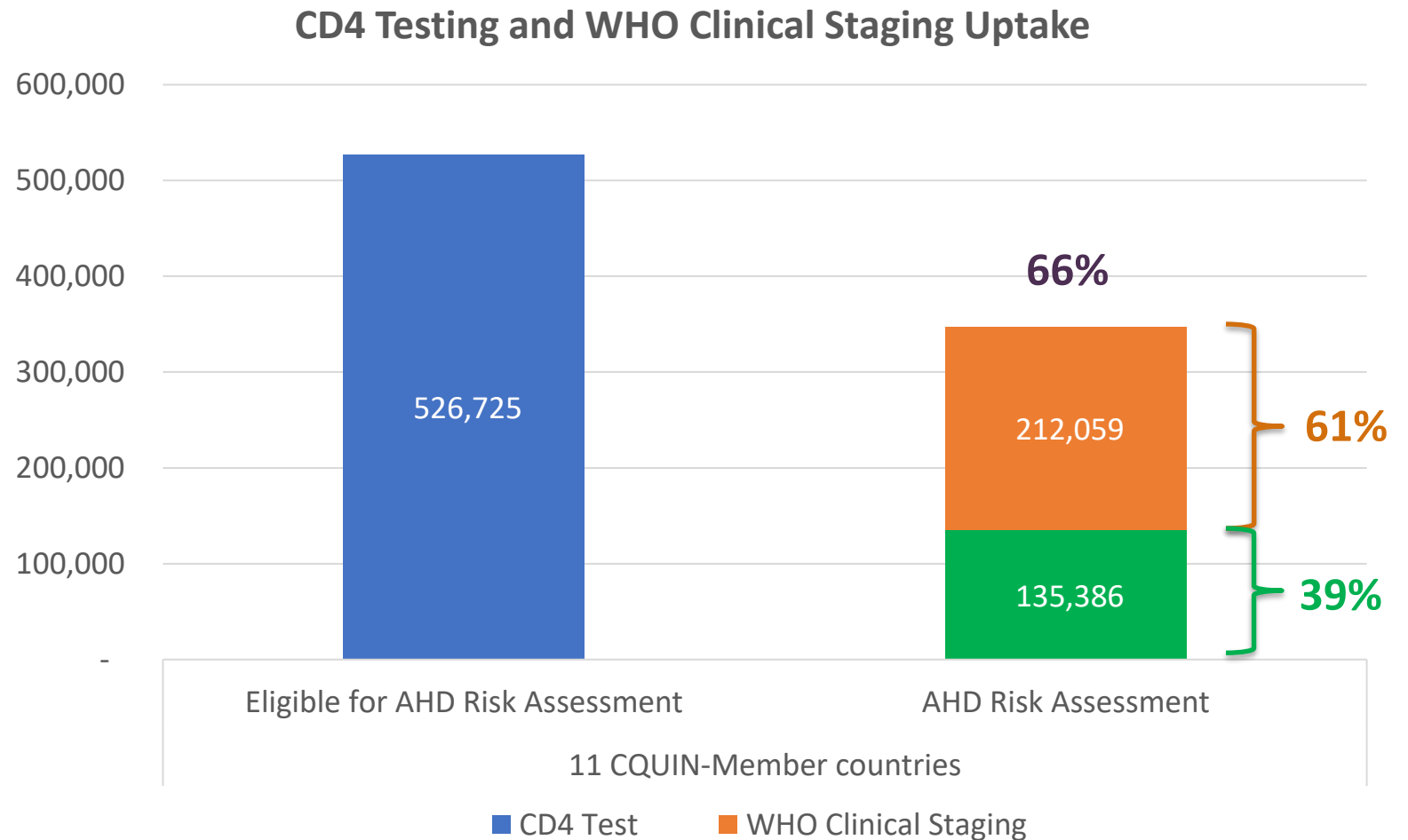
Diagnostic Capacity: OI screening

- The number of countries providing data on OI diagnostic capacity varied: Out of 21 countries, 15 **(71%),** 12 **(57%),** and 13 **(62%)** countries provided data on access to **Xpert, TB-LAM and CrAg respectively**

- Combined access to **onsite and offsite** AHD diagnostic capability was **71%, 36%** and **53% for Xpert, TB-LAM and CrAg respectively**

AHD Diagnostic Capacity

■ Onsite ■ Referral

Number of ART HF	Access to Xpert
15 Countries	

Chart values:
- Number of ART HF (15 Countries): 32,595
- Access to Xpert: Referral 20,641; Onsite 2,661 — **71%**
- Number of ART HF (12 Countries): 35,256
- Access to TB-LAM: Referral 2,905; Onsite 9,614 — **36%**
- Number of ART HF (13 Countries): 31,136
- Access to CrAg: Referral 10,971; Onsite 5,504 — **53%**

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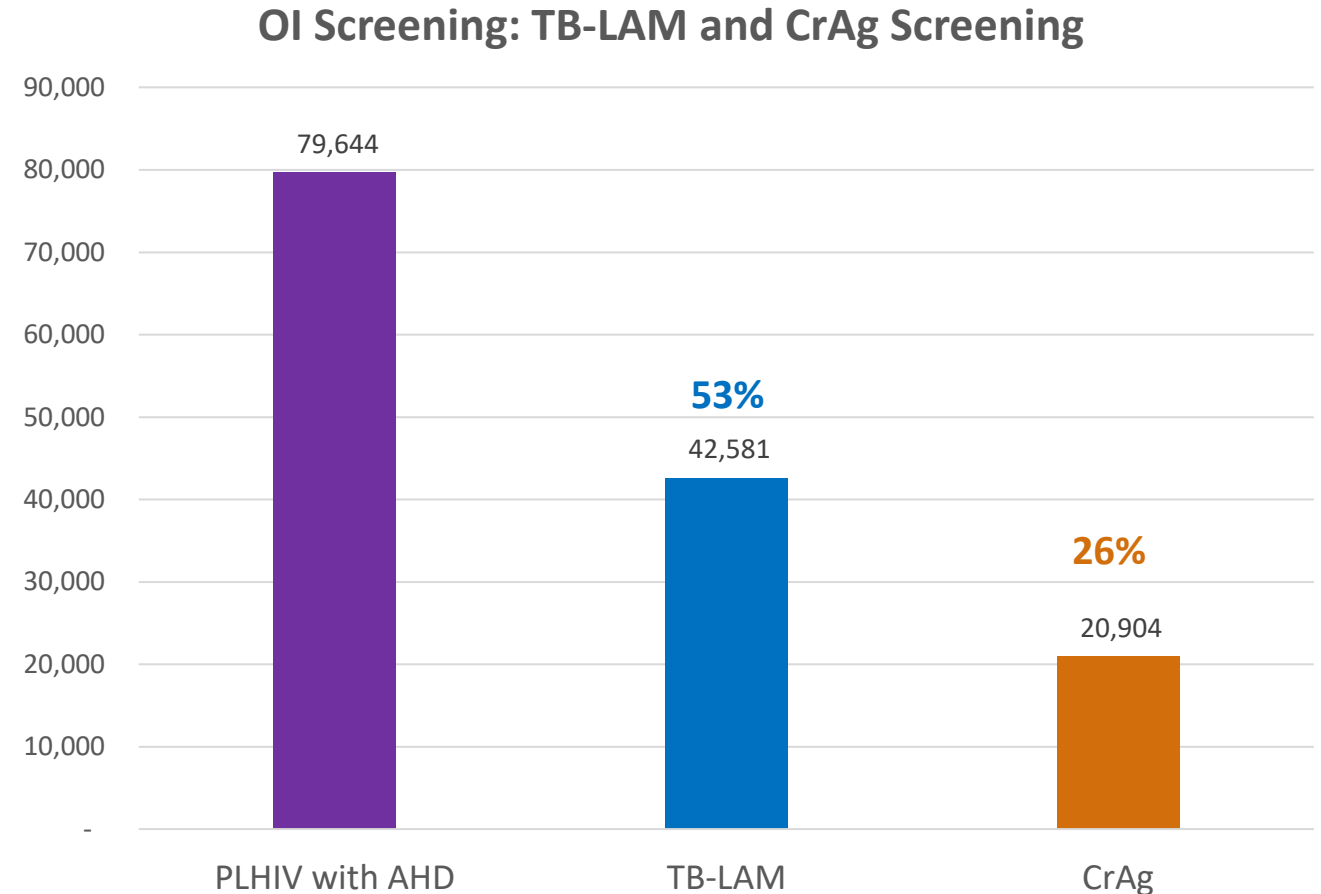The **CQUIN** Project for Differentiated Service Delivery

Client Coverage 1: CD4 Testing and WHO Clinical Staging Uptake

- Overall, **66%** of people eligible for AHD risk assessment were assessed

- Of note is that **61%** of those assessed for AHD were assessed using the **WHO clinical staging** with the remaining **39%** assessed using a **CD4 test**

CD4 Testing and WHO Clinical Staging Uptake

600,000

500,000

400,000

300,000

200,000

100,000

\-

526,725

66%

212,059

135,386

61%

39%

Eligible for AHD Risk Assessment

AHD Risk Assessment

11 CQUIN-Member countries

■ CD4 Test   ■ WHO Clinical Staging

Client Coverage 2: OI screening

- 8 countries had national data on OI screening using TB-LAM and CrAg testing

- **53%** and **26%** uptake of TB-LAM and CrAg testing

OI Screening: TB-LAM and CrAg Screening

Bar chart showing: PLHIV with AHD = 79,644; TB-LAM = 42,581 (53%); CrAg = 20,904 (26%). Y-axis from - to 90,000.

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AHD Identification Cascade (N=6 Countries)

Across 6 member countries where data was available:

- **89%** of people eligible for AHD risk assessment were assessed with CD4 count and WHO clinical staging

- **20%** of RoC screened for AHD were identified as having AHD
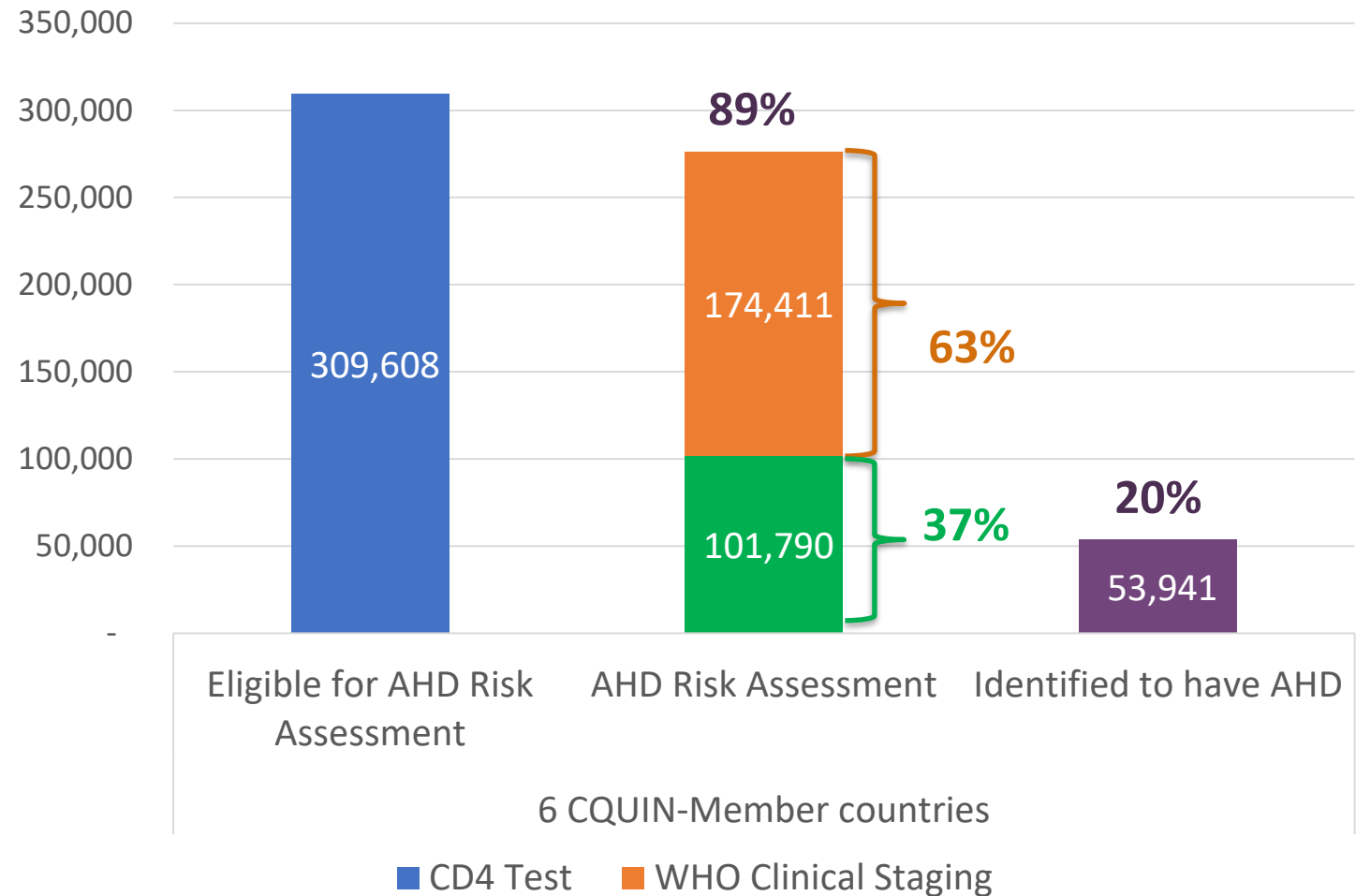
Client Coverage: 3 and 4

Client Coverage 3:

- In 15 countries, **85%** eligible PLHIV are estimated to have received TPT as per the national AHD package

- In 9 countries, **86%** eligible PLHIV are estimated to have received cotrimoxazole as per the national AHD package

- Data from 5 countries shows that **1%** of eligible PLHIV are estimated to have received CM pre-emptive treatment as per the national AHD package

Client Coverage 4:

- In 13 countries, **97%** people with AHD diagnosed with TB were initiated on TB treatment

- In 7 countries, **72%** people with AHD diagnosed with CM were initiated on the CM management protocol

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Conclusions

- Countries that have used the AHD CMM in the past two years demonstrate:
    - gradual improvement in maturity over time particularly in the enabling domains, nonetheless, gaps remain in the SCMS and M&E domains (enabling domains) that are impeding maturity of the AHD outcome domains.
    - there is a noteworthy decline in 3 domains (client coverage 2, client coverage 3 and client coverage 4)
    - the least mature domain is client coverage 1 – testing for AHD.

- The AHD programs from countries that self-staged with the AHD CMM for the first time are at the nascent stage of implementation with primarily four enabling domains (policy, guidelines, SOPs and RoC engagement) being most mature.
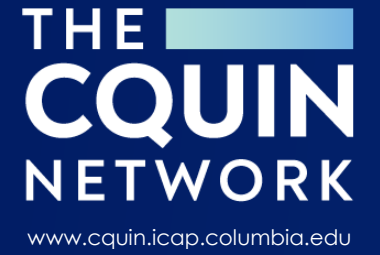
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Next steps

AHD at the 7th CQUIN Annual Meeting

- AHD Parallel Session

- M&E Parallel Session

- Tools Lab Sessions

AHD support to countries

- Address the country-specific gaps in the Country Action Plans

- Targeted TA in support of the enabling domains

- Co-creation of a generic M&E of AHD framework

- Adaptation of AHD quality standards

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Thank you!