

# Identification of advanced HIV disease among newly enrolled clients on ART in Teso region, North Eastern Uganda: A quality improvement Intervention.

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## BACKGROUND / INTRODUCTION

- Uganda's HIV-related mortality remains high with 17,000 deaths in 2021 primarily due to Advanced HIV disease (AHD) resulting from late presentation in care and interruption in treatment.
- We initiated a quality improvement (QI) intervention to increase the proportion of newly identified people living with HIV (PLHIV) who accessed CD4 testing services in the Teso region.

## METHODS

- A team of clinicians and QI mentors identified major root causes of low AHD identification among newly diagnosed PLHIV which included; low access to CD4 testing, inadequate knowledge of AHD screening, and delayed sample transfer.
- Change ideas were prioritized for implementation at 109 ART facilities using a Plan-Do-Study-Act cycle.
- The change package included orienting health workers on symptom screening for AHD and using device-free semi-quantitative rapid tests; assigning staff to support testing, and utilizing backup riders for timely sample transport.
- Facilities submitted monthly reports and data were summarized in frequencies and percentages.

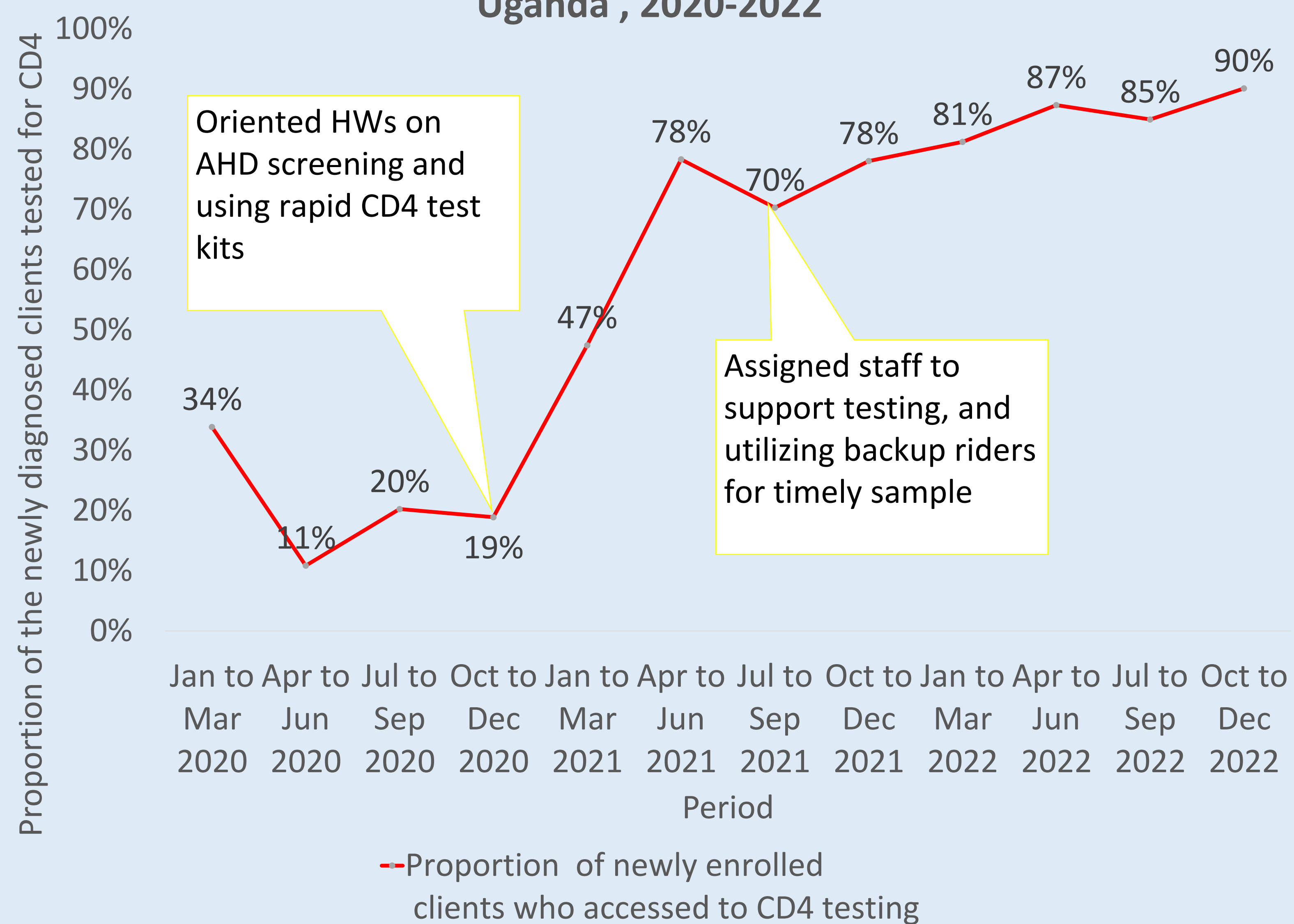


Monthly facility based CQI Data review meeting in Amuria General hospital .

## RESULTS

- From October 2020 to September 2022, a total of 6,762 new PLHIV were identified, with 65% aged 25-49 years.
- Further, 69% (4,651/6,762) were tested for CD4 and 12% (545/4,651) had a CD4 count of <200 cells.
- Testing of eligible clients for CD4 increased from 19% to 90%.
- The percentage of PLHIV identified with AHD increased from 7% to 15%.

A graph showing access to CD4 testing among newly enrolled clients on ART in Teso region, North Eastern Uganda , 2020-2022



## DISCUSSION

- Using QI interventions contributed to the increase in access to CD4 and the identification of AHD among PLHIV in North-Eastern Uganda.
- These interventions could be replicated in settings with similar challenges.

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