



Implementation of activities for the management of advanced HIV disease: Côte d'Ivoire experience

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BACKGROUND / INTRODUCTION

Since February 2017, Côte d'Ivoire has been implementing the "Test and Treat All" approach. This approach has helped to strengthen treatment coverage and to have made significant progress with the combination of the differentiated approach. Despite significant progress, recent data have shown that a third of PLHIV who start ART do so with advanced-stage infection.

Indeed, the UNAIDS Spectrum 2021 estimated the total number of PLHIV in Côte d'Ivoire at 379,594 in December 2020, including 21,273 children. In 2020, there were approximately 9,400 deaths of PLHIV in Côte d'Ivoire, including 41% women and 8% children aged 0 to 14. The management of adults and children with advanced HIV disease (AHD) was conducted with PEPFAR to answer evaluation questions¹ and to determine whether the systematic implementation of a dedicated AHD care package could improve the death rate, in the form of a project. The intervention concerned health facilities offering HIV and TB care.

OBJECTIVES

Main objective : to share Côte d'Ivoire's experience in implementing advanced HIV case management activities

Specific objectives are to present :

- The model of coordination for AHD case management activities in Côte d'Ivoire
- The monitoring and evaluation system
- Some challenges, actions to resolve the challenges and some results for the period from October 2022 to June 2024

METHODS

The AHD case management activities that took place in PEPFAR-supported areas were first initiated as a project, during the fiscal years FY21/FY22 with the implementing partner (PMO) ICAP by developing a protocol, technical procedures, data collection tools and a database.

Sixty one sites had been selected according to the following criteria:

- Have an Tx current of ≥ 500 and at least 100 newly initiated for 2020 fiscal year, 10% of patients with a baseline CD4 count ≤ 200 cells/l
- 40 sites located in greater Abidjan region and 20 outside Abidjan. 40 pediatric sites included.

Hybrid implementation of activities: as a project by EGPAF with funding from the Bill & Melinda Gates Foundation and as a program by the 4 other PEPFAR clinical implementing partners in FY23.

- **Coordination of AHD case management activities:** establishment of a Technical Working Group (TWG_AHD) by ministerial decree on 17/10/2022. The TWG_AHD met every two months with all stakeholders. The secretariat is provided by the PNLSC.
- **Implementation:** the activity started at 61 pilot sites in 2022, then expanded to 164 sites including 30 sites supported by the PMO EGPAF conducted under the DDAH project funded by the Bill and Melinda Gates Foundation, with the 5 components of the dedicated care package below: 1. Routine Ois screening (TB, Cryptococcosis, etc.); 2. Rapid initiation of recommended prophylaxis or essential Ois treatment; 3. Hub and Spoke Referral System for dedicated care; 4. Initiation of ART as early as possible 5/ Intensive Clinical and Community Monitoring adapted to patient needs.
- **Monitoring and Evaluation System:** National data were collected via a matrix developed by the CDC with active collection.

CHALLENGES / SOLUTIONS

Challenges :

- **Political challenges:**
 - Delay in updating guidelines regarding the Circular Note authorizing TB diagnosis by the TB_LAM test, with a shortfall in the management of certain patients due to the performance of the GeneXpert test as the only reference test.
 - Delayed initiation of TPT, with guidelines recommending dual prescription of TPT and vitamin B6, the non-availability of vitamin B6 resulting to non-initiation of TPT.
- **Supply chain challenges**
 - Recurrent shortages of CD4 commodities jeopardizing the provision of AHD services linked to CD4 thresholds (TB_LAM/CrAg).
 - Overstocking of certain drugs (fluconazole, Flucytosine) and commodities due to under-utilization caused by unavailability of CD4 tests.

Solutions:

- **Recent update of national HIV prevention and treatment guidelines:**
 - An Information Note was issued in May 2024 authorizing the offer of the AHD service package to patients at a WHO stage 3 or 4.
 - Administration of Anti-Tuberculosis Treatment to PLHIV with positive TB_LAM (New TPT Technical Guide issued in July 2024).

RESULTS

Some results of the implementation period from October 2022 to August 2023 :

- Good Leadership of the PNLSC in the coordination of the TWG_AHD meeting:
- Implementation of the AHD package in 30 health facilities with the support of BILL and Melinda Gates Foundation.

Characteristics of clients eligible for AHD screening:

- Returned to care: 1974 (35%), New HIV+: 3660 (64%), Treatment failure: 40 (1%), Identified AHD: 5% (94/1974) Returned to care, 16% (594/3660) New HIV+, 53% (21/40) Treatment failure
- Patients with treatment failure constitute a small proportion of patients eligible for AHD screening.
- Prevalence: High prevalence in men (2.9%) compared with women (1.5%).
- Apart from children under 5, AHD prevalence (AHD patient/active file) is highest in the 20-24 age group (2.6%).
- Diagnosis of opportunistic infections
- Trends in retention in care and mortality

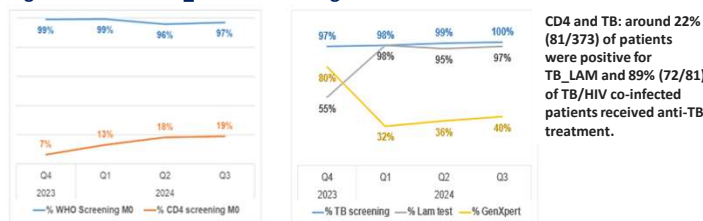
November 2023

- Overall, 87% of AHD patients remain in care
- Mortality rate was relatively high (8%)

August 2023

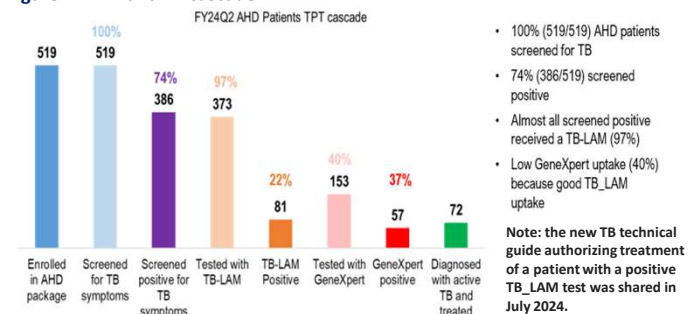
- 95% of AHD patients remain in care
- Mortality rate is relatively low (4%)

Figure 1. CD4 and TB_LAM test coverage



CD4 and TB: around 22% (81/373) of patients were positive for TB_LAM and 89% (72/81) of TB/HIV co-infected patients received anti-TB treatment.

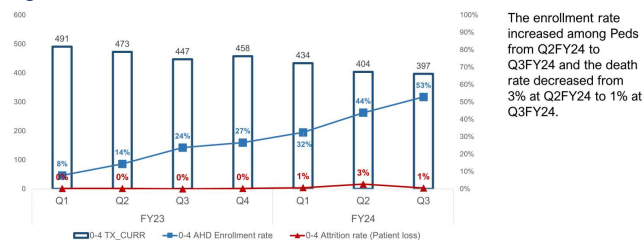
Figure 2. AHD and TB cascade



- 100% (519/519) AHD patients screened for TB
- 74% (386/519) screened positive
- Almost all screened positive received a TB-LAM (97%)
- Low GeneXpert uptake (40%) because good TB_LAM uptake

Note: the new TB technical guide authorizing treatment of a patient with a positive TB_LAM test was shared in July 2024.

Figure 3. Peds death rate and AHD enrollment rate



The enrollment rate increased among Peds from Q2FY24 to Q3FY24 and the death rate decreased from 3% at Q2FY24 to 1% at Q3FY24.

CONCLUSION & PERSPECTIVE

- Strengthening the scaling up of care provision for PLHIV at the advanced-stage could reduce mortality among PLHIV. In our efforts to eliminate HIV, it is therefore imperative that we accompany all those involved in **testing and treating patients** with AHD with the right approach.
- Addressing the management of advanced HIV infection has also helped accelerate the adoption of new WHO recommendations on :
 - (i) Diagnosis and management of TB, in particular the treatment of TB_LAM-positive patients; (ii) Rapid management of co-morbidities through Circular Notes and the revision of national policy documents.
 - The supply chain remains a major challenge, which motivated the adoption of the VISITECT semi-quantitative test in our country.