

Current global guidance, emerging evidence on AHD and efforts to improve AHD programming globally

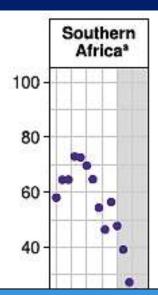
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World Health Organization
Geneva, Switzerland
12 December 2024



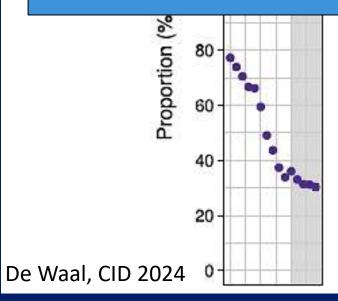
Outline

- Proportion with advanced HIV disease
- AHD disengagement and reengagement
- Distribution of AHD by treatment cascade, by country
- AHD hospitalizations
 - Common causes of hospitalization
 - Treatment journey of people hospitalized with AHD
 - Steps to providing hospitalized clinical care in those who are unwell
- AHD Guidelines 2025
- Monitoring of Advanced HIV disease

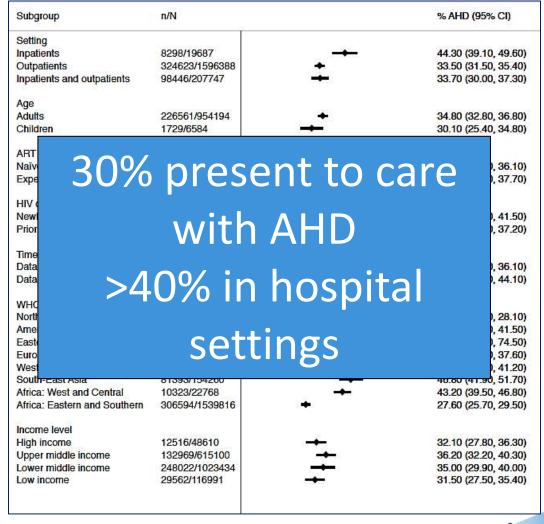




30% AHD at ART start



Proportion with advanced HIV disease

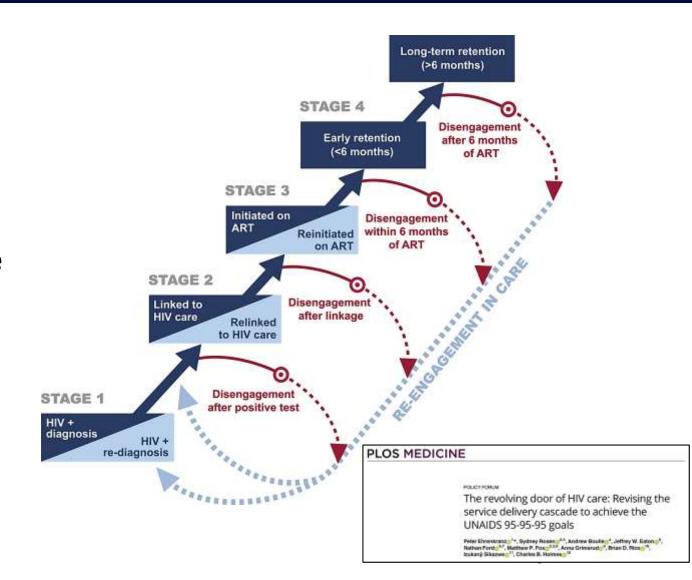


Under review

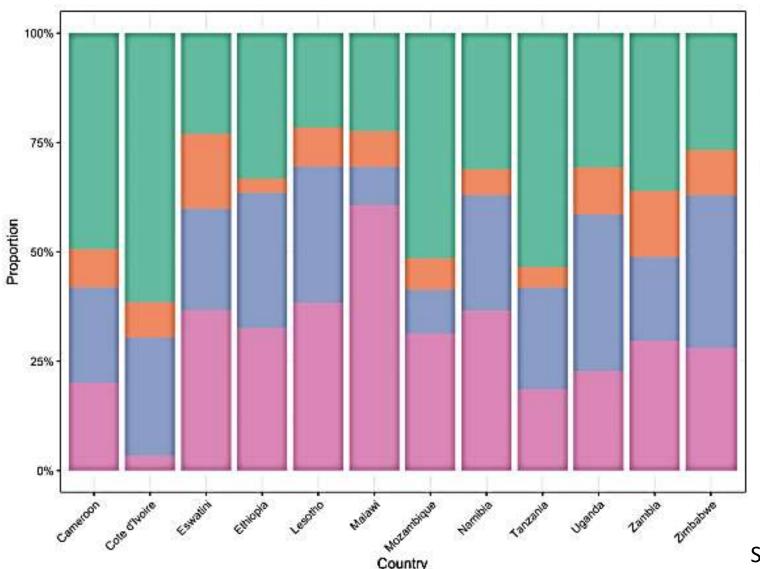


AHD - disengagement and reengagement

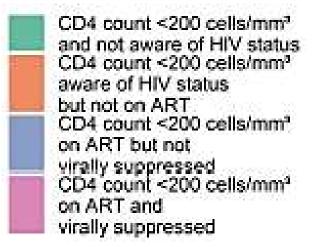
- Many programmes globally have an increasing proportion of new ART initiations that are reinitiations
- New insights suggest a very high proportion of individuals have AHD in high-burden settings (information to be shared shortly)
- Several countries are implementing welcome packages to help support returns to care – this package should include a CD4 test.



Distribution of AHD by treatment cascade, by country



Disaggregation of all people with AHD	n = 2151	%
Not aware of HIV status	706	32.5
Aware of status but not on ART	216	9.9
On ART but not virally suppressed	543	25.0
Virally suppressed	686	31.6

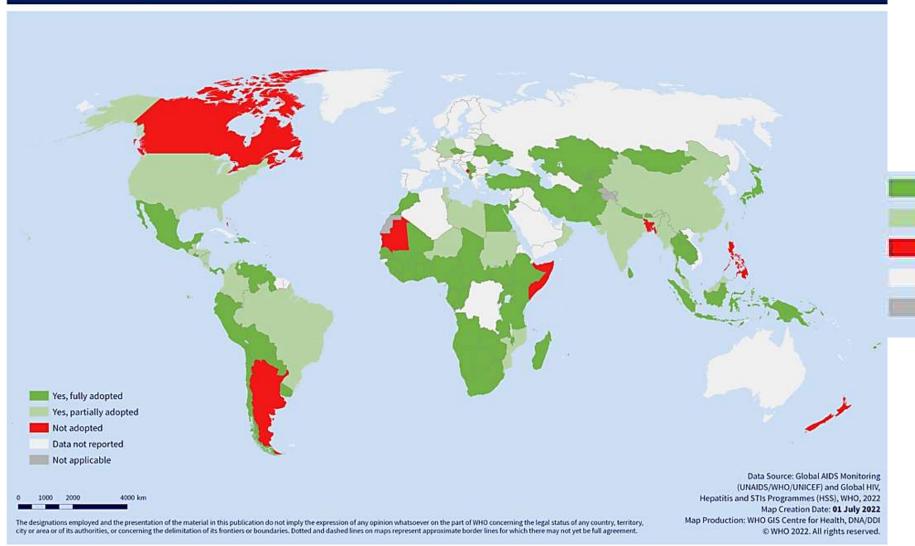




Uptake of AHD guidelines

Adoption of WHO 2017 Recommendation to offer a package of interventions to all patients presenting with advanced HIV disease, June 2022







Yes, fully adopted

Data not reported

Not applicable

Not adopted

Yes, partially adopted

Common causes of hospitalization

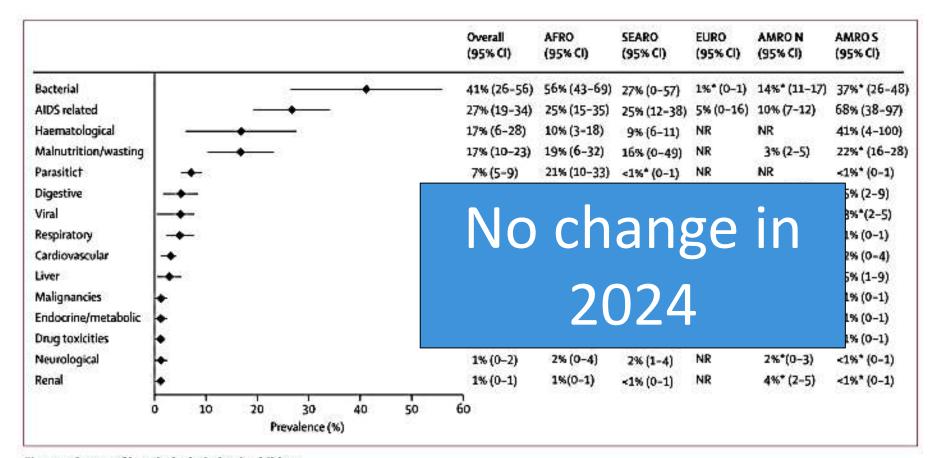


Figure 3: Causes of hospital admission in children

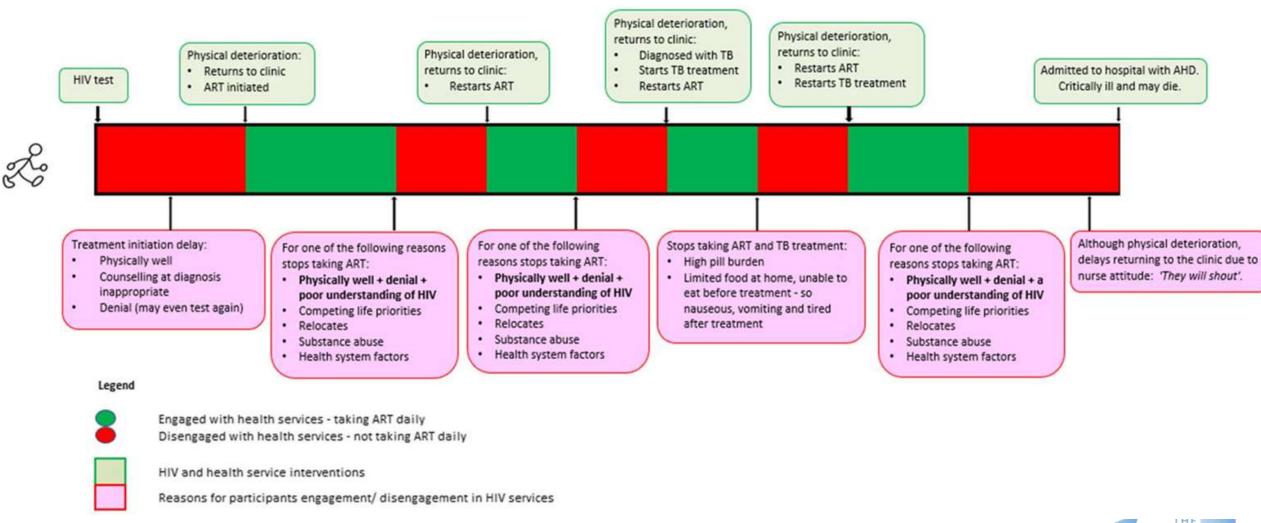
AFRO=African region. AMRO N=region of the Americas (North). AMRO S=region of the Americas (South and Central). EURO=European region. EMRO=eastern Mediterranean region. NR=not reported. SEARO=southeast Asia region. WPRO=western Pacific region. *Only one study contributed to the estimate. †Mainly malaria

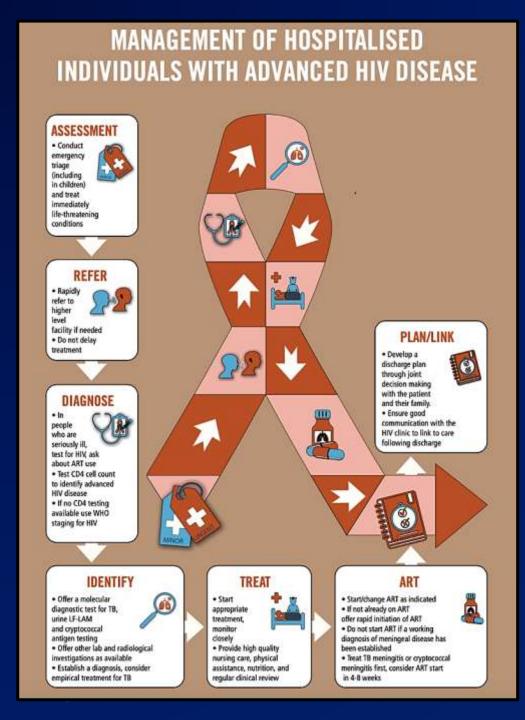
Bacterial infections, AIDSrelated illness, hematological and malnutrition were among leading causes of admission in children with HIV

Ford N, Shubber Z, Meintjes G, Grinsztejn B, Eholie S, Mills EJ, Davies MA, Vitoria M, Penazzato M, Nsanzimana S, Frigati L. Causes of hospital admission among people living with HIV worldwide: a systematic review and meta-analysis. The lancet HIV. 2015 Oct 1;2(10):e438-44.



Treatment journey of people hospitalized with AHD





What are the steps to providing hospitalized clinical care in those who are unwell?

- WHO policy brief
 - 1. Assessment
 - 2. Referral (if needed)
 - 3. Diagnose HIV and AHD
 - 4. Identify cause severe illness
 - 5. Treat
 - 6. Start / manage ART
 - 7. Make a plan with client / link.

NB: Clinical judgement often needed.

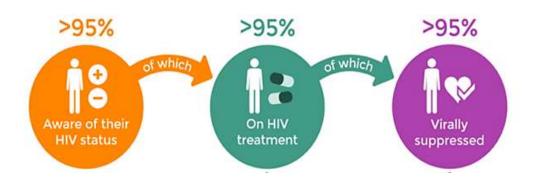
AHD Guidelines 2025

- Consolidate existing guidelines
- Develop new recommendations on
 - 1) CD4 testing and
 - 2) hospital discharge
- New section on hospital care

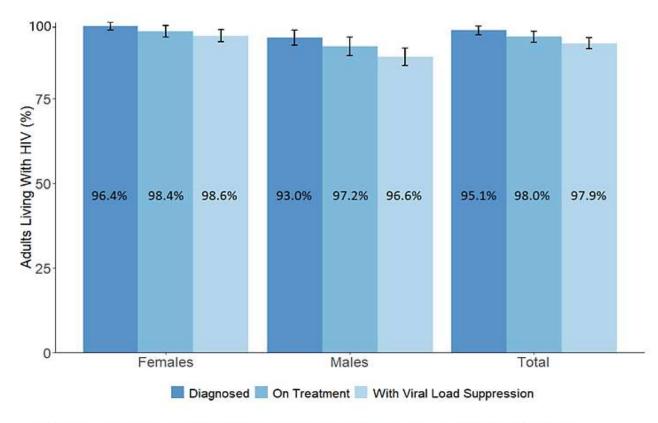


Advanced HIV disease needs to be monitored

- A cascade for AHD care
- Report AIDS deaths
- Disaggregate AIDS deaths by cause
- Several countries have begun reporting an AHD cascade
- To note: 90/90/90 and 95/95/95 do not count people who are unwell



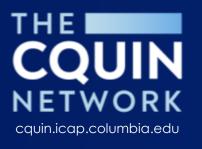
ACHIEVEMENT OF THE 95-95-95 TARGETS, by AGE and SEX



Percentages shown in the graph refer to the conditional 95-95-95 targets described in the text to the right. The heights of the bars represent the unconditional percentages for each indicator among all people living with HIV. Male, female, and total percentages apply to adults aged 15-64 years. Error bars represent 95% Cls.







Thank You!

