AHD Implementation Updates-Uganda

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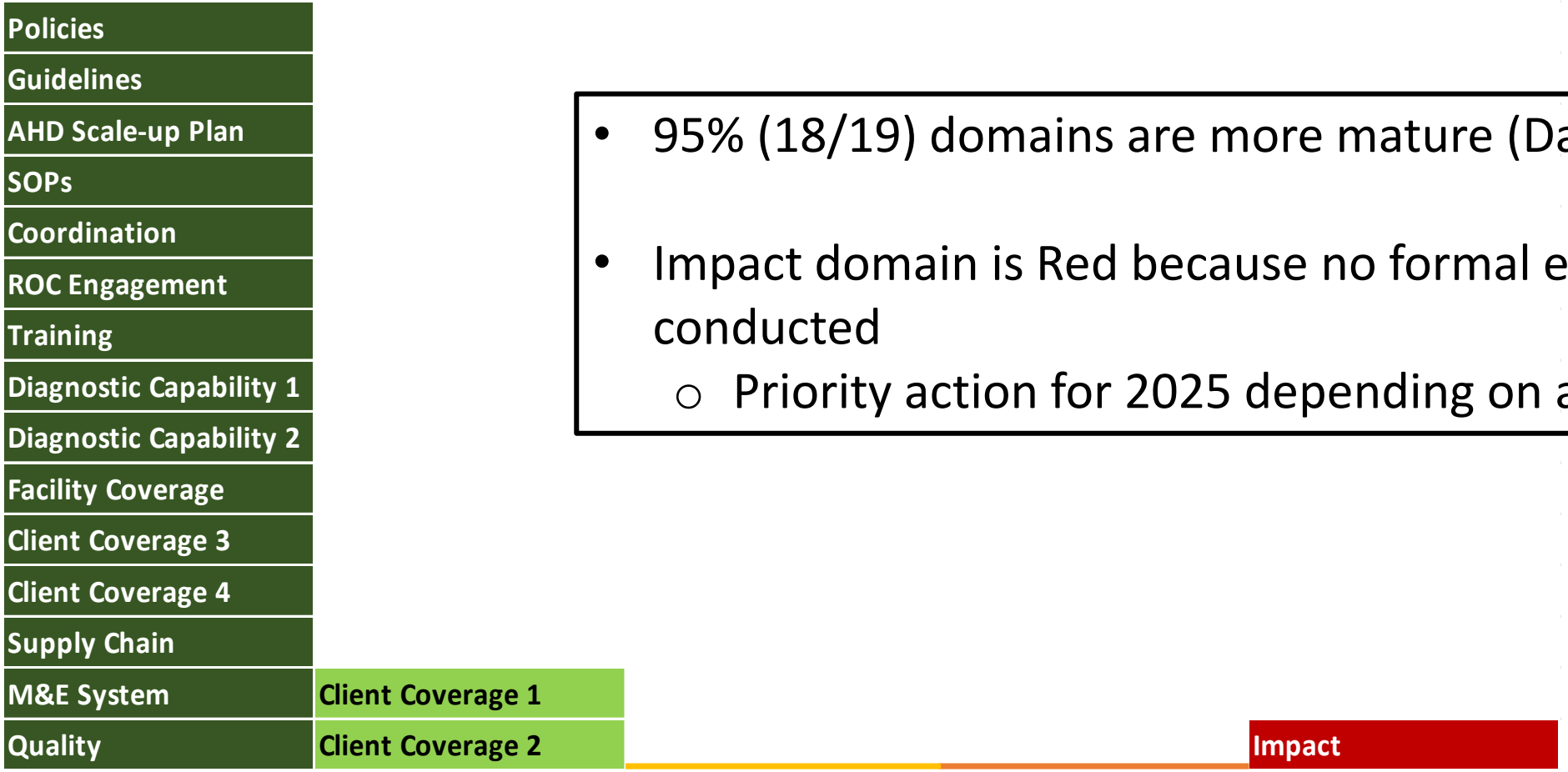
Outline

- Country Context
- A review of Uganda AHD CMM results 2022-2024
- The Uganda Framework for M&E of AHD
- The Uganda AHD Cascade (Oct 2023-Mar 2024)
- Updated data HMIS tools for AHD
- Challenges and Solutions

Uganda AHD CMM Results 2024



- 95% (18/19) domains are more mature (Dark or Light Green)
- Impact domain is Red because no formal evaluation has been conducted
  - Priority action for 2025 depending on availability of funds.

Uganda AHD CMM Results – Trend over time (2022-2024)

Trend Over Time	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Supply Chain			
M&E System			
Quality			
Impact			

- The enhancement of diagnostic capacity and therapeutics for AHD has significantly improved our maturity in Diagnostic Capability 1 and expanded Client Coverage domains 3 and 4
- Impact domain is Red because no formal evaluation has been conducted
- In 2025, we Plan to improve the coverage Client coverage 1&2 through .
    - Targeted Technical Supportive Supervision for under performing facilities
    - Provide TA to health facilities to track AHD screening, and diagnosis using CQI projects
    - Monitor and respond to stock status of AHD diagnostics

How we got there-1

Trend Over Time	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Supply Chain			
M&E System			
Quality			
Impact			

- In 2022, Uganda revised the HIV guidelines and adopted Visitect for CD4 testing, hence reducing reliance on the few POC CD4 testing platforms
- The supply chain for AHD commodities (CD4, TB-LAM, CrAg) was improved leading to improved client coverage 2
- Introduction of Visitect improved facility coverage for AHD screening
- Using a CQI approach, facilities monitored the AHD cascade, and CQI projects were developed to address gaps
- Coordination meetings – quarterly with meaningful engagement of all stakeholders

How we got there-2

Trend Over Time	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Supply Chain			
M&E System			
Quality			
Impact			

Eligibility for AHD Screening:

- Newly diagnosed PLHIV initiating ART
- PLHIV on ART with non-suppressed VL and WHO clinical stage 3 or 4 disease
- PLHIV re-engaging in care after interrupting treatment for 3 or more months
- PLHIV who are on treatment or prophylaxis for CM infection to inform decision when to stop fluconazole

The Uganda M&E for AHD Framework-1

- Developed during the development of the AHD implementation guidelines in 2019.
- Multi-stakeholder participation:- MOH, Donor Partners, District Health Teams, IPs, Health workers and CSOs
- The purpose was to support the stakeholders and service providers at all levels to plan & implement the multi-layered proposed interventions in line with the consolidated HIV guidelines with the aim of reducing HIV related morbidity and mortality in Uganda associated with Advanced HIV Disease
- The Expected Outcomes include:
  - Increase in number of facilities with AHD diagnostics and therapeutic commodities
  - Increase in proportion of patients screened for AHD
  - Increase in proportion of patients successfully treated for AHD (CD4 count <200)

The Uganda M&E for AHD Framework-2

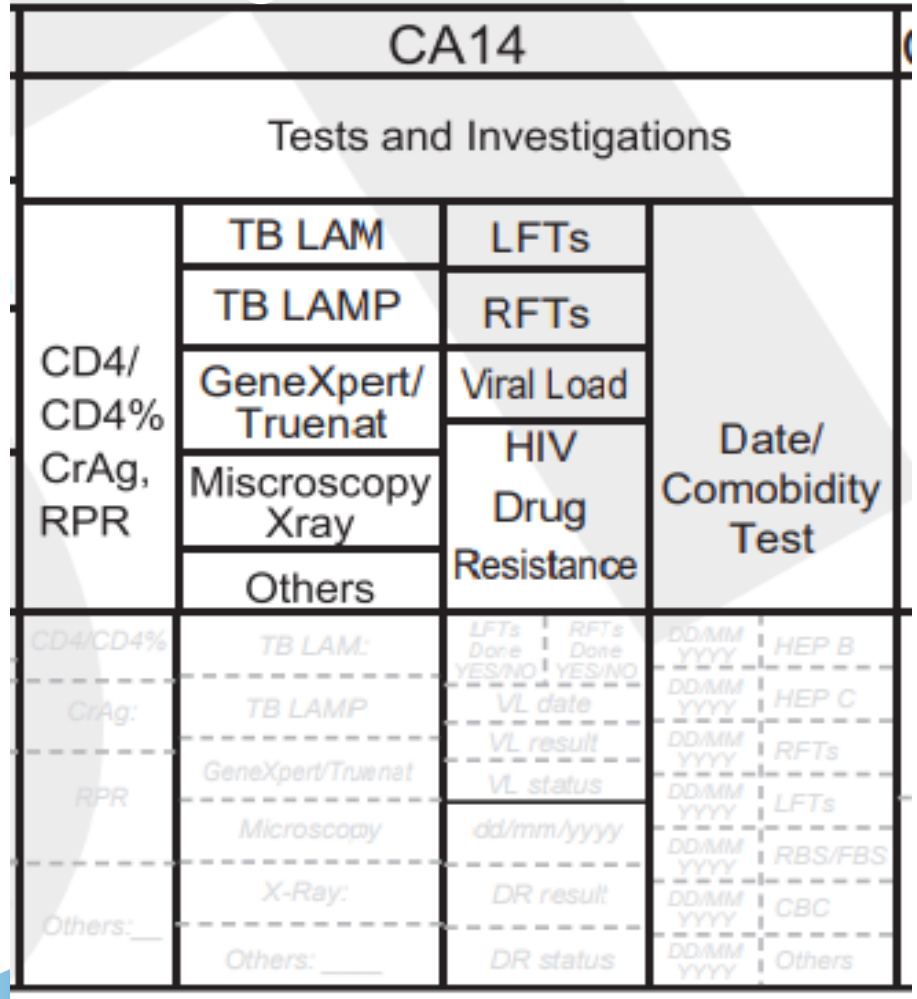
Indicators	Source	Frequency
Short Term Indicators		
• No. of HIV+ patients enrolled at the facility	DHIS II	Quarterly
• No. of patients presenting with advanced HIV disease	DHIS II	Quarterly
• No. of patients with advanced disease tested with TB LAM	DHIS II	Quarterly
• No. of LF-LAM positive patients	DHIS II	Quarterly
• No. of LF-LAM positive patients started on TB treatment	DHIS II	Quarterly
• No. of patients with advanced disease tested with CrAg	DHIS II	Quarterly
• No. of CrAg positive patients	DHIS II	Quarterly
• No. of CrAg positive patients started on CCM treatment	DHIS II	Quarterly
• No. of HIV+ on TPT	DHIS II	Quarterly
• No. of patients being referred to a higher facility	DHIS II	Quarterly

The Uganda M&E for AHD Framework-3

Indicators	Source	Frequency
Long Term Indicators		
• Mortality from AHD		Semi-annually
• Mortality from TB among TBHIV co-infected patients	DHIS II	Semi-annually
• Treatment Success Rates among TBHIV co-infected patients	DHIS II	Semi-annually
• Mortality from CCM among HIV+ patients		Semi-annually
• Treatment Success Rates among HIV-CCM co-infected patients		Semi-annually

M&E of AHD in Uganda – Pictorial Digest

Revised AHD screening and OI testing in the HIV Care Card



CA14			
Tests and Investigations			
CD4/ CD4% CrAg, RPR	TB LAM	LFTs	Date/ Comobidity Test
	TB LAMP	RFTs	
	GeneXpert/ Truenat	Viral Load	
	Miscroscopy Xray	HIV Drug Resistance	
	Others		
CD4/CD4%	TB LAM:	LFTs Done YES/NO	RFTs Done YES/NO
CrAg:	TB LAMP	VL date	DD/MM/YYYY
RPR	GeneXpert/Truenat	VL result	DD/MM/YYYY
	Microscopy	VL status	DD/MM/YYYY
	X-Ray:	dd/mm/yyyy	DD/MM/YYYY
Others:__	Others: ____	DR result	DD/MM/YYYY
		DR status	DD/MM/YYYY

HEP B
HEP C
RFTs
LFTs
RBS/FBS
CBC
Others

Revised Quarterly reporting indicators – HMIS 106a

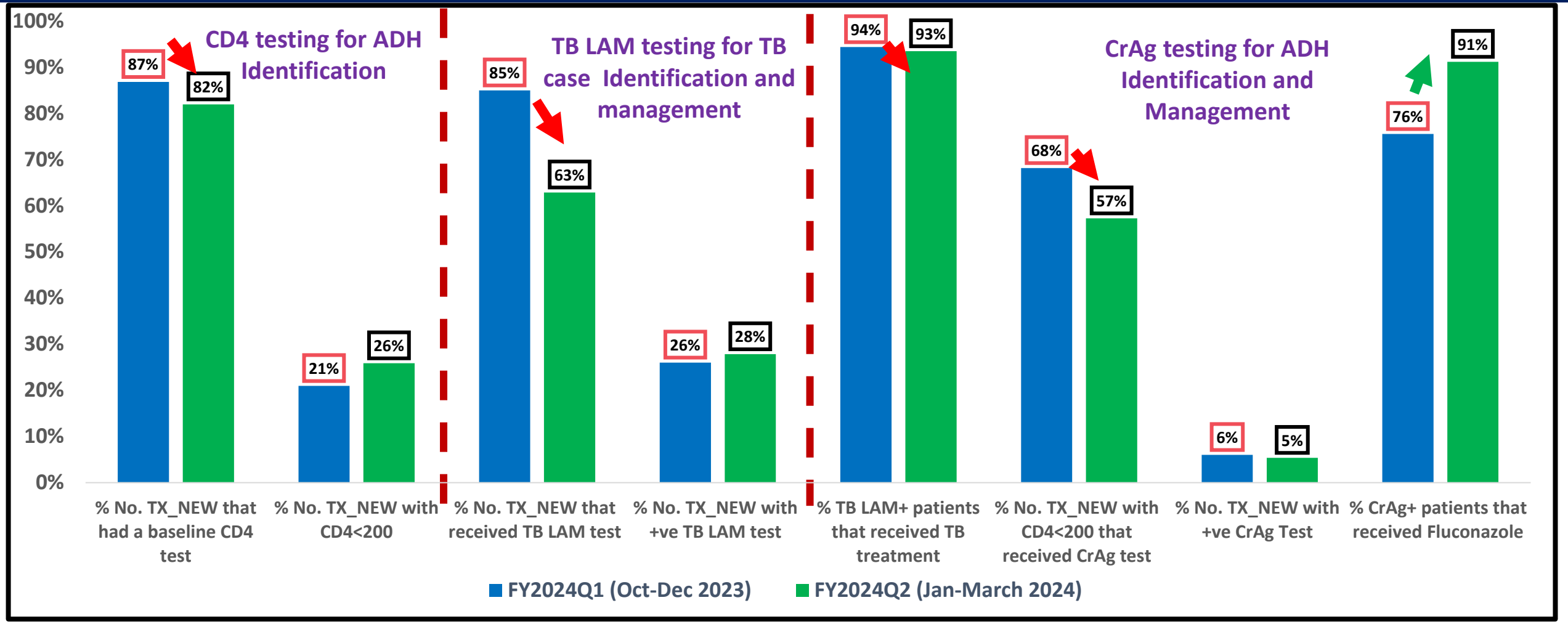
At ART Initiation

HC10	No. of new clients started on ART with baseline CD4		
HC11	No. of new clients started on ART with baseline CD4 <200		
HC12	No. of new clients with a baseline CD4 <200 that	Tested for TB LAM	
		Positive for TB LAM	
		TB LAM Positive treated for TB	
		Tested for CRAG	
		CRAG Positive	Total
			Diagnosed with CCM
		CRAG Positive treated with pre-emptive fluconazole	
		Treated for Cryptococcal meningitis	

Non-Suppressed Clients

HC41	Number of non-suppressed clients that received CD4 test		Total
			CD4 < 200
HC42	Number of Non-Suppressed Clients with CD4 < 200 that;	Tested for TB LAM	
		Positive for TB LAM	
		Positive for TB LAM treated for TB	
HC43	Number of non-suppressed Clients with CD4 <200	Tested for CRAG	
		CRAG Positive	Total
			Diagnosed CCM
		CRAG Positive treated with pre-emptive fluconazole	
		Treated for Cryptococcal meningitis	

AHD identification and treatment among TX_NEW clients (Oct 2023-Mar 2024)



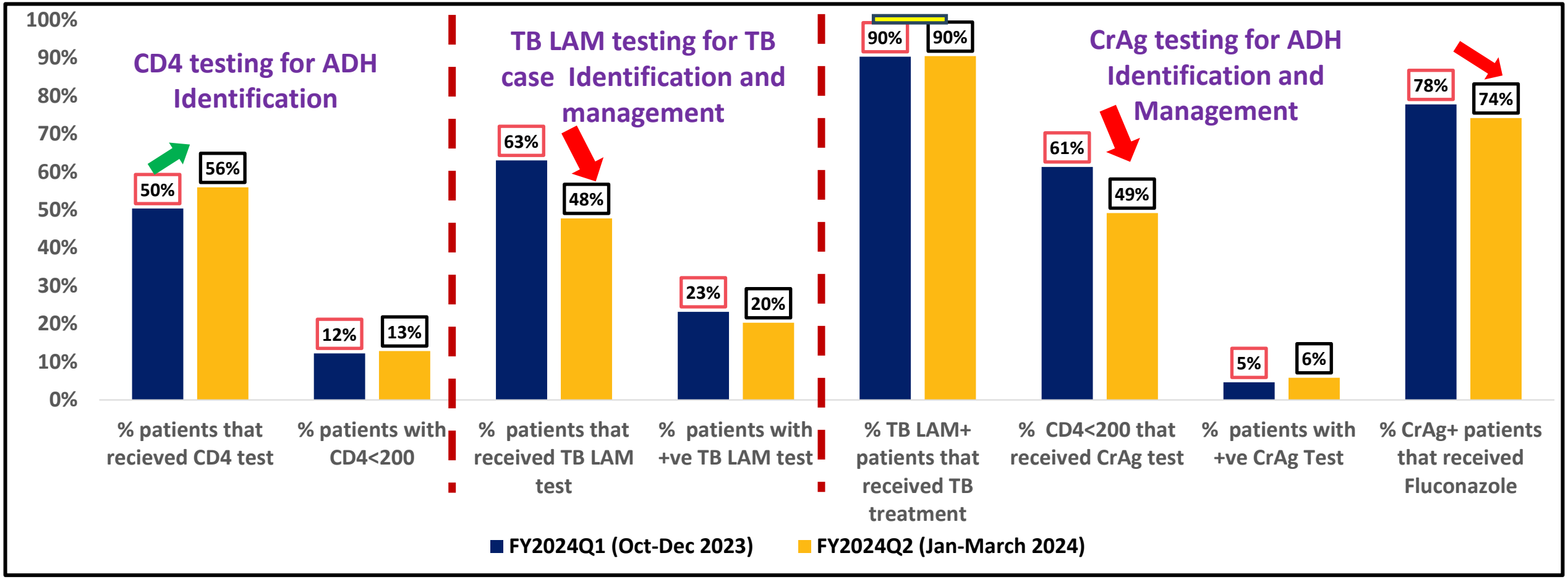
- Reduction in CD4 uptake in Q2.
- Reduction in TB LAM and CrAg test access
- Impressive treatment initiation for both TB LAM positive and crag +ve patients

AHD identification and treatment among TX_NEW clients (Oct 2023-Mar 2024)

Period	TX_NEW	Received CD4 test	CD4<200	Received TB LAM test	+ve TB LAM test	TB LAM+ received TB treatment	Received CrAg test	+ve CrAg Test	CrAg+ received Fluconazole
FY2024-Q1 (Oct-Dec 2023)	19,762	17,152	3,592	3,052	794	749	2,448	147	111
FY2024-Q2 (Jan-March 2024)	32,920	26,976	6,976	4,385	1,220	1,140	3,994	215	196
FY2024 (Oct 2023-March 2024)	52,682	44,128	10,568	7,437	2,014	1,889	6,442	362	307

Period	% No. TX_NEW that had a baseline CD4 test	% TX_NEW with CD4<200	% No. TX_NEW received TB LAM test	% TX_NEW with +ve TB LAM test	% TB LAM+ received TB treatment	% TX_NEW with CD4<200, received CrAg test	% TX_NEW with +ve CrAg Test	% CrAg+ received Fluconazole
FY2024Q1 (Oct-Dec 2023)	87%	21%	85%	26%	94%	68%	6%	76%
FY2024Q2 (Jan-March 2024)	82%	26%	63%	28%	93%	57%	5%	91%
FY2024 (Oct 2023-March 2024)	84%	24%	70%	27%	94%	61%	6%	85%

AHD identification and treatment among non-suppressed recipients of care (Oct 2023-Mar 2024)



- Sub optimal CD4 access.
- Reduction in access to CrAg and TB LAM test
- Stagnation in AHD identification using both CrAg test and TB LAM.
- Stagnating TB Rx initiation but reduction in Fluconazole initiation

AHD identification and treatment among non-suppressed recipients of care (Oct 2023-Mar 2024)

Period	No. of non-suppressed HIV+ patients	Non-suppressed HIV+ patients that received CD4 test	Non-suppressed patients with CD4<200	No. of patients that received TB LAM test	No. of patients with +ve TB LAM test	No. of TB LAM+ patients that received TB treatment	Patients with CD4<200 that received CrAg test	No. of patients with +ve CrAg Test	No. of CrAg+ patients that received Fluconazole
FY2024Q1 (Oct-Dec 2023)	10,298	5,186	636	401	93	84	390	18	14
FY2024Q2 (Jan-March 2024)	15,014	8,398	1,082	517	105	95	532	31	23
FY2024 (Oct 2023- Sept 2024)	25,312	13,584	1,718	918	198	179	922	49	37

Period	% patients that received CD4 test	% patients with CD4<200	% patients that received TB LAM test	% patients with +ve TB LAM test	% TB LAM+ patients that received TB treatment	% CD4<200 that received CrAg test	% patients with +ve CrAg Test	% CrAg+ patients that received Fluconazole
FY2024Q1 (Oct-Dec 2023)	50%	12%	63%	23%	90%	61%	5%	78%
FY2024Q2 (Jan-March 2024)	56%	13%	48%	20%	90%	49%	6%	74%
FY2024 (Oct 2023- Sept 2024)	54%	13%	53%	22%	90%	54%	5%	76%

Challenges and Solutions

SN	Challenge	Mitigation mechanism
1	Suboptimal CD4 testing especially among the non-suppressed patients.	• Risk assessment of patients before offering MMD • Scale up of CD4 testing in the community.
2	Low CrAg and TB LAM access which also affects the treatment cascade	• Capacity building for health workers to offer quality AHD services. • Uninterrupted availability of TB LAM and CrAg commodities at national and facility level
3	CD4 equipment breakdown and prolonged downtime, decommissioning of some CD4 technologies.	• Convene AHD and Lab TWG to identify, validate and recommend new CD4 technologies to support quality CD4 testing.
4	Monitoring and evaluation gaps	• Support recording and quality reporting of AHD indicators • Conduct routine technical mentorship and supervision • Implement continuous quality improvement projects using the national quality improvement framework

Sustaining the response

How are we sustaining our gains?

- More meaningful **community engagement** to monitor recipients of care with AHD within the community and strengthen facility community linkage

- Continued **implementation of CQI** project to improve/ maintain the enabling and outcome domains

- Ensure continuous **commodity security** of AHD commodities

- **Integration** of AHD into other services including community pharmacy model

Acknowledgements

1. MINISTRY OF HEALTH UGANDA
2. PEPFAR
3. WHO
4. UNICEF
5. UNAIDS
6. CHAI
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Thank You!