

Findings from the CQUIN Advanced HIV Disease Capability Maturity Model

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Outline

- ICAP-CQUIN AHD Timeline
- Country self-staging using the ICAP-CQUIN AHD CMM
- AHD CMM results
 - Overall findings
 - Secondary analysis findings
- Conclusion



The ICAP-CQUIN Advanced HIV Disease Timeline

	AHD community of practice Co-created document Differentiated Care for Adults at High Risk of HIV Disease Progression: A Call to Action - advocacy for AHD programs.		Use of the AHD CMM Finalized the AHD CMM toolkit following the pilot. Used by 14 CQUIN- member countries in 2021/2022	
2017: Inception	2018 – 2019: A Call to Action	2020: Time to Act!	2021 – 2022	2023 - Present
July 17-19, Harare, Zimbabwe <u>All-network meeting</u> on DSD for people with AHD and people at high risk of HIV disease progression.	A Call to Action	July 28 - 29, 2020 Virtual AHD Workshop co- hosted with CHAI & UNITAID. Initial development and piloting of the <u>CQUIN AHD</u> <u>capability maturity model</u> .	O DIC IS IT K M. M2 NG TZ UG ZA 2 Relicits Mational AVD implementation Heat Sandard Openting Motional Fragment of Receiving Motion Diagnostic Capability (Henring Motion Diagnostic Capability (Henring Motion Diagnostic Capability (Henring Motion Diagnostic Capability (Henring Motion Client Coverage 2 (D) screening Client Coverage 2 (D) screening Mational Motion (Service) Client Coverage 2 (D) screening Diagnostic Capability (Henring Motion Client Coverage 2 (D) screening Mational Motion (Service) Client Coverage 2 (D) screening Mation (Service) Mation (Service) Ma	Scale-up use of the AHD CMM The AHD CMM has been used by all 21 CQUIN- member countries twice - in 2023 and 2024 Scaled-up to all CQUIN- member countries in 2023



The ICAP-CQUIN AHD Capability Maturity Model (CMM)

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Most mature

HIV LEARNING NETWORK

Least mature

The CQUIN Project for Differentiated Service Delivery Advanced HIV Disease Dashboard: Version 3.0

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	an AHD strategy which actively promotes the implementation and monitoring of AHD services at scale, with a focus only on secondary	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)	AHD services has been defined but has not yet been incorporated into the national HIV	therease in the second state of the second sta	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	plan has been developed, and is being	A national AHD scale-up plan has been developed, is being implemented nationwide, and key milestones are being regularly monitored.

18 Domains namely:

1. 2.	Polices Guidelines	
3.	AHD Scale-up Plan	
4.	SOPs	Enabling
5.	Coordination	Domains
6.	ROC Engagement	
7.	Training	
8.	Supply Chain	
9.	M&E System	
10.	Diagnostic Capability 1	
11.	Diagnostic Canability 2	
11.	Diagnostic Capability 2	
11. 12.	Facility Coverage	
	e 1 <i>1</i>	
12.	Facility Coverage	Outcome
12. 13.	Facility Coverage Client Coverage 1	Outcome Domains
12. 13. 14.	Facility Coverage Client Coverage 1 Client Coverage 2	k
12. 13. 14. 15.	Facility Coverage Client Coverage 1 Client Coverage 2 Client Coverage 3	k
12. 13. 14. 15. 16.	Facility Coverage Client Coverage 1 Client Coverage 2 Client Coverage 3 Client Coverage 4	k

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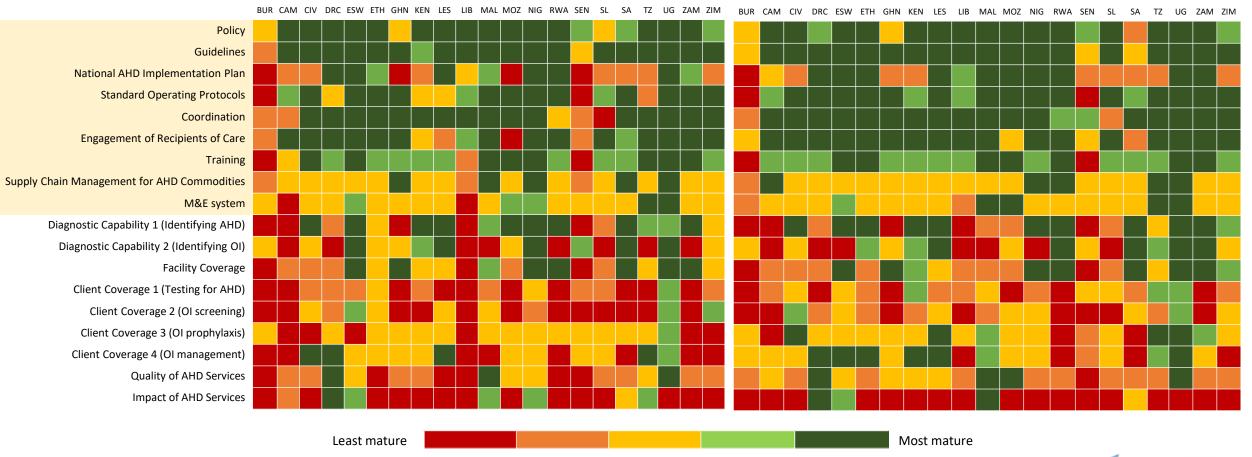
AHD CMM Results



AHD CMM Findings – Data Arranged by Country

2023



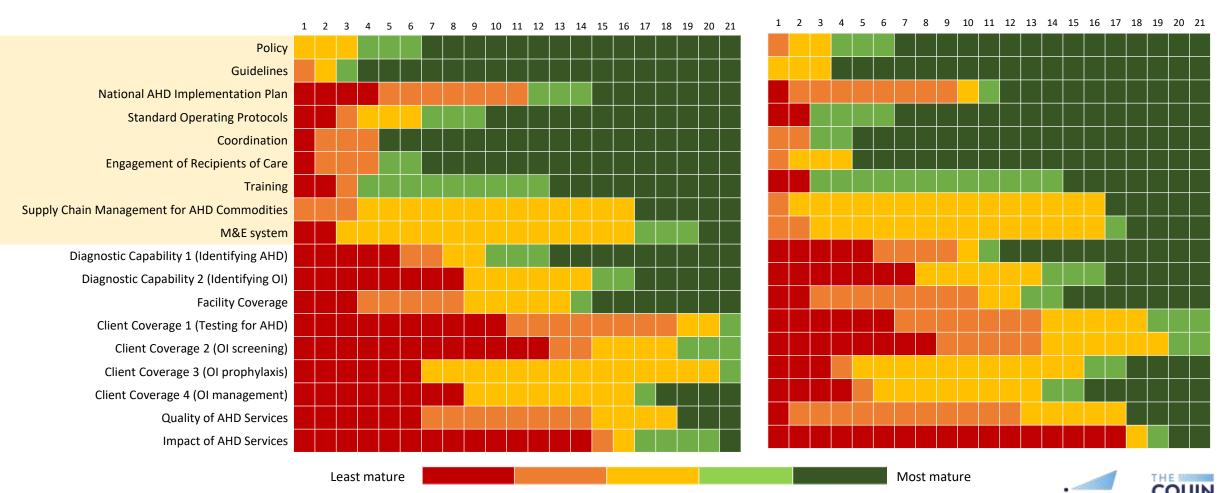




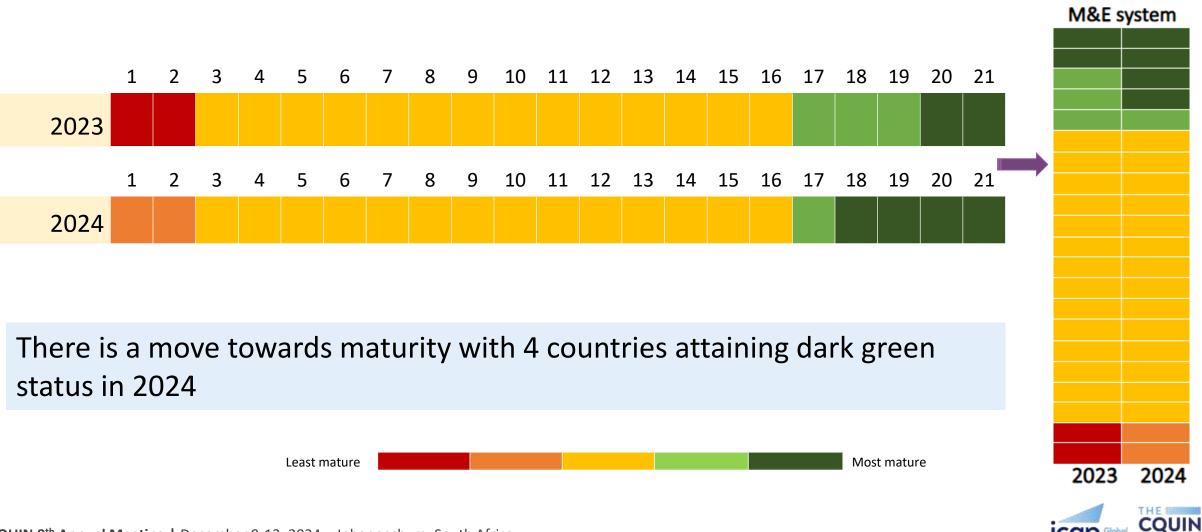
AHD CMM Findings – Data Arranged by Maturity

2024

2023



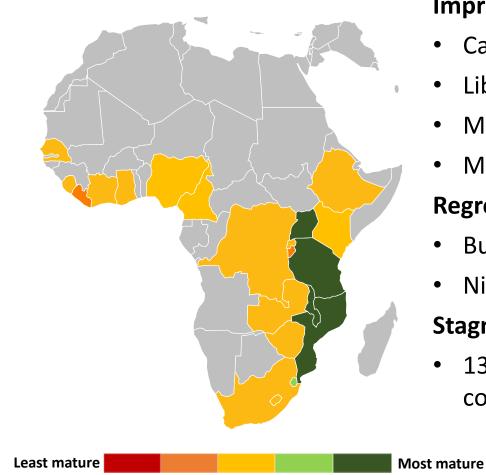
Modest improvement in M&E of AHD Domain – 2023 and 2024 [Stacked by Maturity]



Country Progress in M&E of AHD Domain – 2023 and 2024

AHD M&E Domain, 2023

AHD M&E Domain, 2024



Improvements (4 countries)

- Cameroon •
- Liberia •
- Malawi •
- Mozambique ۲

Regression (2 countries)

- Burundi •
- Nigeria •

Stagnation

13 out of remaining 15 • countries

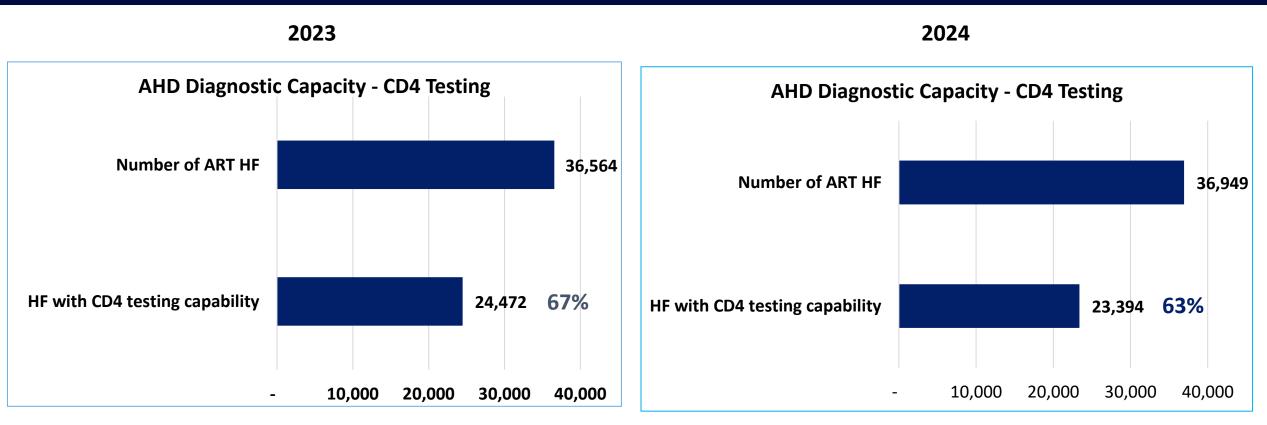


CQUIN 8th Annual Meeting | December 9-13, 2024 – Johannesburg, South Africa

Most mature

Least mature

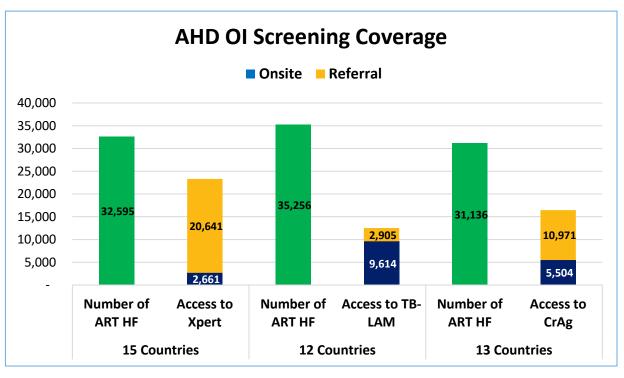
Diagnostic Capability: CD4 Testing Coverage



- **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
- **16** out of **21 (76%)** CQUIN-member countries shared data on CD4 testing capacity
- Out of 36,949 HF in these 16 countries, 23,394 (63%) HF had access to CD4 testing



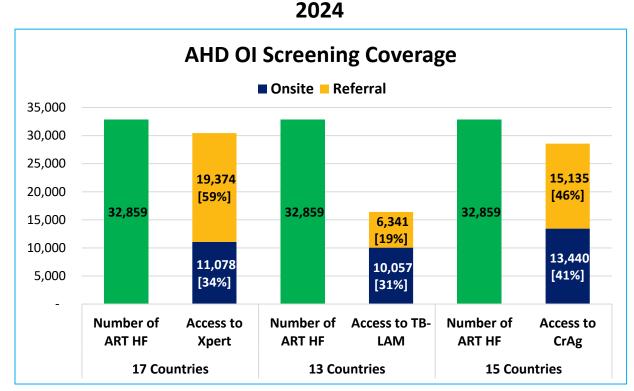
Diagnostic Capability: OI Screening Coverage



2023

- 15 (71%), 12 (57%), and 13 (62%) out of 21 countries provided data on Xpert, TB-LAM and CrAg coverage respectively
- Combined onsite and offsite OI screening coverage was 71%,
 36% and 53% for Xpert, TB-LAM and CrAg respectively

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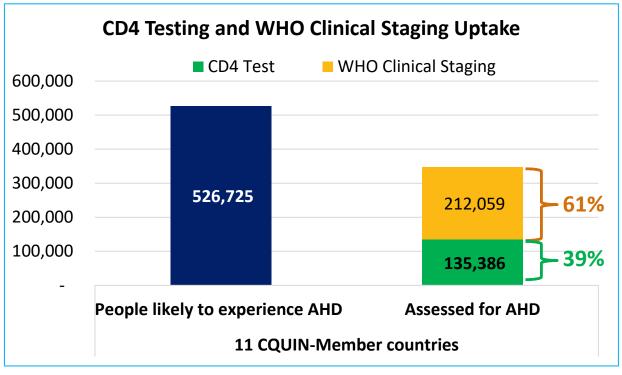


- 17 (81%), 13 (62%), and 15 (71%) out of 21 countries provided data on Xpert, TB-LAM and CrAg coverage respectively
- Combined onsite and offsite OI screening coverage was 93%,
 50% and 87% for Xpert, TB-LAM and CrAg respectively

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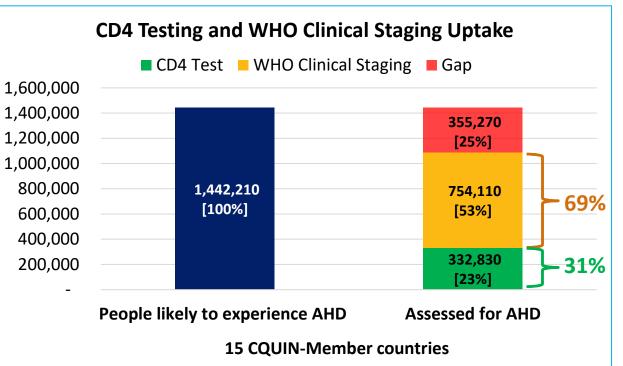
Client Coverage 1: CD4 Testing and WHO Clinical Staging Uptake

2023



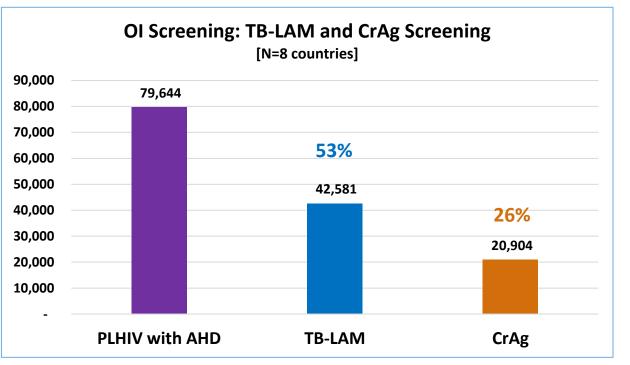
- 66% of PLHIV likely to experience AHD were assessed for AHD
- Among PLHIV assessed, 61% were assessed using the WHO clinical staging with only 39% assessed using a CD4 test
- **75%** of PLHIV likely to experience AHD were assessed for AHD
- Among PLHIV assessed, 69% were assessed using the WHO clinical staging with only 31% assessed using a CD4 test

2024

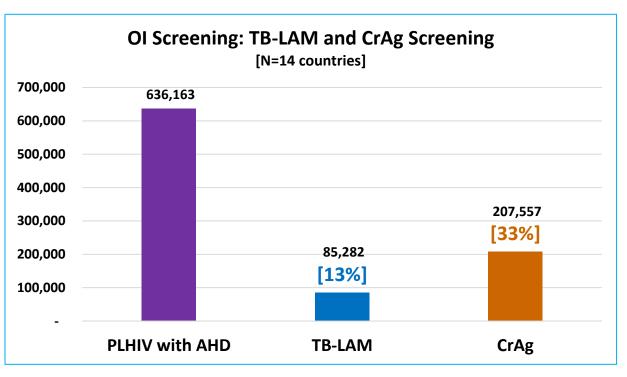


Client Coverage 2: OI screening

2023



- 8 countries had national data on OI screening using TB-LAM and CrAg testing
- 53% and 26% uptake of TB-LAM and CrAg testing



2024

- 14 countries had national data on OI screening using TB-LAM and CrAg testing
- 13% and 33% uptake of TB-LAM and CrAg testing

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Client Coverage 3: OI prophylaxis & Client Coverage 4: OI management

2023

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**

2024

Client Coverage 3:

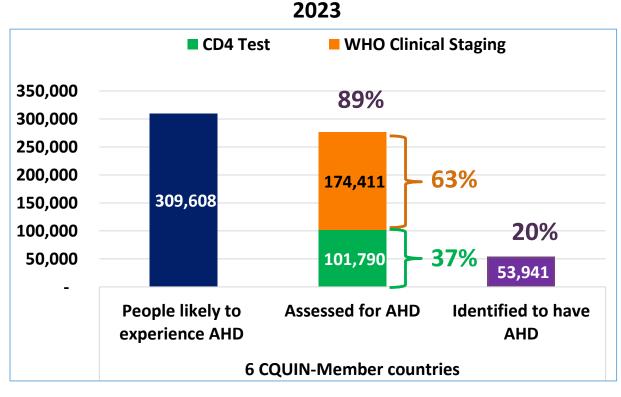
- In 17 countries, 89% eligible PLHIV are estimated to have received TPT as per the national AHD package
- In 12 countries, **82%** eligible PLHIV are estimated to have **received cotrimoxazole** as per the national AHD package
- Data from 9 countries shows that 66% of eligible PLHIV are estimated to have received CM pre-emptive treatment as per the national AHD package

Client Coverage 4:

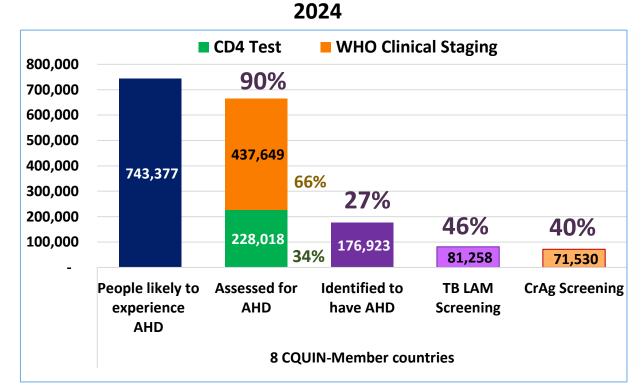
- In 16 countries, 95% people with AHD diagnosed with TB were initiated on TB treatment
- In 7 countries, 78% people with AHD diagnosed with CM were initiated on the CM management protocol



AHD Cascade



- 89% of PLHIV likely to experience AHD were assessed for AHD
- 20% of RoC screened for AHD were identified as having AHD



- 90% of PLHIV likely to experience AHD were assessed for AHD with 27% identified as having AHD
- **46% and 40%** of people with AHD were screened for OI with TB LAM and CrAg tests respectively.



Key takeaway messages

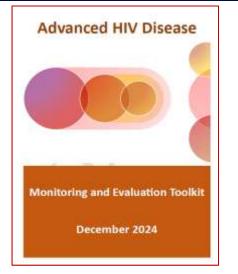
- There were modest improvements in AHD implementation across network countries
- More countries, compared to 2023, provided data to aid in self-staging using the CMM
- AHD and OI diagnostic capabilities:
 - Reduction in number and proportion of HF with CD4 testing capabilities by about 1,000 HF.
 - Increased number of countries and HF with Xpert, TB LAM and CrAg testing capabilities
- Improved assessment for AHD:
 - Numbers of people likely to experience AHD who were assessed for AHD more than doubled.
 - Among people assessed for AHD an estimated two thirds were assessed using the WHO clinical staging
- Ols using TB LAM and CrAg tests:
 - Overall increased number of people with AHD screened for OIs using TB LAM and CrAg in spite of the drop in proportion screened with TB LAM
- Improved data on CM preventive therapy as well as treatment



M&E of AHD Pre-Meeting Summary – 20 out of 21 Countries



The AHD Monitoring & Evaluation Toolkit – Under Development

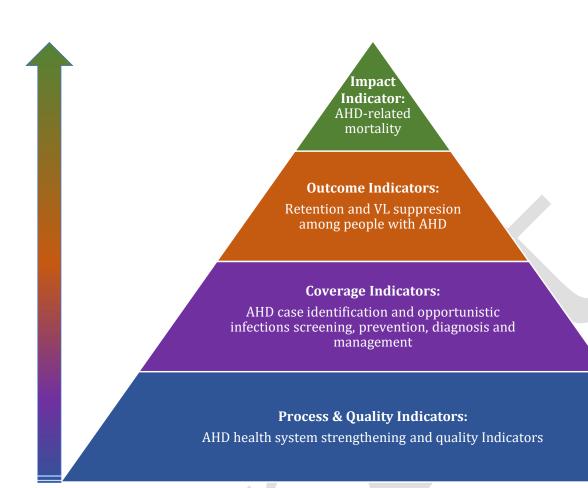


- Conceptualized following review of AHD CMM 2023 findings from all CQUIN member countries
- AHD M&E Collaborative constituting of ICAP, CHAI and EGPAF – met regularly over the course of the year to conceptualize and develop an initial draft of the toolkit



- Provides a structured approach to the monitoring and evaluation of AHD services.
- Describes AHD indicators, including impact, outcome, coverage, and process indicators, which are essential for high-level reporting and program improvement.
- Encourage the review and development of primary data sources that feed into UNAIDS Global AIDS reporting indicators/platform.
- Aims to standardize AHD indicators and the methodologies of recording and reporting across member countries.
- Outlines quality assessment standards to ensure that AHD services meet high standards of care.

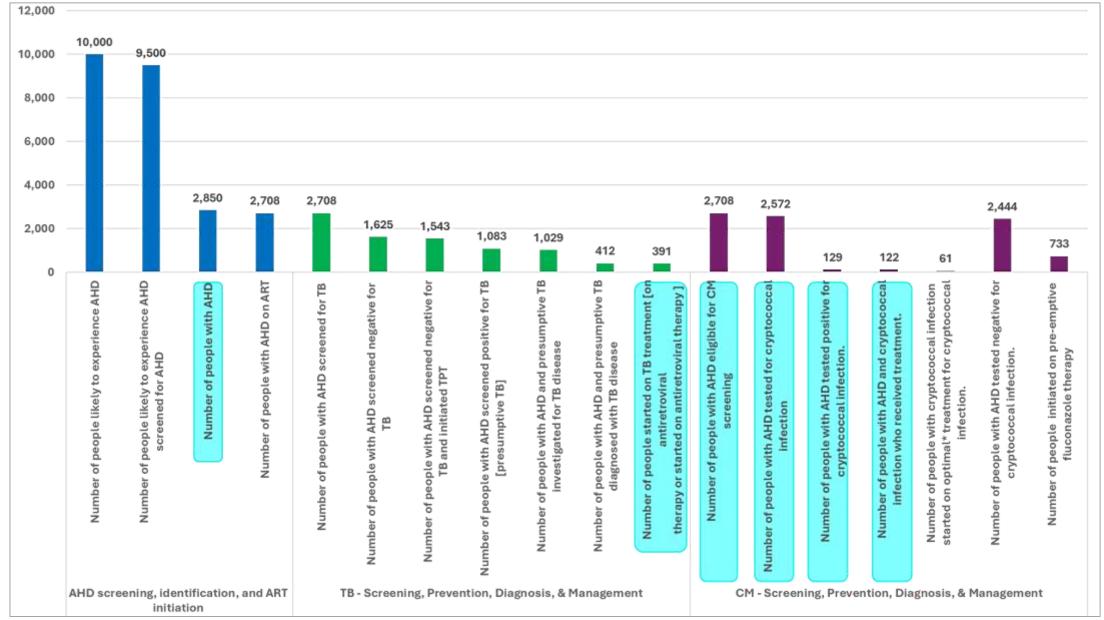
Organization of the AHD Monitoring and Evaluation Toolkit



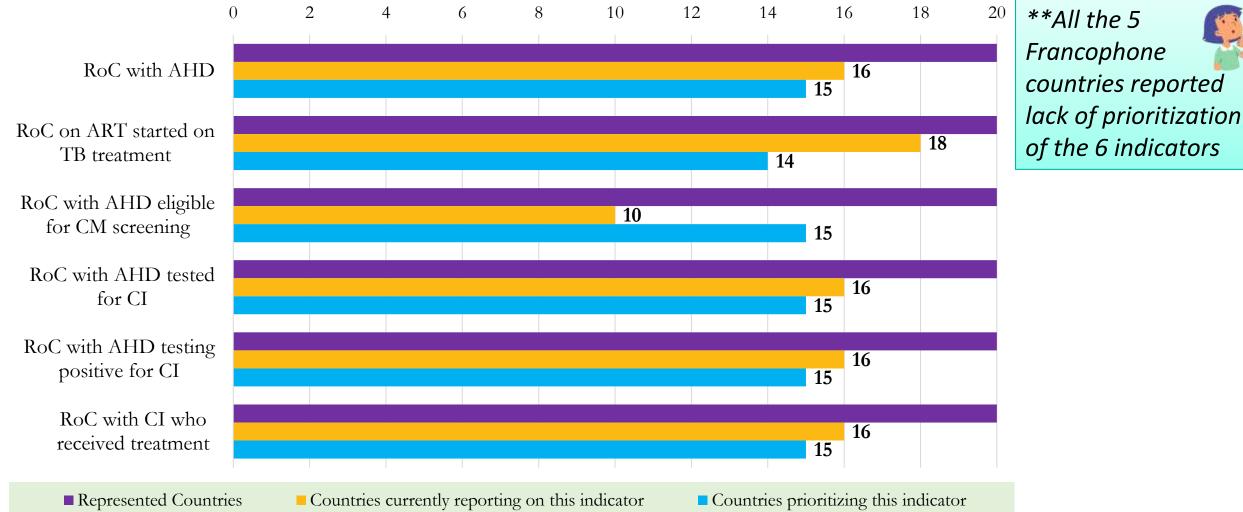
- Conceptual framework
- Indicators and indicator definition
 - Impact
 - Outcome
 - Service coverage
 - Program
 - Quality
- Proposed AHD clinical cascade that incorporates the UNAIDS AHD indicators



Proposed AHD Cascade from a population of 10,000 people likely to experience AHD



Reporting Capacity and Prioritization for Core AHD Indicators [N= 20 Countries]





Preliminary data challenges noted

- AHD data variables in primary data sources
 - Completed at facility-level, majorly in paper-based tools, and not aggregated into the national HMIS [DHIS2]
 - Limited AHD data variables from the in-patient setting
 - Not standardized across countries
- AHD data disaggregation:
 - Where available, the data is not disaggregated by populations likely to experience AHD (i.e., newly initiating, returning to treatment, virological failure, severely ill, children under five)
- National reporting Electronic Medical/Health Records: [Best opportunity for AHD reporting]
 - Few countries with EHR/EMR with capability to generate AHD data summaries
 - Even where these exist, longitudinal tracking of people with AHD is difficult
- Linking AHD data with other program data sources:
 - Programming and reporting for HIV and nutrition data are de-linked making it difficult to obtain disaggregated data for CLHIV under five living with HIV by nutritional status i.e. MAM or SAM

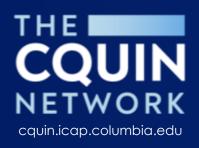


Next steps

- Finalize comprehensive feedback from the ministries of health across CQUIN member countries
- Share the toolkit with global stakeholders for review
- Consolidate feedback from ministries of health and global stakeholders
- Identify early adopter countries within the network for targeted TA to adapt the framework, implement in-country and track progress over time







Thank You!

