

AHD Service Prioritization and Integration into Routine Healthcare Across the CQUIN Network

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ICAP at Columbia University

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CQUIN 9th Annual Meeting | Delivering Differently: Prioritize. Adapt. Sustain

AHD as a Pillar of Responsive HIV Programming

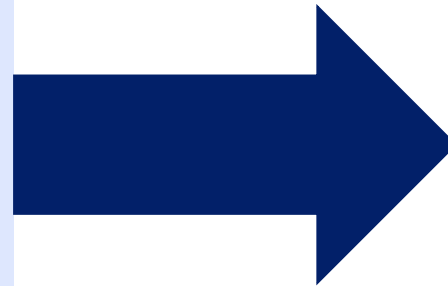
Key CQUIN priorities include:

- **AHD Service (Re)Prioritization:** Support to Ministries of Health in prioritizing AHD services as part of HIV service prioritization.
- **AHD Model Refinement and Scale up:** Assist member countries to identify, adapt and scale AHD HIV service delivery models guided by CQUIN's ten strategic choices for integrating AHD into routine care.
- **Monitoring and Accountability:** Strengthen member countries approach to track AHD service coverage and quality.

HIV Service Prioritization

July-September 2025: Initial Scenario Planning Summary






16/21 countries submitted with 14 countries completing the $\geq 50\%$ funding scenario



October-November 2025: Current Prioritization Revisions

All 21 countries submitted prioritization outcomes

Standardized coding system

-  **Keep (No Change):** Service will continue as currently implemented
-  **Keep (Modify):** Service will be adapted to reflect contextual shifts (e.g., sub-population, geography)
-  **Drop:** Intervention removed from the prioritized package
-  **Not applicable:** Intervention deemed irrelevant or non-operational in country context
-  **Missing Data:** Intervention not defined, described, or completed in submission

AHD Service Prioritization (n=14)

| |
|------------------|
| Keep (No Change) |
| Keep (Modify) |
| Drop |
| Not applicable |
| Missing Data |

By Country: Jul-Sep 2025

By Country: Oct-Nov 2025

| # | Intervention | BUR | CAM | ESW | ETH | GHA | KEN | LES | LIB | MOZ | NIG | SEN | SL | TZ | UG |
|-------------------------|--------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| OI management | TB Xpert for symptomatic | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | TB treatment | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | TPT per regimen | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | CRAG for sympt | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | Cryptococcal tr | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| AHD package | LAM S3/4 serious | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | CRAG S3/4 IPD | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | CD4 S3/4 new o | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | CD4 S1/2 new o | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | LAM S1/2 CD4< | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| CRAG S1/2 CD4<200 | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Drop | Keep | Keep | Keep | Keep | Keep | Keep | |
| Fluconazole pre-emptive | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Drop | Keep | Keep | Keep | Keep | Keep | Keep | |

| # | Intervention | BUR | CAM | ESW | ETH | GHA | KEN | LES | LIB | MOZ | NIG | SEN | SL | TZ | UG |
|---------------|--------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| OI management | TB Xpert for symptomatic | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | CRAG S1/2 CD4<200 | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| AHD package | CRAG S1/2 CD4<200 | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |
| | Fluconazole pre-emptive | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep | Keep |

Changes in AHD Service Prioritization Across 14 Countries (Jul-Sep vs Oct-Nov 2025):

- **15 interventions** shifted from “Keep (Modify)” to “Keep (No Change)” status, indicating increased consensus on **maintaining AHD services as-is.**
- A total of **18 interventions** remained as dropped or not applicable across both periods.

AHD Service Prioritization, Oct-Nov 2025

(N=21)

| | |
|-------------|------------------|
| Dark Green | Keep (No Change) |
| Light Green | Keep (Modify) |
| Red | Drop |
| Grey | Not applicable |
| White | Missing Data |

| # | Intervention | BUR | CAM | CIV | DRC | ESW | ETH | GHA | KEN | LES | LIB | MAL | MOZ | NIG | RWA | SEN | SL | SA | TZ | UG | ZAM | ZIM | |
|---------------|--------------------------|------------|-------------|-------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|
| OI management | TB Xpert for symptomatic | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Light Green | Dark Green | Grey | Light Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | TB treatment | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | TPT per regimen | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | CRAG for symptomatic | Grey | Light Green | Dark Green | Dark Green | Dark Green | Dark Green | Grey | Dark Green | Dark Green | Light Green | White | Light Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | Cryptococcal treatment | Grey | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Grey | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |
| AHD package | LAMS3/4 seriously ill | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Red | Grey | Light Green | Dark Green | Light Green | Light Green | Red | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | CRAG S3/4 IPD | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Light Green | Grey | Light Green | Dark Green | Light Green | Dark Green | Red | Dark Green | Grey | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | CD4 S3/4 new or >90d | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Dark Green | Red | Light Green | Dark Green | Light Green | Grey | White | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | CD4 S1/2 new or >90d | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Light Green | Light Green | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Red | Dark Green | Dark Green | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | LAMS1/2 CD4<200 | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Red | Grey | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Red | Dark Green | Dark Green | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | CRAG S1/2 CD4<200 | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Light Green | Grey | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Red | Dark Green | Dark Green | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Dark Green | Dark Green |
| | Fluconazole pre-emptive | Dark Green | Dark Green | Grey | Dark Green | Dark Green | Dark Green | Light Green | Dark Green | Dark Green | Dark Green | Light Green | Dark Green | Red | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green | Dark Green |

Advanced HIV Disease Service Prioritization – Key Findings

AHD Package

- **CD4 testing for Stage 3/4 clients:** Widely prioritized, with strong consensus on its role in identifying AHD.
- **CD4 testing for Stage 1/2 clients:** More variable, with several countries modifying or deprioritizing this intervention.
- **LAM and CrAg for ROC with CD4<200:** Mixed prioritization, with some countries retaining and others dropping or modifying based on feasibility.
- **Fluconazole pre-emptive therapy:** Least consistently prioritized among AHD package components.

OI Management

- **TB Xpert and treatment:** Universally retained across nearly all countries, reinforcing their central role in AHD care.
- **CrAg test for symptomatic clients:** Prioritized by most, though a few countries marked it as “Drop” or “Not Applicable,” indicating diagnostic limitations.
- **Cryptococcal treatment:** Generally retained, but with some variation in modification status.

Advanced HIV Disease Service Prioritization – Overall Findings

- **High retention of core AHD services:** Most countries prioritized TB testing and treatment, TPT, and CD4 testing for ROC with WHO clinical stage 3/4.
- **Moderate variability in CrAg and LAM testing:** CrAg and LAM interventions showed mixed prioritization, with several countries modifying or marking them as not applicable, reflecting differences in diagnostic capacity or burden.
- **Fluconazole pre-emptive therapy:** Prioritization was inconsistent, with several countries dropping or modifying this intervention. This may suggest gaps in implementation or supply chain challenges.

AHD Service Integration into Routine Healthcare

CQUIN Country-to-Country Exchange in 2025

- **March:** Liberia and Malawi to Nigeria | Advancing AHD Integration
- **October:** Tanzania, Lesotho, Eswatini, Kenya, Nigeria and Uganda participated in a virtual learning exchange focusing on advancing HIV service integration including integration of AHD services
- **October:** Tanzania and Lesotho to Uganda | Advancing HIV service integration including integration of AHD services

CQUIN Services Integration CMM

- **Two AHD domains under development:** AHD 1: Operational Guidance and Scale-up and AHD 2: Coverage and Quality



CQUIN Capability Maturity Model for Integration of HIV Services into Routine Healthcare

CQUIN uses **services integration** to mean *integration at the point of care*. Integration of HIV prevention, testing, linkage, care and treatment services into routine healthcare settings typically means that some or all HIV services are provided by non-specialist healthcare workers in space shared with other programs, rather than in stand-alone HIV clinical services, pharmacies, and/or labs staffed only by HIV specialists.¹

There are multiple models of integrated service delivery, including integration of HIV into outpatient primary care departments (OPD/PHC) and integration of HIV and non-communicable disease services in the context of “chronic care clinics”. HIV services (including prevention, testing, and linkage services) are also often integrated into Integrated Management of Maternal, Neonatal and Child Health (IMNCH), family planning, reproductive health, antenatal care, TB, and primary care settings. Each model for recipients of care should have referral protocols for more specialized HIV services and/or annual review with HIV specialists; these may be designed as hub-and-spoke referral systems or within-facility referral systems depending on the context.

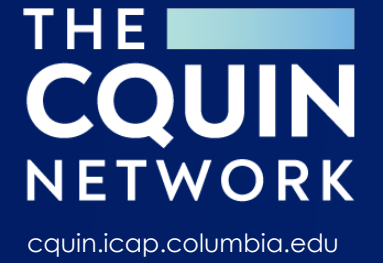
It is important to note that *integration of services is a means to an end, not an end in itself*. Not all countries will choose to integrate HIV services into routine healthcare, and the extent of integration is not in itself a reflection of overall HIV program maturity. Those countries that do prioritize integration are likely to design different models for different levels of the health system; thus, integrated services are likely to look different at primary, secondary, and tertiary health facilities. All countries are likely to retain some specialized HIV care and treatment services – for example, some services for people with advanced HIV disease are unlikely to be integrated into primary care settings.

Given this context, the capability maturity model for integration of HIV services is intended only for countries and contexts in which services integration has been prioritized, and describes the maturity of integrated services, not the maturity of a national HIV program.

| | 1 | 2 | 3 | 4 | 5 |
|---|--|---|--|---|---|
| Domain 1: Policies | The country has decided to integrate HIV services into routine healthcare settings, ³ but no formal integration policy is in place, and development has not begun | A national policy (or policies) for integrating HIV services into routine healthcare settings (“integration policy”) is in development, with discussions and meetings ongoing OR A national integration policy is available in draft form but has not been finalized | A national integration policy has been finalized BUT does not detail clear goals, objectives, approaches and evaluation metrics for integration of HIV services into routine healthcare systems. | A national integration policy that includes clear goals, objectives, approaches and metrics has been finalized but is not yet being actively implemented and monitored. | A national integration policy that details goals, objectives ² , approaches and metrics for integration of HIV services into routine healthcare systems is being actively implemented and monitored. |
| Domain 2: National Integration Scale-up Plan | No national integration plan for HIV services is in place, and development has not begun | A national integration plan for HIV services is in development, with discussions and meetings ongoing | A national integration plan for HIV services has been finalized BUT does not detail all 11 strategic choices listed in the footnote ⁴ | A national integration plan for HIV services that includes all the relevant strategic choices has been finalized, BUT is | A national integration plan for HIV services that includes all the relevant strategic choices is being actively implemented and monitored |

Session Agenda

- **ICAP CQUIN:** AHD Service Prioritization Across the CQUIN Network and Advancing AHD Service Integration into Routine Healthcare
- **WHO 2025:** Evolving Recommendations for Advanced HIV Disease
- **CHAI:** Securing the Pipeline: Commodities and Market Shaping for AHD
- **MOH Uganda:** Institutionalizing AHD Services: Uganda's Journey Toward Integrating AHD Services into Routine Health Care
- **Community First:** Community Engagement in Prioritizing AHD Services



Thank You!

