Prioritizing AHD Services and Tracking Progress Through National HMIS: Cross-Country Insights from the CQUIN Network

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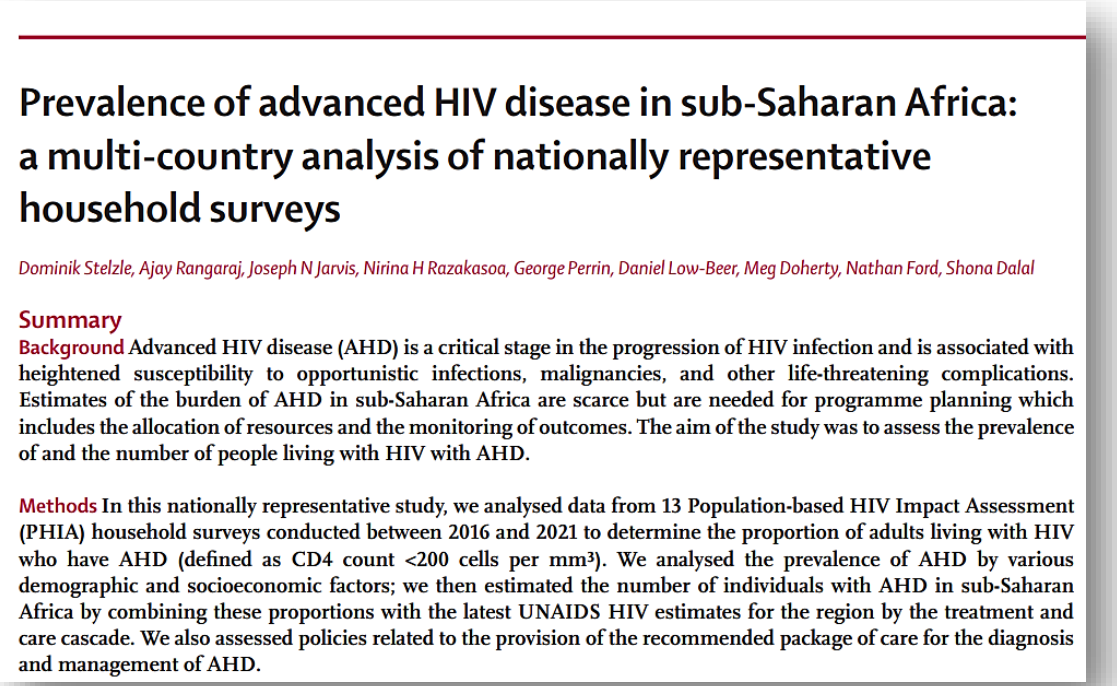
Why AHD and why the focus on measurement, results from PHIA



Prevalence of advanced HIV disease in sub-Saharan Africa: a multi-country analysis of nationally representative household surveys

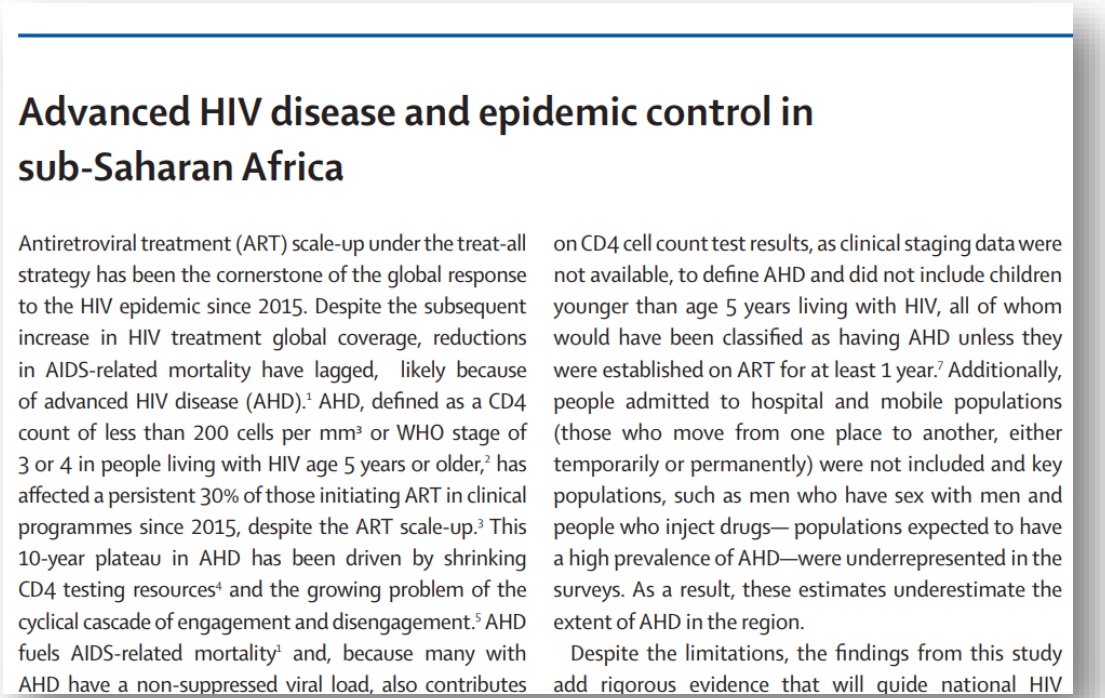
Dominik Stelzle, Ajay Rangaraj, Joseph N Jarvis, Nirina H Razakasoa, George Perrin, Daniel Low-Beer, Meg Doherty, Nathan Ford, Shona Dalal

Summary

Background Advanced HIV disease (AHD) is a critical stage in the progression of HIV infection and is associated with heightened susceptibility to opportunistic infections, malignancies, and other life-threatening complications. Estimates of the burden of AHD in sub-Saharan Africa are scarce but are needed for programme planning which includes the allocation of resources and the monitoring of outcomes. The aim of the study was to assess the prevalence of and the number of people living with HIV with AHD.

Methods In this nationally representative study, we analysed data from 13 Population-based HIV Impact Assessment (PHIA) household surveys conducted between 2016 and 2021 to determine the proportion of adults living with HIV who have AHD (defined as CD4 count <200 cells per mm³). We analysed the prevalence of AHD by various demographic and socioeconomic factors; we then estimated the number of individuals with AHD in sub-Saharan Africa by combining these proportions with the latest UNAIDS HIV estimates for the region by the treatment and care cascade. We also assessed policies related to the provision of the recommended package of care for the diagnosis and management of AHD.

Stelzle D et al., *Lancet Glob Health*, 2025.



Advanced HIV disease and epidemic control in sub-Saharan Africa

Antiretroviral treatment (ART) scale-up under the treat-all strategy has been the cornerstone of the global response to the HIV epidemic since 2015. Despite the subsequent increase in HIV treatment global coverage, reductions in AIDS-related mortality have lagged, likely because of advanced HIV disease (AHD).[1] AHD, defined as a CD4 count of less than 200 cells per mm³ or WHO stage of 3 or 4 in people living with HIV age 5 years or older,[2] has affected a persistent 30% of those initiating ART in clinical programmes since 2015, despite the ART scale-up.[3] This 10-year plateau in AHD has been driven by shrinking CD4 testing resources[4] and the growing problem of the cyclical cascade of engagement and disengagement.[5] AHD fuels AIDS-related mortality[1] and, because many with AHD have a non-suppressed viral load, also contributes on CD4 cell count test results, as clinical staging data were not available, to define AHD and did not include children younger than age 5 years living with HIV, all of whom would have been classified as having AHD unless they were established on ART for at least 1 year.[7] Additionally, people admitted to hospital and mobile populations (those who move from one place to another, either temporarily or permanently) were not included and key populations, such as men who have sex with men and people who inject drugs— populations expected to have a high prevalence of AHD—were underrepresented in the surveys. As a result, these estimates underestimate the extent of AHD in the region.

Despite the limitations, the findings from this study add rigorous evidence that will guide national HIV

Justman JE, Syowai M., *Lancet Glob Health*, 2005.

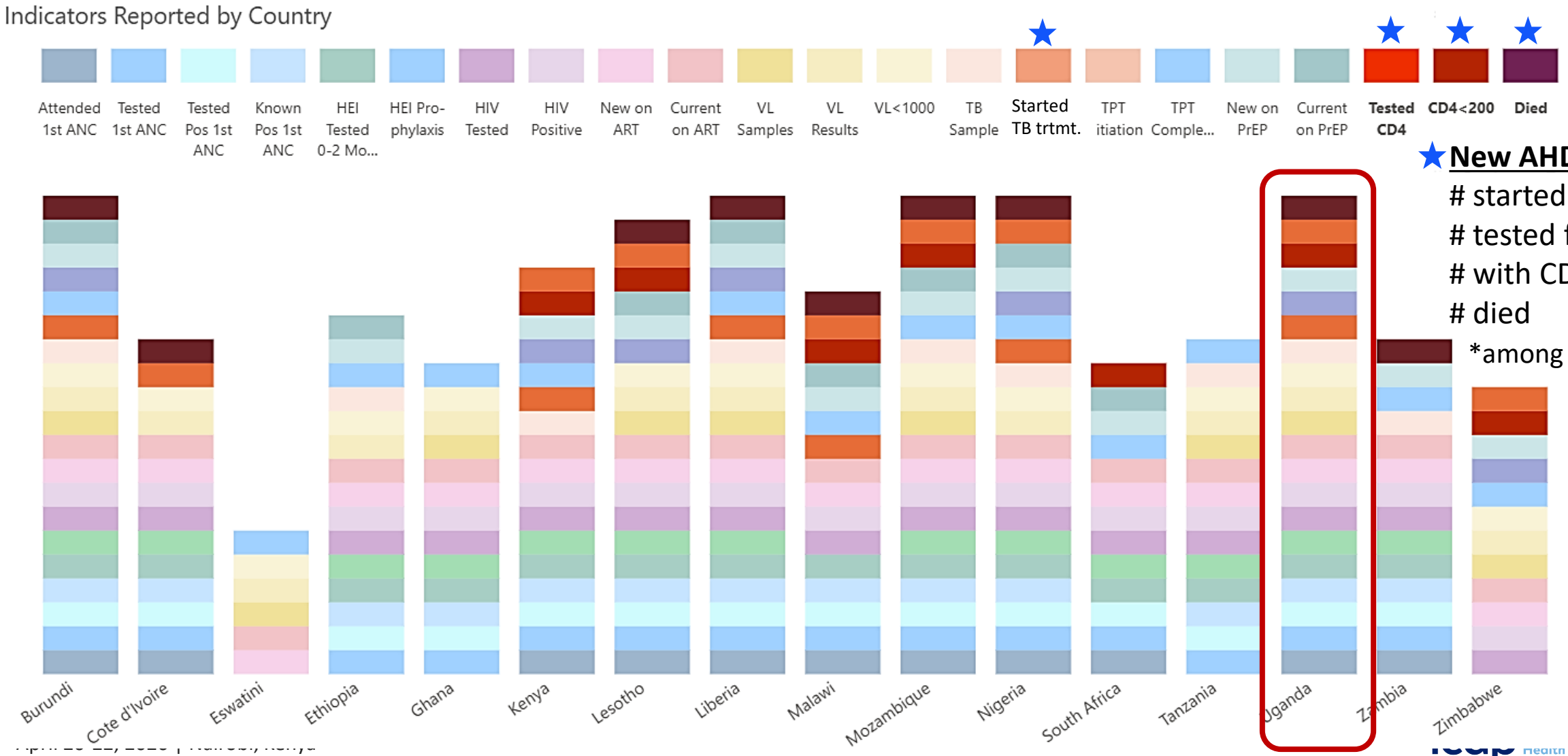
Estimated **1·9 m** people had AHD as at 2022 (males, those not suppressed on ART). Because estimates relied solely on CD4 test results and excluded clinical staging and children under 5 living with HIV, the true burden is likely higher.

Why AHD and why the focus on measurement

- AHD remains a critical public health issue despite treatment scale-up.
- The CQUIN pre-meeting survey highlighted that showed that recent funding shifts have disrupted countries' ability to monitor AHD, and that current systems and resources are not sufficient to sustain routine AHD monitoring and evaluation.
- This session will emphasize the importance of routine HMIS for tracking AHD services -
    - As resources become more scarce
    - As services become more integrated
    - As countries move away from donor driven reporting systems
- CQUIN's priority in AHD is on strengthening M&E systems

National HMIS data reported by CQUIN countries

Data through December 2025 shared by 16/21 countries



★ **New AHD indicators**

started TB tx

tested for CD4*

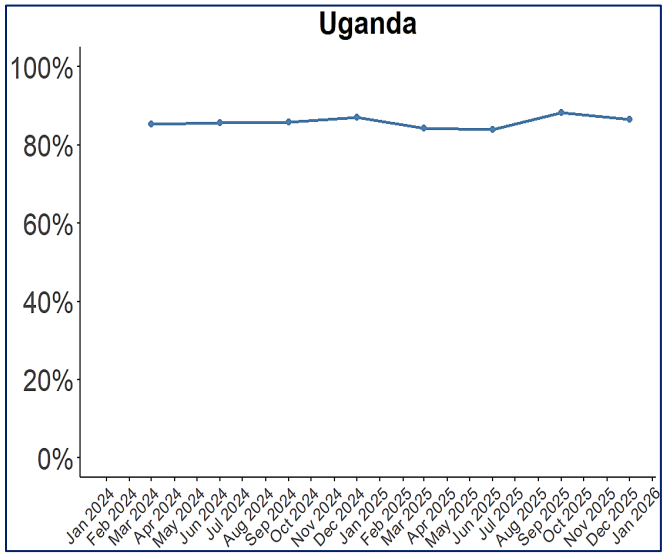
with CD4<200*

died

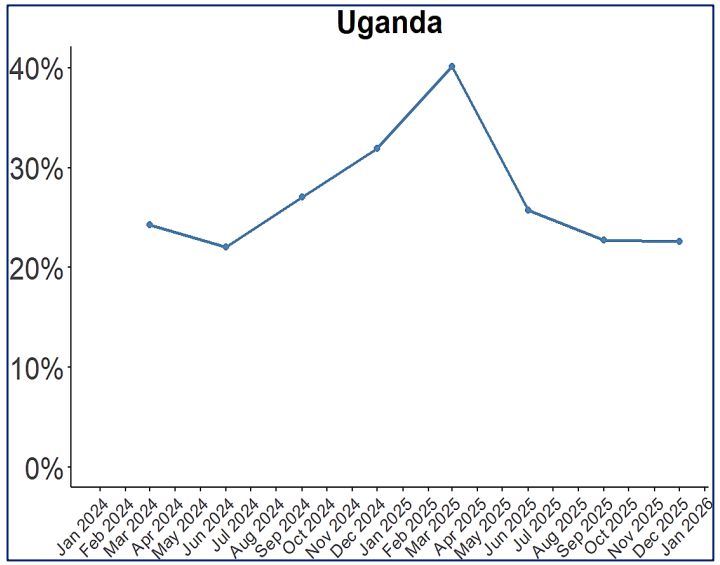
*among new on ART

Uganda AHD Data

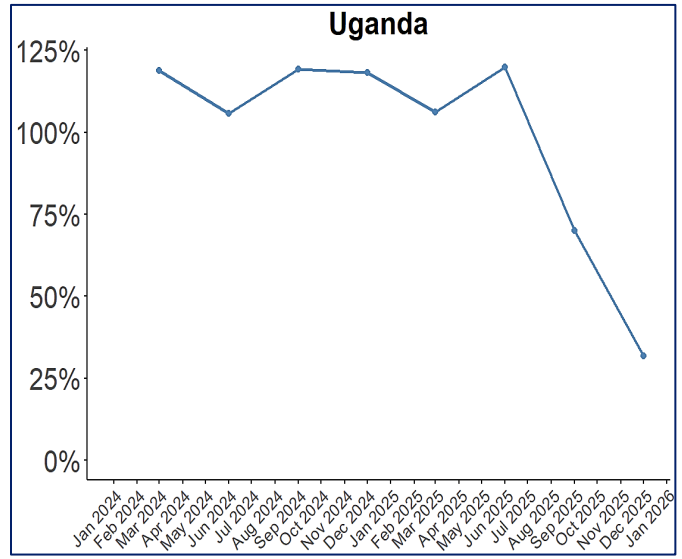
1. % of new on ART with a CD4 result



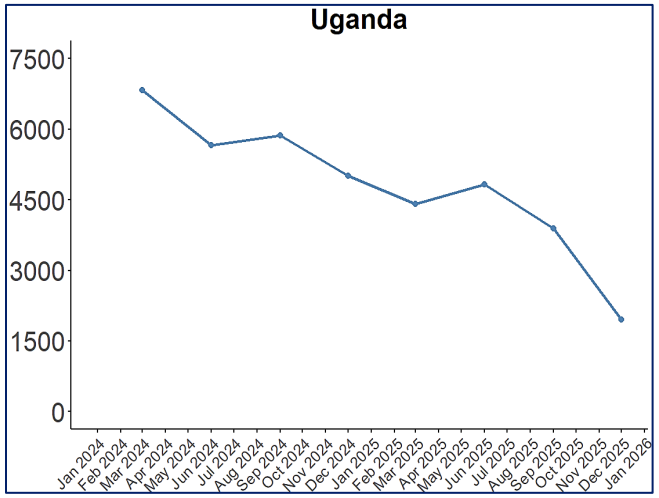
2. % of CD4 results <200



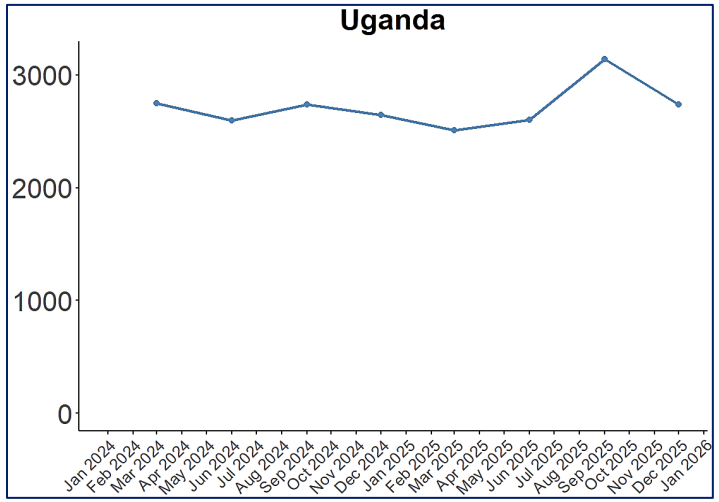
3. % people new on ART with a TB sample sent for diagnosis (TBSAMP/TXNEW)



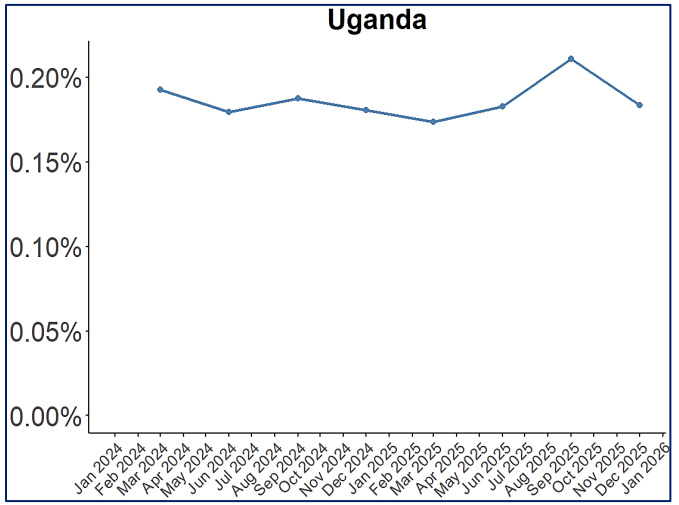
4. # initiating TB treatment



5. # of deaths reported



6. % deaths reported (ART_Death/TXCURR)



Session Objectives:

- **Review the current M&E landscape of AHD** and assess how recent disruptions in global HIV funding and programming have affected monitoring of AHD services.
- **Share country experiences and practical** lessons on sustaining and strengthening AHD identification, prevention, and treatment services within integrated routine healthcare services, with a focus on monitoring these processes for accountability and improvement.
- **Explore strategies for embedding AHD M&E into evolving HMIS,** including approaches to track essential clinical care, diagnostics, and commodities.
- **Identify priority actions and HMIS adaptations** that countries can implement to track AHD services in the context of constrained resources and ongoing service integration into routine healthcare.

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Thank You!