



# Advanced HIV Disease

## *The Elizabeth Glaser Pediatric AIDS Foundation*

Dr Aida Yemaneberhan  
Dr Judith Kose



Elizabeth Glaser  
Pediatric AIDS Foundation  
Fighting for an AIDS-free generation

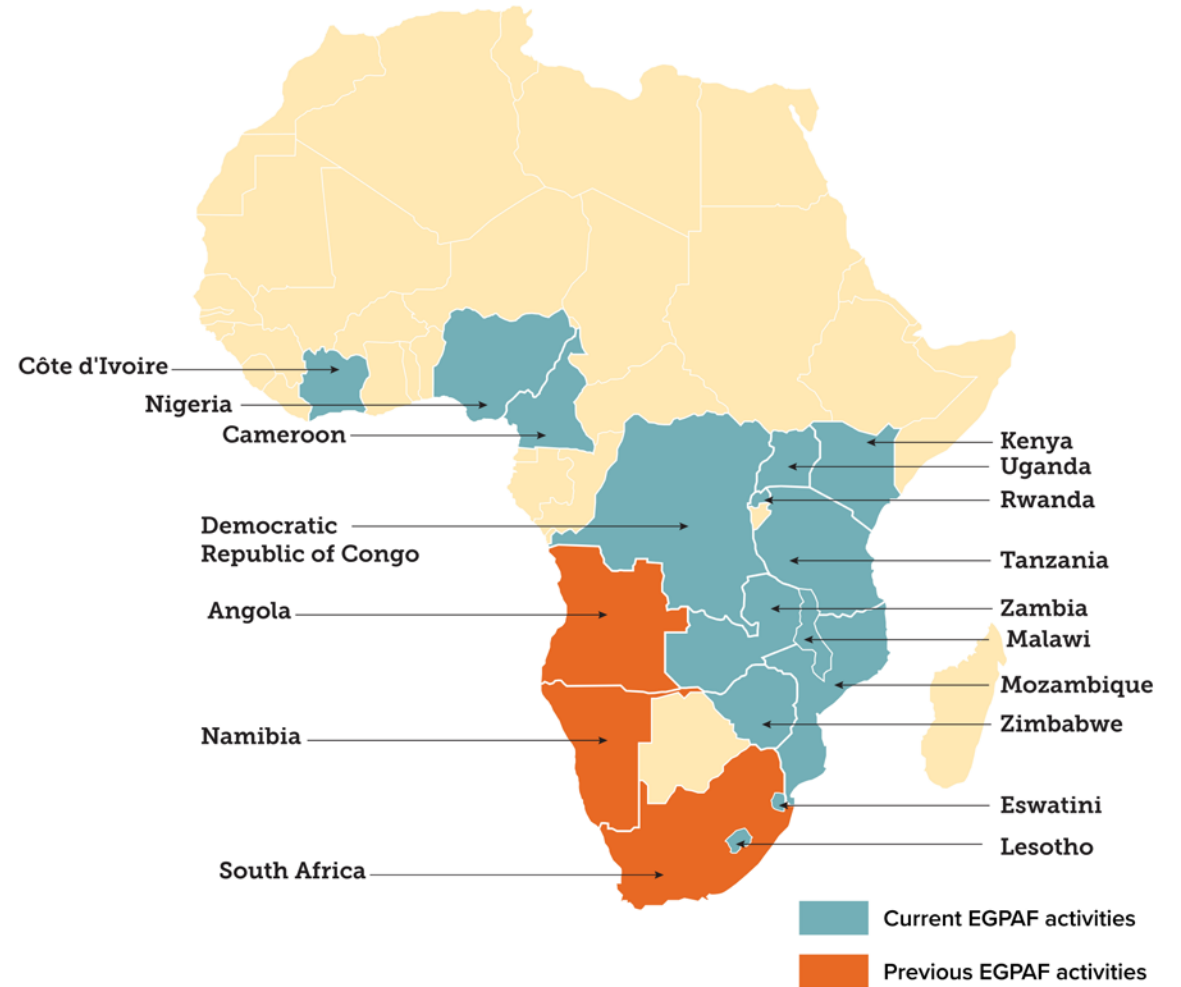
[www.pedaids.org](http://www.pedaids.org)

# Outline

- EGPAF overview
- AHD Landscape analysis results
- AHD Implementation in Select countries data
- Key achievements /successes
- Challenges and proposed solutions
- Recommendations /next steps



# How EGPAF Drives its Mission Forward



# LANDSCAPE ANALYSIS: ADVANCED HIV DISEASE MANAGEMENT (AHDM) IN EGPAF PRESENCE COUNTRIES



# Landscape Analysis: Purpose and Methods

- **Objectives:**

- Learn/understand AHDM program and services across all EGPAF supported countries
- Identify gaps in the program implementation or service delivery
- Share findings across countries for possible experience sharing

- **Methodology**

- Self-administered questionnaire

- **Focus area:** intervention, community, regional, and national

- **Availability of:** drugs, lab supplies and reporting tools

# Results: Program Level

Countries	Rapid initiation ART	Support for drugs and lab	Adapted Adherence support	Reflex testing	POC CD4 testing
Cameroon	Green	Light	Green	Light	Light
CDI	Green	Light	Green	Light	Green
Eswatini	Green	Green	Green	Green	Green
Kenya	Green	Green	Green	Green	Green
Lesotho	Green	Green	Green	Light	Green
Mozambique	Green	Light	Light	Light	Green
Tanzania	Green	Light	Light	Light	Light
Uganda	Green	Green	Green	Light	Green
Malawi	Green	Green	Green	Light	Green

	Available TB LAM	Available CrAg	Routine LP for CrAg	Data Reporting	Research on AHDM
Cameroon	Light	Light	Light	Light	Green
CDI	Green	Light	Light	Light	Light
Eswatini	Green	Green	Green	Green	Green
Kenya	Green	Green	Green	Green	Green
Lesotho	Green	Green	Green	Light	Green
Mozambique	Light	Light	Light	Light	Green
Tanzania	Light	Green	Green	Light	Green
Uganda	Green	Green	Green	Green	Light
Malawi	Green	Light	Green	Green	Green



# Results: National Level

Countries	Policy Guidance on AHD	Focal Group at national or regional level	Training Curriculum	Resource allocation for AHD ( PEPFAR or GF)	AHD included in the guideline
Cameroon					
CDI					
Eswatini					
Kenya					
Lesotho					
Malawi					
Mozambique					
Tanzania					
Uganda					



# Lessons Learned

- Malawi, Lesotho , Kenya, Eswatini have comprehensive AHDM program
- Tanzania has some components available but still lacking the drugs and commodities
- Mozambique, CDI, Cameroon have limited AHDM program except for TB.
- Except for Cameroon, CDI and Mozambique all countries indicated to report on most of the Key AHDM indicators





# Advanced HIV Disease management: Kenya

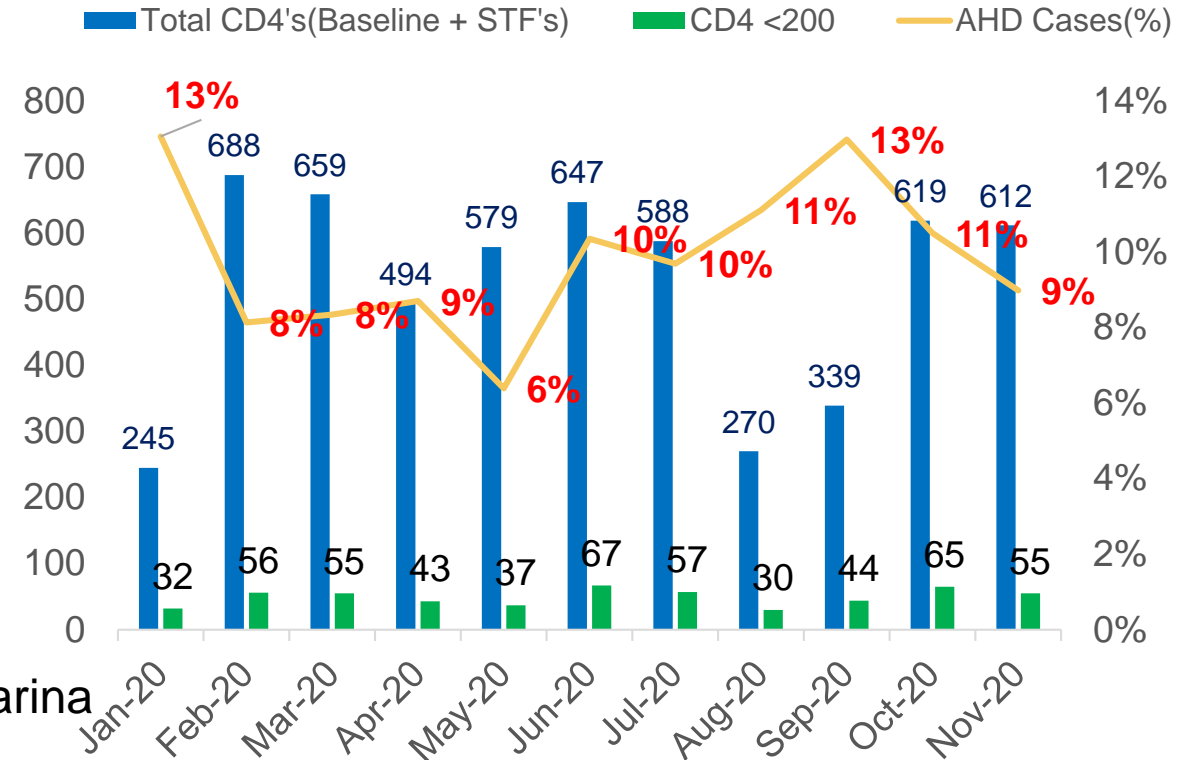
## Milestones;

- Harmonization of curriculum in 2019
- Training of 48 HCW's in 2019
- Reporting, data use and inclusion in routine mentorship from Jan 2020
- Commodity prioritization and allocation
- Virtual training on AHDM of 120 HCW's in Nov 2020

## Data Results

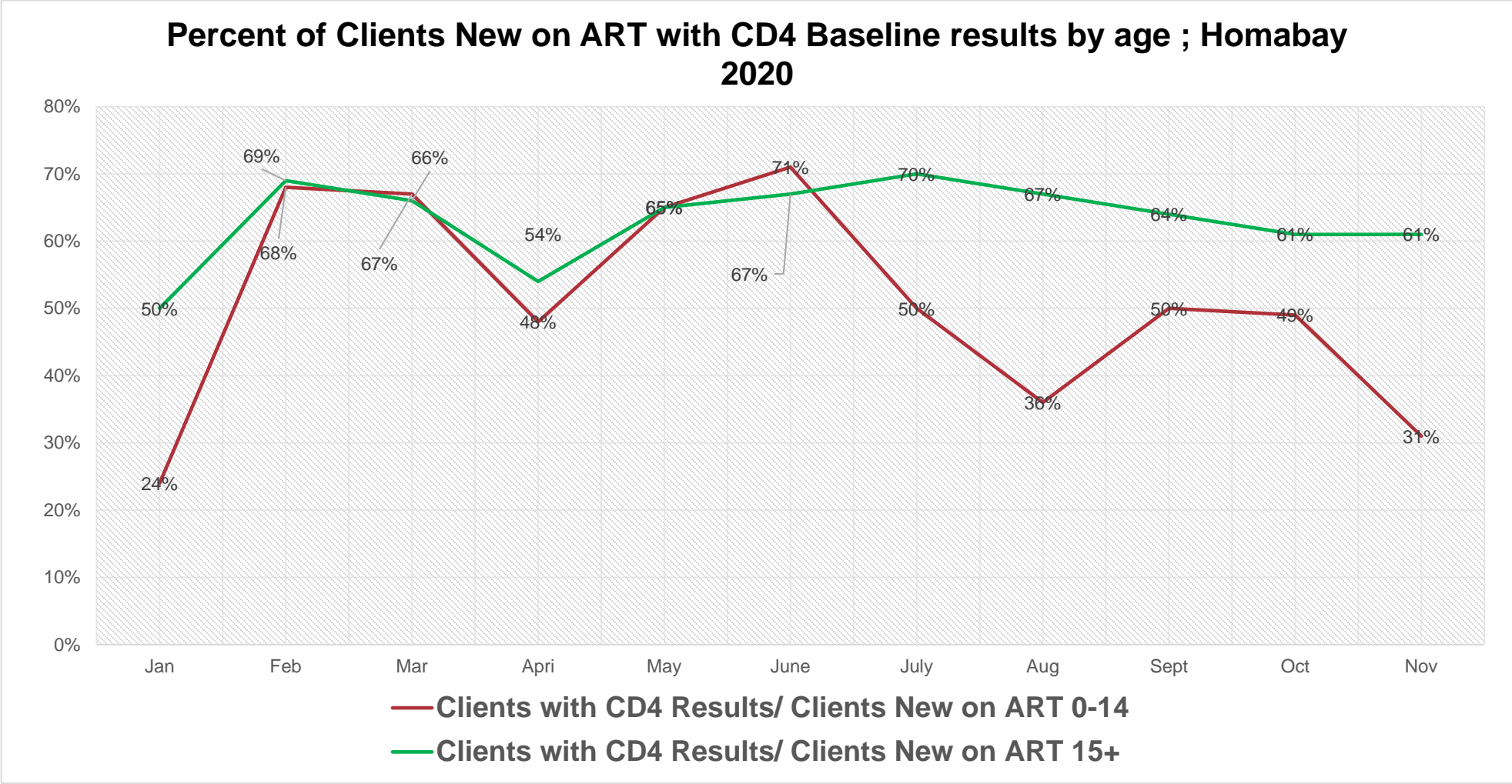
- Baseline CD4 Uptake: **63%**
- AHD case identification from CD4: **9%** (542)
- TB Case identification: **32%** (165 cases )
- Cryptococcal meningitis identification: **16%** (68)
- Kaposi's sarcoma: 22, Toxoplasmosis:1, Pneumocystis carina pneumonia: 2
- *Utilization of AHDM dashboard developed by HQ in April 2020*

## AHD Case Identification



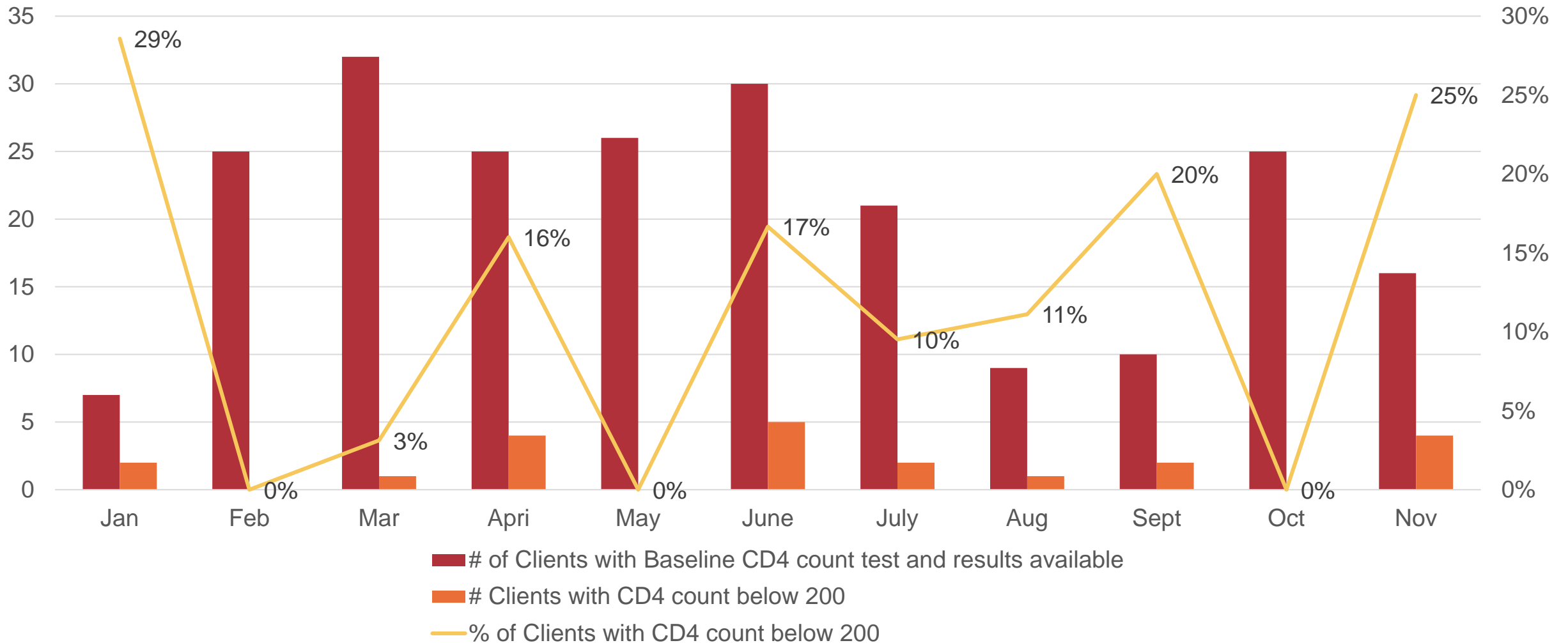
**TIMIZA 90 CDC/PEPFAR**

# CD4 Test Uptake for New on ART + Suspected Treatment Failure in Children and Adults, Homabay Kenya 2020



**Children less likely to have baseline CD4**

# Clients with CD4 Count Less than 200, AHD Case Identification for children (0-14 yrs), Homabay, Kenya 2020



# Co-morbidity Screening among Children aged 0-14, Homabay, Kenya 2020

## Tuberculosis

- Number of clients whose CD4 count is below 200 who are screened for TB: **23**
- Number of clients who are screened for TB who test positive for TB: **5**
- Number of those who tested positive for TB and are treated: **4**

## Cryptococcal Meningitis

- Number of clients CD4 < 200 who received a Crag Test for cryptococcal meningitis: **16**
- Client with Crag Test positive: **2**
- Number of clients treated for cryptococcal meningitis: **2**

## Kaposi-Sarcoma

- Number of clients diagnosed with KS: **4**
- Number of clients on treatment for KS: **4**

# Challenges in Advanced HIV Diseases Services among Children

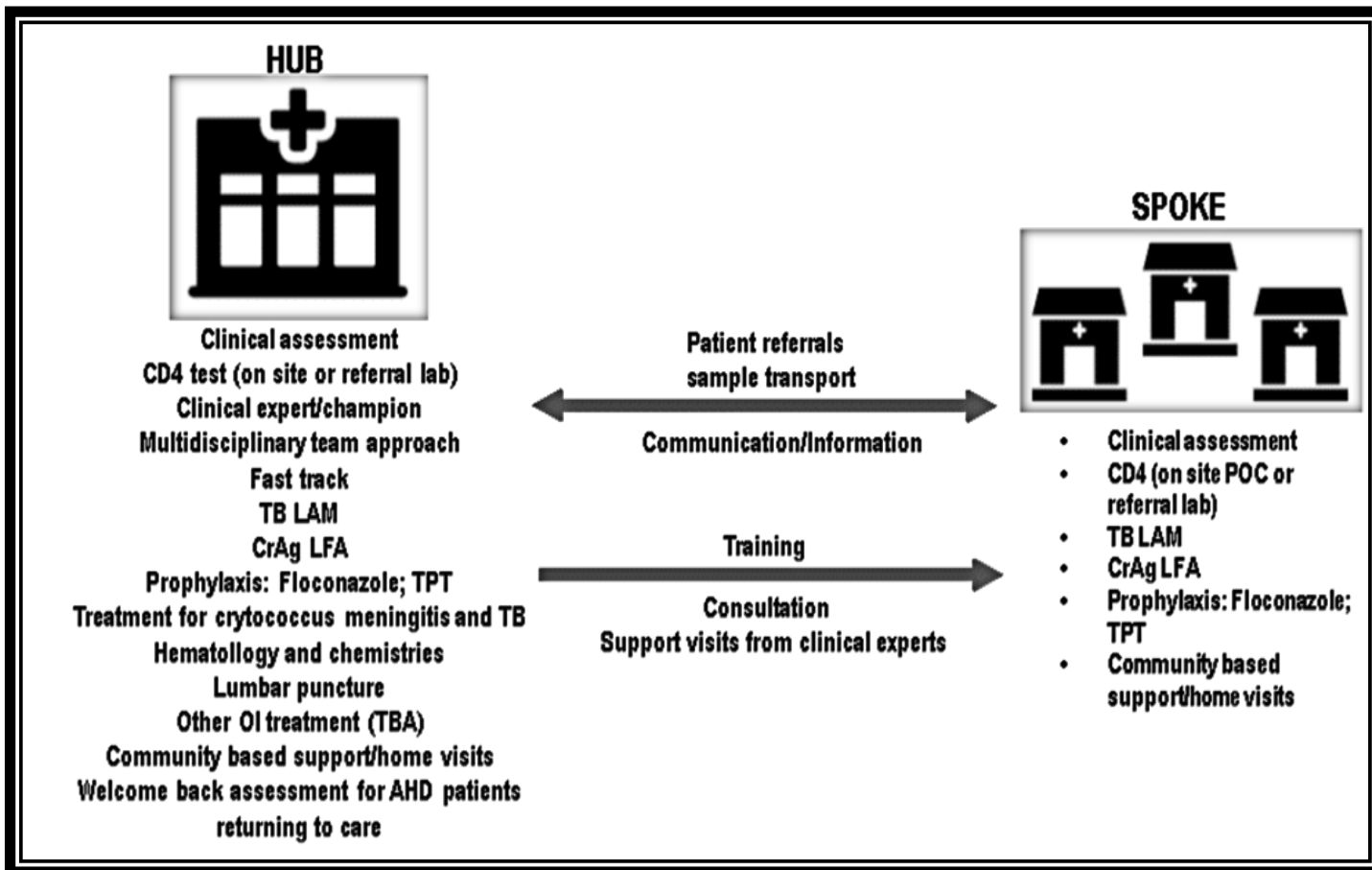
- Suboptimal CD4 Uptake particularly in children, for those new on ART, and those with suspected treatment failure
- Very low AHD case identification among children with CD4 count less than 200
- Limited laboratory investigations



# AHDM: Malawi and Zimbabwe

- Expanded AHD services in Malawi through PEPFAR, Bill & Malinda Gates and CDC Foundation; Zimbabwe /CDC Foundation
  - Development of training manuals, M&E tools, and SOPs
  - Training of services providers on AHD service provision
  - Support MOH in national scale-up of AHD services, in close collaboration with other implementing partners (IPs)
  - Development of AHD-focused QI tools and systems, in close collaboration with MOH and other IPs

# Strengthen Implementation of Services with Fidelity for AHD in Selected Facilities in Malawi in 22 Sites



Hub and Spoke Model Service Delivery Platform

Package of services	
<b>Service</b>	Intervention
<b>Clinical evaluation</b>	Patient history and physical examination
<b>Diagnosis</b>	CD4 count testing with reflex testing for CrAg LFA Serum CrAg_LFA, CSF CrAg LFA TB-LAM Clinical Assessment for Kaposi Sarcoma (KS)
<b>Prophylaxis &amp; Pre-emptive Treatment</b>	CPT TPT Fluconazole if serum CrAg +ve and CSF-CrAg-ve
<b>Treatment</b>	TB treatment Immediate ART initiation, unless for clients with TB or Crypto Fluconazole + flucytosine or Ampho B + flucytosine for cryptococcal meningitis Paclitaxel, Vincristine and bleomycin for KS ,



### Phase 1: Preparation

- Identification of key program technical priorities and service areas for improvement including performance measurements
- Integration and alignment of QI goals into program plans
- Advocacy and buy-in from relevant stakeholders (internal & external) e.g. mid-level managers, MoH collaborators
- Establishment of QI Teams at national, district and facility level

### Phase 2: Introduction

- Work within the existing system to establish QI infrastructure
- Develop country level QI implementation plans at program start-up, annual program planning or workshops
- Sensitization/Training of relevant staff at EGPAF to build a good base of QI trainers, mentors and advocates that can effectively roll out or continue to support QI at program and health service level
- Continued training of frontline stakeholders and health providers and start of implementation

### Phase 3: Implementation

- Implement PDSA-led QI at program, national, district, and facility level
- Conduct ongoing performance measurement and program/service assessments
- Measure, monitor and review progress of QI implementation at every level (*incorporate into quarterly, semi-annual or annual program/data reviews*)

### Phase 4: Maintenance

- Repeat Phases 1, 2, and 3 as per needed in new programs
- Standardize and sustain existing QM initiatives through a culture of data use and continuous quality assessments
- Continue with ongoing capacity building
- Integrate QI dissemination into other existing health-related dissemination forums
- Reinforce desired results

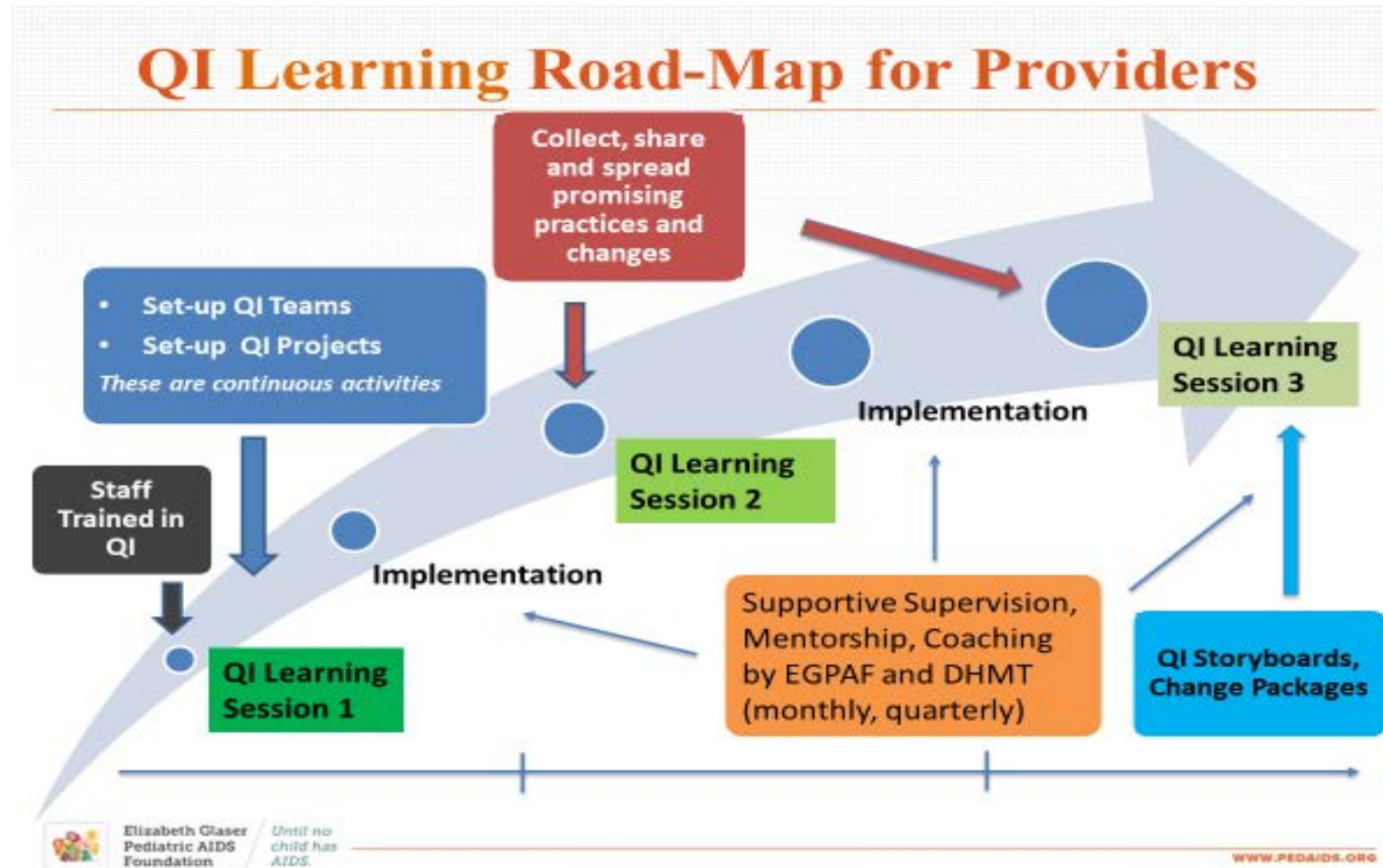
## Quality Improvement Process

Use of QI to support national scale up and fidelity to screen, diagnose, and treat Advanced HIV





# Use of QI to support national scale up and fidelity to screen, diagnose, and treat Advanced HIV



## QI Process Roadmap

# Acknowledgment

- PEPFAR
- MOH Kenya, Lesotho, Malawi, Zimbabwe and other supported countries
- CDC, USAID
- Bill & Malinda Gates
- Unitaid
- CHAI
- CDC Foundation
- EGPAF Country offices and team
- Health care providers





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**Acknowledgment**  
**Thank You**