Summary of the pre-workshop webinar on Advanced HIV

Introduction of the UNITAID Project

Omar Sued, MD, PhD
Advisor HIV T&C, PAHO
IAS Governing Council

Advanced HIV care in the Caribbean: Strategies to reduce preventable HIV deaths

Webinar programme

22 October 2024, 09:00 – 11:00 GYT (UTC -4)

Moderators: Shanti Singh and Omar Sued

Presentations

Global perspective: Ajay Rangaraj, WHO

Tuberculosis: Elena Vovc, WHO

Histoplasmosis: Alejandro Pasqualotto, Brazil

Cryptococcosis: Joe Jarvis. Botswana and UK

HIV mortality: Veronique Martin, UK

https://plus.iasociety.org/webcasts/advanced-hiv-care-caribbean-strategies-reduce-preventable-hiv-deaths

Expanded package of care for advanced HIV disease

Ajay Rangaraj

Key global statistics for Advanced HIV disease and opportunistic infections

630,000
AIDS-RELATED DEATHS IN 2022

>20-30%
AHD AT BASELINE, SOMETIMES HIGHER (UPTO 50%)

187,000
DEATHS FROM TB AMONG PLHIV IN 2021

112,000
DEATHS FROM CRYPTOCOCCAL INFECTION IN 2021

5,100
AIDS-RELATED DEATHS IN THE WHO AFRICAN REGION

1.5M
CHILDREN LIVING WITH HIV

84,000
AIDS-RELATED DEATHS IN CHILDREN WITH HIV

340M
ADULTS LIVING WITH AHD in the Caribbean

IAS

PAHO Pan American Health Organization World Health Organization Americas

Hospital Admission
Number of cohorts of adults* per region

25 AFR, plus 8 child cohorts in Africa

Data for:
110 studies
91,114 participants
100,628 admissions

Plus 13 ICU-cohorts, grouped separately for analysis

* We included cohorts were age wasn't stated, or with a mix of adults and children as adult cohorts for main analysis, presented here

Causes of admission

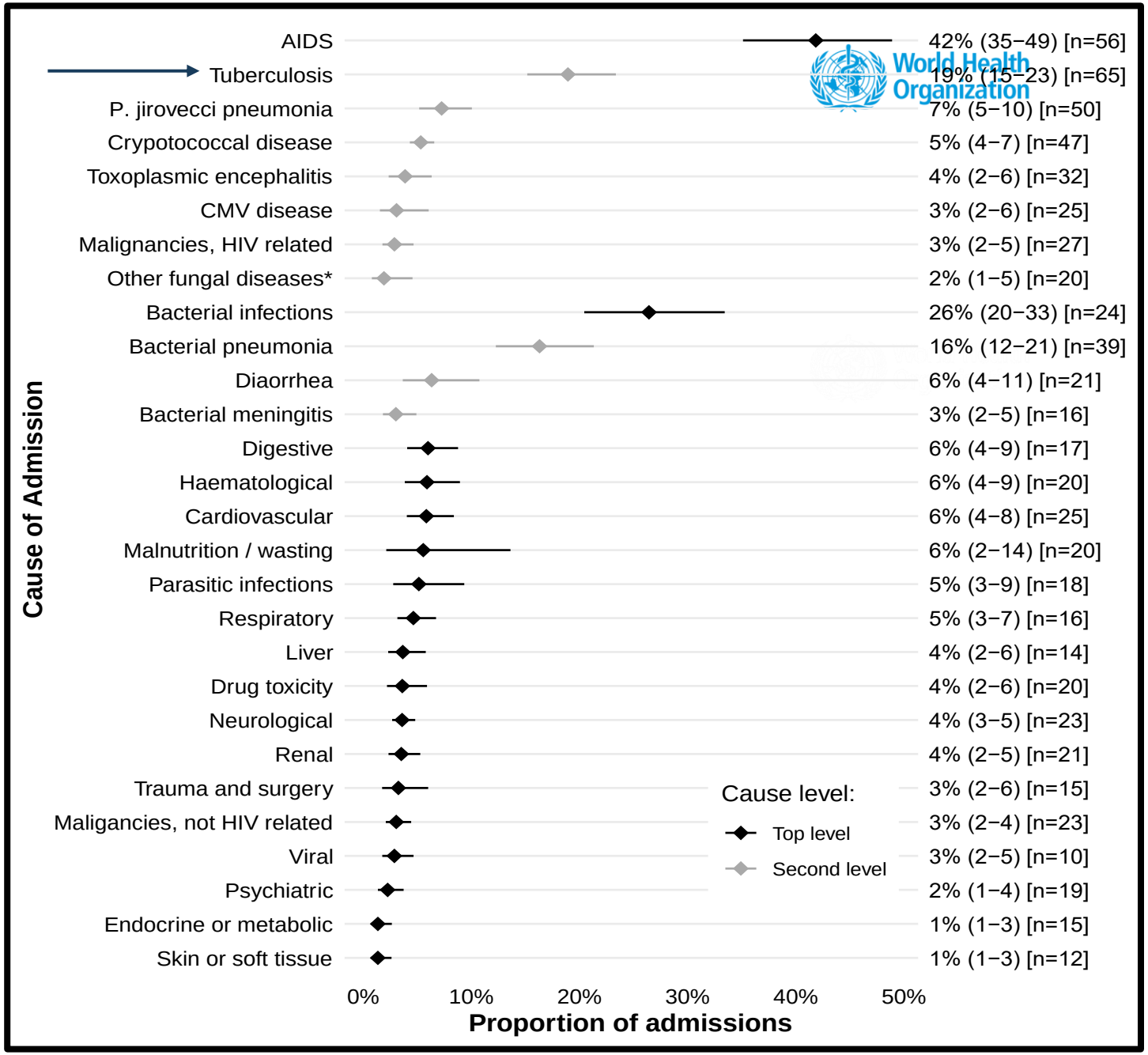
Overall

17% total deaths, 55% in ICU cohorts

42% AIDS-related, includes 19% TB

26% Bacterial infections

Non-communicable disease relatively uncommon



Findings of the AHD research Landscape

Roadmap for WHO scoping and future guidelines on Advanced HIV disease

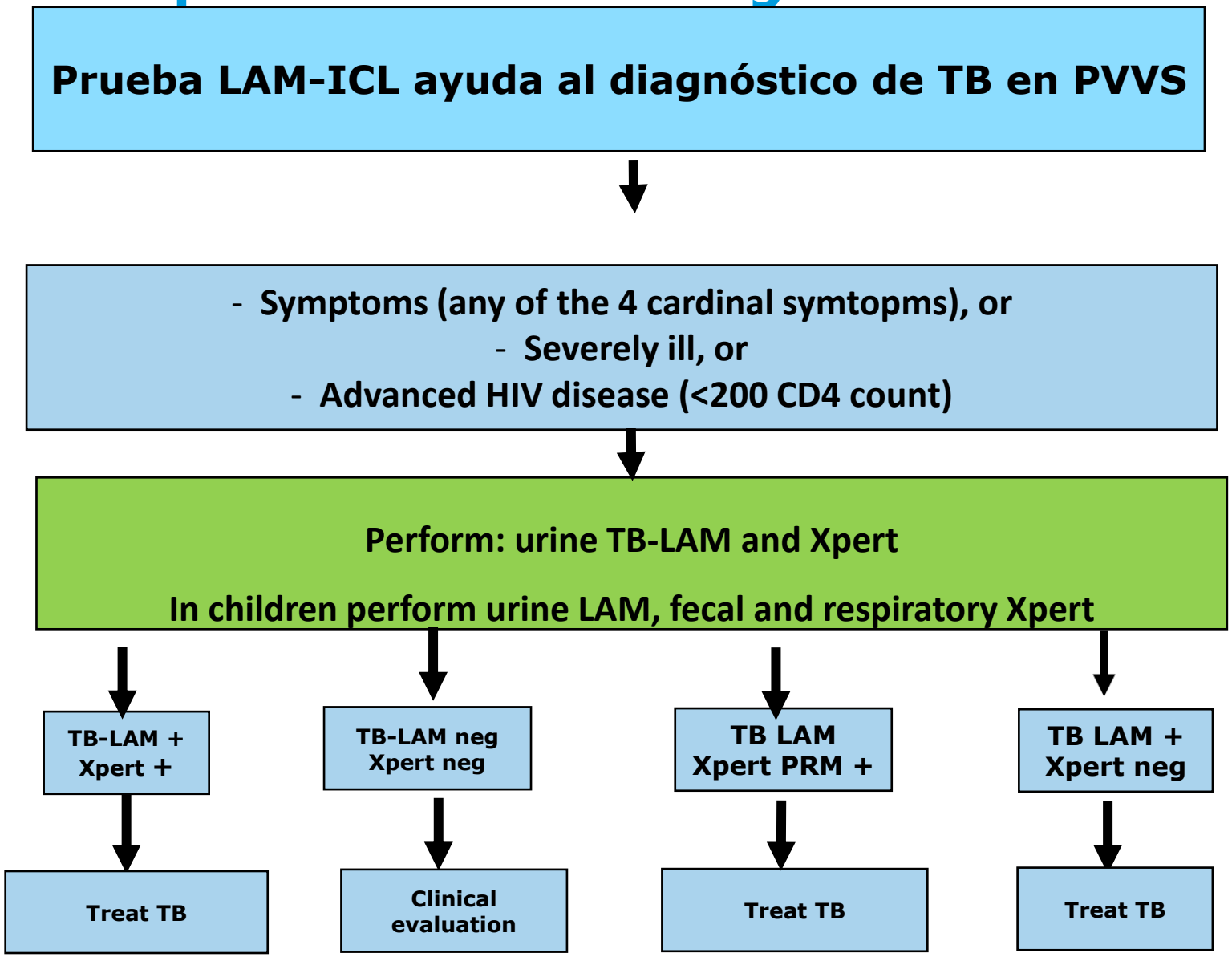
	Expected results/policy changes		
Topic area	2024	2025–2026	2027–2028
CD4 testing	📋		
Cryptococcal meningitis			✔
Severe Bacterial infections			✔
Tuberculosis	📋	✔	
PCP		✔	
Toxoplasmosis		⏳	
CMV		⏳	
Talaromycosis	📋	✔	
Histoplasmosis		✔	
Kaposi Sarcoma	📋		

📋 Included for WHO guidelines scoping ✔ Study results expected ⏳ Pending new evidence, no changes expected

New guidance

- Update on terminology of AHD Vs AIDS in Q1-2 2025
- New recommendation on preferred approach for identifying AHD in PLHIV
- New recommendation for post-discharge interventions in hospitalized AHD
- Preferred treatment for Kaposi Sarcoma
- Updated guidance (already released) guidance for molecular testing for TB – parallel tests of sputum Xpert + LAM for all AHD.

Simplification of LAM algorithm



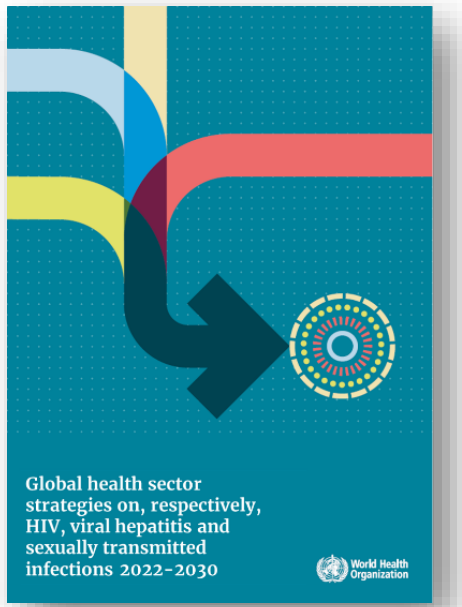
World Health Organization

Diagnosis of tuberculosis and detection of drug-resistance

Rapid communication

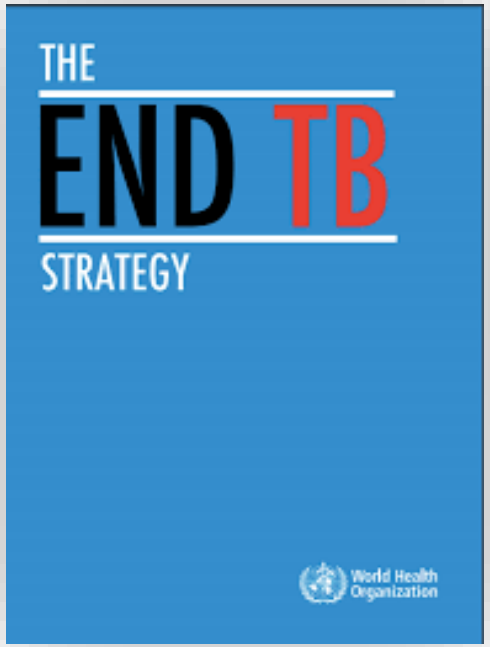
Lessons learnt from countries in scaling up shorter regimens for TB prevention

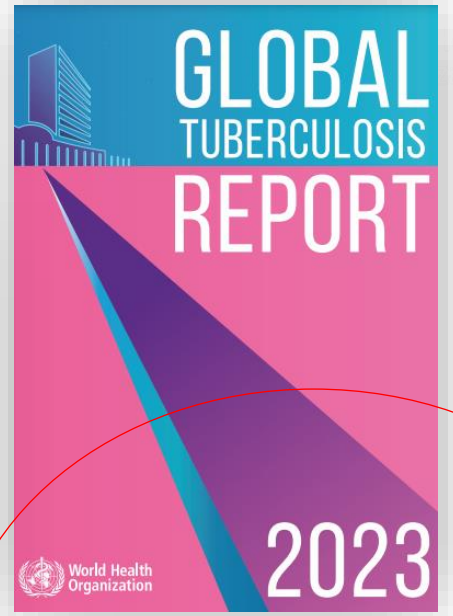
Elena Vovc

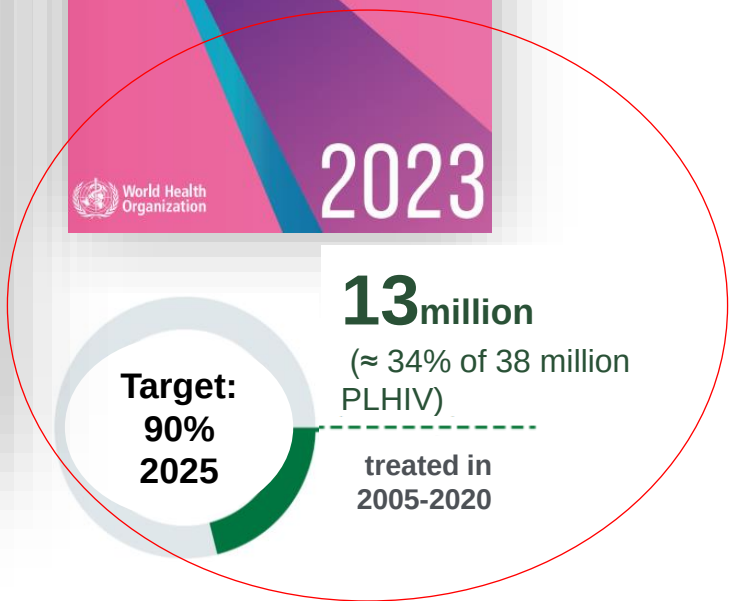


Indicator	Baseline 2020*	Targets 2025	Targets 2030
% of PLHIV receiving preventive therapy for TB	50%	90%	95%

*Latest data for end 2020. Some targets use data from 2019 because of COVID-19 related service disruptions in the data reported for 2020. Targets for 2025 are not expected to be affected by COVID-19. All data will be disaggregated by age, including adolescents, sex and where relevant focus populations specific to the disease
https://www.who.int/publications/i/item/9789240053779



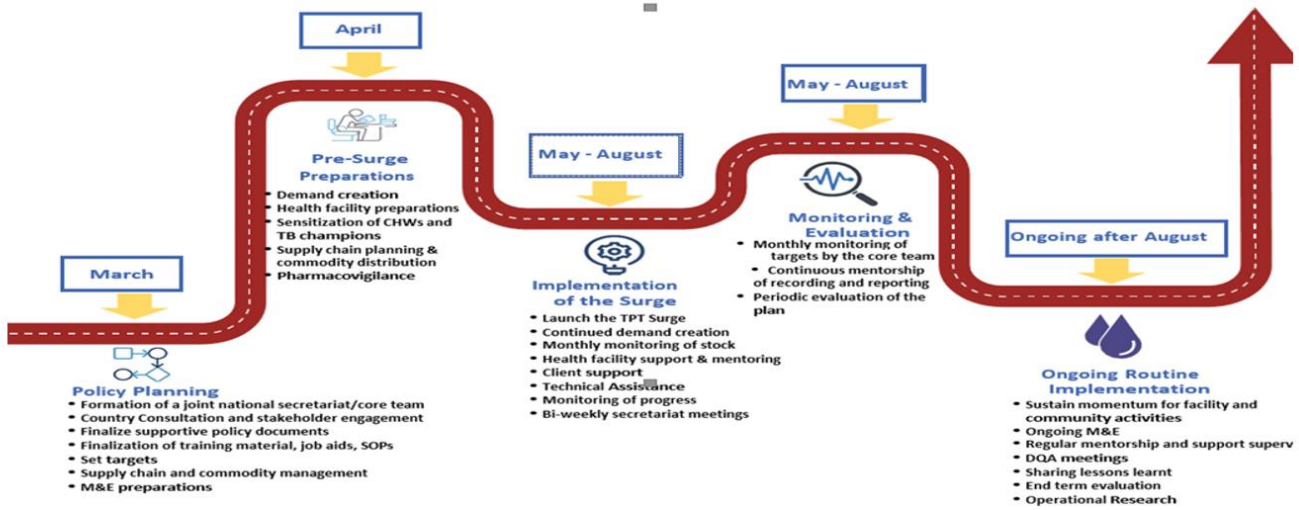




Countries experience:

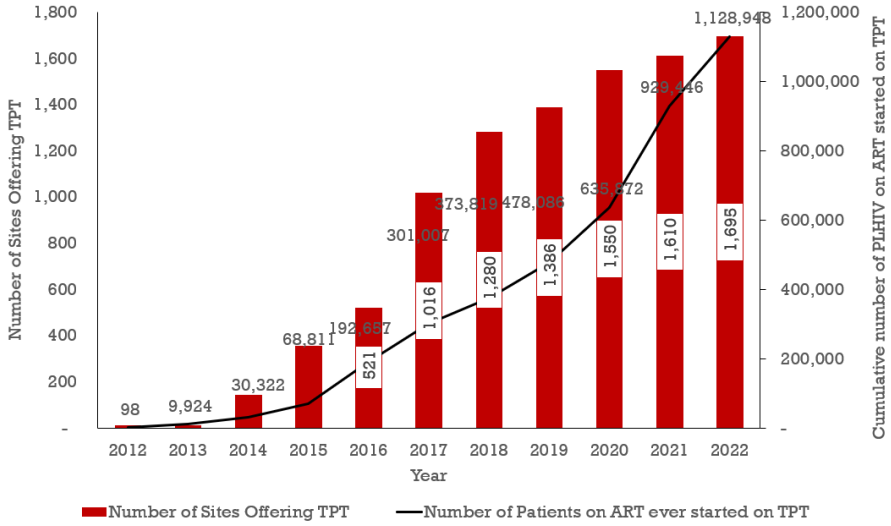
- *a good **pre-surge planning** assures better implementation of the surge plan / scale up acceleration plan*
- *mainstreaming **a preferred option of TPT** (many options may delay faster uptake)*
- *gradual implementation on **pilot sites and scale up to districts**, regions assures better results*
- *programmatic **performance monitoring** is key*
- *introduction of new shorter regimens (3H) alongside 6H - **gradual transition to shorter regimens** was a common practice*

TPT SURGE IMPLEMENTATION ROADMAP



Ministry of Health
Kingdom of Eswatini

ZIMBABWE NATIONAL PROGRESS IN TPT IMPLEMENTATION, 2012 - 2022

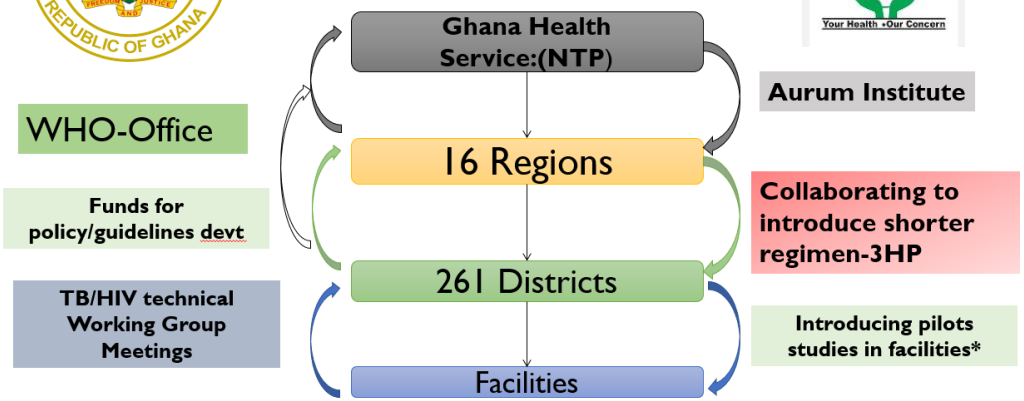


No. of ART sites offering IPT increased from **10** in **2012** to **1,695** by **Dec 2022**

Cumulative no. of ART clients started on IPT increased from **98** in **2012** to **1,128,948** by Dec **2022**

Source: HMIS, 2022

TPT Policy uptake and scale-up in Ghana (Framework for Implementation)



Lessons learnt

- **Coordination with other partners** and other SIs is vital to identify successful model of care and consider strengths and weaknesses in countries
- Revision/**update of national recommendations** on the use of shorter regimens in adults and children **created a platform of policies and surge plans in place to accelerate the scale up**
- Opportunity in 2023 for **coordinating WHO TA & countries activities for the current new GC7 of GF applications** & PEPFAR country operational planning
- TPT **monitoring and evaluation** required coordination and harmonization of approaches at country levels
    - *Countries reported challenges given various monitoring tools used on sites through various externally funded projects (donor driven vs MOH coordinated process)*
    - ***Lack of electronic registries**; data system changes at national/regional levels generated difficulties*
    - *Take home pills/**MMD causes challenges in reporting TPT completion** in view of the use of shorter regimens (take home doses are reported and treatment initiated as well as completed) => need of innovative tools to monitor adherence and completion*
- Standardized **master curricula** on TPT for PLHIV intended **to train HCW** offered benefits for **easy replication and use in more countries** (KNCV's role)
- Donations (UNITAID), procurements plans and TPT **3HP price reduction** catalyzed the scale up of shorter regimens in some countries
- Assured communication on roles, responsibilities and follow up on sites important at the all levels of strategic initiative coordination
- Sustainability of TPT SI interventions required other resources after 2024 to continue supporting TPT scale up in countries

IMPAACT4TB

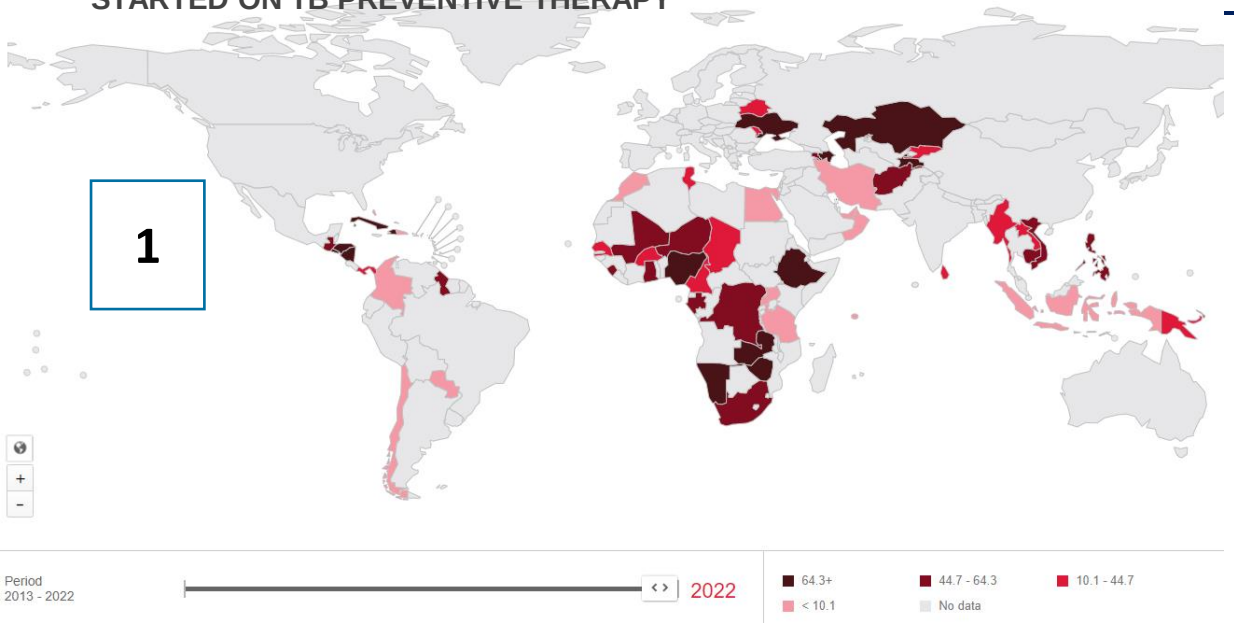
Country	GC7 funding cycle	Commitment for TPT scale up in the country grants for 2024-2026
Malawi	Window 1	Plans TPT scale up
Niger	Window 1	Plans TPT scale up, new guidance to reflect shorter regimens for use
Nigeria	Window 1	TPT scale up planned with high annual targets
Ghana	Window 2	Plans TPT scale up, additional procurements requested through PAAR
Guinea - Bissau	Window 2	Plans TPT scale up
Liberia	Window 2	Plans TPT scale up with high annual targets at national level
Senegal	Window 2	TPT in PLHIV scale up based on TPT surge plan developed under TPT SI
Tanzania	Window 2	Plans TPT scale up
Zambia	Window 2	Plans TPT scale up, focus on children; TPT monitoring tools
Zimbabwe	Window 2	Plans TPT scale up, demand creation and use of 3HP/3RH
Eswatini	Window 3	Plans TPT scale up
Ethiopia	Window 3	Plans on integrating TPT into HIV clinical care package
Lesotho	Window 3	Plans TPT scale up

World Health Organization

The Global Fund

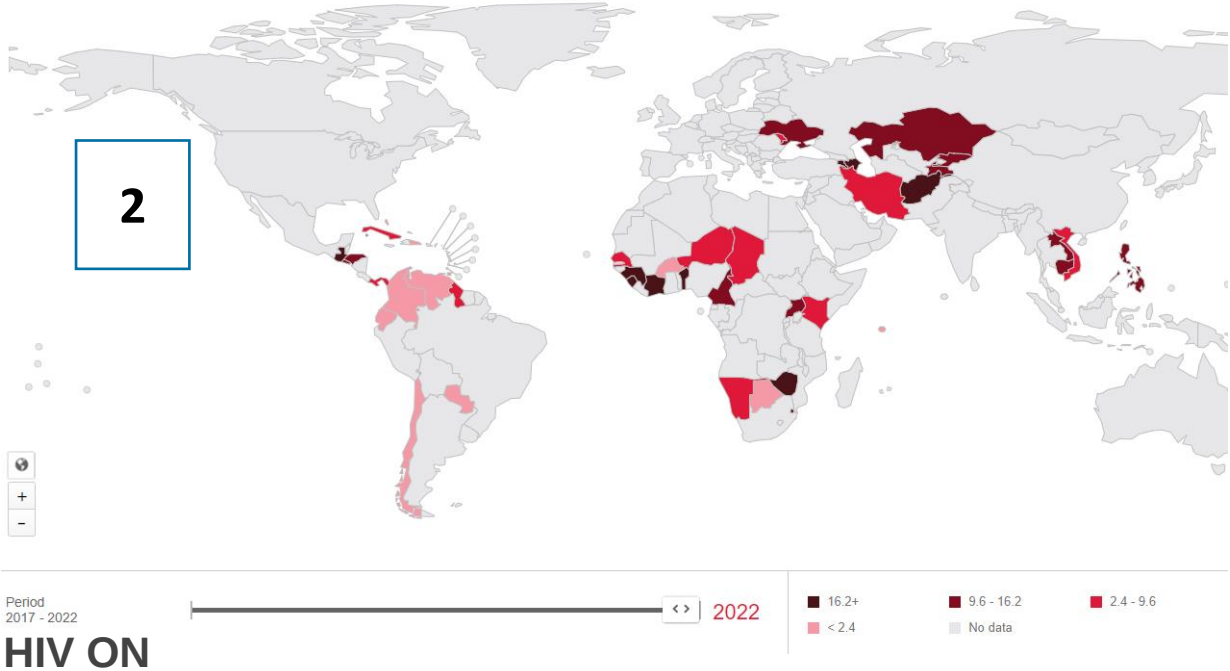
PROPORTION OF PEOPLE LIVING WITH HIV NEWLY ENROLLED IN HIV TREATMENT STARTED ON TB PREVENTIVE THERAPY

1



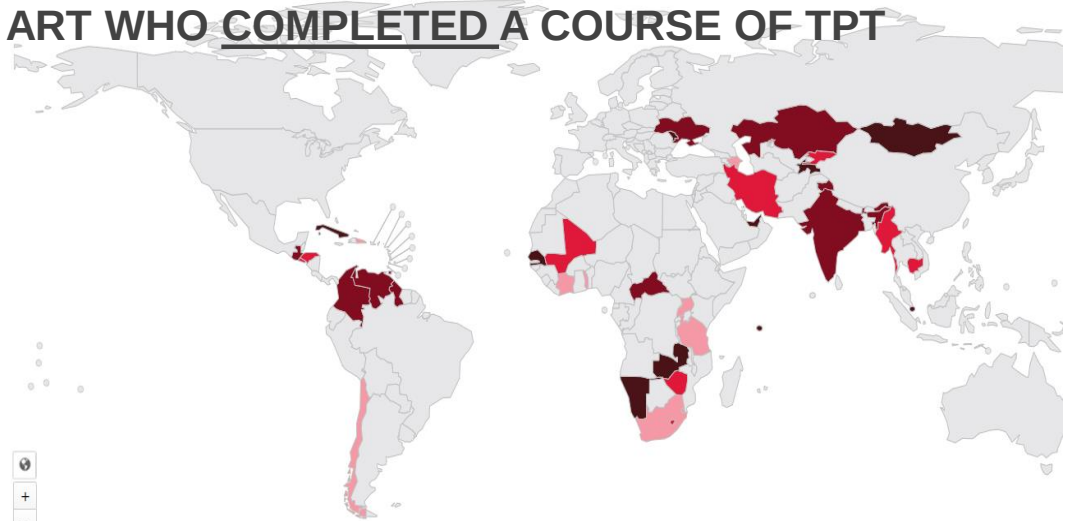
PROPORTION OF PEOPLE LIVING WITH HIV CURRENTLY ENROLLED IN HIV CARE RECEIVING TB PREVENTIVE THERAPY

2



PROPORTION OF PEOPLE LIVING WITH HIV ON ART WHO COMPLETED A COURSE OF TPT

3



World Health Organization

Completion of TB preventive treatment (TPT) among people living with HIV, by WHO region, 2021

GLOBAL TUBERCULOSIS REPORT 2023

Each dot represents a country.

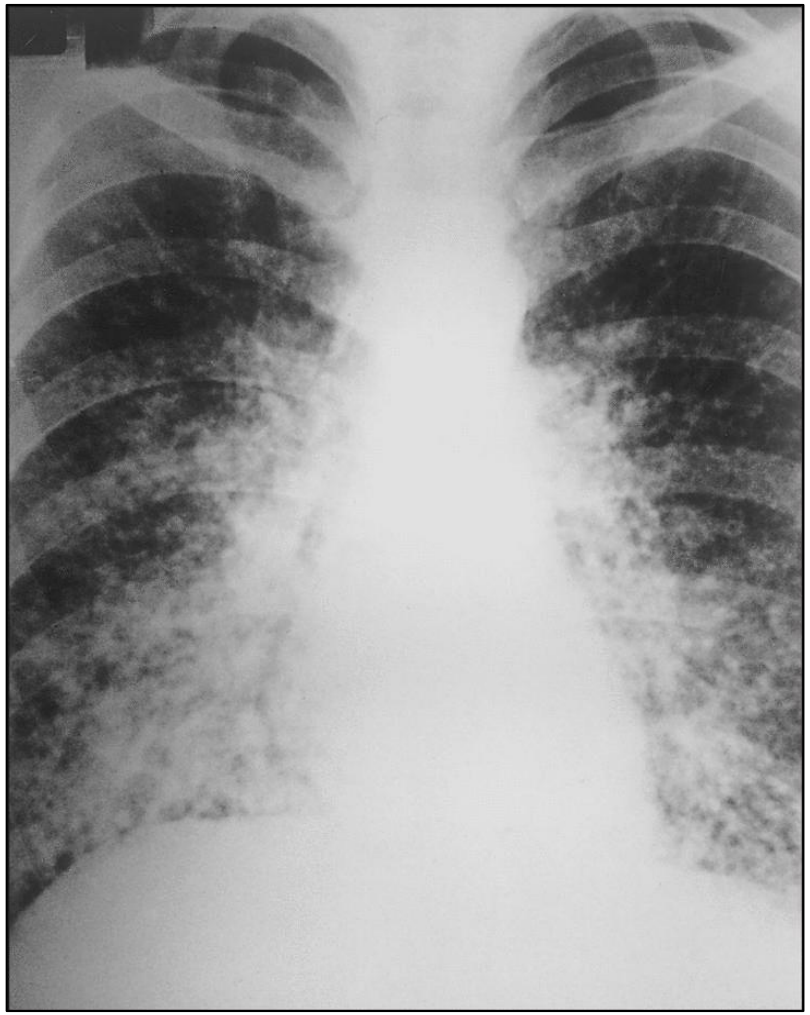
Optimal screening, diagnosis and management of histoplasmosis among people living with HIV

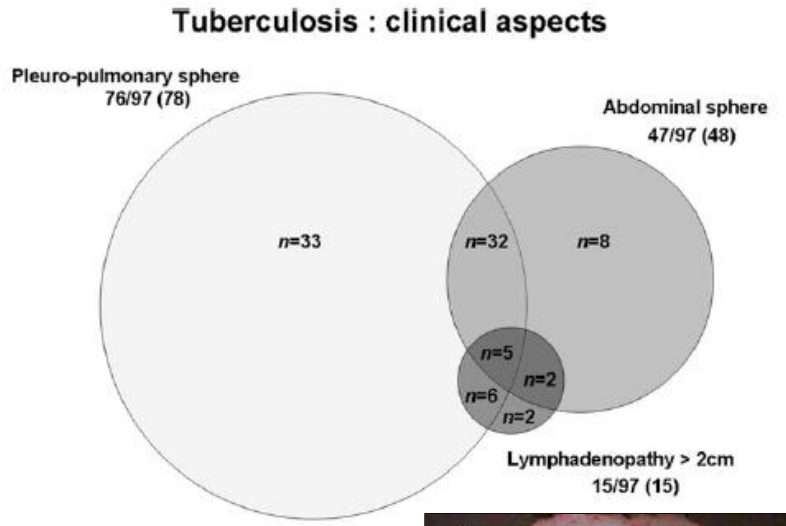
Alessandro C. Pasqualotto,

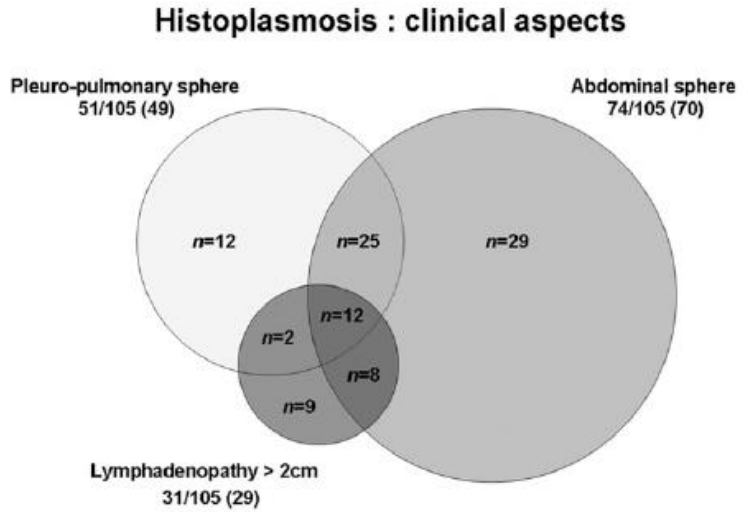
MD PhD MBA FECMM

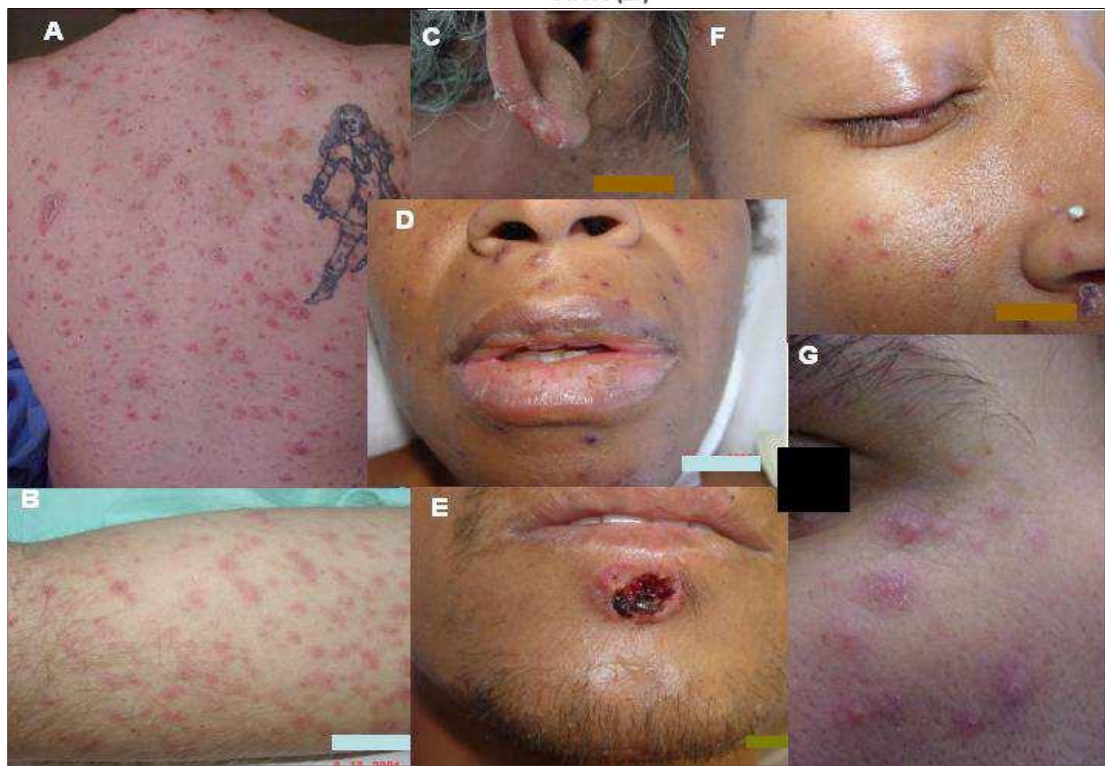
Webinar 22 Oct 2024

Clinical Characteristics









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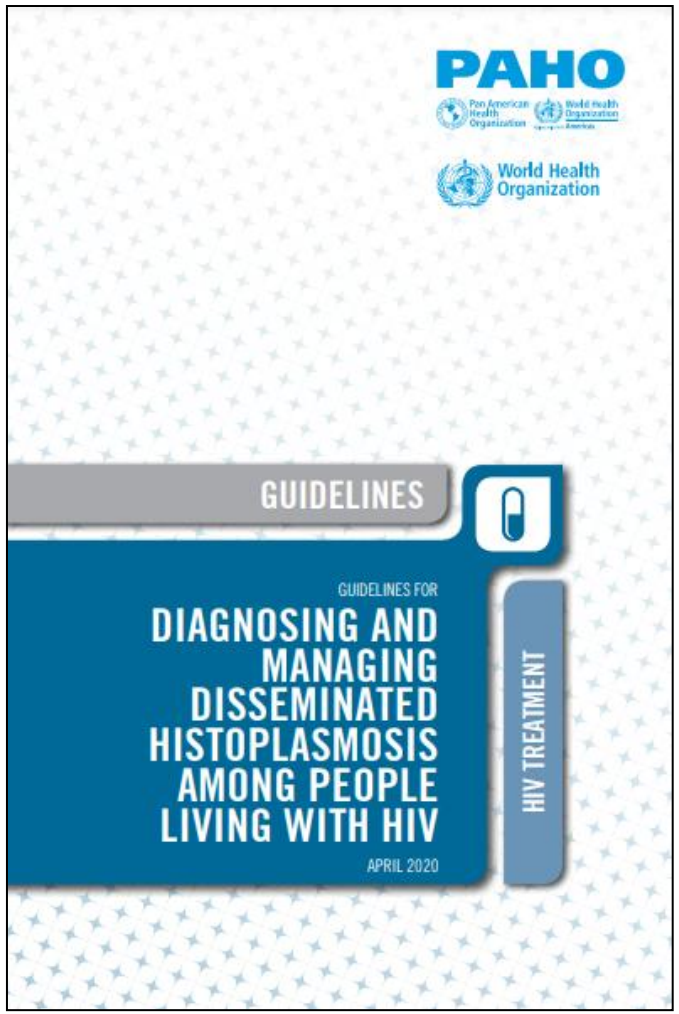
Adenis A, et al. Am J Trop Med Hyg 2014; 90: 216-23

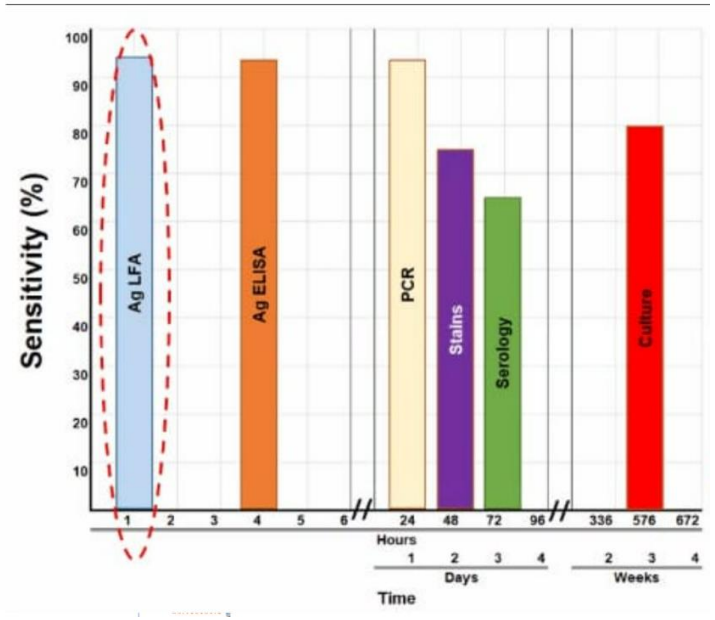
PAHO Pan American Health Organization World Health Organization Americas



Diagnostic

Sensitivity	Specificity
98%	97%

Sensitivity and Specificity >90%



2 Treatment of histoplasmosis

2.1. Induction therapy (first line treatment): "Liposomal amphotericin B, 3.0 mg/kg for two weeks is the preferred treatment for severe or moderately severe disease." (conditional recommendation; very-low-certainty evidence)

Alternative Induction therapy: *"In settings where liposomal amphotericin B is unavailable, deoxycholate amphotericin B, 0.7– 1.0 mg/kg, is recommended for two weeks"*

2.2. Maintenance therapy: *"Itraconazole 200 mg three times daily for three days and then 200 mg twice daily is recommended for treating mild to moderate disease"* (conditional recommendation; very-low-certainty evidence)

"Less than 12 months of therapy can be considered when the person is clinically stable, receiving antiretroviral therapy, has suppressed viral loads, and the immune status has improved" (conditional recommendation, very-low-certainty evidence)

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PAHO Pan American Health Organization World Health Organization Americas

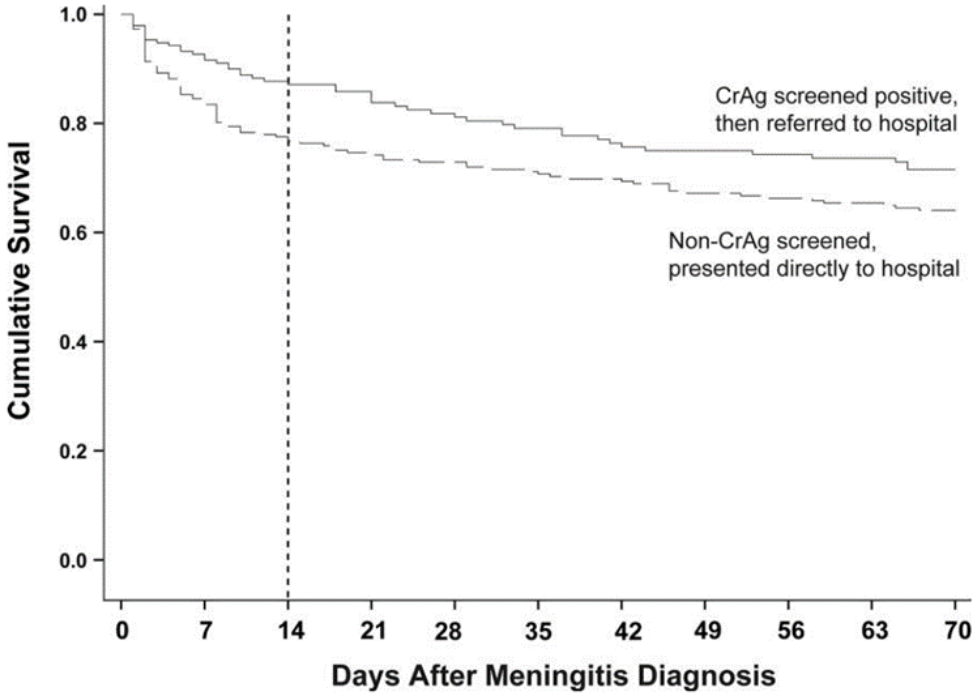
New evidence in the management of Cryptococcal disease

Joe Jarvis

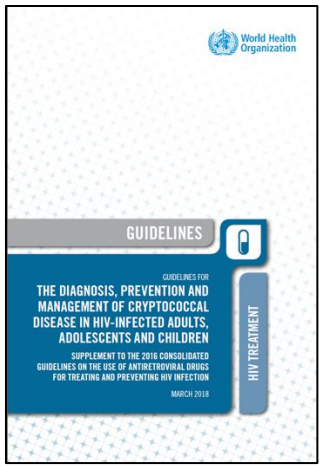
Clinical Infectious Diseases
MAJOR ARTICLE

Outpatient Cryptococcal Antigen Screening Is Associated With Favorable Baseline Characteristics and Improved Survival in Persons With Cryptococcal Meningitis in Uganda

Anna E. Levin,[1] Ananta S. Bangdiwala,[2] Elizabeth Nalintya,[3] Enock Kagimu,[3] John Kasibante,[3] Morris K. Rutakingirwa,[3] Edward Mpoza,[3] Samuel Jjunju,[4] Edwin Nuwagira,[4] Rose Naluyima,[3] Paul Kirumira,[3] Cody Hou,[1,©] Kenneth Ssebambulidde,[3] Abdu K. Musubire,[3] Darlisha A. Williams,[1] Mahsa Abassi,[1,©] Conrad Muzoora,[4] Katherine H. Hullsiek,[2] Radha Rajasingham,[1,©] David B. Meya,[1,3,5,a] David R. Boulware,[1,a] and Caleb P. Skipper[1,3,a,©]



Cryptococcus screening



"Screening for cryptococcal antigen is the optimal approach for guiding resources in a public health approach and is the preferred approach for identifying risk of progression to disease when managing people presenting with advanced HIV disease."

Recommendations

- Screening for cryptococcal antigen followed by pre-emptive antifungal therapy among cryptococcal antigen–positive people to prevent the development of invasive cryptococcal disease is recommended before initiating or reinitiating ART for adults and adolescents living with HIV who have a CD4 cell count <100 cells/mm^3 (strong recommendation; moderate-certainty evidence) and may be considered at a higher CD4 cell count threshold of <200 cells/mm3 (conditional recommendation;moderate-certainty evidence).

Cryptococcal meningitis is a leading cause of AIDS-related death globally

Limitation of the antifungal therapies

Fluconazole monotherapy

Zambia (fluconazole 200mg)

10 week mortality: 96%

Mwaba et al. Postgrad Med J 2001

Uganda (fluconazole 200mg)

2 month mortality: 64%

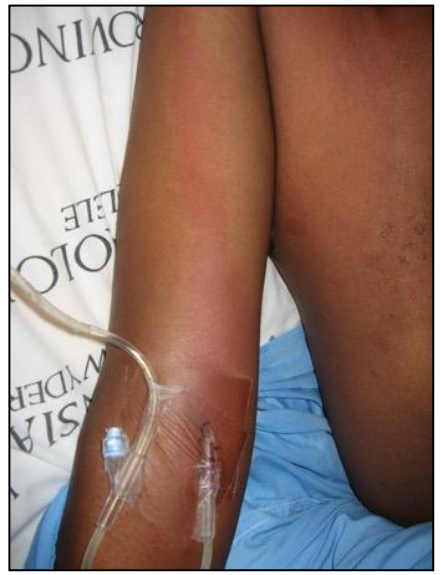
Mayanja-Kizza et al. Clin Infect Dis 1998

Uganda (fluconazole 800-1200mg)

10 week mortality: 55%

Longley et al. Clin Infect Dis 2009, Gaskell et al. PLoS ONE 2014

Deoxycholate amphotericin



Thrombophlebitis

Nosocomial sepsis (15%)

Rajasingham et al. Emerg Infect Dis. 2014

Infusion reactions

Anaemia (mean 2.3g/dL drop over 14 days)

Bicanic et al AAC 2015

Renal impairment

Potassium and magnesium wasting

What about liposomal amphotericin B?

Less nephrotoxic

- *higher doses can be given safely*

Excellent tissue penetration and long tissue half life

- *should be possible to deliver highly effective induction therapy with very few (1, 2, or 3) doses*

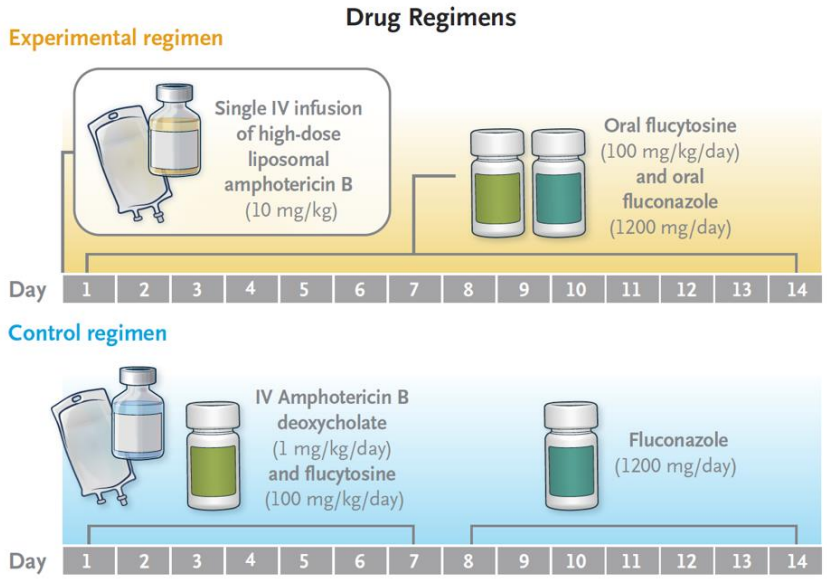
Effective long-lasting therapy with just one dose of high dose liposomal amphotericin B has been established in the treatment of visceral leishmaniasis

Use in CM previously limited by cost, but short courses and reduced pricing could make it a cost-effective option

Need to define the most effective and most cost-effective schedules

AMBITION-*cm*
AMBIsome Therapy Induction OptimizatioN

AMBITION-cm Trial



Primary outcome

- All-cause mortality at 10 weeks (non-inferiority)

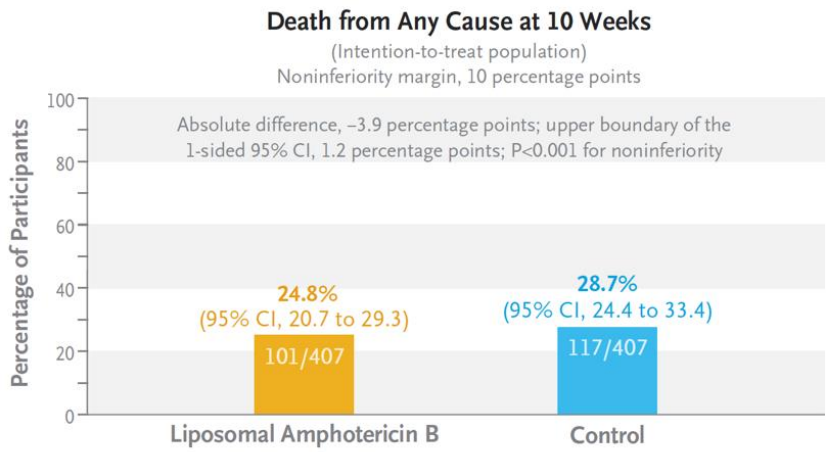
Secondary outcomes

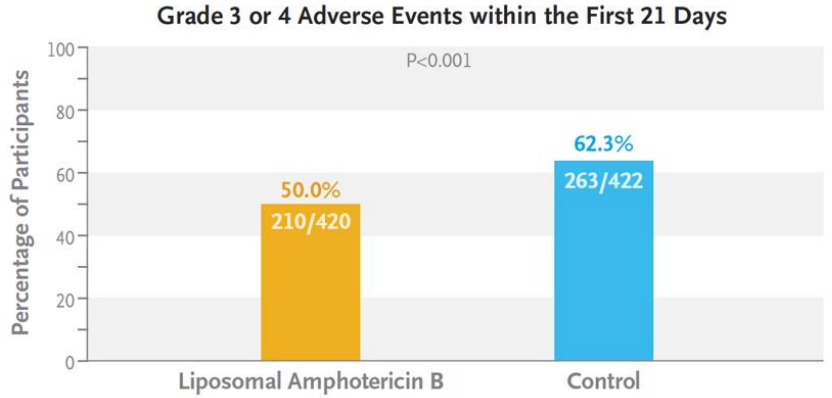
- All-cause mortality at 2, 4 and 16 weeks (non-inferiority)
- All-cause mortality at 10 weeks (superiority)
- Early fungicidal activity
- Safety

The NEW ENGLAND JOURNAL of MEDICINE
ESTABLISHED IN 1812 MARCH 24, 2022 VOL. 386 NO. 12

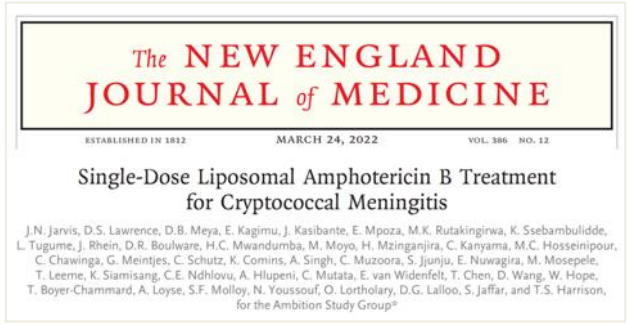
Single-Dose Liposomal Amphotericin B Treatment for Cryptococcal Meningitis

J.N. Jarvis, D.S. Lawrence, D.B. Meya, E. Kagimu, J. Kasibante, E. Mpoza, M.K. Rutakingirwa, K. Ssebambulidde, L. Tugume, J. Rhein, D.R. Boulware, H.C. Mwandumba, M. Moyo, H. Mzinganjira, C. Kanyama, M.C. Hosseinipour, C. Chawinga, G. Meintjes, C. Schutz, K. Comins, A. Singh, C. Muzoora, S. Jjunju, E. Nuwagira, M. Mosepele, T. Leeme, K. Siamisang, C.E. Ndhlovu, A. Hlupeni, C. Mutata, E. van Widenfelt, T. Chen, D. Wang, W. Hope, T. Boyer-Chammard, A. Loyse, S.F. Molloy, N. Youssouf, O. Lortholary, D.G. Lalloo, S. Jaffar, and T.S. Harrison, for the Ambition Study Group*





The AMBITION trial – pathway to global impact



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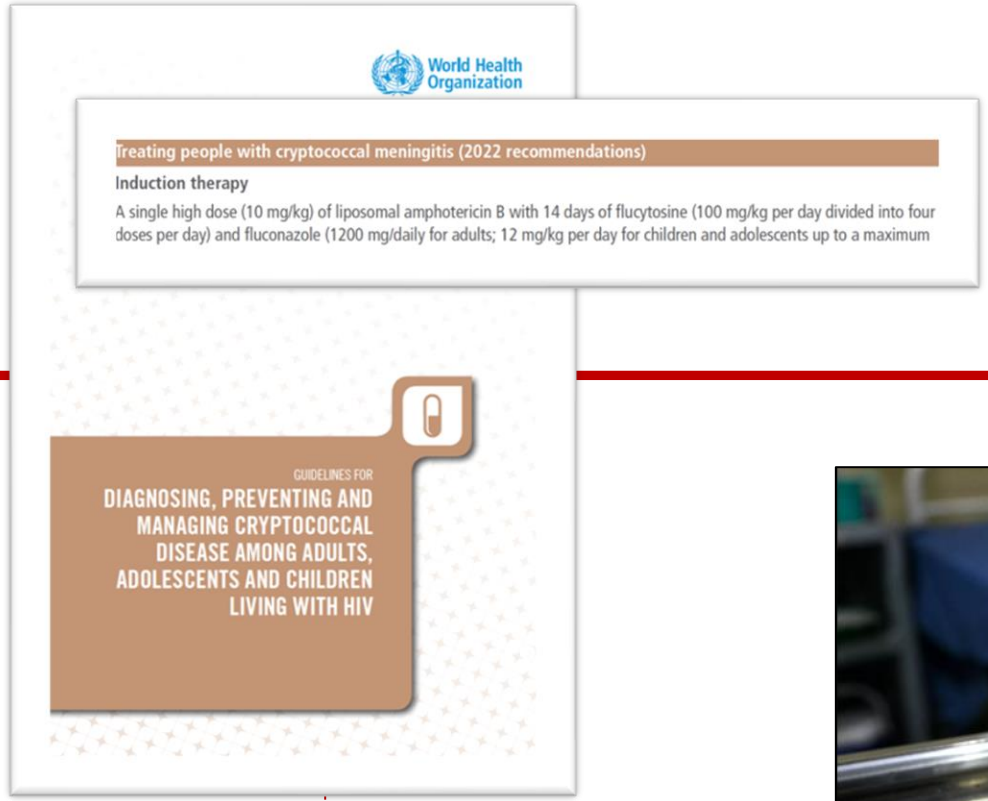
Published March 24th 2022



World Health Organization

Treating people with cryptococcal meningitis (2022 recommendations)

Induction therapy

A single high dose (10 mg/kg) of liposomal amphotericin B with 14 days of flucytosine (100 mg/kg per day divided into four doses per day) and fluconazole (1200 mg/daily for adults; 12 mg/kg per day for children and adolescents up to a maximum

GUIDELINES FOR DIAGNOSING, PREVENTING AND MANAGING CRYPTOCOCCAL DISEASE AMONG ADULTS, ADOLESCENTS AND CHILDREN LIVING WITH HIV

WHO Rapid Advice April 20th 2022

Already being used in routine care in Botswana, Eswatini, Malawi, Zimbabwe, and Uganda

Photo credit: Albert Masias, MSF Access Campaign

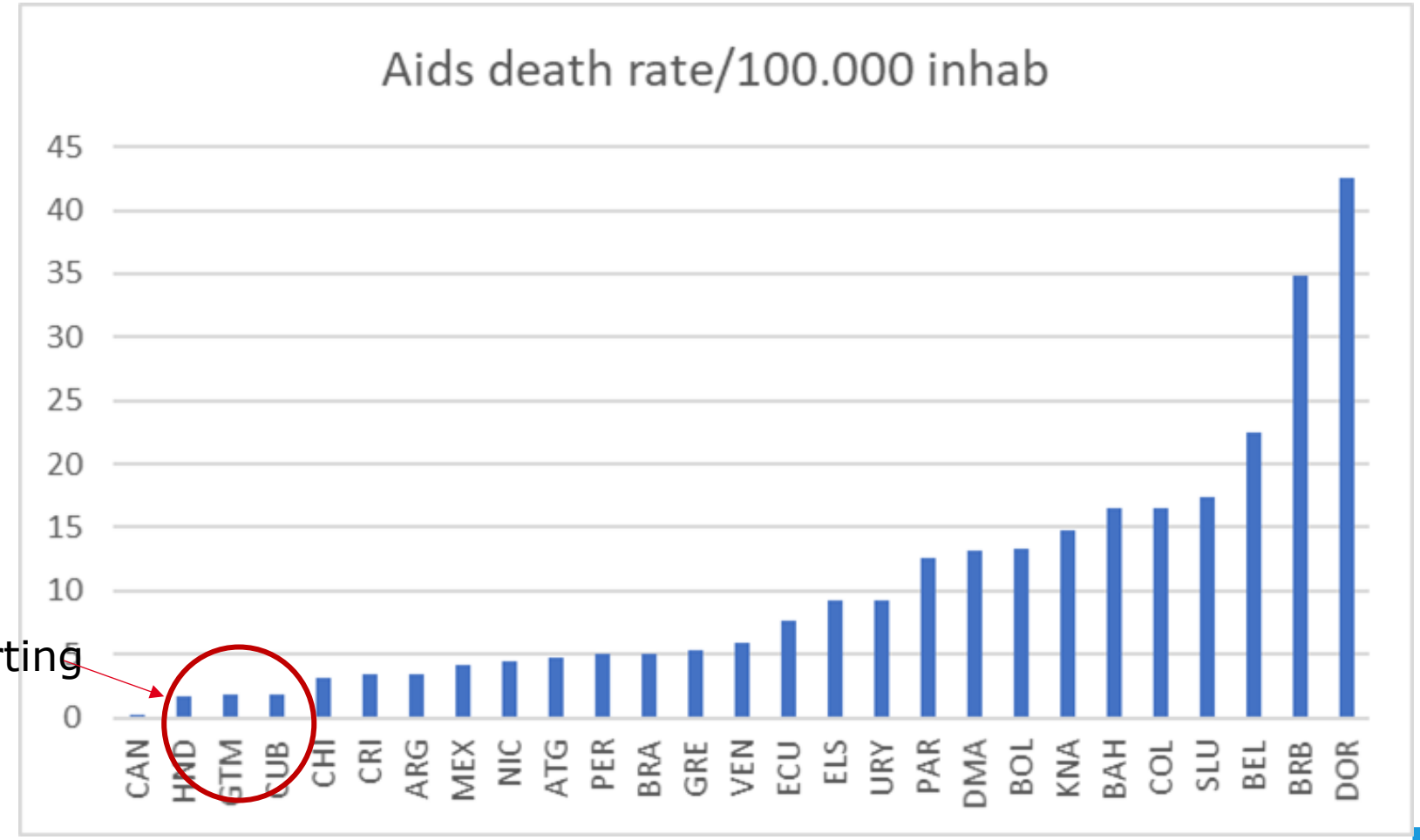
UK Health Security Agency

Why and how to measure the causes of preventable HIV-related deaths at the national level

Veronique Martin, Ammi Shah, Cuong Chau, Joan Ekadeh, Shaun Bera, Tamara Djuretic
UK Health Security Agency

Limited information in HIV mortality

Lack of data on cause of death to inform interventions



Under-reporting

Causes

Very low confidence on the quality of data
Lack of triangulation between vital registries and HIV data
Most reports based on estimations

Other factors

Burden of OI
Management
Age cohort

IAS

PAHO Pan American Health Organization World Health Organization Americas

Approach

Literature review

Draft recommendations

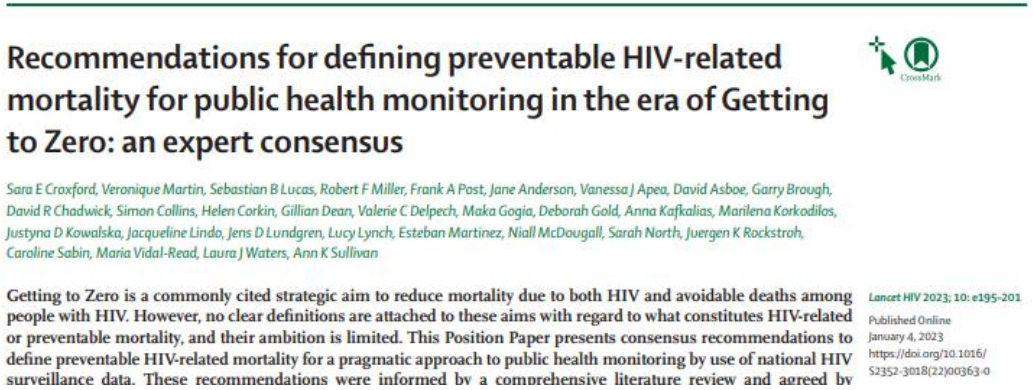
Expert panel review

Refined recommendations

Stakeholder meeting

Recommendations for definition

AIDS-related mortality → HIV-related mortality → HIV-related and preventable mortality



Recommendations for defining preventable HIV-related mortality for public health monitoring in the era of Getting to Zero: an expert consensus

Sara E Croxford, Veronique Martin, Sebastian B Lucas, Robert F Miller, Frank A Post, Jane Anderson, Vanessa J Apea, David Asboe, Garry Brough, David R Chadwick, Simon Collins, Helen Corkin, Gillian Dean, Valerie C Delpech, Maka Gogia, Deborah Gold, Anna Kafkalias, Marilena Korkodilos, Justyna D Kowalska, Jacqueline Lindo, Jens D Lundgren, Lucy Lynch, Esteban Martinez, Niall McDougall, Sarah North, Juergen K Rockstroh, Caroline Sabin, Maria Vidal-Read, Laura J Waters, Ann K Sullivan

Getting to Zero is a commonly cited strategic aim to reduce mortality due to both HIV and avoidable deaths among people with HIV. However, no clear definitions are attached to these aims with regard to what constitutes HIV-related or preventable mortality, and their ambition is limited. This Position Paper presents consensus recommendations to define preventable HIV-related mortality for a pragmatic approach to public health monitoring by use of national HIV surveillance data. These recommendations were informed by a comprehensive literature review and agreed by

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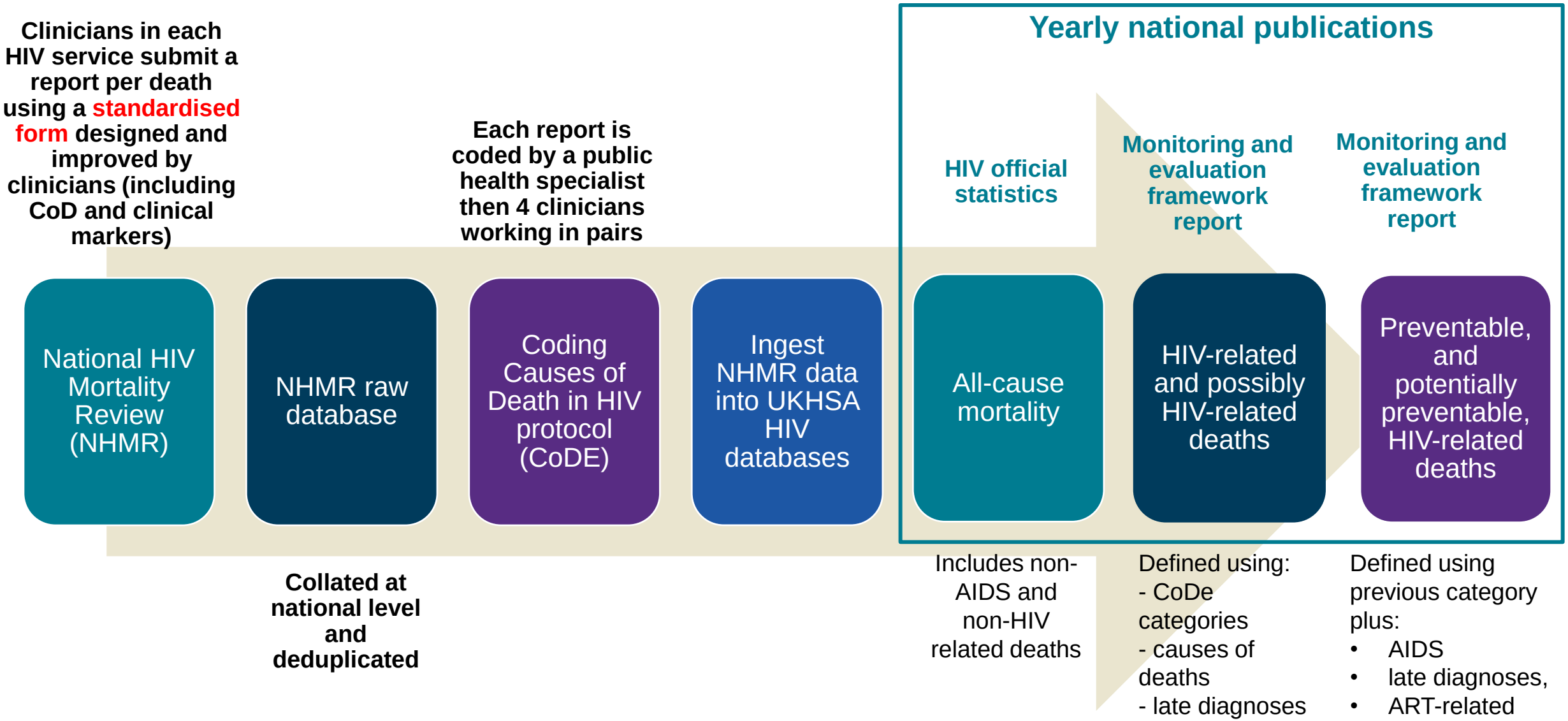
Death data flow



HIV-related and preventable mortality, UK: 2022

688	deaths reported in the UK in 2022
573	deaths reported via NHMR in 2022
507	deaths matched to national HIV surveillance databases
402	deaths with an ascertainable cause of death (79%)
103	• 65 (16%) AIDS related • 38 (9%) possibly HIV-related
53	• 13 (13%) deaths were considered preventable • 40 (39%) deaths were considered potentially preventable

What have we learned in our region?

- LTFU contributes more than Late diagnosis to the pool of AHD
- If screened systematically, >30% of individuals with AHD would have an active OI
- However, no data about burden of opportunistic infections other than TB are available
- Information about number and causes of deaths are very limited
- In many countries, tests and medicines for TB, histoplasmosis or cryptococcosis are not available

PAHO Proposal Rapid AHD Dx

New HIV case
Re-engaged case
Virological failure

Asymptomatic

Symptomatic (4 SS plus CNS symptoms or skin or mucosal lesions)

Visitect Advance sensitivity 92.6%, specificity 89.8%

> 200 CD4

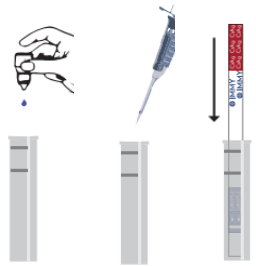
Rapid ART
Syphilis, HCV, HBV, Vaccinations, NAP

< 200 CD4

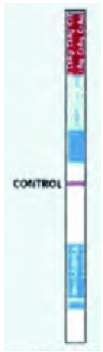
Enrol: rapid ART, syphilis, HCV, HBV, NAP plus

LFA Histo
Urine, 40’

LFA Crypto

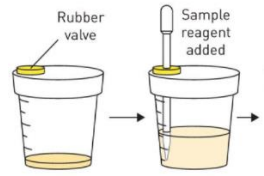


Blood
Serum
10’



TB-LAM
Urine, 25’

Xpert Sputum, CSF, biopsy, urine, blood
90’



Histoplasmosis	Cryptococosis	Tuberculosis (LAM + Xpert)
Sensitivity 96 Specificity 96%	Sensitivity 99% Specificity 100%	Sensitivity 90% (combined) Specificity 86% (combined)

REF: Caceres D, J Fungi 2021, WHO Cryptococcal guideline, WHO-PAHO Histoplasmosis guideline, Shah M, AIDS 2014

PREVENTING DEATHS AMONG ADULTS AND CHILDREN BY OPTIMIZING ADVANCED HIV DISEASE MANAGEMENT IN LATIN AMERICA AND THE CARIBBEAN

[AUG 1ST 2024 – DEC 31ST 2026]





Output 1: Evidence generation, epidemiological data and implementation research

Output 2: Supply-side interventions, catalytic donations, forecasting support

Output 3: TC for updating NSP, guidelines and norms, training, and digital tools

Output 4: Community engagement and demand generation

Output 5: Global advocacy collaboration & partners coordination

Output 1: Enable evidence generation on delivery models informed in updated epidemiological data and implementation research:

Strength information systems

- Assess information systems
- Improve reporting OI
- Program review missions

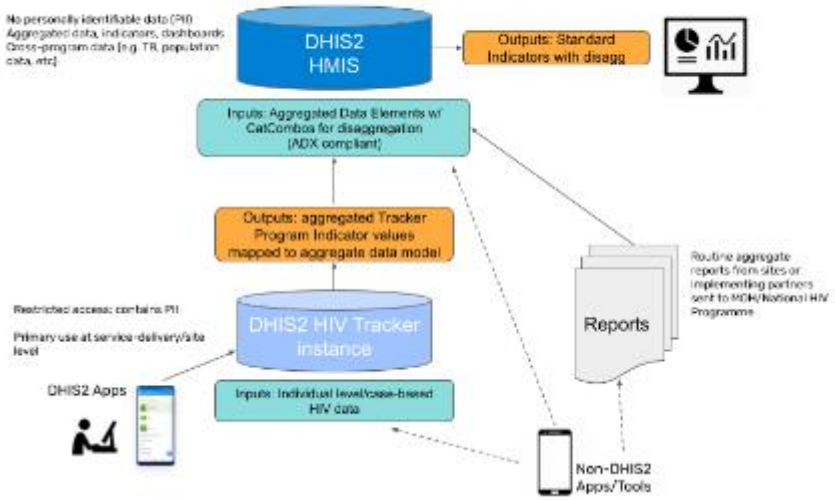
Analyze preventable mortality

- Standardize cause of deaths
- Death audits
- Analysis of preventable mortality by countries

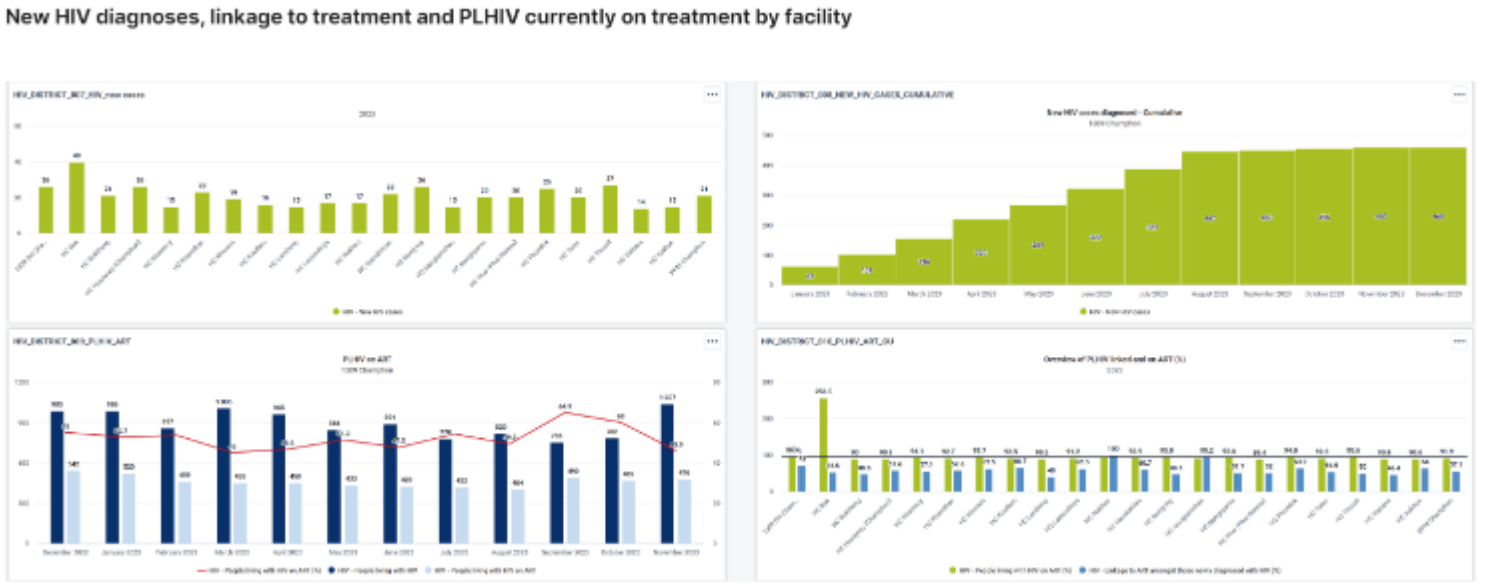
Implementation research

- New Dx strategies
- New Tx strategies
- Qualitative studies

SI dashboards



The project seeks to support data integration in countries with access to EMR, to facilitate the tracking and re-engagement of patients lost to follow up, monitoring cascades and improve quality



Facility diagnoses and treament

HIV_DISTRICT_019_OVERVIEW

Organisation unit / Data	HIV - HIV tests performed	HIV - HIV tests positive	HIV - HIV test positivity (%)	HIV New HIV cases	HIV New HIV cases that started ART	HIV - Linkage to ART amongst those newly diagnosed with HIV (%)	HIV - People living with HIV	HIV - People living with HIV on ART	HIV People living with HIV on ART (%)	HIV - People living with HIV on ART who have suppressed viral load (%)	HIV - PLHIV newly initiated on ART with TB disease (%)	HIV - TB treatment initiation amongst PLHIV newly initiated on ART (%)	HIV - Viral suppression at labour and delivery (%)	HIV - STI: Syphilis testing coverage among PLHIV (%)	HIV - STI: Gonorrhoea testing coverage among PLHIV (%)	HIV - Viral hepatitis: PLHIV attending HIV care and treatment services tested for HBV (%)	HIV - Viral hepatitis: PLHIV attending HIV care and treatment services tested for HCV (%)	HIV - Women living with HIV screened for cervical cancer	HIV - HIV test kits stock out days	HIV - HIV treatment courses stock out days
1309 DH Champhon	895	26	2.9	26	16	61.5	21	20	95.2	95	55.5	77.8							3	2
HC Bak	964	50	5.3	40	19	47.5	617	88	14.3	27.3	84.2	68.8	10	62.8	62.3	4.1	5.8	187	2	2
HC Bolthong	721	21	2.9	21	10	47.6	26	24	92.3	91.7	60	66.7							1	2
HC Houayxay (Champhon)	688	26	3.8	26	15	57.7	24	22	91.7	90.9	60	66.7								1
HC Khamsy	808	15	1.9	15	6	40	18	18	100	84.6	83.3	80							2	1
HC Khamthao	892	23	2.6	23	13	56.5	16	15	93.3	100	107.7	71.4								
HC Khantah	764	19	2.5	19	10	52.6	21	20	95.2	85	120	83.3							1	
HC Koutbon	797	16	2	16	9	56.3	18	16	88.9	90.9	111.1	90								1
HC Lambong	784	15	1.9	15	6	40	14	12	85.7	91.7	183.3	72.7								
HC Laosoulinya	718	17	2.4	17	6	35.3	13	12	92.3	91.7	100	66.7								2
HC Nakhou	808	17	2.1	17	11	64.7	17	16	94.1	91.3	35.4	75							2	1
HC Nanokhian	838	22	2.6	22	12	54.5	17	17	100	86.9	58.3	57.1								
HC Nongping	749	26	3.5	26	11	42.3	26	25	96.2	84	100	90.9							1	1

PAHO Pan American Health Organization World Health Organization Americas

Output 2: Coordinate and consolidate supply-side interventions (including product introduction, market shaping, exploratory regional manufacturing opportunities and needs).

Develop country profiles:

- Documentation of the current standard of care at national level
- Regulatory mapping
- Market analysis

TC for PSC and forecast and introduction of new products:

- Forecast: Quantmet, QuantLab
- Support countries to access sustaintable procurement
- Catalytic donation of laboratory supplies and medicines for OI

Priority products to be included in the package of AHD

In vitro diagnosis

HIV tests

Kits de autoprueba

PR de VIH

PR VIH-sífilis

Xpert Carga Viral

Xpert CV cuantitativa

Rapid CD4 Visitec <200*

Cryptococcus

Antigen EIA IMMY*

Antigen LFA IMMY*

Tuberculosis

Antigeno LAM*

Xpert MTB/RIF

Xpert MTB/XDR

Truenat TB

Histoplasmosis

Galactomanan (GM) EIA IMMY*

LFA Urine Antigen Miravista*

Treatments

Liposomal amphotericin

5 fluocitosine*

Itraconazole

Fluconazole

Valganciclovir

Rifapentine/INH*

ART

Pediatric ART

* Products targeted by the UNITAID project

Output 3: Support country readiness and transition support (technical cooperation for regulatory and normative changes, HCW training, digital tools).

Align norms and guidelines

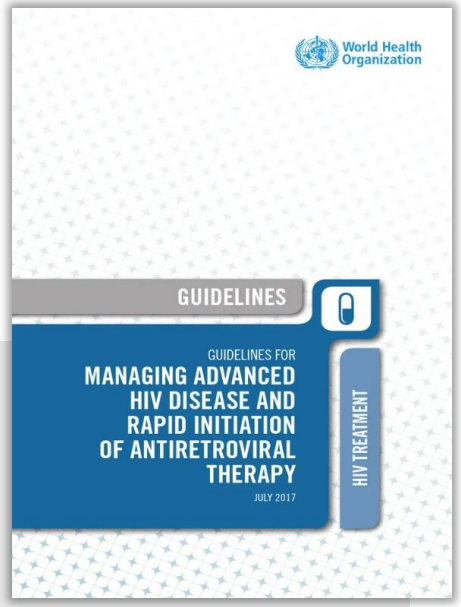
- Support the update of integrated NSP for HIV and TB
- TC for updating national guidelines
- SOPs and algorithms
- Collect information for updating global guidances
- DSD, task shifting and regulatory barriers

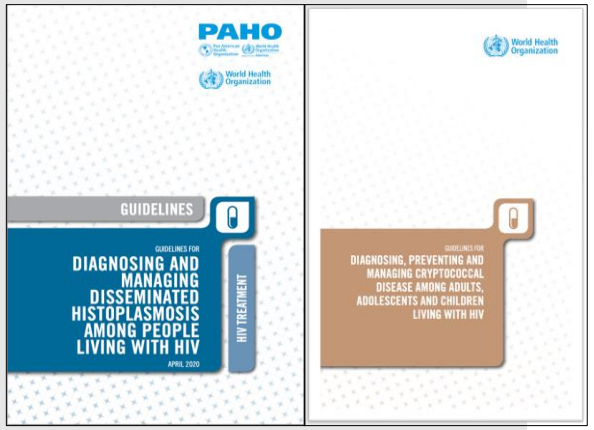
Increase competences of HCWs

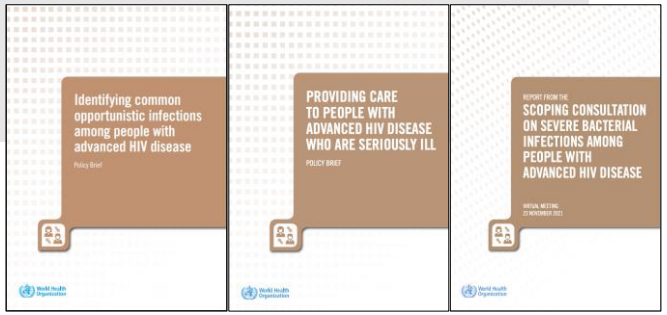
- ECHO platform
- Online courses
  - HIV, TB, AHD
- Support national trainings
- Flows, patwhays, DSD, PCC

Adapt national guidelines and protocols

- How to assess new and reengaged individuals for AHD
- TB screening and preventive TB treatment
- Algorithms for screening for OI, (TB, histo and cryptococcus)
- L-Amph single dosis for cryptococcosis
- Histoplasmosis detection and management
- Profilaxis and management of Ois
- Rapid treatment initiation
- Identification and management of IRIS
- Post- discharge management







Output 4: Community engagement and demand generation.

Partnerships with CSOs for demand generation:

- **Mapping of local CSOs and participation**
- **Need assessments**
- **Provide capacity building and training**

Qualitative research for community involvement

- **Qualitative research projects lead by CSO**
- Barriers
- Facilitators for implementation

Output 5: Global advocacy & partner coordination to support scale-up of AHD packages of care for adults and children.

Platforms for fostering collaboration and innovation

Regional network of experts on AHD
PAHO Regional annual AHD meetings with MoH and NAP for annual plans and reports

- **Global stakeholders' engagement**
- **Support the work of the AHD Alliance**
- **Organize meetings**

Specific products that PAHO can support in this project

- Improvement of the Information system
- National mortality analyisis and mortality audits
- Implementation studies (late diagnosis, prevalence of OI, etc)
- Adaptation and update of national strategic plans (HIV, TB, VH, STIs)
- Update of national guidelines
- Support the accelerated introduction of specific diagnostic and medicines
- Training, demand generation and continued education activities

Thank you

IAS – the International AIDS Society

Hortencia Peralta, Shanti Singh, Sandra Jones, Mónica Alonso, Freddy Perez, Maria Salvat, Bernardo Nuche, Antonio Camiro

suedoma@paho.org