

# USAID Local Partner Health Services – East Central (LPHS-EC)

**Title: Updates on HIV Prevention, Care and treatment in Busoga Region.**

**Date: 1<sup>st</sup> December 2023**

Presenter: Dr Samuel Kawuma  
Deputy Chief of Party USAID LPHS-EC/MJAP



## About MJAP

- A Ugandan Private Not-For Profit NGO of Makerere University.
  - Established in 2004 under the Makerere University Faculty of Medicine, (now school of Medicine).
  - Main mandate includes service delivery, training, research, and health systems strengthening in relation to HIV& AIDS and other diseases of Public Health importance in Africa.
  - **Vision:** Universal and equitable access to quality health care for healthier populations,”
  - **Mission** – “To build partnerships and strengthen health systems to optimally respond to HIV, TB and other diseases of public health importance in Africa”
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# USAID Local Partner Health Services-East Central (LPHS-EC) project

- 1) Five Year project, Awarded to Makerere University Joint AIDS Program (MJAP)-Oct 2021-Sept 2026.
  - 2) **Goal:** To end HIV/AIDS in EC region by 2030 through enhancing the capacity of DHT, HFs and their catchment communities to increase availability, accessibility and utilization of quality integrated HIV and TB services.
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# Objectives of the USAID LPHS-EC project

1. Quality facility-based HIV and TB prevention services provided at scale.
  2. Quality, targeted, high yield, facility-based HTS services at scale.
  3. All diagnosed people living with HIV and TB are promptly initiated on treatment.
  4. All diagnosed people living with HIV and TB on treatment achieve viral suppression.
  5. **Target districts have the institutional capacity to achieve and sustain epidemic control.**
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# USAID LPHS-EC geographical coverage

- The project works in the 12 districts and one City (Jinja) of the East Central Region
  - Bugiri, Bugweri, Busia, Buyende, Iganga, Jinja, Kamuli, Kaliro, Luuka, Mayuge, Namayingo and Namutumba

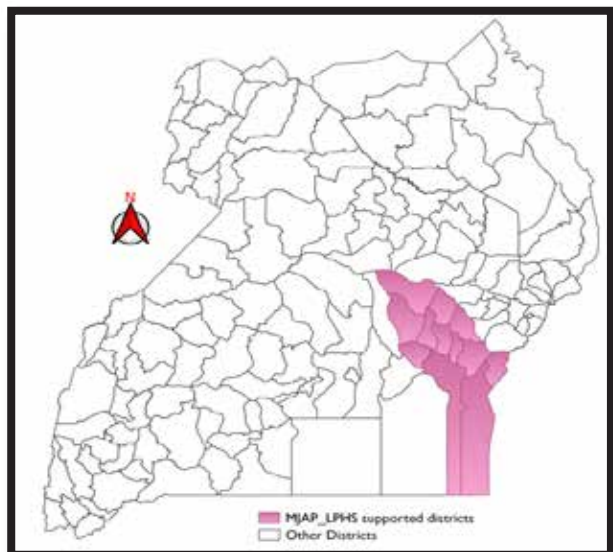
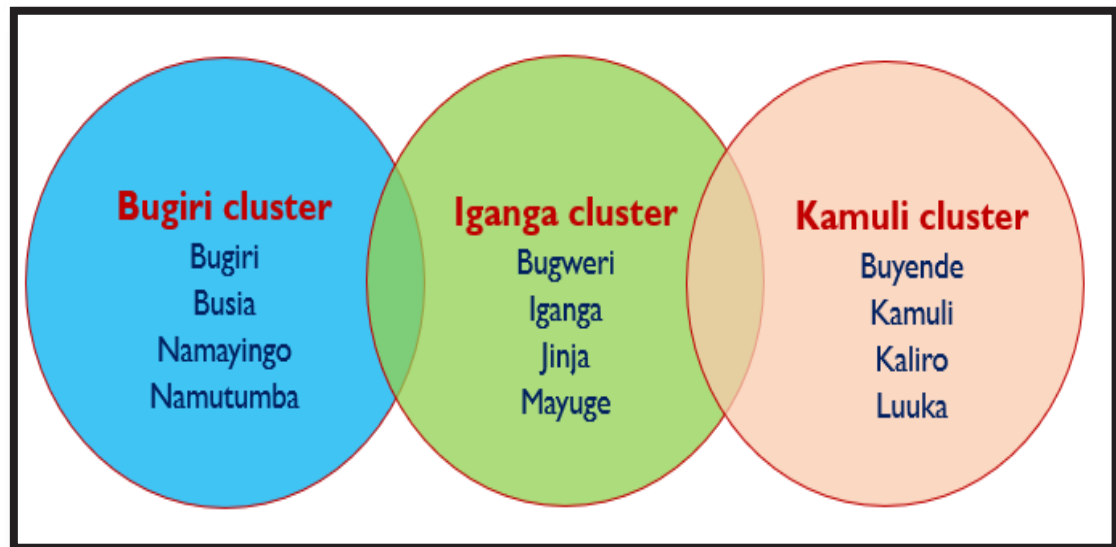


Figure 1. USAID LPHS-EC supported districts





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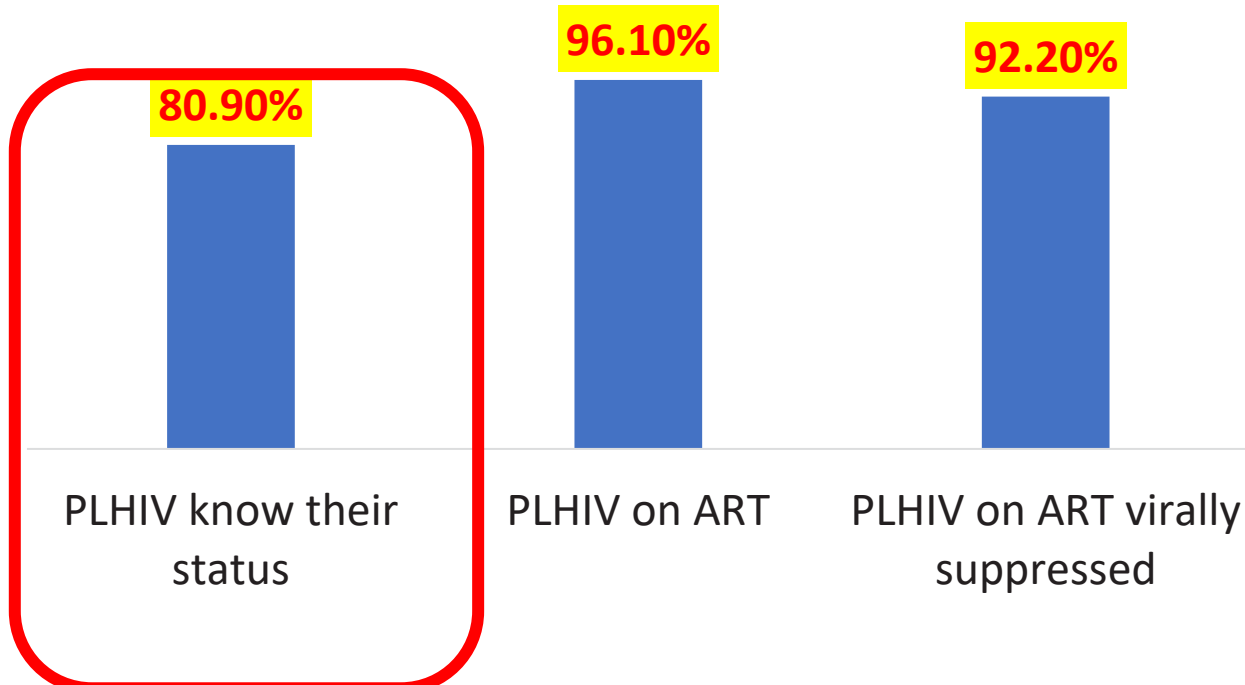


# National: Background

- Uganda continues to work towards sustainable HIV epidemic control and ending AIDS as a public health threat by 2030
  - Substantial progress to epidemic control around reduced HIV infections and HIV related mortality. Data from UPHIA and other sources:
  - Recovery efforts by the Program: The public health response was impacted by other public health emergencies including COVID-19 (two years back) and Ebola Virus Disease (one year)
  - There remain gaps and challenges that require collective actions and informed by data and science: Consolidated 2022 guidelines aligned to addressing gaps
  - Government partnership with PEPFAR and other development partners including the Global Fund and the UN have enabled sustained implementation of the programmes
  - Country sustainability planning is critical : Not to lose gains made, need more focus on microplanning for efficiency and reaching those in need
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## Country HIV Progress Along 95:95:95 Targets

### Uganda: 95-95-95 HIV Cascade



Data Source: UPHIA 2021 among Adults 15+ years

As a country:

**1<sup>st</sup> 95% , 81%**

**2<sup>nd</sup> 95%,  
96%**

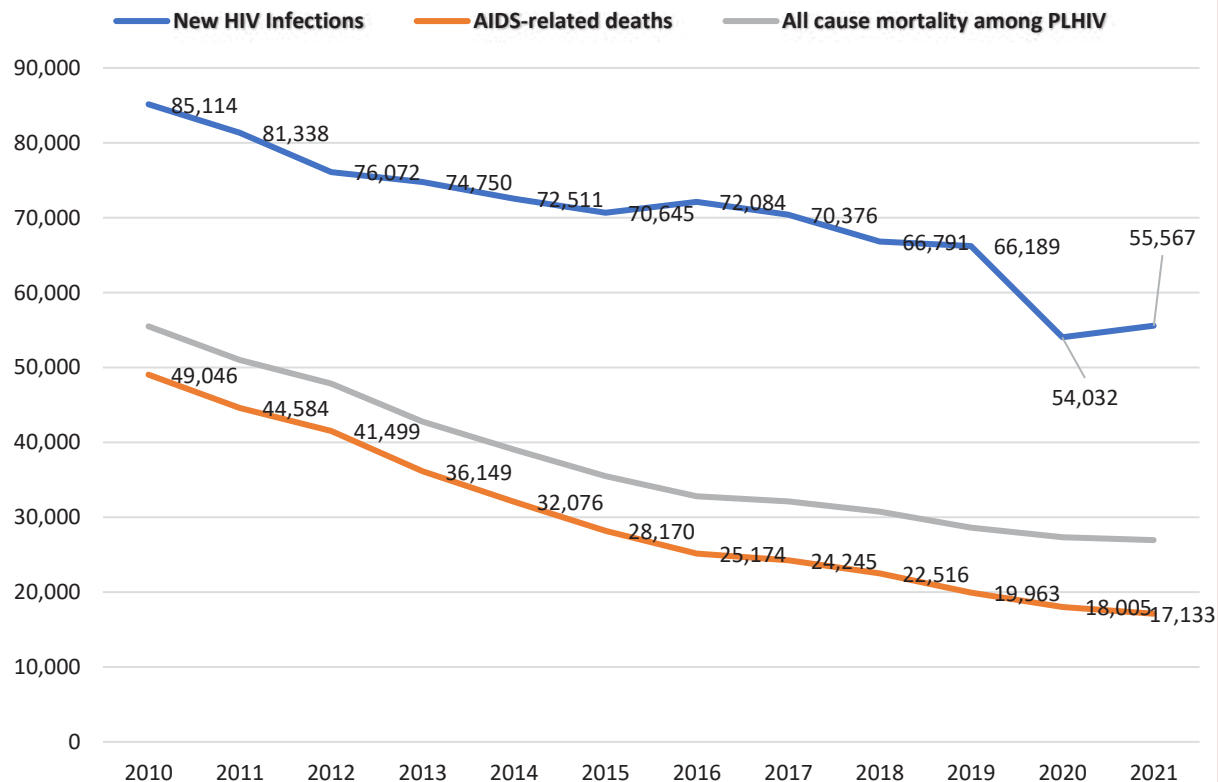
**3<sup>rd</sup> 95%,  
77% (includes  
overall  
population  
expected to  
be in care)**

# Working towards HIV Epidemic Control

## Future efforts should focus on:

- Bending the curve of new infections more: Primary prevention
- Taking to scale evidence based interventions as per combination prevention strategy
- Implement interventions with quality, fidelity and efficiency
- Ensuring equity, partnerships, following science, resilient systems and efforts towards sustainability

## Current Estimates of New HIV Infections and AIDS-related and All cause mortality among PLHIV Spectrum 2021







## Key Strategic Focus areas

**Address 1<sup>st</sup> 95: Children, adolescents, men**

Fidelity for Self testing

Optimize high yield approaches

Recency

CQI

Review targets

## Refocus HIV Programming-Prev

Scale up condom use

Refocus messages on ABC, SRH integration

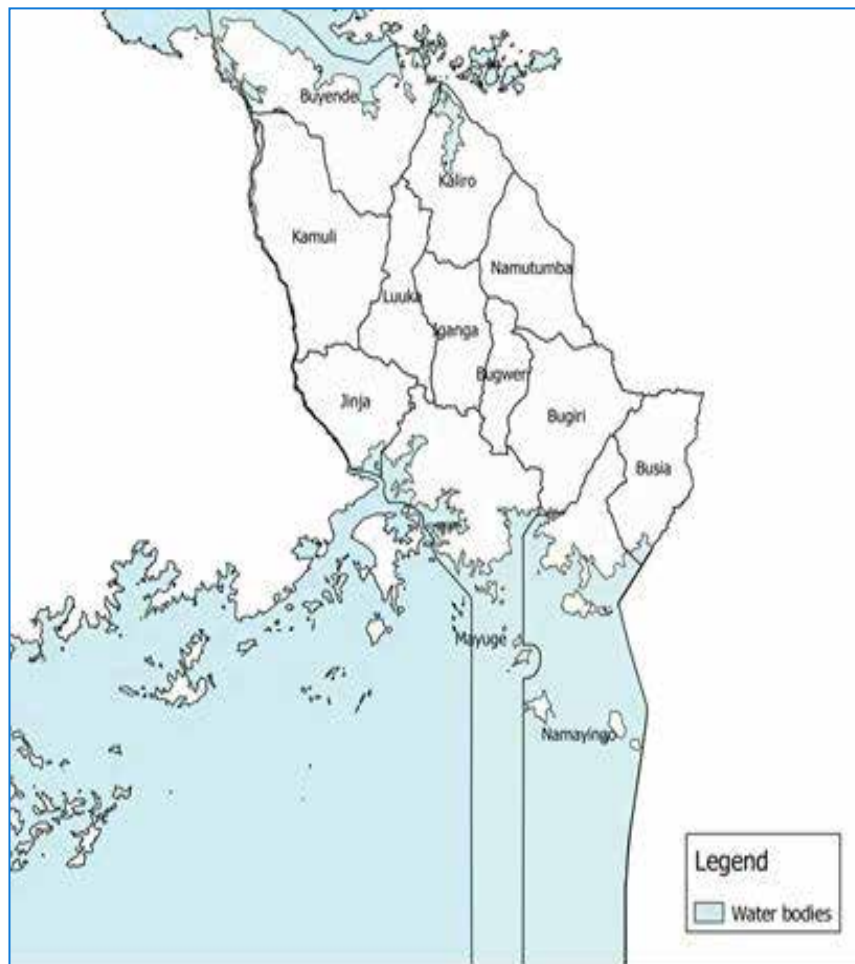
Scale up VMMC from 54% to 80%

Global alliance and AP3 initiatives PMTCT

AGYW Programming scale up

PrEP scale up and new technologies

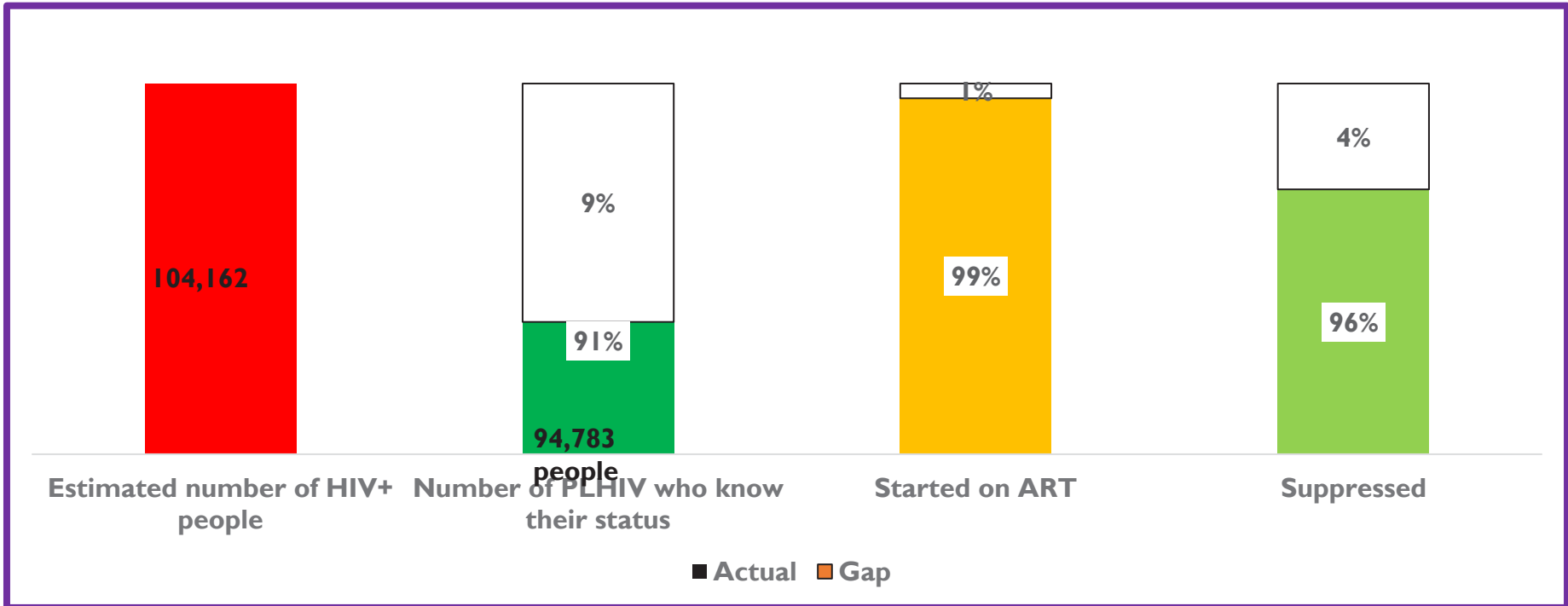
## East Central Region Map



## Unique Features

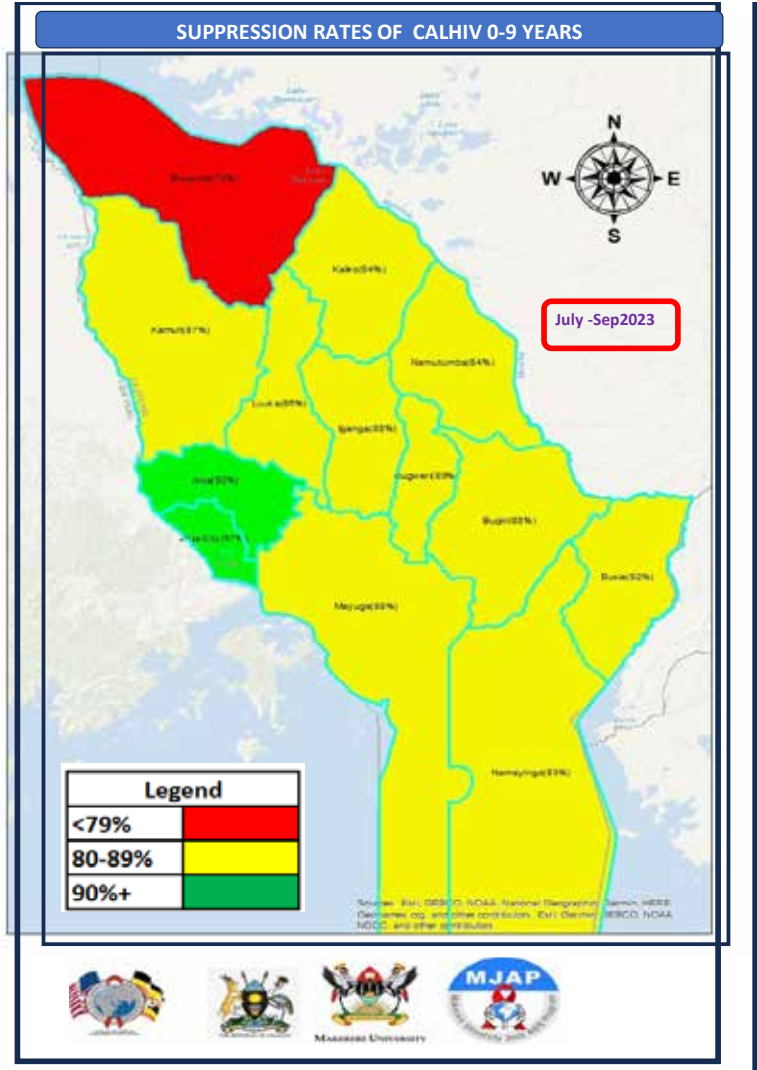
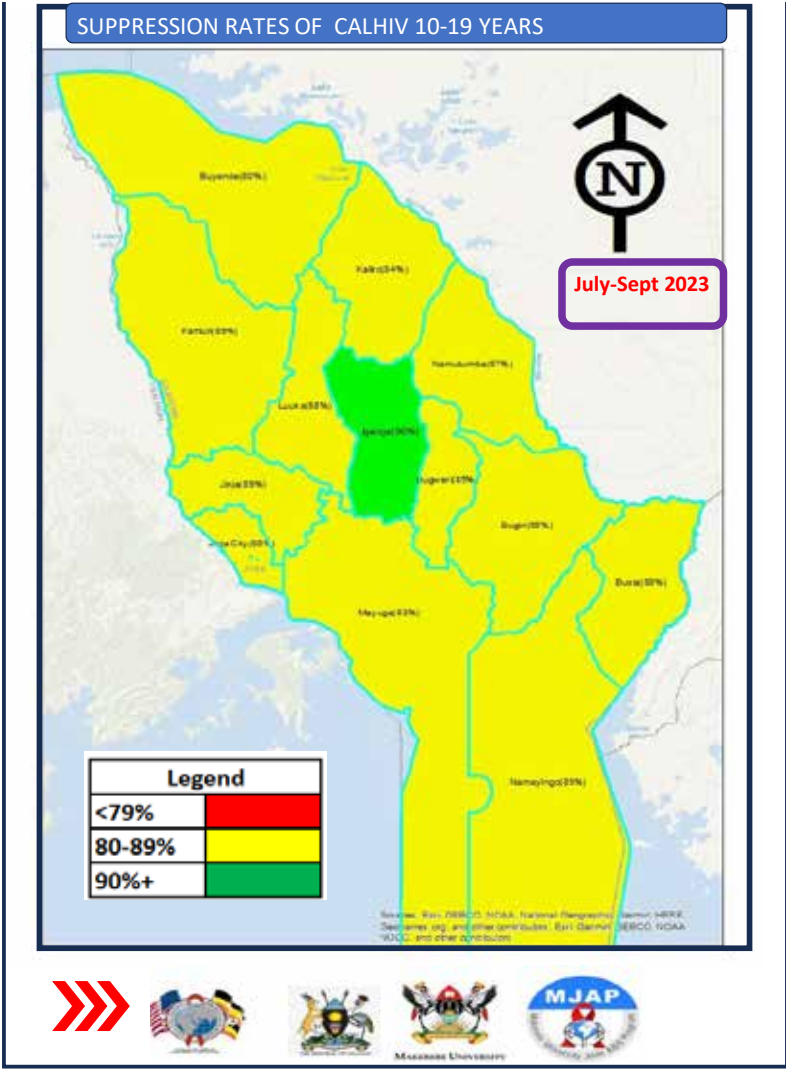
- Bordered by lake Kyoga (N) and Lake Victoria (S)
- Bordering Kenya in the East
- Kampala to Busia highway.

## East Central 95-95-95 Cascade Sep 2023.



According to Uganda population-based HIV impact assessment (UPHIA) 2020 report, the region has the highest number of HIV positive adults unaware of their HIV Status at 48.7%. Internal data estimates 9,379 persons to been unaware of their HIV status; 526 people estimated not to have started on ART and 96% of the clients on ART to be virally suppressed

## REGIONAL SUPPRESSION RATES FOR CALHIV SUB OPTIMAL





# Services in line with National guidelines

## 1. Quality facility-based HIV and TB prevention services provided at scale.

- ✓ HIV Self testing
  - ✓ Offer VMMC ( Surgical and Shang ring ).
  - ✓ Target Key and priority populations for prevention services
  - ✓ PrEP for HIV prevention
    - Additional vaginal ring, injectable cabotegravir
    - Event Driven PrEP
  - ✓ PMTCT
-



## Benefits and Target groups for HIV Self-Testing

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### Benefits of HIVST

- Promotes access to and creates demand for HTS among those unreached by existing services
- Convenient and discreet
- Increases patient autonomy
- Assures confidentiality
- Empowers individuals
- Contributes to early diagnosis and treatment
- Reduces the workload of service providers
- Promotes self care.

### HIV Self-Testing approaches

- 1. Directly Assisted HIV self-testing
- 2. Unassisted HIV self-testing

### **Prioritized Groups for HIVST in public health facilities include:**

- Children 2 -14yrs (Care-giver oral assisted screening)
- Adolescent Girls & Young Women & Boys (AGYWB)
- Men including partners of Pregnant women and lactating mothers
- Individuals 50 years and above
- Key and Priority Populations

### **Other populations that may benefit from HIVST on general market include:**

- General population

# Key prevention messages( PMTCT

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li><input type="checkbox"/> Offer PrEP to all pregnant and breastfeeding mothers at substantial risk of HIV acquisition as well as negative partners in the discordant couples.</li><li><input type="checkbox"/> For HIV-negative pregnant women, re-test in the third trimester or during labour, or shortly after delivery, because of the high risk of acquiring HIV infection during pregnancy.</li><li><input type="checkbox"/> Re-test HIV-negative breastfeeding women relationship every three months until end of breastfeeding.</li><li><input type="checkbox"/> Re-test the following HIV negative pregnant women within four weeks of the first test:<ul style="list-style-type: none"><li>STI, HBV or TB-infected pregnant women.</li><li>Those with a specific incident of HIV-exposure within the past three months</li></ul></li><li><input type="checkbox"/> Provide risk reduction counselling to HIV-negative women.</li><li><input type="checkbox"/> Test pregnant women/girls and their partners for syphilis during antenatal</li><li><input type="checkbox"/> Test pregnant women/girls and their partners for Hepatitis B during antenatal</li></ul> |
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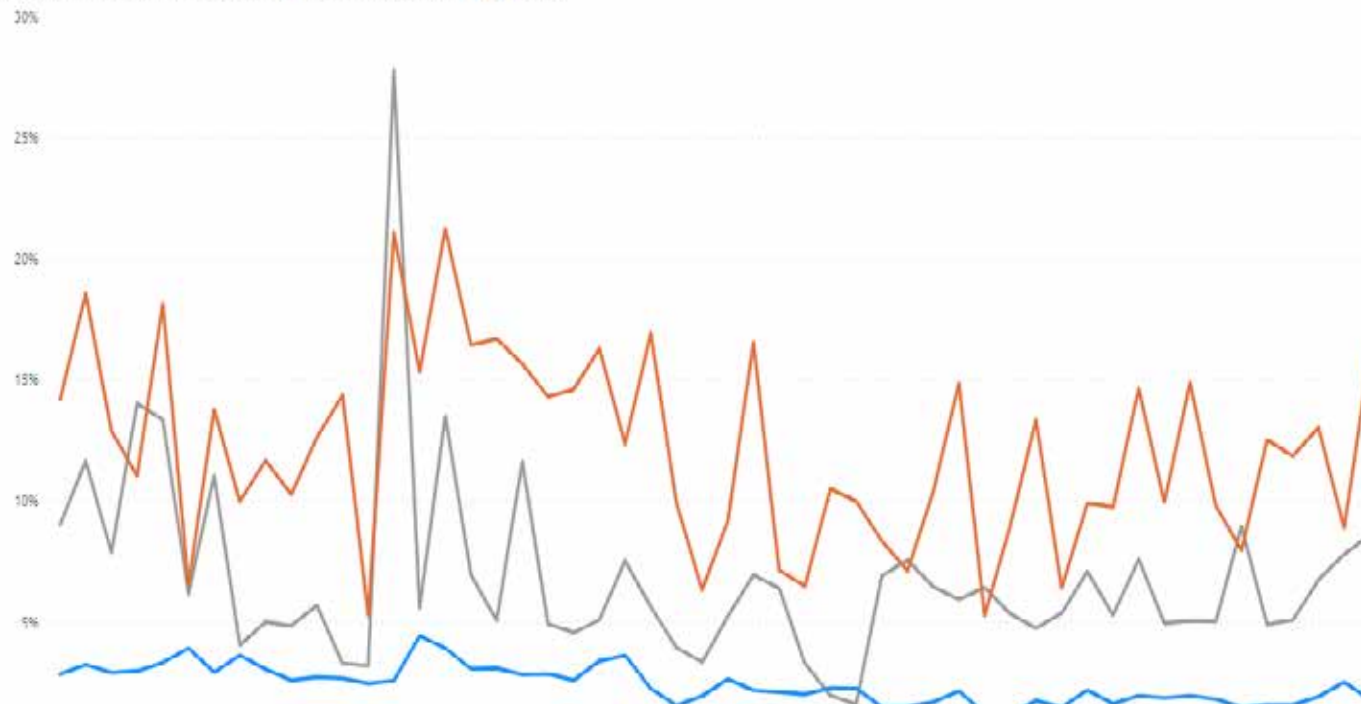
2. Quality, targeted, high yield,  
facility-based HTS services at scale.

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Using high yield HIV testing modalities ( APN, Index testing, PITC, SNS, Use of recency data)

Modality ● Index Community Client testing ● Index Facility Client testing ● Other PITC



Source DHIS2 & PIRS ( October 2022- Aug 2023)

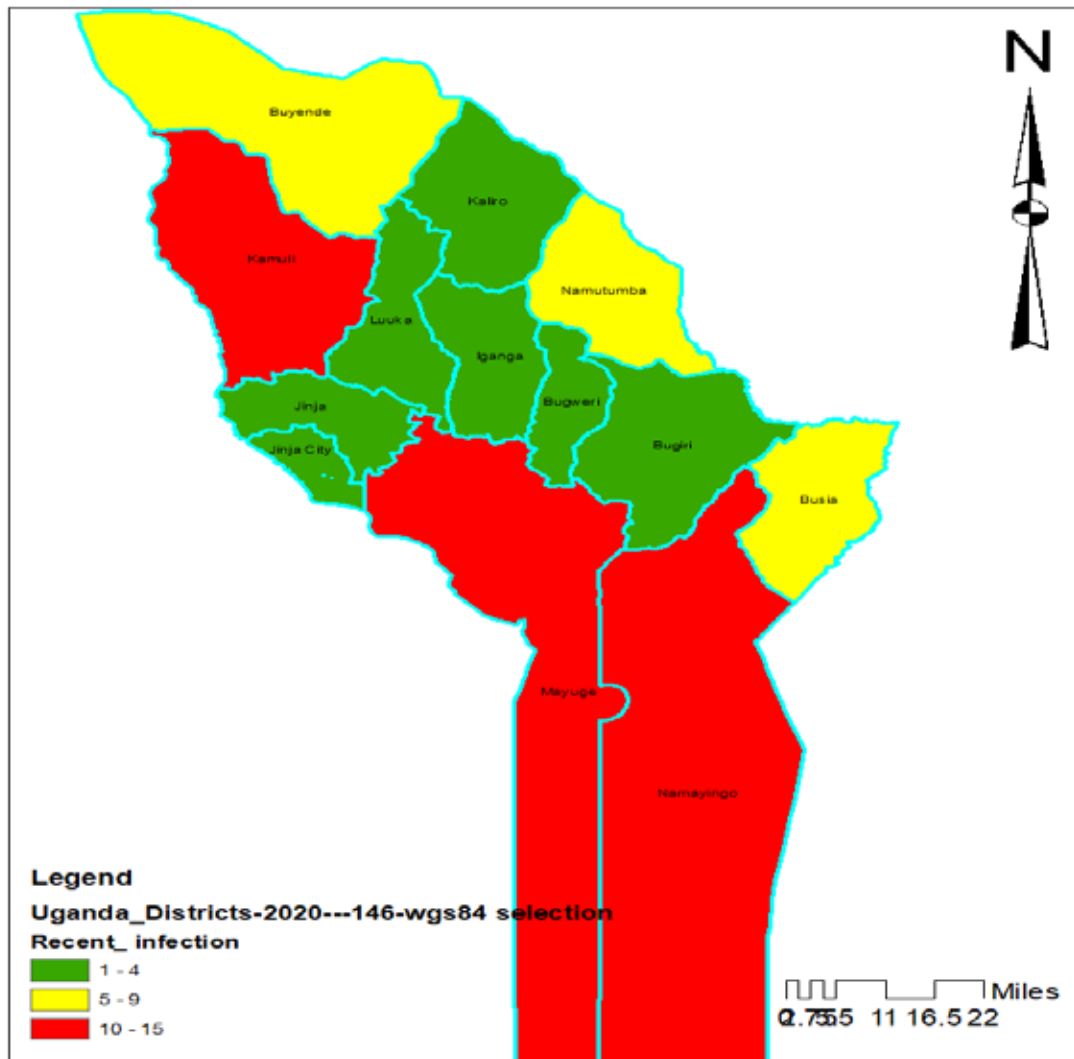
## Prioritize Case

### finding;

- ❖ Optimized PITC,
- ❖ Scale up, HIVST
- ❖ Index Testing,
- ❖ Recency,
- ❖ Linkages
- ❖ focused
- Community Testing



RECENCY INFECTION IN EC REGION FOR APRIL JUNE 2023



Recency data use to target case identification.

- ✓ Mapping exercise was done using the national data base.
- ✓ Districts with many recent infections (Kamuli, Mayuge and Namayingo) were earmarked for targeted support.
- ✓ Mayuge district had the highest numbers and was supported to line list the clients with their sexual partners and then offer HTS



### **3 . All diagnosed people living with HIV and TB are promptly initiated on treatment.**

Offer comprehensive package:

- ✓ Screening for Advance HIV disease and treatment
- ✓ Non communicable Diseases screening and management
  - Hypertension
  - Mental health
  - Diabetes
  - Substance abuse
- ✓ Cx Ca screening and treatment.
- ✓ TB preventive therapy for TB prevention
- ✓ TB screening
  - Intensified Case finding ( ICF)- form
  - C-Reactive Protein(CRP) and or CXR



# TB screening among PLHIV – NEW UPDATE

Sub – population	Recommended TB screening approach
<b>Children (0&lt;10 years)</b>	<p><b>Symptom screening using the intensified TB case finding guide (ICF) at each client encounter</b></p> <p>A client with any of the symptoms listed on the ICF guide should be investigated for TB</p>
<b>Adolescents and Adults</b>	<p><b>Symptom screening using the intensified TB case finding (ICF) guide at each client encounter</b></p> <p>A client with any of the symptoms listed on the ICF guide should be investigated for TB</p> <p><b>C-reactive protein if available (in addition to symptom screen)</b></p> <ul style="list-style-type: none"><li>• CRP is recommended for PLHIV aged 10 years and above</li><li>• A result &gt;5 mg/L indicates a positive TB screening test and the client should be investigated for TB</li></ul> <p><b>Chest X-ray (CXR), if available</b></p> <ul style="list-style-type: none"><li>• A client with an abnormal CXR should be investigated for TB</li><li>• Computer Aided Detection (CAD) for TB is recommended for ages 15 years and above</li></ul>



## Using TBLAM for TB diagnosis in AHD – **NEW UPDATE**

- ☐ TB LAM is the preferred initial test for TB diagnosis in PLHIV, followed by mWRD such as GeneXpert, TRUENAT
- ☐ Eligibility for TB LAM: **People living with HIV**
  - ⇒ With advanced HIV disease or
  - ⇒ Who are seriously ill irrespective of signs and symptoms of TB and CD4 cell count or
  - ⇒ With unsuppressed viral load (i.e., VL > 1000 copies/ml of blood)
- ☐ **TB LAM MUST NOT be used for HIV NEGATIVE patients**
- ☐ The above national recommendations apply to both in-patient and out-patient settings
- ☐ Whereas children less than 5 years who are new and have been on ART for less than one year are all considered to have AHD, they will only be eligible for a TB LAM test if they have AHD symptoms and signs



# TB Preventive Treatment Regimens

- ☐ 6H: Daily Isoniazid for 6 months.(may be available as Q-TIB which a FDC of Isoniazid, cotrimoxazole and pyridoxine
- ☐ 3HP: Weekly Isoniazid and Rifapentine for 3 months (Recommended for patients aged more than 2 years).
- ☐ 3RH: Daily Rifampicin and Isoniazid for 3 months (Recommended for children less than 15 years).
- ☐ NOTE: Isoniazid containing TPT should be coupled with pyridoxine to prevent peripheral neuropathy

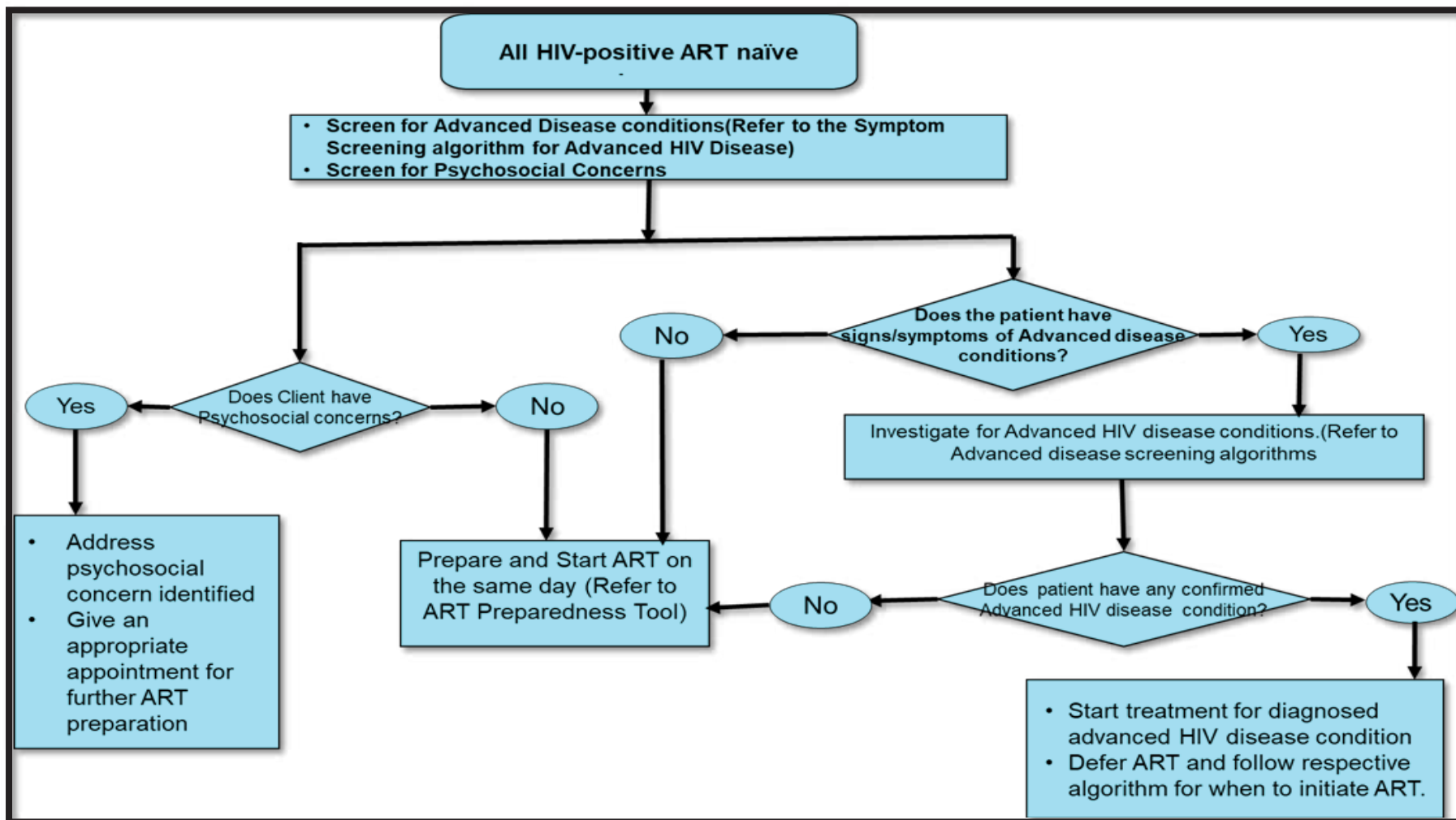


# When to Initiate ART for Newly Diagnosed Clients

ART should be initiated at the earliest opportunity in all PLHIV, regardless of clinical stage or CD

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## Chapter 7: Tb 74: Recommended first-line ARV regimens in Children, adolescents, adults and pregnant or breastfeeding women

Adults and adolescents ≥ 30Kg	TAF + FTC + DTG or TDF + 3TC + DTG	Pregnant and breastfeeding women: TDF + 3TC + EFV400 or TAF + FTC +EFV400
Pregnant and breastfeeding women	TAF +FTC + DTG or TDF +3TC+ DTG	<p>If DTG is contraindicated<sup>1</sup>: TDF + 3TC + EFV400 or TAF + FTC +EFV400</p> <p>If TDF or TAF is contraindicated<sup>2</sup>: ABC + 3TC +DTG</p> <p>If both TDF or TAF and DTG are contraindicated: ABC +3TC +EFV400</p> <p>If EFV and DTG are contraindicated: TDF +3TC + ATV/r or TAF + FTC +ATV/r or ABC + 3TC + ATV/r</p>
Children ≥20Kg- <30Kg	ABC + 3TC + DTG or TAF +FTC + DTG	<p>If DTG is contraindicated: ABC + 3TC + LPV/r (tablets)</p> <p>If ABC is contraindicated: AZT + 3TC + DTG or TAF + 3TC + DTG (TAF in children &gt; 6 years and ≥25Kg)</p>
Children <20Kg	ABC + 3TC + DTG	<p>If intolerant or appropriate DTG formulations are not available: ABC +3TC + LPV/r (syrup, pellets, or tablets).</p> <p>If intolerant to LPV/r: ABC + 3TC + EFV (in children &gt; 3 years and &gt;10Kg)</p> <p>If ABC is contraindicated: AZT + 3TC + DTG or LPV/r</p>





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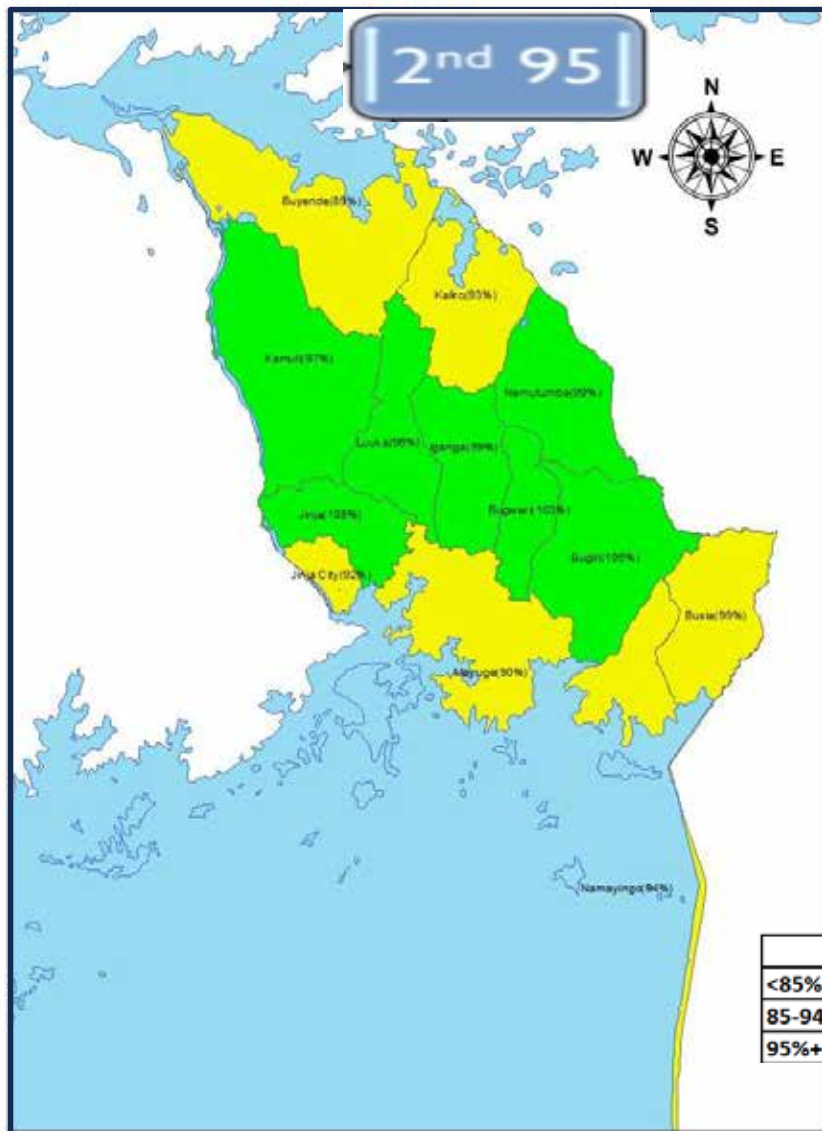
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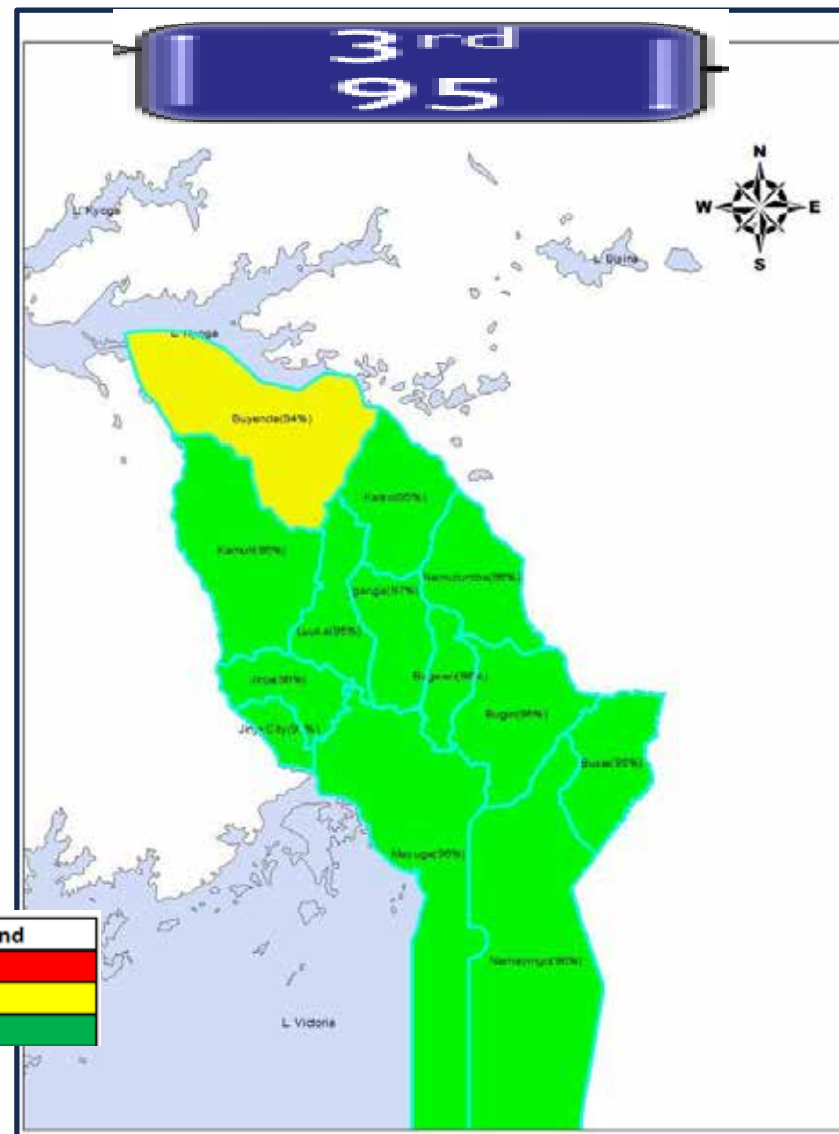
**4. All diagnosed people living with HIV and TB on treatment achieve viral suppression.**

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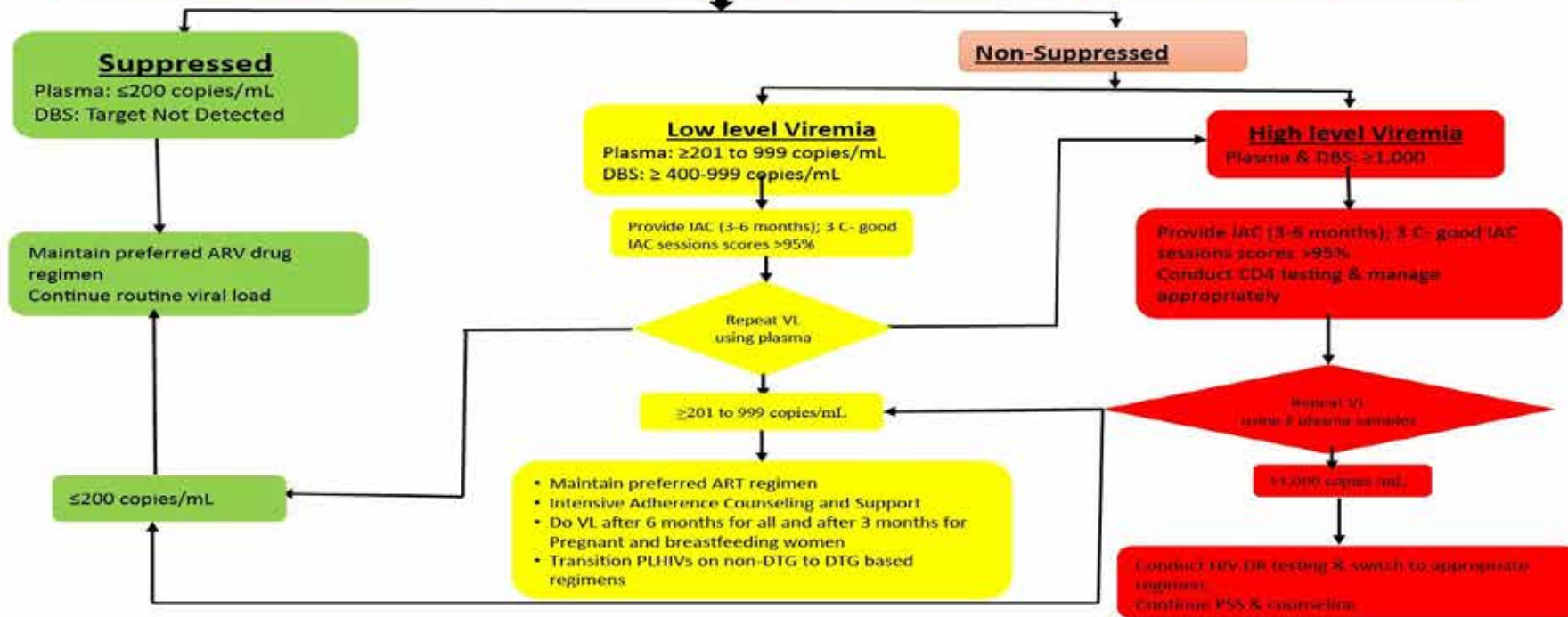


# VLS



## Routine viral load monitoring:

6 months after ART initiation then 12 months after ART initiation and thereafter every one (1) year for adults; 6 months for children & adolescents 0-19 years; and 3 months for pregnant and lactating women





## Other laboratory tests

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### CD 4 Monitoring

- At baseline when initiating ART. (Baseline CD4 helps to screen for risk for opportunistic infections, e.g. cryptococcal infection in patients with CD4 less than 200 cells/mm<sup>3</sup>)
- ART patients with VL >1000 copies/ml and/or WHO clinical Stage 3 or 4 disease.
- PLHIV who are on treatment or prophylaxis for cryptococcal infection to inform decision on when to stop fluconazole.

Other tests should be done when clinically indicated.

Test	Indication
CrAg	(CD4<200cells/mm <sup>3</sup> ) or Clients with suspected or confirmed treatment failure.
Complete blood count (CBC)	Patients at risk of anaemic conditions, e.g. patients on AZT, anti-cancer drugs, chronic renal disease, etc.
TB tests	If TB is suspected
Serum creatinine	If PLHIV has co-morbidities (DM, hypertension)
ALT, AST	Compromised liver function, e.g. hepatitis B or C infection, ART hepatotoxicity
Lipid profile & blood glucose	If PLHIV has comorbidities (diabetes mellitus, hypertension) or lifestyle risk factors or on ART for more than five years or is ≥ 45 years

# Collaborations

- **MOH**
- **PEPFAR**
- **USAID**
- **G2G**
- **District local governments**
- **UHA**
- **USAID LSDA/UPMB**
- **Obwa Kyabazinga bwa Busoga**
- **OVC ICARE (MUCOBADI)**
- **UDHA**
- **CBO/CSOs**
- **PLHIV Networks**
- **Busoga Health Forum**



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