National programme reality check
Advanced HIV Disease services in Zambia

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Unfinished business: Ending preventable deaths from advanced HIV disease in a changing HIV response

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26–31 July • Rio de Janeiro, Brazil

The New York Times

AIDS Creeps Back in Parts of Zambia, a Year After U.S. Cuts to H.I.V. Assistance

By Stephanie Nolen
Photographs by Arlette Bashizi
Stephanie Nolen reported this story in Zambia. She has reported on the country's H.I.V. epidemic for more than 20 years.
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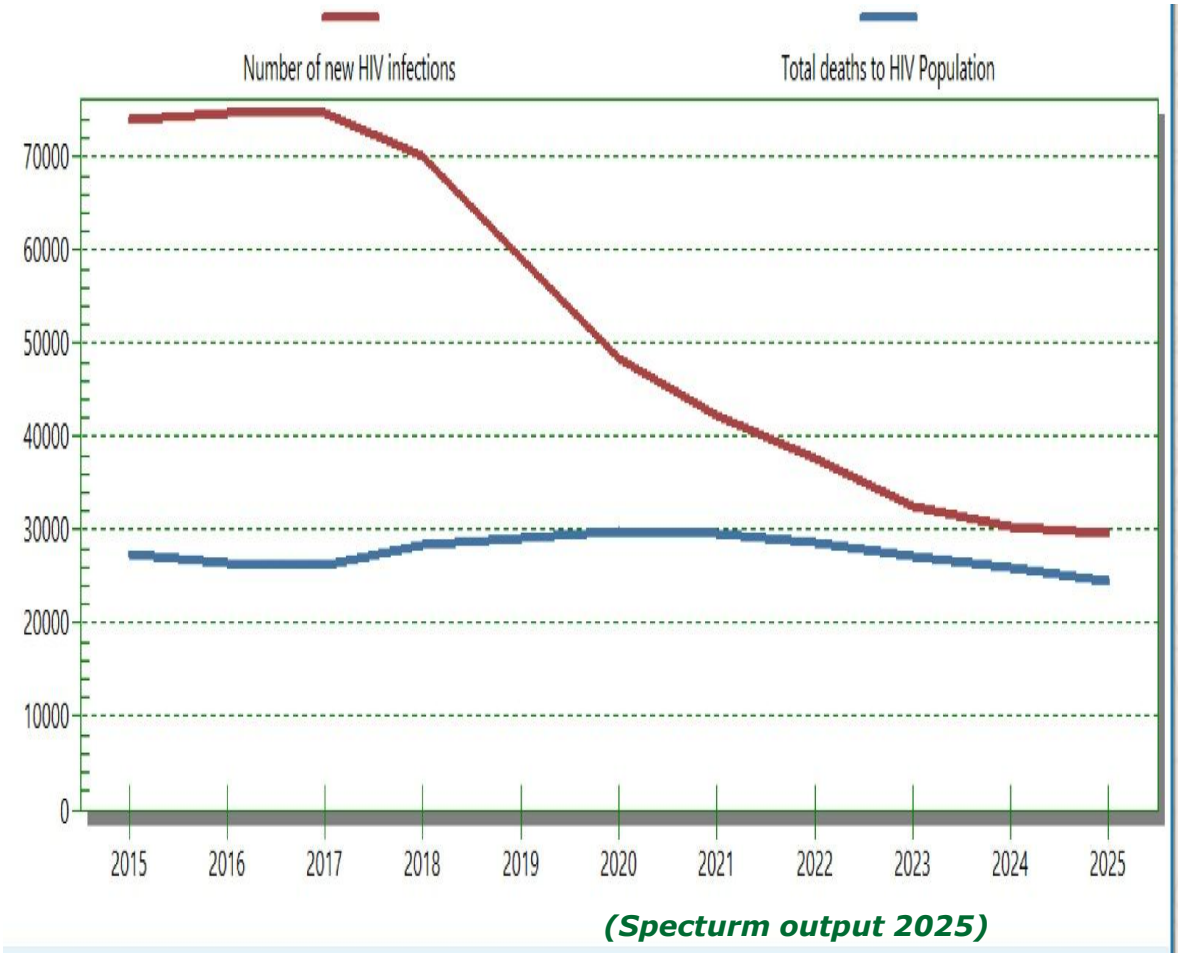
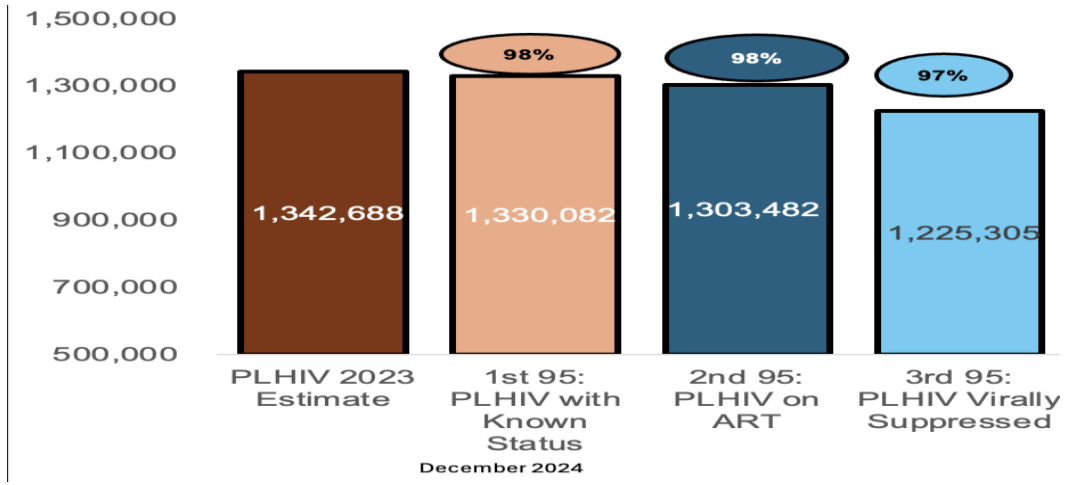
Presentation Outline

1. Where are we with AIDS deaths?
2. How have funding changes affected AHD services and AIDS deaths in Zambia?
3. What should we be doing about it?
4. What opportunities exist?

Where are we with AIDS deaths in Zambia ?



(Specturm output 2025)



- **Slow reduction in HIV deaths**
- **No epidemic control without reducing mortality**
- **Is the modeling reliable for estimating mortality**

Advanced HIV Disease is still a problem in Zambia

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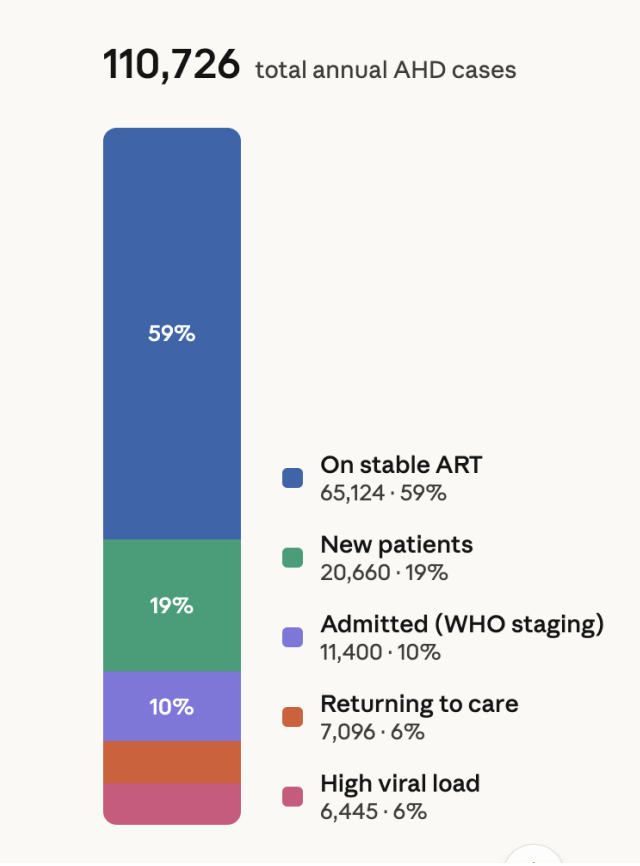

National forecast and quantification report source routine HMIS/SmartCare-Pro/MO-ZM

AHD Prevalence (CD4 <200) Among PLHIV 15-59 yrs

Category	2016	2021	Trend
Overall	13.9%	7.0%	↓
Unaware of HIV	17.7%	18.8%	↑
Aware, on ART	10.0%	4.8%	↓
Aware, not on ART	24.1%	37.9%	↑

Sources: ZAMPHIA 2016 & 2021

1. 1/4 of AHD cases are those with treatment interruption
2. Being ill the number one reason for individuals with IIT and AHD for coming back to care
3. HIV testing the most effective pathways for identifying individuals with AHD and bringing them back to care (40% of new positives are known to care)

Advanced HIV disease during the first six months on antiretroviral therapy in Zambia (AHD Zambia: ***RETURN6 preliminary results policy brief***

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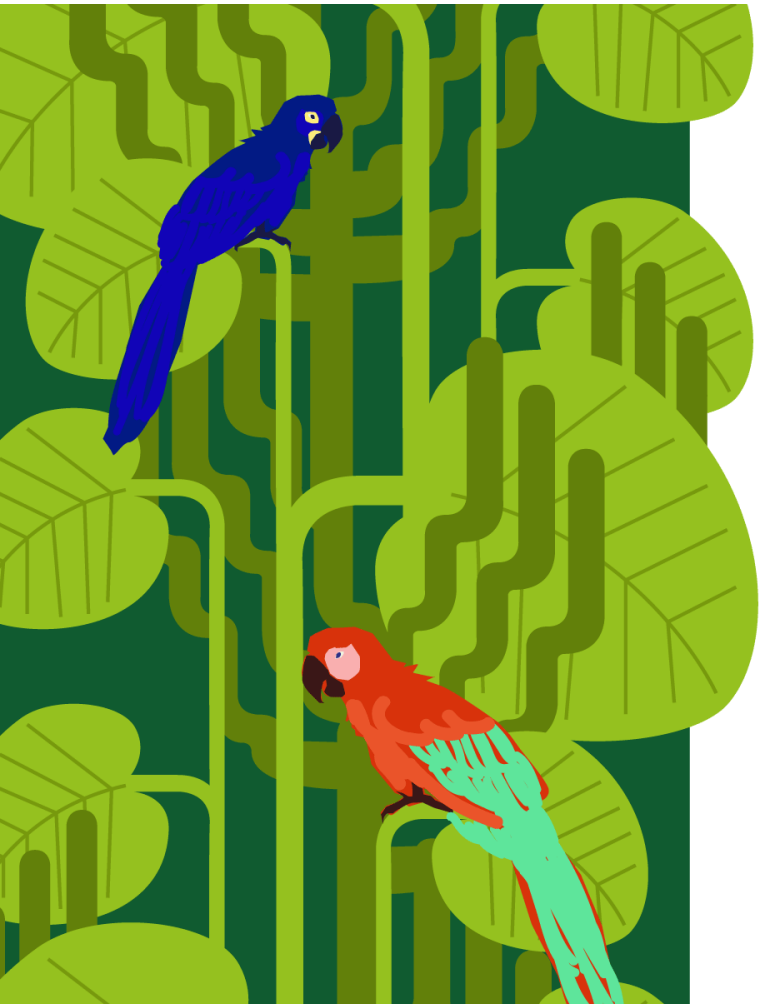

How have funding changes affected AHD services and AIDS deaths in Zambia?

HTS Monthly Testing Volumes by Year, 2024–2026

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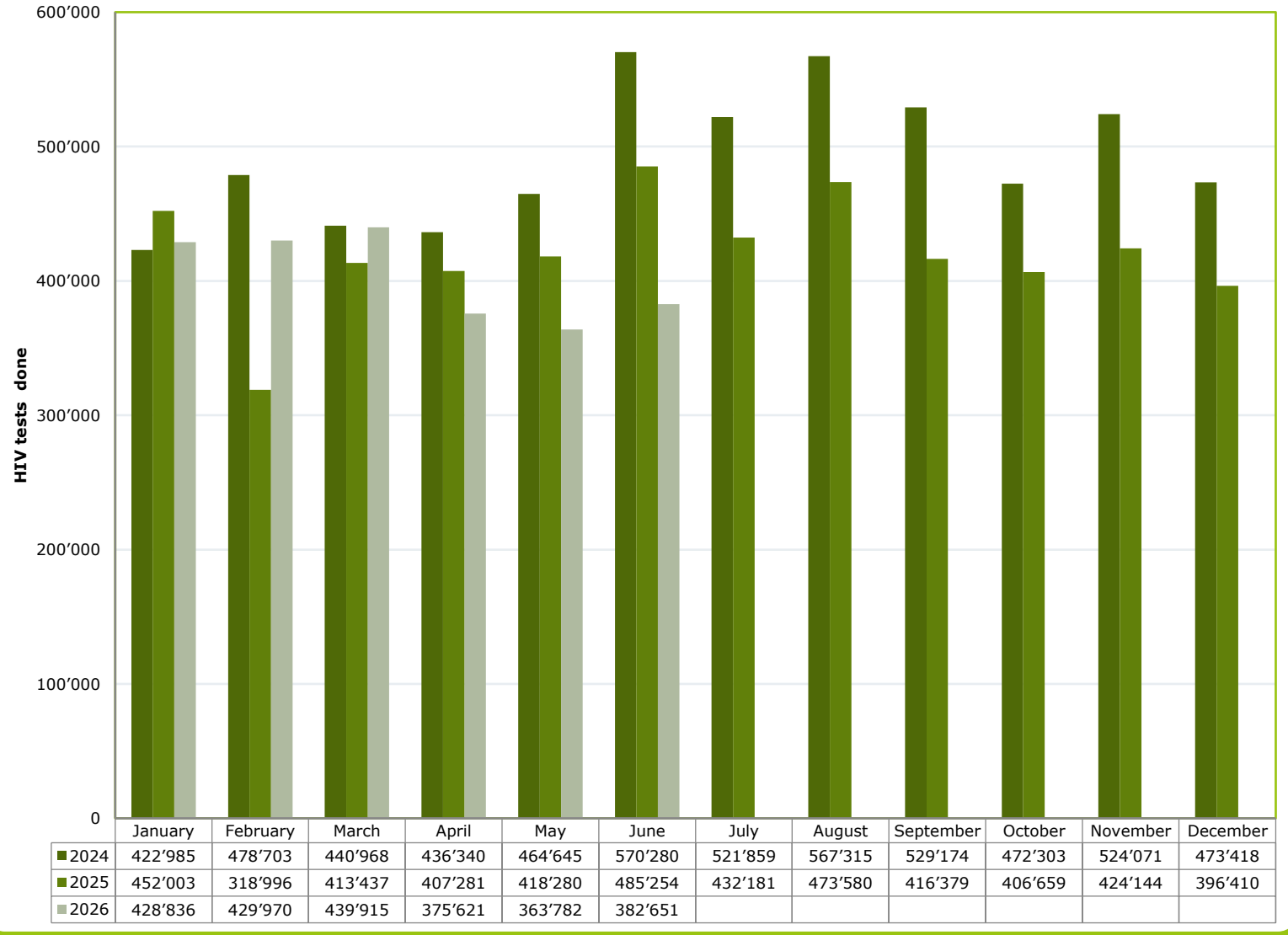
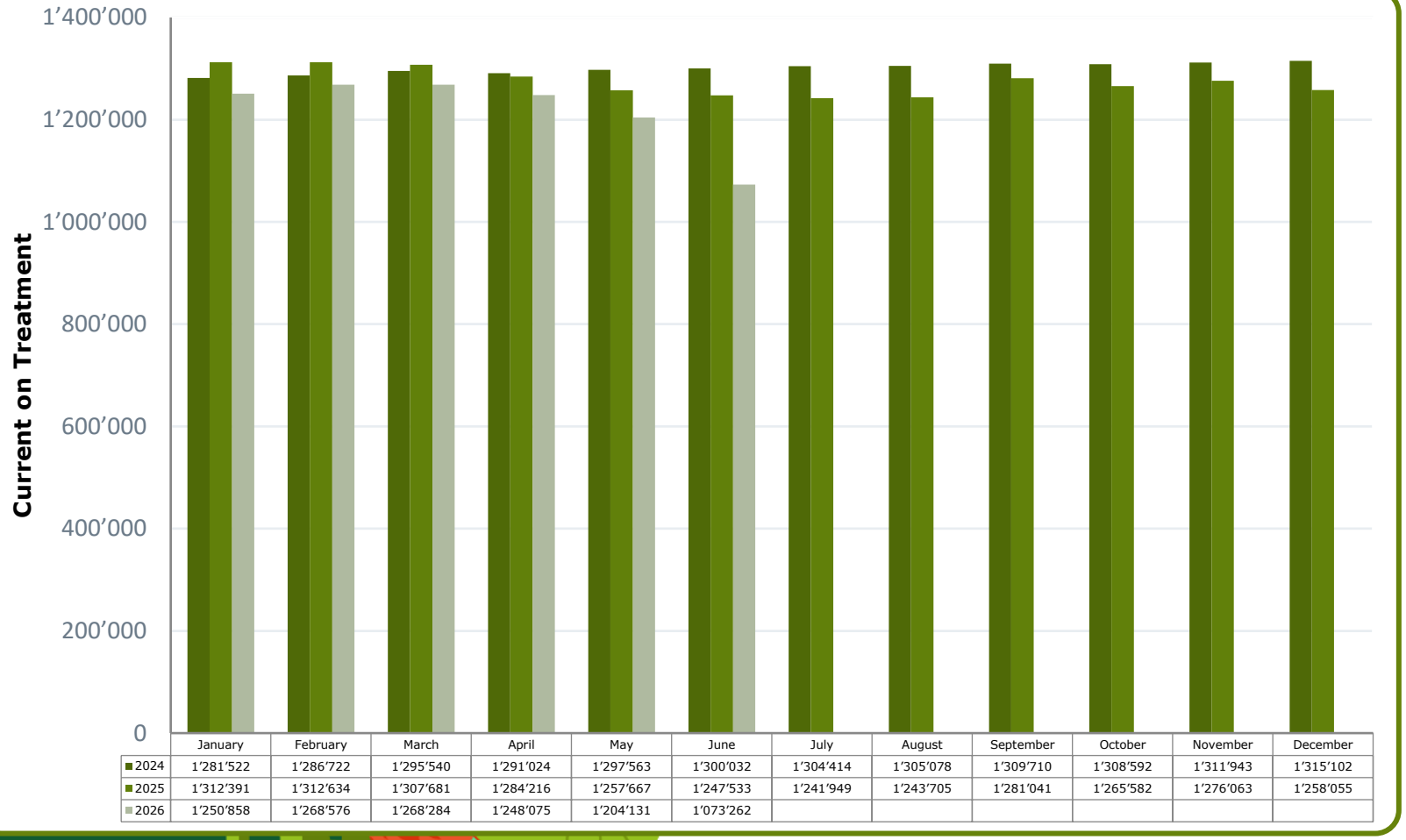
Reduce testing, lose opportunity to identify AHD cases



	January	February	March	April	May	June	July	August	September	October	November	December
2024	422’985	478’703	440’968	436’340	464’645	570’280	521’859	567’315	529’174	472’303	524’071	473’418
2025	452’003	318’996	413’437	407’281	418’280	485’254	432’181	473’580	416’379	406’659	424’144	396’410
2026	428’836	429’970	439’915	375’621	363’782	382’651						

Progressive loss in current on ART from 2024-2026



	January	February	March	April	May	June	July	August	September	October	November	December
2024	1’281’522	1’286’722	1’295’540	1’291’024	1’297’563	1’300’032	1’304’414	1’305’078	1’309’710	1’308’592	1’311’943	1’315’102
2025	1’312’391	1’312’634	1’307’681	1’284’216	1’257’667	1’247’533	1’241’949	1’243’705	1’281’041	1’265’582	1’276’063	1’258’055
2026	1’250’858	1’268’576	1’268’284	1’248’075	1’204’131	1’073’262						

Causes of loss to follow-up

1. Reduction in community health workers
2. Closure of drop in centers for key populations
3. Reduction in Differentiated service delivery models including MMDs, Community Adherence groups, community ART distributions and others
4. Threatened commodity security
5. Change in clinicians due to transition to government service points
6. Data challenges

Events in ART: Lost to Follow-Up, 2024–2026

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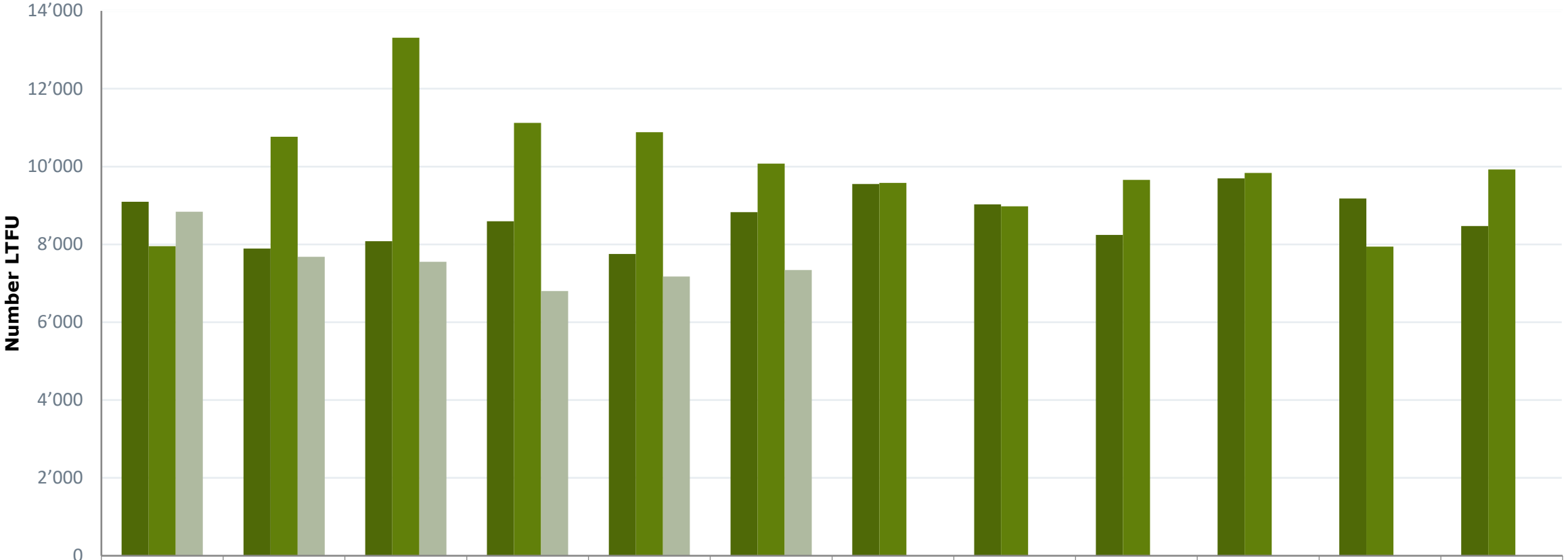
January to December · 2026 data available through June



	January	February	March	April	May	June	July	August	September	October	November	December
2024	9’098	7’892	8’083	8’594	7’755	8’829	9’552	9’027	8’243	9’697	9’182	8’475
2025	7’956	10’764	13’313	11’125	10’881	10’076	9’578	8’979	9’661	9’837	7’945	9’923
2026	8’842	7’683	7’556	6’801	7’173	7’344						

Deaths among PLHIV on ART 2024-2026 seem to be reducing but??

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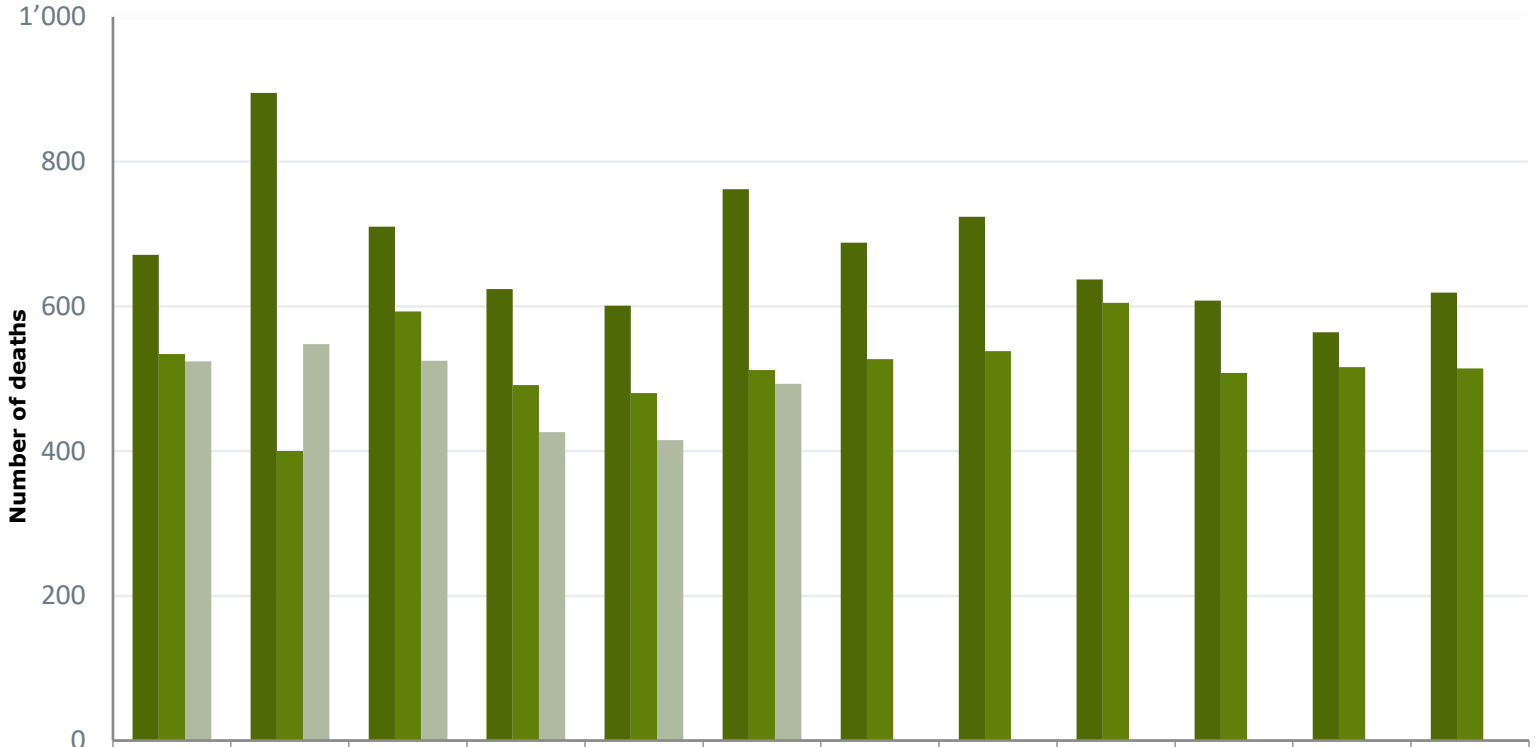
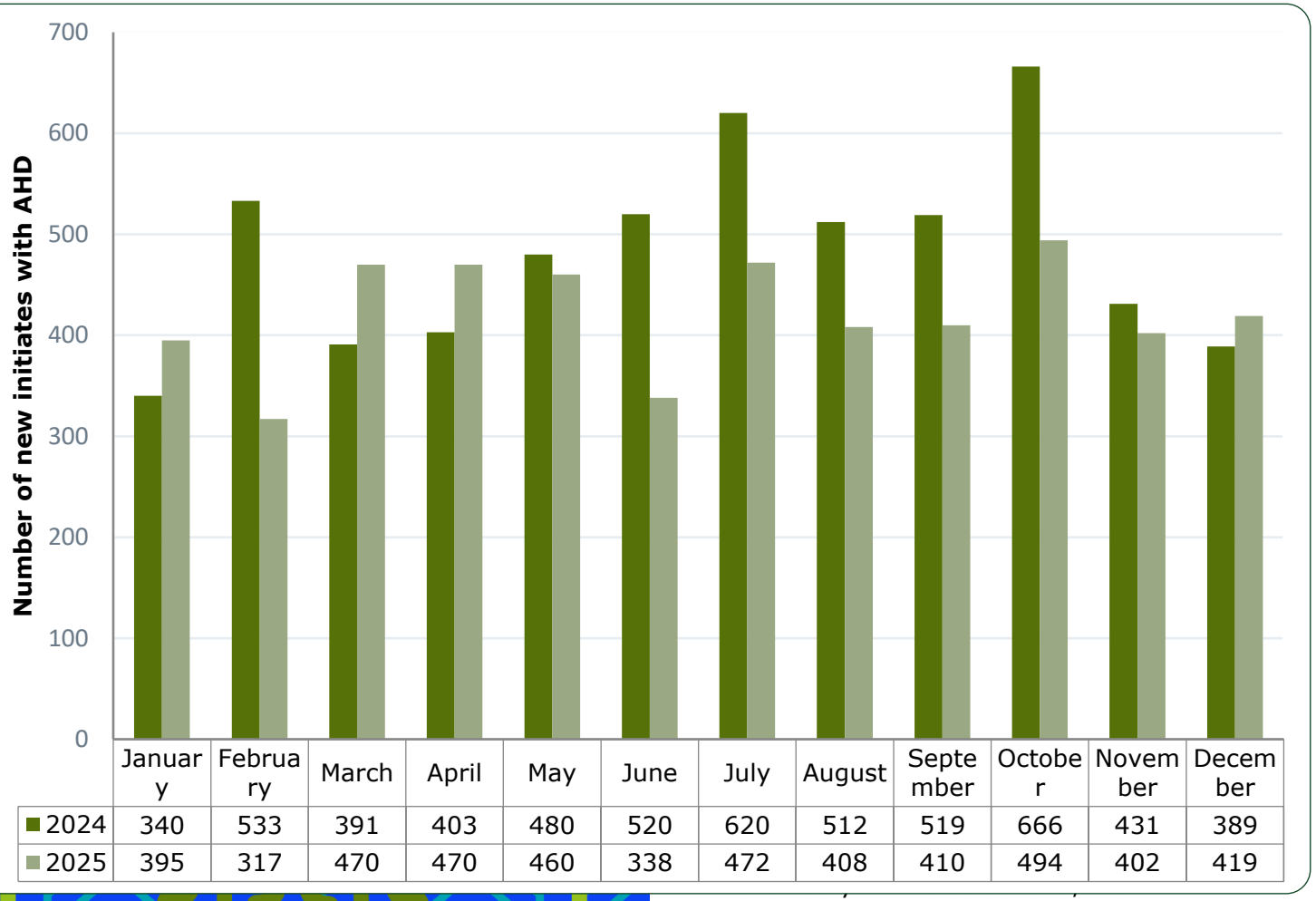


	January	February	March	April	May	June	July	August	September	October	November	December
2024	671	895	710	624	601	762	688	724	637	608	564	619
2025	534	400	593	491	480	512	527	538	605	508	516	514
2026	524	548	525	426	415	493						

- Incomplete data challenges for HIV mortality in routine data systems
- Huge fraction of community deaths at 45% in Zambia
- Give it time, it will show
- Need for formal surveys
- ***Does not include HIV deaths for those not on ART or untraceable***

Source: DHIS2/SmartCare

Difficult to interpret the AHD performance data



	January	February	March	April	May	June	July	August	September	October	November	December
2024	340	533	391	403	480	520	620	512	519	666	431	389
2025	395	317	470	470	460	338	472	408	410	494	402	419

- Recution due to poor testing of AHD cases rather reuction of AHD numbers
- Reduced CD4 resting commodity security
- Reduced AHD programmatic monitoring
- Reduced AHD workforce

Source: DHIS2, 2026

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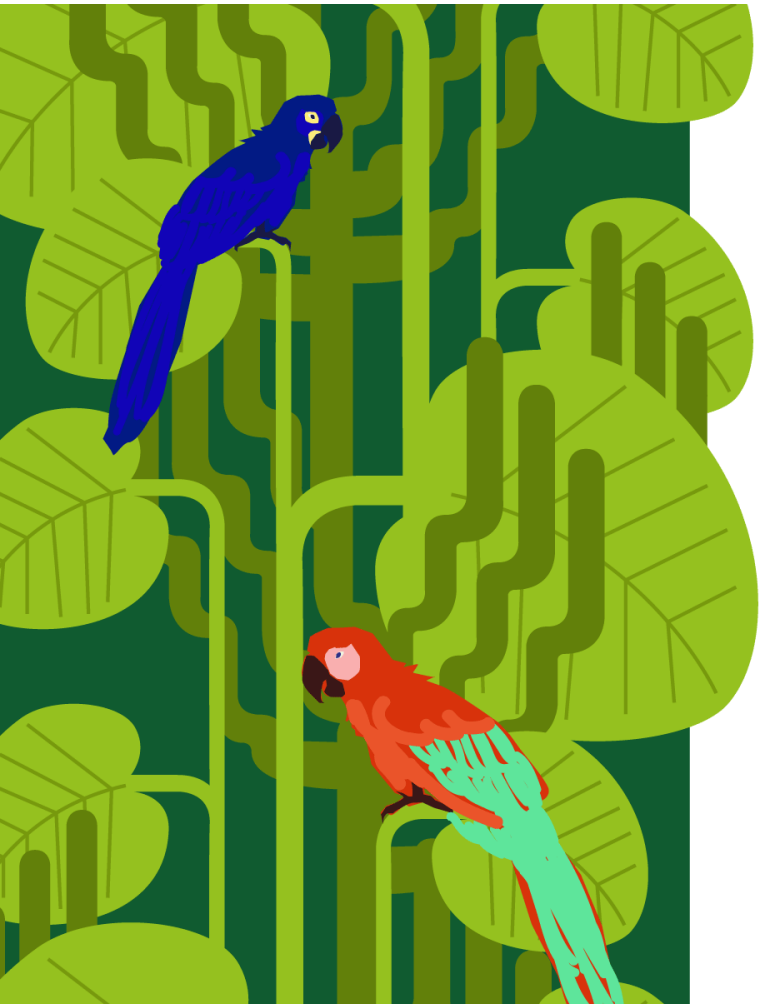

What should we be doing about it?

Sustain the difficult work!!!

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CD4 and medicines Transportation

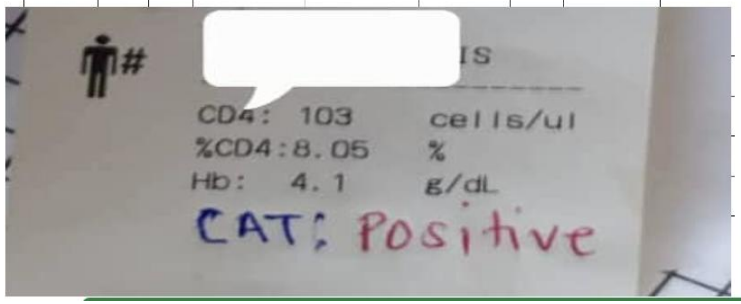
AHD performance wSR38

	Tx_New			Unsuppressed VL/RTT			Severely ill pt		
District	TX New reported 3 weeks ago	# with CD4 done (and results received) (B)	% with CD4 done (and results received) (B/A)	PLHIV with Unsuppressed VL or RTT (reengaged after >12 months off ARV) from 3 weeks ago (A)	# with CD4 done (and results received) (B)	% with CD4 done (and results received) (B/A)	Admitted PLHIV 3 weeks ago	# with CD4 done (and results received) (B)	% with CD4 done (and results received) (B/A)
Chikankata	3	3	100%	0	0	-	2	2	100%
Chirundu	5	5	100%	0	0	-	0	0	-
Choma	9	9	100%	2	1	50%	5	5	100%
Gwembe	4	4	100%	0	0	-	0	0	-
Itezhi tezhi	5	2	40%	0	0	-	0	0	-
Kalomo	4	4	100%	0	0	-	0	0	-
Kazungula	7	7	100%	0	0	-	0	0	-
Livingstone	15	15	100%	3	2	67%	5	5	100%
Mazabuka	11	11	100%	1	1	100%	2	2	100%
Monze	10	10	100%	0	0	-	5	5	100%
Namwala	2	0	0%	1	0	0%	1	1	100%
Pemba	2	2	100%	0	0	-	0	0	-
Siavonga	3	3	100%	0	0	-	0	0	-
Sinazongwe	1	1	100%	0	0	-	1	1	100%
Zimba	2	2	100%	0	0	-	0	0	-
Overall	83	78	94%	7	4	57%	21	21	100%

AHD Dashboard

IMPROVISED CD4 COLLECTION REGISTER

SN	Full Names	Sex/Age	File No.	Type of client(Tx.New,Re start,HVL,ill pt)	Date Collected	Date Results received	CD4 result	CrAg (if CD4<less than 200)	Remarks



AHD Montoring visits

- **Keep individuals on treatment**
  - Community workers for tracking and tracing
  - Maintain DSDs
  - Person centered Services
- **Continue testing to find the new cases**
  - Targeted testing
  - Return testing volumes
  - Broaden test kits type options
- **Support Logsitics and Supply chain**
- **Support data systems**

Advanced HIV Disease in Minimum Package of Care

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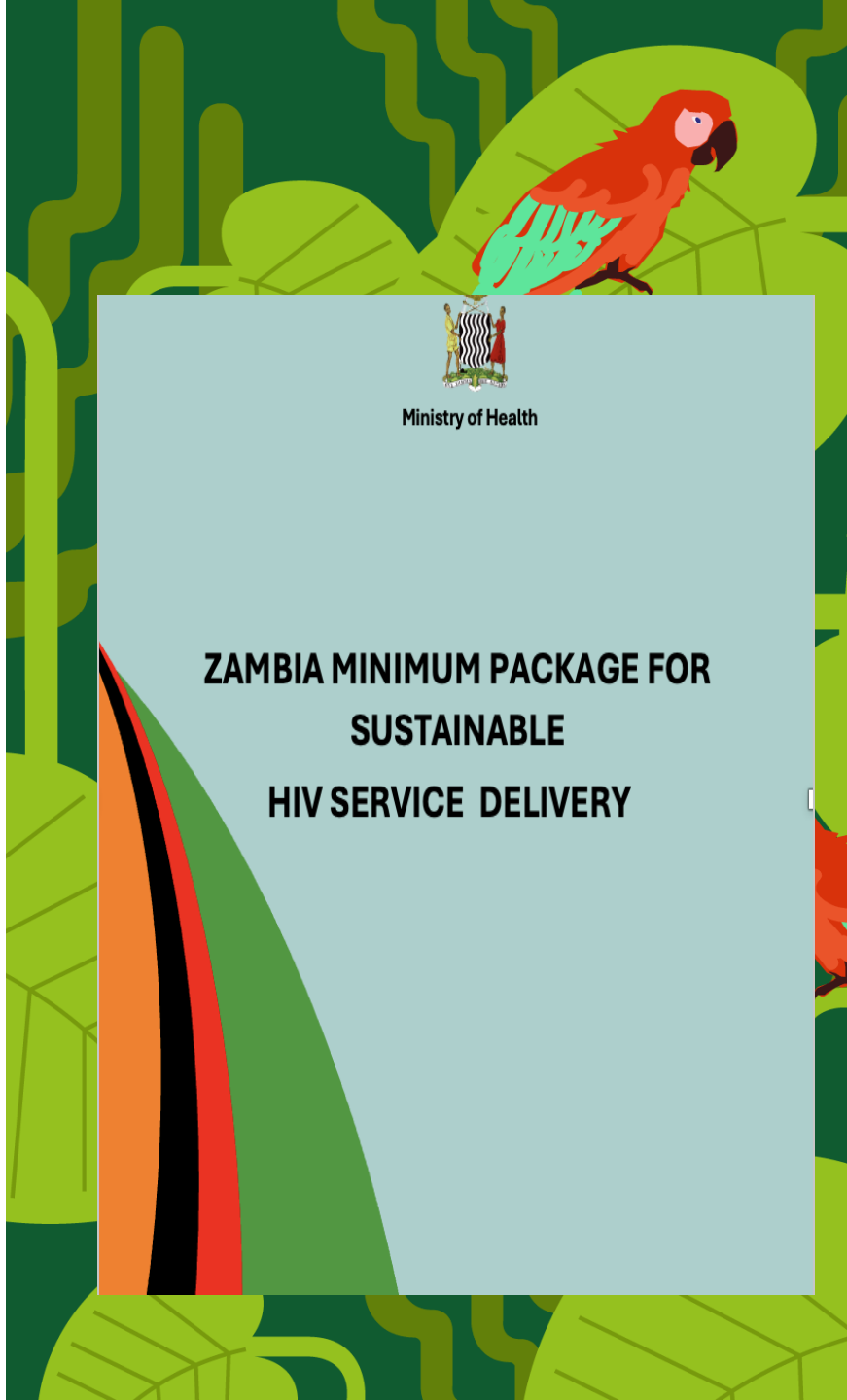
- Prioritise Advanced HIV Disease Service
  - **CD4 testing for all new, high VL, ITT>6months and seriously ill**
  - **TB-LAM,CrAg,GeneXpert,CXR for all AHD**
- Prioritise retention in care, tracking and tracing
- Prioritise HTS including self tests
- Prioritise quality assurance and improvement services as we transition HIV services into PHC
- Caution in introduction of extended DSDs such as 12 monthly MMDS and 24 monthly viral load



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Threats on Advanced HIV Disease Services Emerging Funding Changes

SERVICE SCOPE

Shift to ARVs-only provision

- **Prioritization problem**
- **AHD services are heavy on resources**

HUMAN RESOURCES

Workforce losses

- Reduction in absolute staff numbers
- Skill erosion from curtailed training and capacity building and task-shifting to routine workers

COMMODITIES

Commodity insecurity

- CD4 cell count testing challenges
- Disrupted distribution of core AHD commodities

M&E / DATA

Stagnation of AHD monitoring

- Deprioritisation of AHD indicators in routine reporting
- Weakened accountability for service quality

INPATIENT CARE

Poor in-patient AHD services

- Inconsistent AHD package of care on admission wards
- Limited screening and management of AHD-defining conditions

COMMUNITY LINKAGE

Weak post-discharge follow-up

- Gaps in community tracing after hospital discharge
- High risk of loss to follow-up and readmission

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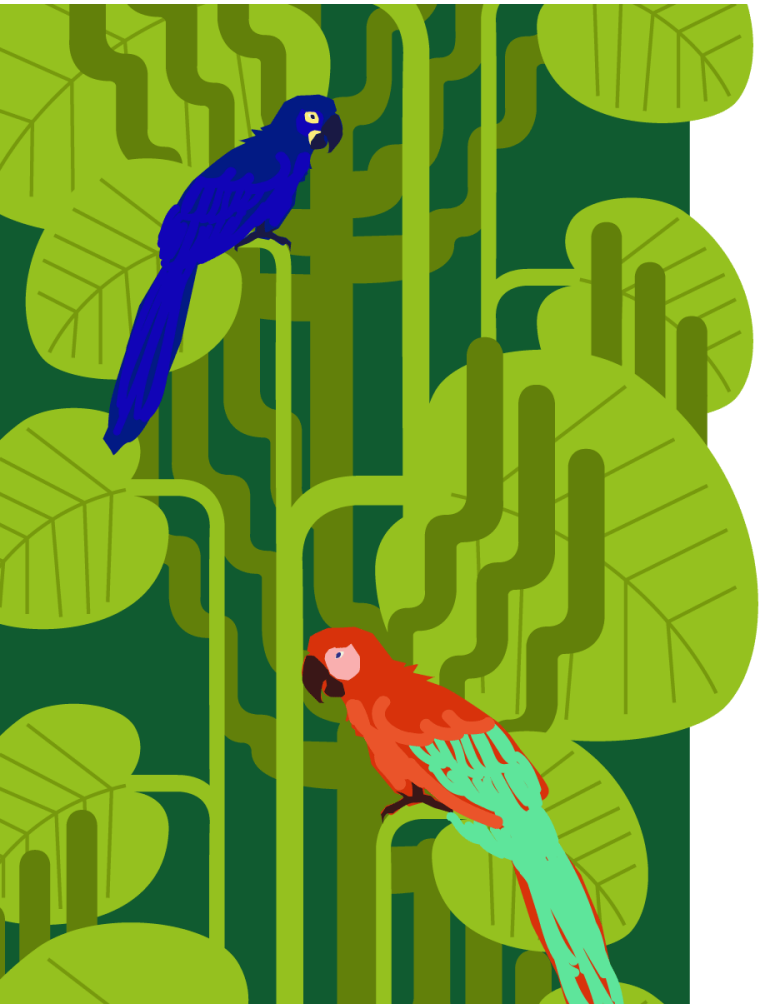

What opportunities exist?

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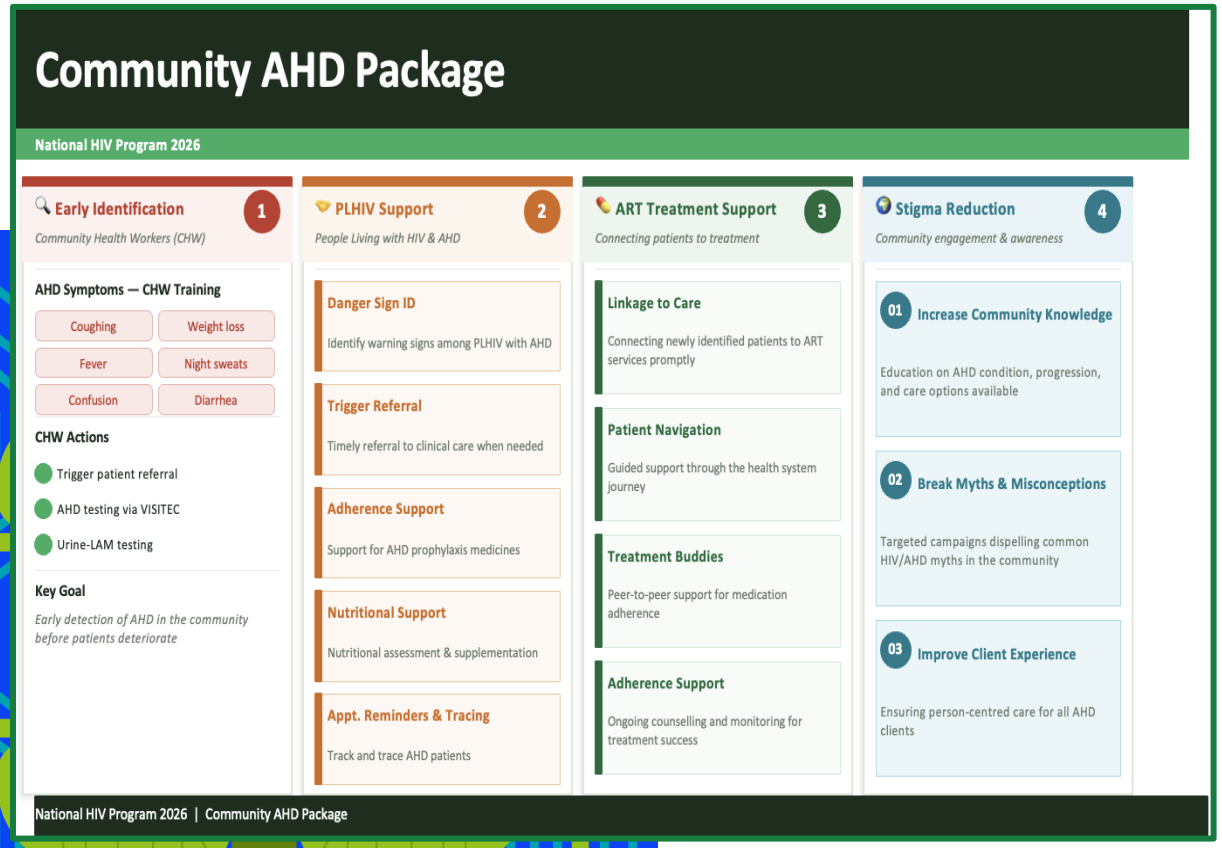
Expanded AHD Community Services



- AHD community package included in polyvalent community health workers curriculum
- Symptomatic screening for AHD for early identification
- Early referral
- Post-discharge support navigating pathways of care
- Stigma reduction

Is there a role of AI in AHD services?

- Risk predictions
- Clinical decision support
- Recipient of care interface for person-centered model of care

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So we call for help!

- **Hold the Line on Fundamentals**

  Testing, linkage, and retention are the backbone of everything we've built

- **Find Them. Hold Them. Save Them.**

  Screening, Prophylaxis and treatment for AHD with fidelity

- **Innovate or Fall Behind**

  The old models won't carry us through this transition.

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Acknowledgments

Victoria falls Zambia

- ***Ministry of Health Zambia***
- ***CHAI Zambia***
- ***Advanced HIV disease during the first six months on antiretroviral therapy in Zambia AHD Zambia: RETURN6 preliminary results policy brief***
- ***SPHO***
- ***AIDS2026***