Monitoring & evaluation for advanced HIV disease

Maureen Syowai, ICAP at Columbia University, Kenya

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

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Outline

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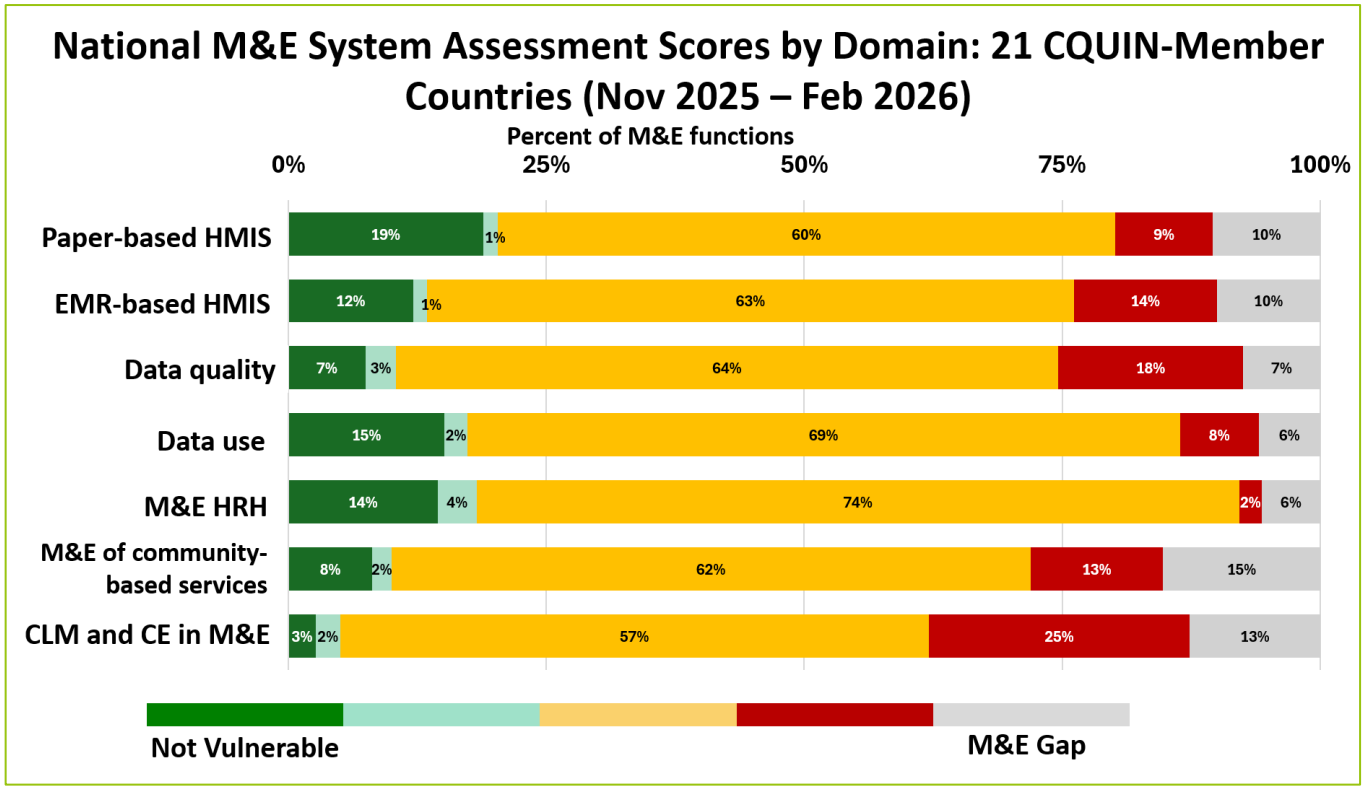
Shifting M&E Systems: Transitioning to Government-Led M&E

The M&E Landscape Is Shifting

- Countries are transitioning from donor-driven systems to **government-owned, integrated M&E platforms.**
- AHD monitoring must **adapt to national HMIS realities,** data flows, and governance structures.



Category	Description
Not vulnerable	Fully funded by government, no external support
Partial M&E gap	Partially funded by government, no external support
Partially vulnerable	Some external support, some government support
Highly vulnerable	Full external support
M&E gap	Not funded or supported by government or external partner

All domains had external support and/or gaps in **80+% of M&E functions**

Source: ICAP CQUIN National M&E System Assessment (Nov 2025 – Feb 2026)

State of AHD M&E Across CQUIN-Member Countries

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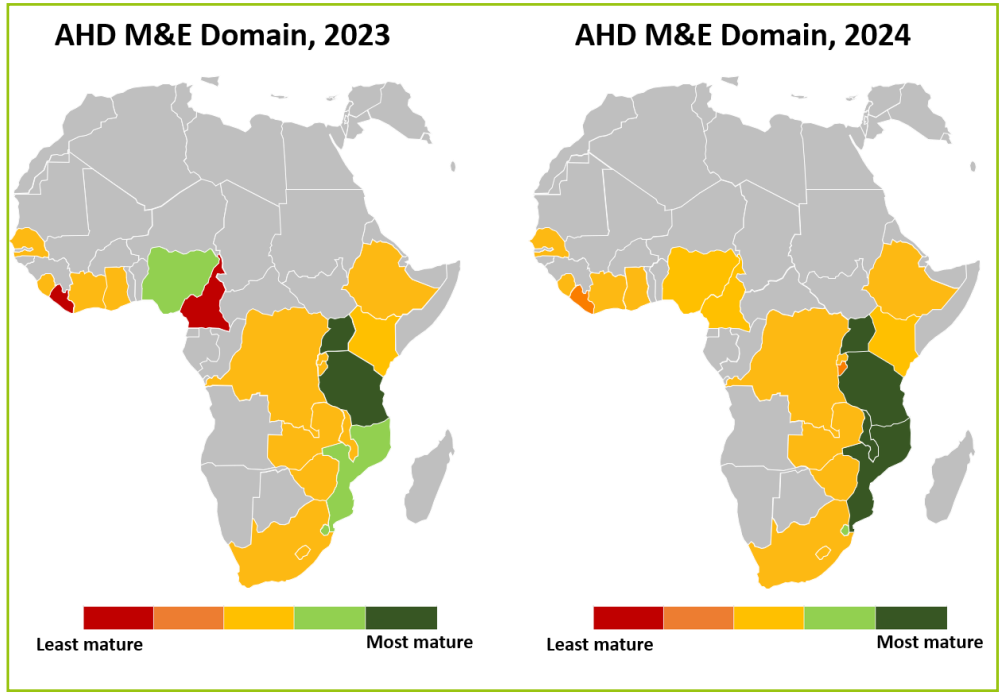
Progress in M&E of AHD (2023 and 2024)



Progress on M&E of AHD has been slow over the years even with WHO AHD guidance dating back to 2017

Source: ICAP CQUIN AHD CMM Assessment (2023 and 2024)

AHD is Under-Measured and Under-Managed

Limited Visibility into AHD Performance

- Most countries cannot produce **meaningful AHD cascades:** data gaps exist at every step from identification to management.
- AHD indicators are inconsistently captured, fragmented across tools, or missing in national HMIS/DHIS2 platforms.
- Reporting pathways for AHD are often parallel, manual, or donor-driven, resulting in **poor completeness and weak national ownership**.

Significant Gaps in Routine AHD Monitoring

- CD4 testing coverage remains uneven, limiting the ability to identify and manage AHD early.
- Recognizing and monitoring all populations likely to experience AHD, beyond people newly initiating ART, still falls short.

The In-Patient Blind Spot

- AHD management in inpatient settings, where the sickest patients are seen, is **almost entirely invisible** to national HIV programs.

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AHD Metrics: Aligning Indicators to Systems & Epidemics

Opportunities to Prioritize and Strengthen AHD M&E

- Integrate AHD indicators into **HMIS/DHIS2** workflows and national dashboards.
- Address the inpatient AHD blind spot through **sentinel surveillance** while hospitals transition to EMRs.
- Use M&E system-shift periods to **harmonize definitions, tools, and reporting pathways**.
- Strengthen **data use capacity** at facility, subnational, and national levels.
- Leverage synergies with **TB screening, mortality audits, CD4 testing systems**, and community reporting.

AHD M&E Framework & Indicator Rationalization

- Rationalize AHD indicators based on:
  - **Epidemic context** (AHD burden, testing coverage, mortality trends).
  - **System capabilities** (lab connectivity, digital maturity, data flow reliability).
  - **M&E shifts** (integration, interoperability).
- Aim for a **lean, high-value indicator set** that is feasible, actionable, and aligned with national priorities.
- Ensure indicators reflect **what systems can reliably produce** and **what programs need to act on**.

Data Trends: Signals in the AHD Data from National HMIS: 2024–2026

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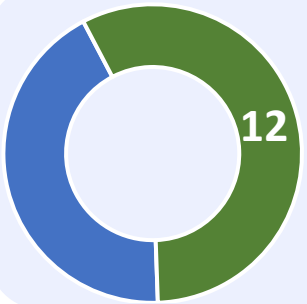
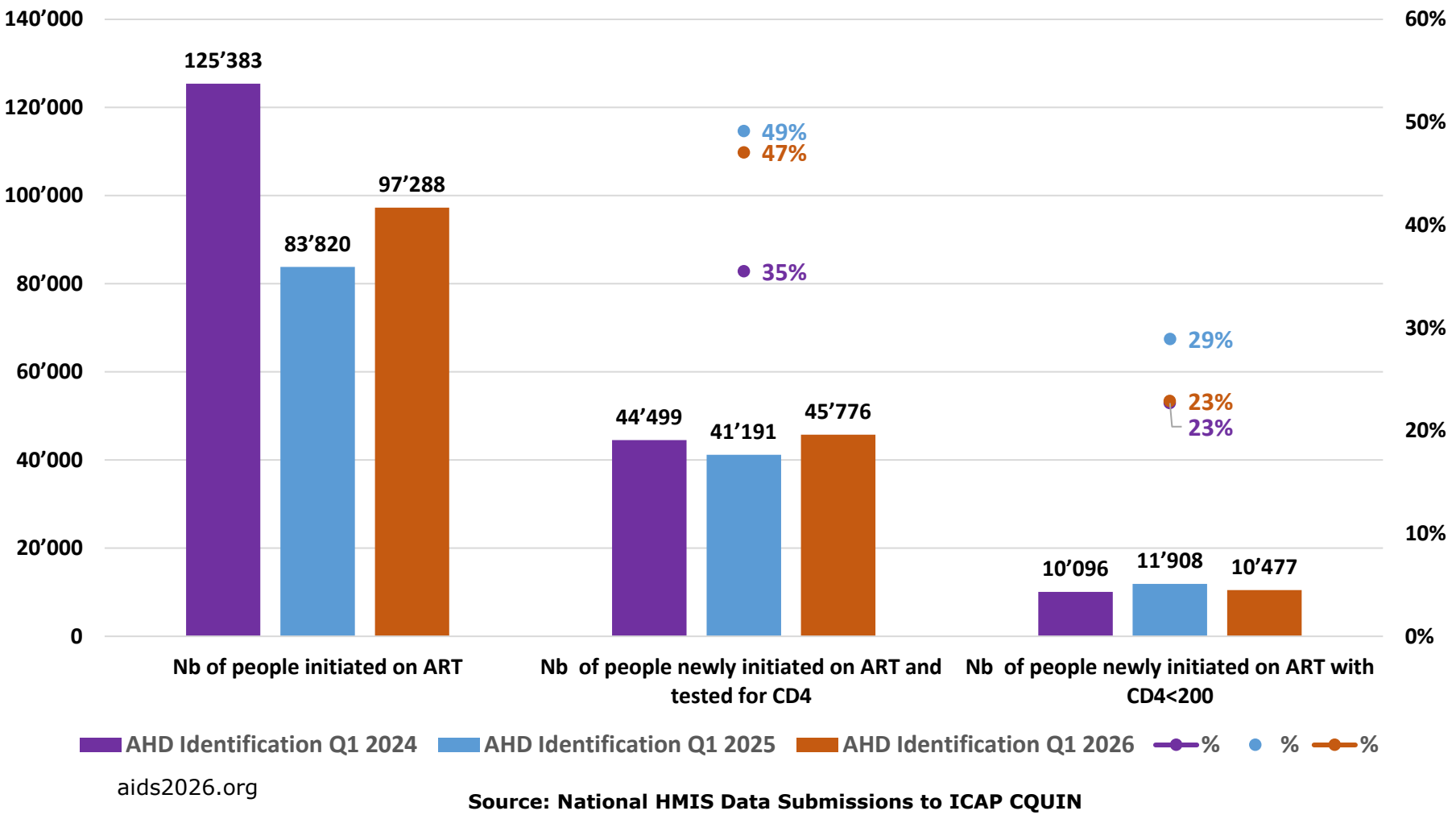
21 CQUIN-Member Countries



Countries with up-to-date HMIS Submissions

AHD Identification Data Available - 6 Countries

Data completeness:
- **Partial data set – 3 countries**
- **Complete data set – 3 countries**



Source: National HMIS Data Submissions to ICAP CQUIN

Current State of HIV-Related Deaths Reported Among People Receiving ART

[2025–2026 Trends Relative to the 2024 Baseline (3 Countries)]

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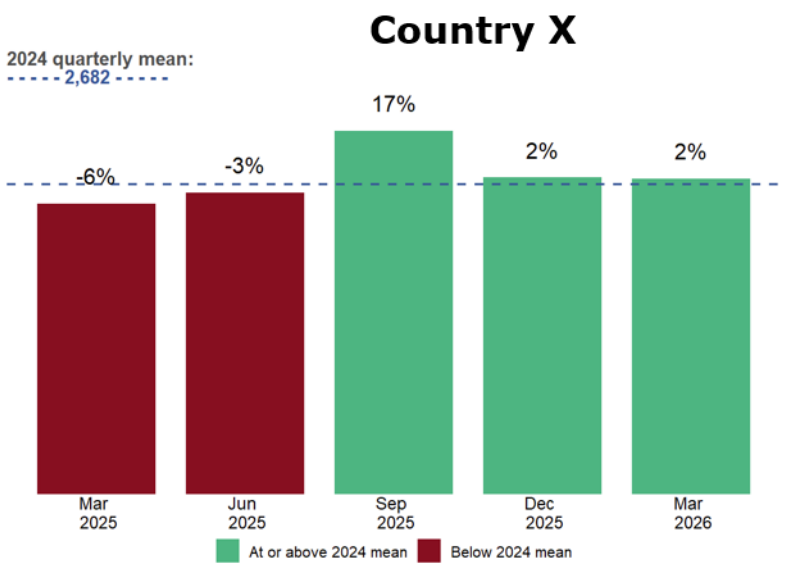

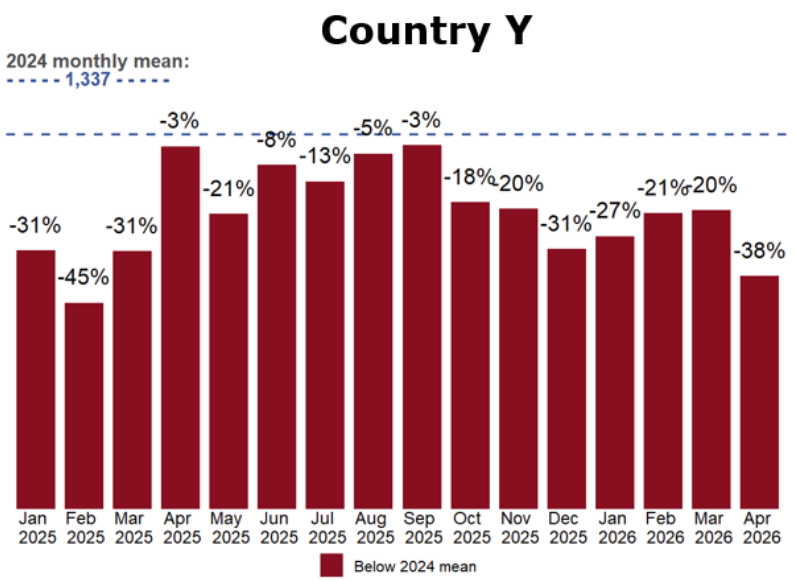

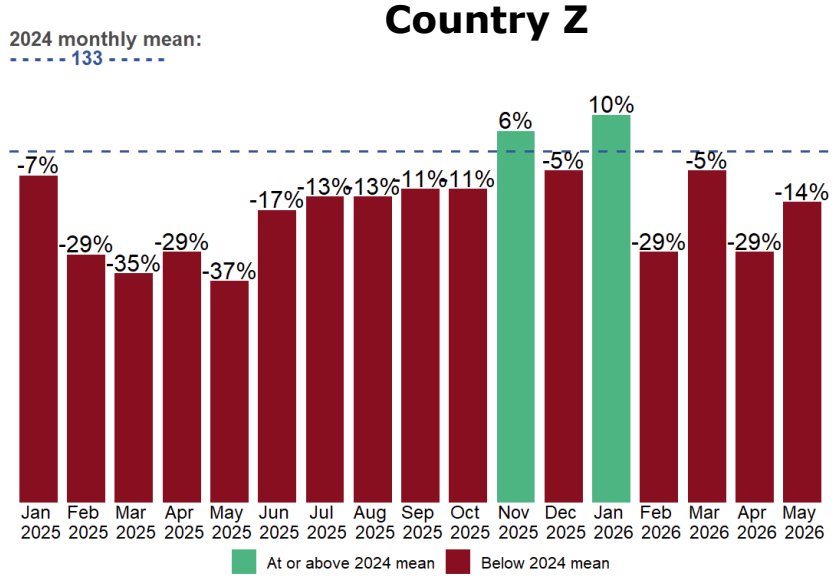

- **Deaths are largely captured through passive reporting:** most are documented after tracking and tracing reveals that a recipient of care has died, resulting in delayed and incomplete mortality data.
- **Inpatient deaths remain a major blind spot**: hospital wards rarely use EMRs, and paper-based inpatient mortality is not routinely integrated into national HIV M&E or DHIS2 systems.
- **National mortality data is fragmented:** civil registration systems are inconsistently linked to HIV programs, limiting reliable death ascertainment. Underscores the need for strengthened mortality surveillance, including sentinel platforms.
- **Observed declines may not reflect improvements in mortality outcomes** as reduced death ascertainment and documentation during 2025–2026 cannot be ruled out

Source: National HMIS Data Submissions to ICAP CQUIN

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Call to Action: Protecting AHD M&E in a Time of Transition

Preserve M&E for AHD During System Transitions

- Call for governments to actively safeguard AHD metrics within redesigned national HMIS systems

Prioritize High-Value, Feasible AHD Indicators

- Lean, rationalized indicator set reflecting epidemic realities, aligned with system capacity, and producing actionable insights

Recognize and Monitor Populations likely to Experience AHD

- PLHIV newly initiating ART
- PLHIV re-engaging in care following disengagement
- PLHIV on ART with virologic failure
- PLHIV who are hospitalized or seriously ill or are considered clinically unstable
- Children < 5 yrs, and not yet established on ART

AHD Indicators Should Reflect the AHD Cascade

- AHD Screening & Identification
- TB Screening, Prevention, Diagnosis & Treatment
- CM Screening, Pre-emptive Therapy, Diagnosis & Treatment
- Mortality Data

Strengthen National M&E Ownership While Maintaining Technical Rigor

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Acknowledgments

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Thank You!