

Background

Cryptococcal meningitis (CM), an opportunistic infection caused by the *Cryptococcus* fungi, is the second leading cause of death among PLWHA accounting for 19% of all HIV-related deaths. Despite progress in biomedical interventions to better test, treat, and prevent cryptococcal meningitis (CM), mortality rates among remain high: estimated 3 out of 4 PLWHA with CM died in 2021. This trend will continue as long as CM is under-recognized, under-diagnosed, and under-treated. To improve CM outcomes, optimal interventions—as recommended by WHO—must be scaled-up. Here, policy can play a vital role. The HIV Policy Lab's **Advanced HIV Disease (AHD) Dashboard** aims to track policy alignment between national guidelines and WHO recommendations on screening, diagnosing, treating, and preventing CM.

Methodology:

The AHD dashboard, built in collaboration with Drugs for Neglected Diseases (DNDi), tracks policy alignment between CM-related national policies and the 2022 WHO *Guidelines for the diagnosis, prevention, and management of cryptococcal disease in adults, adolescents, and children with HIV*. We track 13 policy indicators related to AHD and CM. We reviewed documents for 46 African countries in Africa found via desktop reviews or document repositories of the HIV Policy Lab (www.hivpolicylab.org).

Results:

Eastern and Southern Africa (ESA):

- Policy documents found for 17 out of 21 countries.
- Zambia, Mozambique, and Kenya adopted 11 out of 13 policies.
- South Africa, Rwanda, and Malawi adopted only 7 policies.
- 16 countries require baseline CD4 testing but 5 do not specify people reentering ARV care.
- All adopted cryptococcal antigen (CrAg) test as a screening tool.
- Only 4 countries adopted optimal CM treatment including a single high dose of liposomal amphotericin B (L-AmB), 7 adopted amphotericin B-based therapy, and 2 recommend fluconazole-based monotherapy.
- Only Mozambique has L-AmB on its national Essential Medicines List

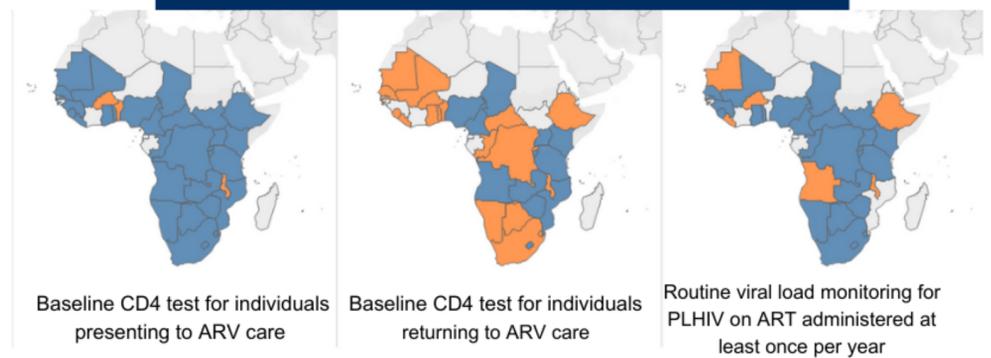
Western and central Africa

- Policy documents found for 18 countries.
- 15 countries adopted baseline CD4 testing for people entering care, but only 3 explicitly require CD4 testing for reentering care.
- CrAg screening for all PLWA is adopted by only 7 countries.
- Pre-emptive and prophylactic fluconazole therapy adopted by 6 and 5 countries respectively.
- 8 countries adopted lumbar puncture followed by CrAg/India ink testing for confirmatory diagnosis of CM
- Democratic Republic of Congo is the only country adopting WHO-preferred L-AmB induction therapy for CM treatment.

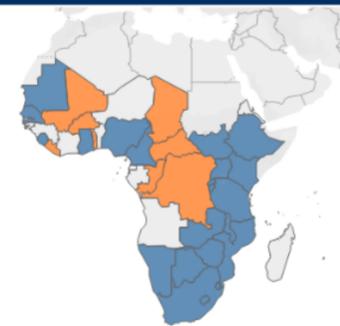
Conclusion:

We found that policy reform is needed given inadequate levels of national policy alignment with WHO-recommended essential interventions for CM.

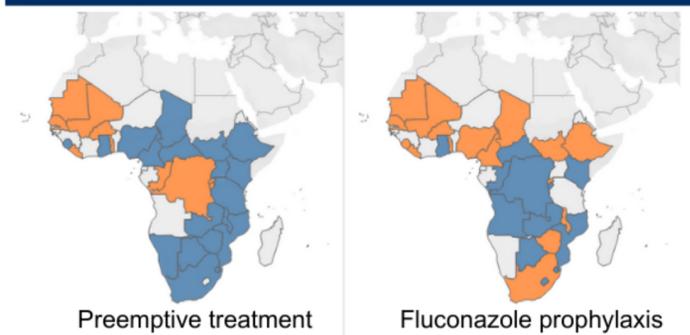
HIV Monitoring



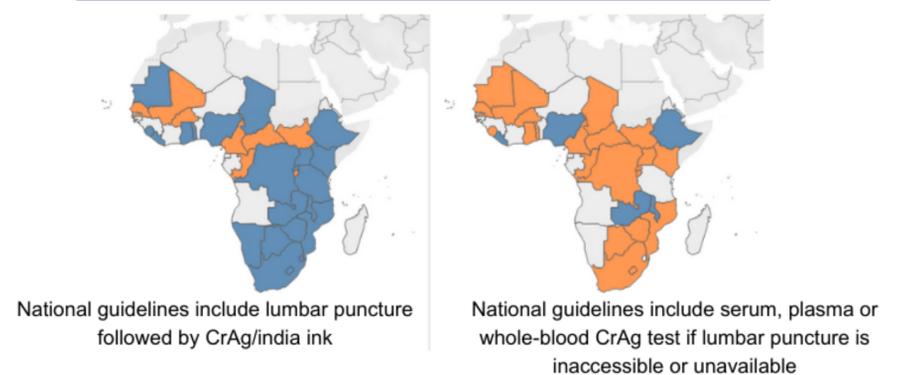
CM Screening



CM prevention



Confirmatory testing



CM treatment

