ADVANCED HIV DISEASE (AHD) POLICY DASHBOARD

Adoption of WHO cryptococcal meningitis recommendations in national guidelines in sub-Saharan Africa



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BACKGROUND

Cryptococcal Meningitis (CM), an opportunistic infection caused by the Cryptococcus fungi, accounts for 15% of global HIV-related deaths. Despite progress in biomedical interventions to prevent and manage CM, mortality rates remain high: an estimated 3 in 4 people living with advanced HIV disease with CM died in 2021. The HIV Policy Lab's Advanced Disease (AHD) Dashboard (https://www.advancedhiv.org/) tracks policy alignment between national guidelines and WHO recommendations on CM.

METHODS

The AHD Dashboard, a collaboration between the Drugs for Neglected Diseases initiative and HIV Policy Lab, tracks 13 policy indicators related to AHD and CM in Eastern and Southern Africa (ESA) and Western and Central Africa (WCA). The AHD Dashboard compares CM-related national policies with the 2022 WHO *Guidelines for the diagnosis, prevention, and management of cryptococcal disease in adults, adolescents, and children with HIV*.

Policy documents were found via desktop reviews or the HIV Policy Lab (hivpolicylab.org).

RESULTS

Eastern and Southern Africa

- Relevant guidelines were 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 CD4 testing but only 9 coutries have guidelines on testing for people reentering HIV care
- All countries adopted the CrAg test as a screening tool
- Only 4 countries adopted the LAmB-based CM treatment regimen, 7 adopted amphotericin B-based therapy, and 2 recommend fluconazole-based monotherapy.
- Only Mozambique includes LAmB in its Essential Medicines List for CM.

Western and Central Africa

- Relevant guidelines were found for 18 out of 25 countries.
- 15 countries have adopted baseline CD4 testing for people entering care
- Only 3 countries require CD4 testing for people reentering care
- CrAg screening for all PLWA is only adopted in 7 countries
- Pre-emptive and prophylatic fluconazole therapy is adopted by only 6 and 5 countries, respectively
- 8 countries have adopted lumbar puncture followed by CrAg/ India Ink testing for confirmatory diagnosis of CM
- Only the DRC has adopted the WHO-preferred LAmB induction in its guideline

CONCLUSION

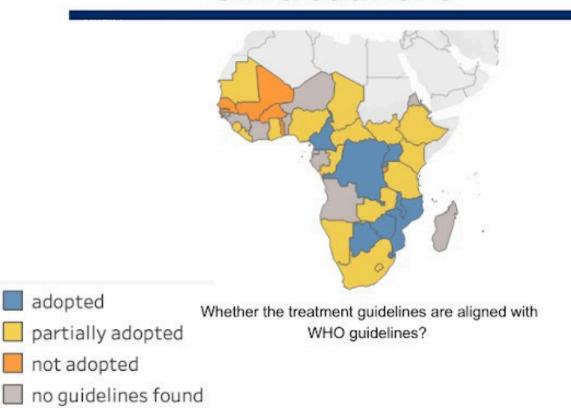
Countries are increasingly aligning with WHO guidelines for CM. Monitoring and accountability, including by civil society groups, are needed to ensure implementation

HIV Monitoring Baseline CD4 test for individuals Baseline CD4 test for individuals Routine viral load monitoring for PLHIV on ART returning to ARV care presenting to ARV care **CM Screening CM** prevention Preemptive treatment Fluconazole prophylaxis Confirmatory testing

CM treatment

National guidelines include lumbar puncture

followed by CrAg/india ink





National guidelines include serum, plasma or

whole-blood CrAg test if lumbar puncture is

inaccessible or unavailable