



AIDS HEALTHCARE  
FOUNDATION

# GLOBAL QUALITY REPORT YEAR 2023

**Prepared by Global Quality, HMIS & Medical Teams  
January 2024**



# GLOBAL QUALITY REPORT YEAR 2023

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## List of Acronyms

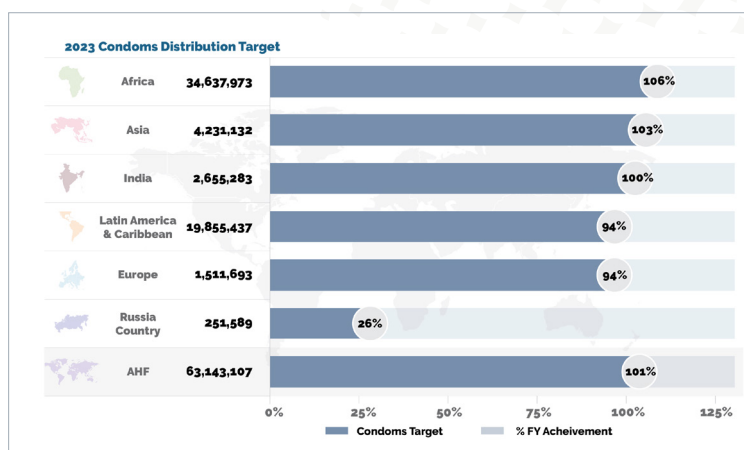
<b>ART</b>	Anti-Retroviral Therapy
<b>BoD</b>	Board of Directors
<b>C&amp;T</b>	Care and Treatment
<b>CD4</b>	Lymphocytes T CD4+ cell count
<b>CDR</b>	Crude Death Rate
<b>CSO</b>	Civil Society Organization
<b>CSS</b>	Client Satisfaction Survey
<b>GQR</b>	Global Quality Report
<b>GQT</b>	Global Quality Team
<b>GTPT</b>	Global Testing and Prevention Team
<b>HFA</b>	Health Facility Assessment
<b>HMIS</b>	Health Management and Information Systems
<b>HTC</b>	HIV Testing & Counseling
<b>KVP</b>	Key Vulnerable Population
<b>LAC</b>	Latin America and the Caribbean
<b>LTFU</b>	Lost to Follow Up
<b>LP</b>	Late Presenter
<b>MC</b>	Medical Circumcision
<b>MSM</b>	Men who have Sex with Men
<b>NGO</b>	Non-Governmental Organization
<b>NLIC</b>	No Longer In Care
<b>ORI</b>	Optimize Retention Initiative
<b>PITC</b>	Provider Initiated Testing & Counseling
<b>PLHIV</b>	People Living with HIV
<b>PPR</b>	Provider Productivity Report
<b>Q1/2/3/4</b>	Quarter period in the year
<b>QBM</b>	Quality Benchmark
<b>QI</b>	Quality Improvement
<b>RTP</b>	Rapid Test Program
<b>TIMS</b>	Time In Motion Survey
<b>TPT</b>	Tuberculosis Preventive Treatment
<b>VMMC</b>	Voluntary Medical Male Circumcision
<b>YTD</b>	Year to Date

# Executive Summary GQR 2023

The AHF Global Quality Report for the year 2023 contains program results and achievements along the HIV continuum of care. Progress towards targets, associated quality initiatives and benchmarks are presented.

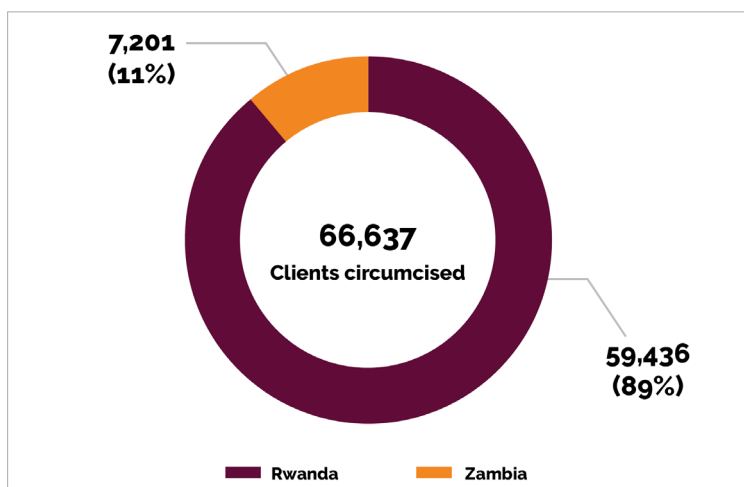
## Prevention

At the end of December 2023, the AHF Bureaus achieved 101% of their 2023 annual target by distributing 63,813,599 condoms. Half of the condoms distributed were "non-AHF branded" and included condoms donated by government and partners.



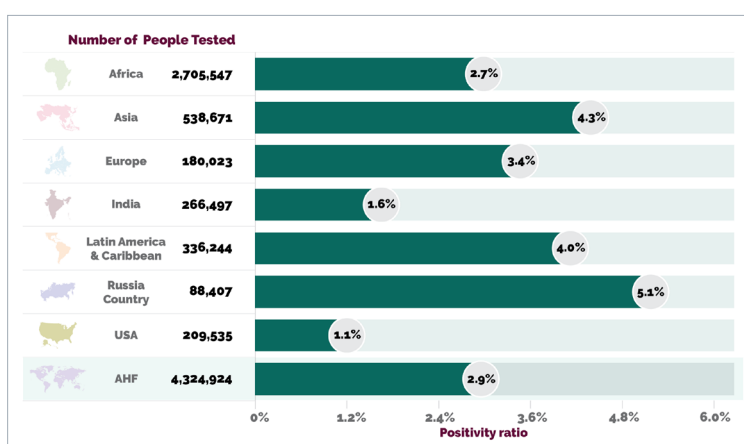
## Voluntary Medical Male Circumcision (VMMC)

During 2023, VMMC was provided in a total of 45 AHF-supported sites in Rwanda and Zambia. AHF Rwanda offered VMMC services in 37 out of the 38 HIV testing facilities, Zambia in 8 out of the 33 AHF supported facilities. Rwanda and Zambia achieved 132% and 120% respectively of their VMMC target. The majority (89%) of the 66,637 circumcisions were conducted in Rwanda.



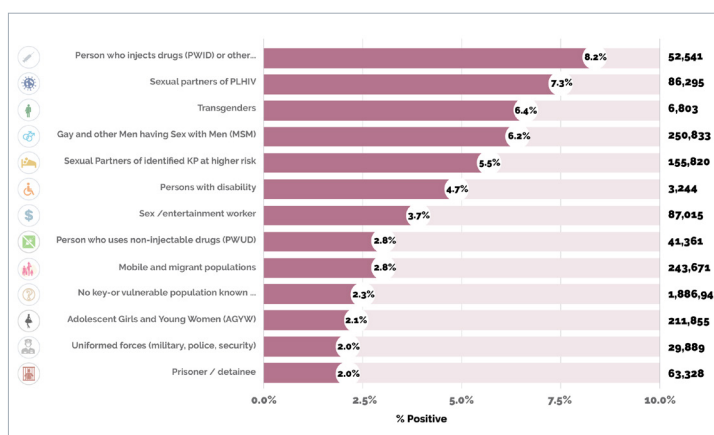
## HIV Testing Services

A total of 4,324,924 HIV tests were conducted in 45 countries (including USA), identifying 126,294 HIV-positives (2.9%). Globally testing targets were surpassed at 110%, with the Africa bureau at 124%. Historically, positivity peaked at 3.4% in 2020 and was slightly lower at 2.9% by the end of 2023, with the number of clients tested rising in the 4 years.



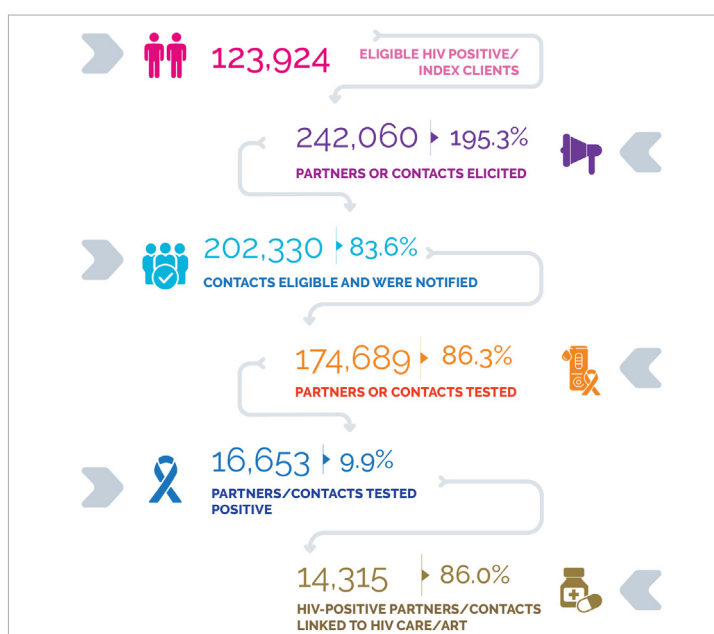
## HIV Test Positivity

High positivity is detected among Key Populations (KP) such as PWID (8.2%), Sexual Partners of PLHIV (7.3%), Transgenders (6.4%), MSM (6.2%), and Sexual Partners of KP at higher risk (5.5%) highlighting the importance of targeting these groups. Health facilities reported higher HIV-positivity (3.1%), as compared to community test settings (2.6%).



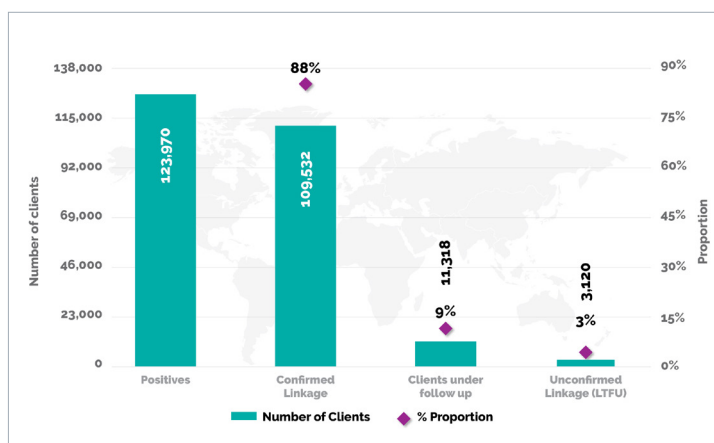
## Index Testing

Africa and Asia Bureaus implemented the index testing model to reach contacts, adults, adolescents, and children at high risk of HIV infection. The 174,689 contacts of the index clients who were tested in 2023, yielded a high positivity ratio (9.9% - 16,653), of whom 86% were linked to C&T facilities.



## Linkage into HIV Care

Of all 123,970 HIV positive testers identified in 2023, 109,532 clients (88%) were linked to HIV care, up from 85% in 2022. Out of these, 5% were linked to an AHF-managed care facility, 15% to a facility not supported by AHF and 81% to an AHF supported facility. 9% of clients are still being followed-up and may not have linked (yet), whereas for 3% of clients their linkage could not be confirmed.

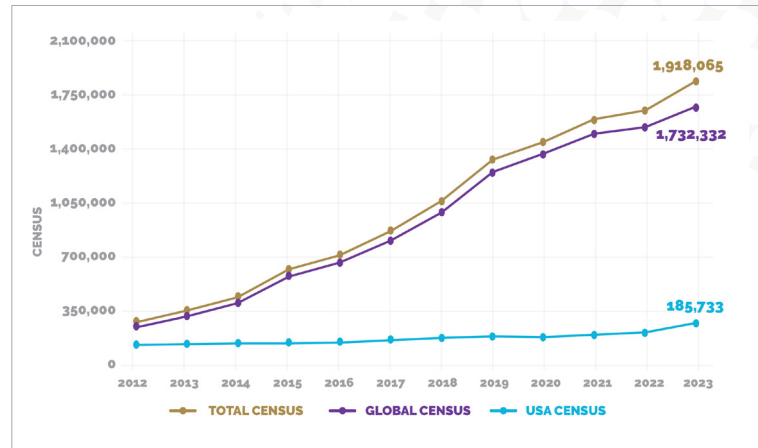




# HIV Care & Treatment

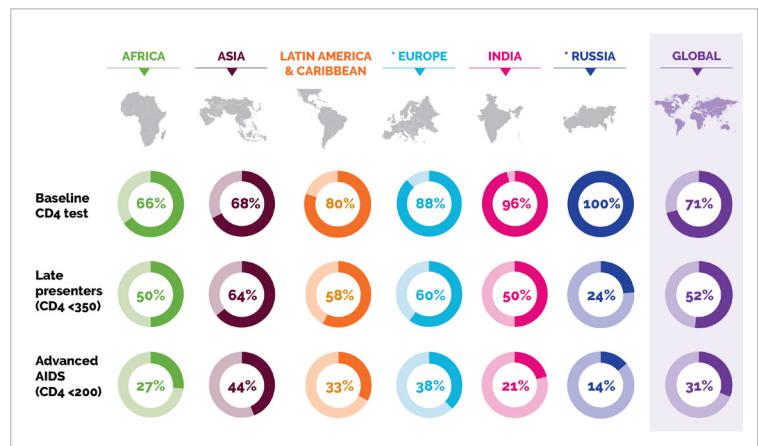
## Client Enrolment and Census

By the end of 2023, the total number of clients in care stood at 1,704,883 (this number excludes US census and Wellness Centers in Europe and Latin America & Caribbean Bureau). Combining Global and US domestic programs, the total number of clients in care stands at 1,918,065.



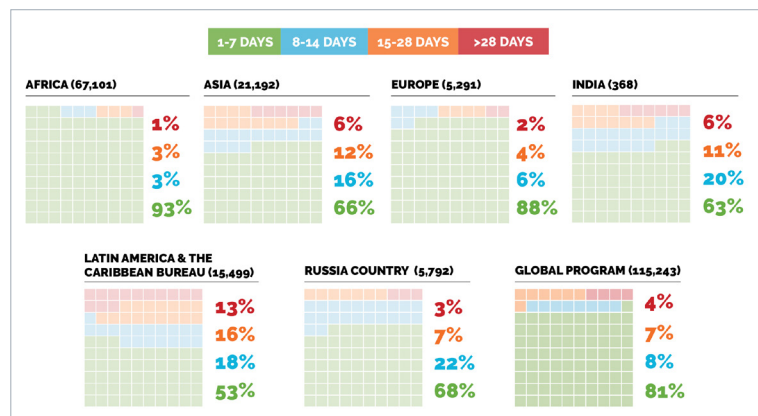
## CD4 Cell Count at Enrolment into Care

Globally, 71% of newly enrolled clients received a CD4 cell test result in 2023 and out of those, 52% were enrolled at a late stage with CD4 cells already below 350 cells/ $\mu$ L. 31% of newly enrolled clients presented with advanced AIDS (CD4 <200 cells/ $\mu$ L).



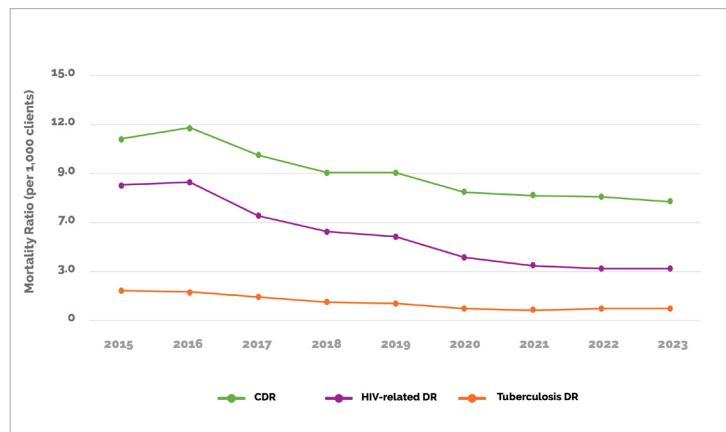
## Anti-Retroviral Therapy (ART)

The time between HIV-diagnosis and ART initiation, an AHF quality benchmark, has shortened. In each bureau >70% of enrolled clients were initiated on ART within two weeks after HIV diagnosis. By the end of 2023, >98% of clients in Africa and Europe Bureaus were initiated on ART within 28 days after the HIV diagnosis.



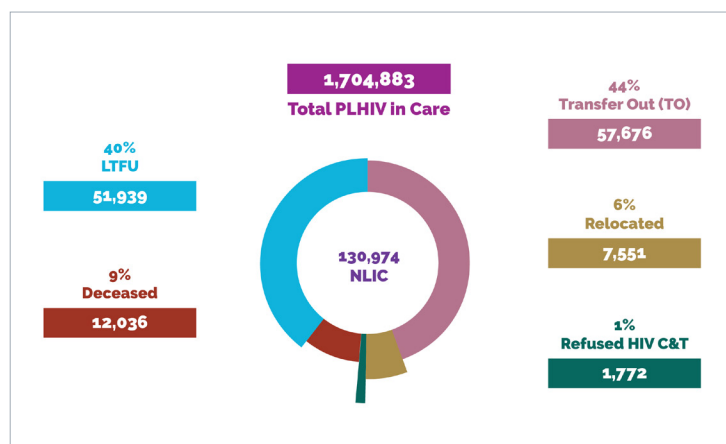
## Mortality

The mortality trend observed over the past 9 years may reflect decreasing HIV-related mortality in AHF's supported C&T facilities. Death from TB and from other HIV-related infections is high, while for a substantial number of deaths, the cause is not reported. Deaths from TB (11.1%) and from other advanced HIV-related conditions (9.7%) remain at the top.



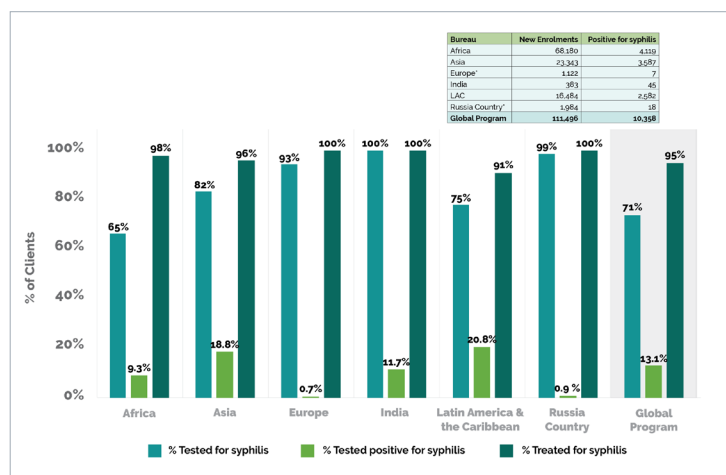
## Retention

In total, 130,974 clients became No Longer in Care (NLIC) in 2023, representing 7.1% of all clients in care. Most clients becoming NLIC were Transferred Out (TO, 44%) or Lost to Follow-up (LTFU, 40%), 9% were clients reported as having died. Many LTFUs may have continued HIV care at another C&T facility. Optimize Retention Initiative (ORI) was scaled up to all C&T Facilities.



## Syphilis

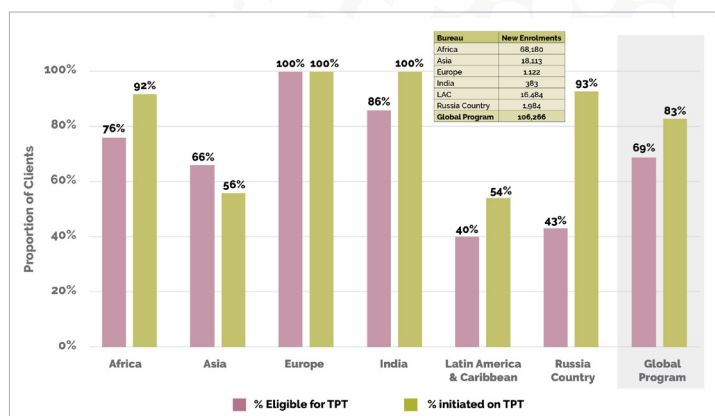
Syphilis screening ranged from 75% of newly enrolled clients in Africa to 100% in India. The global average syphilis screening positivity ratio was 13%. Latin America & Caribbean and Asia Bureaus had highest positivity ratio at 21% and 19% respectively. Proportion of clients treated ranged from 91% (Latin America & Caribbean) to 100% (India).





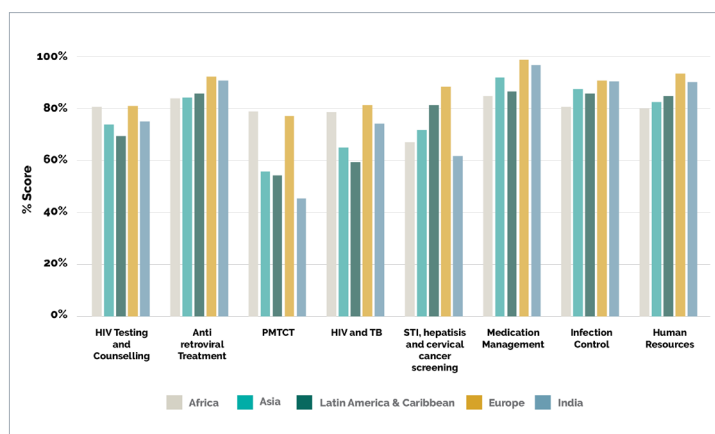
## Tuberculosis Preventive Therapy (TPT)

TPT Initiation is monitored at enrolment and its completion is monitored as part of the annual medical record audit. Global program observed TPT completion rates at 69% in 2023, where Europe and the Latin America & Caribbean bureaus reported rates below the global average.



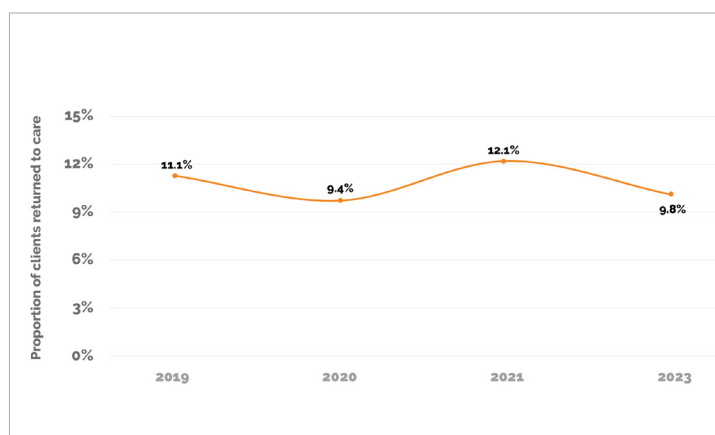
## Health Facility Assessment HFAIII

In Round III (2022-2023) of the Health Facility Assessment a total of 683 C&T facilities were assessed, 81% of 788 eligible C&T facilities in the global program, 509 (65%) more than Round II in 2018. The tool for HFAIII allows for an instant summary feed-back report. All bureaus have a mean score of above 80% for Treatment (ART), Medication Management, Infection Control and Human Resources. TB&HIV scored lower.



## Medical Record/ Chart Audit 2023

The audit reconciles reported census and actual numbers of clients active in care, enhancing data quality and is an effective tool to bring clients LTFU back in care. Minimal variance is expected between clients reported by the facility and by audit outcomes. For the three years between 2018 and 2020, outcomes indicated over-reporting by Global Program facilities. Improvement was recorded in 2021 with a variance of 0.4%. In 2023 the census shrunk by 2.0% due to over-reporting.



## Wellness Centre Expansion Grant

23 proposals have been submitted and evaluated by the Global Quality Review Committee, 12 proposals from Africa, 4 from Asia, 1 from India, 1 from Europe, and 5 from the Latin America & Caribbean Bureau. GQT with Global Finance guide the execution of the projects. In response to the STI epidemic, GQT launched the new STI PPR Portal for all Wellness Centers that are operated by AHF.

### Reporting Wellness Center client attendance.

#### A1. Total New Clients Registered with Unique Client ID-C in the reporting month

A. Client attendance, AHF Monthly WebPPR for Wellness Centers				Male	Female	Trans	Total
New Clients	1	Total New Clients Registered with Unique Client ID-C		5	10	11	26
	1.a	Total new clients for STI consultation		2	6	5	13
	1.b	Total new clients for any other service (not STI)		3	4	6	13

A new client who receives an STI- or any other consultation, is an individual who is registered for the first time with a Unique-ID in the Wellness Center or is a client who has been attending the Wellness Center at any time in the past, whose medical record cannot be retrieved and therefore receives a new Unique-ID

#### A.2 Total Number of Returning Clients in the reporting month

Returning Clients	2	Total Number of Returning Clients		11	13	9	33
	2.a	Total registered clients who attended for a New or Recurrent STI consultation		4	5	6	15
	2.b	Total registered clients who attended for Follow-up as part of an STI consultation and management		4	6	1	11
	2.c	Total clients who attended for Follow-up of any other service (not STI)		3	2	2	7

A returning client is a client who has been registered with a unique-ID of the Wellness Center any time prior to the current attendance, whose medical record is available and who attends for any of the Center's services

## Ehealthacademy

The AHF continuous medical education (CME) platform "Ehealthacademy" saw increased activity, with development of 7 new courses. The number of certificates issued rose by 40% when compared to the end of 2022. Staff from Ukraine and Poland joined the 3 STI courses.

Bureau	Asia	Africa	Latin America & Caribbean
Registrations	124	702	211
Total certificates	545	2,997	956
Total CME hours	2,064	11,308	3,678



The AHF Board of Directors (BoD) Global Quality Report (GQR) presented by the Global Quality Team (GQT) documents the progress, consolidated results and achievements of the Global Program for the year 2023. The data presented originate at facility level and are systematically collected through the respective country offices and bureaus and submitted to the global Health Management and Information Systems (HMIS) team.

The GQR, twice yearly presented to the BoD and subsequently disseminated to all levels in the Global Program encompasses the quarterly Feedback Reports and Prevention and Enrolment Dashboard. It serves as a reference document for all staff in the global program to analyze performance and facilitate change in strategies and quality improvement, using data routinely collected and reported by facility staff, country and bureau teams as well as the GQT, the Global Medical Team (GMT), the Global HMIS Team and the Global Testing and Prevention team (GTPT).

This Global Quality Report (GQR) presents consolidated results and achievements for the year 2023. The GQT members from the bureaus with their teams at country and facility level worked hard to implement the new or updated strategies, tools and key initiatives, with ups and downs, but showing steady progress. You find the results of the overhauled web-based Recording and Reporting system, consisting of the Weekly-Quarterly Provider Productivity Report (PPR), the quarterly Quality Benchmarks (QBM) and the Monthly HIV Testing & Condom Management Report, resulting in a wealth of quality data, regularly presented in online dashboards and summary reports as well as detailed feedback reports for immediate use, analysis and action.

The overall census of clients in care passed the 1.9 million mark, and with the anticipated growth in global program, the 2 million milestone is in reach now.

Retention was the core theme for 2023. The Care and Treatment (C&T) facilities in the Optimize Retention Initiative (ORI) geared up the implementation of ORI. The scale-up of "Track-Positive" documents the road from testing positive to effective linkage and resulted in a significant increase of confirmed linkage. The "Still in Care" and "Back to Care" activities in the bureaus confirmed for many clients their active in care status and brought also numerous clients back in care. All countries (except Russia) completed the annual medical record/chart audits, resulting in yet another number of clients coming back in care.

On the medical side Syphilis, Tuberculosis, STIs and expansion of the AHF Wellness Center model came in the spotlight and a great many proposals for STI focused wellness centers were submitted, many being approved for further implementation. The associated new courses on the menu of the dynamic CME Ehealthacademy platform resulted in increased participation, online case discussions and certificates issued. The Health Facility Assessment Round III was completed for most of the 788 eligible global program facilities, mapping out their capacity in wide range of service areas.

All this progress and many other interesting results and trends are presented and discussed in the report. Global Quality, Medical and HMIS team with Global Testing and Prevention team invite you to access this valuable data and is ready at all times to receive feed-back and suggestion, corrections and ideas for improvement, throughout the coming year.

Figure 1.1: The HIV Testing and Prevention Snapshot, 2023

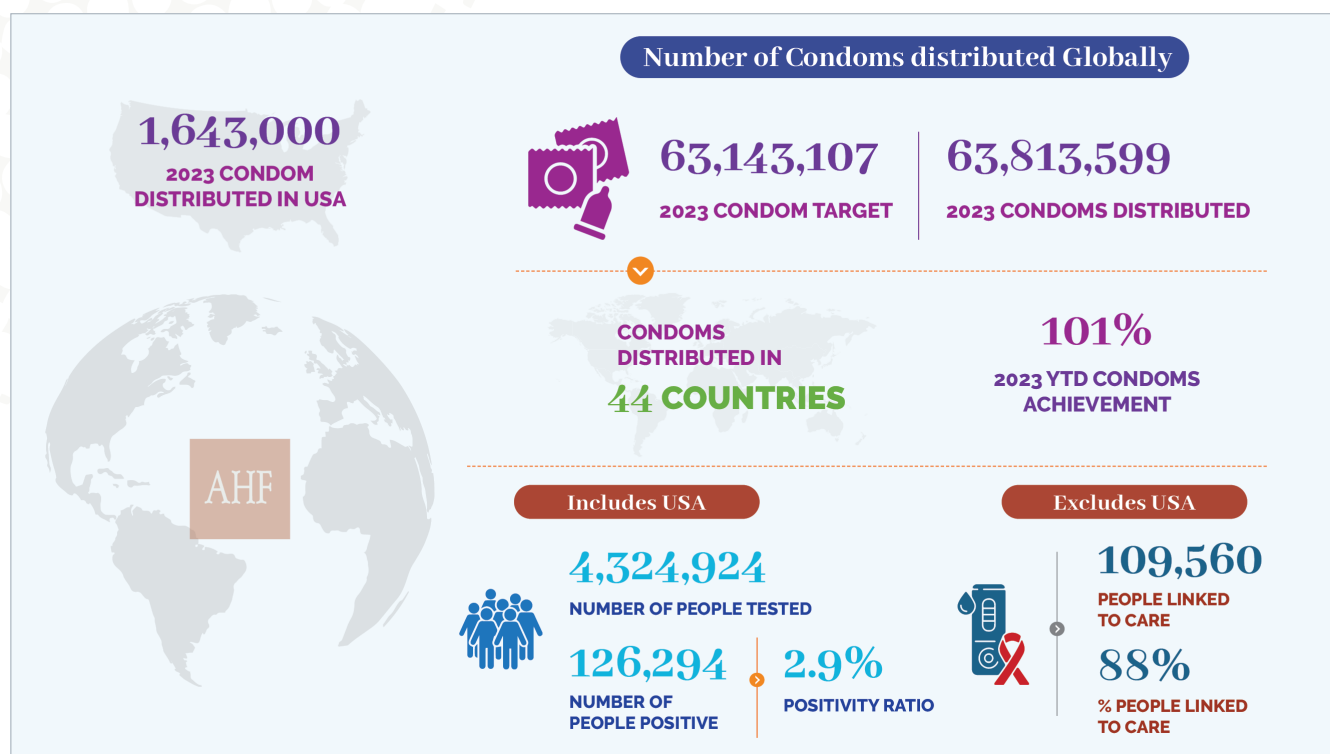
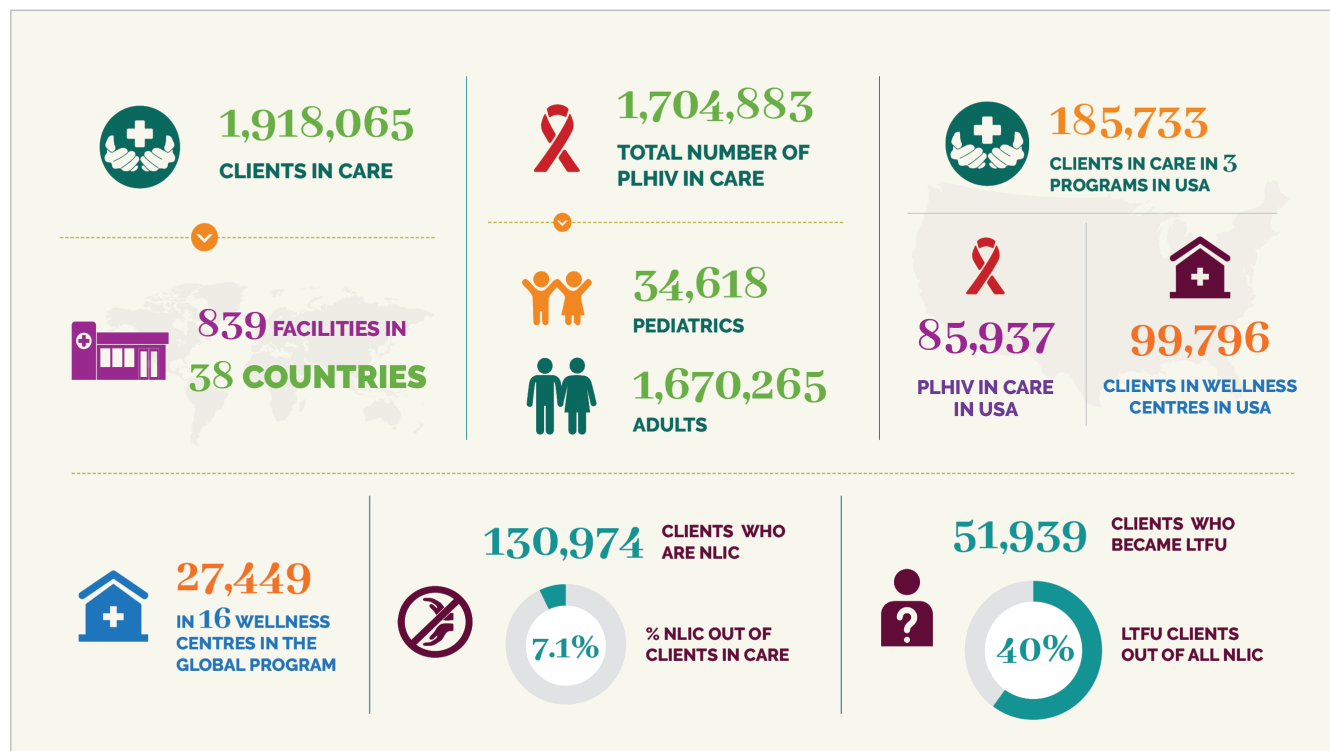


Figure 1.2: The HIV Care & Treatment Snapshot, Global Census and Number of facilities supported. 2023



The Global Quality data will be accessible as an annually updated infographic presentation on the AHF Website: <https://www.aidshealth.org/about/>.

# 2 Prevention

## 2.1 Condom distribution

At the end of 2023, the five AHF Bureaus had supported the distribution of 63,813,599 condoms at strategic locations. The performance varies by setting, associated with constraints such as supply issues, import restrictions, Covid-19 constraints, and reporting flaws. *Figure 2.1.1 and 2.1.2* illustrate that 50% of condoms distributed were “non-AHF branded” condoms, including condoms donated by government and partners.

**Figure 2.1.1: Global condom distribution by type, 2023**



**Figure 2.1.2: Condom distribution by type Bureaus 2023**

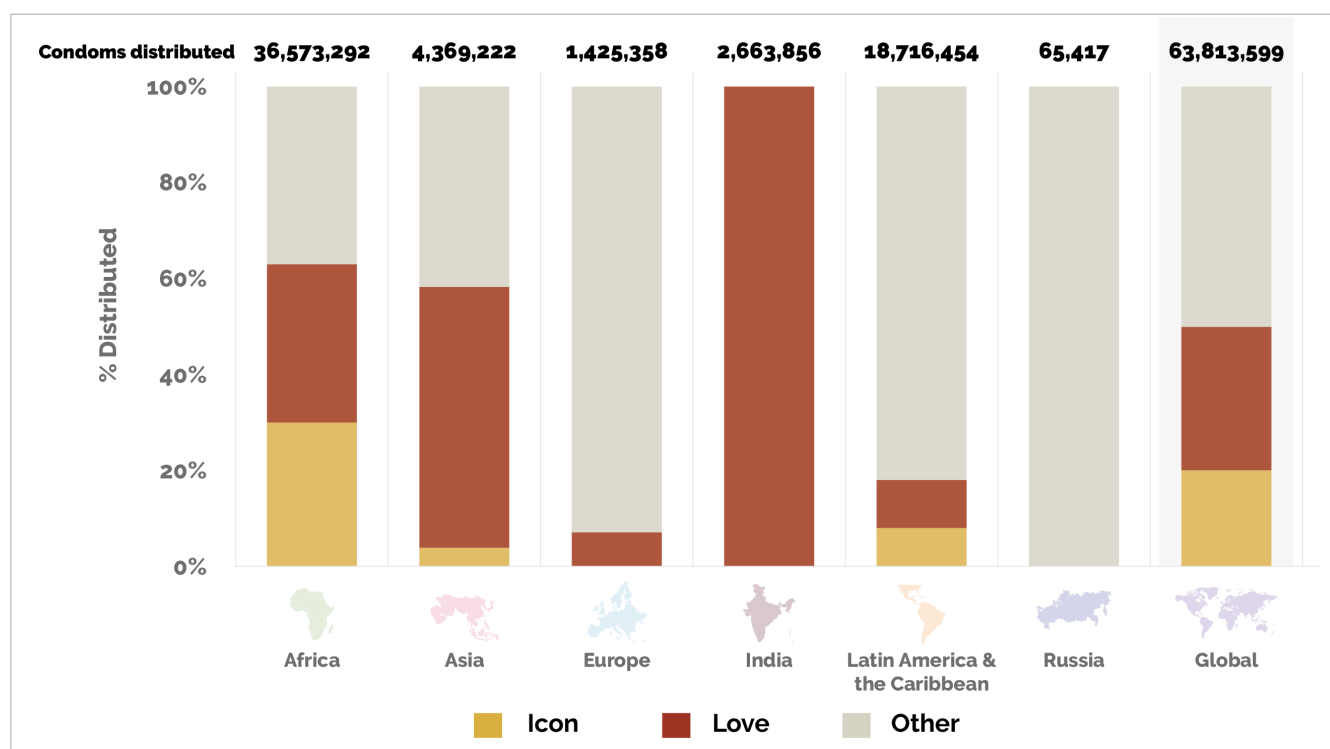


Figure 2.1.3 highlights the actual distribution against 2023 annual targets. Globally, 101% of the annual target was reached. The number of condoms targeted for distribution has fluctuated over the past 10 years, as has the achievement. This is probably due to the variation in the definition of “condom distributed”, as well as the targeting process itself, defined with inputs from the financial team from some countries, while others rely on the availability of condoms purchased by government or other partners. 2013 and 2017 had the least performance of below 70% against the targets set for those respective years.

Figure 2.1.3: Eleven years trend global condom distribution, performance against targets, 2013 - 2023

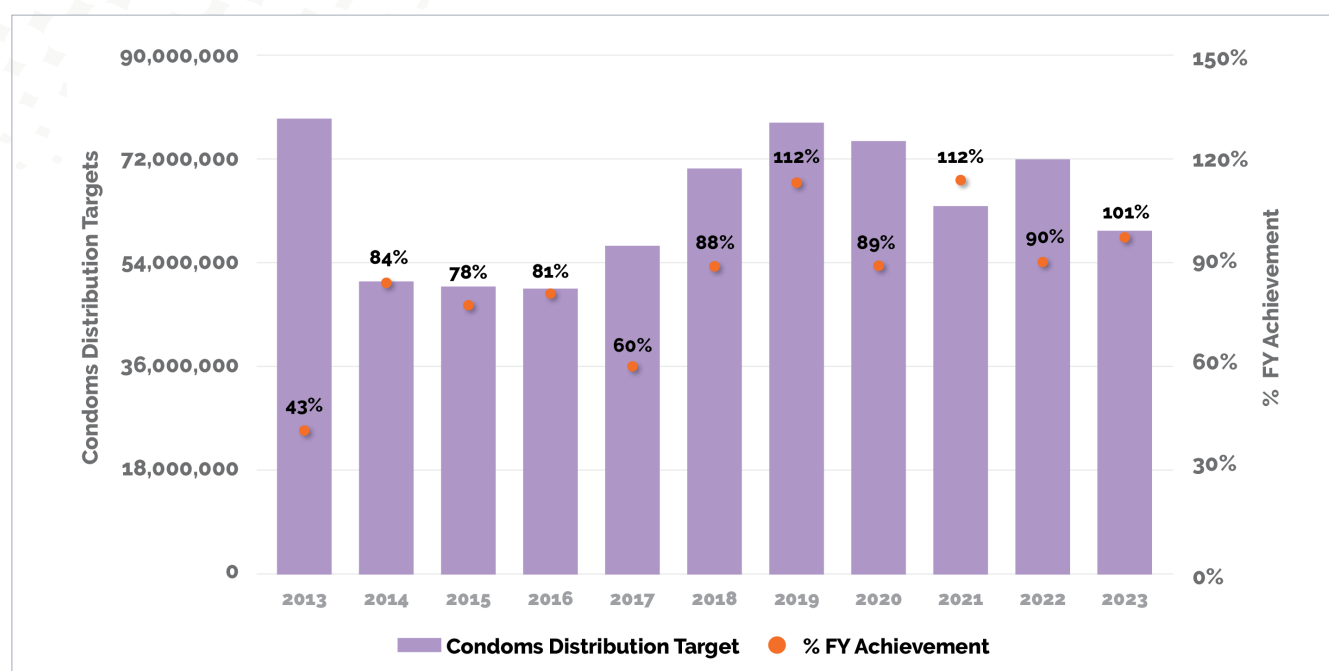
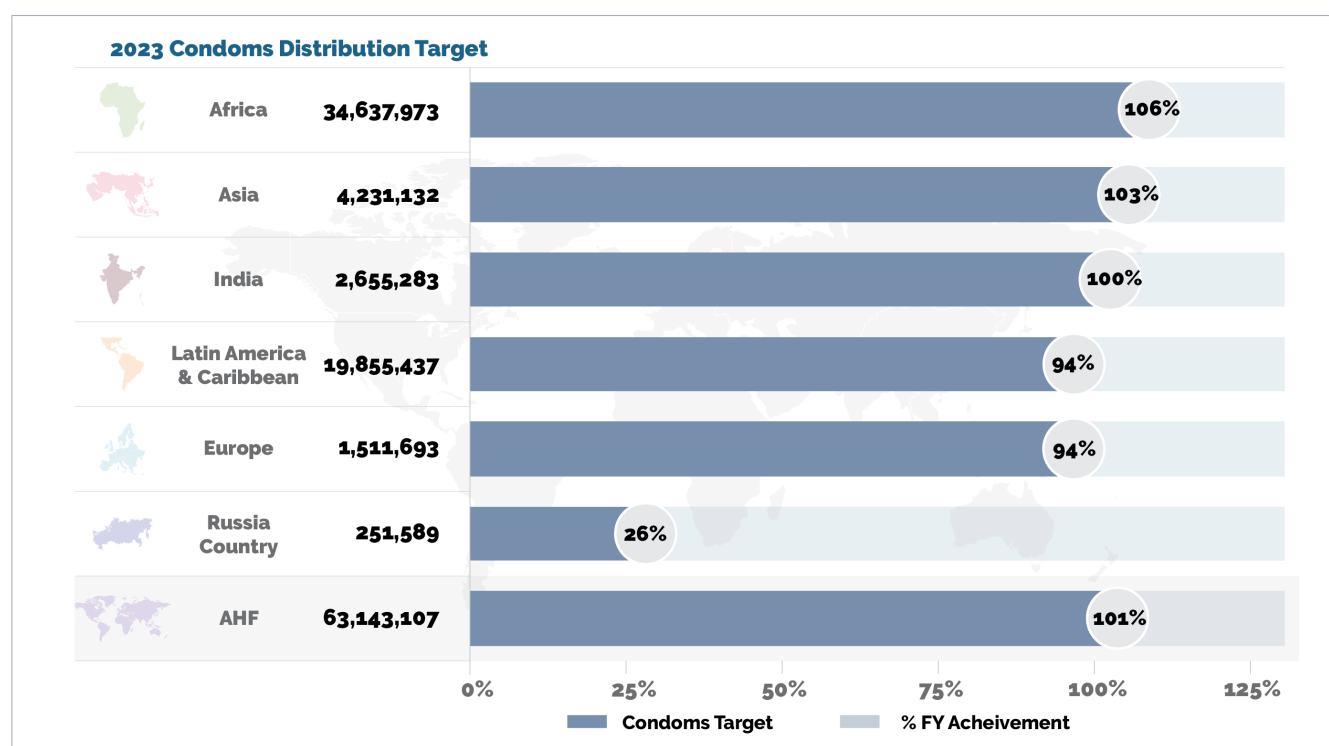


Figure 2.1.4 illustrates Africa, Asia, and India bureaus attaining or surpassing their annual condoms distribution targets.

Figure 2.1.4 Global condom distribution, 2023. Performance towards targets, by Bureau





## 2.2 Voluntary Medical Male Circumcision (VMMC)

Since 2007 WHO has recommended voluntary medical male circumcision (VMMC) as a key component of of HIV combination prevention in countries with a high HIV prevalence and low levels of male circumcision. VMMC is a one-off method found to cost-effectively reduce HIV transmission by 60%. Research indicated that the communities effectively using VMMC are more likely to have low rates of HIV compared to the communities that did not utilize the VMMC intervention.

AHF Rwanda and Zambia achieved 132% and 120% respectively of their VMMC target by disseminating VMMC targets to all the AHF supported sites at the beginning of the year for planning purpose. We procured all required VMMC consumables including buffer stock to avoid any interruption of services. The Rwanda team conducted quarterly reviews to ensure that they are on track. Collaborations across different departments facilitated the program success, especially when it came to linking and follow up of clients. Training and mentorship are a requirement to ensure quality of service provision. The Zambia team had a very low uptake of VMMC services, and resorted to identification, engagement, and payment of VMMC mobilizers. This proved to be a game changer and greatly improved the performance of these facilities.

Despite meeting the 2023 targets, AHF Rwanda and Zambia still face challenges like a shortage of the Shang Ring device in Zambia reducing the uptake of the non-surgical method of male circumcision. There are few staff trained on surgical method of circumcision in Rwanda, especially in the new sites that started implementing VMMC in 2023. There is a high turnover of trained staff in existing sites. There is a low budget allocation for VMMC Program as compared to the demand. Uptake of VMMC is low among adult males 24 years and above. In 2024, AHF Zambia plans to expand VMMC services to Livingstone and Kabwe maximum correctional facilities and more AHF supported facilities.

By the end of 2023, a VMMC program was being implemented in 45 health facilities from two countries in the Africa Bureau, 8 in Zambia and 37 in Rwanda. Out of the 66,637 clients circumcised in 2023, 89% were from Rwanda, as illustrated in *Figure.2.2.1 below*. The number of clients being counseled about VMMC services has been on the rise since 2015. By the end of 2023, 99% of all the counseled clients were circumcised using either surgical or non-surgical methods as illustrated in *Figure 2.2.1 below*.

**Figure 2.2.1 Contribution by Country, (2023)**

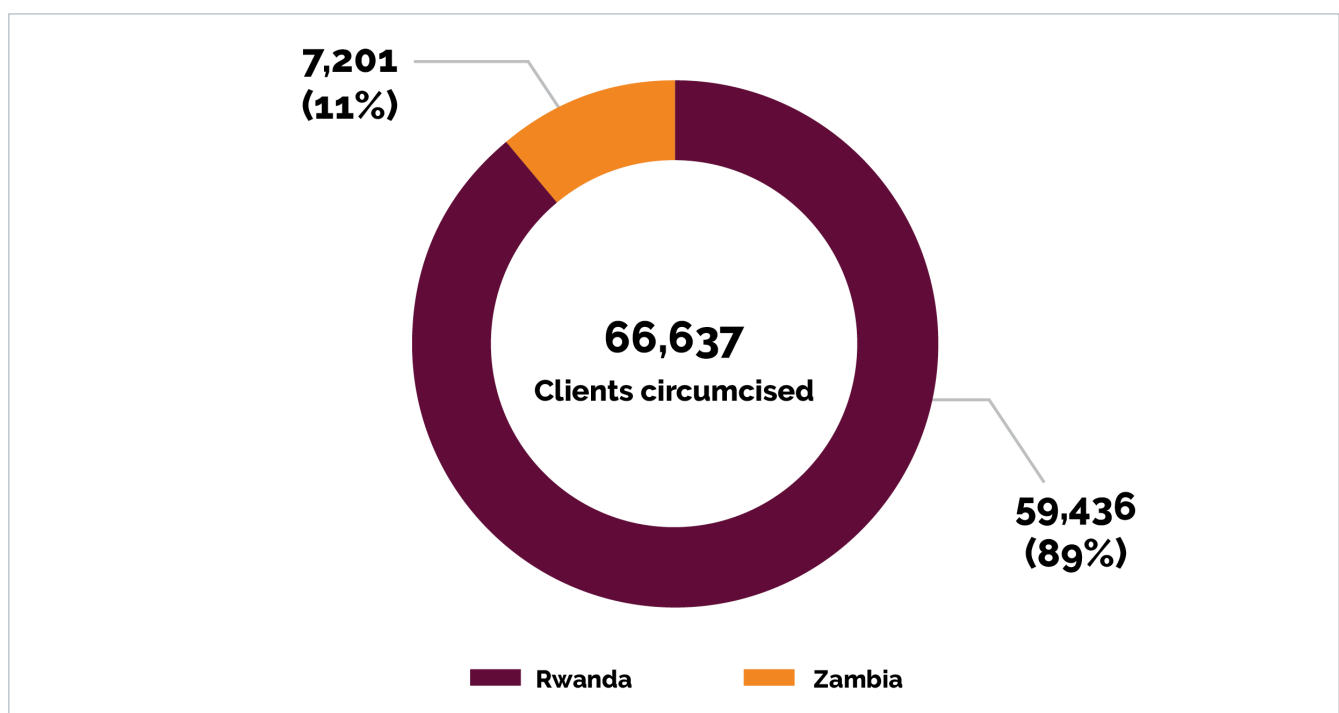
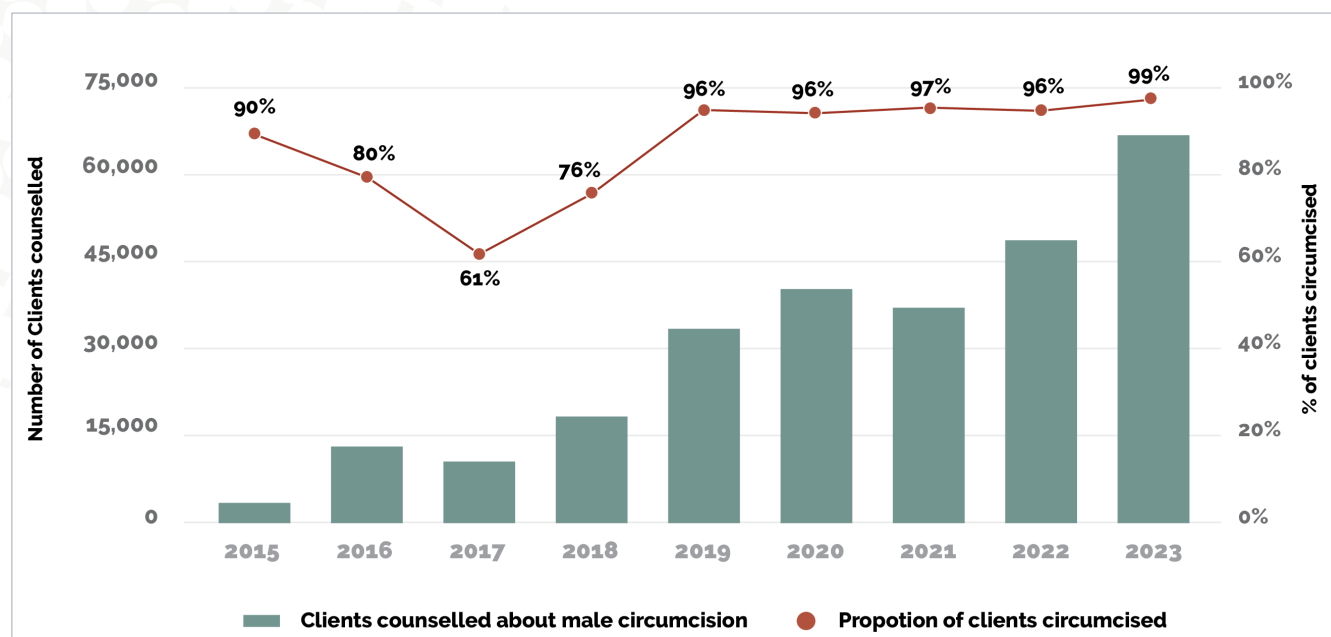


Figure 2.2.2: Cumulative Medical Circumcision (MC) Services for Rwanda and Zambia, 2015 - 2023



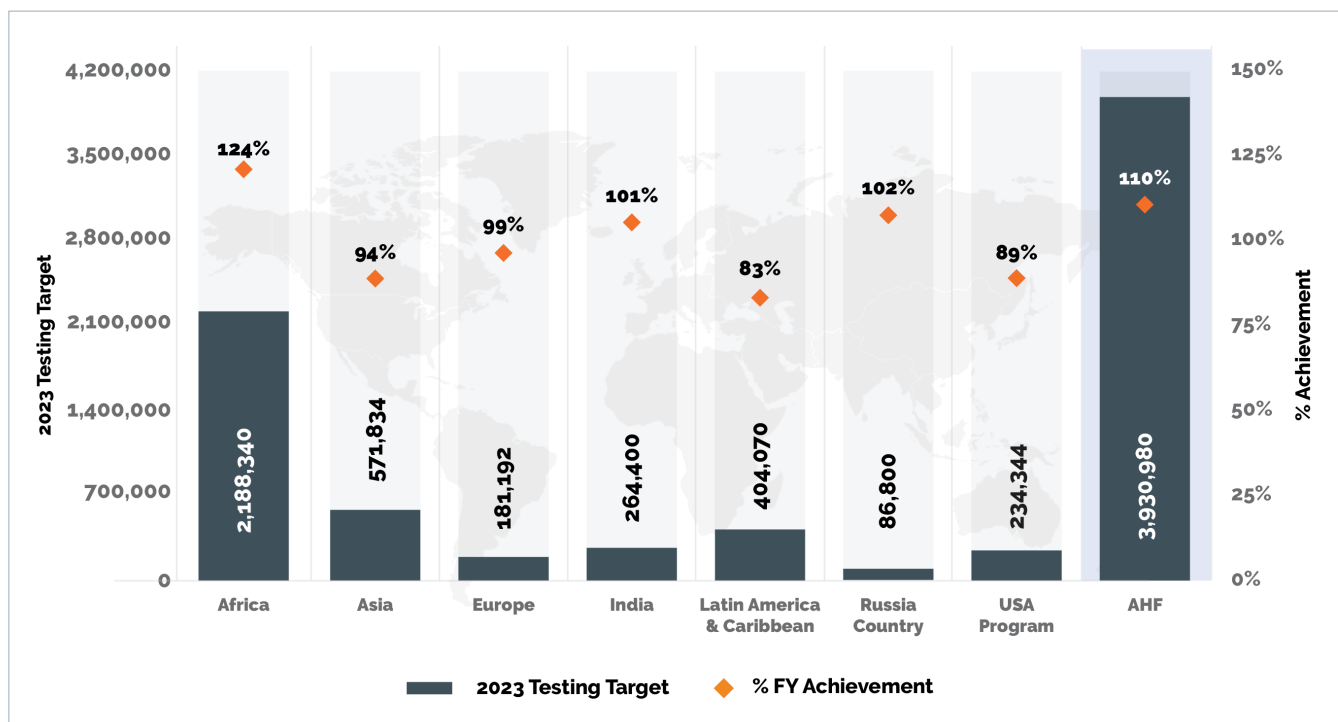


### 3.1 Test Program Performance

#### 3.1.1 Test performance against annual global program targets for 2023

By end of the year 2023, a total of 4,324,924 clients were tested for HIV in 45 countries (including USA), identifying 126,294 HIV-positives (2.9%). Testing targets are mainly based on previous achievement, whereas the targets for positivity are based on country results in 2022 and analysis of country-specific HIV prevalence estimates overall, as well as for Key Populations (KP). Africa bureau surpassed their target with 24% bringing the average performance to 110%.

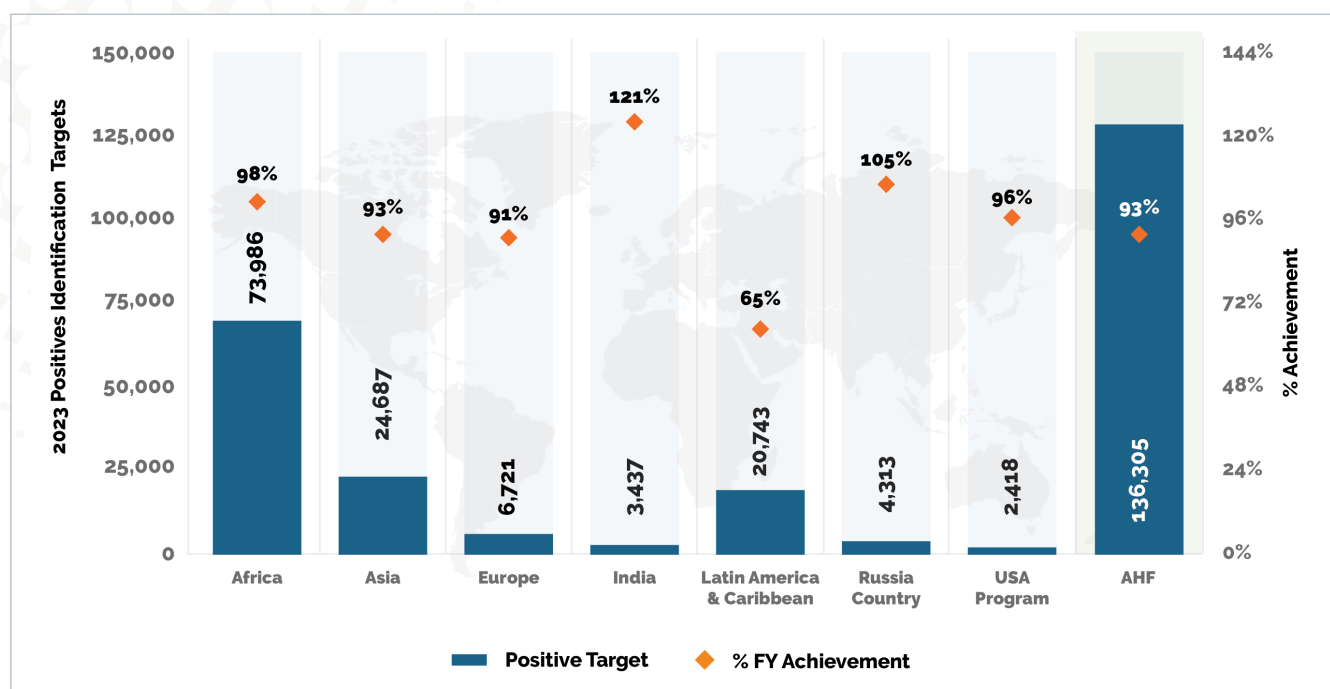
**Figure 3.1.1: HIV testing targets and the annual achievement for 2023**



#### 3.1.2 Test positivity performance towards annual targets for 2023

Overall, 93% of the positive's identification targets for the year 2023 were achieved. India Bureau and Russia Country surpassed their annual targets for identification of positive clients as shown in *Figure 3.1.2 below*.

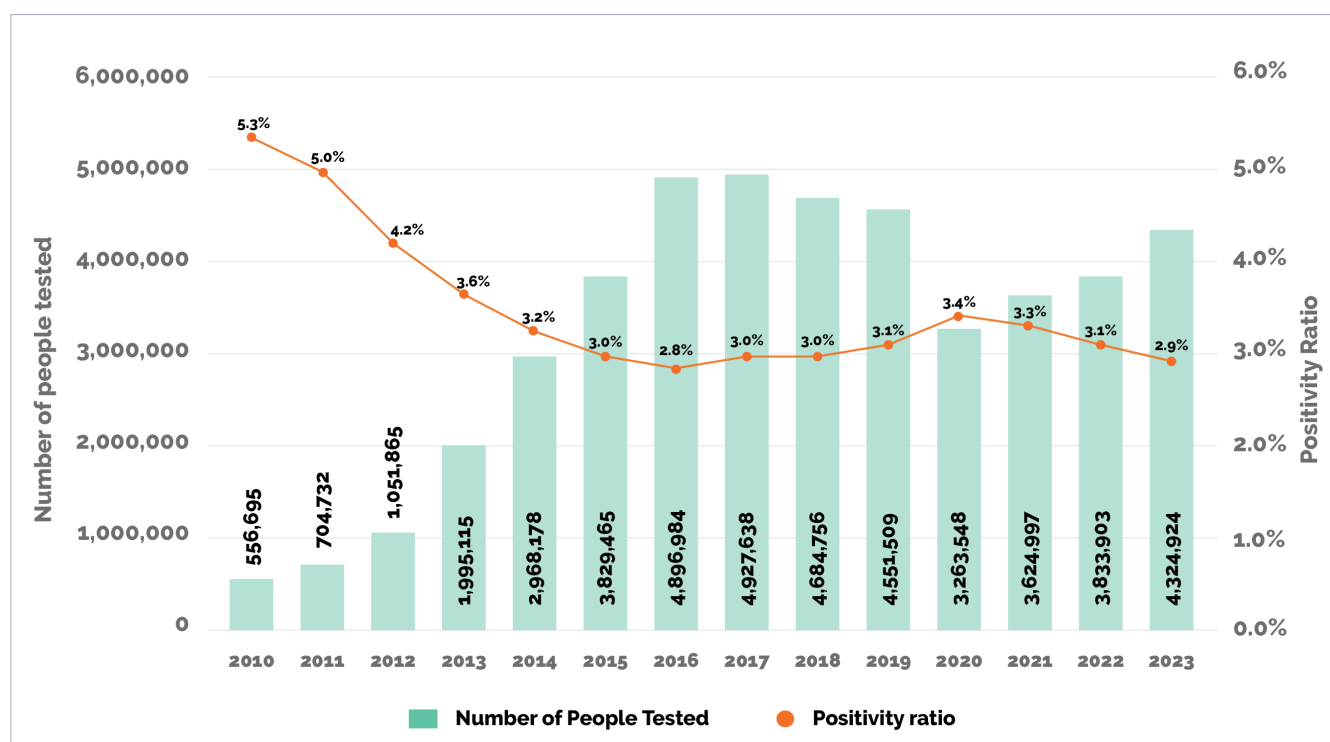
Figure 3.1.2: PLHIV Identification targets and the annual achievement for 2023



## 3.2 Testing outcome and identification of PLHIV

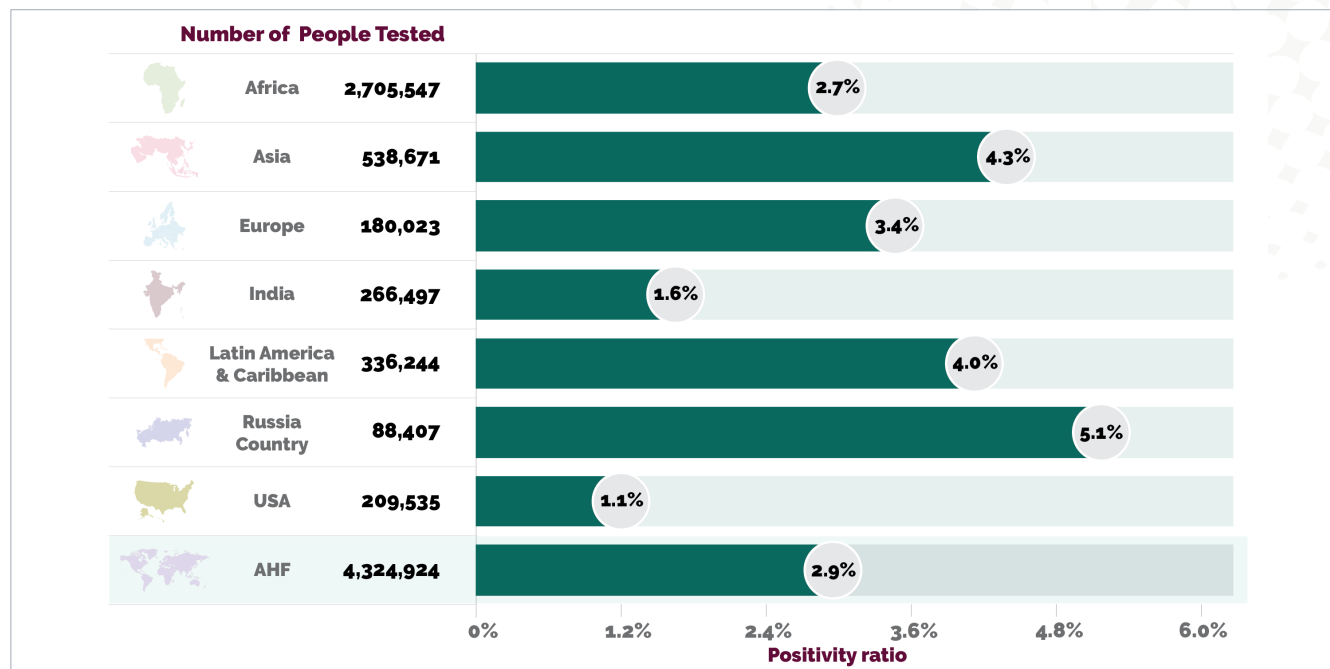
The trend in positivity ratio vs numbers tested (including US program) shows a slight linear decrease in positivity ratio from 3.4% in 2020 to 2.9% in 2023, whereas in these 4 years the number of clients tested rose from 3.8 million to 4.3 million.

Figure 3.2.1: Trend - number of persons tested and positivity ratio, 2010 to 2023 (Includes US)



The global positivity ratio stood at 2.9% by the end of 2023 out of the 4,324,924 tests that were conducted as shown in *figure 3.2.2* below. Russia Country had the highest positivity ratio of 5.1% followed by Asia bureau at 4.3% while Africa bureau took the lion's share in number of clients that were tested in 2023.

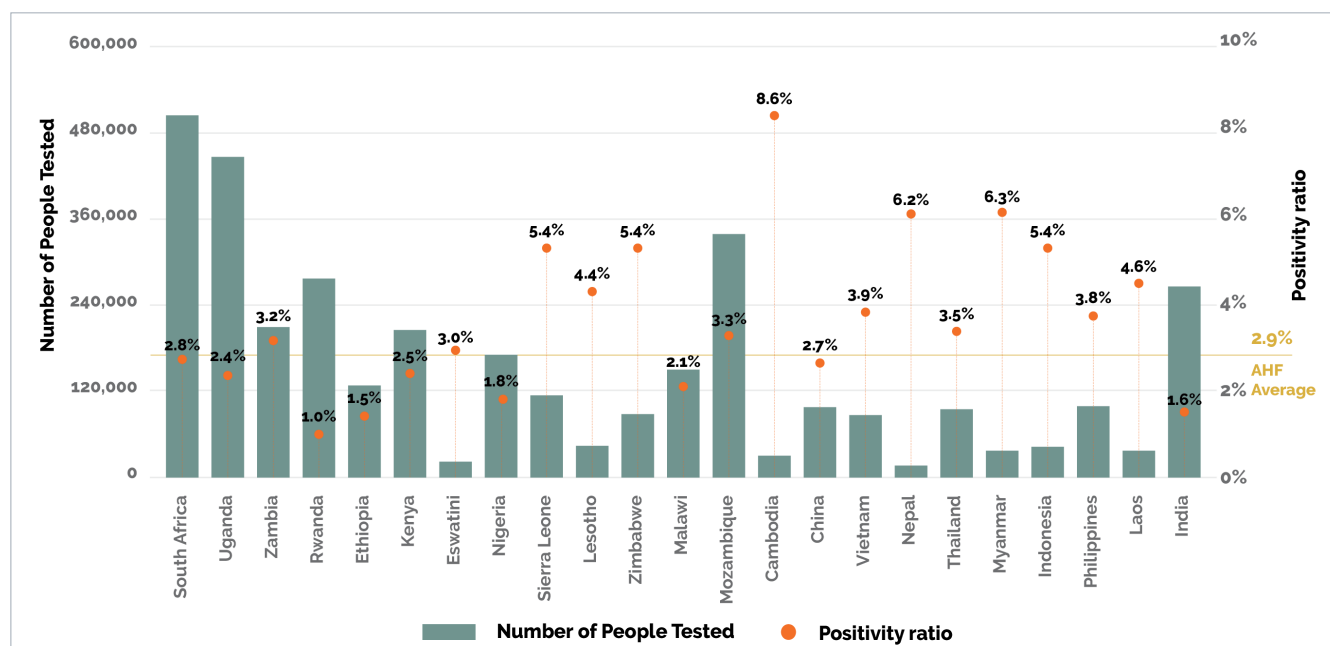
**Figure 3.2.2: Number of HIV-tested clients and positivity ratio by bureau, 2023**



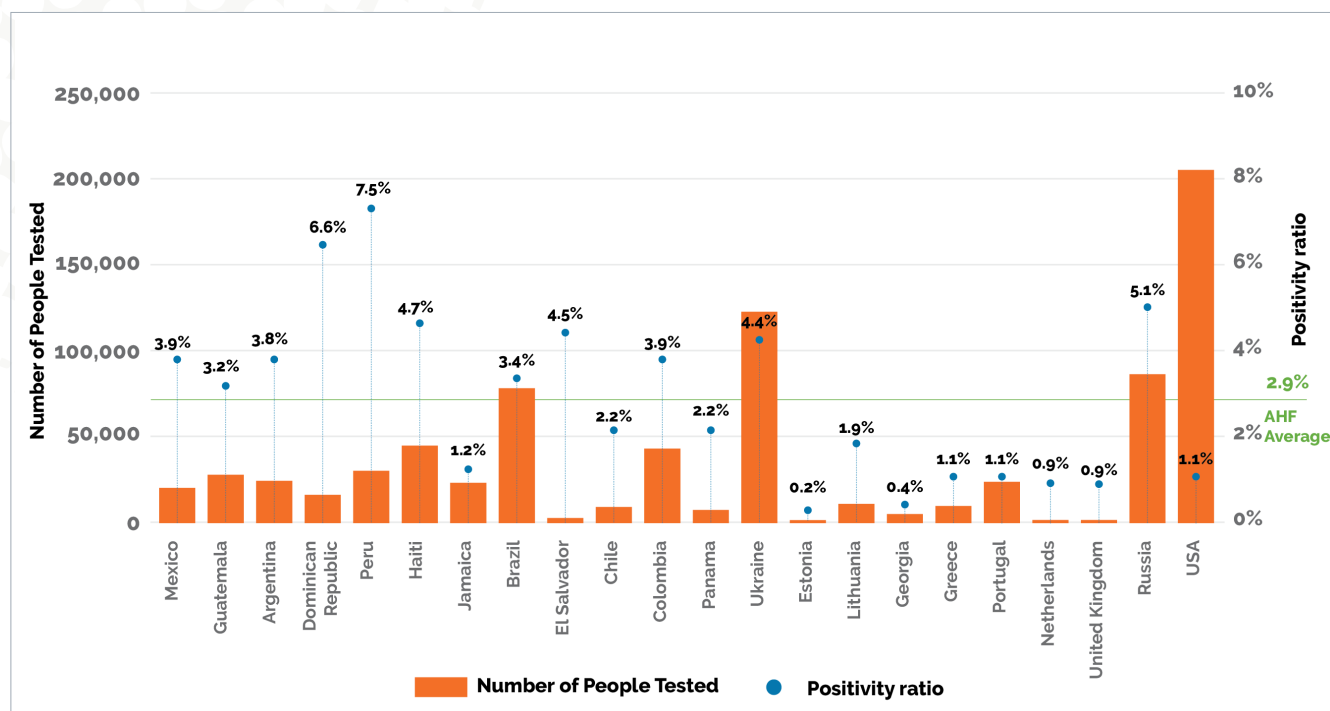
### 3.2.1 Total number of PLHIV and positivity ratio by country, age, and gender, 2023

From the country data in *Figure 3.2.1.1* and *3.2.1.2* below the range of positivity reported is 0.2% (Estonia) to 8.6% in Cambodia. For many countries there appears to be a relation between relatively low numbers of clients tested and higher positivity, likely to reflect a combination of increased focus on targeted testing in global programs.

**Figure 3.2.1.1: Total HIV-tested clients and positivity ratio, by country, Africa, Asia, and India Bureaus, 2023**

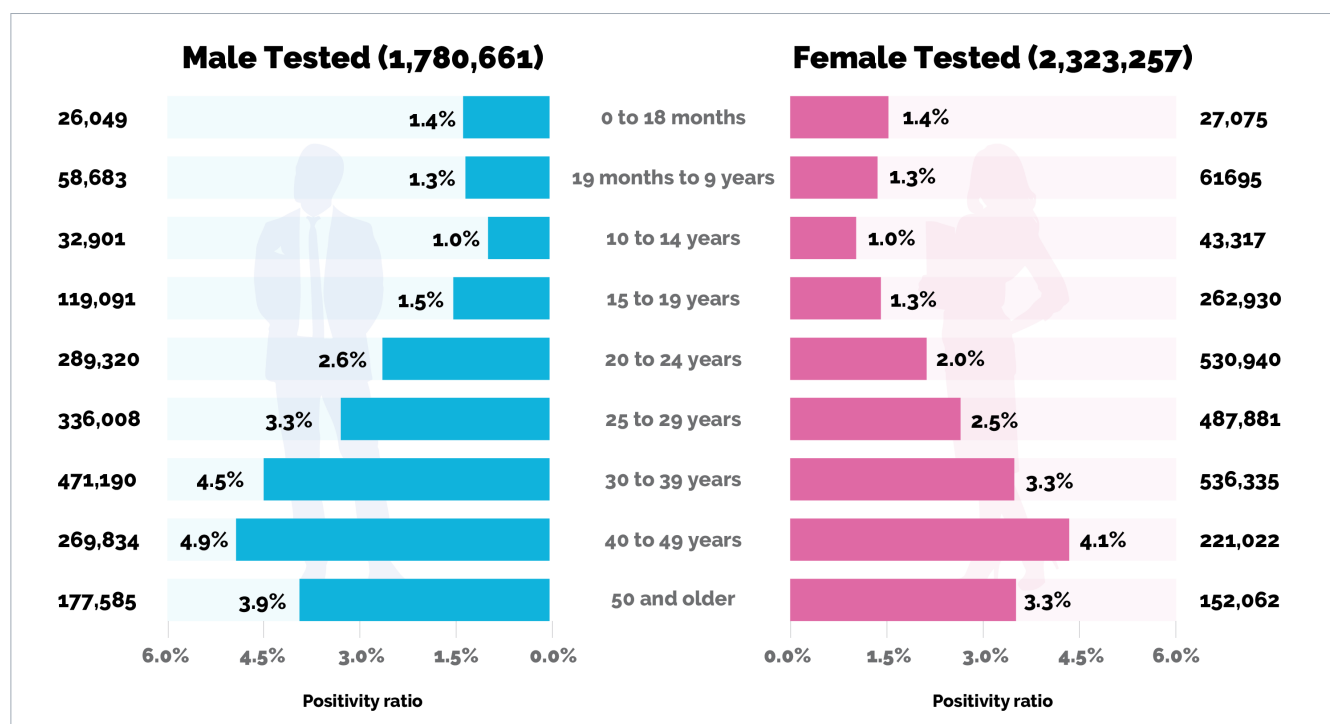


**Figure 3.2.1.2: Total HIV-tested clients and positivity ratio - by country, LAC, Europe Bureaus, Russia Country, and USA, 2023**



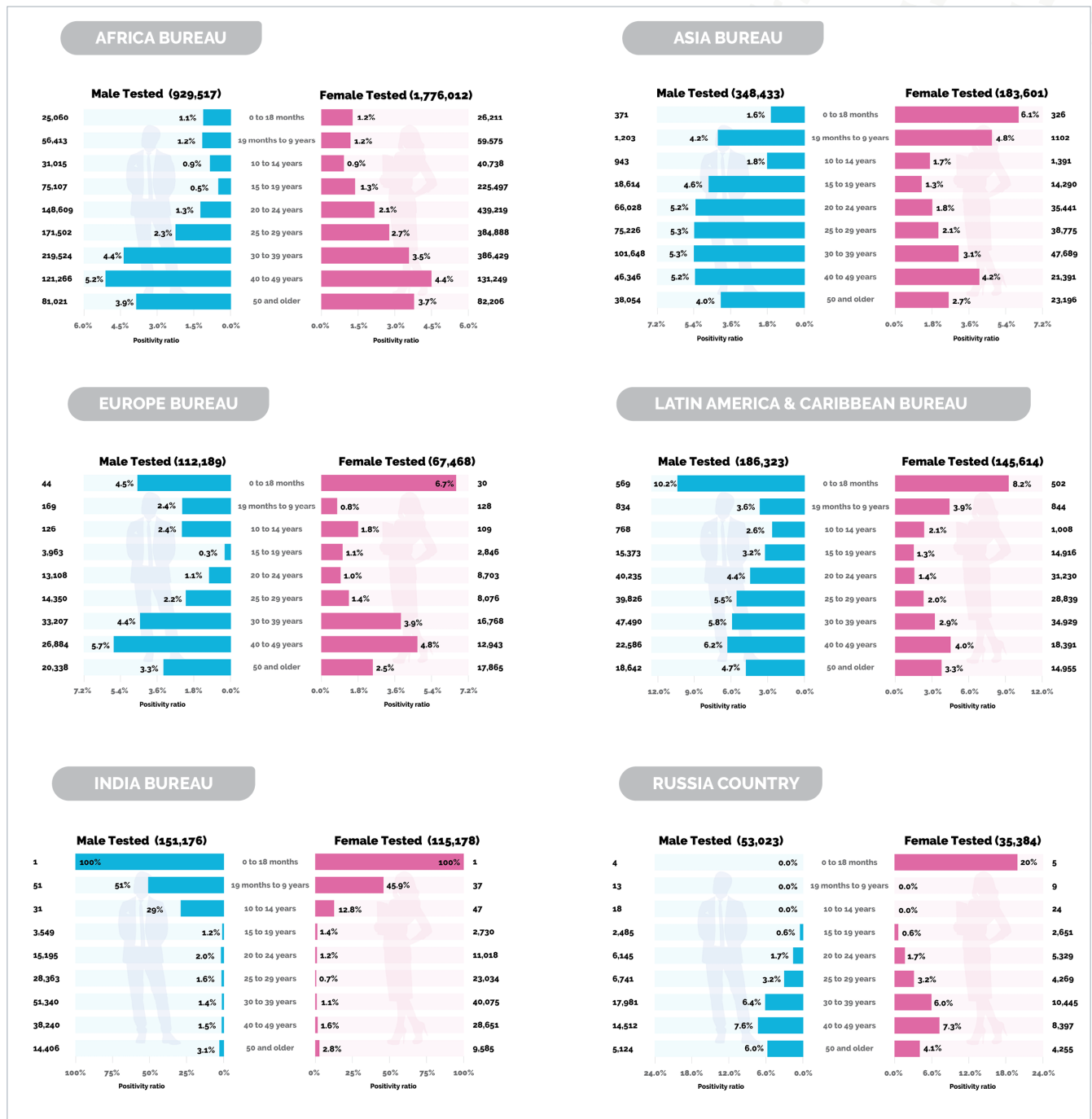
Highest positivity rates globally for both genders are observed within the 40-49 years age category, where positivity is distinctly higher among males. In all the age groups 15 years and above, positivity was consistently higher among males than among female, though many more females were tested in the age groups 10-39 years.

**Figure 3.2.1.3: Total persons tested for HIV and positivity ratio, by gender and age category, Global, 2023**



Looking at these trends by bureau, age distribution differs markedly. Generally, in the age group 30 years and above, all bureaus had higher positivity rates among the males than female. Between bureau variation is striking and mostly associated with test settings and populations. In the adolescents (15 to 19 yrs) positivity is 0.6-1.4% for the females in all bureaus, though for males it is a high 4.6% and 3.2% in Asia and Latin America, vs a low 0.5% and 0.3% in Africa and Europe respectively. Further granular analysis of these pivotal data informs the global testing programs in strategizing and targeting.

**Figure 3.2.1.4: Total persons tested for HIV and positivity ratio, by gender and age category, Bureaus, 2023**



### 3.2.2 Testing outcomes by main reason for HIV Test

Figures 3.2.2.1 and 3.2.2.2 show the number of persons who were tested for a specific reason and the positivity ratio by reason for testing. Almost half of all clients tested in 2023 belonged to 3 categories: Unprotected sex, Provider Initiated Testing & Counseling (PITC) or Ill health, and those who did not disclose a specific reason. In all the 3 groups, positivity ratio ranged from 2.4-3.4%. Testing of partners of persons living with HIV (PLHIV) (range 8.9-24.3% positive) and testing of people who use injectable drugs (PWID) (range 3.1-9.8% positive) had the highest positivity in all 5 bureaus of the global program. STI and Ill health stands out in Latin America and Caribbean bureau with 8.1% positivity.

Figure 3.2.2.1: Positivity ratio by main reason for HIV-testing, Global Program, 2023

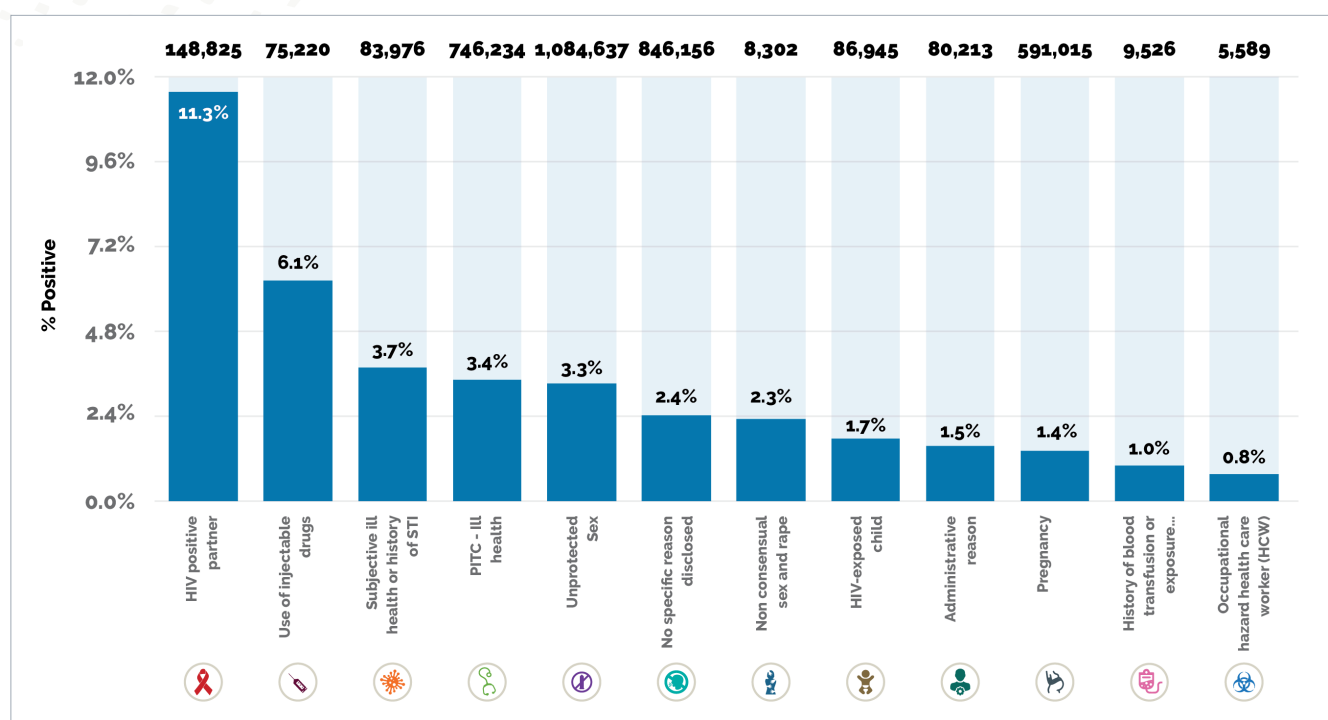
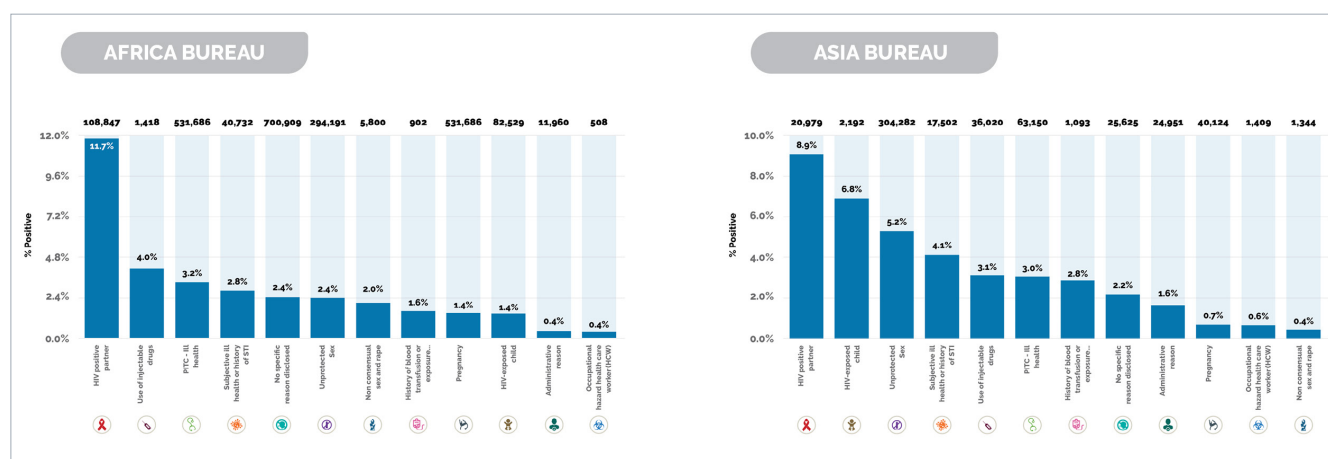
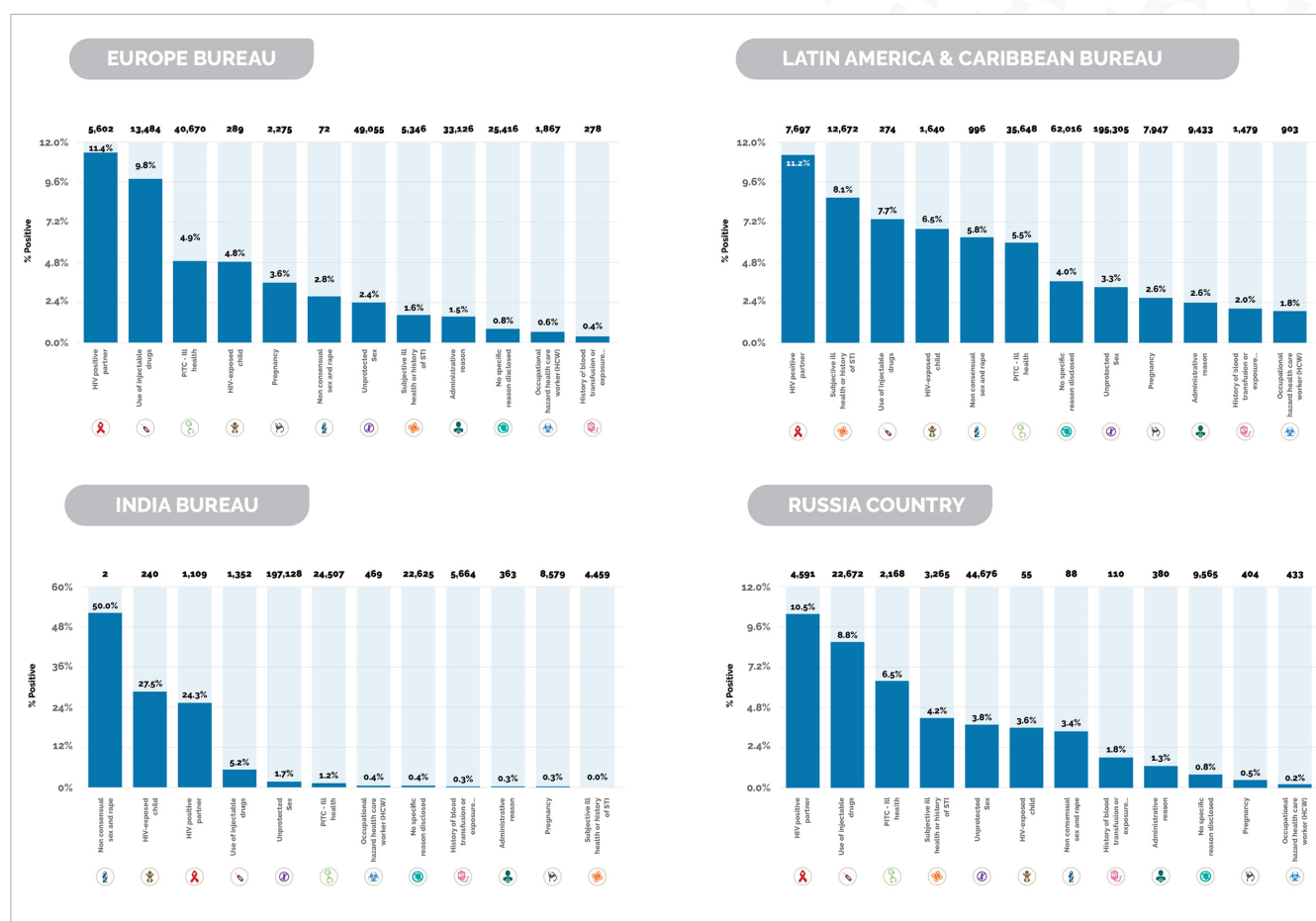


Figure 3.2.2.2: Positivity ratio by main reason for HIV-testing by Bureau, 2023





Relatively few HIV-Exposed Infants (HEI) are tested in the Global Program, as testing of HIV Exposed Infants is predominantly managed at the PMTCT/Mother Child Health units of the health facilities (HFs) and data from these units are not always included in the AHF reporting system. Notwithstanding, positivity is relatively high for the sub-group of infants who were tested and reported to AHF in all bureaus except in Africa. STI and Ill health stands out in Latin America and Caribbean bureau with 8.1% positivity.

### 3.2.3 Testing outcomes by Key and Vulnerable Population (KVP)

Another data reported is the perceived Key Vulnerable & Population (KVP) to which a client belongs. This information is not always available for all clients tested, as for reasons of privacy, discriminatory legislation, or individual preferences in many instances it is not possible to accurately identify this variable for clients. The clients could belong to more than one category, and staff is advised to ask about the one that seems to be the most important.

The potential effectiveness of targeted testing is illustrated in **Figures 3.2.3.1 and 3.2.3.2**. Highest Positivity ratio is observed among Persons Who Inject Drugs (PWID) and sexual partners of PLHIV followed by transgenders, MSM and Sexual partners of identified KVP at higher risk and with noticeable heterogeneity between the 5 Bureaus.



Figure 3.2.3.1: HIV-Positivity ratio by Key Population, Global Program, 2023

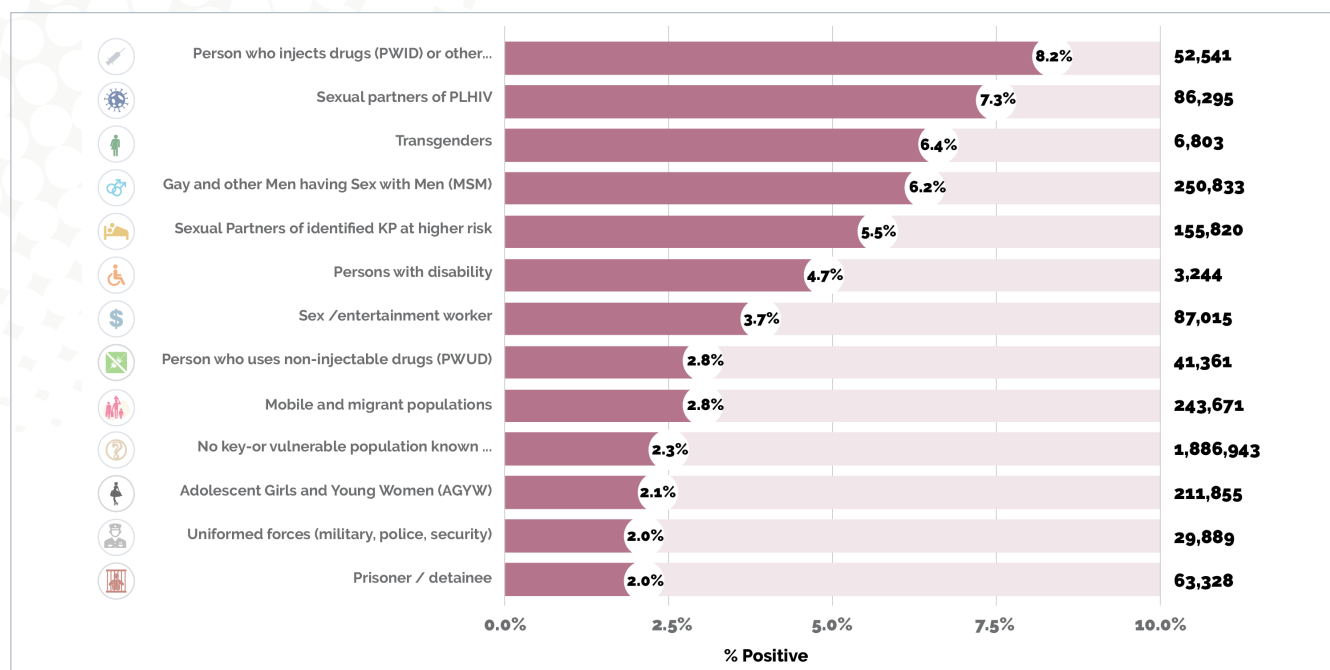
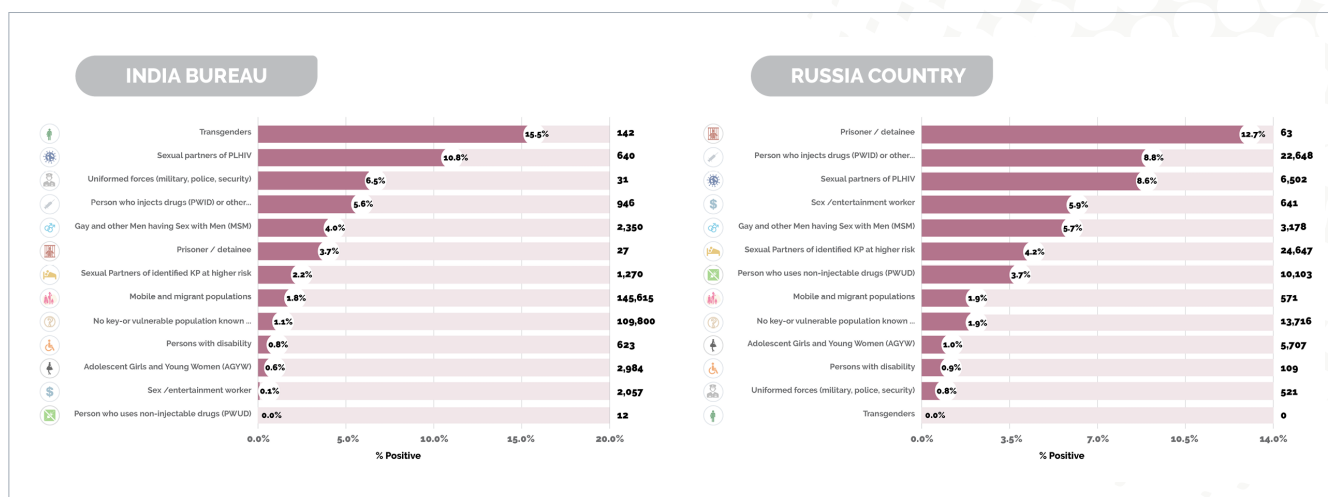


Figure 3.2.3.2: HIV-Positivity ratio by Key-Vulnerable Population, Bureaus, 2023



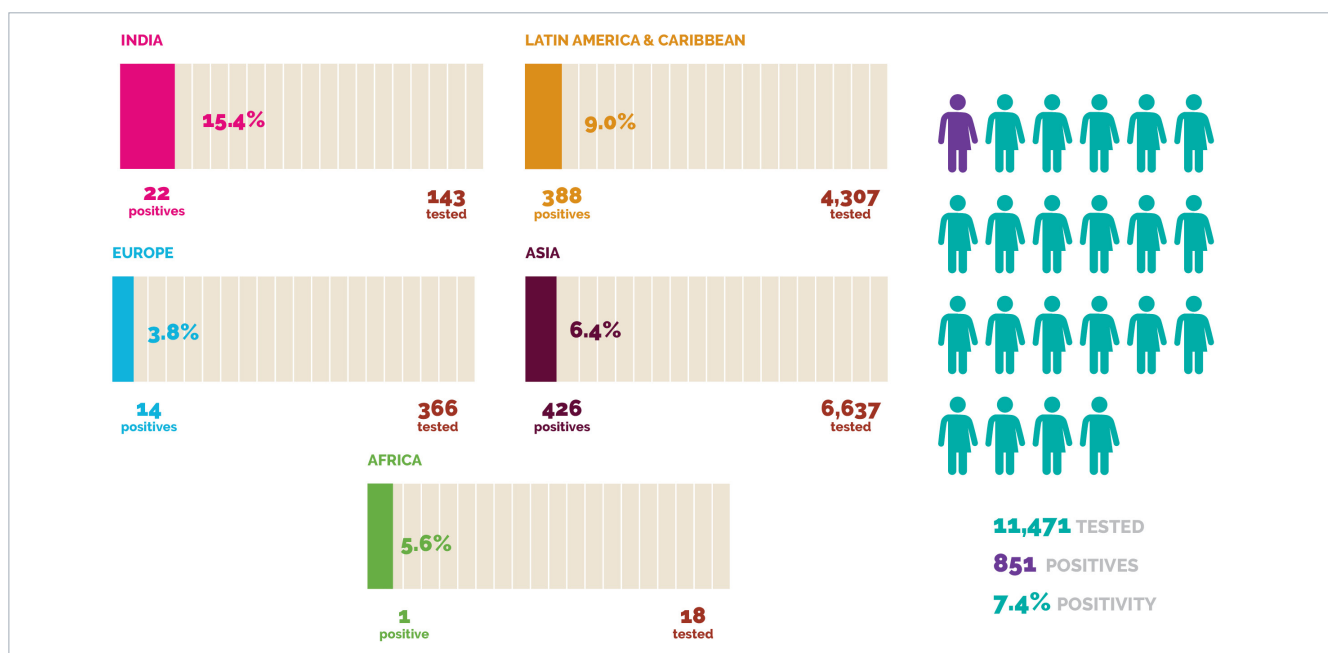




### 3.2.4 Testing outcomes for Transgenders Persons

Most transgender persons were tested in Asia Bureau (n=6,637) with a positivity ratio of 6.4%, closely followed by Latin America and Caribbean with a total of 4,307, but with a higher positivity of 9.0%. India bureau tested 143 transgender persons and had the highest positivity rate of 15.4%. This has been illustrated in *Figure 3.2.4.1 below*.

**Figure 3.2.4.1: HIV-Positivity ratio for transgender, Bureaus, 2023**

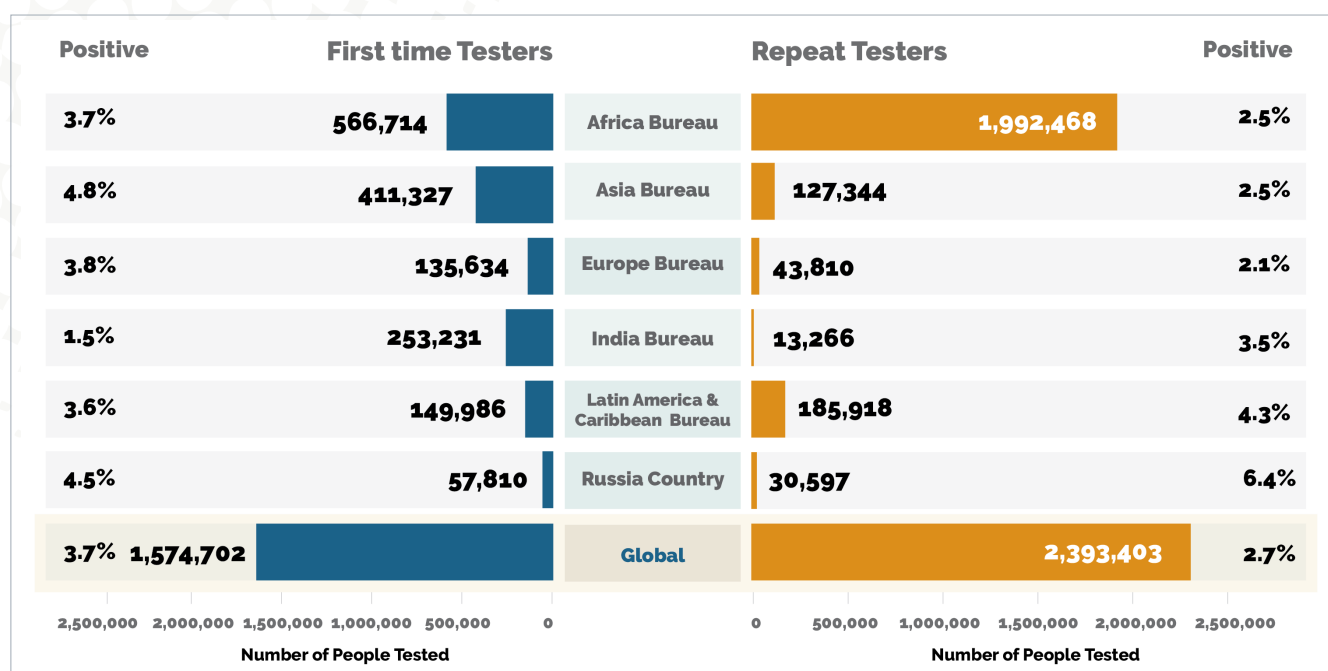


### 3.2.5 First-time testers versus repeat testers

*Figure 3.2.5.1* below illustrates that in 2023, Asia Bureau reported the highest positivity among first time testers at 4.8% while Russia country recorded the highest positivity among clients who were repeat testers at 6.4%.

All bureaus, except Africa & Latin America and Caribbean, tested more clients who came for the first time as compared to the repeat testers. Higher positivity among repeat testers may in certain settings be biased as more than one positive test for one individual may be reported. Bureaus with GQT are currently reviewing the definitions of 1st and repeat testers and analyze the data, to shed more light on the high positivity among repeat testers in certain settings.

Figure 3.2.5.1: Numbers of positive tests by 1st or repeat testing and positivity ratio, Bureau, 2023



### 3.2.6 Facility based HIV testing versus Outreach/Community testing events.

In the global program, positivity is higher among tests that were conducted at Health Facilities (HF) and its outreaches as compared to community testing. More than two thirds of the tests were conducted in the health facility setting, underlining the more recent shift in targeting testing to health facility populations rather than community testing. All bureaus yielded a high positivity ratio among clients tested in HFs as compared to the other settings apart from Africa Bureau that yielded the highest positivity ratio from clients tested in community settings as illustrated in *Figure 3.2.6.1 below*.

Figure 3.2.6.1: Numbers tested and positivity ratio by test setting, Global Program, 2023

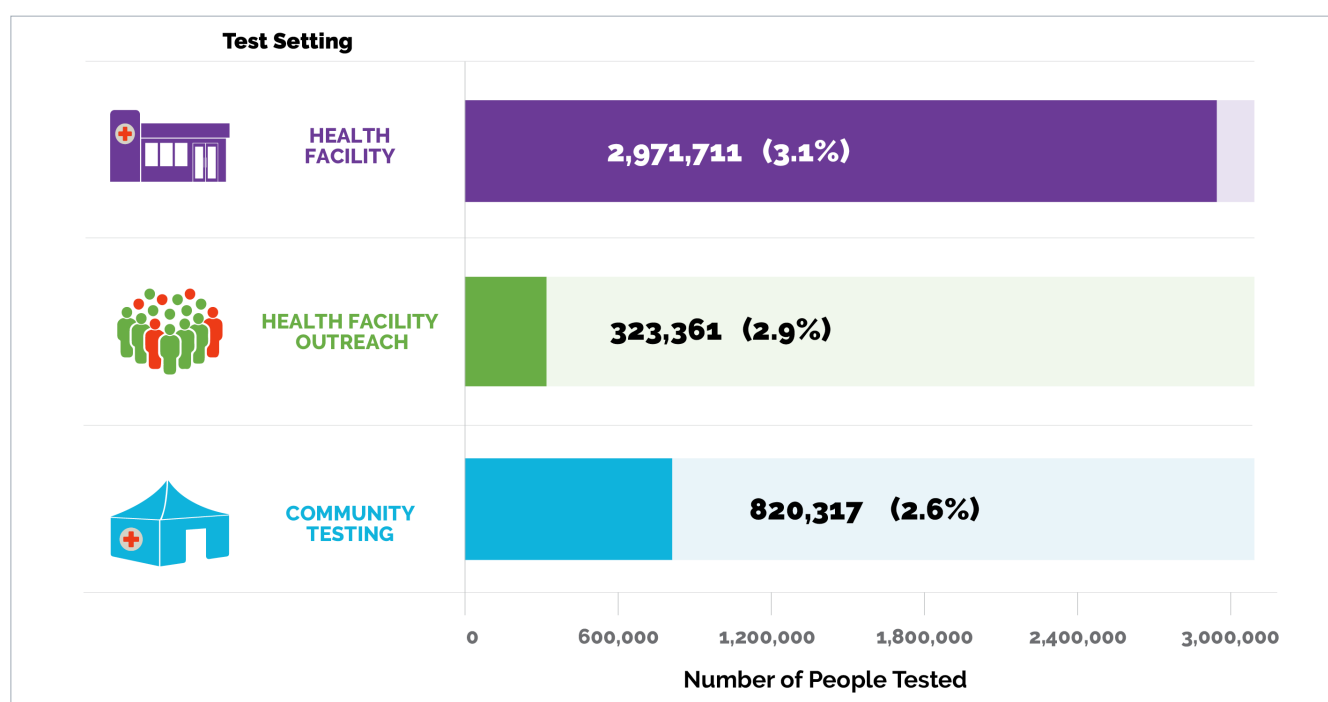


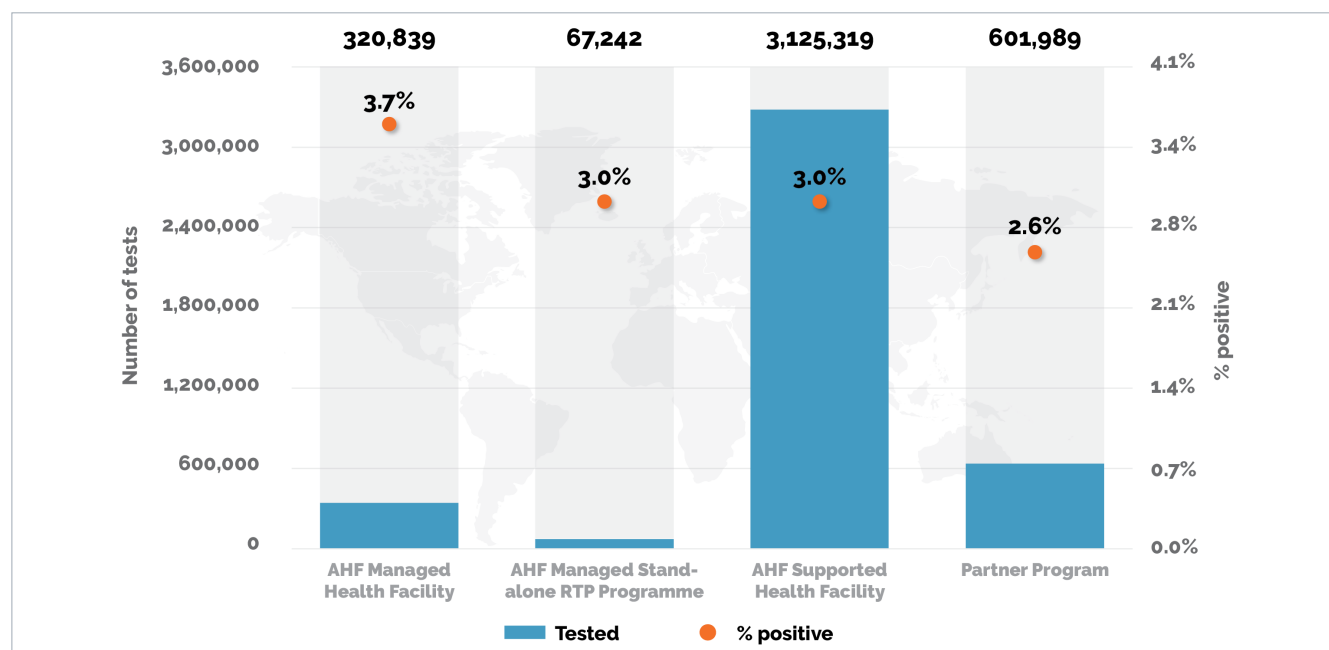
Figure 3.2.6.2: Numbers tested and positivity ratio by test setting, Bureaus, 2023

Test Setting	HEALTH FACILITY		HEALTH FACILITY OUTREACH		COMMUNITY TESTING	
	Tested	% Positive	Tested	% Positive	Tested	% Positive
Africa	2,301,565	2.6%	118,177	2.5%	285,805	3.2%
Asia	359,613	4.9%	96,192	2.9%	82,866	2.8%
Europe	119,377	4.5%	3,522	0.7%	57,124	1.2%
India	2,114	17.6%	12,096	1.0%	252,287	1.4%
Latin America & Caribbean	155,835	4.4%	93,374	3.7%	87,035	3.5%
Russia Country	33,207	5.6%	0	0%	55,200	4.9%
Global Total	2,971,711	(3.1%)	323,361	(2.9%)	820,317	(2.6%)

### 3.2.7 HIV testing by Test Program category

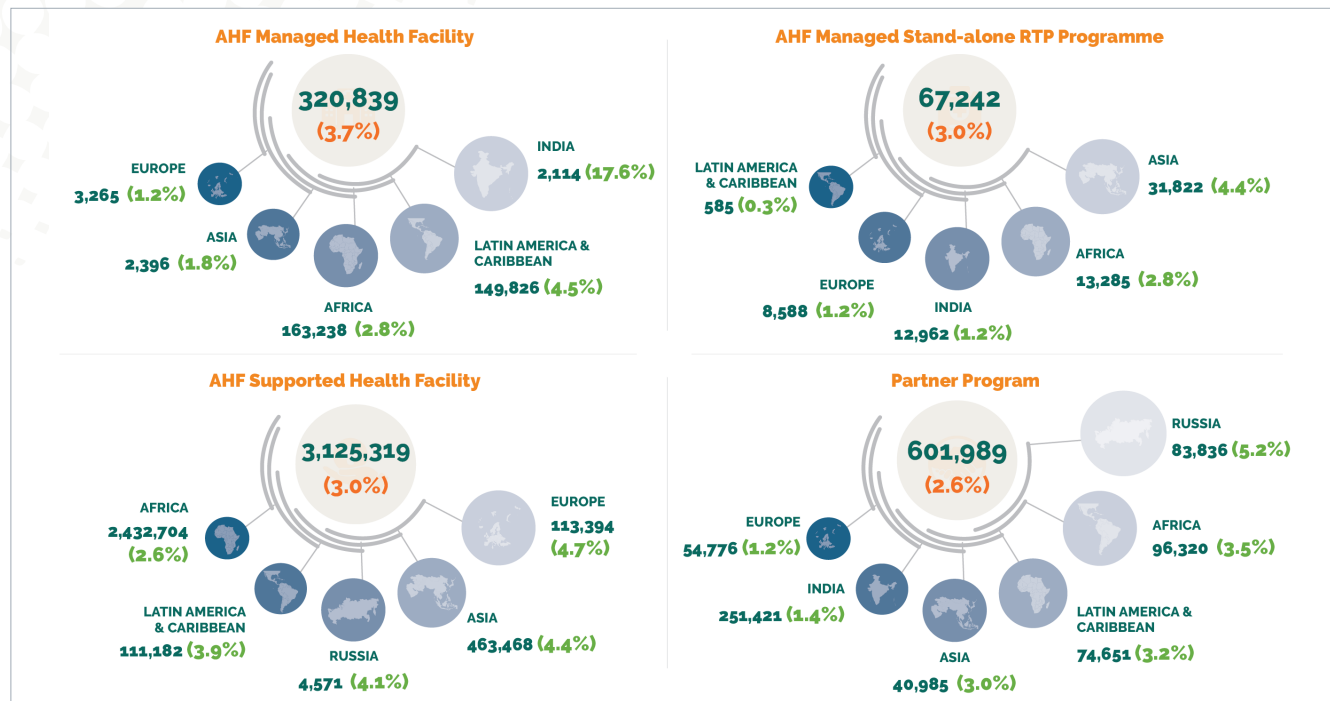
AHF testing data are reported from a variety of test settings. These include AHF managed Rapid Test Programs (RTPs) at community level, facility-based testing (HTC and PITC) and test programs carried out by contracted NGOs/CSOs (Partner Programs) who are mostly active at community level. *Figure 3.2.71* shows the positivity by category of testing program. AHF Managed health facilities yielded the highest positivity rates as compared to the other programs. Most tests were conducted in AHF supported HFs which accounted for more than 75% of all the tests conducted.

Figure 3.2.71: Number of clients tested for HIV and positivity ratio by test program category. Global, 2023



India had the highest positivity ratios among clients tested in AHF Managed HF's at 17.6% while Asia bureau had the highest positivity rate among clients tested in AHF Managed Stand-alone programs at 4.4%. Europe (4.7%) and Russia (5.2%) had the highest positivity rate among clients tested in AHF-Supported and Partner programs respectively. This has been illustrated in *Figure 3.2.7.2*.

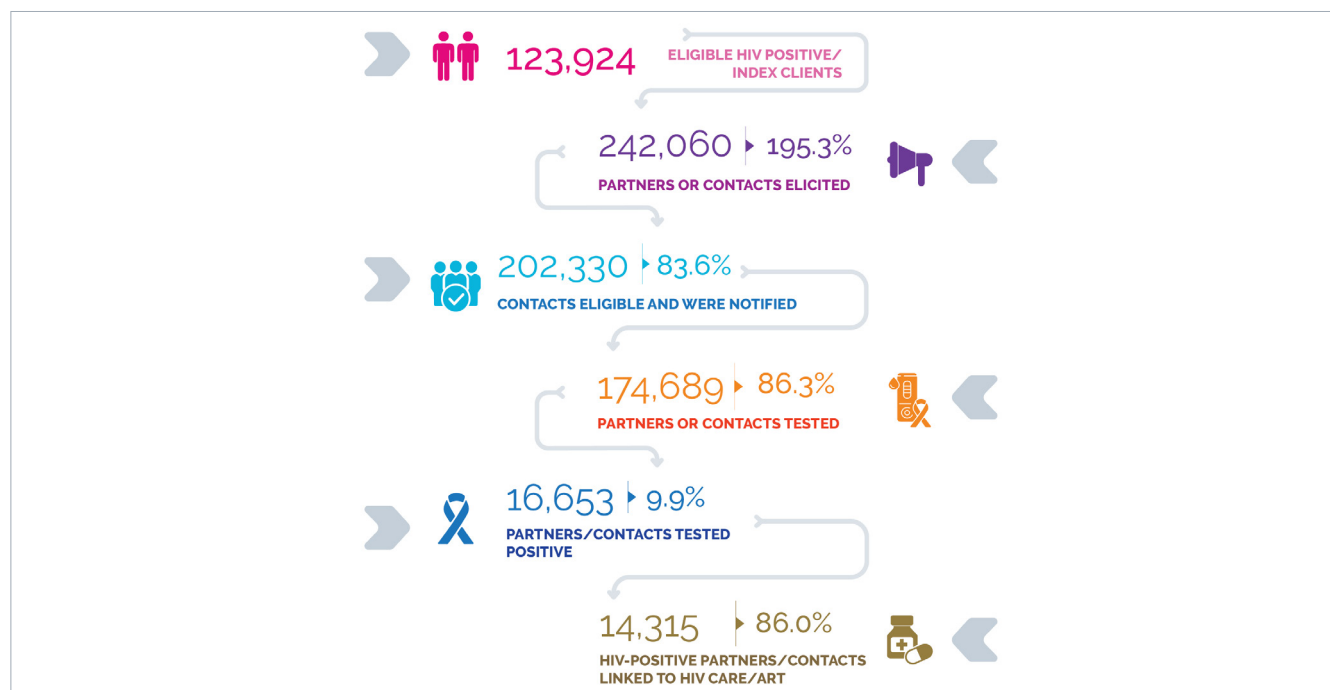
**Figure 3.2.7.2: Numbers tested and positivity ratio by test program category, Bureaus, 2023**



### 3.3 Index Testing

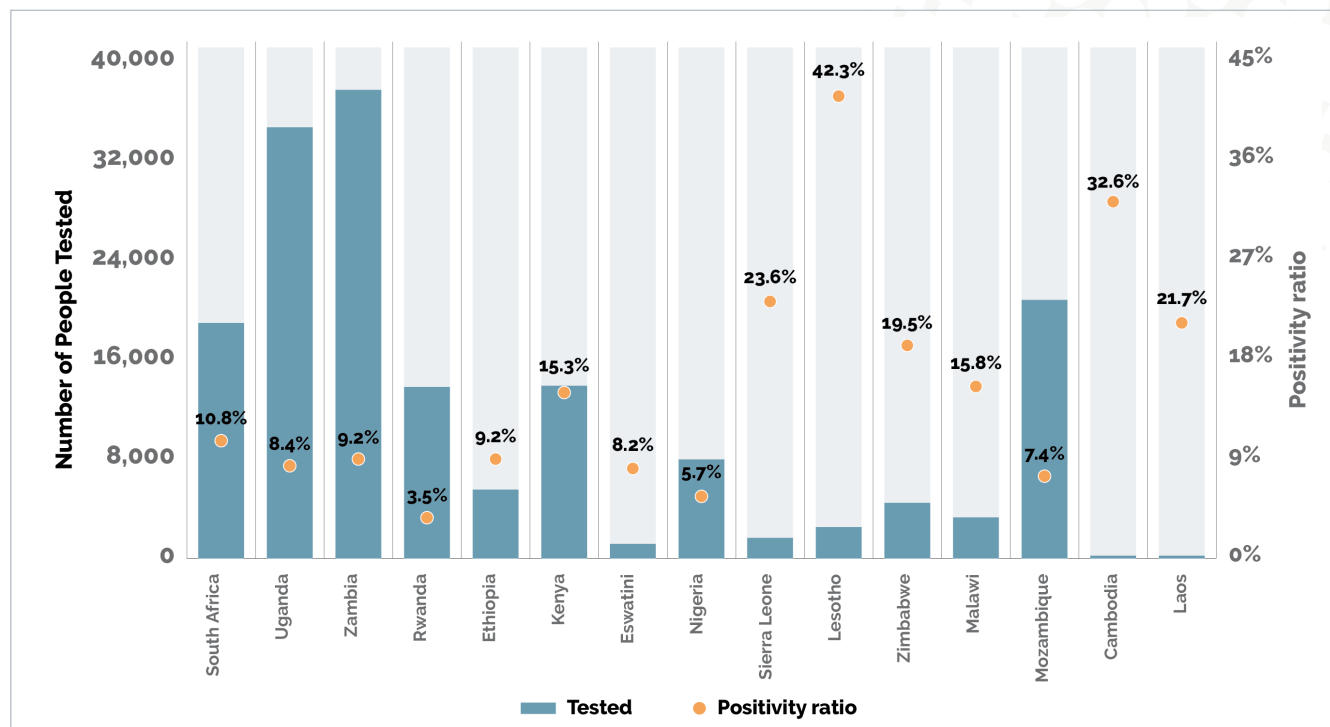
Africa and Asia Bureaus implemented the index testing strategy to reach adults, adolescents, and children at high risk of HIV infection. A high positivity ratio of 9.9% was yielded from the contacts of the index clients that were tested in 2023. At average almost two contacts were elicited from each index client.

**Figure 3.3.1 Index Testing Summary, 2023**



Sierra Leone, Lesotho, Cambodia, and Laos had high positivity ratios of greater than 20% among contacts of index clients that were tested in the year 2023. Zambia had the highest number of index client's contacts elicited who were tested for HIV.

**Figure 3.3.2 Number of Tests and Positivity Rate by Country, 2023**



**Figure 3.3.3 Number of sexual partners/contacts of index clients tested over time and the positivity ratio, 2019-2023**



There has been a significant increase in the number of sexual partners/contacts of Index clients reached over the years and even though the positivity ratio came down, numbers of positive partners identified are high, making this strategy most effective in curbing ongoing transmission in the community.

### 3.4 Linkage into Care & Treatment Service

Out of 123,970 positive testers identified by the end of the year, 88% were linked to HIV care facilities. Out of those, 80% were linked to AHF Supported Care Facilities, followed by linkage to non-AHF supported facilities, usually government HIV care facilities (15%) and to AHF-managed facilities (5%). Linkage is confirmed if a client has had 2 visits to a C&T facility and has been enrolled. Clients under follow-up are those who have been referred to a C&T facility, but confirmation of linkage is pending. Latin America and the Caribbean bureau had the highest linkage rate across the bureaus at 94% as shown in *figure 3.4.1 and 3.4.2* below. For 3%, linkage could not be confirmed and follow-up was unsuccessful.

**Figure 3.4.1: Linkage outcomes for PLHIV identified, Global Program, 2023**

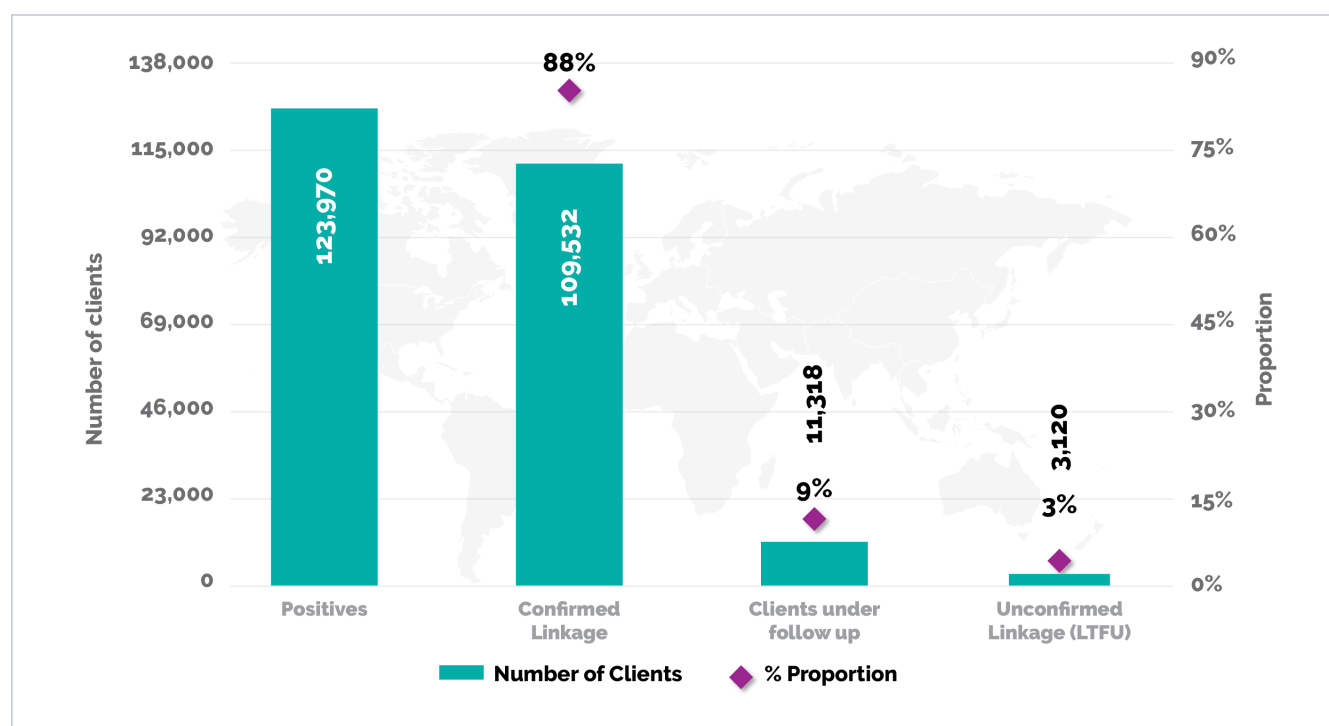


Figure 3.4.2: Proportion of clients linked by Bureau and Russia Country, 2023

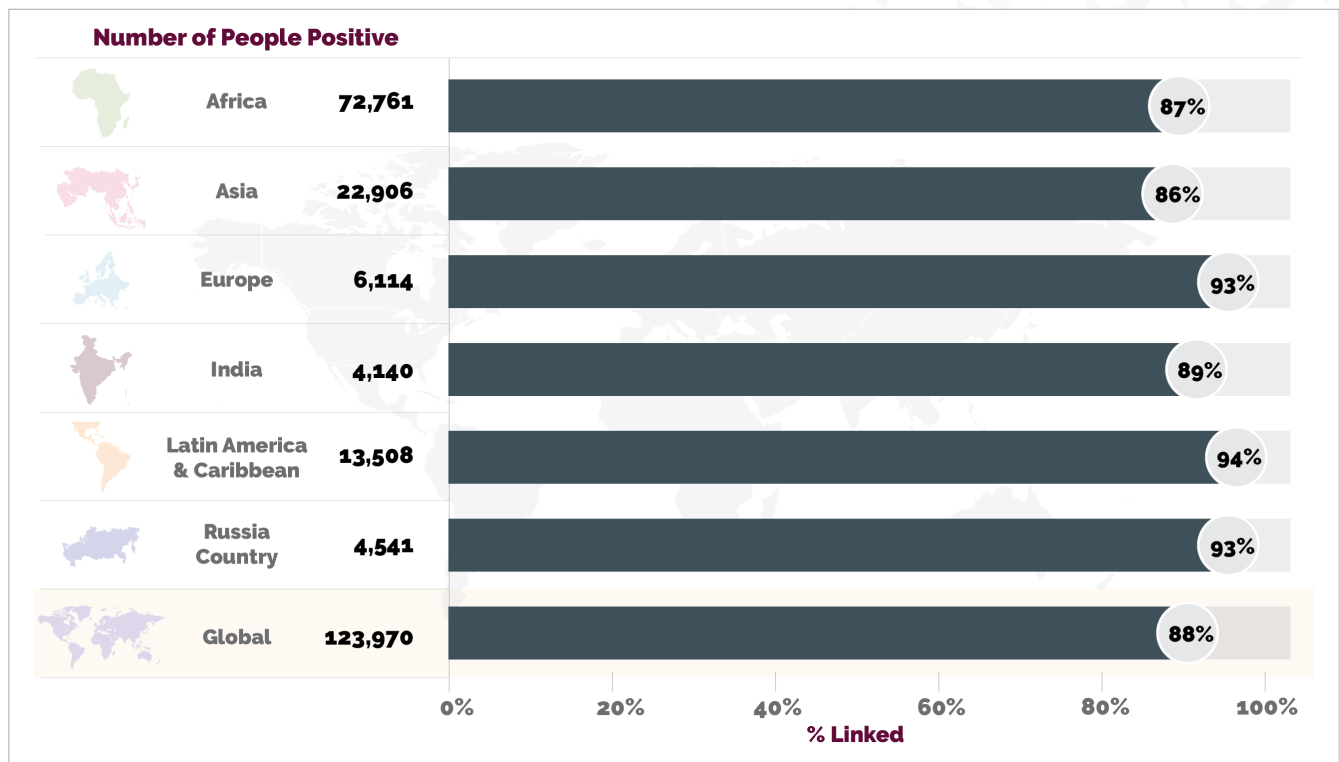
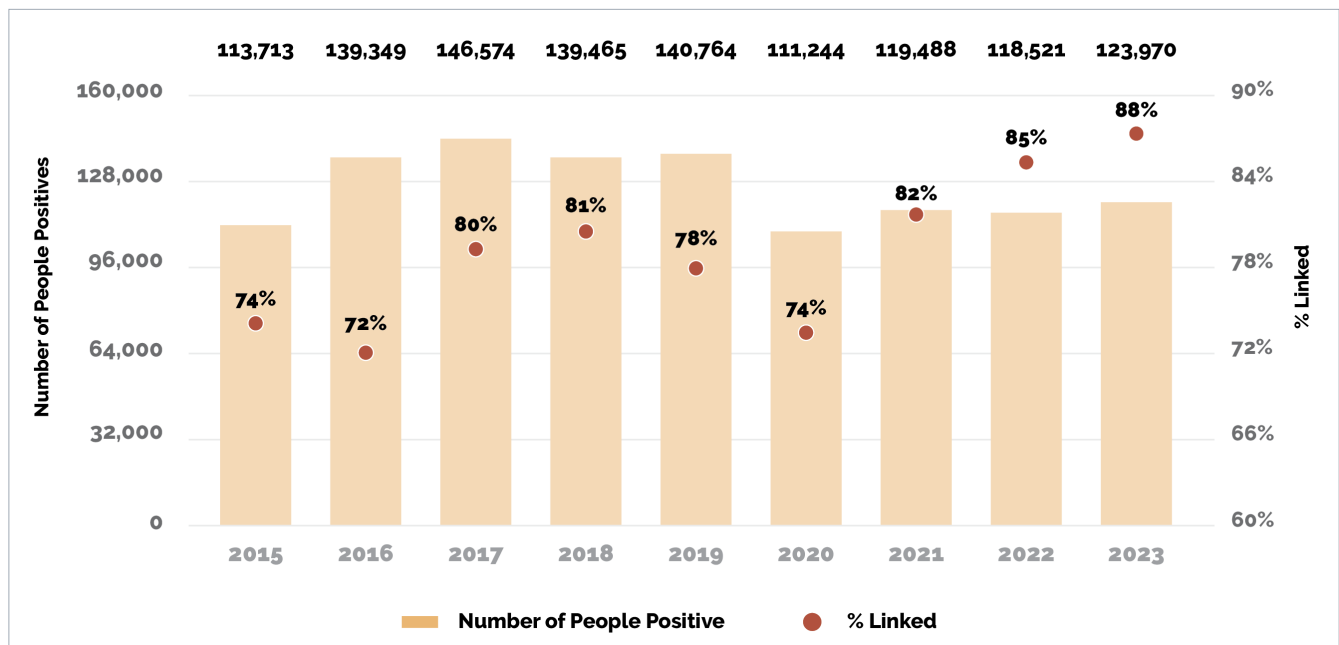


Figure 3.4.3: Linkage trends over time, 2015-2023



The number of positives identified between 2015 and 2019 increased significantly. The client linkage fluctuated between 72% in 2015 and 88% as of the end of 2023. Linkage fell in 2020 concomitant with the Covid-19 pandemic unleashing in that year, but rose linear to a high 88% in 2023 for equal numbers of positives identified. This marked improvement in linkage may well be attributed to Global Programs efforts in optimizing retention and the implementation of the Track-Positive Application.



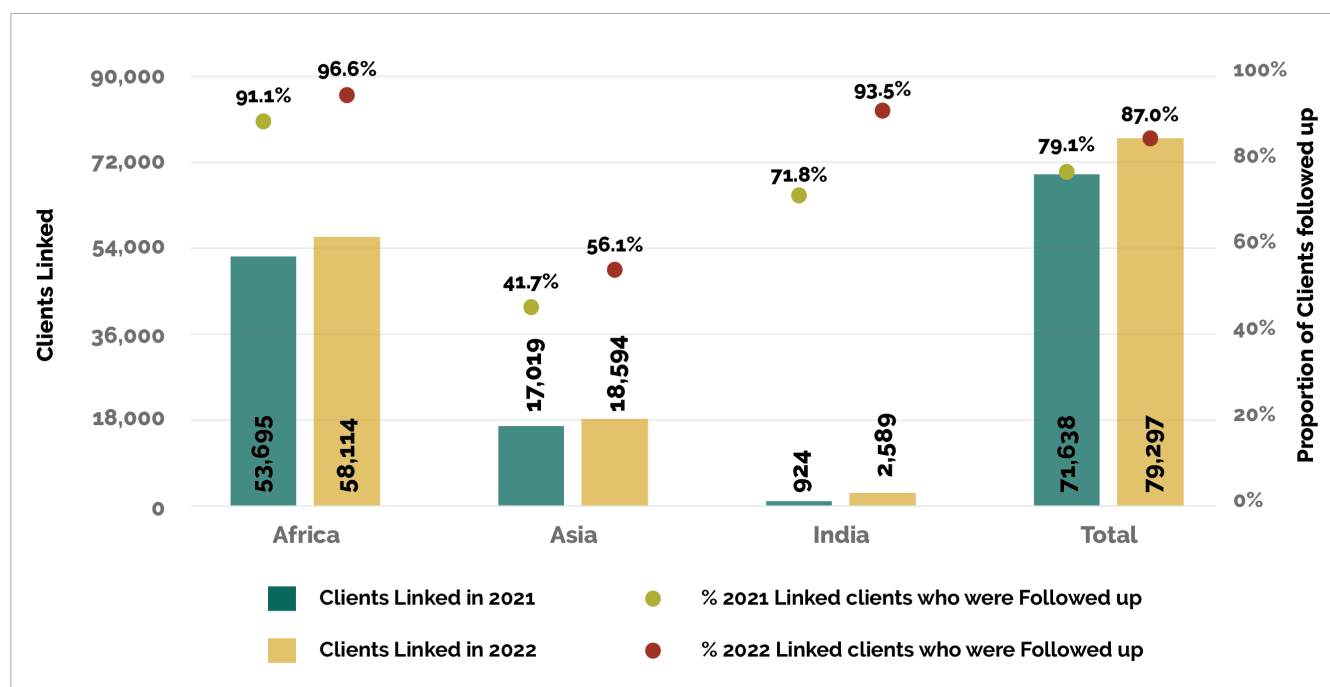
### 3.5 Still in Care

The “Still In Care” campaign was launched to ensure the early retention of HIV positive clients by proactively contacting care and treatment (C&T) facilities. The primary focus was to verify whether individuals who had tested positive for HIV and were initially linked to care and treatment health facilities were still actively engaged in care. This campaign involved reaching out to care and treatment facilities where HIV-positive individuals were linked after testing HIV positive. The focus for this campaign was on clients linked in 2021 and 2022. The objective was to gather information on the status of these clients’ engagement with healthcare services, identify any barriers to retention, and take corrective measures to enhance early retention rates. Information on the current healthcare status of clients, including clinic attendance and adherence to medication, was systematically collected through the “Track Positive” tool from facility staff. Common challenges to retention were documented and categorized as follows: Transferred Out (TO), Relocation, Refused care, Deceased, Lost to Follow-up (LTFU).

The “Still In Care” campaign for C&T facilities across the three bureaus demonstrated that client retention is reducing over time and mechanisms need to be put in place to ensure that the trend is reversed ensuring early improvement of retention. The collaborative approach between AHF campaign coordinators and facilities will be effective in identifying and addressing barriers to retention, fostering a more supportive and engaged healthcare environment. It is necessary that continuous monitoring and feedback mechanisms are sustained to ensure the ongoing success of the campaign.

Figure 3.5.1 below shows proportion of linked clients that were followed up in the Still in Care campaign in the three bureaus. Out of all clients that were linked in Africa, Asia, and India bureaus in 2022 87% of them were followed up while 79% of those who were linked in 2021 were followed up and their status confirmed. Africa bureau had the highest number of linked clients whose still in care status was confirmed.

**Figure 3.5.1: Proportion of Linked clients followed up by bureau and year, 2021-2022**



Out of all 68,976 who were linked and followed up, 72% were still in care. 65% of these clients were still in care as at the time the campaign was undertaken. India bureau had the highest proportion of clients who are still in care out of all those who were linked and followed up for both years at above 85% as demonstrated on *figure 3.5.2 below*.



**Figure 3.5.2: Proportion of linked clients who were followed up and are still in care by bureau and year, 2021-2022**

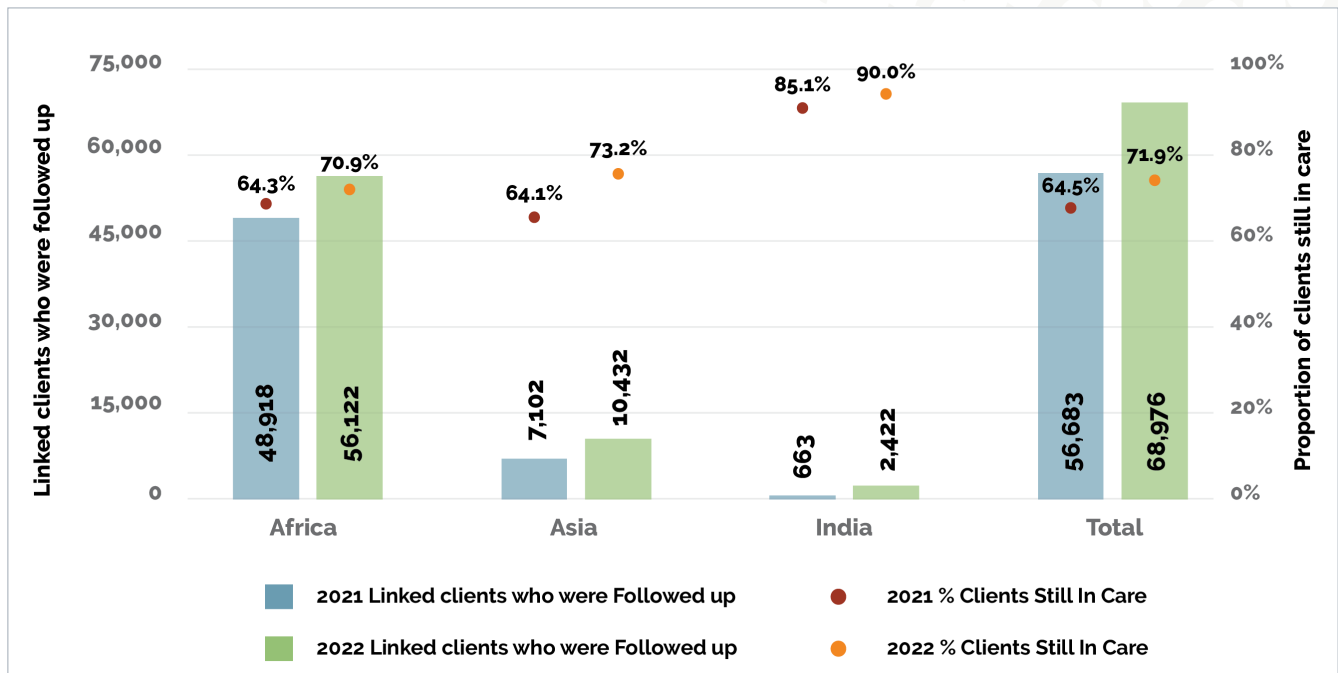
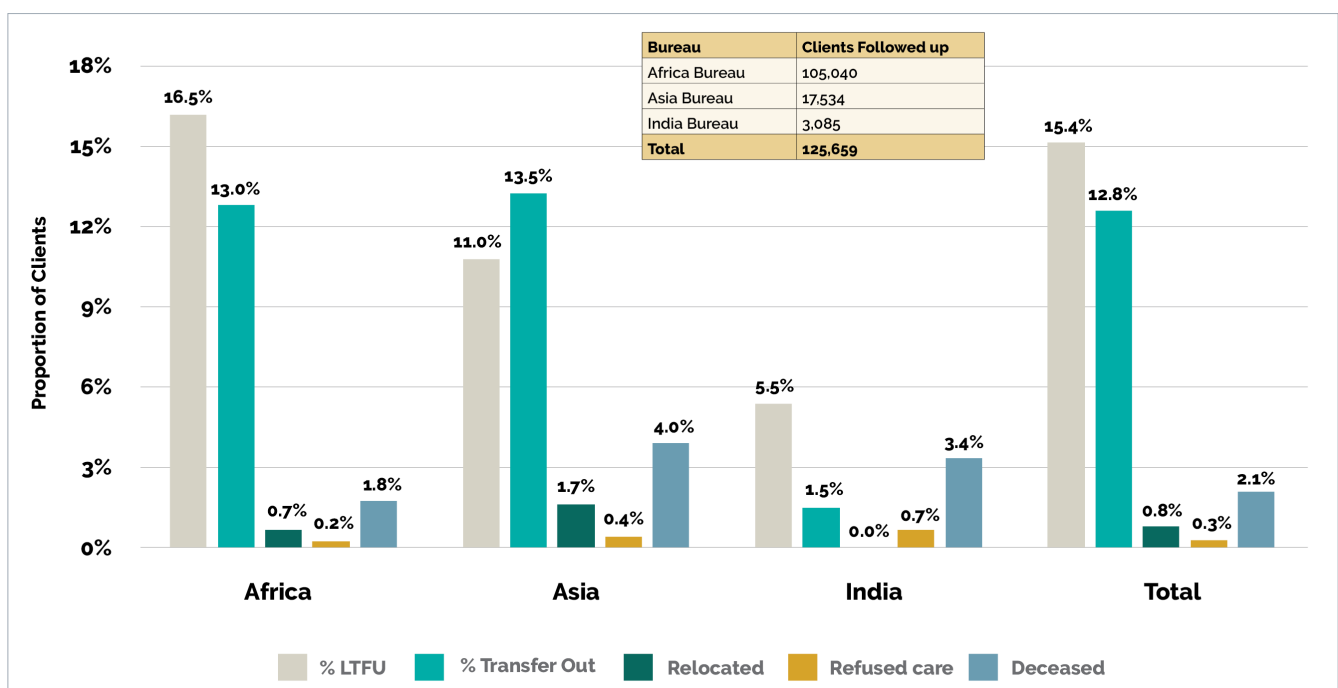





Figure 3.5.3. below shows that Africa's and India bureaus' main reason for clients becoming NLIC were the clients who became lost to follow up (16.5%) and 5.5% respectively while Asia's main reason were clients who were transferred out (13.5%). Out of all the linked clients for the two years who were followed up, 15.4% were confirmed to be lost to follow up while 12.8% of these clients transferred out.

**Figure 3.5.3: Proportion of linked clients who became NLIC out of all clients who were followed-up by bureau, 2021-2022.**



The following *Figure 3.5.4* shows that for all the three bureaus, in 2021 more clients who were linked became NLIC as compared to those who were linked in 2022.

**Figure 3.5.4: Proportion of linked clients who became LTFU and Transferred out of all clients who were followed-up by bureau and year, 2021-2022**

Bureau	Proportion of clients who became LTFU out of all who were followed up		Proportion of clients who Transferred out of all who were followed up	
	2021	2022	2021	2022
 <b>Africa</b>	18.4%	14.7%	14.2%	12.0%
 <b>Asia</b>	13.0%	9.6%	16.9%	11.2%
 <b>India</b>	6.5%	5.2%	2.4%	1.3%
<b>Total</b>	17.6%	13.6%	14.4%	11.5%

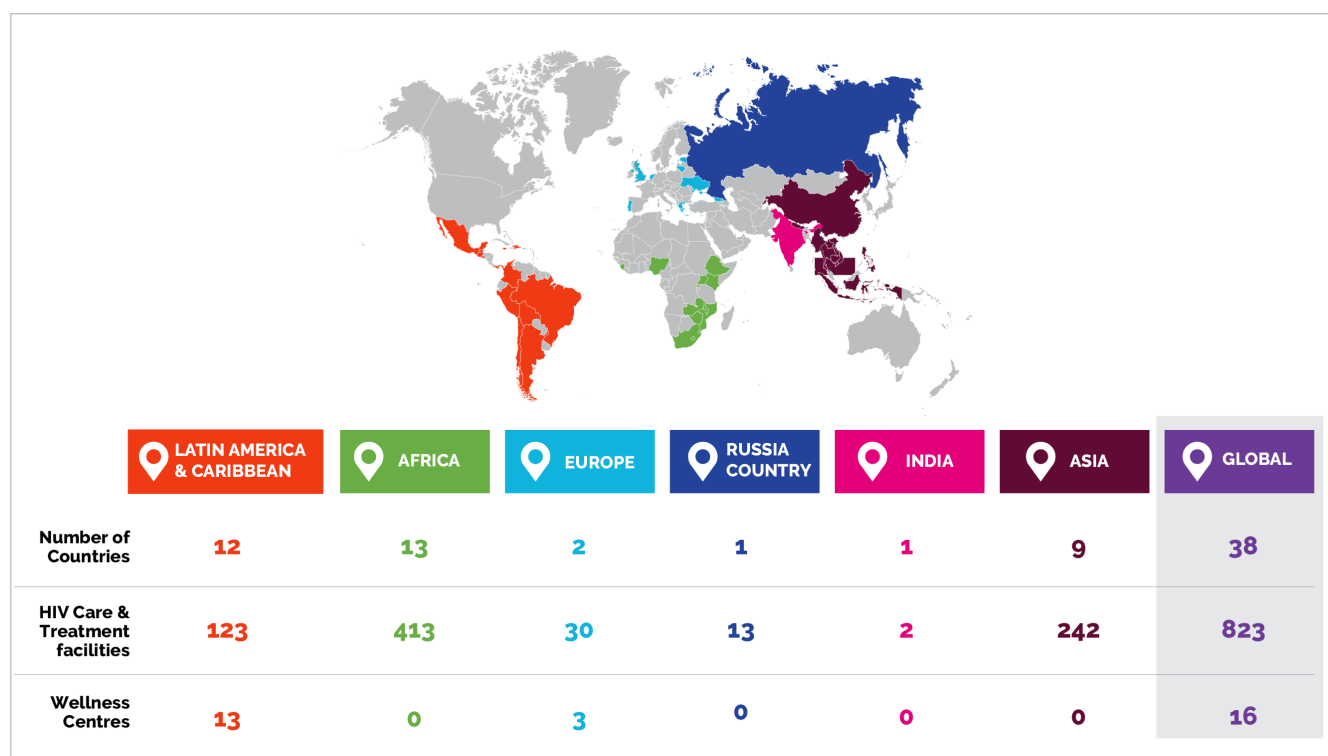
# 4

## HIV Care & Treatment

### 4.1 Active AHF Supported Facilities

The addition of HIV care & treatment facilities to AHF Programs is part of the expansion of the HIV care and treatment program that reached 839 facilities by end of 2023. These facilities include both HIV care & treatment facilities and Wellness Centers in the Latin America & Caribbean and Europe Bureaus. The regional distribution of active AHF-managed and AHF-supported facilities is seen in *figure 4.1.1*. The Africa Bureau counted for nearly half of all global program facilities by the end of 2023.

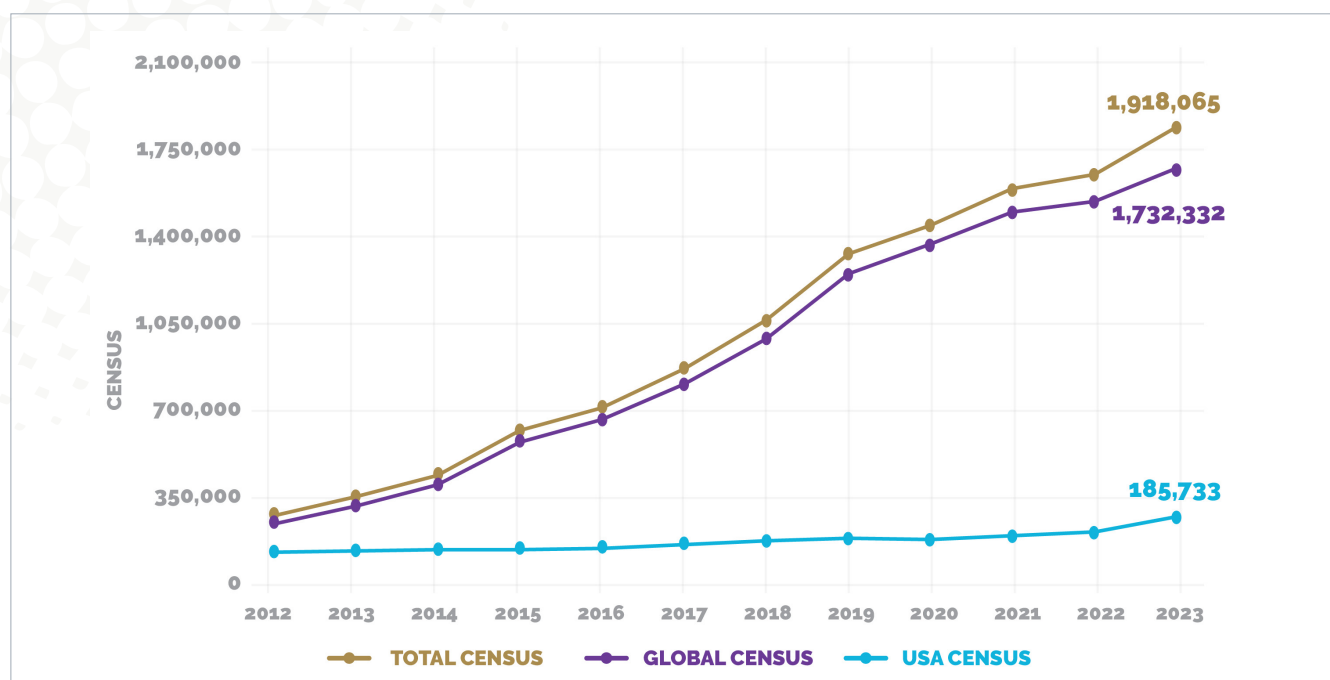
*Figure 4.1.1: Active AHF-supported facilities and countries, summary by bureau, 2023*



### 4.2 Growth of total number of people in care

The number of clients in care in global programs has grown over time and by the end of 2023 the total stood at 1,704,883. This number includes 27,449 clients from wellness centers in Europe and Latin America & Caribbean Bureaus but excludes the US census (185,733 clients). Combining numbers of clients in Global and US domestic programs, AHF has reached 1.92 million lives in care at the end of 2023.

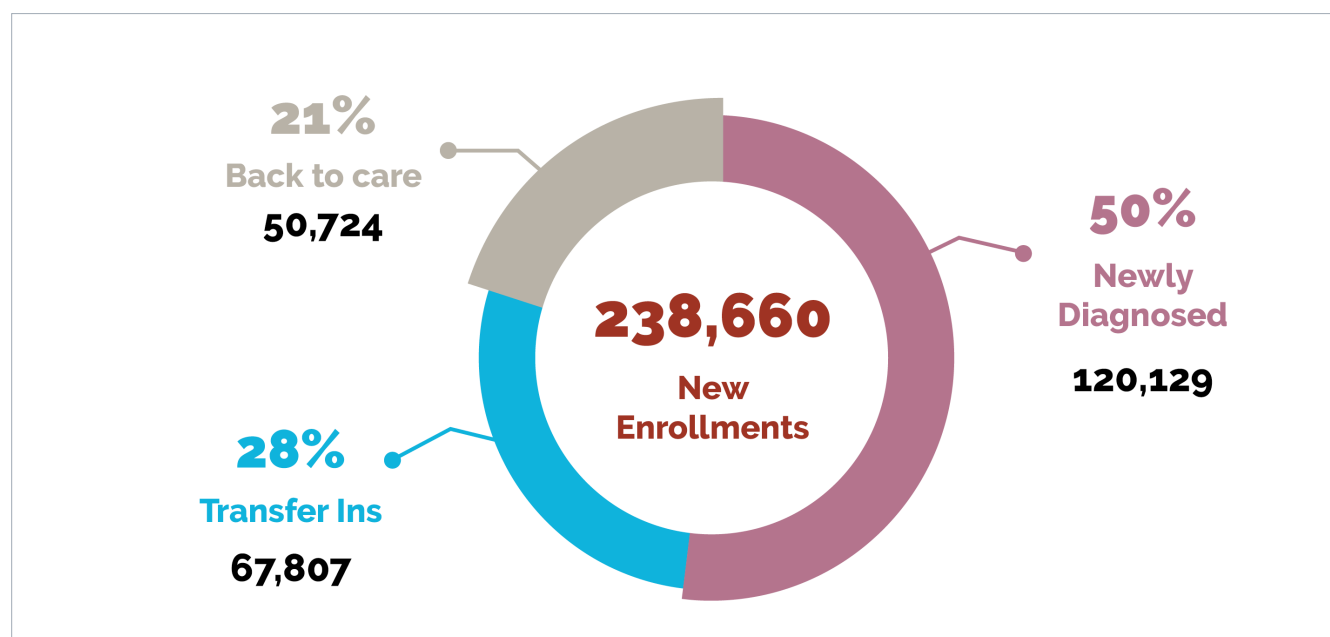
Figure 4.2.1: Census growth 2023 (Global and US programs combined)



### 4.3 Newly enrolled clients in 2023

AHF had enrolled 238,660 clients by the end of 2023, accounting for 14% of active PLHIV clients in care. The majority were newly diagnosed clients representing 50%, followed by transfer-ins at 28%. 21% of the new enrollments were clients who were brought back to care. Newly diagnosed clients are individuals who have recently received a positive HIV test result and who are enrolled into care and treatment services for the first time. Transfer-in (TI) are clients who were receiving HIV care and treatment at one healthcare facility but have now transferred their care to a different facility of their choice. They come with their medical records, including previous HIV test results and treatment history, to ensure continuity of care.

Figure 4.3.1: Origin of clients newly enrolled for care and treatment, 2023



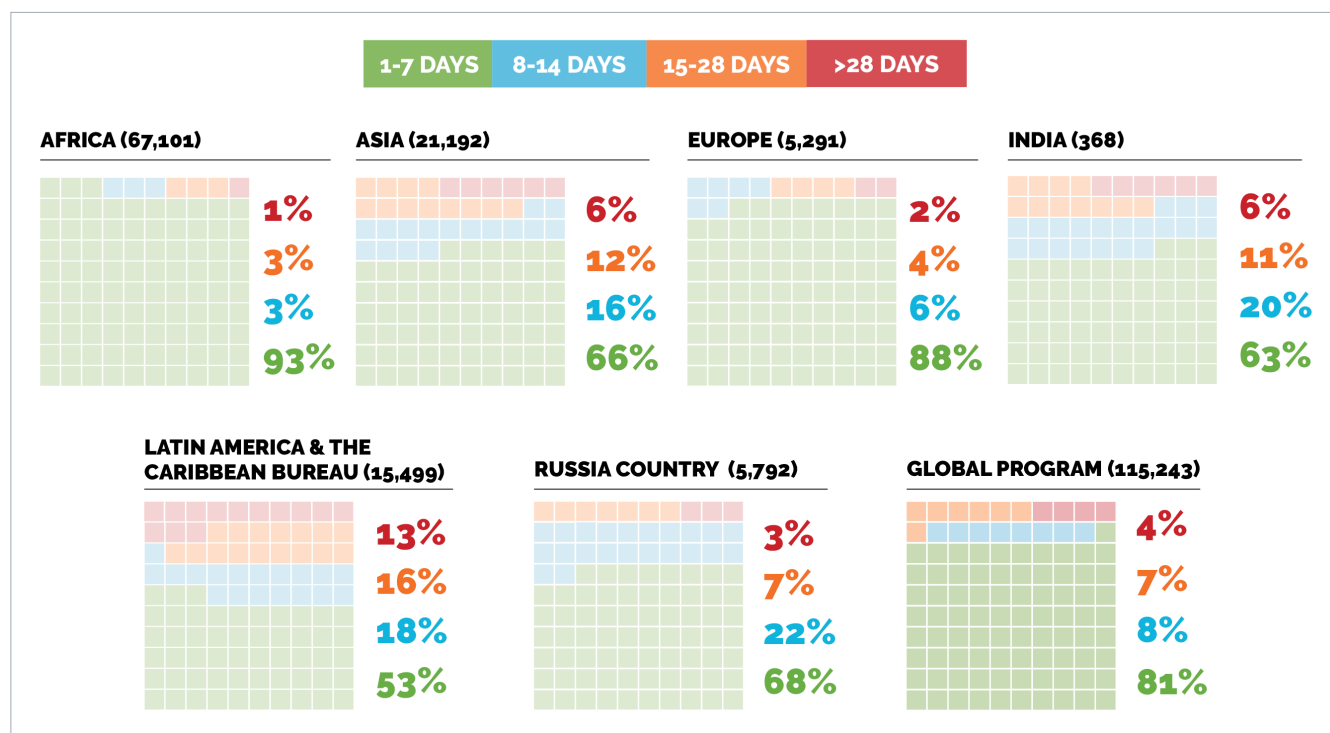
## 5.1 Anti-Retroviral Treatment (ART) Initiation

AHF advocates for “treatment for all” and considers every newly enrolled HIV-positive client as eligible for initiation on ART without undue delay. Treatment facilities monitor the median time between HIV-diagnosis and ART initiation for the reporting facility. It is important to stress that AHF definition looks for the time between HIV diagnosis (not time of enrollment at the HIV facility) to ART initiation, even if the diagnosis was not performed at the facility.

The AHF Quality Benchmark 4 (QBM) is defined as less than 2 weeks’ time lag between HIV diagnosis and ART initiation. It is important to emphasize that this QBM looks at the time-lag between HIV diagnosis, (so not date of enrollment at the HIV facility), and date of ART initiation, even if the diagnosis was made at the facility. *Figure 5.1.1* below calculates for each bureau the median time between HIV-diagnosis and ART initiation for global program facilities.

The Global Program had almost 90% of total enrolled clients initiated on ART within the recommended 14 days. Asia, India and the Latin America & the Caribbean Bureaus, initiated ART more than 14 days after HIV diagnosis in more than 15% of clients who were enrolled in the past year. Africa Bureau stands out with 93% of clients initiated on ART within a week.

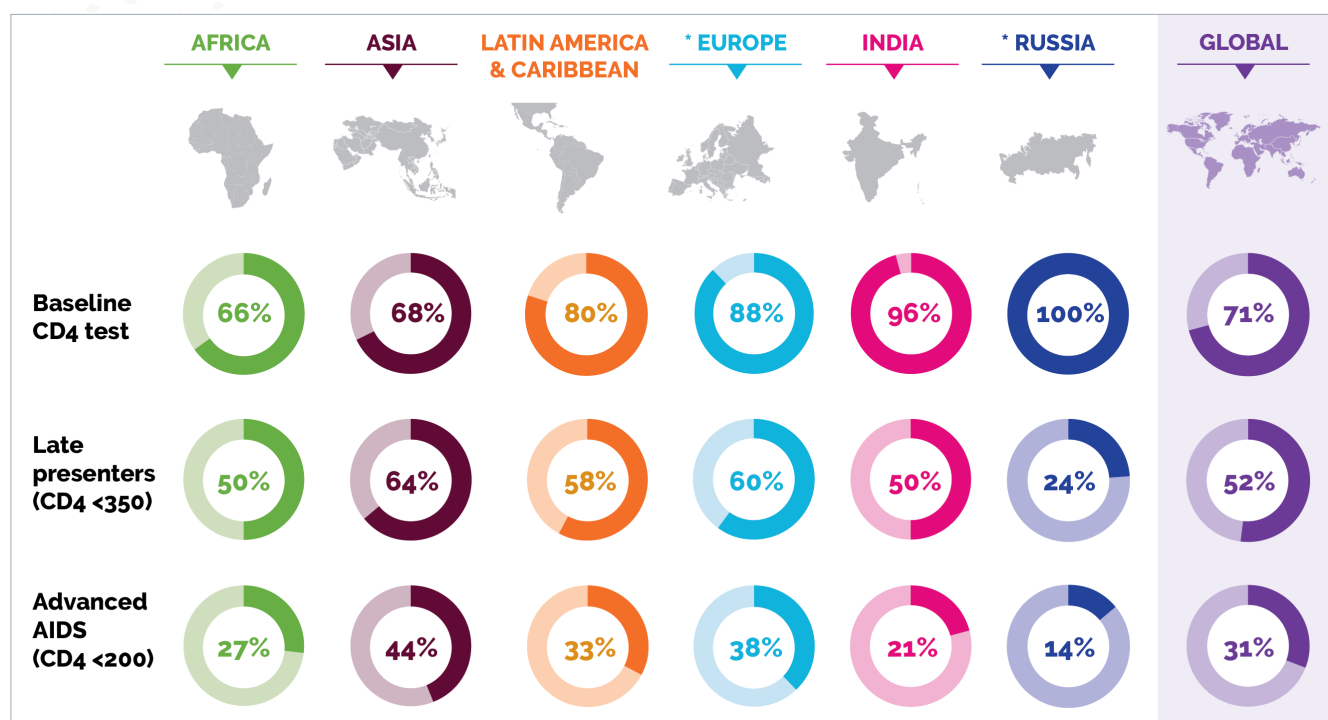
*Figure 5.1.1: Median time between HIV-diagnosis and ART initiation, proportion of clients by bureau, 2023*



## 5.2 CD4 Cell Count at Baseline

Baseline CD4 test is recommended for all newly enrolled clients initiating ART and constitutes AHF's Quality Benchmark (QBM) 5. Monitoring the CD4 count at baseline is the only sure way to identify asymptomatic and symptomatic patients who are immunodeficient (AIDS) and who would benefit from screening strategies and specific prophylaxis that has a high impact on morbidity and mortality, both for new clients and for those who are returning for treatment. Globally within AHF, 71% of clients newly enrolled in 2023, had a CD4 cell test at baseline, and had a result (CD4 cell test coverage). Clients in Africa and Asia Bureaus had just below 70% of clients covered for baseline CD4 testing, the other bureaus tested more than 80% of newly enrolled clients.

*Figure 5.2.1: CD4 Cell count for new enrolments at baseline, 2023*



The results indicate that a large proportion of clients are enrolled late (having developed early stages of AIDS), with CD4 cells already below 350 cells/ $\mu$ L (ranging from 24% in Russia to 66% in Asia Bureau). Asia, Latin America & Caribbean, and Europe Bureaus had the highest proportion of clients presenting with advanced AIDS (CD4 cell count <200 cells/ $\mu$ L) at enrolment, the global program average being 31% of total enrolments within the year. Countries are reporting difficulty in accessing CD4 testing and there is a foreseeable crisis, as the pharmaceutical industry has announced the discontinuation of some of the few technologies available for performing CD4 counts. At the same time our data show a large proportion of clients coming into care with advanced AIDS. Access to timely baseline CD4 is crucial to boost retention and reduce mortality.

# 6

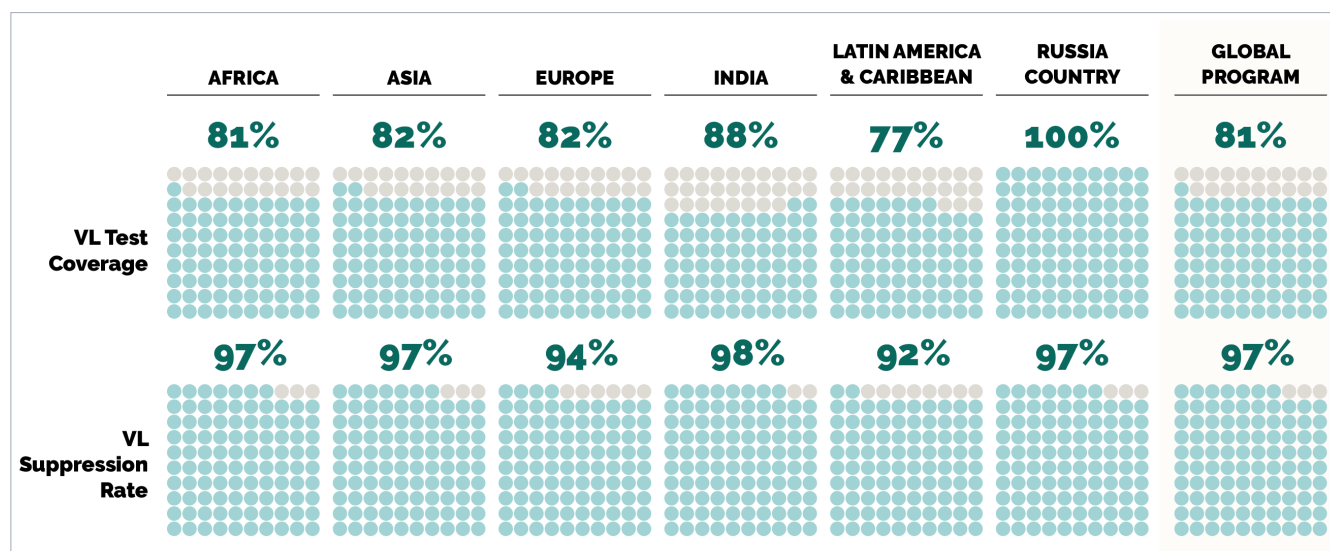
## Treatment Monitoring, Outcome and Retention

### 6.1 Treatment Monitoring and Viral Load

Achieving viral suppression is a sign of successful antiretroviral therapy (ART) among PLHIV clients. Viral Load (VL) testing is recommended to assess suppression, which is critical to improve health, prevent sexual transmission (U=U), and reduce vertical transmission. Viral Load (VL) and TPT completion Quality Benchmarks are reported as part of the annual medical record/chart audits. In 2023, the Global Program recorded that 81% of clients who were longer than 3 months on ART had a viral load test and its result in the past year, (81% VL test coverage). Of those, 97% were suppressed (VLS 97%).

From *figure 6.1.1* below, India Bureau had the highest VL suppression among bureaus while Russia country program had viral load testing done for all active and eligible clients audited within the reporting period.








*Figure 6.1.1: Viral load coverage and suppression rate by bureau, 2023*



*Figure 6.1.2* below shows the total number of clients reviewed, the proportion of all clients who had a Viral Load (VL) test result in the past 12 months and the proportion of those with a documented VL test result, who were suppressed (VL<1,000 copies/mL) by bureau as reported from the past two medical record/chart audits in 2021 and 2023. Both VL test coverage and VL suppression have improved significantly for the Global Program between 2021 and 2023.



Figure 6.1.2: Viral load and suppression rate from medical reviews in 2021 and 2023

Bureau	VL Test Coverage		VL Suppression Rate	
	2021	2023	2021	2023
 Africa	77%	81%	91%	97%
 Asia	74%	82%	97%	97%
 Europe	82%	82%	89%	94%
 India	100%	88%	96%	98%
 Latin America & Caribbean	68%	77%	90%	92%
 Russia Country	99%	100%	95%	97%
 Global	76%	81%	93%	97%

## 6.2 Mortality

HF Quality Benchmark 7 monitors the all-cause mortality ratio defined as the number of clients who died in the reporting quarter, expressed as a ratio per 1,000 clients. *Figure 6.2.1* below displays mortality ratio among clients in care, comparing crude (all-cause), HIV-related and tuberculosis (TB) mortality ratios between 2015 and end of 2023. All 3 mortality indicators declined after 2016. The TB mortality ratio remained stable for the past four years.

Figure 6.2.1: Crude, HIV-related and TB mortality ratio (per 1,000 clients), 2015 to 2023

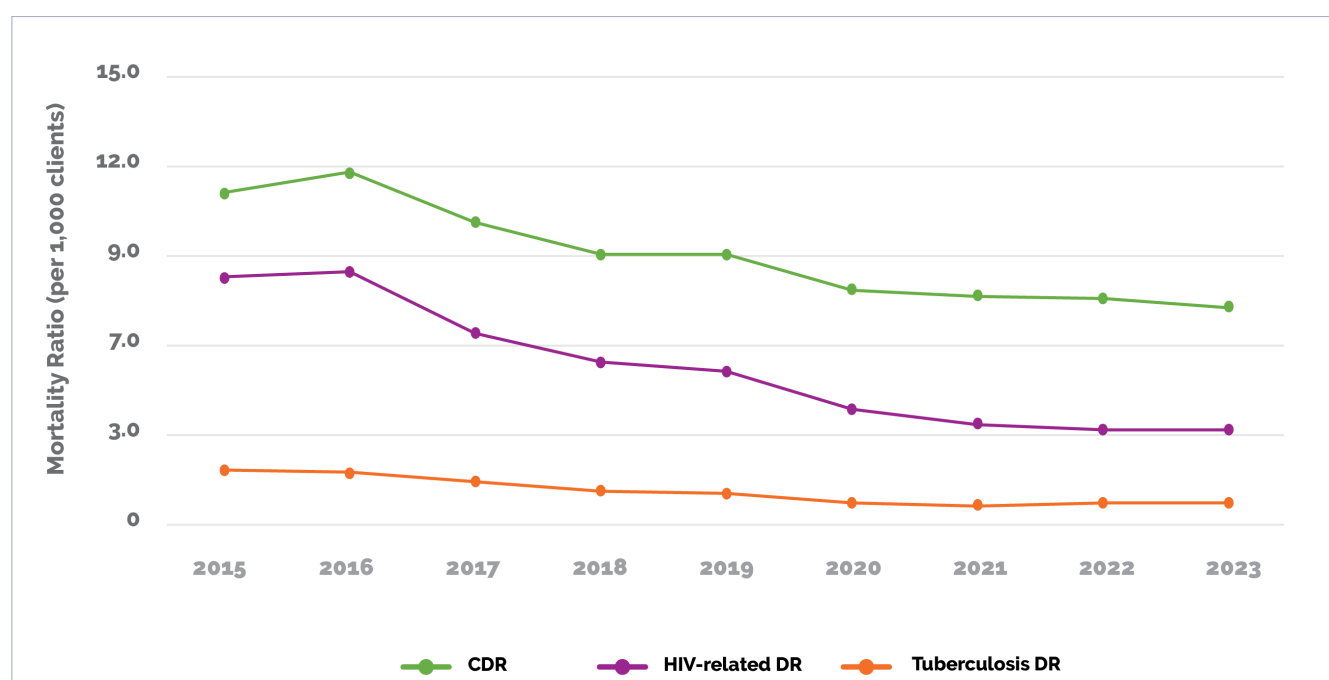
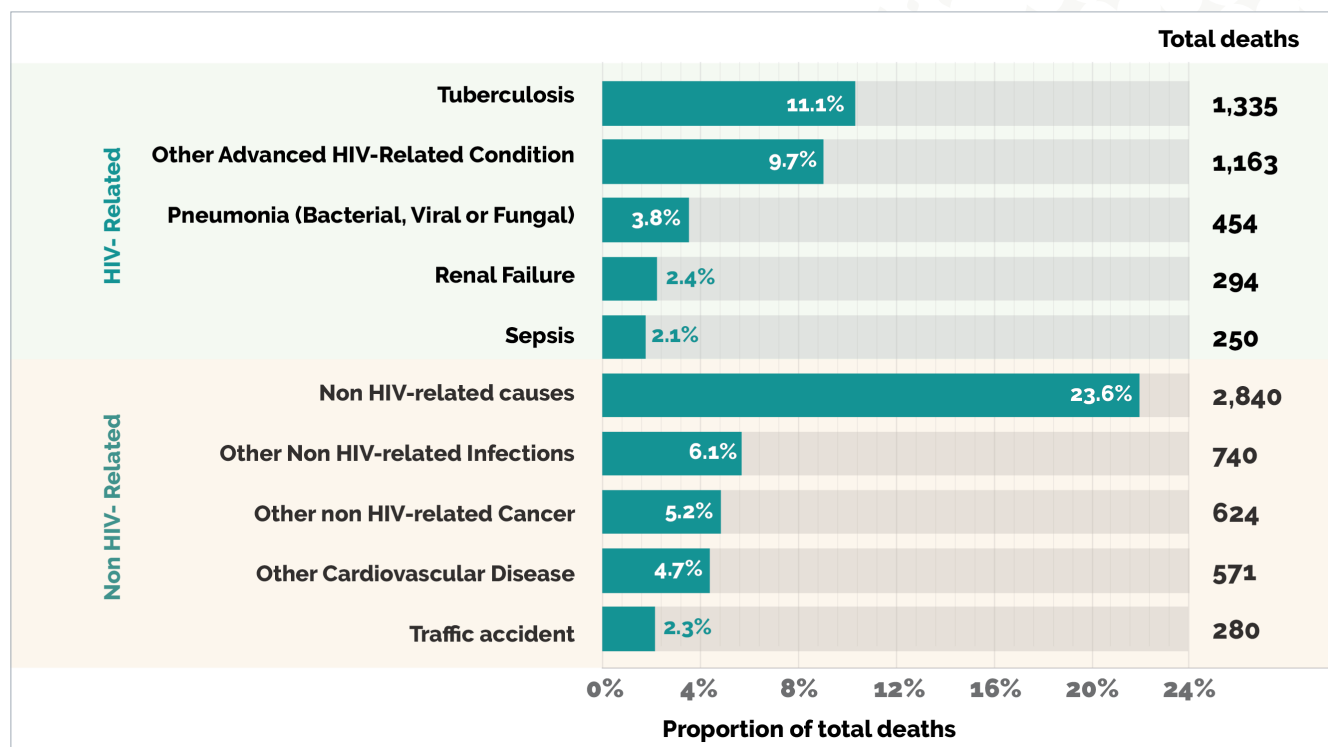


Figure 6.2.2 below shows the top 5 leading causes of death among HIV and non-HIV-related causes out of total deaths reported in 2023. TB appears to be the leading cause of HIV-related deaths, at 11.1% of total deaths. Other non-HIV-related causes accounted for 23.6% of the 12,043 deaths reported in the same period.

Figure 6.2.2: Leading causes of deaths, Global Program, 2023



## 6.3 Retention

AHF Quality Benchmark 8 is the core global program indicator for retention and is defined as the proportion of active clients at the start of the year, who became Lost to Follow-up (LTFU) within the reporting year. AHF monitors clients enrolled in care, who become No Longer in Care (NLIC) due to one of the following defined reasons: *Figure 6.3.1* below shows Transfer-Out (TO) to other facilities, Relocation, Refusing HIV care service, Death or Lost to Follow Up (LTFU). A total of 130,974 clients (7.1% of all clients in care) were reported as NLIC in 2023, with two categories comprising more than 80% of all NLIC clients, namely: Transferred-out (TO) at 44% and LTFU at 40%.

A "transfer-out (TO)" from an HIV C&T facility refers to an enrolled client who has been transferred to another HIV care facility and has been registered there for C&T. "Relocation" identifies clients who moved or migrated to another residential area, without transfer procedure. "Refused receiving care and treatment" refers to any client who had been linked and enrolled in C&T and who for personal reasons decides not to initiate or to stop treatment and to discontinue facility attendance. This includes women, who after PMTCT treatment refuse to continue with ART. "Deceased" refers to a client who, after being enrolled in HIV C&T, is reported as having died. The information on the death is documented or may have come unofficially, through informal communication, or from relatives or when tracking missed appointments. "Lost to Follow Up LTFU" is defined as: clients who did not attend a clinical consultation or did not pick up ARV drugs within 90 days ( $\leq 90$  days) after their last missed appointment.

Figure 6.3.1: Distribution of reasons for becoming NLIC. Global Program, 2023

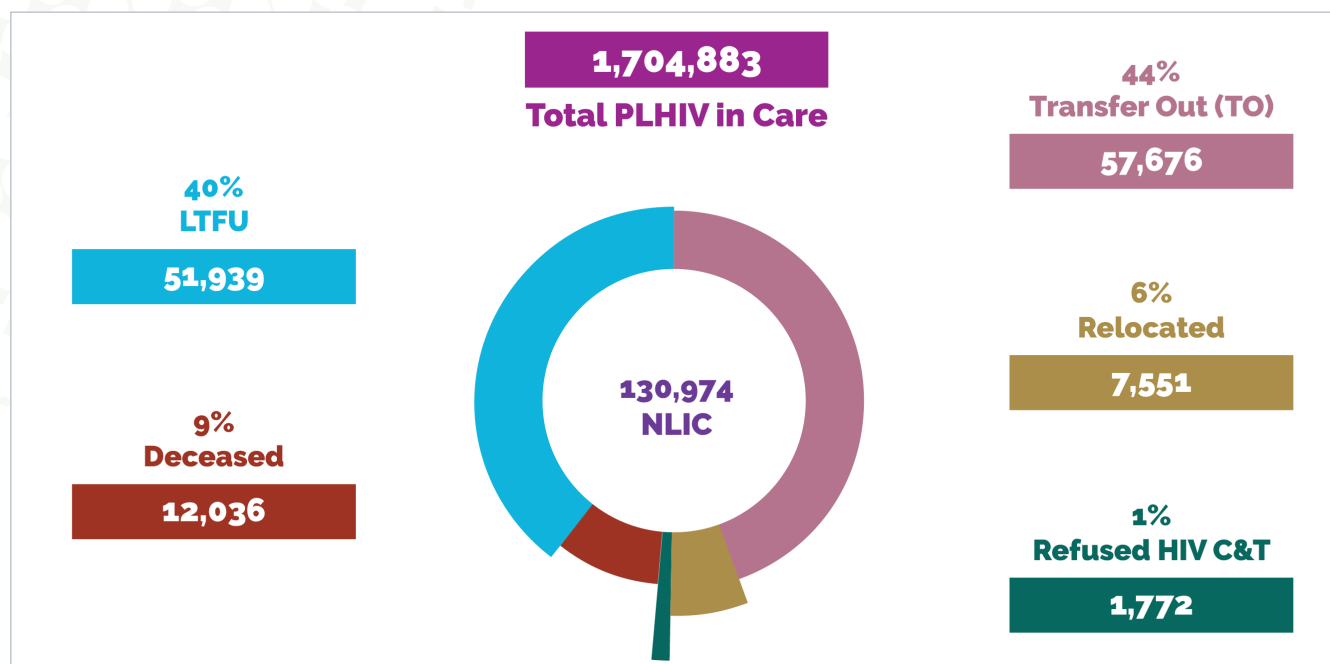


Figure 6.3.2 below displays the proportion of LTFU among all NLIC clients reported in 2023. Africa and Latin America & Caribbean Bureaus had more than 40% of all NLIC clients classified as LTFU.

Figure 6.3.2: Clients who became LTFU among all NLIC clients, Global - Bureaus, 2023

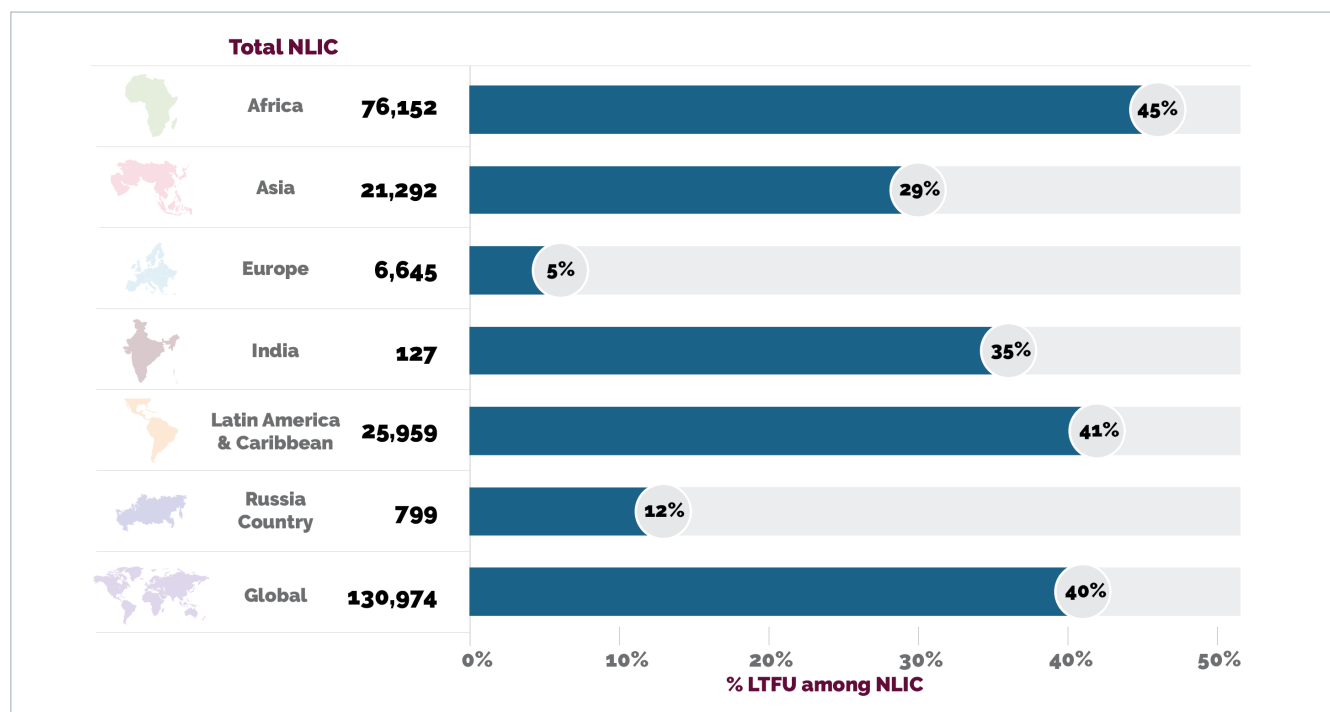
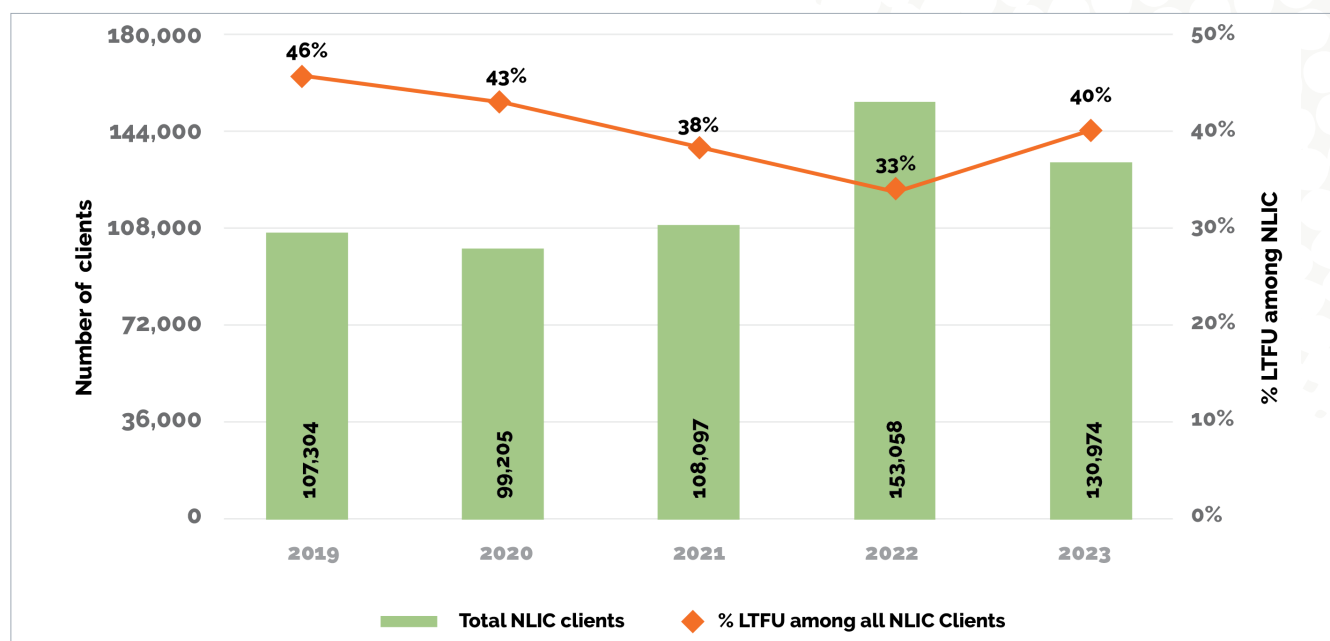


Figure 6.3.3 below illustrates the 5-year trend in proportion of LTFU clients among all NLIC clients reported between 2019 and 2023. A decline was recorded after 2019. However, a considerable surge of LTFU clients as a proportion of all NLIC clients (40%) was recorded in 2023 despite a decline in total NLIC clients reported between 2022 and 2023.

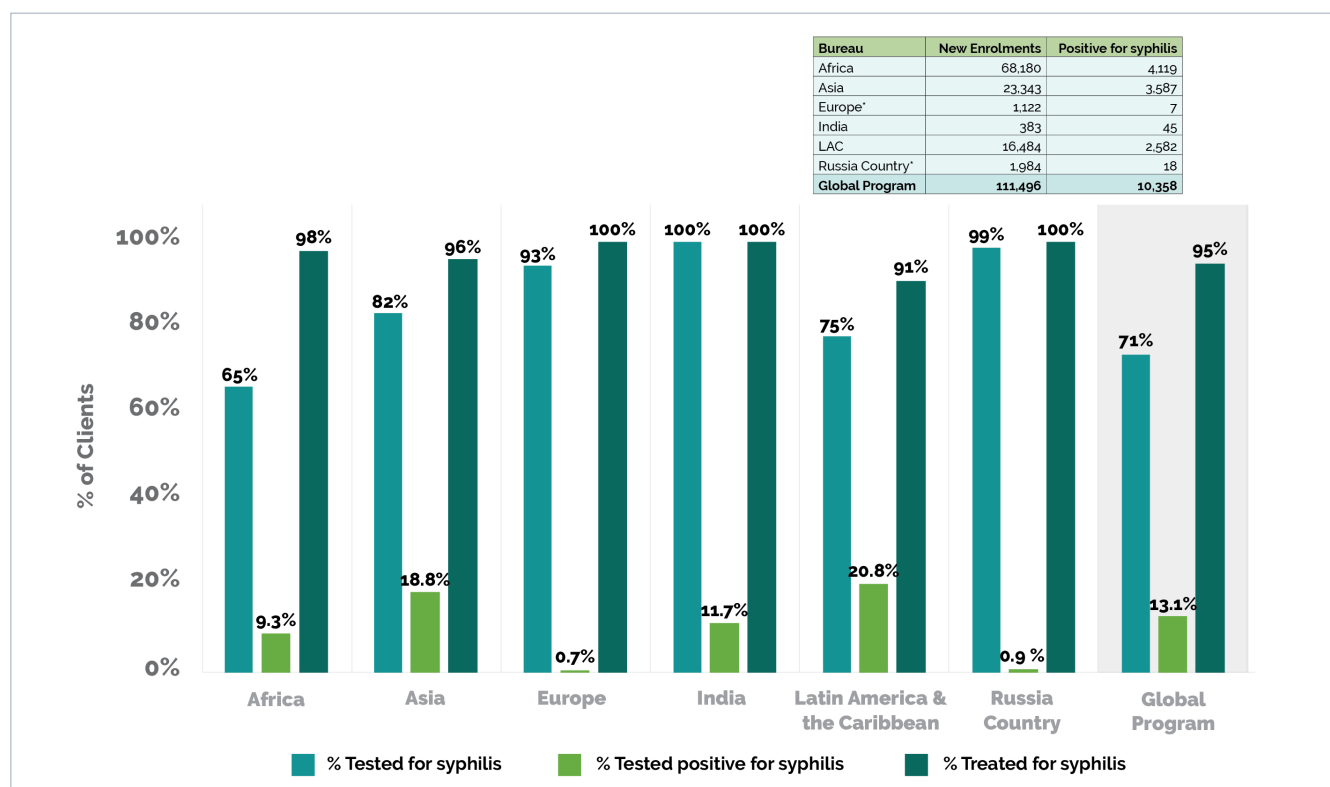
Figure 6.3.3: Proportion of LTFU among all NLIC clients by year, 2019-2023



## 6.4 Syphilis Screening and Treatment

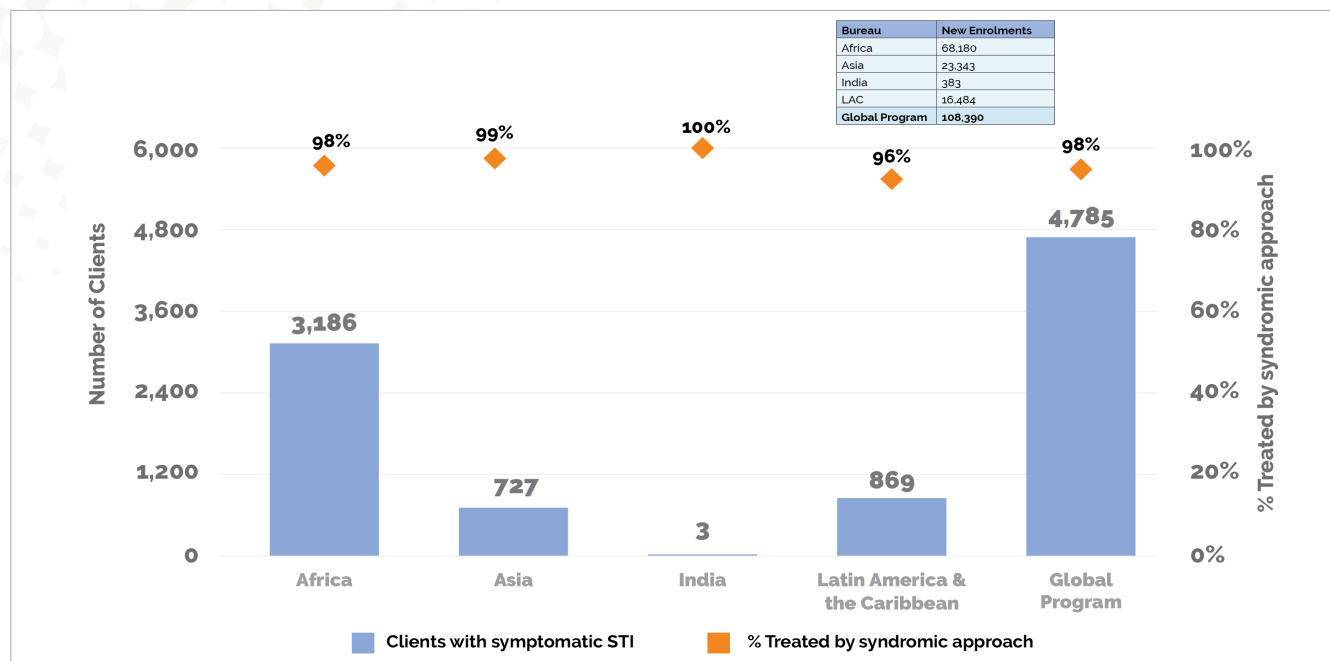
Syphilis screening (QBM 9) and cervical cancer screening are reported as part of the quarterly Quality Benchmarks at site-level. Global Program's average positivity rate for syphilis was 13.1% (range 0.7% - 20.8%) among new enrolments in 2023. India Bureau screened all newly enrolled clients for syphilis in 2023, of whom 11.7% had a positive result and completed treatment. Europe Bureau and Russia Country had the lowest syphilis positivity (<1%), whereas Latin America & Caribbean Bureau recorded the highest positivity (almost 21%), yet also the highest proportion of clients treated among clients tested for syphilis, as displayed in *figure 6.4.1*.

Figure 6.4.1: Benchmark 9: Proportion of clients tested for syphilis, positivity rate and treatment, 2023



The vast majority of the STI clients were treated using the syndromic approach. All regions except Europe and Russia reported on syndromic STI screening (other than syphilis) where 4,785 clients were identified positive. 98% of these clients had completed treatment within the reporting period, as shown in *figure 6.4.2*.

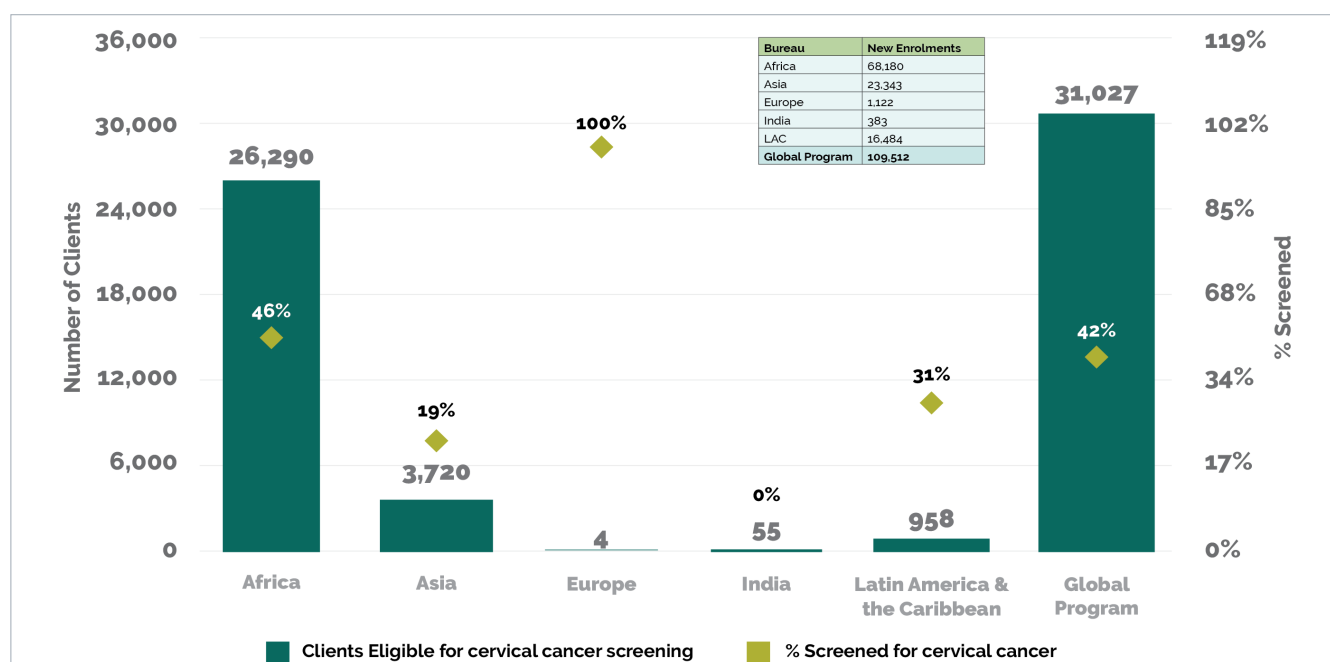
**Figure 6.4.2: Number and proportion of clients with symptomatic STI, treated by syndromic approach, 2023**



## 6.5 Cervical Cancer Screening

Cervical Cancer Screening is monitored as part of the QBM framework. *Figure 6.5.1* below displays the number of clients eligible, and proportion of clients screened for cervical cancer among new enrolments reported in 2023. Globally, 42% of the clients who were eligible were screened. Africa Bureau had the highest number of clients eligible for cervical cancer screening while Europe Bureau had the highest proportion of clients screened for the service within the year. The service is not provided at facilities within Russia.

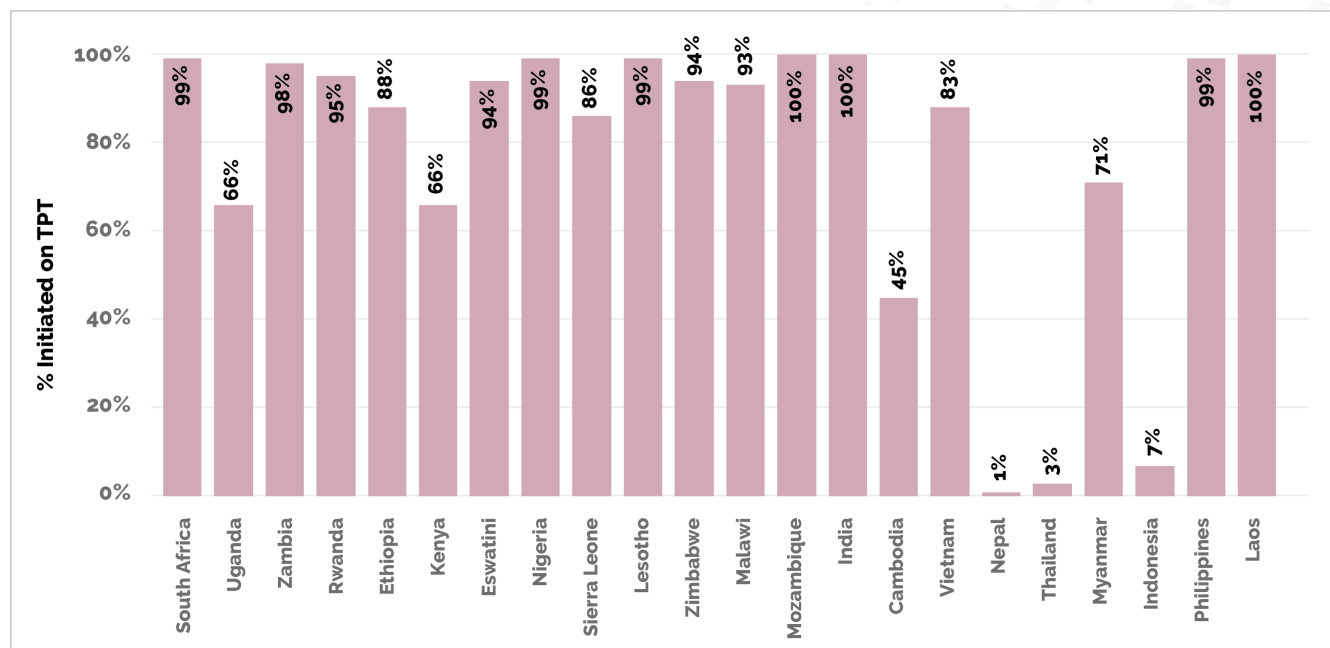
**Figure 6.5.1: Number and proportion of clients eligible and screened for cervical cancer, 2023**



## 6.6 TB Prevention

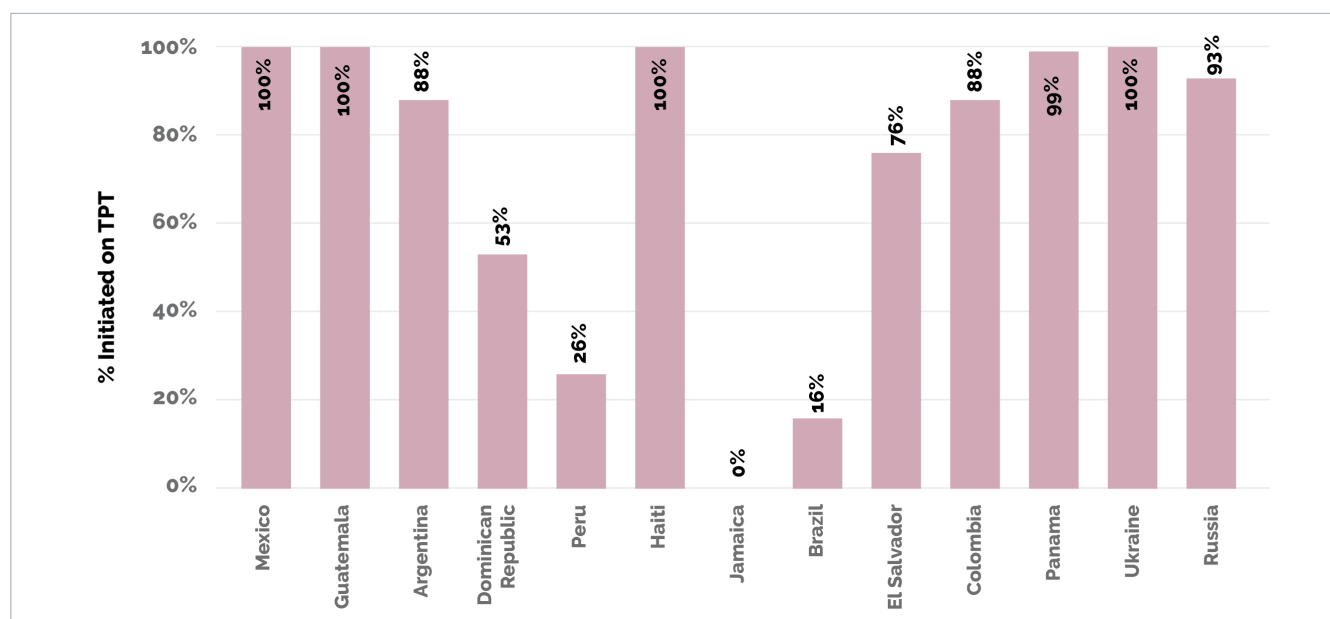
AHF Quality Benchmark 10, TB Preventive Therapy (TPT) for all eligible PLHIV in countries where TPT is a standing recommendation in national guidelines, has been monitored in the countries where the TB prevalence dictates the intervention among PLHIV clients. TPT Initiation is monitored at enrolment as part of the Quarterly QBM report. *Figure 6.6.1 and 6.6.2* below display TPT initiation rates at enrolment by country.

**Figure 6.6.1: TPT Initiation at enrolment in 2023 for AHF countries Africa, Asia and India Bureaus**



Mozambique, India and Laos had all eligible newly enrolled clients in the past year started on TPT. Other countries such as Nepal, Thailand and Indonesia had initiation rates at below 10%, mostly due to variations in country guidelines and their application.

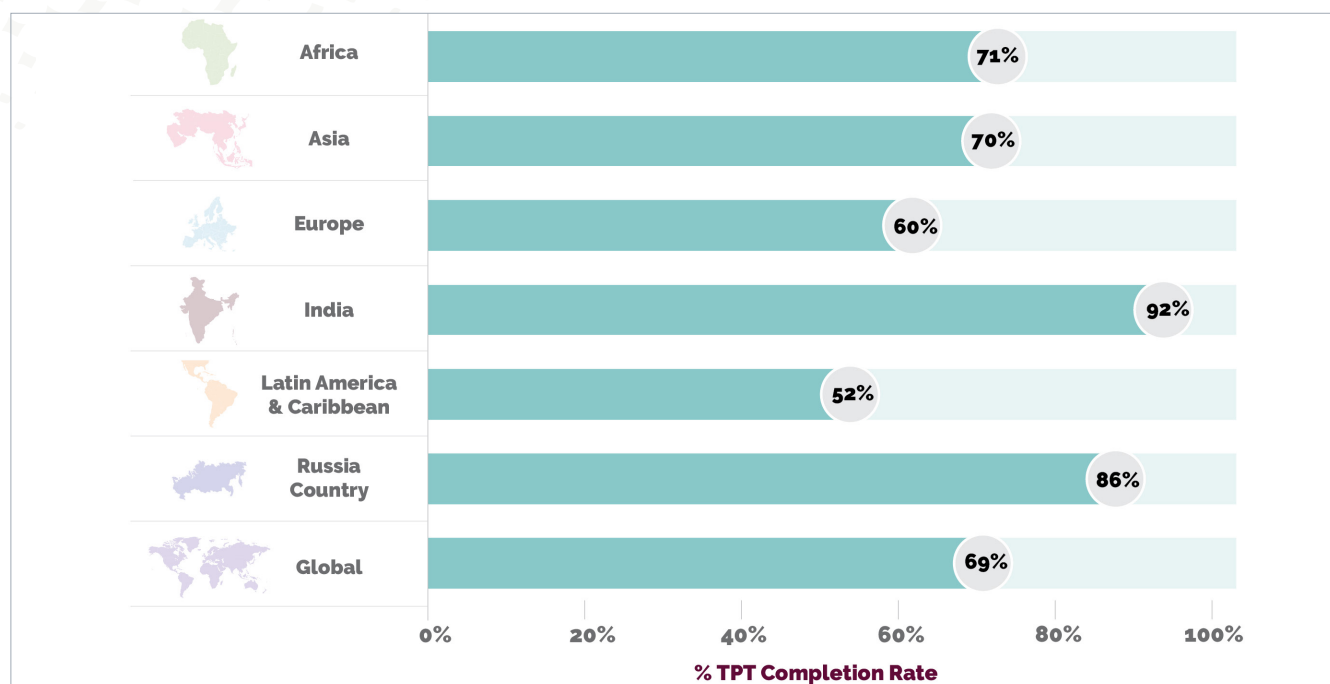
**Figure 6.6.2: TPT Initiation at enrolment in 2023 for AHF in Europe and LAC Bureau countries and Russia**



Among the countries in the Latin America and Caribbean Bureau, Brazil and Peru had below 30% initiation rate for newly enrolled clients. In Jamaica, TB exposure is perceived to be low and TPT is not practiced, in order to preserve the drugs for TB treatment.

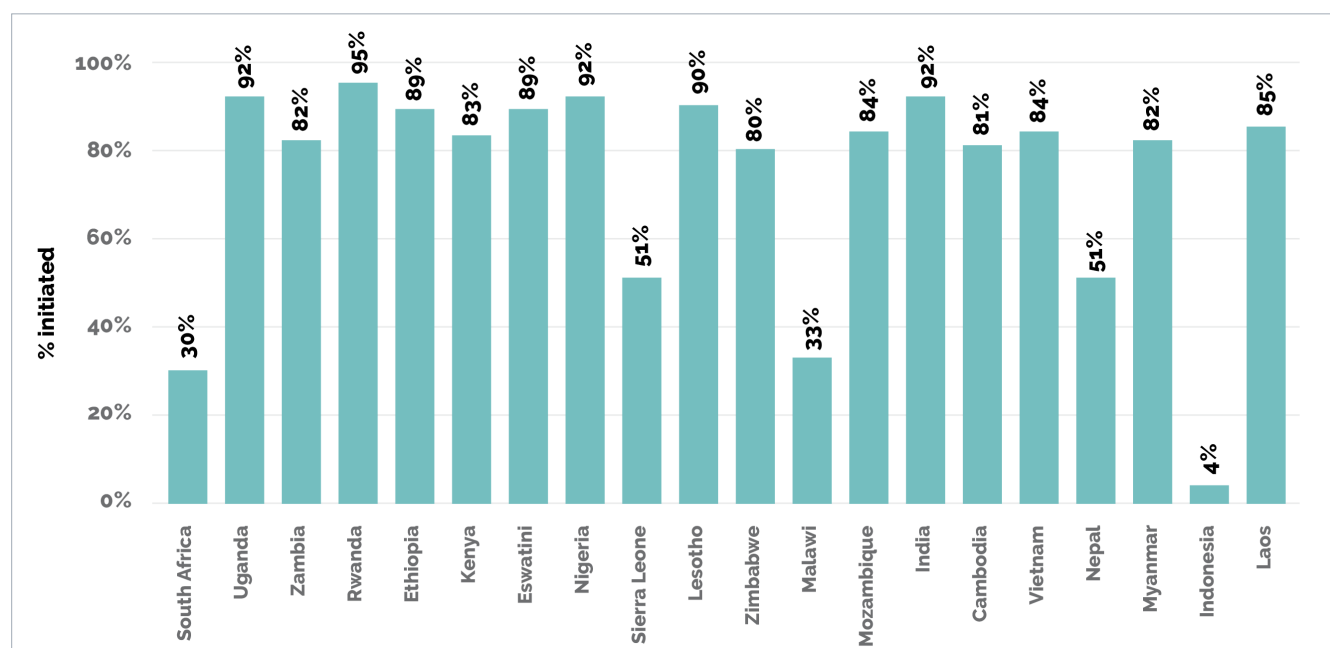
TPT completion is monitored as part of the annual medical record audit. The mean TPT completion across all sites audited was recorded at 69%, with marked heterogeneity across countries as illustrated by *figure 6.6.3 and 6.6.4* below. India Bureau had the highest completion rate at 92% while 52% of clients audited in the Latin America and the Caribbean Bureau completed the standard course of TPT, the least across all regions.

**Figure 6.6.3: TPT completion rate by bureau, 2023**



Sierra Leone, Malawi and South Africa in the Africa Bureau had TPT completion rates below 60%. Uganda, Rwanda, Lesotho and Nigeria had at least 90% TPT completion rate. Nepal and Indonesia in Asia Bureau has the lowest treatment completion rate. 92% of active clients in India had completed TPT.

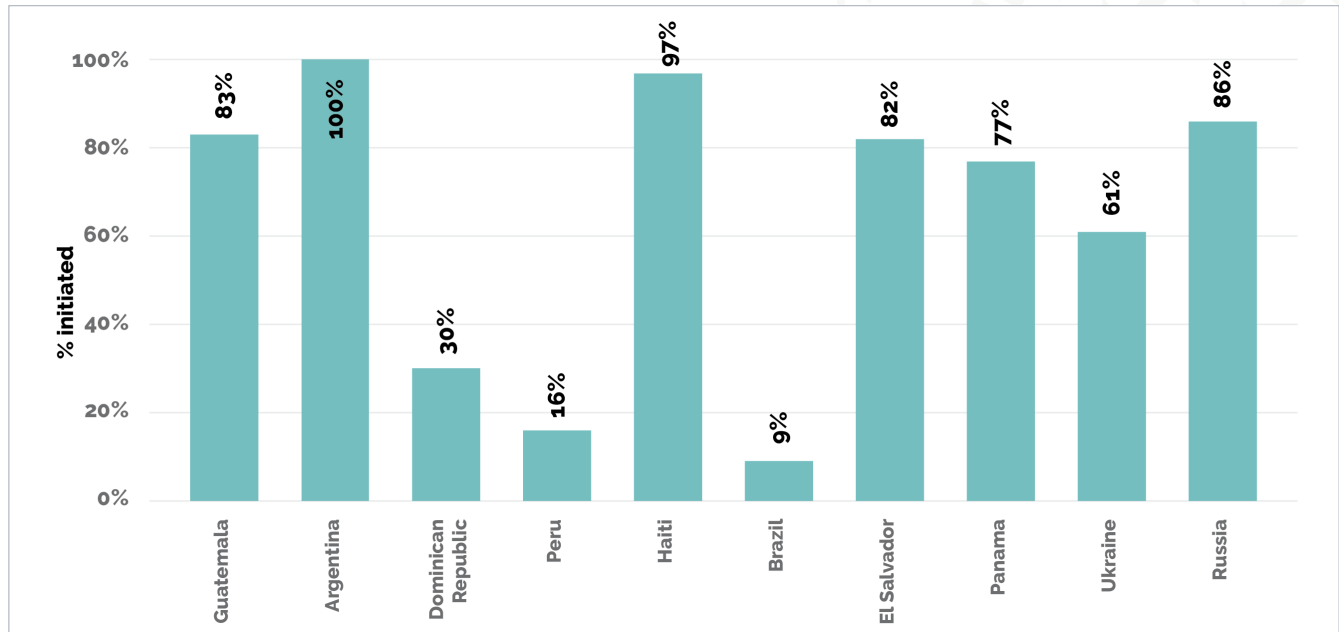
**Figure 6.6.4: TPT completion rate by country in Africa, Asia and India Bureaus, 2023**





As displayed in *figure 6.6.5* below, all clients active in HIV care audited in Argentina had completed TPT medication within the Latin America and Caribbean Bureau. Dominican Republic, Peru and Brazil had completion rate below 40% of total active clients audited. Estonia, in Europe Bureau, does not monitor TB prevention among PLHIV clients within their country guidelines.

**Figure 6.6.5: TPT completion rate by country in Europe, LAC Bureau and Russia Country, 2023**



## 7

# Global Quality Core Activities

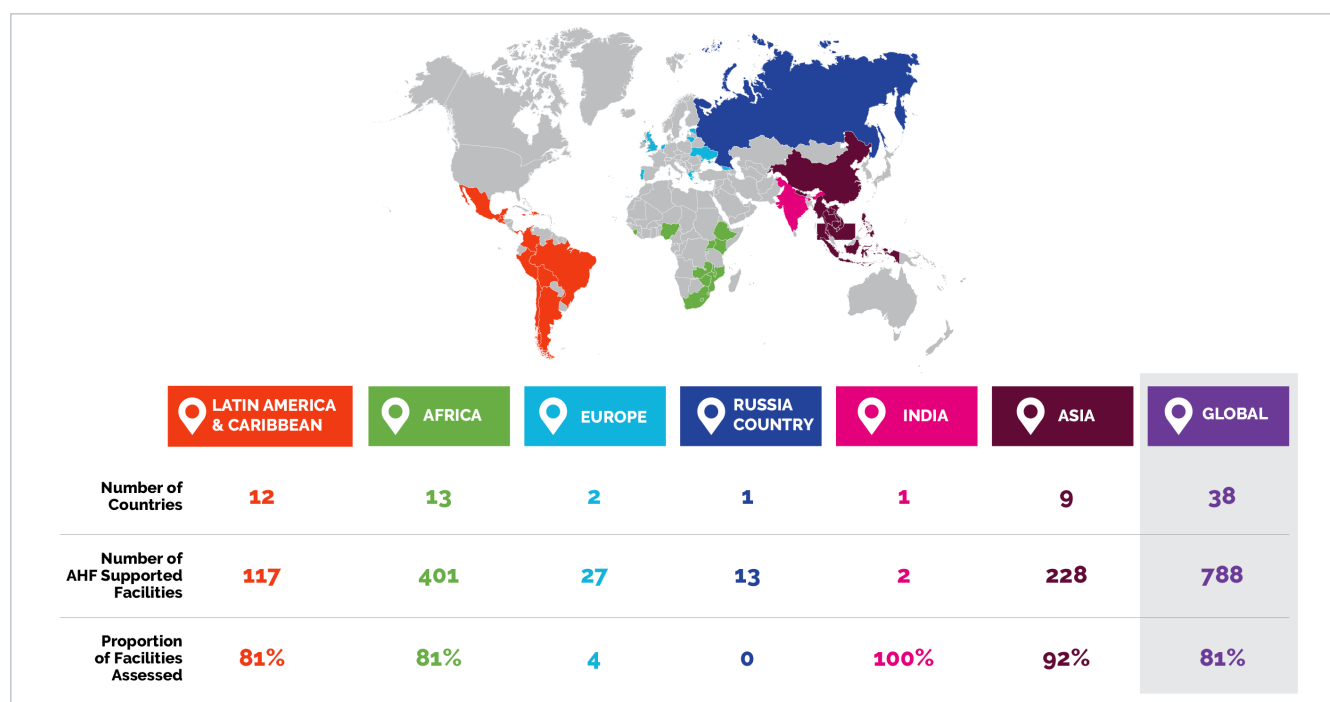
## 7.1 Health Facility Assessment Round III

The Health Facility Assessment (HFA) is a bi-annual quality activity. In 2022/2023 the Care & Treatment facilities in the Global Program have been assessed on their capacity in providing quality HIV services (HFAIII). The previous round (HFAII) of assessments dates back to 2018, with results for 279 facilities analyzed and reported in 2019. HFA Round III implementation aimed at assessing the current 788 facilities in the Global Program, prioritizing the facilities that were never assessed before. The tools for HFA were updated and revised. Reports were uploaded in the online HFAIII database and are accessible for granular analysis by bureau and country level program staff using the global Program Web Portal.

**HFA Round III assessed a total of 309 items in 42 elements divided over the following 9 service sections:**

1. General HIV prevention, care and treatment service profile.
2. HIV testing and counseling (HTC) - Condom Management - Male Circumcision (VMMC).
3. Anti-Retroviral Treatment (ART).
4. Pediatric HIV and Vertical Transmission (PMTCT/EMTCT).
5. HIV & TB.
6. Sexually Transmitted Infections (STI) - Hepatitis - Cervical Cancer Screening.
7. Medication management.
8. Infection Control - Human Resource – Quality Improvement - CME – Staff Performance Management.

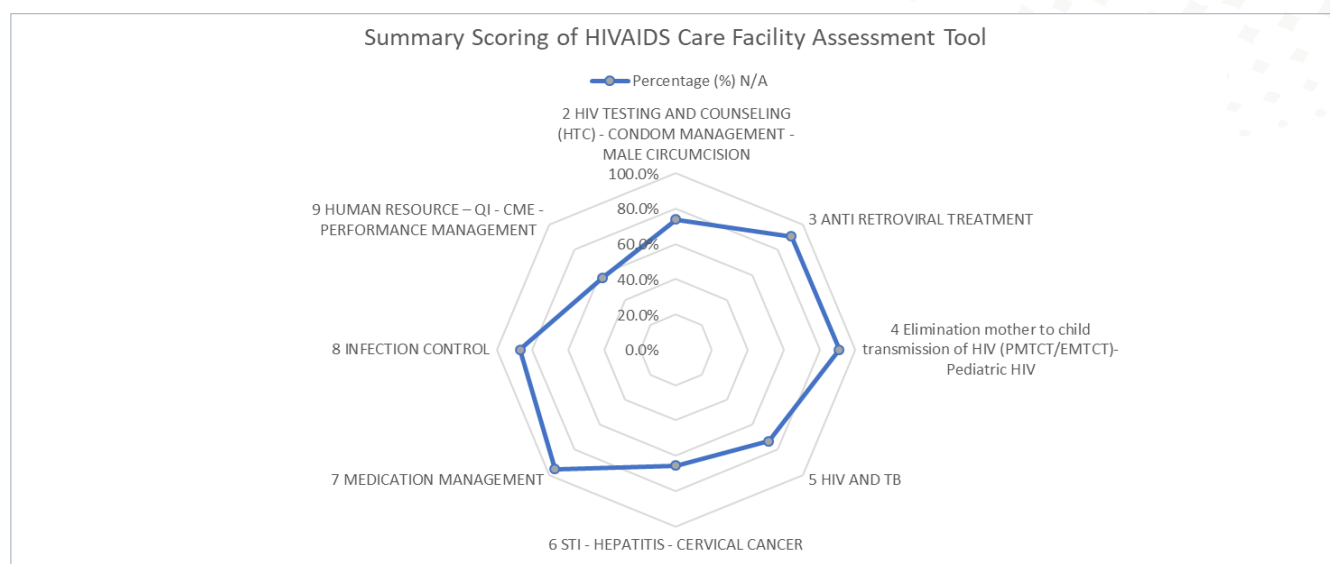
**Figure 7.1.1: Number of facilities assessed and reports uploaded in HFA Round III by 31 Dec 2023**



In Round III (2022-2023) of the Health Facility Assessment a total of 683 C&T facilities were assessed, 81% of 788 current C&T facilities in the global program, 509 (65%) more than in 2018 during Round II. If budget and/or human resource constraints limited the number of facilities to be assessed, priority was given for facilities that were not assessed in round II, and those facilities that joined the global program after completion of Round II.

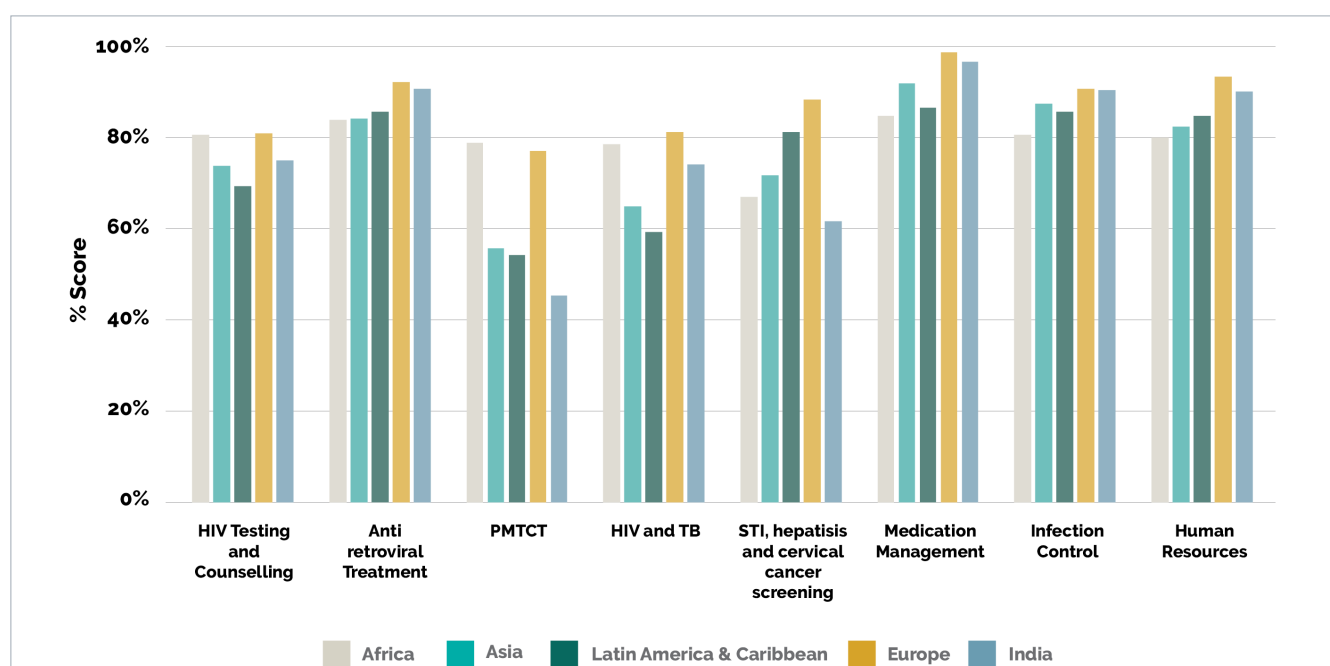
The digital tools for the HFAIII allow for on-site generating of a summary feed-back report, to share and discuss with the facility staff. A typical facility report concludes with a graphic overview of the section scores of the facility, as illustrated in the following **Figure 71.2**

**Figure 71.2: Example of a facility score by section from summary report**



Preliminary aggregated analysis of mean section scores by bureau are presented in **figure 71.3** as an example of output generated from the database. All bureaus have mean score of above 80% for Treatment (ART), Medication Management Infection Control and Human Resources. In the area of TB&HIV scores are lower. Variation between bureaus and countries require further analysis, as to identify priority areas for improvement at facility and country level. A comprehensive report of HFAIII will be available within the first quarter of 2024.

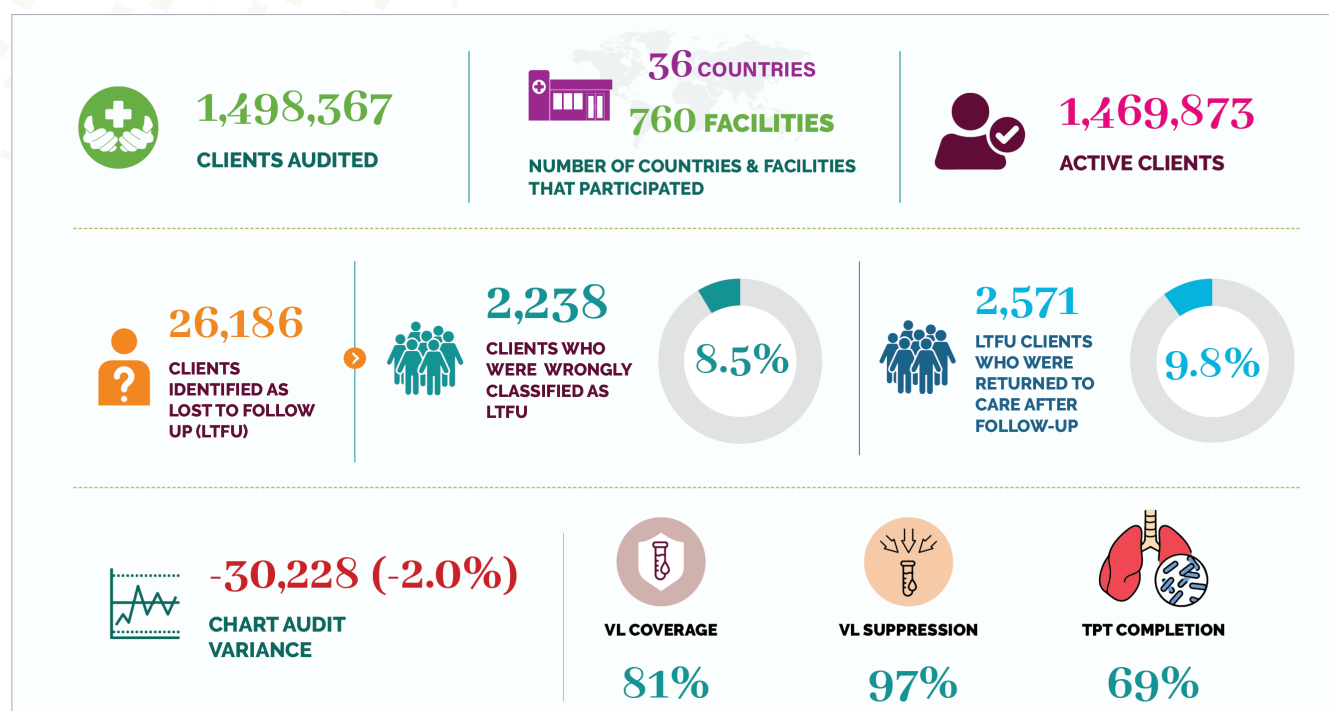
**Figure 71.3: Mean section scores by Bureau - HFAIII 2023**



## 7.2 Medical Record/Chart audit

The annual medical record/chart audit activity reconciles reported patient census and actual numbers of patients active in care as a means of enhancing recording and reporting capacity at site level and resulting data quality. It is an effective tool to bring clients LTFU back in care. This quality activity was conducted between March and September 2023. Key highlights are displayed in *figure 7.2.1* below.

*Figure 7.2.1: Medical Record/chart audit summary, 2023*



*Figure 7.2.2* shows outcomes summary and comparison of medical record/chart audits conducted in 2021 and 2023. A total of 760 HIV C&T facilities (almost all global program C&T facilities) in 36 countries were audited, representing an 11% increase from 682 audited facilities in 2021. The number of active clients audited increased from 1.24 million to 1.47 million within the same period. The proportion of clients returned to care after follow-up decreased to 9.8% in 2023 from 12.1% in 2021.

*Figure 7.2.2: Medical reviews comparison summary, 2021 and 2023*

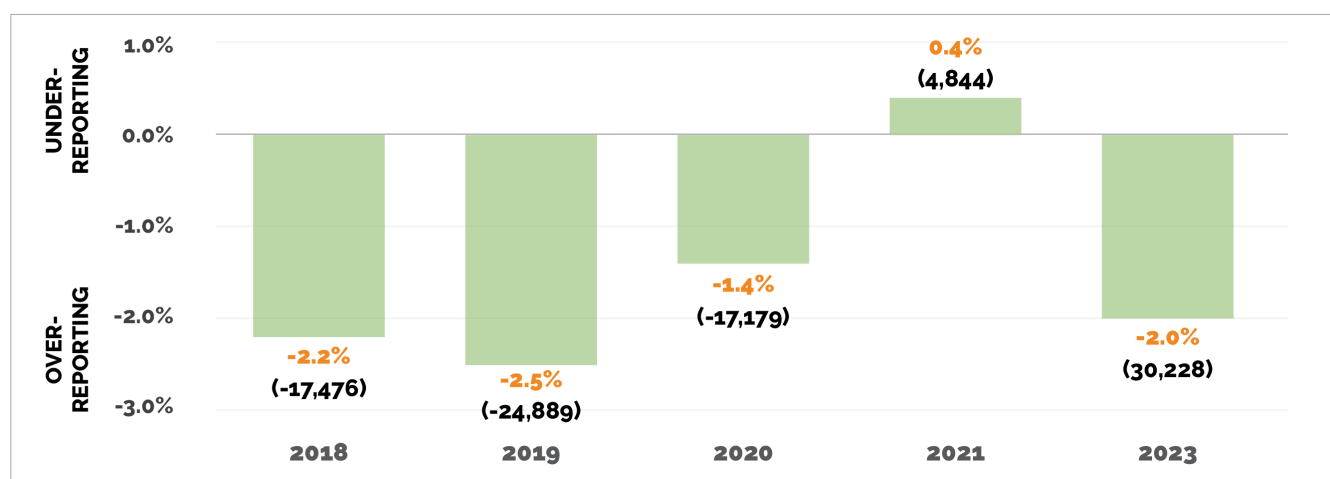
	2021	2023
Number of sites audited	682	760
Number of countries audited	38	36
Active clients identified	1,242,945	1,469,873
LTFU clients identified	25,347	26,186
Clients wrongly classified as inactive	6,250	2,238
Proportion of clients wrongly classified among LTFU	24.7%	8.5%
Clients returned to care	3,064	2,571
Proportion of clients returned to care among LTFU	12.1%	9.8%

Minimal variance is expected between clients reported by the Global Program and medical record/chart audit outcomes. However, for three years between 2018 and 2020, the outcomes showed over-reporting by the Global Program. Improvement in reporting was recorded in 2021 with a marginal variance of 0.4% observed followed by a deviation from expected variance in 2023.

The census shrunk by 2.0% in 2023 due to over-reporting as seen in *figure 7.2.3* below. Possible causes of census variance include: double counting of patient charts, data entry errors, inaccessibility of HIV C&T facilities in some countries, misreporting of NLIC clients and human resource capacity challenges. The variance in 2023 could also be attributed to missed implementation of the medical record/chart audit in 2022 hence accumulating the census differences.

However, Global Quality has successfully incorporated Optimizing Retention Initiative (ORI) in all HIV C&T facilities. ORI is an intervention meant to support healthcare providers to enhance and strengthen sustainable interventions aimed at improving quality of HIV Care and Treatment. In addition, improvements in filing systems have been recommended at these facilities as well as immediate follow-up and documentation of outcomes for missed appointments. These measures are aimed at enhancing retention and reducing LTFU.

**Figure 7.2.3: Number of clients and percentage variance in census from chart audits, 2018-2023**



Monitoring systems assessment was pioneered in medical record/chart audit in 2023 to provide a review of the presence and quality of integrated systems and national tools, efficient patient and data flow, human resource capacity, accurate and complete data collection, transfer, and reporting. The tool comprised of the following sections:



**Data collection systems & reporting** – Assessed availability of data collection systems (manual and/or electronic), structured reporting to partners such as the department or ministry of health and human resource capacity.



**Data flow, appointment & referral systems** – Reviewed availability and efficiency of patient data flow, accuracy and completeness of appointment systems and adherence to national referral/transfer protocols for HIV C&T facilities.



**Data quality** – Examined feedback-sharing mechanisms, availability of quality control procedures, standard operating procedures and data quality checks for the HIV program by AHF and partners.



**Monitoring tools** – Assessed the organization, availability, storage and use of HIV patient monitoring tools such as HIV patient charts, HIV C&T registers, appointment systems and transfer or referral forms.






**Completeness & accuracy** – Inspected the relevance, completeness and accuracy of HIV patient charts on summary and clinical encounter sections such as sociodemographic information, ART regimen, VL and CD4 status.



**Data use** – Evaluated use of patient data, reports and cohort analysis in decision-making at facility level through routine case management and regular staff meetings. Section scores by bureau are as presented in *figure 7.2.4* below.

**Figure 7.2.4: Monitoring systems assessment summary scores by bureau, 2023**

Bureau	Data Collection Systems & Reporting	Data Flow, Appointment & Referral Systems	Data Quality	Monitoring Tools	Completeness & Accuracy	Data Use
 Africa	89.3%	94.0%	94.7%	93.7%	91.8%	94.2%
 Asia	87.8%	96.7%	96.4%	95.4%	97.7%	95.6%
 Europe	87.2%	95.7%	95.9%	93.1%	93.1%	99.3%
 India	74.2%	87.5%	100.0%	100.0%	92.9%	100.0%
 Latin America & Caribbean	90.7%	96.7%	91.1%	95.9%	93.4%	95.6%
 Russia Country	75.1%	100.0%	100.0%	100.0%	99.5%	100.0%

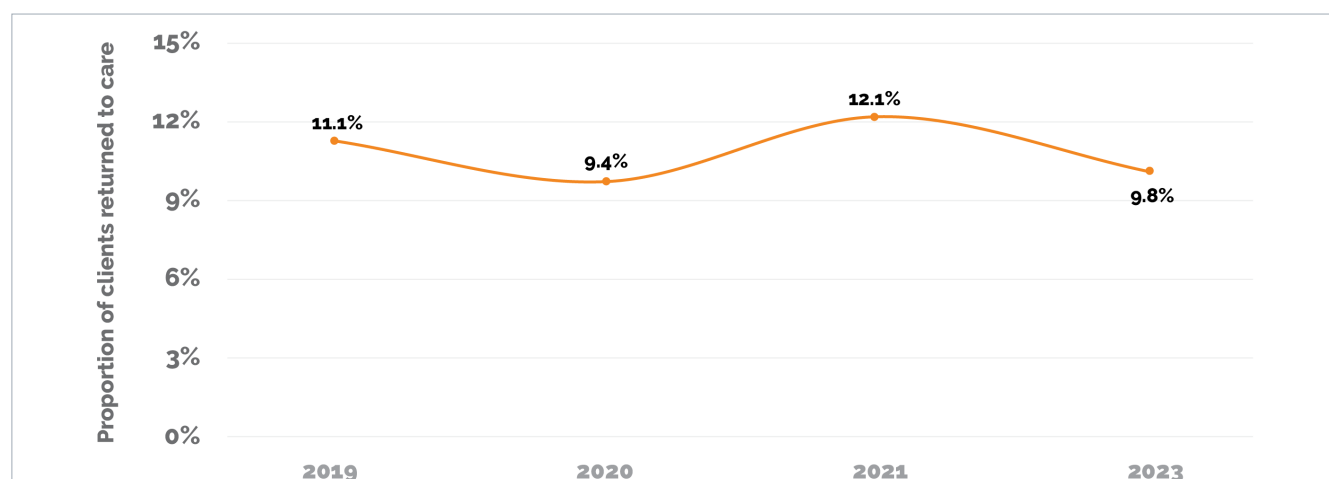
  

Legend		
Good	Fair	Poor
91-100%	80- 90%	<80%

The results will be useful in developing site-specific action plans for improving the quality of data and correcting the problems discovered in the audit process.

*Figure 7.2.5* presents the proportion of clients returned to care among LTFU identified during the audits conducted between 2019 and 2023. These are clients who were traced successfully and brought back to restart HIV care after becoming LTFU. 2023 saw a decline in the proportion of clients returned to care compared to 2021, where 12.1% of LTFU clients were brought back to care.

**Figure 7.2.5: Proportion of clients returned to care following medical record/chart audits, 2019-2023**



## 7.3 Optimize Retention Initiative (ORI) 2023

### 7.3.1 Why are we working on Retention?

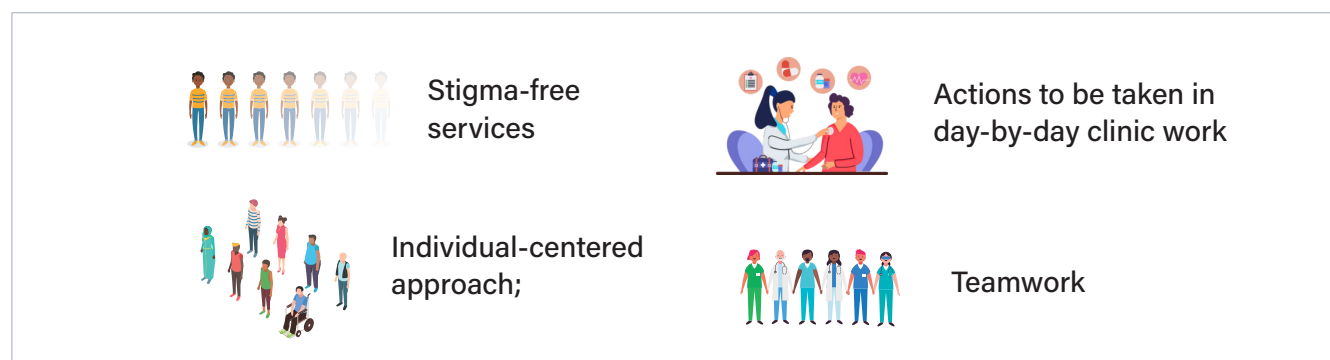
Treatment interruption due to poor client retention is a major barrier to achieving HIV viral load suppression and optimal client and program outcomes. Retention is prioritized in global program since HIV viral load suppression has a direct impact on individual health as well as on the transmission chain in the community. Retention of PLHIV and reducing loss to follow up (LTFU) are key priorities for AHF in 2023 and 2024.

### 7.3.2 What is ORI

The overarching objective of Optimizing Retention Initiative (ORI) is to support healthcare providers to enhance and strengthen sustainable interventions aimed at improving quality of HIV Care and Treatment. The ORI Toolkit will guide healthcare providers towards implementing a set of strategies to be applied according to their needs, through virtual meetings and exercises, training, formal document guidance and monitoring tools. Country and facility teams design and perform the ORI in their own service environment recognizing the main gaps and needs for the retention of PLHIV, supported by Bureau Team and Global Quality Team.

### 7.3.3 How is ORI structured?

**The proposed strategies of the ORI toolkit are based on (but not limited to) a set of recommended evidence-based interventions that address the four pillars:**



The M&E Guide and Online ORI Portal document the impact of the ORI intervention based on data generated and strengthen the routine monitoring and follow-up initiatives at service and intervention levels. The ORI Portal enables health services to have a cohort of new clients to monitor with the possibility to have in one tool HIV information, lab test, appointment schedules and attempts to monitor clients at risk to become lost to follow up.

### 7.3.4 ORI in 2023

The Optimizing Retention Initiative (ORI) launched initially as a pilot in 2020, is now fully incorporated as a global AHF priority by the Bureaus and countries, focused on improving client retention, improving the quality of the service offered by the health facilities teams, but also by actively monitoring and reaching out for clients who are missing appointments and at higher risk of being lost to follow up. This year we launched the ORI Portal, a tool developed by our data team in Nairobi, and the first one created to serve health units, bringing together in one tool the main clinical and care journey information related to the client, including documentation on contact attempts and active searches for clients who have missed clinical appointments, medication withdrawals or laboratory tests. The first and foremost plan for this tool is to gather information at client level, being the main source for collecting and monitoring data and harmonizing with other AHF data tools and indicators at facility level.



Figure 7.3.1 Optimizing Retention Initiative (ORI) web portal

Client Information

+ Add Client

Summary by Status

Active : 9/5

Refused Treatment : 7

Transferred Out Undocumented : 12

Client not reached : 25

Died : 18

Relocated : 7

Missed Appointment : 30

Sex

All

Status

All

Custom Filters

All

HIV C&T Number

Search

HIV C&T Number	Date 1st HIV Diagnosis	Date of ARV Initiation	Consultations	Last Consultation Date	Next/Missed Appointment Date	Follow Ups	Status	Action
JCC-562	05-Aug-2015	20-Aug-2015	6	11-Dec-2023	09-Feb-2024		Active	...
JCC -1755	25-Jun-2014	13-Jun-2023	6	11-Dec-2023	09-Feb-2024		Active	...
JCC -308	27-Sep-2014	29-Sep-2014	7	07-Dec-2023	07-Feb-2024		Active	...
JCC- 1416	12-Dec-2019	19-Dec-2019	8	06-Dec-2023	07-Feb-2024		Active	...
JCC- 1598	20-Jan-2022	20-Jan-2022	9	19-Dec-2023	16-Feb-2024		Active	...
JCC- 1651	17-Aug-2022	17-Aug-2022	6	07-Dec-2023	11-Mar-2024		Active	...
JCC-015	07-Aug-2008	20-Dec-2013	7	11-Dec-2023	08-Feb-2024		Active	...
JCC-016	04-Mar-2009	15-Sep-2022	8	09-Jan-2024	08-Feb-2024		Active	...
JCC-017	19-Mar-2012	13-Dec-2013	8	18-Dec-2023	22-Mar-2024		Active	...
JCC-035	13-Mar-2008	23-Dec-2013	5	07-Nov-2023	05-Feb-2024		Active	...
JCC-07	18-Nov-2013	10-Dec-2013	12	27-Dec-2023	25-Jan-2024		Active	...
JCC-1000	05-Oct-2017	09-Oct-2017	7	16-Jan-2024	15-Mar-2024		Active	...
JCC-1003	12-Oct-2017	23-Oct-2017	8	13-Dec-2023	15-Mar-2024		Active	...
JCC-1004	12-Apr-2014	23-Oct-2017	7	05-Dec-2023	02-Feb-2024		Active	...
JCC-1006	30-Oct-2017	30-Oct-2017	7	06-Dec-2023	05-Feb-2024		Active	...
JCC-1008	30-Oct-2017	10-Nov-2017	8	04-Jan-2024	09-Mar-2024		Active	...
JCC-1011	06-Nov-2017	10-Nov-2017	10	16-Jan-2024	14-Feb-2024	1	Active	...

## 7.4 STI and Wellness Centers Initiative

Sexually Transmitted Infections (STIs) are a worldwide major public health problem and a significant contributor to the HIV pandemic. HIV, viral hepatitis, and Sexually Transmitted Infections (STIs) collectively cause 2.3 million deaths and 1.2 million cases of cancer each year and continue to impose a major public health burden worldwide. **More than 1 million people are newly infected with STIs each day**, and in total, 4.5 million people contract HIV, hepatitis B, and hepatitis C each year. Globally, there were an estimated 7 million new syphilis infections in 2020, and over 900,000 pregnant women were infected with syphilis. Although progress has been made, the responses for HIV, viral hepatitis, and STIs are at different stages globally, and the global response is off-track, as most global health targets set for 2020 were missed.

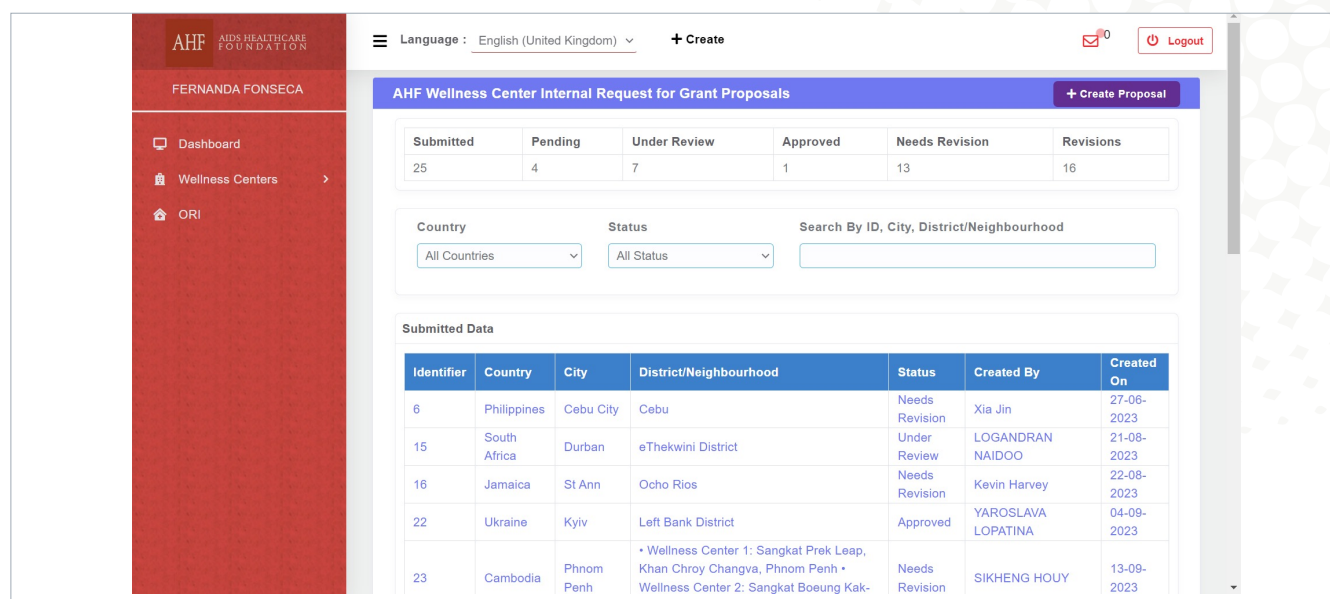
AHF has experience in a model that seems to be working with some reproducible technologies in different settings. The model AHF calls "Wellness Clinics", can impact the STI epidemic and could be summarized in key recommendations based on two pillars: sexual and reproductive health approach in a stigma free environment, and high effectiveness.

In December 2022 AHF launched the initiative "Wellness Center Expansion Grant", an internal call

funding selected proposals for up to 40 expansion projects focused on STIs, with up to a US\$250,000 grant per project. The portal was open to new projects in 2023. Every project needs to have a comprehensive plan of STI service expansion, based on AHF Wellness Center model, as well as an operational research component based on the scientific gaps locally identified as priority. This initiative is part of AHF commitment to contribute to the STI epidemic word wide, also targeting people that are at a higher risk of acquiring HIV. All AHF countries were invited to submit proposals, through their Bureaus.

The GQT developed supporting materials, including a guideline on the grant purpose and methodology, shared models of existing clinics and a framework for the projects and the budget, and had virtual meetings to launch the proposal, showcase all he developed materials, and trained the Bureau teams. The GQT developed within the AHF Data Portal an on-line portal that receives all the proposals and serves not only as repository of them, but also allows countries to receive feedback on the projects and budgets, and to monitor de status of the projects, from revision until technical approval by the GQT Committee, and submission to the Global Finance Team evaluation.

Figure 7.4.1- Wellness Center Grant project submission portal



Since the launching of the Wellness center Grant, we have already received 23 proposals, all them already evaluated by the Global Quality Review Committee, 12 proposals from the Africa Bureau, 4 from Asia, 1 from India, 1 from Europe, and 5 from the Latin America and the Caribbean Bureau. The GQT worked with the Global Finance Team to plan the execution of the projects, and the planification for 2024.

In view of the renovated focus on the response to the STI, the new Wellness Centers that are going to be operating under AHF umbrella in the

next few years, and considering the importance of having high quality reliable data to monitor and showcase the impact of having such open door STI focused health services, the GQT also launched the new STI PPR Portal. This portal used the valuable experience of the already operating Wellness Centers, especially in Latin America, and the experience with the HIV PPR. The Bureaus contributed to the process of developing definitions and indicators, and the portal has been piloted for the last year. In February 2024 the updated final portal with feedback improvements from the pilot will be launched.

Figure 7.4.2: Wellness Center Web PPR

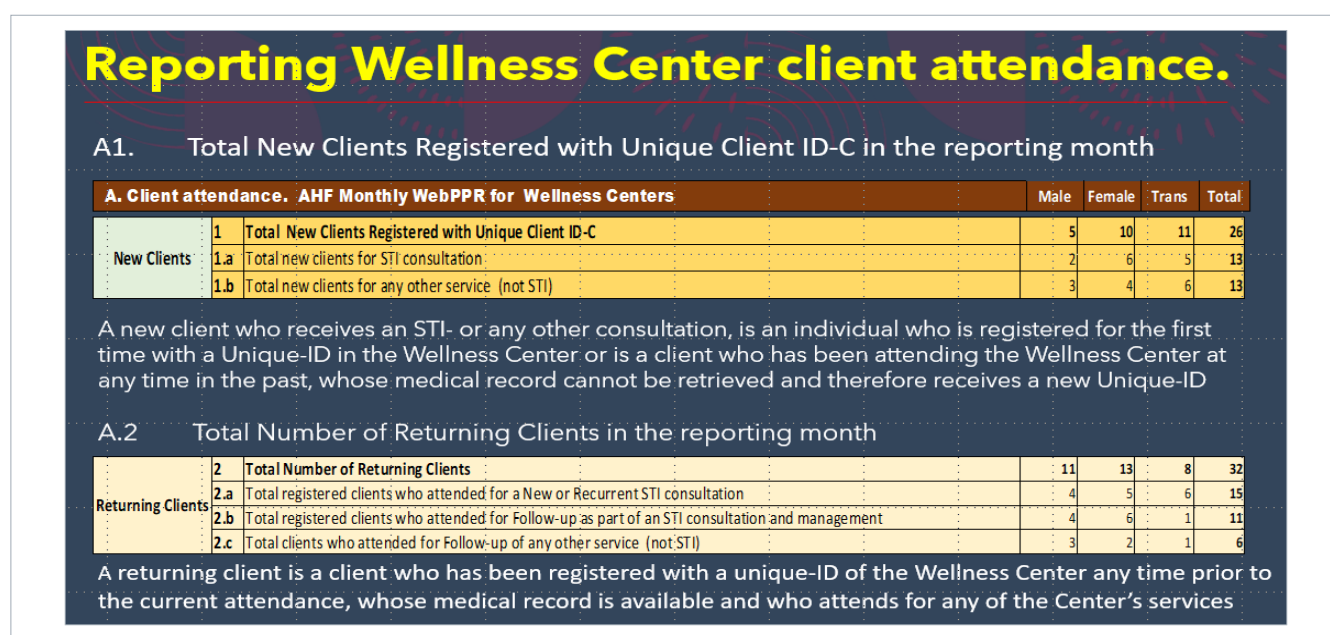


Figure 7.4.3 Wellness Center Web PPR Portal

A. Client attendance - [855]						
A. Client attendance. AHF Monthly WebPPR for Wellness Centers			Male	Female	Transgender	Total
New Clients	1	Total New Clients Registered with Unique Client ID-C	133	0	1	134
	1.a	Total new clients for STI consultation	32		1	33
	1.b	Total new clients for any other service (not STI)	101			101
Returning Clients	2	Total Number of Returning Clients	712	0	9	721
	2.a	Total registered clients who attended for a New or Recurrent STI consultation	125		2	127
	2.b	Total registered clients who attended for Follow-up as part of an STI consultation and management	166		3	169
	2.c	Total clients who attended for Follow-up of any other service (not STI)	421		4	425
Total Attending Clients	3	Total client attendance (New + Returning)	845	0	10	855

For 2024, the GQT expects to work on the final projects until the goal of 40 projects of the Wellness Center Grant is reached, and monitors de implementation of the approved projects, according to the plan consolidated with the Global Finance Team. Linked to expansion of the AHF model in the response to STIs, AHF together with PAHO experts, meet March 2024 in Brazil to discuss the situation of STIs in the region.

It will be important to monitor the data that will come through the new STI PPR Portal and evaluate the performance of Wellness Centers and thus, contribute to the fight against the syphilis epidemic.

## 7.5 Tuberculosis Control-AHF 10 Action Points

### 7.5.1 AHF Tuberculosis Priorities

During the GlobalExec Meeting the 14th of November 2022, the alarming current TB epidemiology, laid out in the 2022 World TB Report, urged AHF to contribute in addressing this global public health emergency. Consensus on two lines of thought emerged, one looking at AHF global and regional advocacy to address the emergency from a global TB control perspective and the other looking at what AHF could do in the context of HIV and TB at service level, with AHF TB Principle 10 at a point of departure. Michael Weinstein concluded: "We need to declare that TB is a global crisis" and proposed 10 concrete action points to be taken up by each bureau and, guided by Global Advocacy and by Global Prevention and Testing-Medicine-Quality- and HMIS teams.

### 7.5.2 AHF's 10 Point Program to Address the Global TB Crisis

1. \$5 billion in global funding for the prevention, epidemiology, testing, treatment, training and research to conquer TB globally with focus on the highest burden countries.
2. Universal access to the best TB medications including those that shorten the term of treatment.
3. NGO participation in planning, outreach and adherence programs at the local, national and global level.
4. Launch specialized testing programs to address late TB presentation to reduce unnecessary deaths and infections.

5. Universal TB training of all healthcare workers in high prevalence areas and the production of high-quality educational materials.
6. Integration of TB services and HIV services in primary care settings.
7. Drastically reduce the number of undiagnosed TB patients through full-scale point of care testing programs and tracing contacts.
8. Implementation of universal TB infection control policies and procedures to protect staff and patients in healthcare settings.
9. Implement short term TB prevention therapy for vulnerable populations.
10. Engage patient's past and present to improve treatment adherence.

In 2023 the TB initiative and the implementation of its 10 action points were discussed at the Global Quality Meeting in Mexico (February 2023). As a result, Global Advocacy Team commenced mapping out the TB control status in each of the AHF supported countries, using available data from multilateral TB organisations (WHO, Stop-TB Partnership) and a survey to each of the AHF. Based on the now documented TB status, each country has developed and began to implement their detailed action plans.

## 7.6 CME for Clinical Care Providers

In 2023, the AHF CME platform “Ehealthacademy” saw increased activity, with development of seven new courses, and more registrations of health care professionals joining in. The number of certificates issued rose by around 40% when compared to the end of 2022, a remarkable achievement. Also, the attendance rate to our monthly Clinical Case Discussions for the Africa Bureau and Asia Bureau was increasing considerably and remains being highly appreciated. In the Europe bureau we started inviting AHF staff from Ukraine and Poland to our 3 STI courses, 4 certificates for the English STI courses were recorded in 2023. Translation to Ukrainian language is scheduled for 2024.

### 7.6.1 Overview of the Bureau achievements of AHF HCWs in e-learning by end 2023

#### Cumulative registrations and certificates of AHF HCWs in 2023

- Total registrations grew from 890 to 1,037.
- Total certificates issued increased from 3,094 to 4,498.
- Total CME hours increased from 11,947 to 17,050.

#### Non- AHF external partner colleagues

- Total registrations grew from 320 to 366.
- Total certificates issued grew from 376 to 459.
- Total CME hours grew from 1,360 to 1,692.

**Table 7.6.1 Overview of the Bureau achievements in CME e-learning by December 31, 2023**

Bureau	Asia	Africa	Latin America & Caribbean
Registrations	124	702	211
Total certificates	545	2,997	956
Total CME hours	2,064	11,308	3,678

## 7.6.2 New Courses

### New Courses launched in 2023

- Basic radiology course, March 2023.
- Viruela de Mono, April 2023.
- Management of Sexual Transmitted infections – part 1, May 2023.
- Management of Sexual Transmitted infections- part 2, July 2023.
- Manejo de las Infecciones de Transmisión Sexual – parte 1, July 2023.
- Management of Syphilis, August 2023.
- Manejo de las Infecciones de Transmisión Sexual – parte 2, October 2023.
- 5 courses for External non-AHF partner physicians.

## 7.6.3 Clinical case discussions

### Clinical case discussions for Africa Bureau staff

In total, 27 TEAM meetings were held, 9 for each of the 3 groups AHF staff (group 1 doctors and group 2 nurses in close collaboration with Dr. Lydia Buzaalirwa, and group 3 for combined group of doctors and nurses of the Southern African Region chaired by Dr. Nduduzo Dube. We discussed 8 challenging clinical cases from 8 African countries and in the other meeting I presented important news from the November world TB conference. The number of participants among doctors rose

considerably from a mean of 26 to 39/session with a maximum of 60 participants, participation rate of nurses did not change compared to 2022.

### Clinical case discussions in Asia Bureau staff

Eleven monthly TEAM meetings were held and chaired by Dr. Pagnaroat. In 10 meetings interesting clinical cases from the Asian countries were discussed, in one meeting we had a well-known Dutch guest speaker presenting “Perspectives on HIV and aging”.

Latin America & Caribbean: Clinical Case Meetings were held in some individual countries.

**Table 7.6.2 Overview of the Bureau achievements in CME e-learning by December 31, 2023**

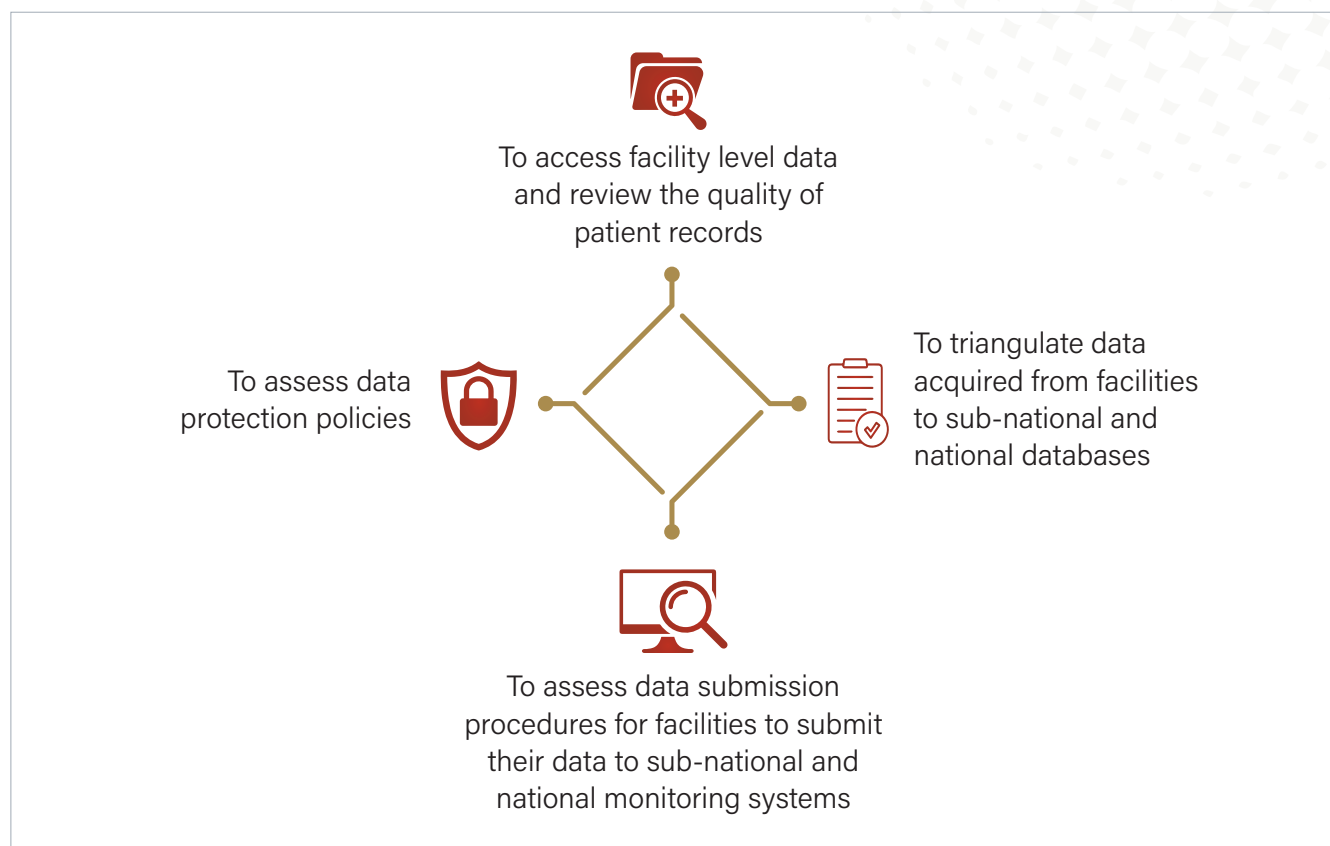
Online Case Discussions 2023	Participants	Total number of Case Discussions	Total CME hours
Asia Bureau	187	11	374
Africa Bureau North group 1	340	9	1,870
Africa Bureau North group 2	240	9	
Africa Bureau South	355	9	
<b>Total</b>	<b>1,122</b>	<b>38</b>	<b>2,244</b>



## 7.7 Data Quality Assessment

Since 2022 the Global Quality Team has been assessing medical records data quality in several countries in the AHF Africa and Asia bureaus. This work continued in 2023 and is likely to be completed in 2024. The objective of the exercise is to review data quality in HIV Care and Treatment (C&T) facilities and to strengthen monitoring systems.

**Specific objectives are:**

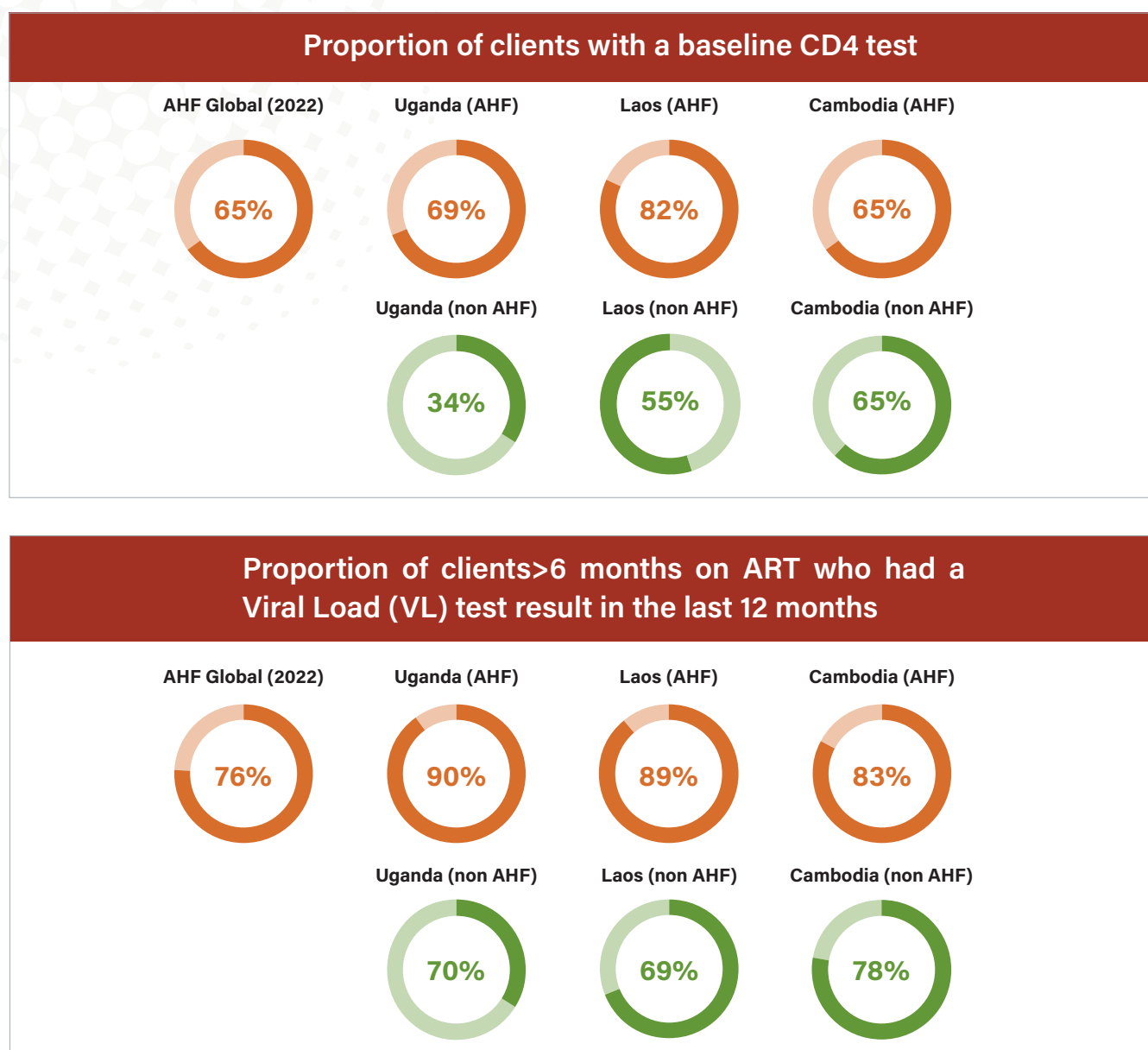


The methodology for this exercise was developed by the GQT-core team while day-to-day support is provided by an external consultant. The consultant leads the in-country validation, with support (mostly logistics) of the AHF country team. At the country levels an independent consultant is hired, who leads a team of file auditors consisting of both MoH and AHF staff. For each of the countries included a sample of HIV care and treatment facilities is selected; half of the facilities selected are supported by AHF, the others are not AHF-supported. Following the analysis of the paper-based medical records/charts, detailed feedback is provided to audited facilities and responsible MoH departments.

A range of indicators are being reported on based on the data collected. These include client's census and several AHF quality benchmarks including time between enrolment and initiation, viral load testing coverage, viral load suppression and causes of mortality among deceased clients.

The current status of the project is that the DQA has been completed in Uganda, Laos, and, most recently, Cambodia. In 2024 it will be conducted in Nepal, where all HIV care and treatment facilities in the country will be included. To date more than 61 thousand individual charts have been analyzed.

Figure 7.7.1 Data validation CD4 and VL results Uganda, Laos, Cambodia



#### The most important findings to date are that:

- Facility ART clients census reported by government matches the findings at the facilities. The census found at the facilities was over 95% accurate compared to official government reports and the differences were often related to the timing of the government reports and the assessment dates;
- Very few clients reported to be active were found to be No-Longer-in-Care suggesting the patient files are up to date and the data in the files is of a high quality;
- Overall, patient files were found to be complete and data was deemed to be accurate and logical;
- Baseline CD4 testing coverage, viral load testing coverage, and Viral load suppression rates were found to be statistically significantly higher at AHF supported or managed facilities compared to facilities where AHF does not work. In some cases, these differences are as much as 20 percentage points.



## 8.1 Latin America and Caribbean Bureau

### 2023 Annual Progress ORI Program LAC: 3 lines of action

#### 8.1.1 Discussion of clinical cases

On a monthly basis facility teams review 5 new cases and on quarterly basis review follow-up cases of the previous months to see the progress. We added Colombia and El Salvador in the second semester. El Salvador start in 2024.

		Escuintla-Guatemala	Veraguas-Panama	Ceprosh-Dom. Rep.	CAI-Peru	CAI LIMA-Peru	Cancun-Mexico	
2021-2022	# Meetings	6	11	7	1	1	NA	26
	# medical cases discussed	25	41	36	5	5	NA	112
2023	# Meetings	6	10	9	12	12	8	57
	# medical cases discussed	40	41	24	60	35	40	240

In Peru, AHF sites detect extramural needs to maintain patient adherence. Some examples are home visits, referral through social networks to community mental health centers, shelters, soup kitchens, immigration procedures, among others. ORI has made it possible to identify the barriers that limit their care and recognize whether they are due to service factors, at the community or individual level, and therefore helps to make visible the existing gaps for adequate adherence related to stigmatization for belonging to a key population, by gender, by migration status or by their employment situation. They have often mentioned lack of family support, not having a continuous support agent, and substance use (drugs and/or alcohol) as other barriers to staying in treatment. CAPASITS Cancun, Mexico had 28 clients who were initially in viral failure, 8 in low viremia and 4

undetectable. They were followed up and worked with to improve adherence to treatment with psychology in weekly or biweekly sessions. They were sent to the GAM (Group of mutual support) for addictions with whom we worked every Friday, they were supported with transportation and food resources (pantries) to users of low socioeconomic level, currently we have 16 undetectable users, 13 in low viremia and 11 in viral failure (there are still some pending to update viral load but it is due in January 2024), this information will be updated as soon as their CV is done again.

#### 8.1.2 Growth Groups

Growth groups not only offer information to resolve doubts about the diagnosis and physical care, but also provide and develop capabilities in people living with HIV to function successfully in a society

that still judges and discriminates against people based on their diagnosis. Peru did an adaptation to the local culture and the needs of the patients and developed a notebook for the 6 sessions of Growth Group. CAI created a special group with 39 patients whose just initiation ARV, among to 2023 they were driven to undetectability. CAL has 10 groups who's never missing appointments and the accompaniment continues to this day. Country team generates strategies to identify and reduce risk practices, all these strategies are addressed to recognize and address stigma and discrimination. Most participants carry concerns related to these social barriers. Despite these initial fears, our site team is committed to creating a welcoming, judgment-free space where everyone feels safe to

explore and share their experiences. Guatemala and Panama were affected by national road closures to carry out in person, however Panama managed to start with 2 groups virtually. Mexico added two modules that were not contemplated within the CRECE program: Nutrition Module (feeding in PLHIV) and Dentistry Module (oral health).

By 2024, country team requested marketing to help print at least 100 brochures to be able to provide to clients who participate in these groups. At CAPASITS Cancun, growth group is carried out together with the failure, addiction, and community groups (which is where clients will learn some trades).

	Veraguas-Panama	CAI LIMA-Peru	Cancun-Mexico	CAI-Peru
# Growth Groups	3	10	18	14
# patients per growth group	12 in person 5 to 9 virtual	6-8 in person	9-12 in person	6-8 in person
# total patients	26	30	60	83
# sessions given per growth group	3	6	6	7

### 8.1.3 M&E ORI, results for sites implementing the M&E and results of ORI activities at facility level

Section	Indicator	Escuintla-Guatemala*		CAI-Peru		CAI LIMA-Peru		Ceprosch-Dom. Rep.		Veraguas-Panama		Cancun-Mexico	
		Total	Proportion	Total	Proportion	Total	Proportion	Total	Proportion	Total	Proportion	Total	Proportion
Contact Tracing	Total clients with appointment(s) this month	5096		5097		2903		13712		6758		6650	
	Total clients with missed appointment(s)	721	14%	638	13%	250	9%	1241	9%	1552	23%	908	14%
	Total missed appointments for which contact attempts made	189	4%	621	12%	253	9%	1243	9%	1024	15%	839	13%
	Total clients unreachable	6	1%	415	65%	7	3%	688	55%	471	30%	166	18%
	Total number of clients with missed appointment(s) who were successfully contacted	183	25%	207	32%	94	38%	555	45%	1024	66%	673	74%
Main reason for missing appointments	Individual	164		598		96		1243		1067		761	
	Service	0		0		0		0		0		43	
	Community	2		0		0		0		0		1	
Number of clients successfully contacted	Total number of clients with missed appointment(s) who were successfully contacted	183	25%	261	41%	94	38%	555	45%	1024	66%	710	78%
	New appointment given	58	32%	207	100%	80	85%	507	91%	105	10%	593	88%
	Returned spontaneously	1	1%	0	0%	5	42%	33	80%	906	88%	55	8%
	Transferred out	5	3%	3	30%	1	8%	3	7%	10	38%	22	3%
	Accessed other C&T	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Died	5	3%	2	20%	0	0%	10	24%	4	15%	1	0%
	Incarcerated	0	0%	1	10%	0	0%	0	0%	0	0%	1	0%
	Relocated	0	0%	0	0%	8	67%	0	0%	0	0%	1	0%
	Refused treatment	114	62%	1	10%	0	0%	1	2%	0	0%	0	0%

\*Report until November 2023

Veraguas Panama had an appointment system where the entire cohort was placed in groups and depending on the group, an annual calendar was established for them to attend their appointments. This means that many users do not attend the scheduled appointment and come spontaneously which becomes complicated when the system is carried out manually. In addition, they duplicated our appointments since they applied their own definition establish. They were provided with feedback on the M&E results and finally agreed to include the AHF appointment system in the definitions and this paves the way for us to be able to offer AHF offline M&E when it is ready. CEPROSH & CAPASITS Cancun have the highest number of new appointments scheduled because they have staff to record the follow-up and carry it out.

#### 8.1.4 Zumba classes in CAPASITS CANCUN Mexico

Zumba classes started in November and the instructor is a user who is supported with transportation. The objective of this workshop is to create a safe space for users where they develop activities for learning trades, artistic, cultural and sports activities where the interaction of users, family and community is favored.



## 8.2 Asia Bureau

### Improving access and quality of HIV prevention, care, and treatment services for people in prisons of Vietnam

#### Rationale for the project

People in prisons were reported to have high prevalence of HIV, hepatitis B and C, sexually transmitted infections, and tuberculosis. Yet, appropriate health care interventions are often unavailable in prisons.

As in many other countries, prisoners in Vietnam have limited or inadequate access to HIV testing, care, and treatment. ART initiation process is time-consuming and OI medications are often in shortage in prisons. And it would be a mistake not to mention that doctors' qualifications in HIV treatment are still limited, and mortality rate among HIV/AIDS prisoners is high.

#### Implementing and collaborating partners

In 2015, AHF Vietnam implemented the first program in Thanh Lam Prison, a national prison located in the middle province of Vietnam, providing support to about **300** HIV prisoner patients. After 8 years, the program expands to **22 prisons** providing HIV care and treatment to more than four thousand patients at the end of 2023. AHF Vietnam collaborates with Vietnam Administration of HIV/AIDS Control (VAAC), Health department of Ministry of Public Security (H50), Prison management department (C10), Provincial Centers for Disease Control and Prevention (CDC), and Prison's management board to implement the program.

#### Testing, care, and treatment activities in the prisons

- Conduct HIV rapid testing for all prisoners to get baseline prevalence rate of HIV infection, the confirmatory test will be done at Provincial CDC office or at authorized district hospital. HIV testing will be provided again for prisoners after 1 year.
- Provide OI prophylaxis and/or treatment and antiretroviral therapy to all confirmed cases (ARV drug is provided daily to avoid the prisoners to commit suicide by taking a lot of drugs in a time, so it takes a lot of time for the health staff in the prison).
- ARV drugs are transferred from Provincial CDC to the prison. Some essential OI drugs will be provided by AHF (AHF purchases the medications and ship to the sites based on their order).
- Basic lab tests (complete blood count, liver function test, kidney function test, CD4, viral load etc.): blood samples of the patients will be taken and transported to the district hospital for testing.
- Provincial CDC and the doctors at the community-based site will come to the prisons to provide TA support monthly, quarterly, or when there are difficult cases of patients, or when requested.
- For severe cases over capacity of the doctors in the prisons, they will be referred to community-based site to be hospitalized.
- When prisoners are set free, they will be linked to receive treatment services at community-based ART clinics closest to where they stay.
- AHF staff regularly conduct visits to both community-based sites and prisons to provide TA and M&E.



## Results/achievements

- By December 2023, AHF Vietnam is supporting 22 of 60 national prisons, providing care and treatment to 4,392 HIV/AIDS patients under management of the Ministry of Public Security.
- The medical staff at the prison have the capacity to conduct HIV rapid testing and are no longer dependent on provincial CDC. Before AHF support, if prison want prisoners get HIV tested, they have to wait for CDC's schedule and sometimes it takes 6 months.
- The positive prisoners detected through the RTP program over the last 5 years were 3,281 cases, with an average positive rate of about 2.4% (*table 1*).
- The rate of HIV patients linked to ARV treatment reached 100%.
- The rate of patient compliance with treatment reached 100% because patients were given medication daily under the supervision of medical staff in the prison.
- The average waiting time for ARV initiation is reduced from 45,7 days to 13,8 days. A half number of prisons have waiting time less than 7 days (*table 2*).
- The proportion of HIV patients provided with IPT increases from 65% to 100% with INH drug support from two sources: AHF and the national TB program through the Global Fund project.
- The decess rate of HIV patients in AHF supporting prisons decreases significantly

from 1.3% to 0.4% from 2019 to 2023. In community ART facilities, decess rate goes down from 1.1% to 0.87 % (*table 3*).

## Lessons learned

- Leadership, commitment, and involvement of the leaders of Department C10, Department of Health - Ministry of Public Security, Department of AIDS Prevention and Control - Ministry of Health created opportunities to improve prisoners' health care.
- Flexibility of AHF support facilitates smooth operation of the collaboration project.
- On-site supervision and technical support through field supervision trips from AHF, Health Department - Department C10, CDC of provinces and cities help build and strengthen capacity of healthcare personnel of prisons to implement the project.

## Challenges

- Tracking patients after they return to their community is challenging. They have no phone number at the time released so health staff in prison only can provide them 2 months of ARV and a transferring document that can help them to continue treatment in community clinics.
- Regular turnover of prisons' staff needing AHF team to increase onsite coaching and regular training to new staff.

**Table 8.2.1: The results of HIV testing program in prisons**

	Year					
	2019	2020	2021	2022	2023	Average
# positive	566	715	598	730	672	3,281
% positive	2.1%	2.6%	2.4%	2,4%	2.3%	2.4%

**Table 8.2.2: The number of HIV patient on ARV and their mortality in the last 4 years**

Fiscal year	In prisons					In health facilities				
	New patient on ARV	Cum. ARV patient transfers out	Cum. ARV patient decreased	Total HIV patient	Mortality rate	New patient on ARV	Cum. ARV patient transfers out	Cum. ARV patient decreased	Total HIV patient	Mortality rate
2020 *	619	811	27	2,128	1.27%	2,675	1,438	262	23,818	1.10%
2021 **	530	864	26	2,262	1.15%	2,750	3,657	286	28,533	1.00%
2022 ***	517	785	23	2,470	0.93%	3,075	2,682	297	31,695	0.94%
2023 ****	500	777	18	4,392	0.41%	2,403	2,761	303	34,882	0.87%

## 8.3 India Bureau

### 8.3.1 Prevention - Free Online Condom Store

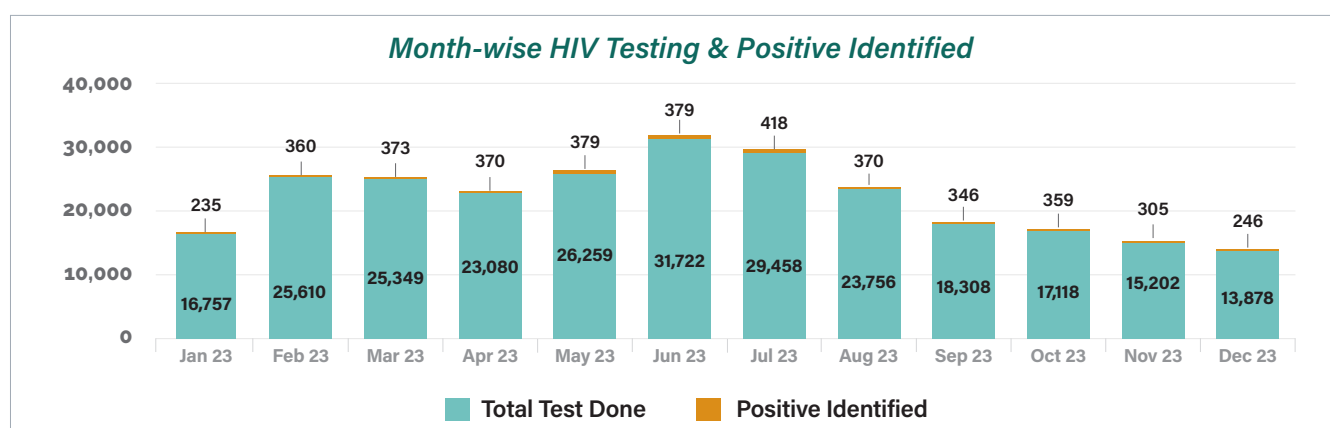
AHF India Bureau distributed 26,63,856 pcs of "LOVE" condom and have surpassed their Condom distribution target of 26,55,283.

In order to bring back the focus of Condoms and to making it more accessible to the most vulnerable, high-risk populations, general population, youth and the LGBTQI, AHF India instituted the First On-line free Condom store, in India. This was inaugurated and dedicated to the nation on the occasion of the 10th Anniversary of AHF India Cares. NGOs, CBOs and even individuals can request FREE Condoms by mailing to [freecondomstoreahf@gmail.com](mailto:freecondomstoreahf@gmail.com) or calling at 1800

102 8102 (toll free number). Till 2023, India Cares has provided over 23 million of condoms in India. The major beneficiaries under the Free Online Condom Store are State AIDS Control Societies, Non-Government Organizations implementing Targeting Intervention Programs supported by Government, Non-profit organizations working for the High-Risk community members, Transgender Welfare Clinics supported by USAID, UN organizations, STI Clinics and several individuals.

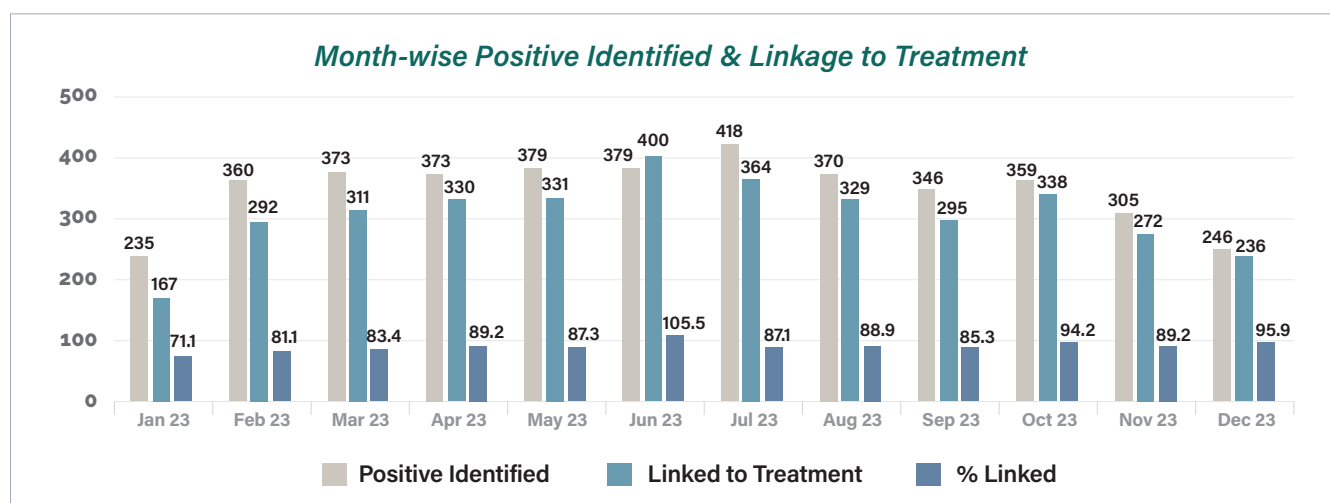
### 8.3.2 HIV Testing Services

HIV/Syphilis Tests conducted – 26,64,97 (out of 26,44,00); HIV Positive – 4,140; Sero-positivity – 1.6%



The main reason for increase in sero-positivity from 1.25% in 2022 to 1.6% in 2023 is focussed testing and on-site supportive supervision. Each visit has strengthened the coordination with State AIDS Control Society and District Level Medical Authorities. The testing teams in the field are also conducting MOONLIGHT Testing in the evening.

Clients linked to treatment – 3,665; Percentage of clients linked to treatment – 88.5%





### 8.3.3 Benchmarks Summary



Total New clients enrolled in Health Facility (CoE-Delhi & JCC-Mumbai) is 432 out of which 419 clients have been **initiated on ART** in year 2023.



**358 clients** were initiated on ART within 14 days after a confirmed HIV-positive test at both clinics of India Bureau out 419 newly enrolled clients on ART which is 85.4%.



429 newly enrolled clients out of 432 clients underwent baseline **CD4 cell count** which is 99.3%.



**215 newly enrolled** clients with a baseline CD4 cell test result, who had a CD4 cell count <350.



All (432) new clients who were enrolled in our clinic have been **tested for Syphilis**.



Proportion of New HIV-Positive Clients, who Tested Positive for Syphilis and Completed Treatment – 60 clients have been tested positive for syphilis and all 60 have been **treated**.



Proportion of Eligible HIV-Positive Clients that Initiated a Standard Course of TB Preventive Therapy – 367 clients eligible TPT clients underwent standard course of TB Preventive Therapy.

### Client Enrolment and Census

As on 31st December-2023, the total number of clients in care are 3,341 (CoE Delhi & JCC Mumbai), out of which 3,335 clients are receiving ART medication.

### Optimize Retention Initiative (ORI)

ORI is being implemented in both the clinics at Delhi and Mumbai. Client files are being regularly updated.

### Medical Chart Audit

The Chart Audit 2023 was initiated in the 2nd Quarter in Delhi and Mumbai Clinics. A team was formulated in Delhi and oriented and the chart audit was initiated. After implementation of the chart audit for week in Delhi, Director – Medical & Psychiatry Services and M&E Manager trained the Mumbai staff and provided support so that the process went seamlessly. Overall, the experience was unique and worthwhile for the staff working in both Delhi and Mumbai clinics.

### 8.3.4 Truckers Intervention

AHF India in partnership with Varuna Group (large Logistics and Trucking company) launched HIV/

AIDS awareness campaign for long distance truckers in India. Partnering with AHF India Cares, Varuna Group facilitates HIV Awareness session, Free STI / HIV Screening, free distribution of Love Condom distribution and Free Hygiene Kits. The campaign includes a series of awareness sessions and HIV/Syphilis testing across India, focusing on long-truck drivers. Group bulk messages through WhatsApp and SMS are sent to over 60,000 drivers across the country reminding them of Condom use and the need for regular STI/HIV Screening. Varuna Group's trailers have been adorned with striking HIV/AIDS awareness graphics to visually reinforce the message, and trucks carrying this prevention message will traverse the country, reaching people in different districts.

### 8.3.5 Girls Act

AHF India works in partnership with Society for Participatory Integrated Development (SPID) SPID to implement the Girls Act program. The program is implemented among the girl children of brothel-based sex workers and among communities practicing traditional sex work in Delhi. Currently we are working with almost 250 girl children supporting them with awareness sessions, HIV screening and other STI/HIV services including providing sanitary napkins.

## 8.4 Europe Bureau



Despite the challenging geopolitical situation in our region in 2023, AHF Europe continued positioning itself as a leader in global public health and a contributor to legislative initiatives, such as UN High-Level Declarations on Universal Health Coverage, Pandemic Preparedness, and the International Pandemic Accord. AHF Europe, co-hosted by the Lithuanian Representation to the EU, organized a debate, “Striving for better health resilience during times of crisis - Best practices from Ukraine and beyond”. High-level representatives from EU institutions, Lithuania, Spain and Ukraine expressed recognition of AHF’s work in Ukraine as well as the EU as a whole. Furthermore, AHF Europe continued to build on its recognition and excellence as a member of civil society alliances in Germany, Switzerland (Geneva) and the Netherlands. The bureau also actively worked with the German and European Parliament, and other engaged networks including UNITE and the German Global Health Hub.

### INNOVATIONS IN ACTION

#### Scale up of Wellness Center Initiative

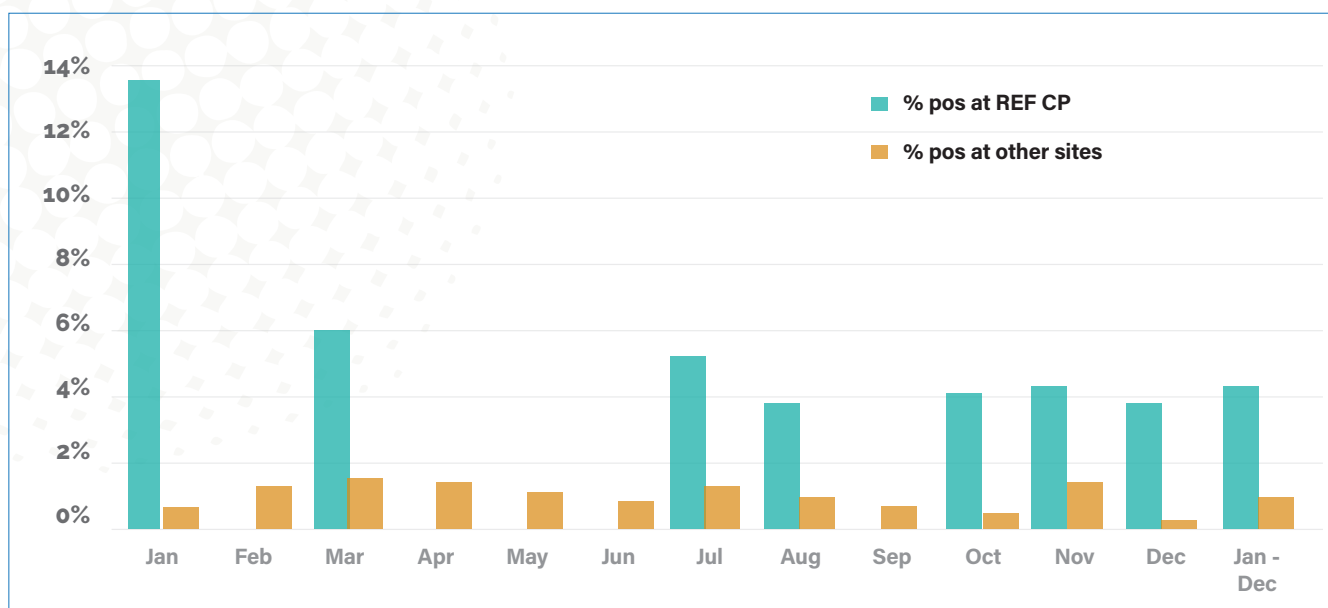
In 2023, a majority of country programs under the Europe bureau started implementing cost-effective integrated rapid HIV-STI testing for the first time in

the region. For example, a total of 74,738 clients were screened with combo-tests for HIV/HBV/HCV/Syphilis with a positivity rate of 1.2%, 6.5%, and 1.0% respectively for HBV, HCV and Syphilis in Ukraine. With 245 clients tested towards the end of the year (between October and December), AHF Georgia reported positivity rates of 0.8% and 0.4% for HBV and Syphilis. We plan to further support partner programs<sup>1</sup> in scaling up HIV-STI testing in 2024.

#### REF Checkpoint: A new approach to providing services to migrants, asylum seekers and refugees

In June 2022, Positive Voice Greece, supported by AHF, established the “REF Checkpoint” to address the doubling HIV incidence among non-Greek nationals. This service caters to migrants, asylum-seekers, and refugees, offering rapid testing for HIV and other STIs, outreach activities, counselling, linkage to care, and culturally-tailored information in multiple languages. During its first full operational year (2023), the REF Checkpoint tested 358 clients, with a higher test positivity rate (4%) compared to other testing sites in Greece (1%). Notably, 11% of all positive test results in the Greek program were identified at the REF Checkpoint, indicating its effectiveness in reaching and detecting cases within the target population.

<sup>1</sup> Additional STI testing not supported by AHF Europe in 2023. However, Positive Voice Greece reported a 6-month positivity rate of 0.9%, 8.9% and 1.4% for HBV, HCV and Syphilis.



## New Testing and Treatment Sites

In addition to existing sites, AHF Ukraine opened new programs at 2 partner facilities in 2023. Furthermore, a new Wellness center was opened in partnership with Kyiv CC, and there is ongoing work to launch another AHF-operated Wellness center in 2024. Additional community-based testing sites are planned for Lublin and Rzeszów (Poland) in 2024.

## Extending AHF's Model Of Care further in Europe

AHF Europe continues to extend its models (people-centered care and Rapid testing program) across the region. In 2023, AHF Poland became the newest program in the bureau and through its partner organization (AGAPE), conducted 509 tests in the latter part of the year, with 5 positive cases detected (1% seropositivity) and 4796 condoms distributed. In 2024 we plan to expand our programs to Romania.

## Enhancing access to HIV testing and prevention among young individuals

AHF Georgia, Ukraine, Estonia and Poland continued undertaking a series of initiatives such as the Youth Friendly Centre, the provision of training and educational sessions on HIV/STIs, Safe Sex, Reproductive Health and Family Planning to enhance access to HIV/STI testing and prevention. These programs remain active on national platforms, engaging in multilevel partnerships, and contributing to the development of relevant Sexual and Reproductive Health and Rights policies and interventions.

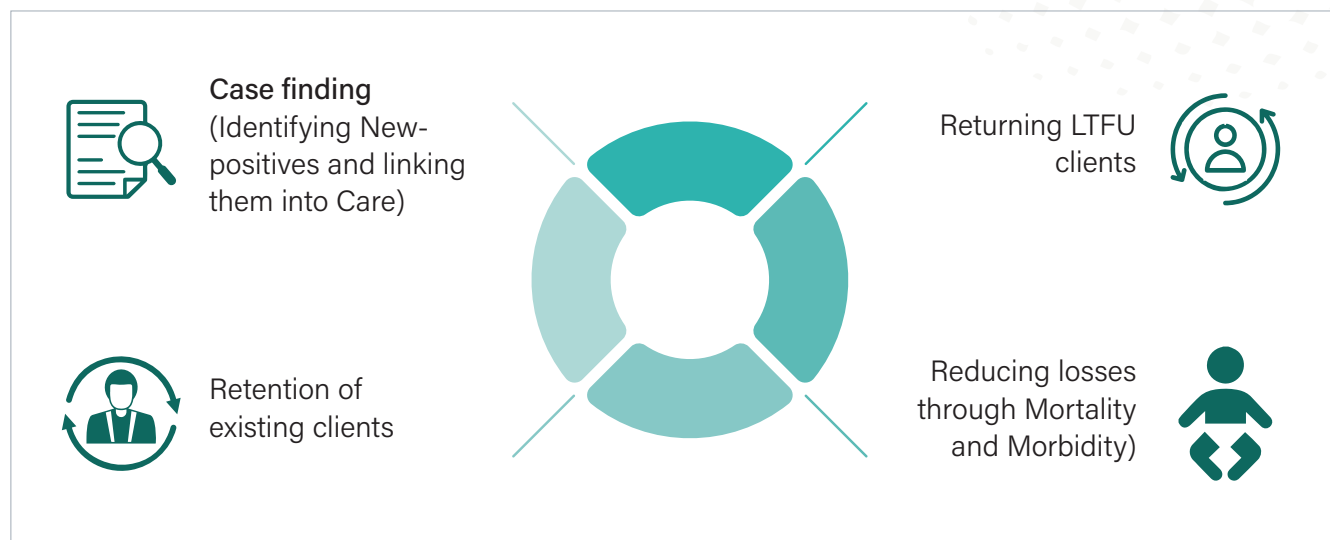
## AHF E-healthacademy and continuing professional development (CPD)

AHF Ukraine became an official (nationally accredited) CPD provider for medical professionals in 2023. Participation in the E-Health Academy has increased, with 3 country programs currently enrolled in courses. Efforts are ongoing to further improve uptake by providing courses in multiple languages e.g., Ukrainian and Russian.

## 8.5 Africa Bureau

### Africa Bureau Quality Management Success Stories 2023

In 2023 Africa Bureau Quality Management team focused mainly on Census Growth after noticing that most of our programs and facilities were not showing any significant growth. The 95x95 targets were becoming hard to reach as we seemed to be losing more patients than we enrolled. The bureau decided to focus on four programmatic pillars listed below. Countries were given targets to chase for the indicators identified that would help us monitor progress in these pillars.



#### Case Finding & Linkage to Care

New case finding was basically strengthened through setting targets for index testing where countries were expected to conduct index testing on all newly diagnosed patients and also those who were not virally suppressed. The target was set, that at least 20 % of all the HIV tests done should be index test. Countries were also encouraged to know their epidemic and ensure they utilised data from population-based surveys to target populations that were at risk of being HIV infected. This saw some countries excel in maintaining high positivity among the tests they conducted. Zimbabwe and Zambia being two of the countries that excelled in this regard.

#### Retention in care

In terms of retention, we focused on expanding Optimize Retention Initiative uptake and we designed tools that would allow us to assess compliance to the ORI recommendations on a monthly basis. The facility would conduct an initial baseline assessment using the ORI Compliance

Assessment Tool (OTCAT). From the assessment the facility would be able to identify all the gaps in all the pillars of ORI. This would assist them come up with a workplan on how to address these gaps. There after the facility would be assessed monthly to see how they have improved the retention efforts gaps identified at baseline assessment. Tools to monitor patient tracking were also introduced just to try and ensure patient who miss appointments are tracked and engaged in adherence support programs.

#### Returning into Care

The Back in Care Campaign was launched in June 2023 as an effort to find out why our patients dropped out of care and also determine the commonest reasons for attrition. In 2023 all 13 countries had started tracking the LTFU patients and by the end of the year about 60 % of the cohort of patients lost to follow up between Jan 2021 to December 2022 had been tracked. The reach rate varied from 20 % to about 65% the return rate ranged from 5 to about 15%. The commonest reason for attrition was relocation of



patients mostly for socio- economic reasons. The bureau is already planning to use some of the facility related reason of attrition to come up with Quality improvement interventions to improve retention. For example, there were some patients who never returned because they feared rebuke from the staff after missing appointments. The BIC project is yet to be finalised in 2024 and abstracts will be published for the findings in the different countries.

### **Mortality and Morbidity Reduction**

In an ongoing effort to improve the clinical acumen and ensure better clinical outcomes from client management, Case based CMEs were conducted throughout the year. To keep them more practical and ensure that the case remains relatable to the situation in most African countries, we allowed countries to present cases from their facilities and those identified through the mortality audits. Countries were motivated and to conduct mortality audits on all the deceased patients to try and determine the commonest causes of mortality and the gaps in case management that could have contributed to the deaths. All deceased patient files were to be filed separately and facilities are to produce minutes of the mortality audits as proof that all the files were audited. The mentoring and supervision teams that are expected to visit facilities at least once a month to perform Quality assessment are expected to assist with the mortality audits to improve objectivity. Management of advanced HIV to reduce Mortality was also strengthened as all facilities were expected to report on the outcomes of all the newly enrolled patients in terms of CD4 testing and the relevant prophylaxis administered. This improved accountability and helped us identified facilities and countries that were struggling with managing

AHD properly. This resulted in improvement in the performance of Benchmarks related to newly enrolled patients as staff were forced to account for every newly enrolled patient. .

### **Operational Research (Informing Quality Improvement)**

One of the cases presented in our CMEs a case of tertiary Syphilis causing alopecia was accepted for presentation in the South African HIV Clinicians Association of South Africa in Cape town. Two of our abstracts about reporting causes of Mortality among cohort of patients in Care in Eswatini and Zimbabwe were accepted for presentation in 3 international HIV conferences, with the Zimbabwe one being voted the best abstract in the ICASA conference held in Harare. Basing on the findings we have managed to motivate the organisation to invest more in management of NCDs, A number of countries have started routine screening for the NCDs and have expanded their formulary / essential drug list to improve management for these diseases among our ageing cohort of patients on ART.

### **Collaboration of Departments for Better Outcomes**

An M&E retreat for all the Bureau M&E managers was held in south Africa where all the challenges of reporting were discussed, and the Quality Management team participated in the meeting with emphasis that Quality Management cannot exist without Quality data because for us to identify gaps in the Quality we have to measure certain indicators. Resolution were made that collaboration was key and departments were not supposed to work in silos but work together and exploit each other's expertise for the best outcome of the programs.

## 9.1 Publications

- **Reasons for the late detection of HIV infection among people seeking treatment at health care institutions.** Publication in the Journal "Health of Ukraine":
- **Safeguarding HIV prevention and care services amidst military conflict:** experiences from Ukraine. Publication in BMJ Global Health:
- **Status of Compassionate Health Care Practice and Associated Factors in Public Hospitals of Addis Ababa from patient's perspective:** cross sectional study (Elias Teshome Tadesse, et al) Published in MeRXiv & BMJ Yale Journals
- **Secondary Syphilis presenting with alopecia and leukoderma in a stable HIV-positive patient in a resource-limited setting:** A case report and narrative review. (Dr Sukoluhle Khumalo et al Biomedical Central BMC) AIDS Research and Therapy (Accepted for Publication)

## 9.2 Oral presentations

- **An open door for care implementing a walk-in sexual health clinic in downtown Sao Paulo, Brazil** IAPAC - Fast-Track Cities 2023 Conference - Amsterdam
- **Strategic Perspective for People-centred and integrated Models. Fast-track Cities, Amsterdam 2023:** AHF Ukraine and Kyiv and Odesa's City Administration collaboration
- **Implementation AHF testing model on the base of healthcare facilities in Kyiv, Odes and Dnipro** Fast-Track Cities, Amsterdam 2023: AHF Ukraine
- **AHF Europe network of linkage to care support for people who live with HIV from Ukraine - experience from Amsterdam** Fast-Track Cities, Amsterdam 2023.

- **GAT's work in Reengaging Out of Care HIV Positive Persons to healthcare and reflection on the barriers faced by migrants in accessing healthcare** Fast-Track Cities, Amsterdam 2023. GAT-Portugal
- **The GAT project Ти не один (You are not alone).** GAT-Portugal Fast-Track Cities, Amsterdam 2023:
- **Sex work on the street: intersectionality and factors of precarity in cis and trans women.** 3rd Interdisciplinary Conference "The Borders of Sexuality": Positive Voice-Greece
- **More than 95% return rate in a community-based HIV self-testing project in the Netherlands.** Hep HIV 2023: AHF Netherlands
- **Surveillance, monitoring, and evaluation (M&E) related to integrated testing AND Post-exposure and pre-exposure prophylaxis (integration with combination prevention and opportunities for testing).** Hep HIV 2023: GAT-Portugal
- **Self-sampling and self-testing for HIV at a commercial and community-based test provider in the Netherlands: usability and user preferences.** International Society for Sexually Transmitted Diseases Research (ISSTD) Congress, Chicago 2023: AHF Netherlands-RIVM
- **Integration of NCD screening and treatment amongst People Living with HIV attending clinic at OBER Level 4 Hospital in 2022** (John Ndungu et al) ICASA Online Presentation

## 9.3 Poster presentations

- **Development of a Toolkit for Implementing Sexual Health Services.** Poster Fast-Track Cities 2023 Conference - Amsterdam.

- **Linking and retaining HIV patients in care in Neuquén city, Patagonia, Argentina.** A 4 Year experience program. Calanni L.; Pedrola M. 19th European AIDS Conference. 18-21 October 2023, Warsaw, Poland. E-poster M.
- **New challenges to optimize early diagnosis of HIV infection in the post-COVID-19 Pandemic.** Pedrola M. et al. IAS 2023. Australia Poster 1079.
- **AHF hotline in support of HIV care continuum for people living with HIV, including displaced populations in war-stricken Ukraine.** AHF Ukraine EACS 2023:
- **Experience and barriers of counseling, testing and prevention of HIV in the practice of general practitioners in Ukraine.** AHF Ukraine. EACS 2023.
- **MSM seeking care in free STI / HIV testing Checkpoints in Ukraine and Germany: comparative analysis of clinical and epidemiological characteristics.** AHF Ukraine. EACS 2023.
- **Experience and barriers of counseling, testing and prevention of HIV in the practice of general practitioners in Ukraine.** AHF Ukraine. EACS 2023.
- **Impact of COVID-19 on people living with HIV in Lusophone sub-Saharan Africa: findings from the EPIC community-based research programme.** GAT-Portugal. ICASA 2023.
- **Guinea-Bissau community led mobilization for integrated testing: results from international testing week.** GAT-Portugal. ICASA 2023.
- **Community response to end inequalities (CORE) project: bridging the gaps in HIV, TB and viral hepatitis healthcare.** GAT-Portugal. HepHIV 2023.
- **Are men who have sex with men (msm) living in Portugal being systematically vaccinated for Hepatitis A virus?** GAT-Portugal. HepHIV 2023.
- **Analysis of Causes and Clinical Determinants of Mortality Among People Living with HIV at Mpilo Centre of Excellence, Bulawayo, Zimbabwe** (Dr Nkazimulo Tshuma et al).
- **Emerging 3rd Line Antiretroviral Therapy Failure in Zimbabwe: A Cross Sectional Descriptive Study** (Dr Sandra Bote et al).
- **Client Satisfaction with service Provision at 6 selected HIV Clinics in Zimbabwe (Brighton Murimira et al)** ICASA CONFERENCE Zimbabwe 2023.
- **Improving Cervical Cancer Screening uptake at a high volume facility in a low income country: A Quality Improvement Project conducted at the AIDS Healthcare Foundation (AHF) Lamvelase clinic, Eswatini** (Dr Yves Mafulu et al) International AIDS Society Conference 2023.
- **Re-engagement at Aids Healthcare Foundation (AHF ) HIV Clinics in Eswatini in 2022-2023: Lessons from clients returning after more than 90 days out of care.** (Dr Yves Mafulu et al) Southern African HIV Clinicians Society
- **Causes of death in People living with HIV in the post – 95 -95 -95 era: Lessons from five AIDS Healthcare Foundation (AHF) clinics in Eswatini,** (Dr Sukuluhle Khumalo et al) International Association of Providers of AIDS Care (IAPAC)
- **Factors Affecting Adherence to Antiretroviral Therapy among Adolescent Youth Living with HIV Attending Treatment at Public Hospitals in Addis Ababa, Ethiopia** (Yihenew Zurbachew et al) International Conference on HIV Treatment Prevention Adherence
- **High risk of HIV transmission among partners of PLWH and persons in temporary detention highlights poor utilization of prevention services.** (Jammil Baligobye et al) IAS & Uganda National Scientific Symposium
- **Adolescents and Young People Teen Mothers Program Success at Rachuonyo District Hospital, Homabay County 2023.** (John Kariuki et al) Fast track cities 2023.



This chapter summarizes the main activities in the global quality program for 2024, based on recommendations and action points adopted by the Global Quality Meeting (GQM) 2023.

**Table 10.1 2024 Action Points for Quality of Prevention, Care & Treatment in Global Program**

1. Condom promotion, recording and reporting of supply and distribution		
	Advocacy	Scale-up of advocacy interventions to reach end-users especially KVP with condom distribution
	Supply Chain Management	Condom working group to define ‘AHF condoms,’ ‘AHF distributed condoms’ and ‘Other condoms’ and develop Standard Operating Protocols (SOP) to guide condom supply chain
		Setting of targets for condom distribution based on factors at country-level
2. HIV testing and its positivity yield – Accessing KVP for targeted HIV testing		
	Test Strategy	Establish detailed analysis of clients tested and positives identified at various test settings such as health facility, health facility outreach and community testing
		Target testing using Index Testing, identifying specific high-risk key populations
	Monthly HIV Test Reporting	Include self-testing in the monthly HIV testing reports
		Define known positives, first-time- and repeat testers in the AHF reporting context.
3. Test program review, methodology and relevance		
	Test program review	Conduct HIV test program reviews in quarter 1 2024
		Evaluate comments collected during the test reviews and develop action plans
		Address difference between data submitted to AHF and to government and harmonize.
4. Scale-up of on-line Track-Positive system		
	Track-Positive	Scale up adoption of Track-Positive in all Global Program countries
		Establish harmonization of systems used across the bureaus through sharing of experience
		Beef-up advocacy interventions to complement Track-Positive
5. Retention – ORI implementation, M&E and opportunity for scale-up		
	ORI M&E	Scale up the use of ORI M&E application and establish off-line version.
		Inclusion of a package of care for late presenters in ORI tool kit
		Address concerns on increased workload for service providers and reporting staff
	ORI Implementation	Fast transition from ORI pilot fase to full scale up to all C&T facilities

## 6. Gaps and opportunities for HIV-TB and AHF 10-point engagement in TB control

TB Advocacy	Advocacy team to monitors the AHF 10-point engagement in TB control
	Sustain structured discussion on the TB agenda with bureau teams
TB Education / Training	Develop training materials targeting non-clinical TB services staff
	Encourage clinicians to enroll for the e-health academy course on TB
Implementation of TB control efforts	Ensure TB screening for all clients visiting health facilities at every clinical visit
	Expansion of TB infection control to all stations within health facilities
	Focus on target populations such as prisoners with TB control interventions

## 7. Syphilis and other STIs: Syndromic vs etiologial treatment

STI management and Wellness Centers	Comprehensive STI service provision at wellness centers
	Implementation of new WebPPR for Wellness Centers
	The first approved and funded Wellness Center proposals will begin implementation



*The Global Quality Team at their Quality 3.0 evaluation and planning meeting in Mexico City, February 2023*

# AHF Quality Benchmarks 2023

Bureau Name	Country Name	Benchmark 2: Proportion of all newly HIV tested clients, who have a confirmed positive test result	Benchmark 3: Proportion of all newly tested HIV- positive clients, who are linked to HIV care services	Benchmark 4a: Median time period between date of HIV- diagnosis and date of ART initiation	Benchmark 4b: Proportion of clients initiated on ART, who were initiated within 14 days after HIV diagnosis	Benchmark 5a: Proportion of newly enrolled clients who had a baseline CD4 cell count	Benchmark 5b: Proportion of newly enrolled clients with a baseline CD4 cell test result, who had a CD4 cell count <200	Benchmark 5b: Proportion of newly enrolled clients with a baseline CD4 cell test result, who had a CD4 cell count <350
Africa	South Africa	2.8%	82%	1	98%	89%	28%	52%
	Uganda	2.4%	87%	1	95%	94%	28%	44%
	Zambia	3.2%	91%	1	98%	88%	26%	50%
	Rwanda	1.0%	94%	2	93%	99%	13%	37%
	Ethiopia	1.5%	75%	1	89%	89%	46%	67%
	Kenya	2.5%	93%	1	91%	79%	31%	58%
	Eswatini	3.0%	92%	1	97%	99%	34%	62%
	Nigeria	1.8%	95%	1	98%	98%	24%	N/A
	Sierra Leone	5.4%	88%	2	91%	19%	43%	60%
	Lesotho	4.4%	87%	1	99%	64%	31%	53%
	Zimbabwe	5.4%	86%	1	91%	88%	37%	56%
	Malawi	2.1%	81%	1	100%	47%	18%	44%
	Mozambique	3.3%	90%	1	99%	26%	25%	52%
Asia	Cambodia	8.6%	92%	1	97%	4%	13%	32%
	China	2.7%	84%	9	79%	99%	28%	60%
	Vietnam	3.9%	87%	2	87%	28%	38%	56%
	Nepal	6.2%	95%	3	92%	2%	75%	0%
	Thailand	3.5%	79%	5	72%	89%	44%	67%
	Myanmar	6.3%	87%	4	86%	97%	27%	52%
	Indonesia	5.4%	91%	1	94%	85%	56%	79%
	Philippines	3.8%	84%	4	72%	85%	45%	80%
	Laos	4.6%	88%	2	85%	0%	N/A	N/A
Europe	Ukraine	4.4%	93%	4	94%	84%	38%	62%
	Estonia	0.2%	100%	N/A	N/A	N/A	N/A	N/A
India	India	1.6%	89%	3	91%	99%	19%	51%
Latin America & the Caribbean	Mexico	3.9%	102%	11	59%	97%	45%	71%
	Guatemala	3.2%	92%	1	94%	97%	47%	78%
	Argentina	3.8%	98%	8	93%	100%	23%	55%
	Dominican Rep.	6.6%	91%	1	93%	60%	45%	73%
	Peru	7.5%	99%	14	52%	71%	31%	56%
	Haiti	4.7%	98%	1	100%	0%	N/A	N/A
	Jamaica	1.2%	87%	5	71%	61%	28%	51%
	Brazil	3.4%	82%	10	63%	90%	26%	49%
	El Salvador	4.5%	97%	5	92%	70%	20%	63%
	Panama	2.2%	83%	5	78%	44%	41%	40%
	Colombia	3.9%	97%	2	82%	100%	33%	64%
	Chile	2.2%	108%	N/A	N/A	N/A	N/A	N/A
	Russia	5.1%	93%	6	86%	100%	12%	21%

# AHF Quality Benchmarks 2023

Bureau Name	Country Name	Benchmark 6a: Proportion of clients (>6 months on ART) who had a VL test result in the last 12 months	Benchmark 6b: Proportion of clients (>6 months on ART) with a VL test result in the last 12 months, who were suppressed	Benchmark 7: HIV-related mortality ratio (per 1,000 clients)	Benchmark 8: Proportion of clients who became LTFU (among all clients)	Benchmark 9a: Proportion of New HIV-Positive Clients, who were Tested for Syphilis	Benchmark 9b: Proportion of New HIV-Positive Clients, who Tested Positive for Syphilis and Completed Treatment	Benchmark 10a: Proportion of Eligible HIV-Positive Clients that Initiated a Standard Course of TB Preventive Therapy	Benchmark 10b: Proportion of HIV-Positive Clients that Completed a Standard Course of TB Preventive Therapy	Proportion of newly enrolled clients, treated by syndromic approach for symptomatic STI	Proportion of newly enrolled HIV-positive women in child-bearing age, who were screened for cervical cancer
Africa	South Africa	78%	97%	1.3	3.9%	87%	90%	100%	30%	1.3%	32.9%
	Uganda	90%	97%	2.8	4.2%	71%	100%	55%	92%	3.2%	36.6%
	Zambia	81%	98%	2.3	2.9%	95%	100%	97%	82%	4.5%	72.6%
	Rwanda	95%	99%	1.6	1.1%	98%	100%	99%	95%	4.2%	98.3%
	Ethiopia	85%	98%	2.4	1.7%	84%	100%	86%	89%	3.0%	66.7%
	Kenya	84%	97%	4.4	2.4%	72%	100%	81%	83%	0.8%	71.1%
	Eswatini	97%	99%	1.5	1.8%	99%	100%	95%	89%	8.5%	83.3%
	Nigeria	74%	94%	2.2	2.9%	95%	80%	99%	92%	9.3%	77.8%
	Sierra Leone	3%	97%	3.7	7.2%	89%	100%	100%	51%	20.3%	60.0%
	Lesotho	72%	99%	1.3	3.7%	47%	94%	100%	90%	1.4%	33.2%
	Zimbabwe	91%	98%	5.6	3.0%	94%	96%	98%	80%	3.3%	84.8%
	Malawi	76%	96%	2.7	8.7%	61%	100%	90%	33%	4.3%	40.5%
	Mozambique	75%	97%	2.4	3.8%	43%	100%	100%	84%	8.5%	51.9%
Asia	Cambodia	85%	98%	5.7	1.9%	78%	100%	43%	81%	4.6%	37.2%
	China	92%	97%	1.8	1.3%	91%	86%	N/A	N/A	100.0%	N/A
	Vietnam	70%	99%	3.8	1.2%	54%	100%	85%	84%	0.0%	0.0%
	Nepal	91%	98%	4.0	1.8%	89%	95%	0%	51%	4.1%	52.7%
	Thailand	75%	98%	2.8	0.3%	90%	92%	3%	0%	1.9%	0.0%
	Myanmar	70%	94%	6.5	1.0%	94%	95%	100%	82%	12.2%	34.7%
	Indonesia	57%	97%	11.3	3.1%	81%	99%	8%	4%	0.9%	31.0%
	Philippines	N/A	N/A	5.7	6.9%	89%	100%	96%	N/A	7.6%	100.0%
	Laos	86%	98%	19.9	5.1%	90%	100%	100%	85%	10.0%	28.2%
Europe	Ukraine	82%	94%	5.6	0.4%	93%	100%	100%	61%	100.0%	100.0%
	Estonia	81%	94%	4.4	0.4%	N/A	N/A	N/A	0%	N/A	N/A
India	India	88%	98%	2.9	1.4%	100%	100%	100%	92%	0.0%	0.0%
Latin America & the Caribbean	Mexico	95%	96%	2.4	3.7%	47%	100%	100%	0%	3.6%	48.3%
	Guatemala	97%	95%	10.9	3.8%	100%	92%	100%	83%	4.1%	100.0%
	Argentina	90%	92%	1.1	0.4%	69%	100%	N/A	100%	12.5%	0.0%
	Dominican Republic	89%	87%	7.6	11.5%	93%	60%	85%	30%	5.0%	0.0%
	Peru	52%	92%	4.9	5.8%	82%	89%	29%	16%	6.1%	12.8%
	Haiti	53%	88%	4.0	3.5%	100%	100%	100%	97%	0.0%	N/A
	Jamaica	91%	90%	2.1	6.8%	91%	91%	N/A	N/A	5.7%	13.6%
	Brazil	77%	94%	5.2	6.7%	85%	88%	18%	9%	7.2%	31.0%
	El Salvador	93%	94%	8.6	1.9%	54%	100%	58%	82%	0.0%	0.0%
	Panama	80%	93%	16.4	6.7%	18%	100%	100%	77%	2.0%	100.0%
	Colombia	100%	88%	5.9	2.9%	100%	100%	N/A	N/A	35.9%	100.0%
	Chile	N/A	N/A	0.0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A
	Russia	100%	97%	2.8	0.2%	99%	100%	93%	86%	N/A	N/A



## **Global Medical, Quality and HMIS Teams Core Objective**

To be assured, through data and evidence,  
that every AHF patient is receiving  
an excellent standard of care

For more information, email:  
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