

BIOGRAPHICAL SKETCH

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NAME: Aimalohi A. Ahonkhai MD, MPH

eRA COMMONS USER NAME (credential, e.g., agency login): AAHONKHAI

POSITION TITLE: Assistant Professor, Vanderbilt University Medical Center, Vanderbilt Institute for Global Health

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Harvard College, Cambridge, MA	BA	05/1998	Biological Anthropology
Johns Hopkins University School of Medicine Baltimore, MD	MD	05/2004	Medicine
Johns Hopkins Bloomberg School of Public Health, Baltimore, MD	MPH	05/2008	Epidemiology and Biostatistics

A. Personal Statement

Dr. Ahonkhai is an Infectious Disease clinician with focused training in HIV medicine, epidemiology, and outcomes research. She is committed to optimizing clinical outcomes for marginalized HIV patients and has focused her efforts on implementation research in Sub-Saharan Africa. Dr. Ahonkhai has successfully established collaborations with NGOs in South Africa and Nigeria to consider measures to assess the quality of HIV care in these settings. Her initial collaboration with South Africa resulted in an analysis underscoring the limitations of loss to follow-up as a measure of retention in contrast to the potential utility of unplanned care interruption (UCI) as a quality measure. More recently, she has collaborated with the AIDS Prevention Initiative in Nigeria to launch the *Care4Life* program, where she has further studied UCI as a measure of effective retention, highlighting high rates of care interruption in this setting, and its association with poor CD4 response and virologic outcomes. Dr. Ahonkhai's recent work has highlighted disparate clinical outcome of HIV-infected youth in Nigeria who have higher rates of care interruption and virologic failure than older adults. Dr. Ahonkhai has also focused on health-system level predictors of patient-level outcomes, including medication possession ration, and patient-centered care. Dr. Ahonkhai's goal is to design novel, care delivery interventions to improve the quality of HIV care in resource-limited settings, especially of vulnerable populations.

B. Positions and Honors***Academic Appointments and Training***

2004 – 2007 Intern and Resident in Medicine, Johns Hopkins Hospital, Baltimore, MD
 2007 – 2008 IDSA/HIVMA Minority Clinical HIV Fellow, Johns Hopkins Hospital, Baltimore, MD
 2008 – 2010 Post-Doctoral Clinical Fellow in Infectious Disease, Massachusetts General Hospital, Brigham and Women's Hospital, Boston, MA
 2010 – 2012 Research Fellow, Harvard Medical School; Graduate Assistant in Medicine, Massachusetts General Hospital, Boston, MA
 2012 – Instructor in Medicine, Harvard Medical School; Assistant in Medicine, Massachusetts General Hospital, Boston, MA

Honors

2015 Harvard Medical School Diversity Inclusion and Community Partnership Scholar
 2014 Massachusetts General Hospital Physician Scientist Development Award

2012	The Partnership Fellowship recipient for minority leaders in Massachusetts
2007	Johns Hopkins Sommer Scholarship for MPH studies for outstanding scholarly abilities & leadership
2007	Conference on Retroviruses and Opportunistic Infections, Young Investigator Award
2004	David E. Rogers Award for student leadership and commitment to community service
2004	Leah J. Dickstein Award for student leadership and creativity
2003	Monumental City Medical Society Fellowship
2002	AAMCs Herbert Nickens Award for minority medical students committed to eliminating health disparities
2001	Novartis Award for outstanding community service
1998	Radcliffe Presidential Commendation for outstanding scholarship, leadership, and commitment to social justice

C. Contribution to Science

A full list of Dr. Ahonkhai's published work is available here:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/aimalohi.ahonkhai.1/bibliography/47232304/public/?sort=date&direction=ascending>.

Measuring Quality of HIV Care in Resource-Limited Settings

Over the last 15-20 years, there has been increased focus on the quality of healthcare provided in the US and other resource-rich environments. These efforts have extended to HIV care in the US, but have been slower to extend to HIV care in resource-limited settings (RLS). Dr. Ahonkhai has contributed to this effort by identifying gaps and opportunities for identifying quality measures associated with important HIV outcomes and by being among the first to evaluate the Patient Centered Medical Home as a framework for assessing high quality healthcare delivery in a RLS.

Ahonkhai, AA, Bassett IV, Ferris TG, Freedberg KA. Improving HIV Outcomes in Resource-Limited Countries: The Importance of Quality Indicators. *BMC Health Serv Res* 2012;12:427-39. PMID: PMC3536601.

Ahonkhai A, Onwuatuelo I, Regan S, Losina E, Banigbe B, Adeola J, Ferris TG, Okonkwo P, Freedberg KA. The patient-centered medical home: A reality for HIV care in Nigeria, (October 2014). *Infectious Disease Society of America/ID Week*. Philadelphia, PA. [abstract]

Exploring Unplanned Care Interruption as a Measure of Retention in HIV Care

Dr. Ahonkhai has explored unplanned care interruption (UCI) (with later return to care) as a measure of retention in South Africa and Nigeria both with regard to its feasibility and association with clinical outcomes. Long term retention in care has remained a challenge to HIV programs globally. The study of retention has traditionally focused on patients who were lost to follow-up (LTFU). Though high rates of LTFU have been reported, especially in RLS, the study of LTFU has been challenged in many ways including the lack of a consensus definition. In addition, without robust medical systems allowing patients to be tracked across medical centers, or resources to determine accurate vital status for patients who have missed visits from HIV clinic, patients who "LTFU" may represent a heterogeneous group including patients with undocumented transfers of care and those who have died. UCI is a feasible measure in RLS, as it does not require the additional resources of patient tracking, death registries, and fully integrated medical record systems. Dr. Ahonkhai has contributed to the literature by highlighting high rates of UCI, especially early after ART initiation, occurring in 30-40% of patients. Her initial analyses set in South Africa and Nigeria were both featured as oral presentations at the annual Conference on Retroviruses and Opportunistic Infections (CROI) in 2011 and 2014, respectively. Dr. Ahonkhai has also reported on the association between UCI and deleterious clinical outcomes including poor CD4 response to ART and increased risk of viremia.

Ahonkhai AA, Noubary F, Munro A, Stark R, Wilke M, Freedberg KA, Wood R, Losina E. Not All Are Lost: Interrupted Laboratory Monitoring, Early Death, and Loss to Follow-Up (LTFU) in a Large South African Treatment Program. *PLoS One* 2012;7: e32993. PMID: PMC3299719.

Ahonkhai AA, Banigbe B, Adeola J, Onwuatuelo I, Bassett IV, Losina E, Freedberg KA, Okonkwo P, Regan S. High rates of unplanned interruptions from HIV care early after antiretroviral therapy initiation in Nigeria. *BMC Infect Dis* 2015;15(1):397. PMID: PMC3589963.

Ahonkhai AA, Adeola J, Banigbe B, Onwuatuelo I, Basset IV, Losina E, Freedberg KA, Okonkwo P, Regan S. Impact of unplanned care interruption on immune recovery after ART initiation in Nigeria. *J Int Assoc Provid AIDS Care*. [accepted for publication September 2016]

Identifying High Risk Groups for Poor HIV Care Utilization and Clinical Outcomes in Nigeria

Dr. Ahonkhai has collaborated with the AIDS Prevention Initiative in Nigeria (APIN) to study predictors of UCI and poor outcomes in this large treatment network. Through this collaboration, they have reported on marked disparities in care utilization and virologic outcomes between adolescents and young adults (AYA) aged 15-24 years compared to older adults. Within the APIN network, AYA had a greater risk of being out of care in the first year after ART initiation compared to adults. Even AYA who remained in care after starting ART had a much greater risk of virologic failure than older adults. Dr. Ahonkhai and colleagues have also identified patients with higher CD4 counts (>350/uL) to be at more than 3-fold greater risk of UCI than their counterparts with lower CD4 values. This finding is of great concern in the face of the newest WHO HIV treatment guidelines calling for treatment for all patients irrespective of CD4 count.

Ahonkhai AA, Banigbe B, Adeola J, Adegoke A, Regan S, Bassett IV, Onwuatuelo I, Losina E, Okonkwo P, Freedberg, KA. Age Matters: Inconsistent HIV Care Among Adolescents and Young Adults in Nigeria. *J Adolescent Health* 2016; 59(3):298-304.

D. Research Support

Ongoing Research

K23AI106406 (Ahonkhai)

02/13/2013-01/31/2018

NIH/NIAID

Decreasing Interruptions and Losses from HIV Care in Nigeria

The specific aims of this project are: 1) To identify health system-level factors associated with LTFU and unplanned care interruption from a large HIV treatment program in Nigeria; 2) To assess the impact of decisional conflict on LTFU and unplanned care interruption from care in a prospective cohort of HIV-infected patients; 3) To develop and pilot an intervention to improve retention in HIV care in Nigeria.

Role: PI

R01 AI058736-09S1 (Freedberg)

07/01/2016 – 06/30/2017

NIH/NIAID

Optimizing HIV Care in Less Developed Countries (Quality Measures for the Care of HIV)

Role: Co Investigator

Completed Research

R01 AI058736-09S1 (Freedberg)

08/01/2012 – 06/30/14 (NCE)

NIH/NIAID

Optimizing HIV Care in Less Developed Countries (Quality Measures for the Care of HIV)

This supplement has the following specific aims: 1) To determine the range of HIV quality of care indicators utilized in resource-limited settings including those focused on HIV testing, linkage to care, initiation of ART, and treatment of tuberculosis and other OIs in addition to retention in care; 2) To determine which site-specific characteristics of adult HIV/AIDS treatment programs in a South-African Cohort are associated with higher quality of care.

Role: Co-Investigator

Physician/Scientist Development Award (Ahonkhai)

07/01/2014-08/15/2016

MGH Executive Committee on Research

Unplanned Care Interruption and Loss To Follow-Up From HIV Care in Nigeria: The Care4Life Program

The specific aims of this project are 1) To expand a study to identify health system-level processes of care associated with LTFU and unplanned care interruption from a large HIV treatment program in Nigeria, and 2) To assess the impact of decisional conflict on LTFU and unplanned care interruption from care in a prospective cohort of HIV-infected university enrolled students.

Role: PI

DICP Faculty Fellowship (Ahonkhai)

04/01/2015- 08/15/2016

President and Fellows of Harvard College

Understanding the Clinical and Societal Impact of Local Policy Changes on HIV Care in Nigeria

The aim of this proposal is to determine the impact of government and donor policy changes on HIV care on care utilization and clinical outcomes in Nigeria.

Role: PI