

Uganda 100-day TPT scale up

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HIV LEARNING NETWORK

The CQUIN Project for Differentiated Service Delivery

Outline

- Introduction
- Trends in IPT uptake in Uganda
- National IPT Targets
- The 100-Day Accelerated IPT Scale-Up plan
- TB Prevention for PLHIV in DSDM
- Results
- Conclusions



Introduction

- ❑ In 2018 the UNHLM political declaration put TB prevention as one of the key elements to ending the TB epidemic.
- ❑ A $\frac{1}{4}$ of the world's population (1.8 billion) have LTBI and carry a lifetime risk of getting sick with active TB disease.
- ❑ This risk can be substantially reduced by TB Preventive Treatment (60% among PLHIV and 70% in U5 contacts).
- ❑ Tuberculosis is the leading cause of death among People living with HIV even in the era of ART



Introduction

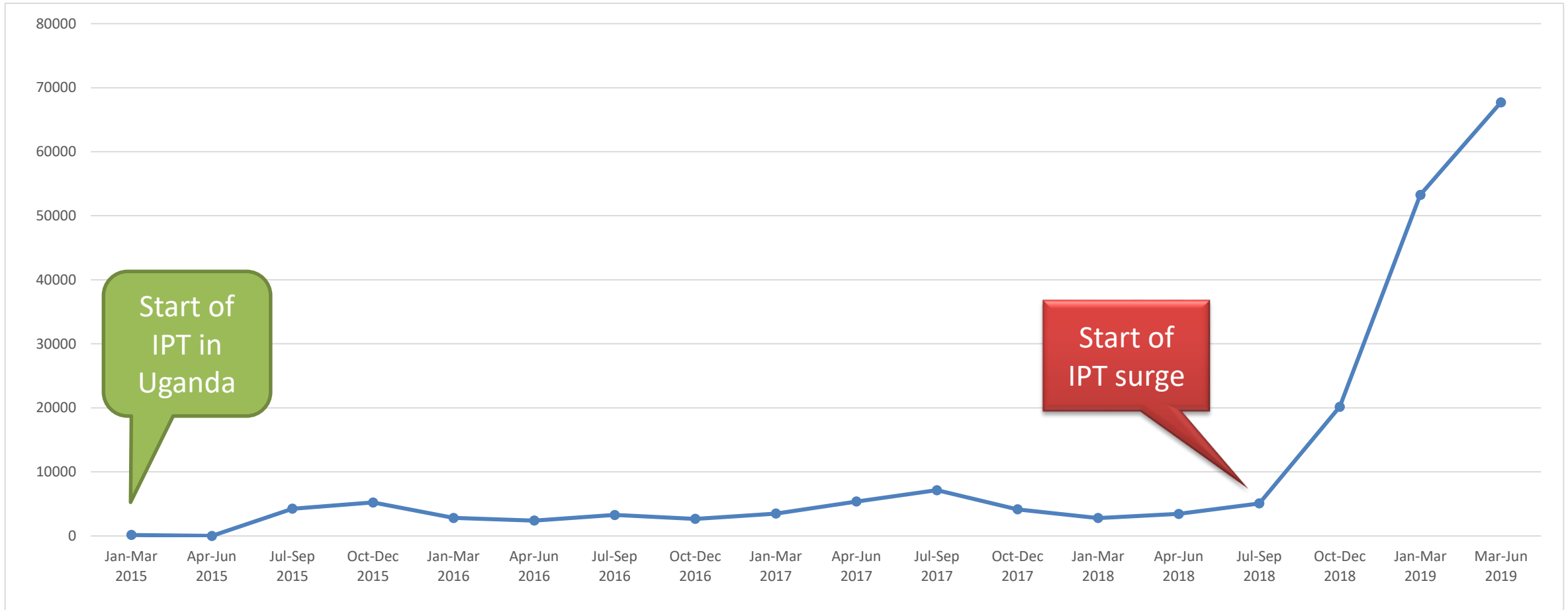
- ❑ In 2017, 32% of the AIDS related deaths were due to TB globally
- ❑ To End TB, it is not only essential to treat active TB when it happens but to prevent it from happening. “Closing the tap”
- ❑ Uganda endorsed a form of TPT called Isoniazid preventive therapy (IPT) and has been providing IPT to PLHIV for about 5 years now





Trends in IPT uptake in Uganda

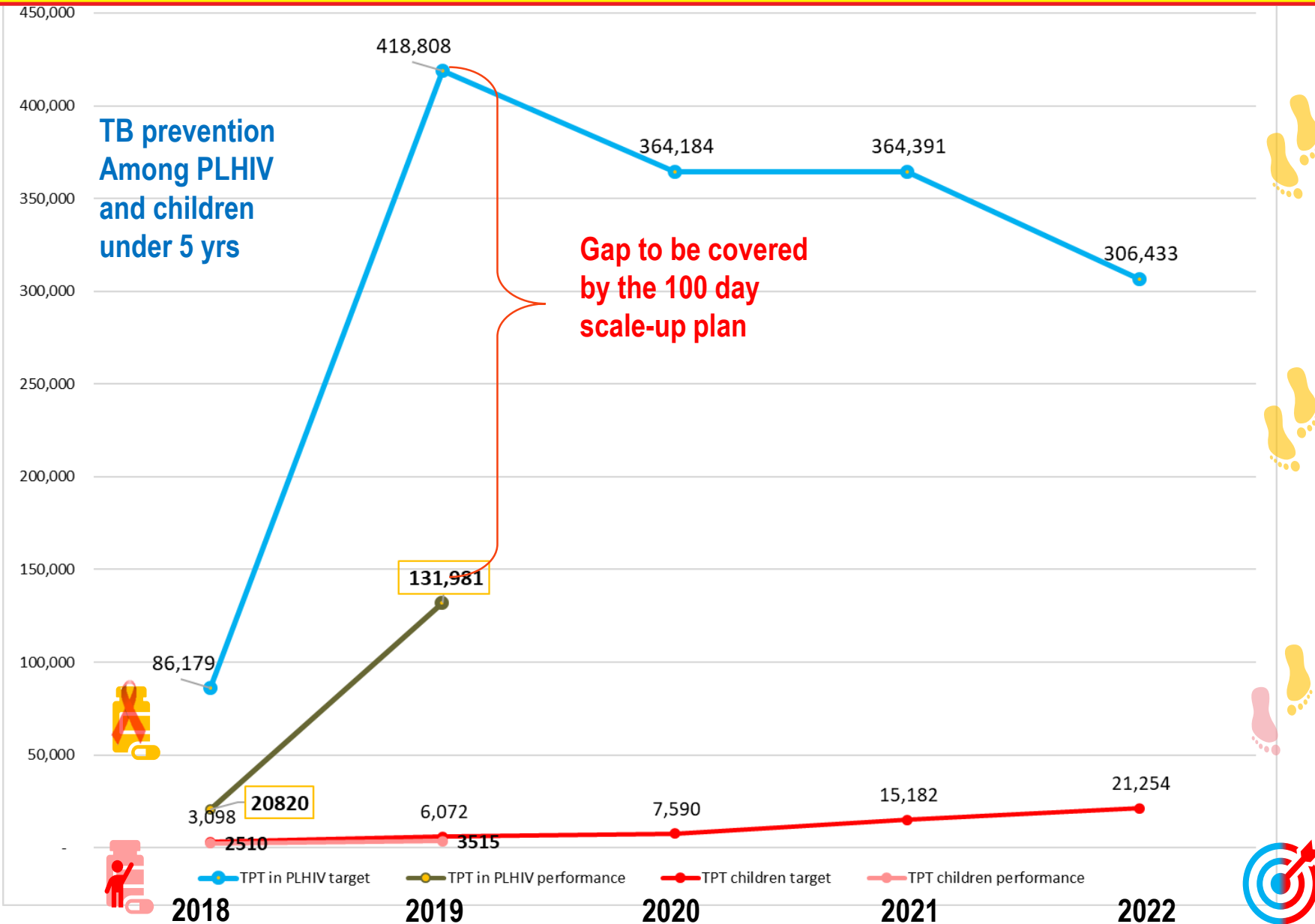
❑ Prior 100-day IPT scale up plan, uptake of this important intervention was still low even with Surge efforts.



❑ The 100-day plan is a critical intervention that will put Uganda back on track towards achieving the UNHLM and END TB targets.



National IPT Targets





The 100-Day Accelerated IPT Scale-Up plan

- ❑ On 3rd July 2019 was the launch of an accelerated plan to reach 300,000 PLHIV with TPT within 100 days

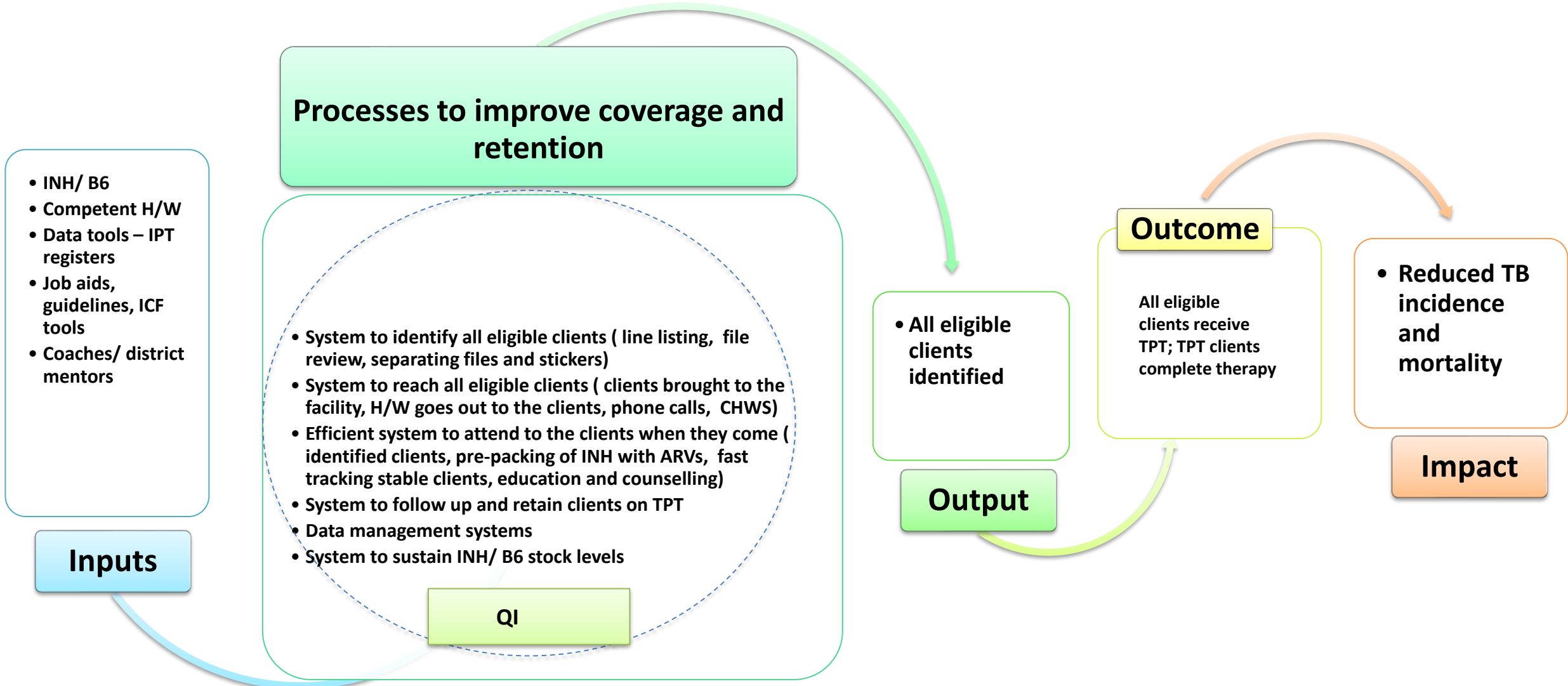
- ❑ **AIM;**
 - To help initiate 50% of all PLHIV in need of this life saving treatment

- ❑ The 100 days was the first step towards complete roll out of IPT

- ❑ MOH organized and set in place all the tools & supplies needed to accomplish this task (IPT scale up toolkit)



Systems Approach to TPT coverage and retention



Key Action Areas

1. Systems for IPT Delivery:

- Address Client Flow and Facility systems for delivery for Fast track clients, new clients,
- Plan to reach stable clients in the community based DSDM

2. INH/ B6 Stocks

- Improve Provider Skills for Stock Management.

3. H/W competence and skills

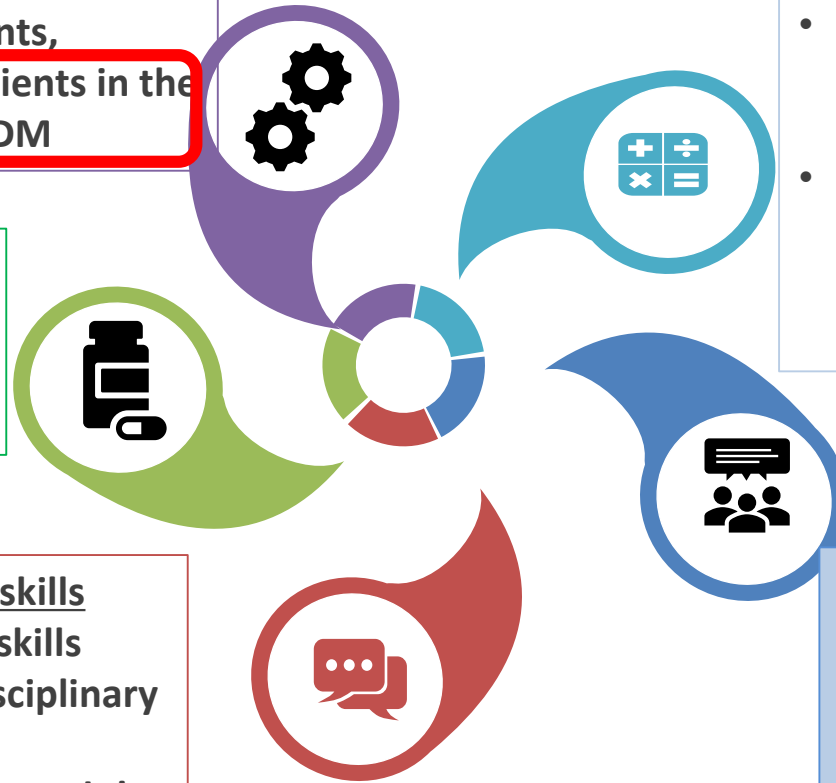
- Provide 'just in time' skills building to a multi-disciplinary team and job aids
- Focus on reducing 'know-do' gap

4. Availability of data tools and use:

- Share targets, create a plan for meeting the daily clinic targets.
- Use data on PLHIV in care and ever enrolled on IPT to determine gap

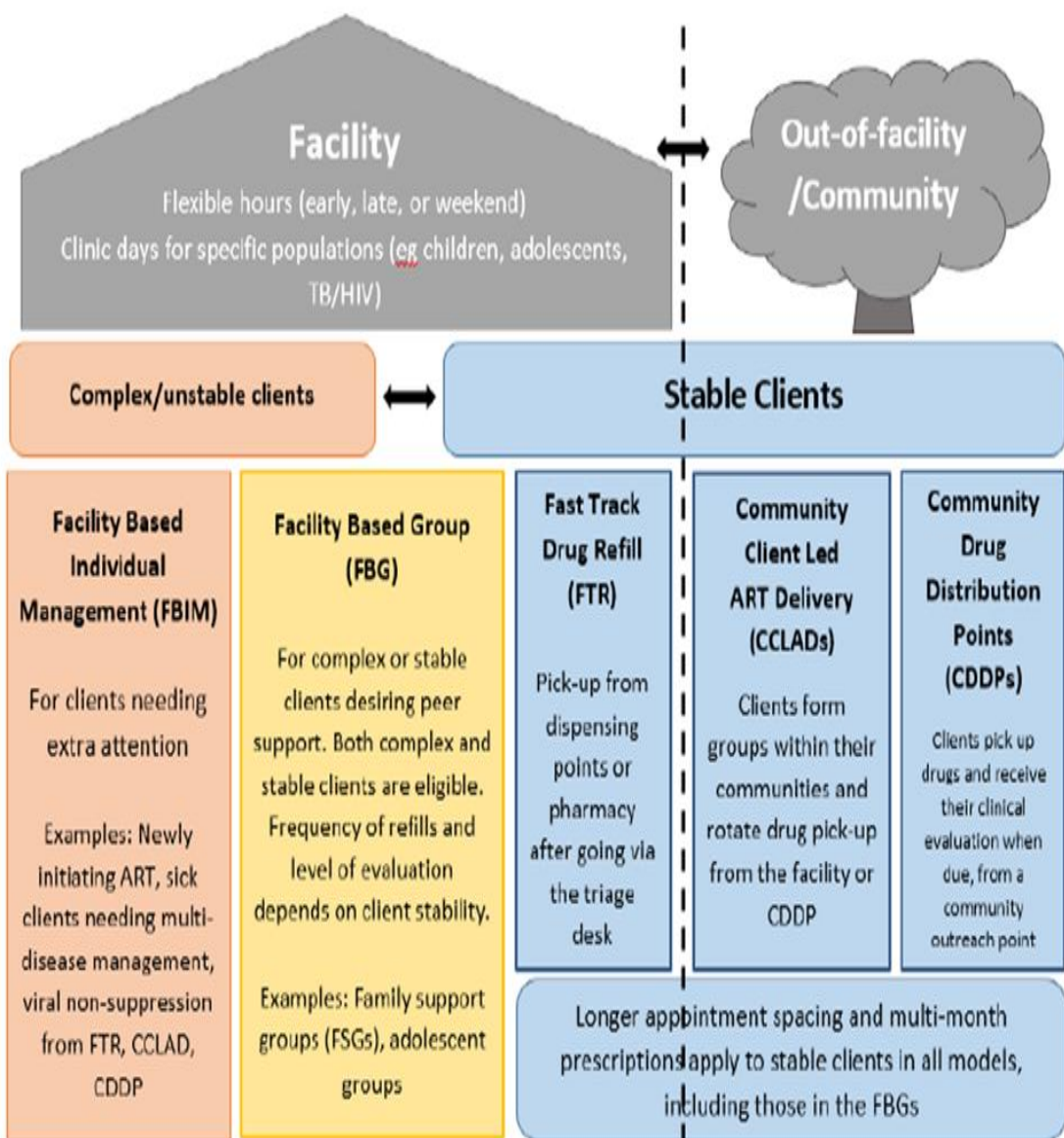
5. Create awareness/ demand

Simple key messages **DAILY** for the clients to address adherence and increase demand





TB Prevention for PLHIV in DSDM



- ❑ All PLHIV & U5 contacts have their IPT initiated at the Facility where the health worker;
 - Screens clients to exclude active TB & contra-indications of isoniazid
 - Prepares the patient or caretaker for IPT
 - Prescribes the recommended dose for the client's weight
 - Records in the IPT register
- ❑ Align IPT and ART refills
- ❑ Developed SOPs for guidance on providing IPT in community models



Monitoring for IPT 100-day scale-up intervention

- ❑ Indicators reported on weekly by districts
 - Number of individuals initiating IPT
 - Number of individuals completing IPT from among the previous cohort (quarterly).

- ❑ Weekly dashboard shared with NTF, IPs and DHOs every Friday

- ❑ Detailed analysis at all levels on performance of districts and facilities. Those not achieving targets were engaged for improvement.



Role of District Health Teams

- Commissioning of TPT at facilities to be undertaken to re-assure confidence of HCW and clients
- Oversight for IPT implementation in the district
- DHOs/MMS ensure drug availability, emergency drug redistribution, adverse drug reaction reporting etc.
- With support from IPs, assist in quantification and redistribution of child courses to facilities in district
- Conduct weekly monitoring meetings with all stakeholders including Networks of PLHIVs
- Ensure reporting of IPT coverage from implementing facilities
- Ensure accountability for performance on IPT uptake and completion at facilities



The Role of the Implementing Partner

- Collaborate with MoH NTF to plan & execute a multi-stakeholder response
- Support the identification of health facilities suitable for increase in coverage and uptake of TPT for PLHIV and retention through CQI approach
- Conduct entry meeting with DHO & DHT to sensitize about the 100 Days
- Analyse & address capacity building & mentorship gaps at the H/Facilities
- Facilitate the collection and transmission of routine weekly data from sites
- Support collection of monthly data on medicines
- Ensure drug availability, emergency drug redistribution, adverse drug reaction reporting, etc
- Support conducting CQI projects to strengthen IPT implementation
- Engage DHTs in the TPT scale up process and share weekly dashboard with the DHO and health facility teams



Expected results

Primary Result

- 300000 PLHIVs screened and initiated on IPT at 382 selected H/facilities
- 100% completion rates for individuals that initiated IPT in quarters: October-December 2018, and January-February 2019.

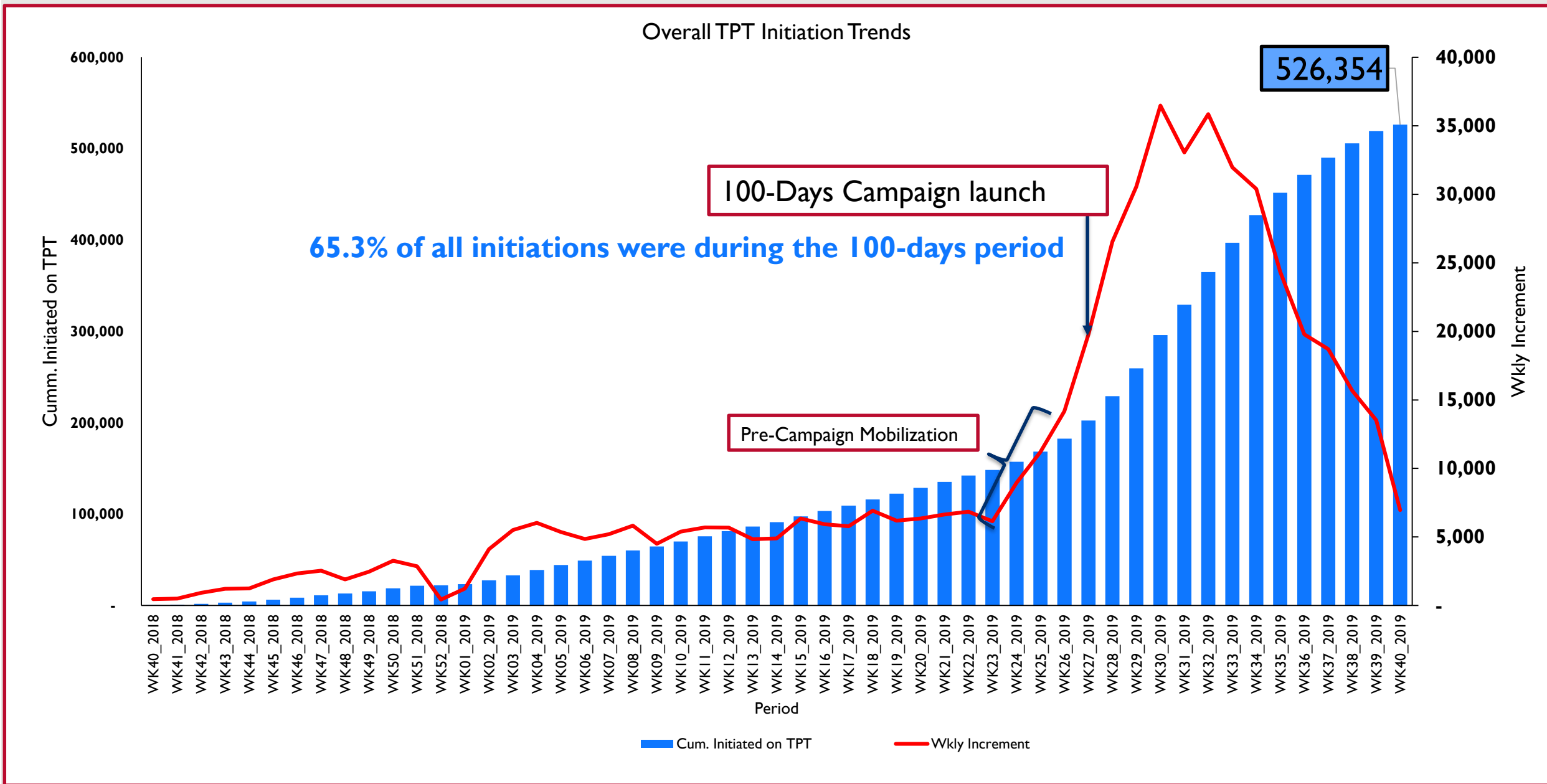
Outcomes

- Increase in availability of INH 300mg and Vitamin B6 at central stores and at initiating sites
- Increased routine screening use of diagnostics to rule out active tuberculosis amongst PLHIV
- Increase in collaboration and integration of planning and implementation for HIV and TB services at national, district, facility and community levels.
- Increase health worker skill and confidence in initiating IPT
- Increased in the application of quality improvement science in identifying and in action on barriers to IPT uptake.



RESULTS

Over half a million PLHIV initiated on TB IPT between 1st Oct 2018 & 6th Oct 2019

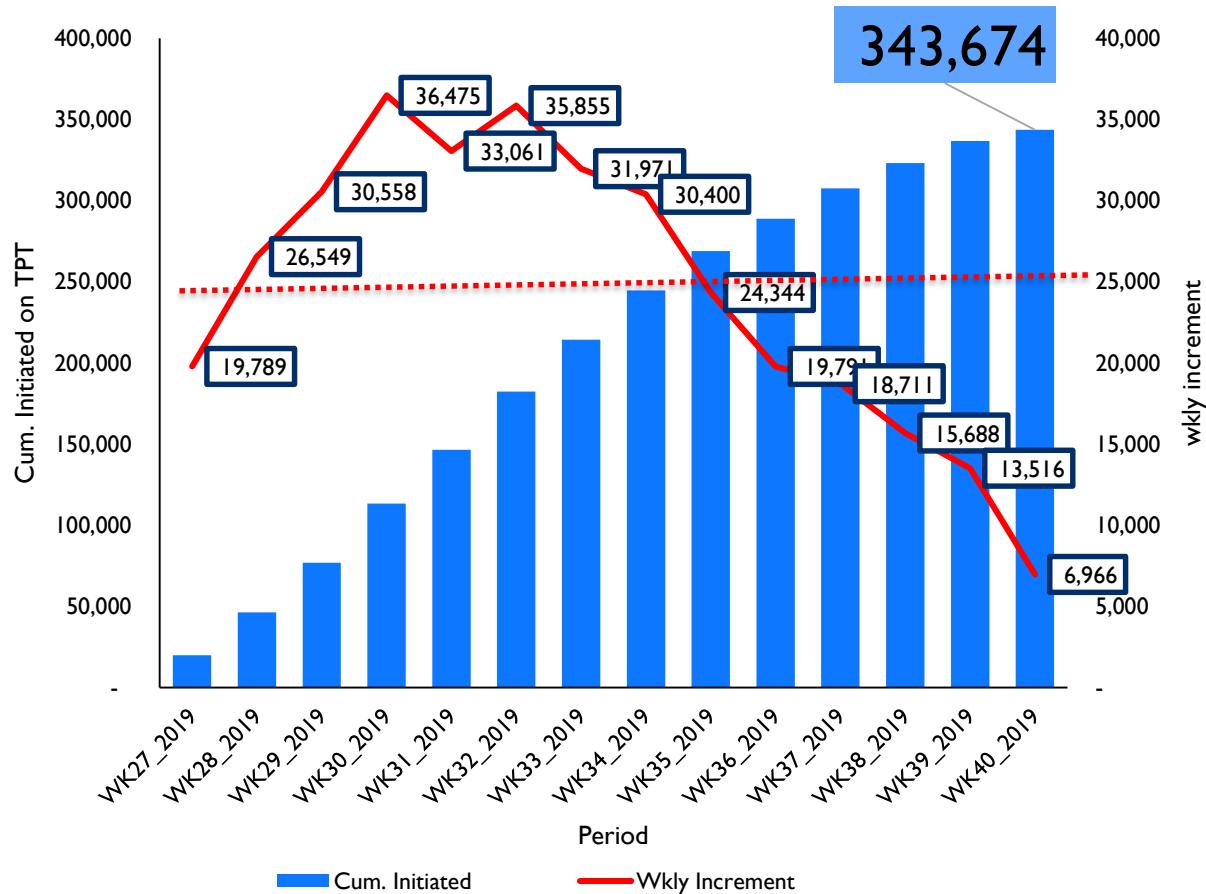


100-Days weekly performance trends by priority facility status

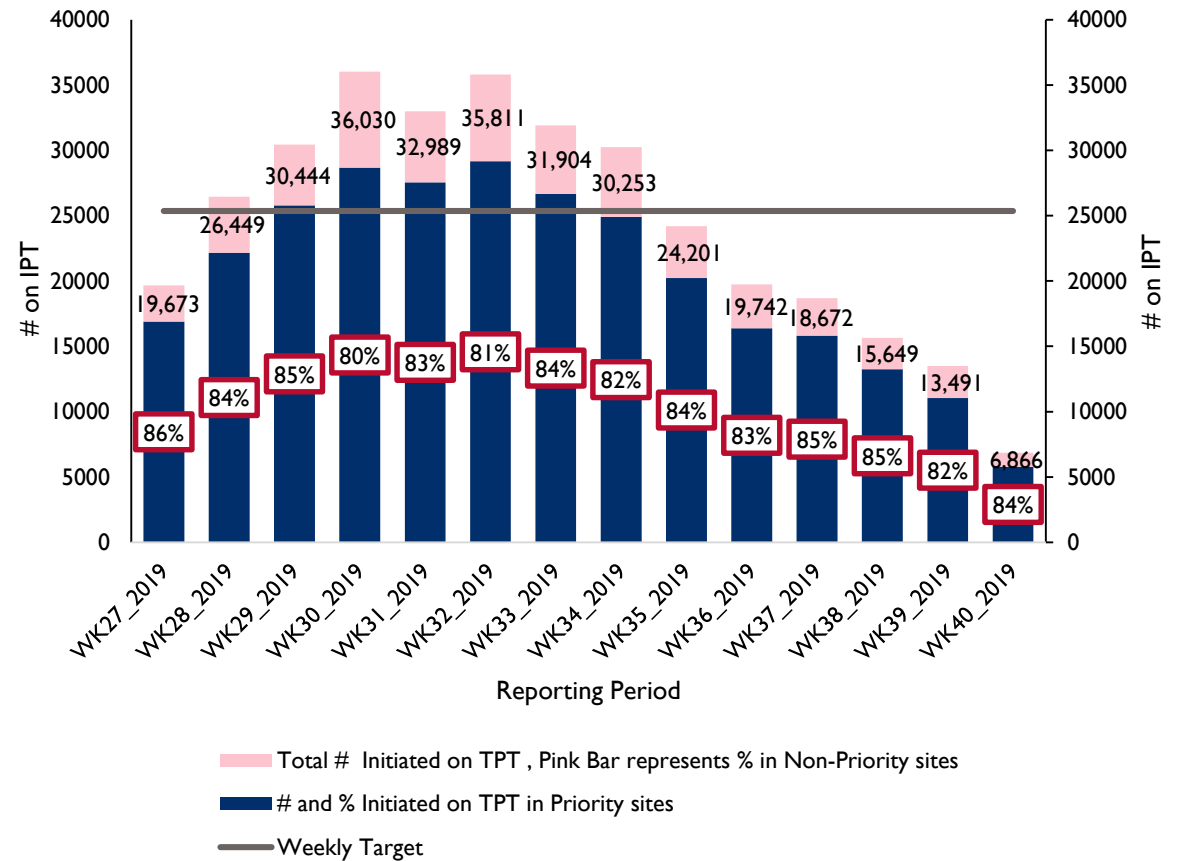
Overall 100-day performance is 343,674/ 304,391 (113%)

NON-PRIORITY sites contributed 17% of the total IPT initiation during the campaign period

100 Day Cumulative and weekly TPT Initiation Trends

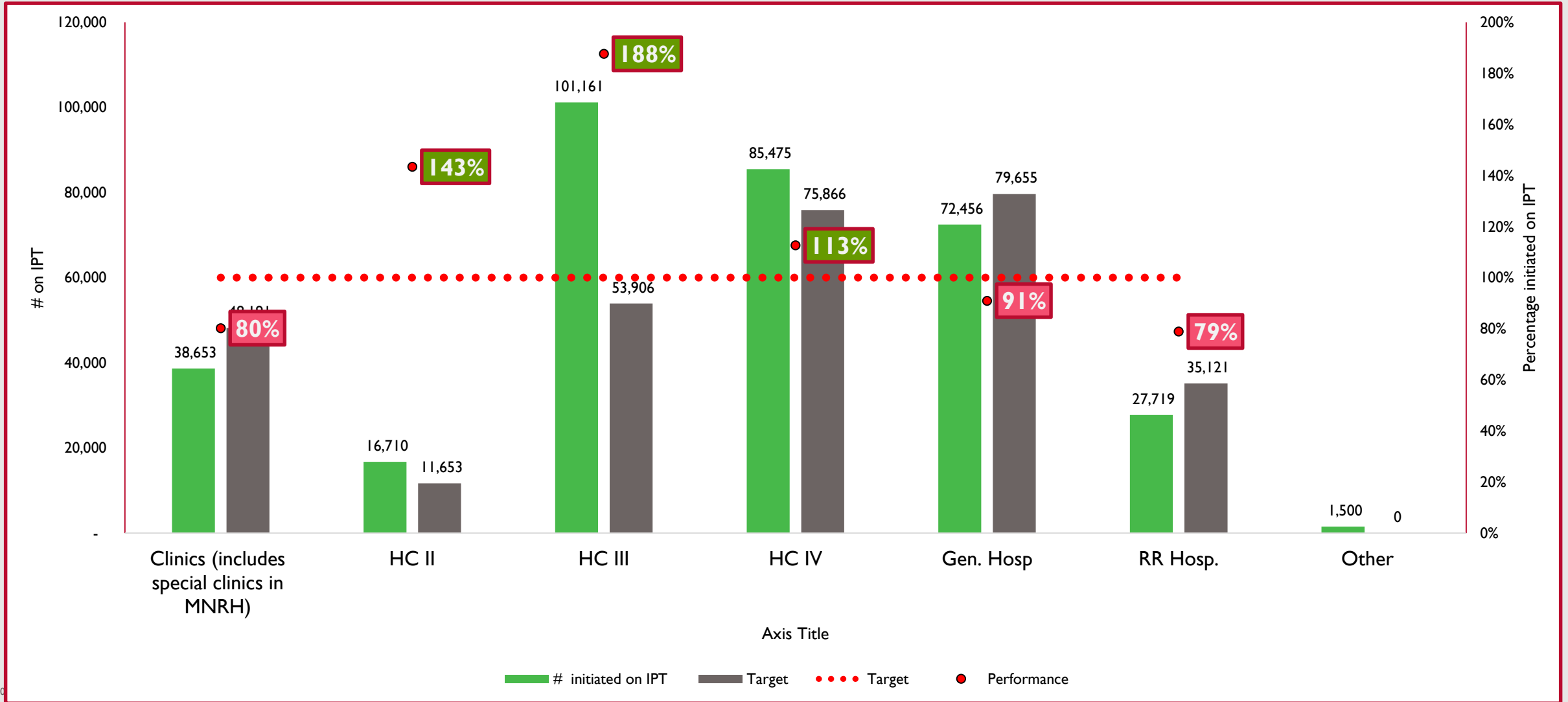


83% of IPT initiations were in Priority SITES and this was relatively uniform every week of the campaign period

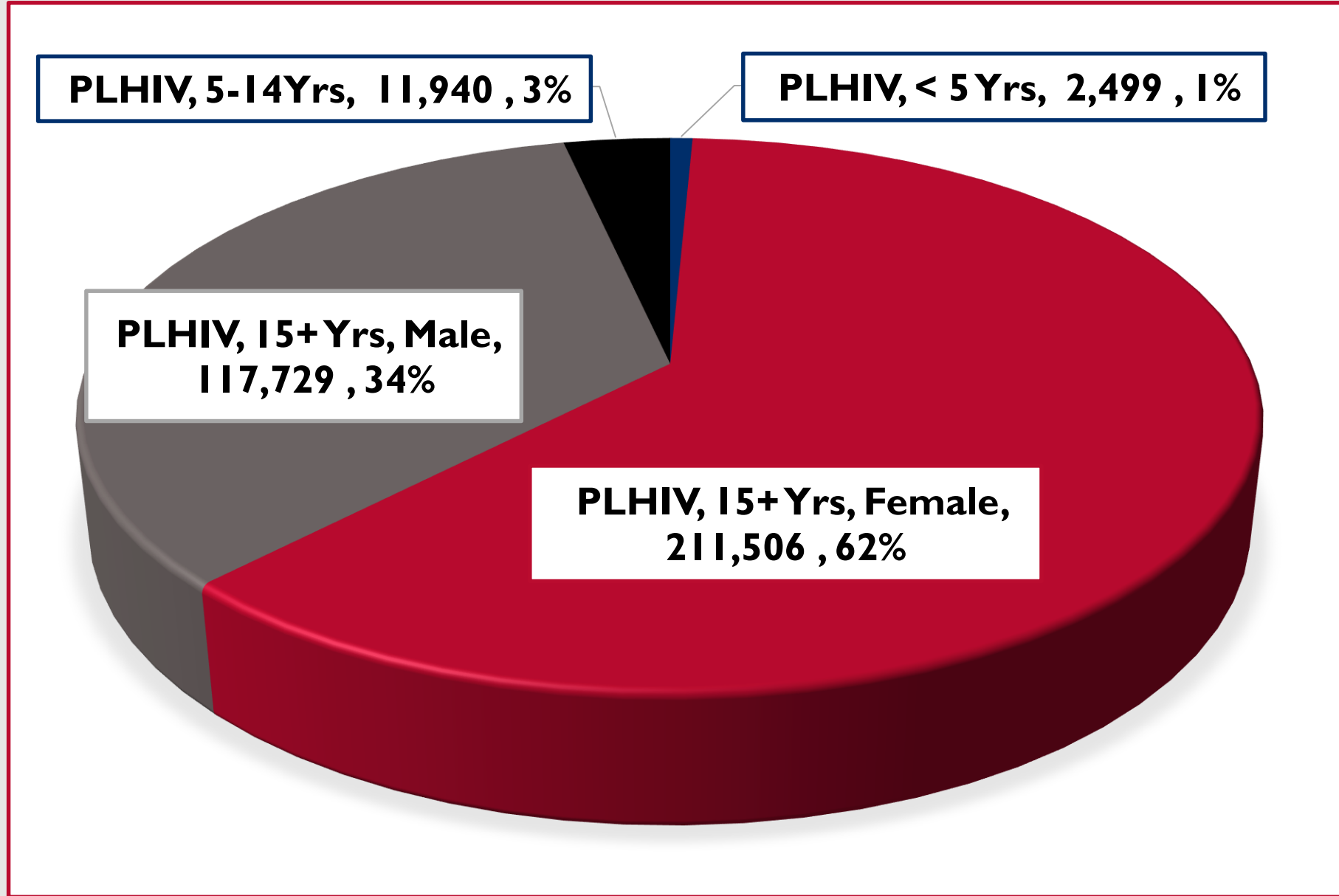


100-Days IPT Performance by HF level

There was variability in Performance by HF level with GH,RR hospitals and Clinics including those in Mulago performing lower than their target



AGE & GENDER DISSAGREGATION FOR PLHIV WHO INITIATED IPT DURING 100-DAYS CAMPAIGN



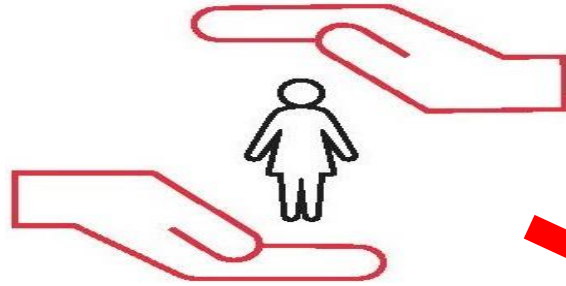
Conclusions

- Overall, 526,354 PLHIV have initiated IPT, representing ~ 41.5% of the MoH UG TX_CURR target for FY19
- 65.3% of the IPT initiations above occurred in the 100-DAYS campaign period
- The 100-DAYS IPT scale up campaign performance was successful with 113% performance of the targeted 304,391 PLHIV.
- Overall, HC IIs, HC IIIs & HC IVs exceeded their targets while RR hospitals and General hospitals did not achieve their 100-days target
- 17% of the clients initiated on IPT during the campaign period were in NON-PRIORITY IPT facilities
- PLHIV aged <15 yrs constituted 4% of those who initiated IPT in the campaign period. A total of 3,467 HIV negative children initiated IPT in FY19 of whom 32% were initiated during the campaign period

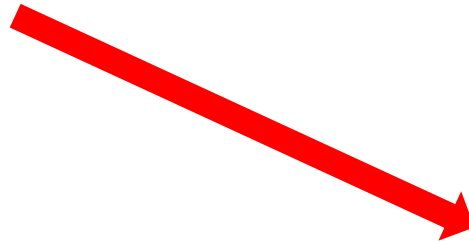


Acknowledgements

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- Implementing Partners
- Civil Society Organizations and PLHIV networks



PREVENT TB



THANK YOU