HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Session 4: Parallel Sessions | CQUIN Communities of Practice
4a. Differentiated TB/HIV
Framing Remarks

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Outline

1. Introduction to the TB/HIV Community of Practice
2. Differentiated ART Capability Maturity Model
   - Tuberculosis Preventive Treatment Domain Staging Results
3. Challenges and Opportunities for Differentiated Service Delivery for TPT

1. Introduction to the TB/HIV Community of Practice

Activities and Outputs

- Launched in March 2019 following the CQUIN workshop in Lusaka
- Initial focus on supporting integration of TB intensive case finding and TB preventive treatment (TPT) into less-intensive Differentiated Service Delivery (DSD) models
- Outputs:
  - "Differentiated TB/HIV" framework, outlining issues related to TPT implementation in the context of less-intensive DSD models
  - Toolkit designed to guide the integration of TPT into less-intensive DSD models
  - Perspective piece highlighting opportunities and challenges that DSD presents for expanding TPT

Catalytic Projects Related to Integration of TPT into DSD Models

- **Zambia "shark tank" project:**
  - Conducted by CIDRZ and MOH Zambia
  - Focused on integration of IPT into the Fast Track model at one health facility using a QI approach
- **Uganda "shark tank" project:**
  - Conducted by TASO and MOH Uganda
  - Evaluated factors associated with IPT completion among recipients of care on ART and IPT aligned with MMD across DSD models at three health facilities
- **Zimbabwe 3HP study:**
  - Completed by ICAP with support from both HRSA and CQUIN
  - Explored the integration of 3HP into Fast Track at an urban hospital in Harare

Recent Remote and In-person Convening

- A 90-minute parallel session during the CQUIN Fifth Annual Meeting in November 2021 on the updated WHO TB screening guidelines
- A webinar on “Differentiated TB/HIV Services: Integrating TB Preventive Treatment into the Fast Track Model in Zimbabwe and Zambia” in May 2022
- Two-hour parallel session on “Integrating Tuberculosis Preventive Treatment into DSD models: Developing Quality Standards” at the April 2022 CQUIN Quality workshop
- A CoP call on “Differentiated TB Treatment Services - Implementation Experience from Kenya, Nigeria and Zambia” in November 2022

Plans for 2023

- 18/22 CQUIN member countries have expressed interest and are currently members of the TB/HIV CoP
- Overall technical focus:
  - Optimizing delivery of TB/HIV services to people in DART models
  - Supporting integration of TB intensive case finding and TPT into less-intensive DSD models
  - Supporting Differentiated TB treatment
- Activities for 2023:
  - Quarterly CoP calls with member countries:
    - Share best practices and lessons learnt in TB case finding, prevention, potentially integration of TB treatment into DSD models
  - Finalize draft TPT Quality standards
  - Integration of TPT into DSD will be a major theme of the CQUIN meeting on “DSD 2.0” in June 2023

2. Tuberculosis Preventive Treatment Domain Staging Results - Capability and Maturity Model

CQUIN Capability Maturity Model

- The CQUIN capability maturity model (CMM) systematically describes a country's differentiated treatment program maturity
- Uses 5 stages of maturity represented by a color scale
- Multi-stakeholder country teams stage the country program annually
  - An internal, consultative activity, not an external evaluation
- The CQUIN 2.0 CMM includes a new domain on TB/HIV

#	Domain	Version 1.0	Version 2.0
1	Policies	√	√
2	Operational Guidance	√	√
3	Diversity	√	√
4	Scale-up plan	√	√
5	Coordination	√	√
6	Community engagement	√	√
7	Training	√	√
8	M&E System	√	√
9	Facility coverage	√	√
10	Client coverage	√	√
11	Procurement and Stock management		√
12	AHD		√
13	Key Populations		√
14	TB/HIV		√
15	MCH		√
16	FP		√
17	Quality	√	√
18	Impact	√	√

TB/HIV Domain

TB/HIV	National HIV treatment guidelines do not define a minimum package* of TPT services for people living with HIV **AND/OR** TPT is not integrated within less-intensive differentiated treatment (DART) models	National HIV guidelines define a minimum package for TPT for people living with HIV **AND** TPT is integrated within less-intensive DART models **BUT** the country does not have data from the past year to describe TPT coverage for people enrolled in less-intensive DART models	National HIV guidelines define a minimum package for TPT for people living with HIV **AND** TPT is integrated within less-intensive DART models **AND** the country has data from the past year to describe TPT coverage amongst people enrolled in less-intensive DART models **AND** TPT coverage among people enrolled in less-intensive DART is < 50%	In addition to meeting criteria for the yellow stage, TPT coverage among people enrolled in less-intensive DART is 50-75%	In addition to meeting criteria for the light green stage, TPT coverage among people enrolled in less-intensive DART is greater than 75%

* In this context, a "minimum package" of TPT services for PLHIV would include: (1) eligibility criteria for TPT; (2) TPT regimen and dosing guidance; (3) recommendations for adherence monitoring and support; (4) recommendations for side effect/adverse event monitoring and support

CMM TB/HIV Domain Staging Results 2022

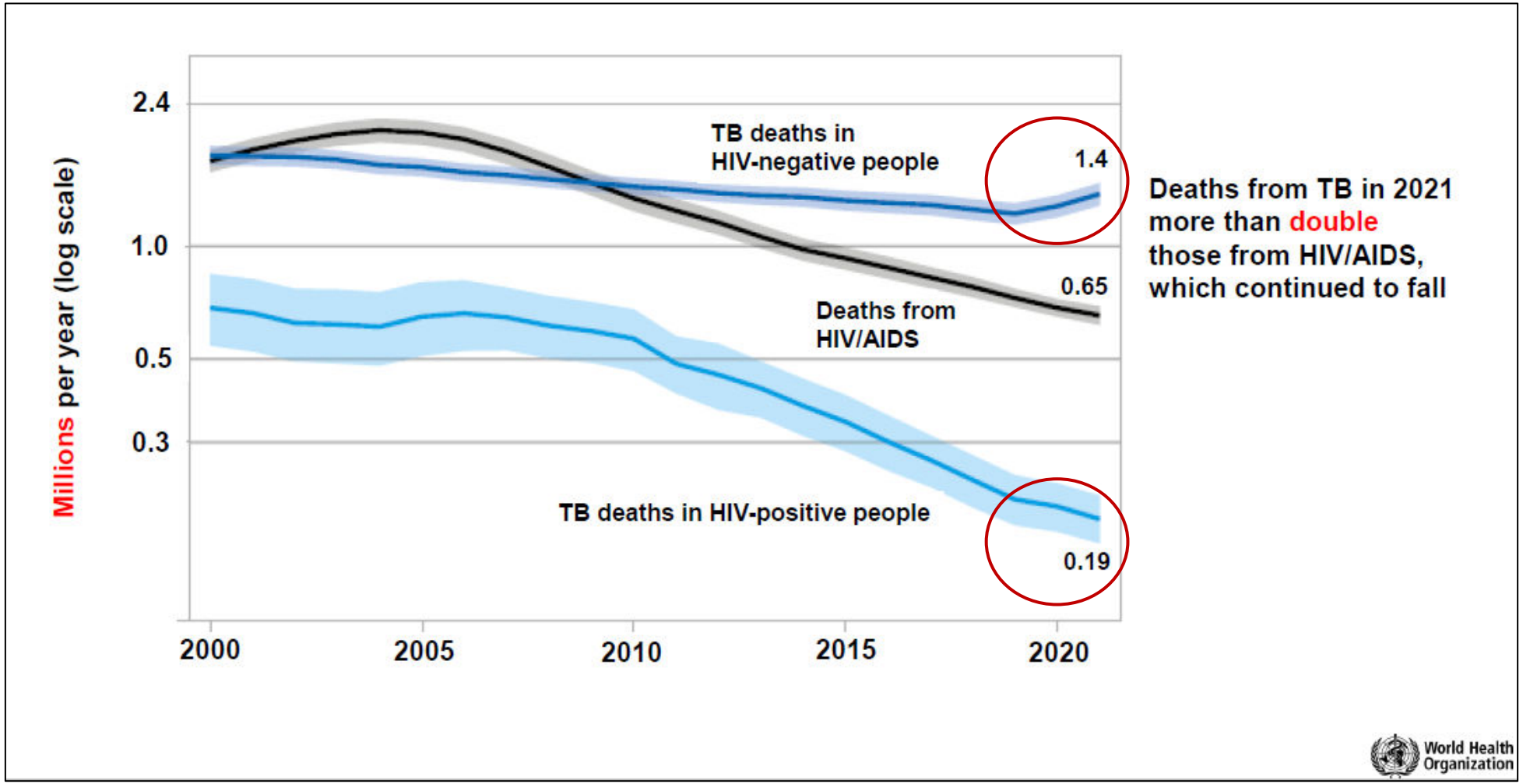
1	Burundi	
2	Cameroon	
3	Cote d'Ivoire	
4	DR Congo	
5	Eswatini	
6	Ethiopia	
7	Ghana	
8	Kenya	
9	Liberia	
10	Malawi	
11	Mozambique	
12	Nigeria	
13	Rwanda	
14	Senegal	
15	Sierra Leone	
16	South Africa	
17	Tanzania	
18	Uganda	
19	Zambia	
20	Zimbabwe	

3. Challenges and Opportunities for Differentiated Service Delivery (DSD) for TPT

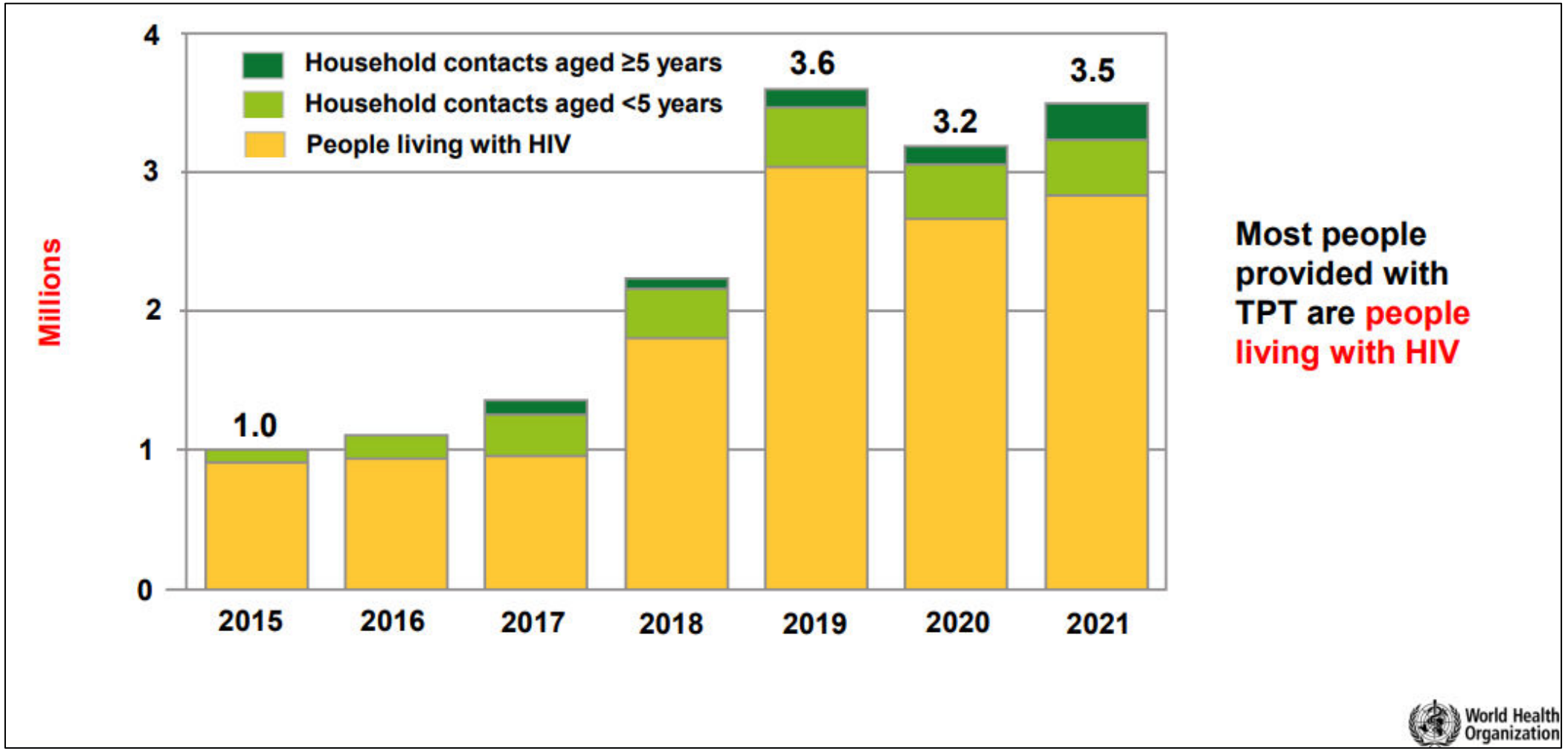
WHO Global TB Report 2022 (Launched 27 October 2022)
Main Findings and Messages

- The COVID-19 pandemic continues to have a damaging impact on access to TB diagnosis and treatment, and the burden of TB disease
- Progress made in the years up to 2019 has slowed, stalled or reversed, and global TB targets are off track
- Intensified efforts backed by increased funding are urgently required to mitigate and reverse the negative impacts of the pandemic on TB
- Consequences of reduced access to TB diagnosis and treatment:
  - Number of people with undiagnosed and untreated TB has grown,
  - Resulting first in an increased number of TB deaths and more transmission of infection and then, with some lag-time, increased numbers of people developing TB

TB Deaths, 2000 - 2021



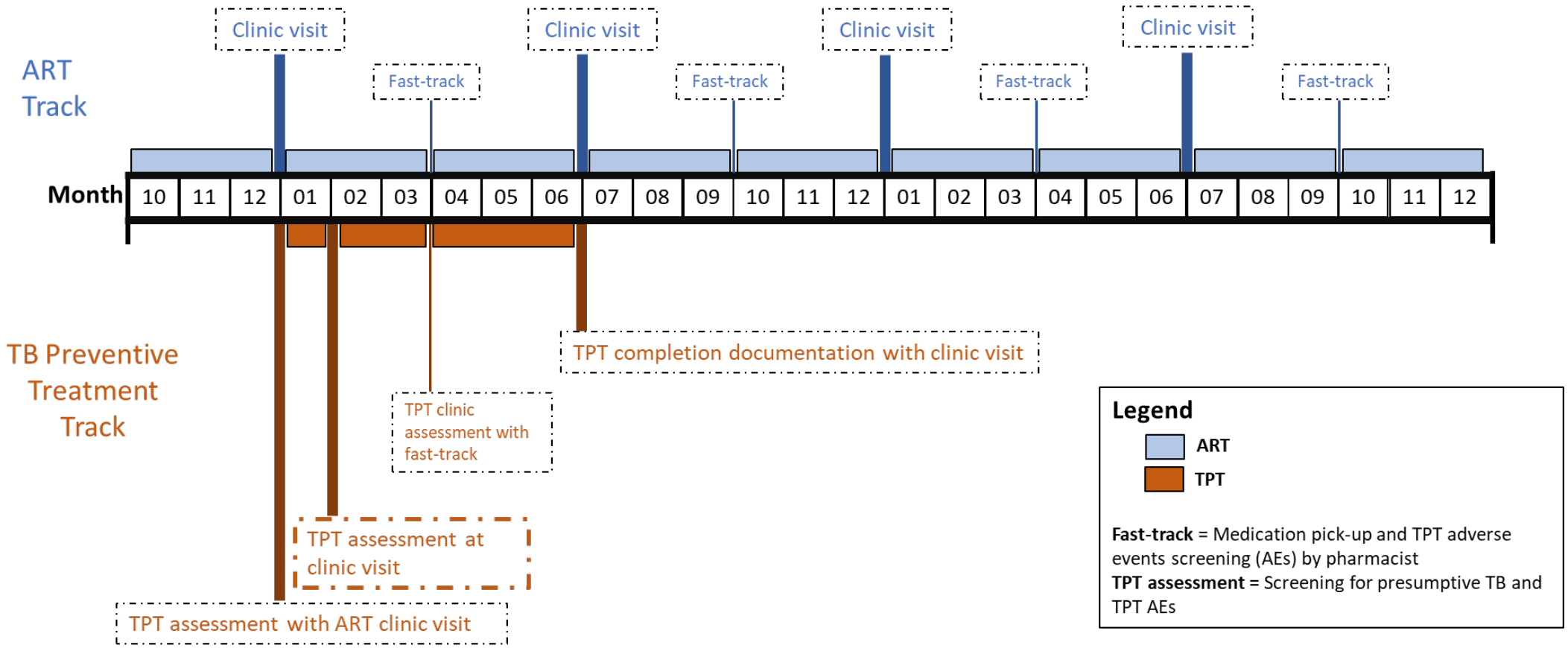
TPT Initiation, 2015 - 2021



Integrating TPT in DSD - Considerations

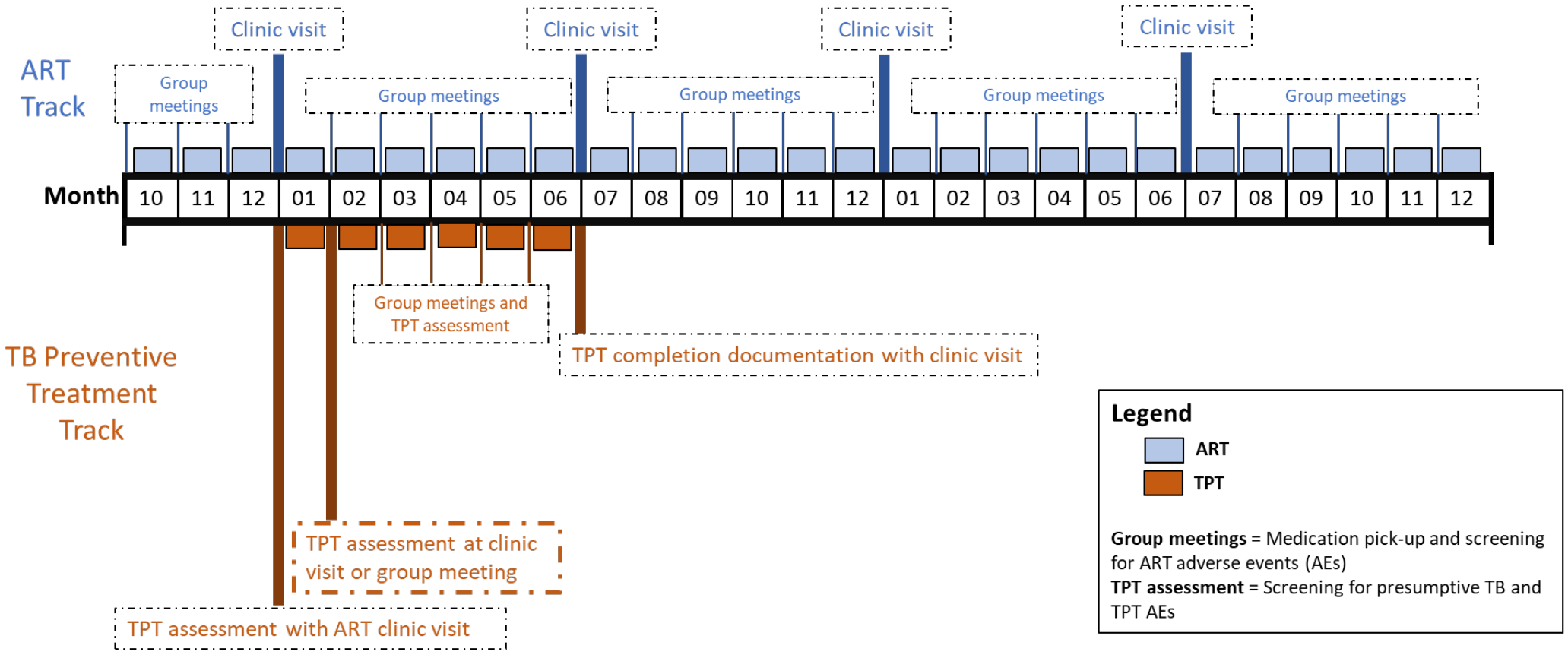
- **TPT before enrollment into less-intensive DART model**
  - Eligibility for less-intensive DART (established on ART): 6m ART, suppressed VL
  - Countries with high TPT coverage rates amongst people newly initiating ART: most people will complete TPT *before* they are assessed for less-intensive DART eligibility
  - Option: consider TPT completion as a less-intensive DART eligibility criterion
- **Overlapping TPT and enrollment into less-intensive DART model**
  - Some people on ART will have started but not completed TPT at the time they are assessed for less-intensive DART eligibility.
  - Those who are eligible for less-intensive models and still on TPT should be offered the opportunity to enroll in a less-intensive DART model while completing their course of TPT
  - Efforts should be made to integrate TPT services into whatever less-intensive DART model is preferred by the ROC
- **Enrollment into less-intensive DART model before TPT**
  - In some countries large numbers of people have enrolled into less-intensive DART models without having received TPT.
  - Ministries of Health need to design TPT strategies for each less-intensive DART model, with the opportunity to integrate TPT initiation and follow-up into less-intensive DART models in order to simplify follow-up.

Integration of TPT in Less-intensive Facility Based DART Model



https://www.pepfarsolutions.org/resourcesandtools-2/2018/9/25/tpt-implementation-tools

Integration of TPT in Less-intensive Community DART Model

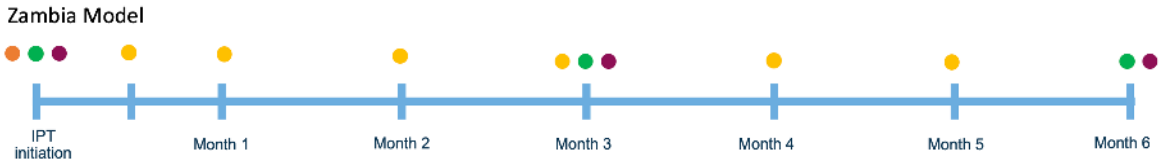


https://www.pepfarsolutions.org/resourcesandtools-2/2018/9/25/tpt-implementation-tools

Streamlined TPT integration into DART models using mobile phone follow-up

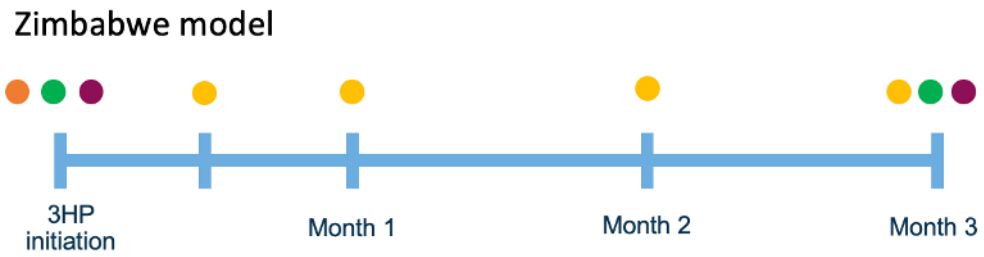
Zambia pilot project: IPT integration into Fast Track

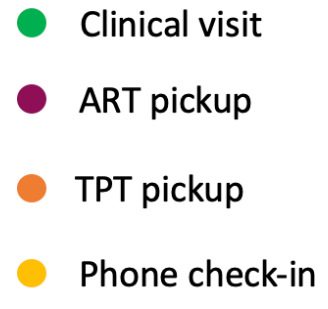
- Baseline visit: 3-month supply of ART and six-month supply of IPT
- Mobile phone follow up at week 2 and months 1-5
- Clinical visit at month 3 + 3-month supply of ART



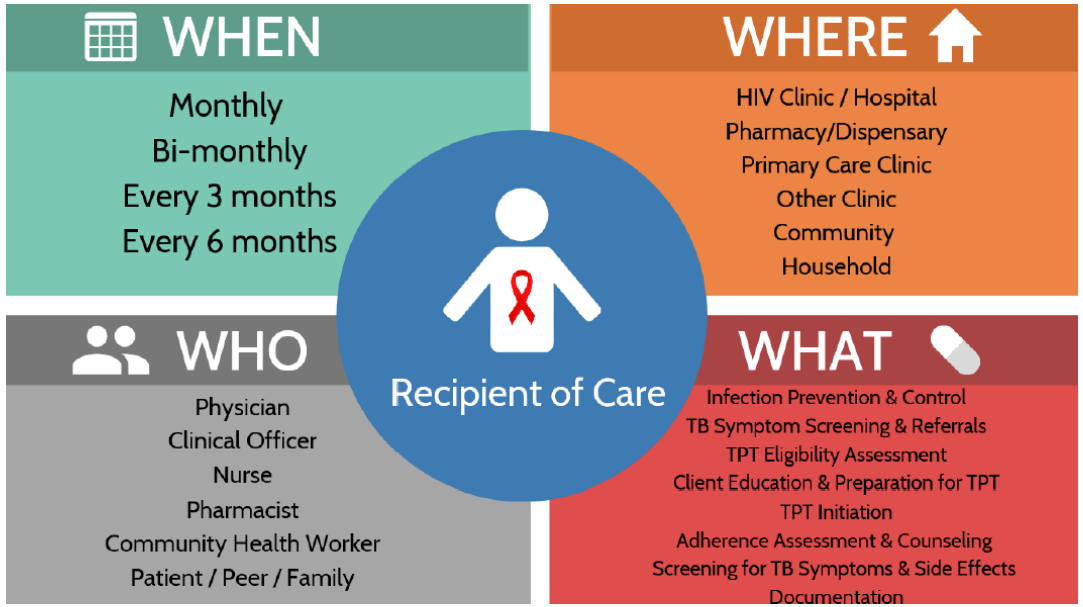
Zimbabwe study: 3HP integration into Fast Track

- Baseline visit: 3-month supply of ART and 3HP
- Mobile phone follow up at weeks 2, 4, 8 and 12
- Clinical visit at month 3 + three-month supply of ART

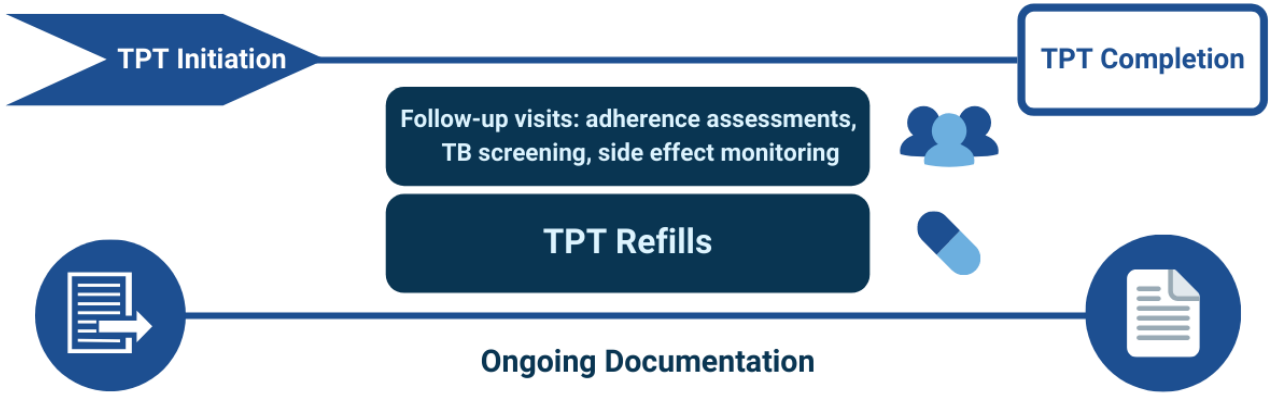




Building Blocks for TPT Integration into DSD

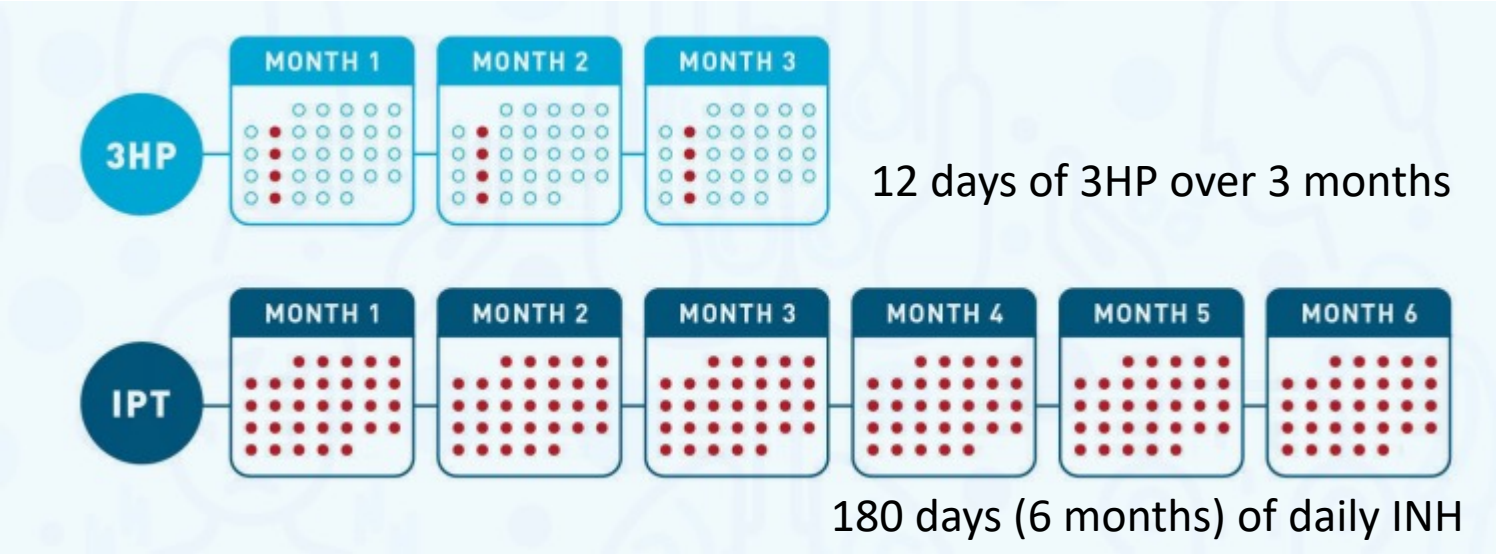


- TPT service delivery involves different activities (what?)
- Each component activity needs to be adapted within each type of DART model (when?, where?, and who?)



https://cquin.icap.columbia.edu/wp-content/uploads/2020/01/CQUIN-TPT-Toolkit_Jan-2020_Final_Cover.pdf

3HP: Fewer doses, shorter duration, better adherence



- With 3HP, higher completion rates, less treatment interruption due to adverse events
- 3HP is the preferred PEPFAR regimen for adolescents and adults
- 6H is preferred regimen for CLHIV due to anticipated drug-drug interactions with ARVs
  - Ensure availability of INH 100 mg

https://www.impaact4tb.org/wp-content/uploads/2020/04/1H-eng-3HP-Clinicians_LM17.pdf

M&E of TPT

- Monitoring of TPT in DSD:
  - Coverage of TPT initiation and completion among all PLHIV on ART
  - Completion of TPT among those who initiated TPT in a given time period
  - Initiation of TPT among those eligible for TPT in a given time period
  - Disaggregation for more-intensive – less-intensive DSD models
- Given that many countries staged ‘orange’ on the CQUIN CMM, this seems to be an area for discussion/experience sharing

Remaining Questions?

- Are less-intensive DART models able to provide effective intensive case finding through TB screening and referrals?
- Can high quality TPT be delivered in community settings?
- Can DART make TPT more person-centered, improving coverage and completion?
- Is 3HP an opportunity to simplify integration of TPT into less-intensive DART?
- How can country M&E systems track TPT coverage among ROC enrolled in less intensive DART models?

DART may provide an exciting opportunity to enhance the coverage and quality of TPT services and to empower self-management of TPT by ROC

Thank you!