

# Burundi Case Study on TPT integration in DSD

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# Presentation Outline

1. TB/HIV Capability Maturity Model Staging
2. Introduction
3. National Guidelines for TB Preventive Therapy
4. National TPT scale up process
5. TPT Implementation Model
6. TPT monitoring
7. Results
8. Challenges and Perspectives
9. Acknowledgements

# 1. Burundi Capability Maturity Model Staging for TB/HIV

Burundi	
CQUIN DART Dashboard 2.0	
Domain	Sept 2022
Policies	Green
Operational Guidance	Dark Green
Diversity of DART services	Yellow
DSD Scale-up Plan	Red
Coordination	Green
Meaningful Community Engagement	Orange
Training	Yellow
M&E System	Red
Procurement and Stock Management	Dark Green
Less-intensive DART facility coverage	Orange
Less-intensive DART Client Coverage	Yellow
AHD	Red
KP	Red
TB/HIV	Orange
Differentiated MCH Services	Red
Integration of FP into DART models	Red
Quality of DART services	Red
Impact of DART Services	Red

- 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

## 2. Introduction

- The integrated management of TB-HIV co-infection started in 2009, according to WHO guidelines for TB/HIV activities
  - National Committee was set up by the MOH decision n°2948/CAB/2009 of November 12, 2009 (updated 2018)
  - Provincial committees were set up in 2018
- Tuberculosis Preventive Treatment (TPT) was introduced in the national HIV care and treatment guidelines in September 2014 and the national scale up process was initiated in August 2015 at 2 pilot sites in Bujumbura (ANSS, SWAA).
- National roll out:
  - November 2016 at Hospitals of Kayanza and Muramvya
  - September 2017 to 38 high volume sites in Bujumbura, Kayanza and Muramvya Province
  - 2018 – 2019 roll out to all districts and sites
- The revised 2020 HIV care and treatment guidelines introduced 1HP (daily HP for 1 month) as the preferred regimen for TPT
- Standard Operating Procedures for less-intensive DART for patients established on ART approved in June 2022 actively promoted the integration of TPT in DART

### 3. National Guidelines for TPT

- Eligibility:
  - Negative TB symptoms screen using 5 question checklist
  - No contra-indications for TPT
- Regimen:
  - Adolescents and adults (> 50 kg): Rifapentin-Isoniazid daily for 1 month
  - 6H for children
- Timing of TPT initiation in relation to ART:
  - For new HIV+ cases: ART tolerance should be monitored before initiating TPT
  - For others already on ART: start TPT immediately when TB screening is negative
- Dispensing:
  - At the health facility
  - Monthly clinic visits
- Repeating TPT:
  - TPT should be repeated every 5 years

### TB screening questionnaire

1. Does the patient cough for > 2 weeks?
2. Does the patient have night sweats for > 2 weeks?
3. Has the patient lost > 3kg of weight during the last 4 weeks?
4. Has the patient had a fever for > 2 weeks?
5. Does the patient have close contact with a known tuberculosis patient?

If "yes" to question 1, do a sputum review and do a full assessment according to the National Guidelines for the Diagnosis of TB.

If "No" to question 1 and "Yes" to any of the other questions, continue the investigation of TB on the basis of clinical signs. Refer for opinion if necessary.

If "No" to all questions, initiate TPT

## 4. National TPT Scale Up Process

- Official letter from the National HIV Program authorizing the scaling up of TPT was signed on 6/1/2017
- Recommendation to systematically screen cases already on ART for TB at the next clinic visit and initiate those eligible on TPT in addition to every newly identified HIV-infected patient
  - National TB program guidelines did not allow for TPT dispensing in the community
  - Patients who were enrolled in a community group DART model could stay in the DART model but had to come back for monthly clinic visits and TPT dispensing
- Review meeting was organized in August 2017 to coordinate TB/HIV co-infection interventions
- Meeting of the National Committee was held in July 2018 to review progress
- Currently TPT is scaled up nationwide:
  - 18/18 Provinces
  - 49/49 Districts
  - 608/976 health facilities

# 5. TPT integration in DSD for ART: TPT Building Blocks - 1

- **Burundi approved five less-intensive DSD models in June 2022**
  - Visit spacing with Fast Track
  - Visit spacing without Fast Track
  - Community Adherence Groups
  - Facility Based Clubs
  - Community Outreach
- National Standard Operating Procedures for DART actively promote integration of TPT in less-intensive DART model

LES COMPOSANTES DE BASE DU GAC

	DISPENSATION ARV	CONSULTATION CLINIQUE	SOUTIEN PSYCHOSOCIAL
QUAND	Tous les 3 à 6 mois	Tous les 6 mois	Tous les 3 à 6 mois
OU	En communauté à un lieu convenu	FOSA	En communauté à un lieu convenu
QUI	Responsable du GAC ou son Adjoint (Pair)	Prestataire de santé	Responsable du GAC ou son Adjoint (Pair)
QUOI	Renouvellement des ARV/ CTX/TPI et autres intrants	<ul style="list-style-type: none"> <li>⇒ Examen Clinique</li> <li>⇒ Services de prévention</li> <li>⇒ Traitement des IO</li> <li>⇒ Prélèvement CV (tous les 12 mois)</li> </ul>	<ul style="list-style-type: none"> <li>⇐ Soutien à l'adhérence/ Continuité du traitement ;</li> <li>⇐ Soutien Psychologique</li> </ul>

REPUBLICQUE DU BURUNDI




MINISTRE DE LA SANTE PUBLIQUE  
 ET DE LA LUTTE CONTRE LE SIDA

PROGRAMME NATIONAL DE LUTTE  
 CONTRE LE SIDA ET LES IST

**PROCEDURES OPERATIONNELLES  
 STANDARDS DE LA PRESTATION DES  
 SERVICES DIFFERENCES DE TRAITEMENT  
 ARV AU BURUNDI**



Egalité      Equité

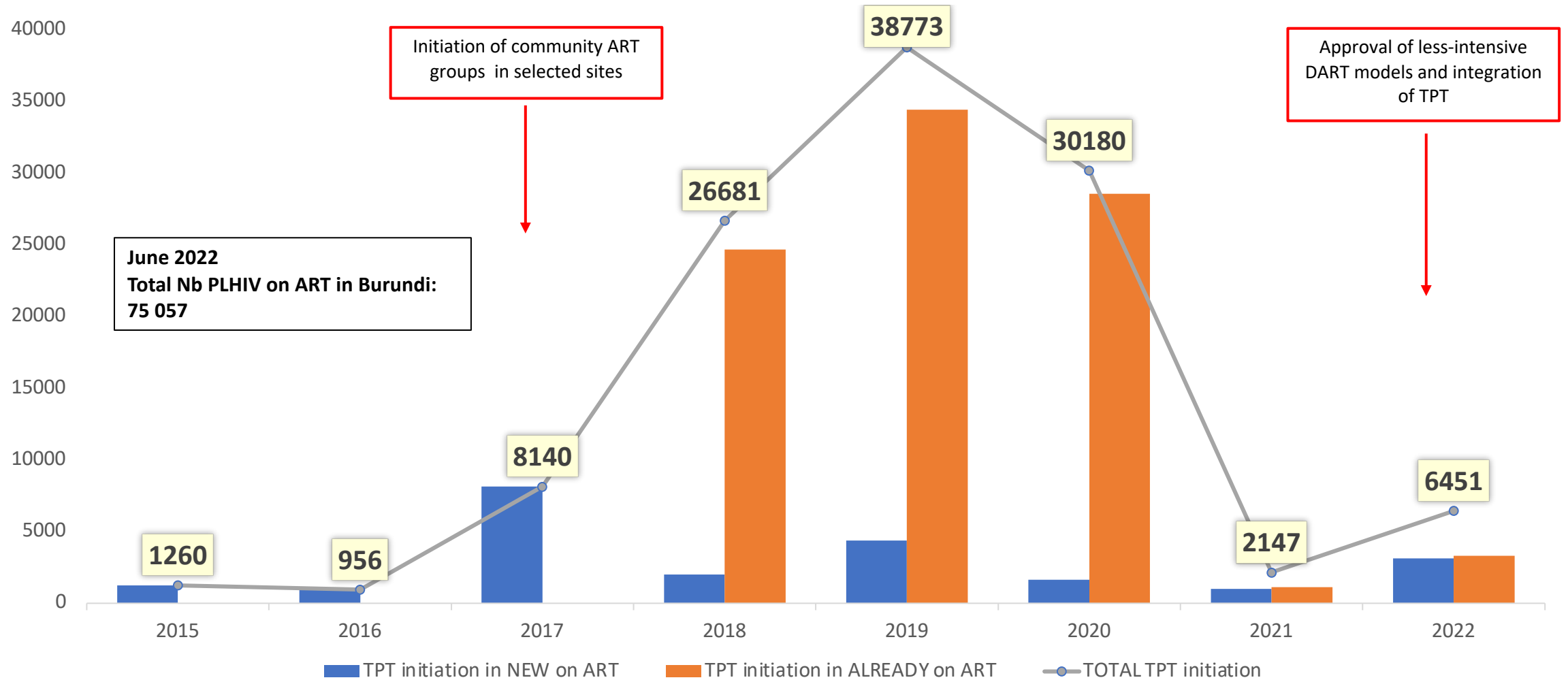
Juin 2022

## 5. TPT integration in DSD for ART: TPT Building Blocks - 2

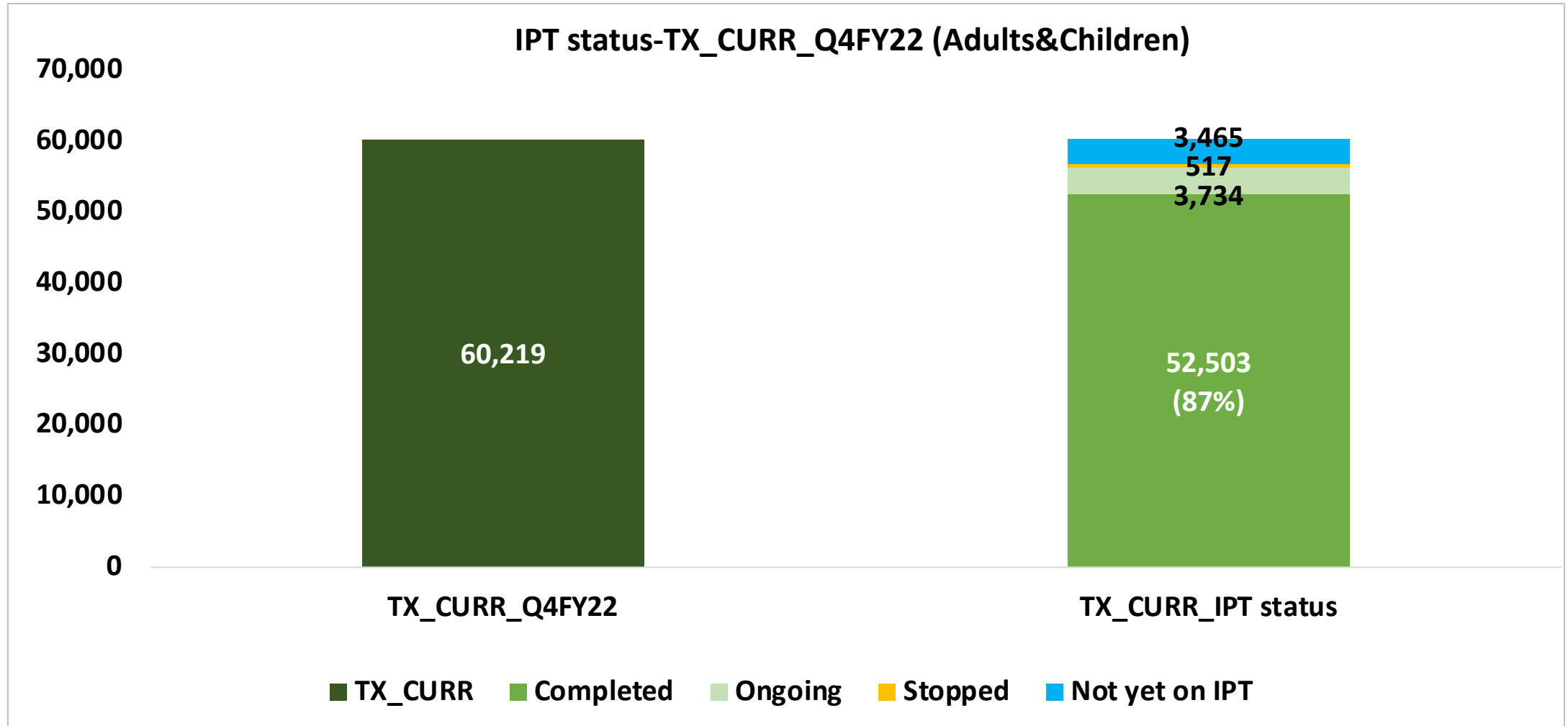
What	where	when	who
TPT eligibility screening	At health facility	At enrollment on ART or during next clinic visit	Health care worker
TPT dispensing (1HP or 6H)	At the health facility or community	<ul style="list-style-type: none"> <li>- Monthly at the facility</li> <li>- Aligned with ART dispensing (MMD3) in the community</li> </ul>	<ul style="list-style-type: none"> <li>- Health care worker</li> <li>- CAG leader</li> <li>- Community relay worker</li> </ul>
Adverse event monitoring	At the health facility or community	<ul style="list-style-type: none"> <li>- Monthly at the facility</li> <li>- Aligned with ART dispensing (MMD3) in the community</li> </ul>	<ul style="list-style-type: none"> <li>- Health care worker</li> <li>- CAG leader</li> <li>- Community relay worker</li> </ul>
Adherence counseling	At the health facility or community	<ul style="list-style-type: none"> <li>- Monthly at the facility</li> <li>- Aligned with ART dispensing (MMD3) in the community</li> </ul>	<ul style="list-style-type: none"> <li>- Health care worker</li> <li>- CAG leader</li> <li>- Community relay worker</li> </ul>



# 7. Results- TPT Initiation 2015 – 2022 (National Data)

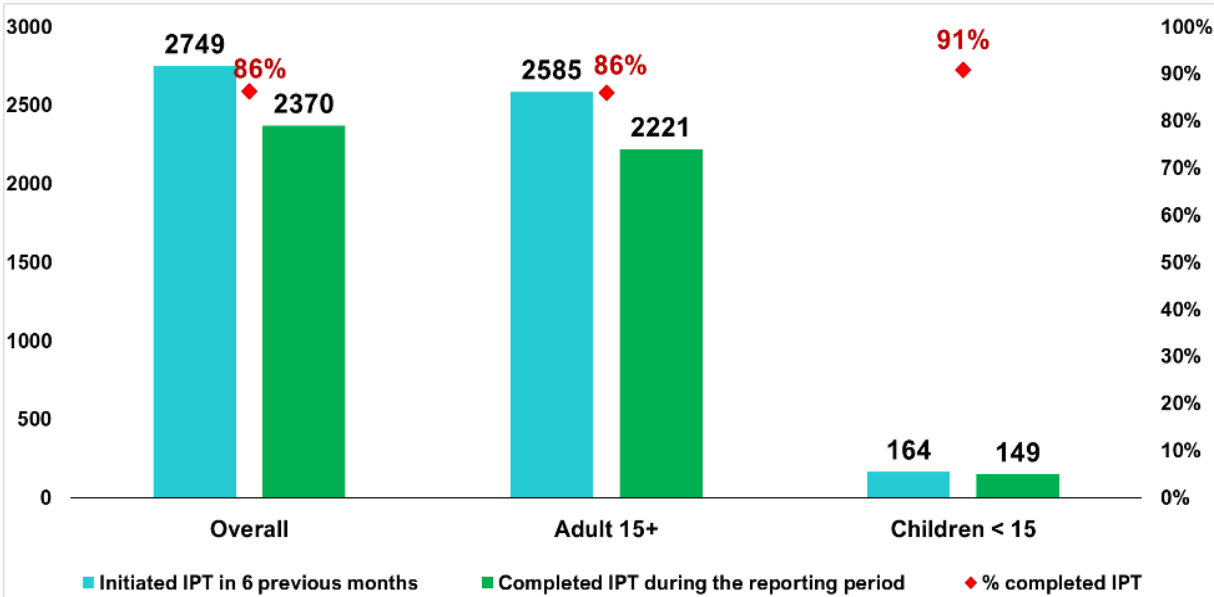


## 7. Results- TPT Coverage for PEPFAR supported sites

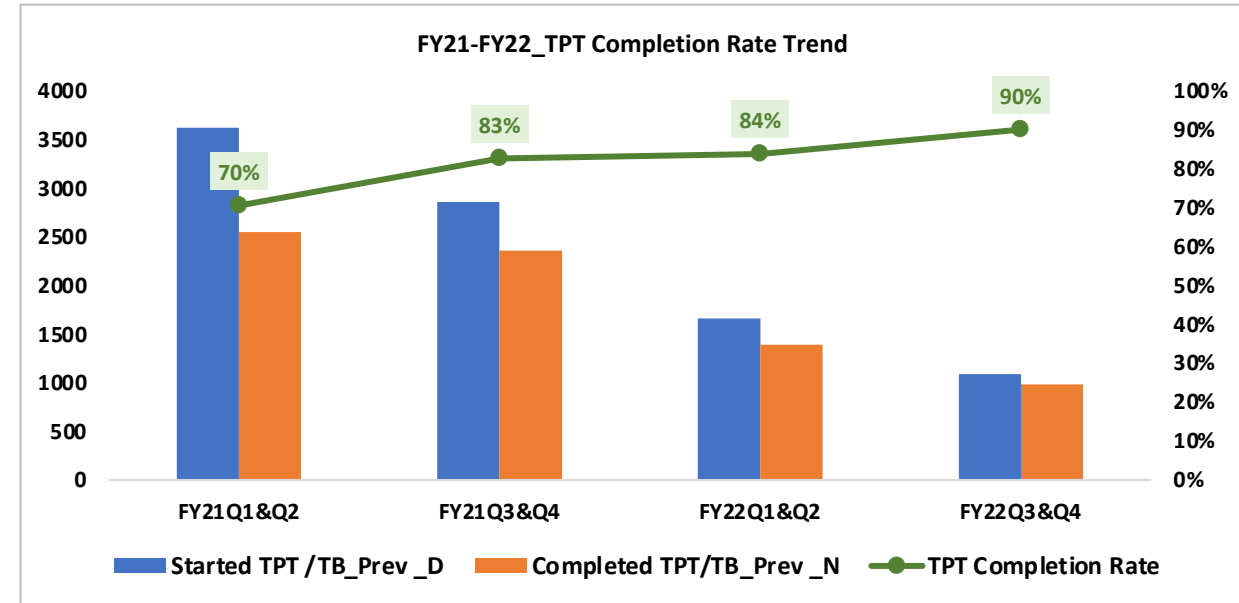


# 7. Results- TPT Completion, PEPFAR Supported Sites

TPT completion rates, FY22, adults and children, 188 PEPFAR supported sites (ICAP/RISE)



Trend in TPT completion FY21-FY22, 161 PEPFAR supported sites/RAFG (FHI 360/RAFG)



## 8. Challenges and Perspectives

### Challenges:

- Low quality of routine TB screening and documentation
- Difficult to calculate accurate TPT coverage as TPT is repeated every 5 year
- Partial implementation of DSD SOPs to integrate TPT in DSD
  - TB Program still supports monthly clinic visits for TPT while the ART Program supports integration of TPT in less intensive DSD for established patients

### Perspectives

- Develop a detailed SOP for TPT integration in DSD in collaboration between TB and HIV National Programs
- Review and Update the data collection and reporting tools for TB screening, TPT and integration of TPT in DSD

## 9. Acknowledgements



**REPUBLIQUE DU BURUNDI**

**Ministère de la Santé Publique et de la Lutte Contre le Sida**



HIV Learning Network

The CQUIN Project for Differentiated Service Delivery



Thank you!

