

# Rwanda Case Study on TPT integration in DSD

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# Outline

- I. CQUIN Capability Maturity Model Staging Results
- II. Background
- III. National Scale-up of TPT
- IV. National TPT tools and monitored Indicators
- V. TPT coverage and Completion Outcomes
- VI. Achievements, Challenges and Next steps

# I. CQUIN Treatment Dashboard Results for Rwanda : DARK GREEN

TB Dashboard staging has matured to **dark green** on the CQUIN capability maturity model; In this presentation, we explore the background to the current status of the TPT integration in DSD.

- National HIV guidelines define a minimum package for TPT for PLHIV:

- ✓ **TPT Guidelines 2022**

- TPT is integrated within less-intensive DART models:

- ✓ **RoC established on ART remain in their ART model when offered TPT(6MMD/3MMD).**

- The country has data from the past year to describe TPT coverage amongst people enrolled in less-intensive DART models:

- ✓ **Coverage of TPT is monitored monthly but is not disaggregated according to model type, rather a cumulative number of PLHIV that are initiated, defaulted, or completed TPT, etc.**

- TPT coverage among people enrolled in less-intensive DART is greater than 75%:

- ✓ **Over all coverage is 70% as of sept 2022, with estimated projection to be 80% by end Dec 2022.**

## II. Background

### 1. INH Preventive Treatment for under 5years:

- The policy was established in 2005: Children <5 yrs living in close contact with a sputum-positive pulmonary TB (PTB+) case should receive INH preventive therapy for 6months.

### 2. TPT Implementation as part of TB/HIV integrated activities started in 3 pilot sites:

- In 2011, RBC/TB and HIV divisions initiated TPT at 3 selected HFs.
- In 2016, TB/HIV TWG decided to stop new enrollment on TPT due to the following challenges:
  - Low specificity screening by using only five symptoms based questions.
  - Difficult to scale-up X-rays as a screening tool in all health facilities to rule out active TB.
  - The impact of TPT in high-risk groups after six months of treatment was not clear.

## United Nations High Level Meeting on TB Targets, 2018

- Member States committed to provide TPT to at least 30 million people worldwide in 2018–2022:
  - **6 million** PLHIV, **4 million** Children <5 years who are household contacts of people with TB, and **20 million** other household contacts.

RWANDA - UN HLM TB TARGETS					
	2018	2019	2020	2021	2022
TB Preventative Therapy (TPT) targets in PLHIV	8,125	9,602	9,731	16,240	15,894
TB Preventative Therapy (TPT) targets for under-five Child Contacts	1,420	1,960	2,470	2,760	3,000
TB Preventative Therapy (TPT) targets in contacts more than 5 years of age	667	1,126	2,586	4,430	5,542

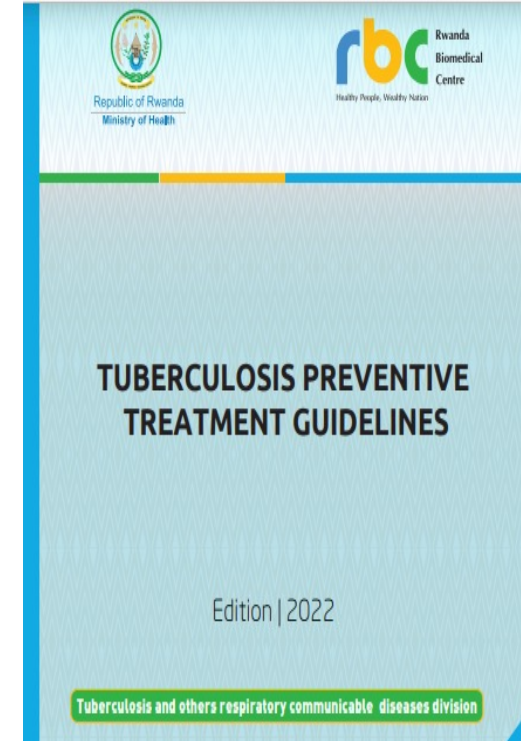
Source: Stop TB Partnership. UNHLM on TB Key Targets and Commitments

### III. National scale up of TPT - Re-initiation of TPT since 2019

- TPT among PLHIV implementation was re-initiated in **Nov 2019**:
  - **Only newly identified HIV-positive people in 5 Districts** were eligible
  - Regimen:
    - Since 2019, (INH+Pyridoxine+CTZ) for 6months was the preferred regimen.
    - 6H was reserved for children <2years and those with Cotrimoxazole allergy.
- **July 2020**: TWG conclude that TPT scaleup was feasible even without using X-ray as screening tool. We embarked on a **country-wide TPT scale-up** starting with high HIV & TB prevalent districts **for all PLHIV depending on the availability of TPT drugs (including PBFW)**.
- **By the end of October 2022: 25 out of 30 districts** are offering TPT among PLHIV. Progressive scale-up is ongoing dependent of on availability of TPT.

# TPT Guideline recommendations 2022

- All recommended TB services should be incorporated within existing models of service delivery and mechanisms to harness monitoring the implementation of intensified TB case finding and TPT services.
- All recommended TB/HIV services offered to PLHIV – including regular TB screening, diagnosis and TPT prescription– should be done at aligned with the frequency for each model.
- Recommendation for DSD for TPT:
  - **TPT was aligned with ART pick-up frequency**
    - PLHIV on 3MMD: 1month of TPT followed by 2months of TPT
    - PLHIV on 6MMD: 1month of TPT followed by 5month of TPT
    - 1MMD: TPT prescription monthly
    - 1month is to allow monitoring of any side effects.
- **TPT guidelines recommendations 2022**
  - With the ongoing phase out of Q-TIB (INH+Pyridoxine+CTZ) and 6H (now remaining in 3 districts), 3HP (INH+Rifapentine) for 3months was initiated since April 2022 as the preferred molecule.
  - 6H will however remain the preferred regimen for children <2years.



# TPT Algorithm for PLHIV



Republic of Rwanda  
Ministry of Health

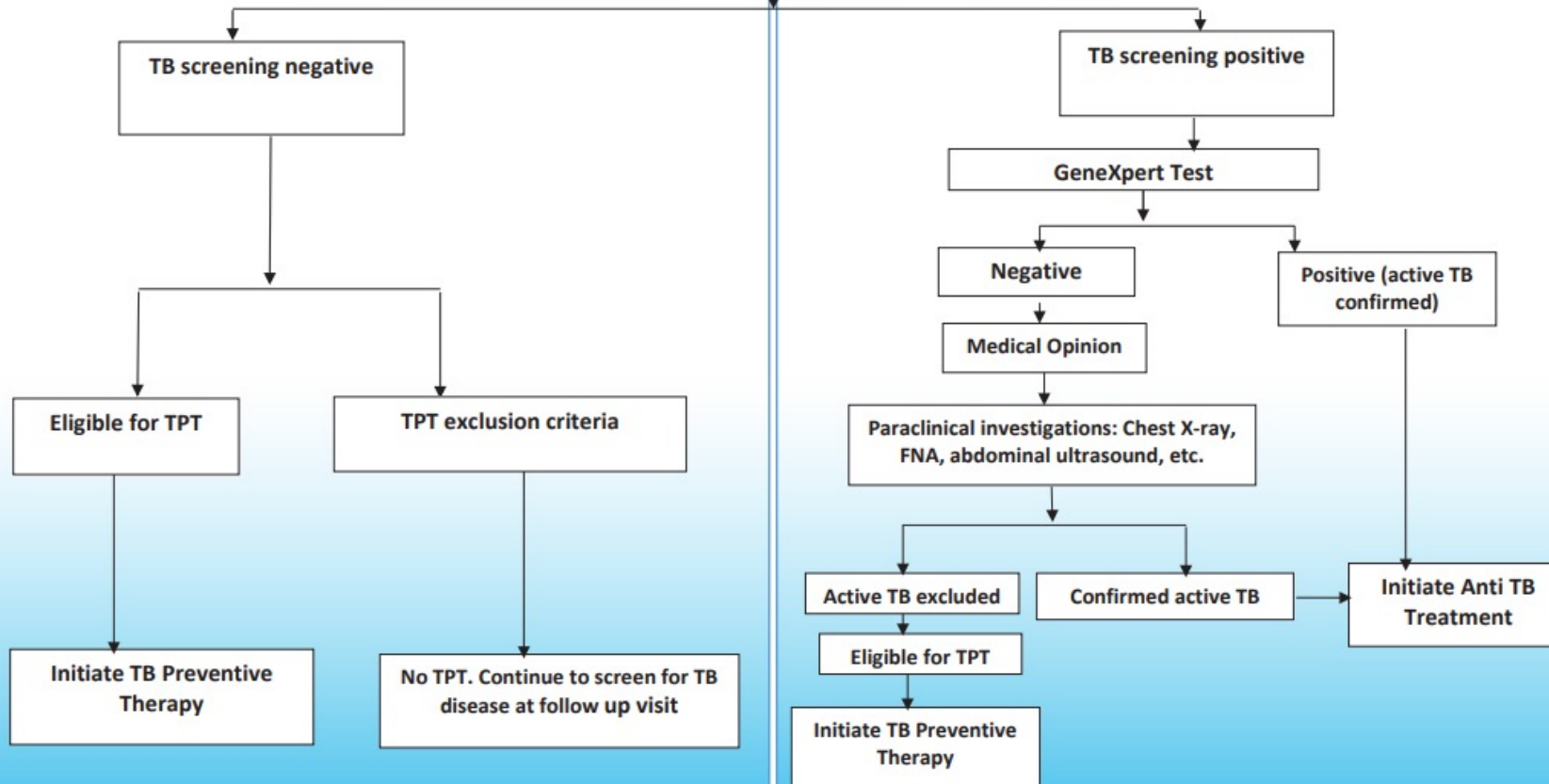


## TB Screening among PLHIV

Assess the following signs and symptoms

### TB Symptomatic screening

- Cough (regardless of duration)
- Fever and/or night sweats
- Weight loss
- History of TB contact





# TPT integration in DSD for ART: TPT Building Blocks

Currently Rwanda implements facility based less-intensive DSD models:

- Facility based-individual model
- Facility based group model

WHAT	WHEN	WHERE	WHO
<ul style="list-style-type: none"> <li>○ TB Screening (5 symptom screen, TST if nurse is trained and test available)</li> <li>○ TPT and ART dispensing</li> <li>○ Psychosocial support</li> <li>○ Adherence monitoring</li> <li>○ Adverse events monitoring</li> </ul>	<ul style="list-style-type: none"> <li>○ TPT for new HIV+ is initiated same day as ART.</li> <li>○ However, depending on clinical picture, it can be started within 15 days after ART initiation.</li> <li>○ RoC in 6MMD receive 1mo of TPT followed by 5mo of TPT</li> <li>○ RoC in 3MMD receive 1mo of TPT followed by 2mo of TPT</li> <li>○ Clinical consultation every 3 to 6mo depending on which DSD models.</li> </ul>	<p><b>Facility</b></p> <ul style="list-style-type: none"> <li>○ HIV Clinic (Both TPT and ART services)</li> </ul>	<p><b>HIV provider</b></p>



# Indicators captured in the National HMIS

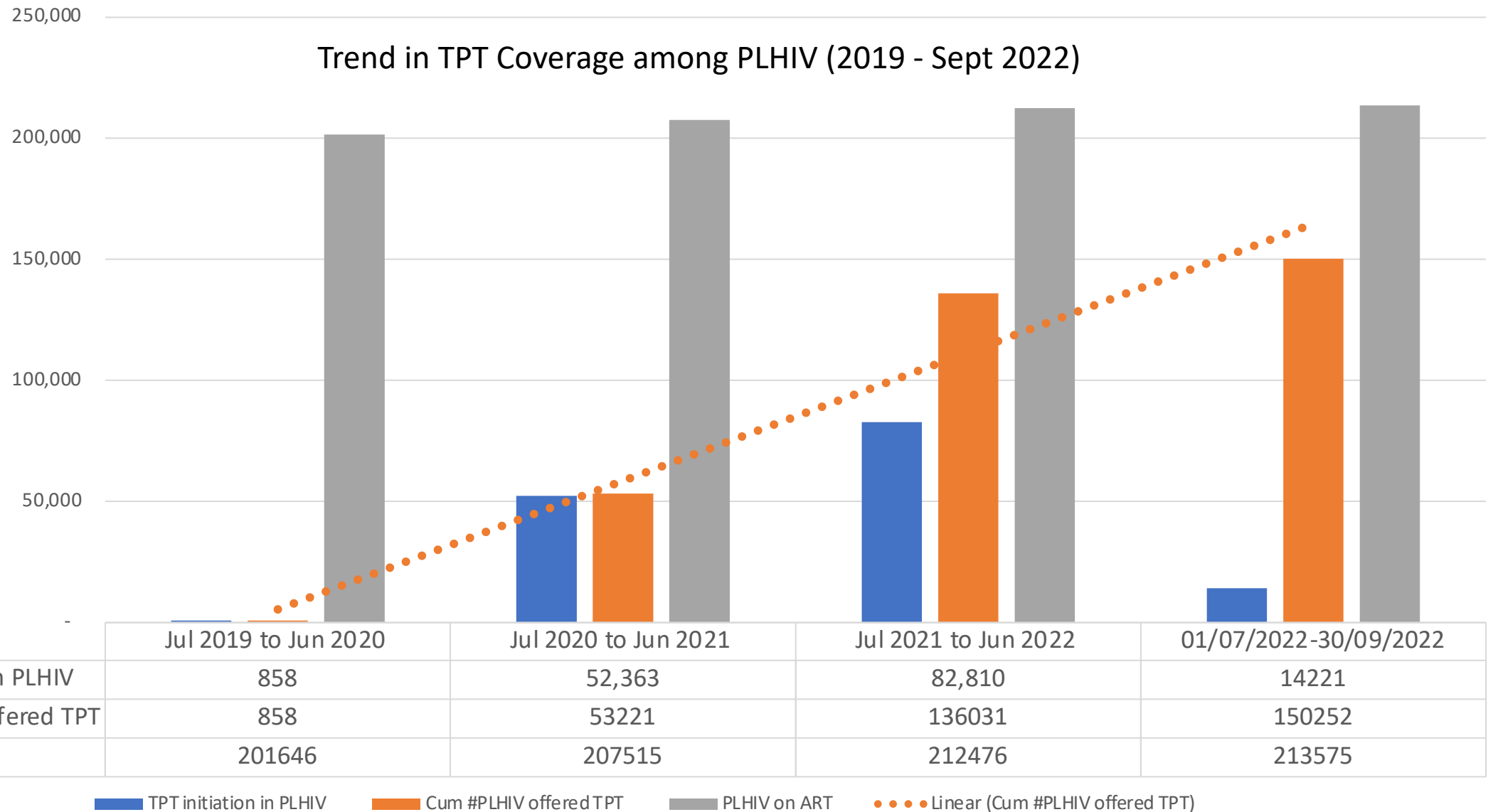
Data Entry [?](#)

✕ Gikundamvura CS

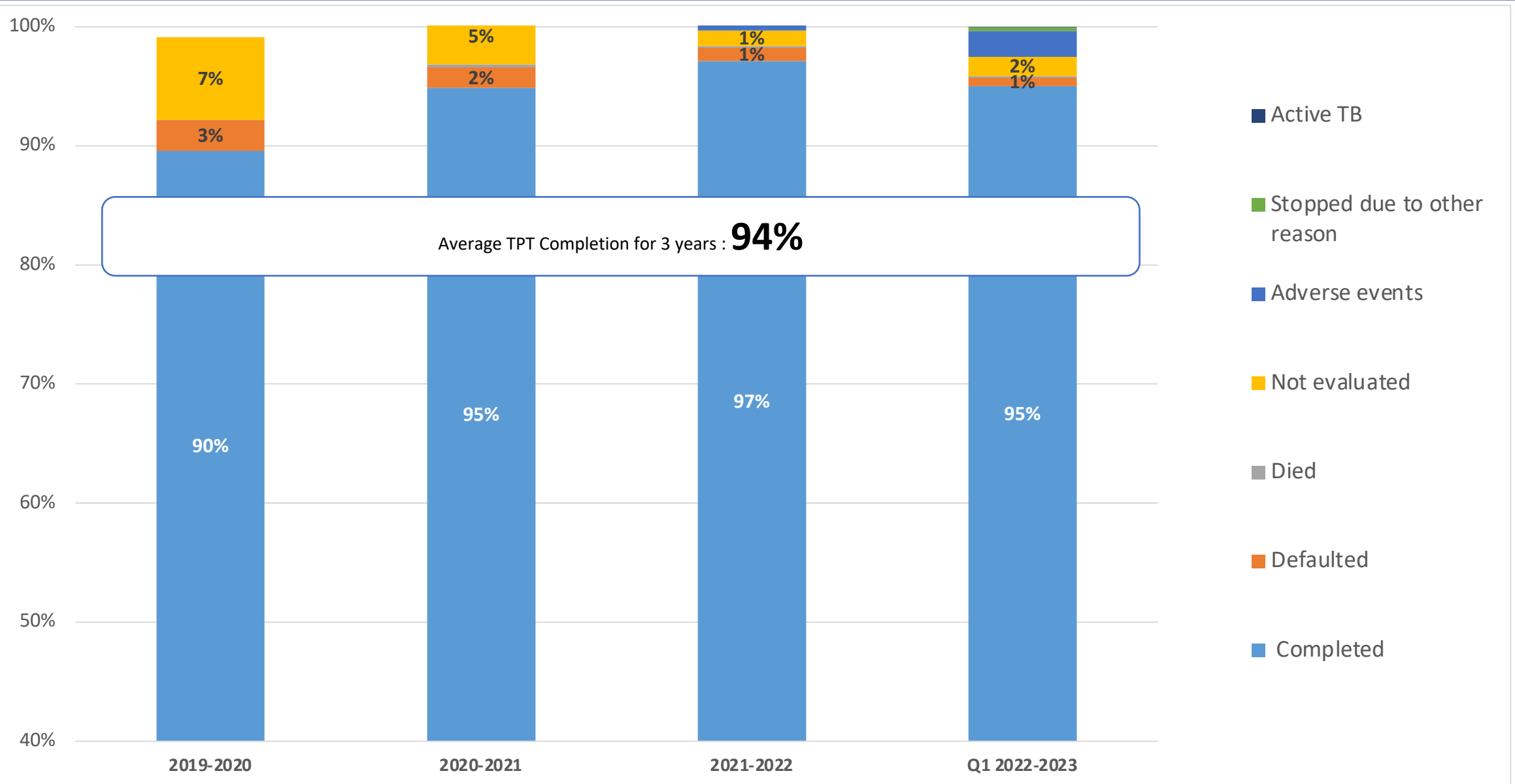
Organisation Unit	<input type="text" value="Gikundamvura CS"/>
Data Set	<input type="text" value="012 TPT for PLHIV"/>
Period	<input type="text" value="July 2022"/> <input type="button" value="Prev year"/> <input type="button" value="Next year"/>

TB Preventive Therapy (TPT) among PLHIV					
No		< 15 yrs		≥15 yrs	
		M	F	M	F
1	Number of PLHIV received in ART Service during the reporting period	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>A. TB SCREENING, DIAGNOSIS AND TPT INITIATION</b>					
<b>I. Symptoms screening</b>					
2	Positive	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3	Negative	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4	Not done	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>II. POSITIVE Symptoms screening</b>					
5	GeneXpert diagnosis Negative	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6	GeneXpert diagnosis Positive	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7	GeneXpert diagnosis Not Done	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8	Chest x-ray screening Normal	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

# V. TPT coverage and Completion Outcomes



# Trend in TPT Completion among PLHIV (2019 - Sept 2022)



## VI. Achievements

- Integrated policy documents, training materials, and capacity building of healthcare providers
- Functional National TB/HIV working group convening quarterly composed of technical staff from the TB and HIV programs and partner organizations.
- There is a national HIV mentorship program including TB to improve the quality of service provision
- TB/HIV interventions are provided in an integrated manner in line with the 'One Stop Shop' principle nationally.
- Systematic TB screening among PLHIV is institutionalized and Gene-Xpert is done as the initial test for those screened positive.
- The principle of DSD for PLHIV on TPT is respected; PLHIV on TPT are offered less-intensive services.

## Challenges

- TPT provision among PLHIV is not implemented country wide (25/30 districts implement TPT)
- Shipment delays for TPT drugs
- Funding gap for TPT drugs
- Though TB screening is done at each clinical follow up and ART dispensing visits, there is an issue of quality of screening and documentation due to the workload and other competitive priorities for HCW at sites

## Next Steps

- Scale up TPT implementation in the remaining districts to improve coverage
- Accelerate procurement of TPT drugs
- Advocate for TPT funding
- Improve the quality of TB symptoms screening among PLHIV through routine mentorship and introduce TB-LAM to PLHIV at advanced disease stage

# Acknowledgments

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- Global Fund
- Centre for Disease Control



Thank you!

