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Integration of Tuberculosis Preventive Treatment into Less Intensive DART Models

A CQUIN/WHO Webinar Collaboration

Tuesday, March 5, 2024

HIV Coverage, Quality, and Impact Network

Welcome/ Bienvenue

Andrea Howard, MD, MS
Clinical & Laboratory Unit Director
ICAP at Columbia University

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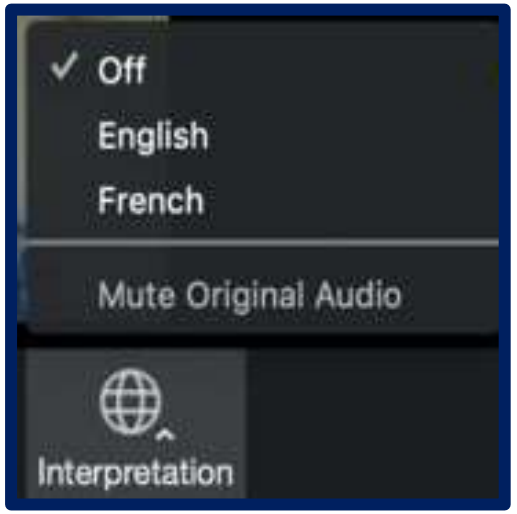

Housekeeping

- 60-minute webinar with two presentations followed by a panel discussion and Q&A session
- Slides and recording will be available on the CQUIN website (www.cquin.icap.columbia.edu)
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
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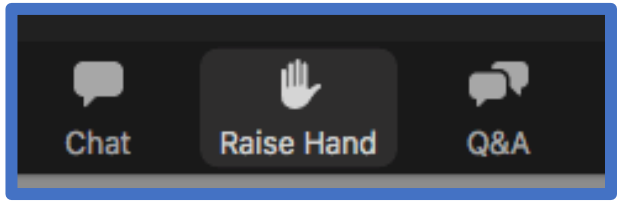
- There is simultaneous French/English interpretation available



Agenda

Timing	Topic/Activity	Facilitator
3 Minutes	Welcome/Introductions	**Andrea Howard, MD, MS** *Director, Clinical & Laboratory Unit,* *ICAP at Columbia University*
10 minutes	Framing Remarks from the World Health Organization	**Elena Vovc, MD, MPH** *Medical Officer, Global HIV, Viral Hepatitis, STIs* *World Health Organization, Geneva*
7 minutes	CQUIN CMM Results from the TB/TPT Domain & 2024 COP Priorities	**Greet Vandebriel** *Senior Technical Advisor, CQUIN TB COP Focal* *ICAP in Burundi*
25 minutes	Case Studies • **Mozambique TPT Integration in DSD:** Irenio Gaspar, Mozambique Ministry of Health • **Nigeria TPT Integration in DSD:** Khalil Sani, Nigeria Ministry of Health	**Andrea Howard, MD, MS** *Director, Clinical & Laboratory Unit,* *ICAP at Columbia University*
15 minutes	Panel Discussion: • **Reflections from the recipient of care community** • Nkechi Okoro, NEPHWAN, Nigeria • Irenio Gaspar, MOH Mozambique • Khalil Sani, MOH Nigeria • Elena Vovc, WHO Geneva • Greet Vandebriel, ICAP/CQUIN	**Andrea Howard, MD, MS** *Director, Clinical & Laboratory Unit,* *ICAP at Columbia University*

Framing Remarks

Elena Vovc

Medical Officer

Global HIV, Hepatitis, STIs Program

WHO, Geneva

Greet Vandebriel

CQUIN TB COP Focal
Technical Director

ICAP in Burundi

World Health Organization

TB preventive treatment in people living with HIV integration into differentiated models of care

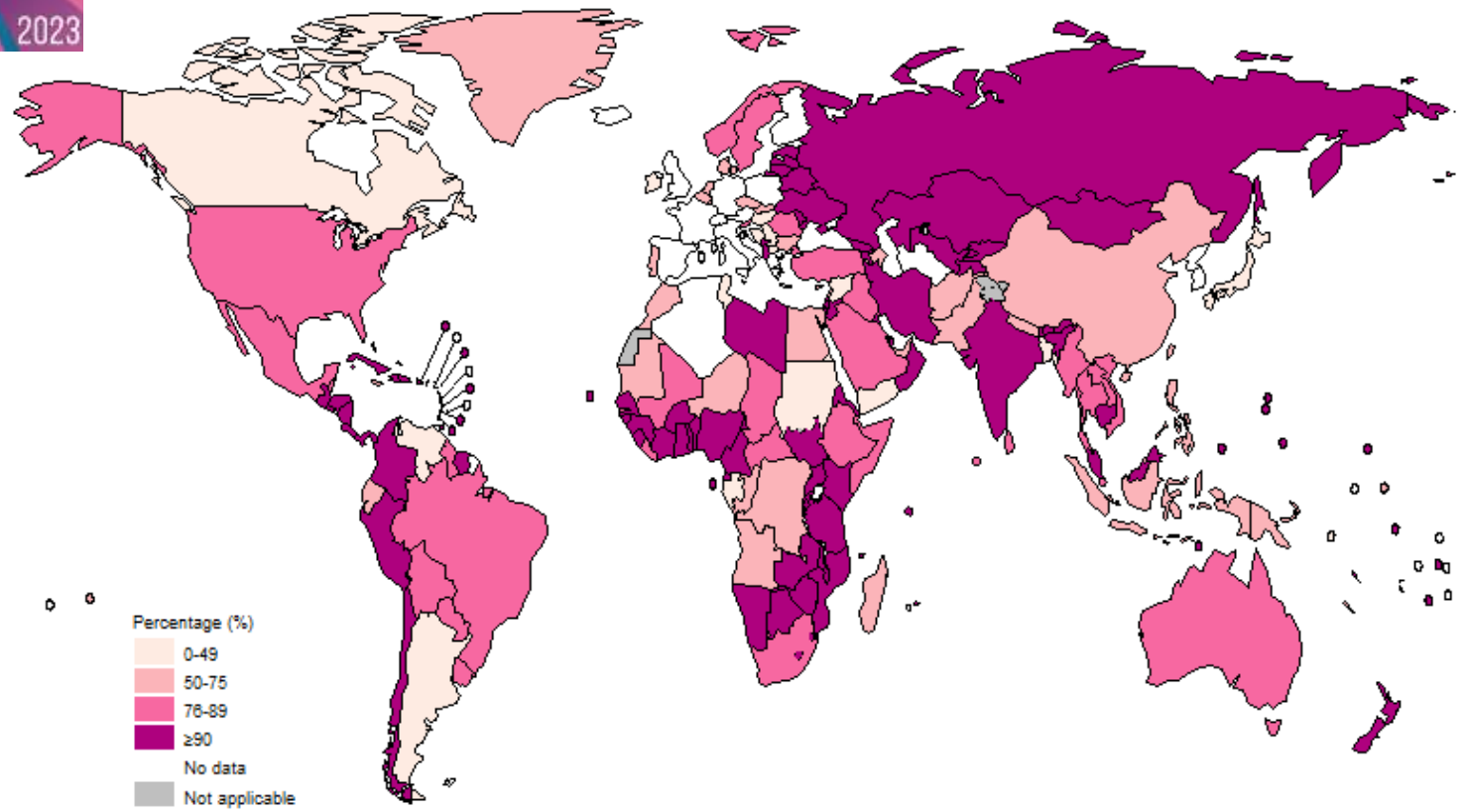
WHO recommendations and programmatic aspects to consider

WHO Global HIV, viral hepatitis and sexually transmitted infections programmes

Dr Elena Vovc, Medical Officer
vovce@who.int

5 February 2024

Percentage of people newly diagnosed with TB whose HIV status was documented, by country, 2022



7.5 mln people newly diagnosed with TB in 2022 globally, **80% knew their HIV status**

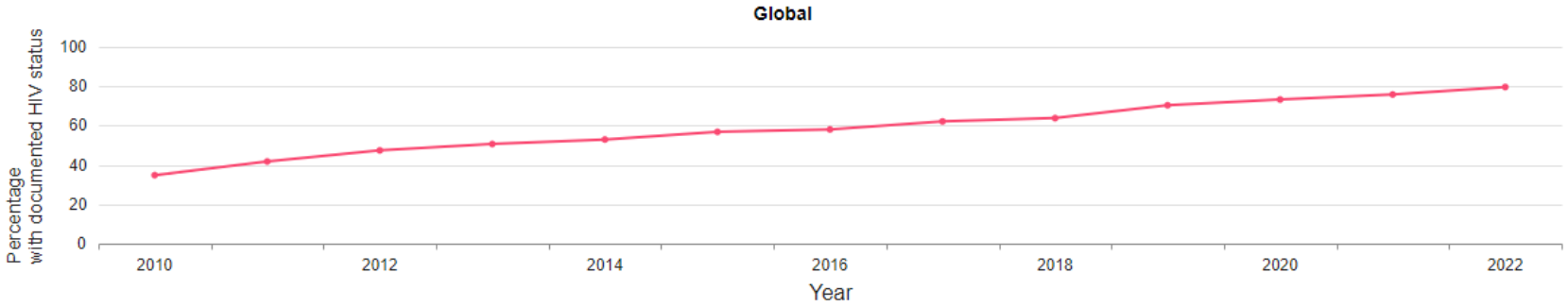
(compared to 76% in 2021)

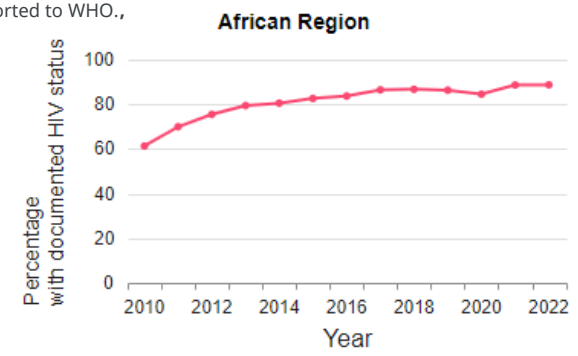
>90% of people with TB knew their HIV status in 97 countries/areas in 2022, incl. 32/47 countries in the WHO African Region

WHO African Region carries burden of HIV-associated TB highest in 2022

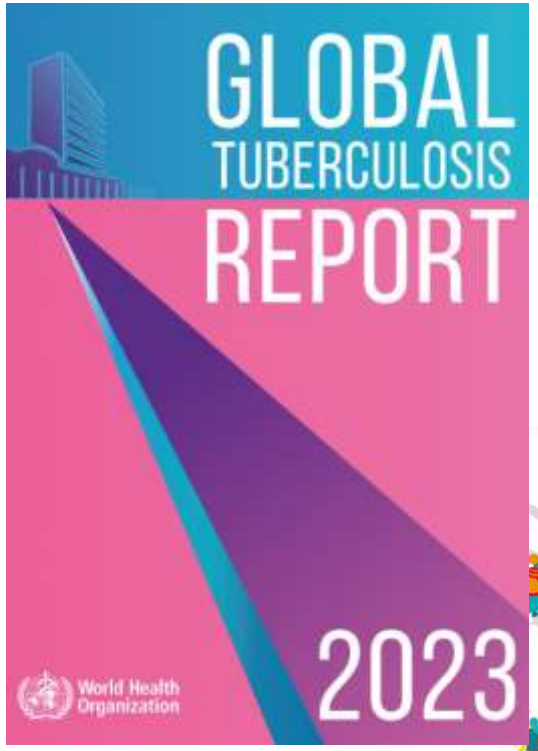
Percentage of people newly diagnosed with TB whose HIV status was documented [a] globally and for WHO AFRO [b] 2010–2022

[a] The calculation is for all cases in years prior to 2015.; [b] Countries were excluded if the number of people with documented HIV status was not reported to WHO.,



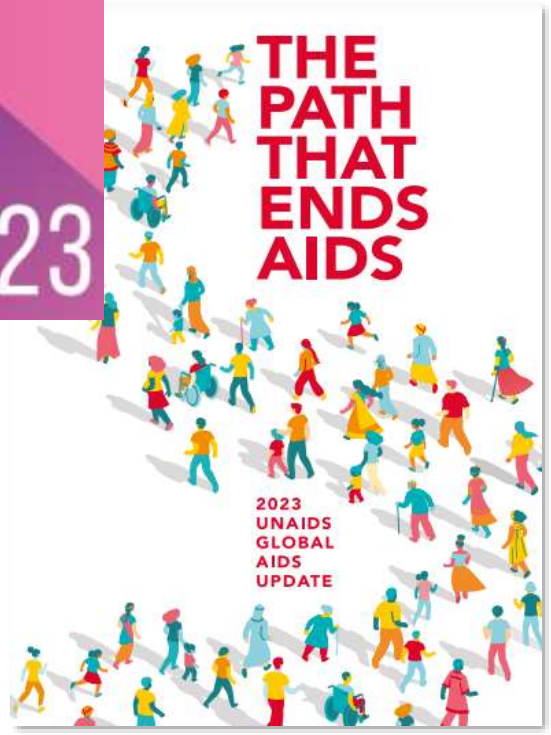


TPT in PLHIV scale up progress



- more people get ART, cumulative # of PLHIV receiving TPT increasing globally

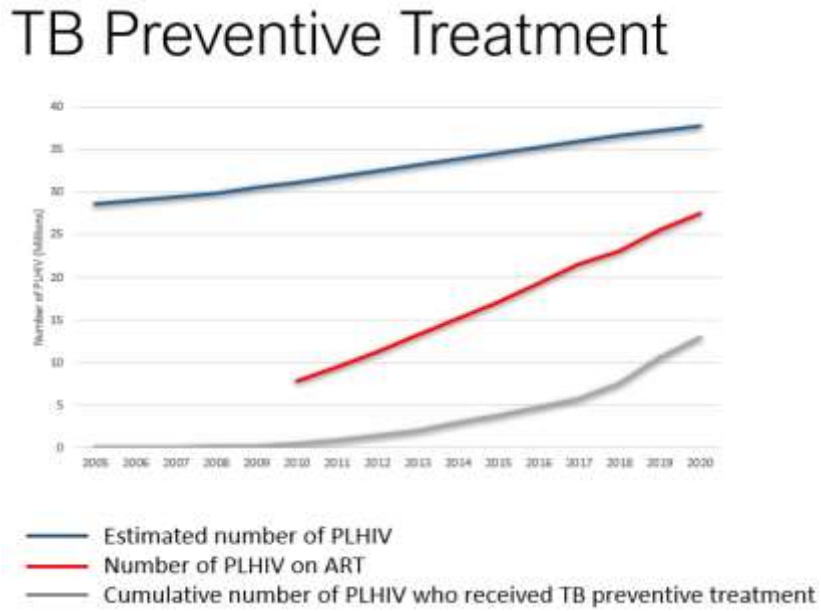
(WHO, GAM UANIDS estimates)



- annual # of PLHIV receiving TPT decreased between 2019-2022
- total #of household TB contacts receiving TPT increases

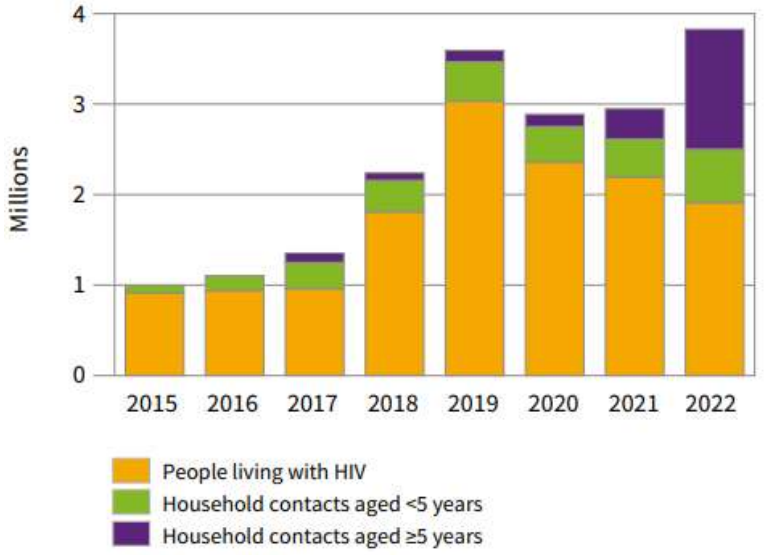
(Global TB Report 2023)

Bolder effort needed to continue scaling up TPT in people living with HIV, reach annual targets



Source: WHO, GAM UANIDS estimates

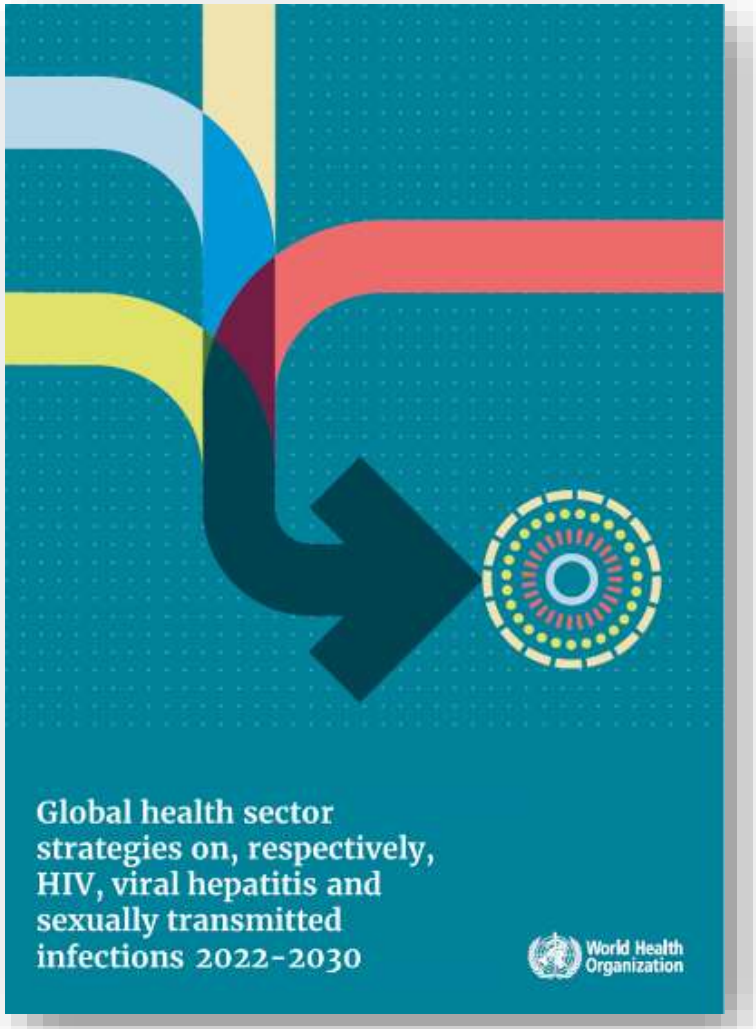
The global number of people provided with TB preventive treatment, 2015–2022



https://iris.who.int/bitstream/handle/10665/373828/9789240083851-eng.pdf?sequence=1

WHO GHSS - providing people-centred care & integrated services for UCH

Offers strategic guidance for national strategies & targets for services HIV, coinfections and NCDs integration



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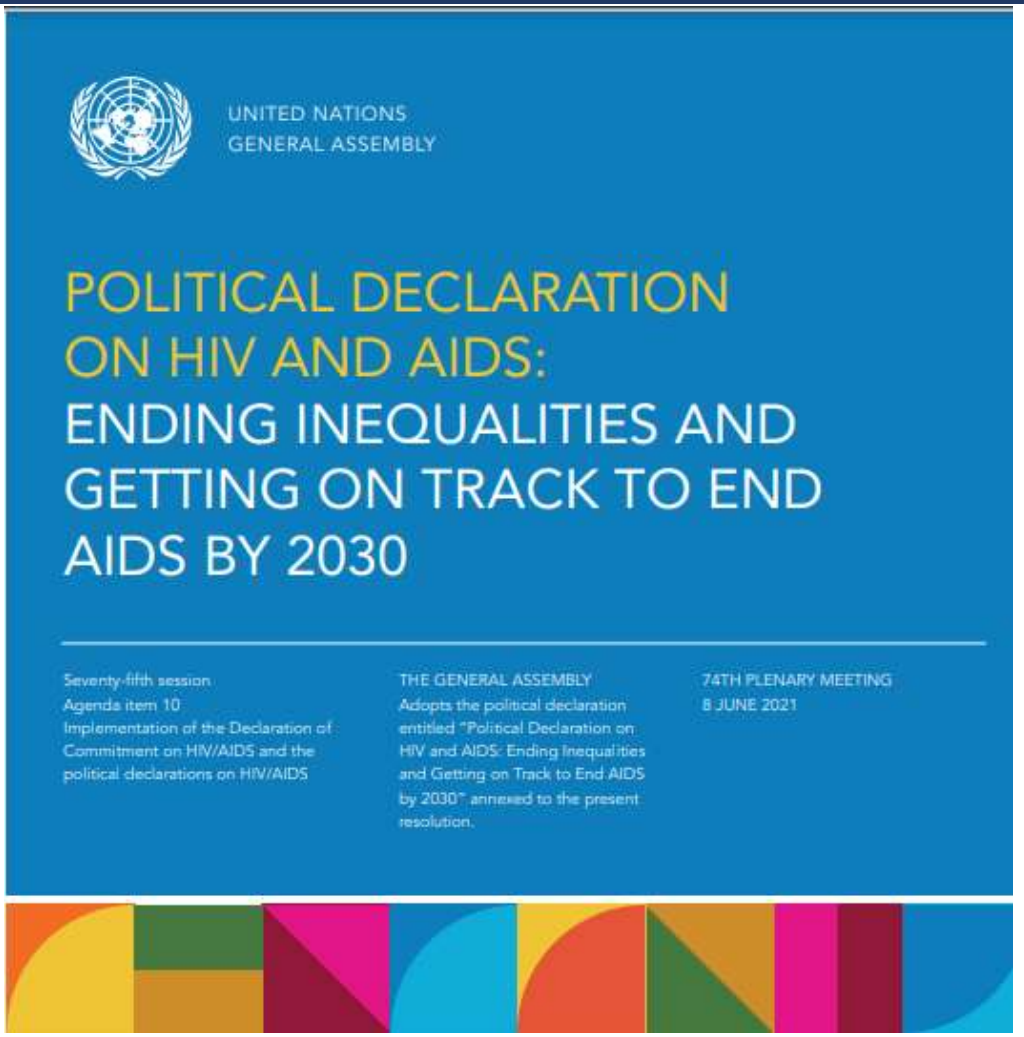
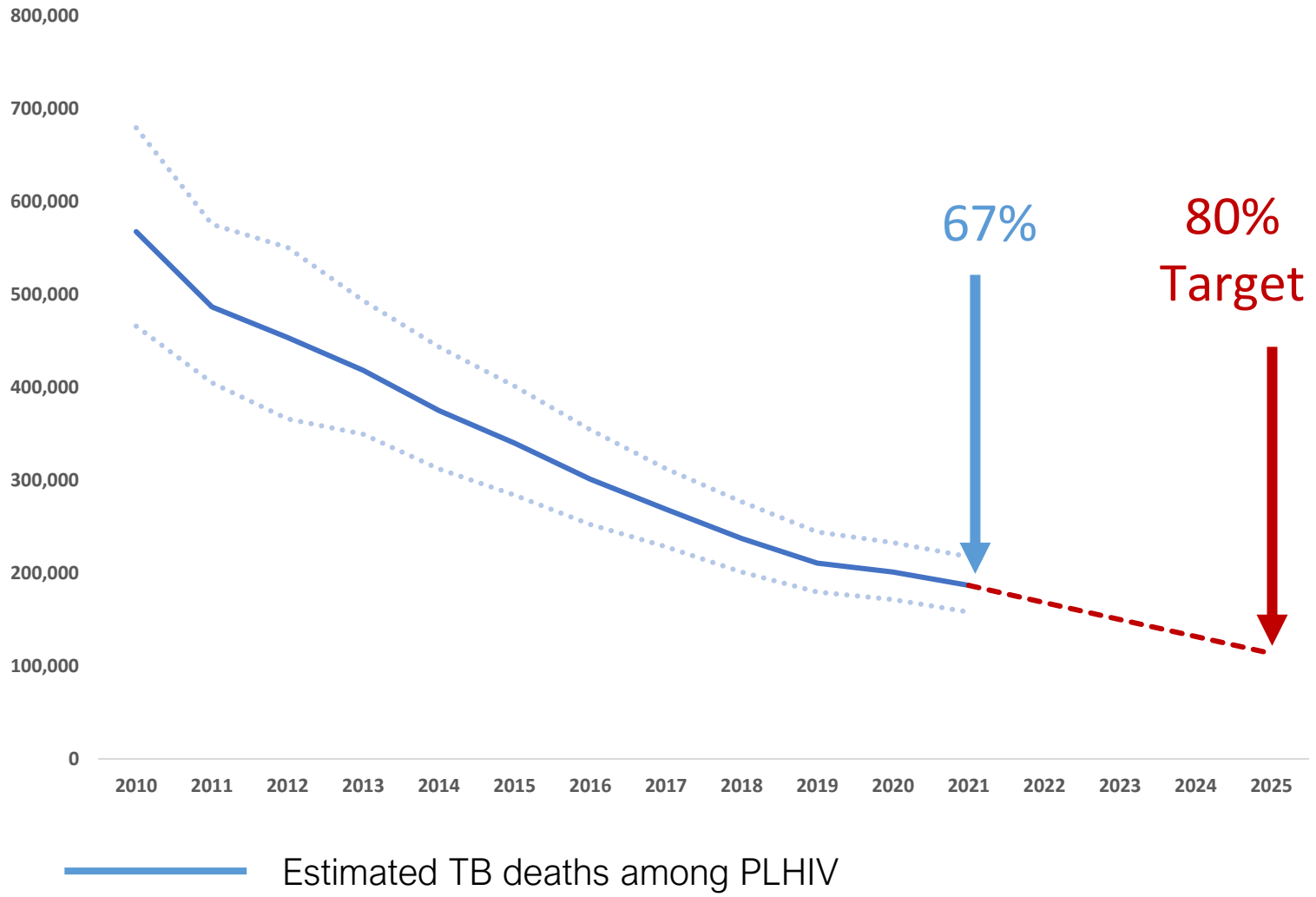
Indicator	Baseline 2020*	Targets 2025	Targets 2030
% of PLHIV and people at risk who are linked to integrated health services, including STIs and viral hepatitis		95%	95%
% of PLHIV, viral hepatitis and STIs and priority populations who experience stigma and discrimination		< 10%	< 10%
% of PLHIV who receive preventive therapy for TB	50%	90%	95%
Number of countries validated for the elimination of vertical (mother-to-child) transmission of either HIV, hepatitis B, or syphilis	15	50	100
% of girls fully vaccinated with human papillomavirus vaccine (HPV) by 15 years of age	14%	50%	90%
% of women screened for cervical cancer using a high performance test, by the age of 35 years& again by 45 years		>40%	>70%
% screened and identified as having pre-cancer treated or invasive cancer managed		40%	90%

*Latest data for end 2020. Some targets use data from 2019 because of COVID-19 related service disruptions in the data reported for 2020. Targets for 2025 are not expected to be affected by COVID-19. All data will be disaggregated by age, including adolescents, sex and where relevant focus populations specific to the disease

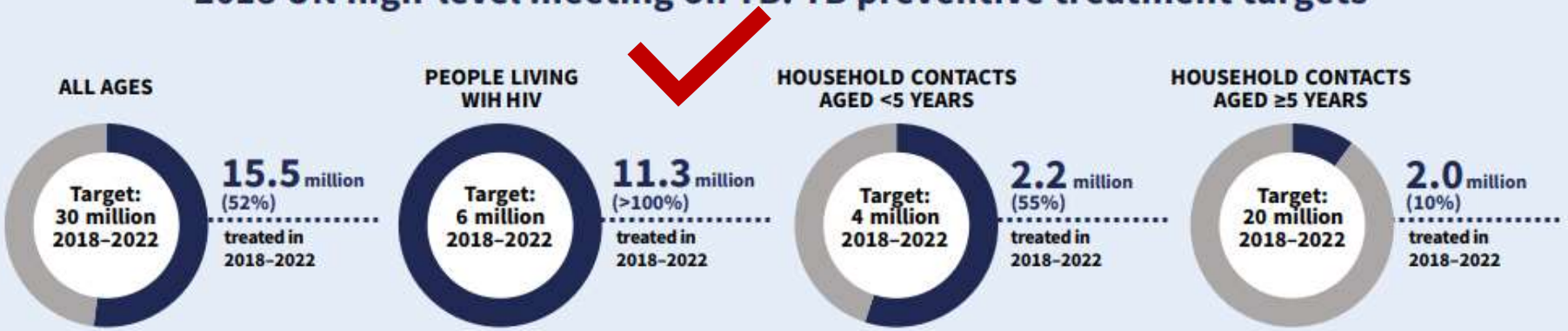
World Health Organization

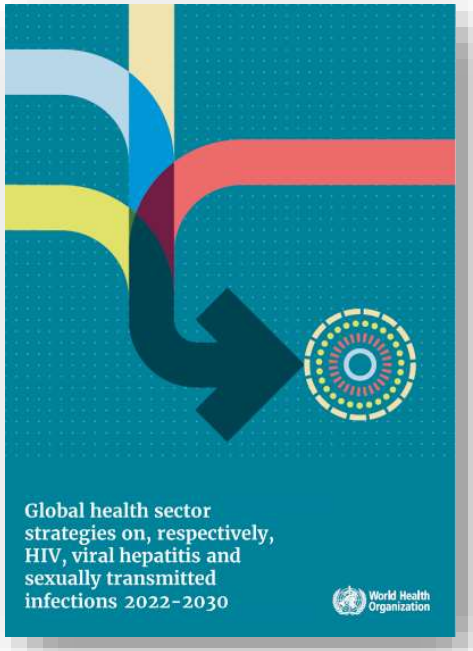
Progress towards UNHLM 2025 target of 80% reduction in TB deaths among People with HIV





2018 UN high-level meeting on TB: TB preventive treatment targets





Indicator	Baseline 2020*	Targets 2025	Targets 2030
% of PLHIV receiving preventive therapy for TB	50%	90%	95%

*Latest data for end 2020. Some targets use data from 2019 because of COVID-19 related service disruptions in the data reported for 2020. Targets for 2025 are not expected to be affected by COVID-19. All data will be disaggregated by age, including adolescents, sex and where relevant focus populations specific to the disease

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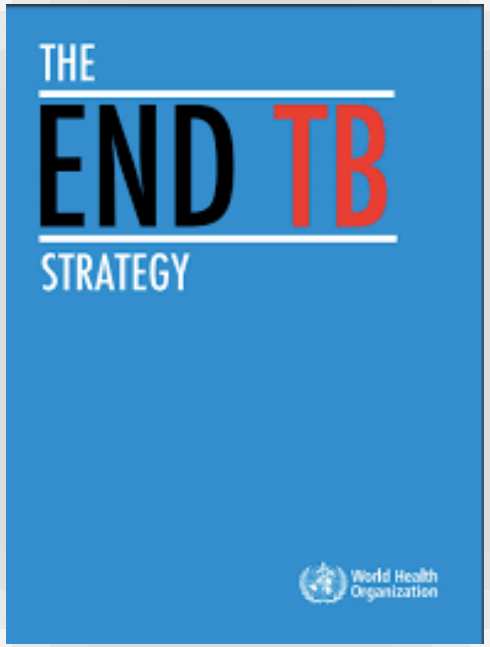
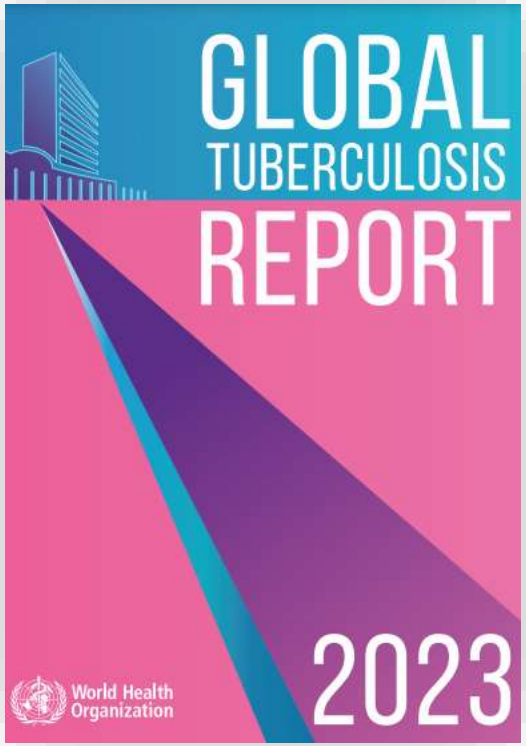




2025 End TB Strategy and HIV UNHLM Target

13 million
(≈ 34% of 38 million PLHIV)
treated in 2005-2020

Collaborative TB/HIV activities

WHO-recommended collaborative TB/HIV activities

A. Establish and strengthen the mechanisms for delivering integrated TB and HIV services

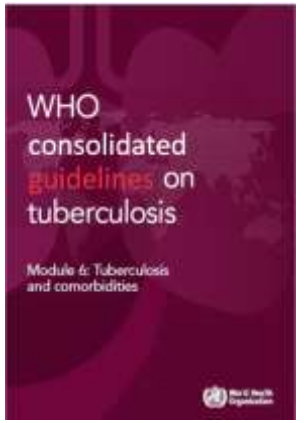
- A.1. Set up and strengthen a coordinating body for collaborative TB/HIV activities functional at all levels
- A.2. Determine HIV prevalence among TB patients and TB prevalence among people living with HIV
- A.3. Carry out joint TB/HIV planning to integrate the delivery of TB and HIV services
- A.4. Monitor and evaluate collaborative TB/HIV activities

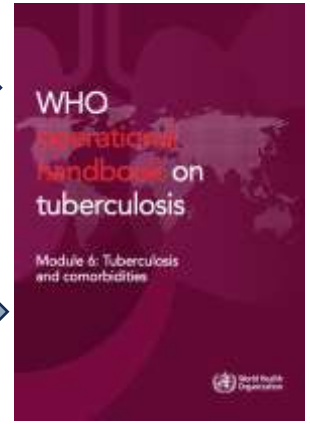
B. Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy (the *Three I's for HIV/TB*)

- B.1. Intensify TB case-finding and ensure high quality antituberculosis treatment
- B.2. Initiate TB prevention with Isoniazid preventive therapy and early antiretroviral therapy
- B.3. Ensure control of TB infection in health-care facilities and congregate settings

C. Reduce the burden of HIV in patients with presumptive and diagnosed TB

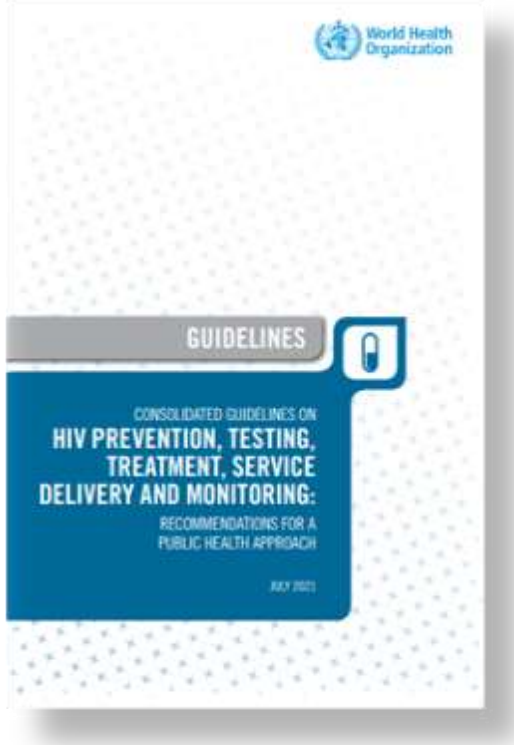
- C.1. Provide HIV testing and counselling to patients with presumptive and diagnosed TB
- C.2. Provide HIV prevention interventions for patients with presumptive and diagnosed TB
- C.3. Provide co-trimoxazole preventive therapy for TB patients living with HIV
- C.4. Ensure HIV prevention interventions, treatment and care for TB patients living with HIV
- C.5. Provide antiretroviral therapy for TB patients living with HIV





World Health Organization

Considerations for HIV/TB services integration



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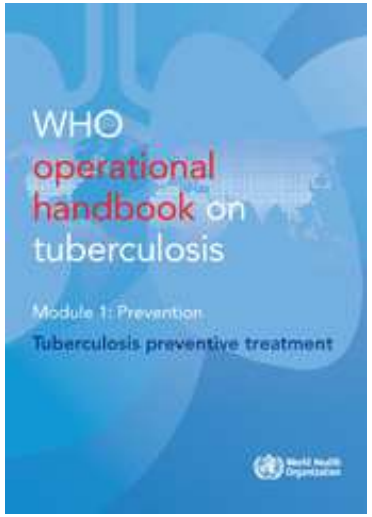

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Chapter 7: Service delivery (continued)

7.9 Integrating services

7.9.1 Delivering ART in maternal and child health-care settings

In generalized epidemic settings, ART should be initiated and maintained in pregnant and postpartum women and in infants at maternal and child health care settings, with linkage and referral to ongoing HIV care and ART, where appropriate *(strong recommendation, very-low-certainty evidence)*.

7.9.2 Delivering ART in TB treatment settings and TB treatment in HIV care settings

In settings with a high burden of HIV and TB, ART should be initiated in TB treatment settings, with linkage to ongoing HIV care and ART *(strong recommendation, very-low-certainty evidence)*.

In settings with a high burden of HIV and TB, TB treatment may be provided for people living with HIV in HIV care settings where a TB diagnosis has also been made *(strong recommendation, very-low-certainty evidence)*.

7.9.3 Integrating sexual and reproductive health services, including contraception, within HIV services ★

Sexually transmitted infection (STI) and family planning services can be integrated within HIV care settings *(conditional recommendation, very-low-certainty evidence)*.

Sexual and reproductive health services, including contraception, may be integrated within HIV services *(conditional recommendation, very-low-certainty evidence)*.

7.9.4 Integrating diabetes and hypertension care with HIV care ★

Diabetes and hypertension care may be integrated with HIV services *(conditional recommendation, very-low-certainty evidence)*.

7.9.5 ART in settings providing opioid substitution therapy

ART should be initiated and maintained in people living with HIV at care settings where opioid substitution therapy (OST) is provided *(strong recommendation, very-low-certainty evidence)*.

Chapter 5. TB preventive treatment

Differentiated HIV service delivery and implications for TPT scale-up

Key point: Differentiated HIV service delivery is being scaled up for ARV services. Intensified TB case finding and TPT should be integrated within these models. Establishing DSD should not become a reason for delaying or denying benefits of TPT to PLHIV. In fact, patient visits should be scheduled such that they can pick up ARV and TPT drugs at the same time.

Re-validated Recommendations

People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible

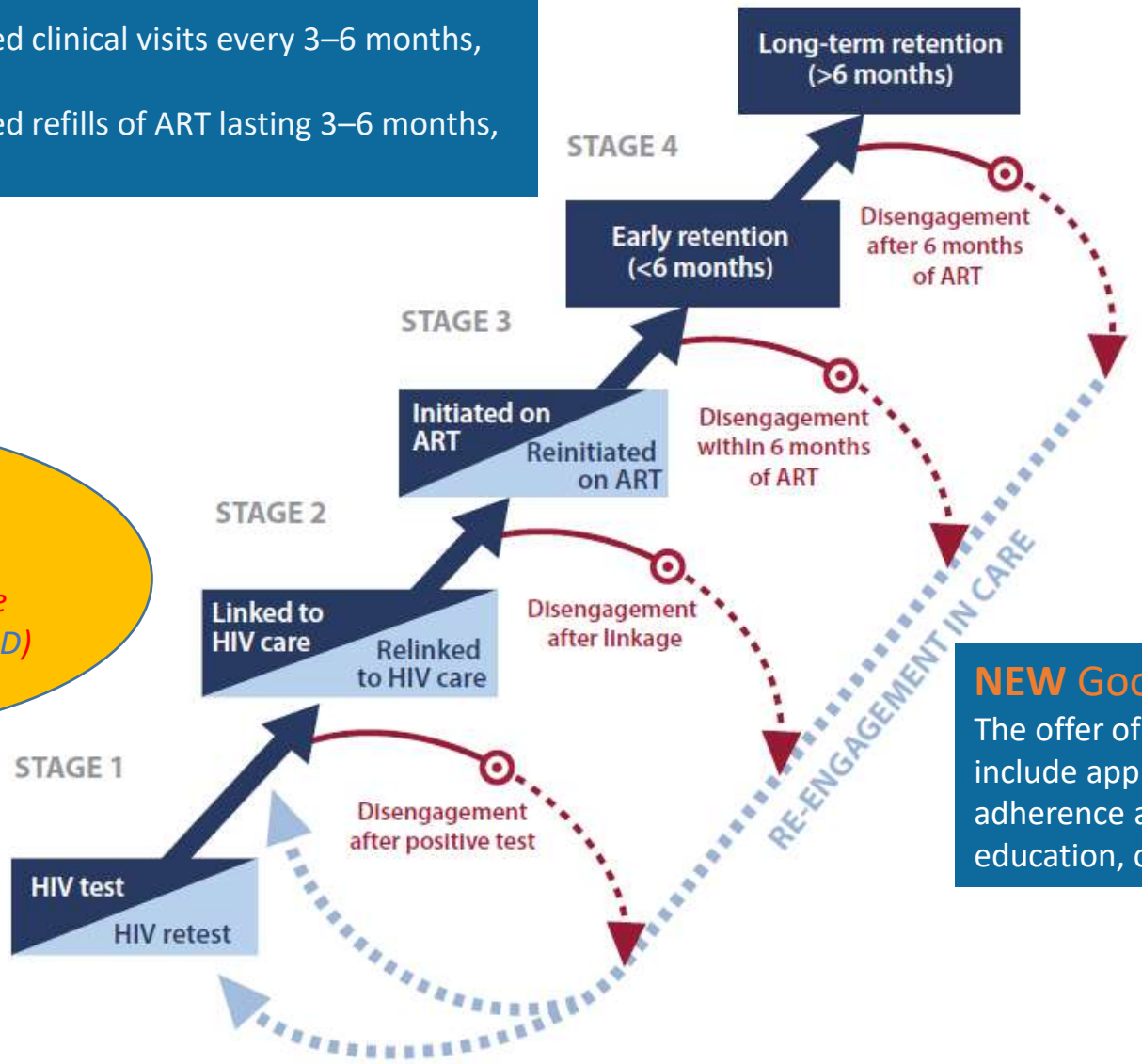
People established on ART should be offered refills of ART lasting 3–6 months, preferably six months if feasible

*Some **DSD** models offer screening for TB & TPT for those eligible at same place where ART is offered (as MMD)*

NEW Recommendation

ART initiation may be offered outside the health facility

Cyclical cascade of HIV care



NEW Recommendation

HIV programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement

NEW Good practice statement

The offer of same-day ART initiation should include approaches to improve uptake, treatment adherence and retention such as tailored patient education, counselling and support

Ehrenkranz et al, The revolving door of HIV care: revising the service delivery cascade to achieve the 95-95-95 goals, *under review*

DSD models: MMD Community-based ART provisions & TB services integration

Screening for TB 1

WHAT	WHEN	WHERE	WHO
Verbal symptom screen	Every three months	Community ART distribution point	Peer educator

TPT refill 3

WHAT	WHEN	WHERE	WHO
Continued TPT treatment literacy; TPT follow-up assessment (TPT side-effects and/or TB symptoms); Refill of INH and pyridoxine (only aligned every third month with ART refill)	Every month	Community ART distribution point	Peer educator

Initiation of TPT 2

WHAT	WHEN	WHERE	WHO
TPT eligibility assessment Initiation of IPT and pyridoxine TPT treatment literacy	For newly initiated, start at baseline and complete prior to entry into PoDi PODI model If not had TPT, receive it at next negative TB screen	Community ART distribution point	Peer educator

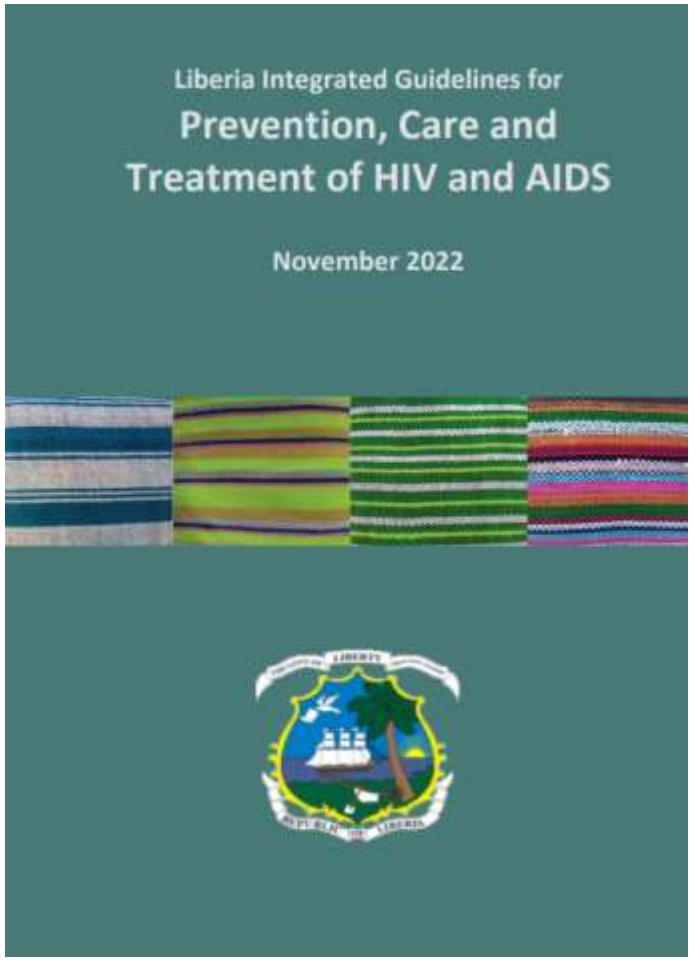
Completion of TPT 4

WHAT	WHEN	WHERE	WHO
TB symptom assessment TPT completion documented in M&E systems	After six months	Community ART distribution point	Peer educator

https://differentiatedservicedelivery.org/models/PODI_TPT

Breaking the silos

Recommendations for TPT services provisions to be stated in HIV guidelines along with those in TB national guidance



National AIDS and STI Control Program (NACP), Liberia

7.3 TB Preventive Therapy (TPT)

- Liberia presently adopts daily IPT for 6-months and HP for 3-months, which can prevent active TB disease in people who are at high risk for about 3 years.
  - Or, for 3-HP, give INH and Rifapentine **weekly** for 3-months.
    - 3-HP is as effective as IPT, but evidence suggest it is less toxic on the liver.
    - Has a higher chance of completion, but more risk of systemic reaction
    - Follow the table below for 3-HP administration based on weight:

Table 8: Dosing of rifapentine and isoniazid for treatment of latent TB infection

Medicine	Formulation	Weight bands for patients 2-14 years					
		10–15 kg	16–23 kg	24–30 kg	31–34 kg	>34 kg	Comments
Isoniazid	100 mg	3	5	6	7	7	adult 300 mg tab. can reduce pill burden
Rifapentine	150 mg	2	3	4	5	5	
Isoniazid+ Rifapentine	150 mg / 150 mg	2	3	4	5	5	FDC being developed

Medicine	Formulation	Weight bands for patients >14 years					
		30–35 k	36–45 kg	46–55 kg	56–70 kg	>70 kg	Comments
Isoniazid	300 mg	3	3	3	3	3	
Rifapentine	150 mg	6	6	6	6	6	
Isoniazid+ Rifapentine	300 mg / 300 mg	3	3	3	3	3	FDC being developed

NACP: Important Points to Note

- A simple standard package of preventive services is provided for all ART patients. This includes:
  - Provider Initiated Family Planning (at least condoms + non pill option)
  - Cotrimoxazole Preventive Therapy
  - TB Preventive Therapy
  - Insecticide Treated bed Nets
- This package effectively reduces:
  - HIV transmission to sexual partners
  - HIV transmission from mother to child by preventing unwanted pregnancies
  - Serious HIV-related diseases (TB, diarrhea, pneumonia, malaria, etc.)

Table 1: Integrated Provision and Scheduling of Clinical HIV Services

Interventions that are provided only under special circumstances are marked with brackets (•)

HIV Service	Page	Schedule	OPD	In-Patients	Fam Plan Clin	ANC	Maternity	Postnatal Clin.	US Clinic/EPI/Nutrition	Exp Child FUP	ART Clinic	TB Clinic
Diagnosing HIV Infection and Exposure	6	Ascertain status at each visit	•	•	•	•	•	•	•	•	(•)	•
Common HIV-related diseases and their management	13	When diagnosed	•	•		(•)	(•)		•	•	•	•
Provider initiated family planning (PIFP)	31	At every scheduled visit									•	
Cotrimoxazole preventive therapy (CPT)	32	At every scheduled visit				•	•			•	•	•
TB preventive therapy (TPT)	33	Dispense for 1, 2 and then 3 monthly									(•)	
Starting ART	48	As soon as possible				•	•	•			•	•
Preparations for, and during ART	51	Monthly for the 1st 6 months; 3 monthly thereafter	(•)			•		•			•	•
Management of labor and delivery	75	On admission					•					
Newborn care and postnatal	76	After delivery					•	•				
Initiating integrated mother/infant follow-up	76	At first opportunity when mother known HIV+				•	•	•	•		•	
Infant NVP prophylaxis	77	At first opportunity when mother known HIV+				•	•	•	•	(•)		
Post-exposure prophylaxis (PEP)	79	As soon as possible after risk exposure	•				•					

https://www.differentiatedservicedelivery.org/wp-content/uploads/HIV-Treatment-Guidelines_2022_Liberia.pdf

HIV Testing

HIV testing services should be offered to all individuals with presumptive and diagnosed TB

All household contacts of a person with HIV-associated TB should be offered HIV testing services.

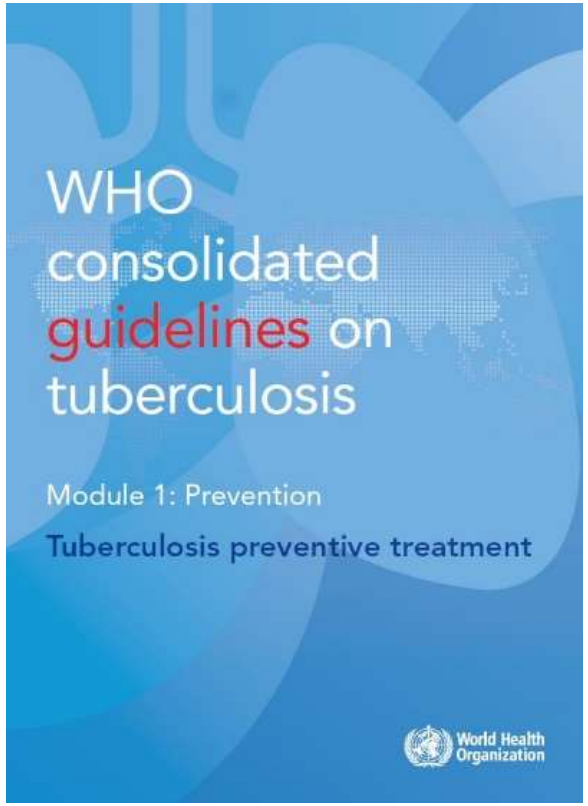
In settings of high HIV burden, all household and close contacts of people with TB should be offered HIV testing services

In settings of low HIV burden, all household members and close contacts of people with TB who have symptoms compatible with TB disease may be offered HIV testing services as part of their clinical evaluation

Partner services should be offered to people with HIV-associated TB.

TB preventive treatment

TB preventive treatment regimens in people living with HIV



- 6 or 9 months of daily isoniazid*
- 3 month regimen of weekly rifapentine plus isoniazid*
- 3 month regimen of daily isoniazid plus rifampicin*
- 1 month regimen of daily isoniazid plus rifapentine (>13Y)
- 4 months of daily rifampicin alone
- 36 months of daily isoniazid preventive treatment in PLHIV >10y in settings with high TB transmission

* **Strong recommendation**

WHO recommendations for TPT (detailed)

PLHIV (the who)

- Adults and adolescents (>10y) [**regardless of ARV, pregnancy, previous TB treatment, immunosuppression and availability of test for TB infection**]*
- Infants aged < 12 months who are in **contact with TB***
- Children aged ≥ 12 months once TB disease is ruled out
- **All children who successfully completed treatment for TB disease**

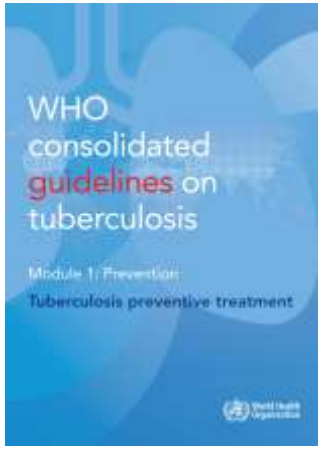
Rule out TB

	Symptom screening	Chest radiography
PLHIV	no current cough, fever, weight loss or night sweats	Chest X ray may be used in TB screening- **PLHIV on ART/contacts +5** The absence of clinical signs and chest X ray abnormalities may be used to rule out TB before starting TPT
Infants and children living with HIV	**poor weight gain**, fever or current cough or who have a **history of TB contact** should be evaluated for TB	
Contacts 5+ and other at risk groups	no current cough, fever, weight loss or night sweats	

Chest radiography should not be considered barrier for initiating preventive treatment

Test for TB infection?

A test for TB infection is **not a requirement** for initiating TPT in **PLHIV or individuals aged < 5 years** in contact with people with active TB

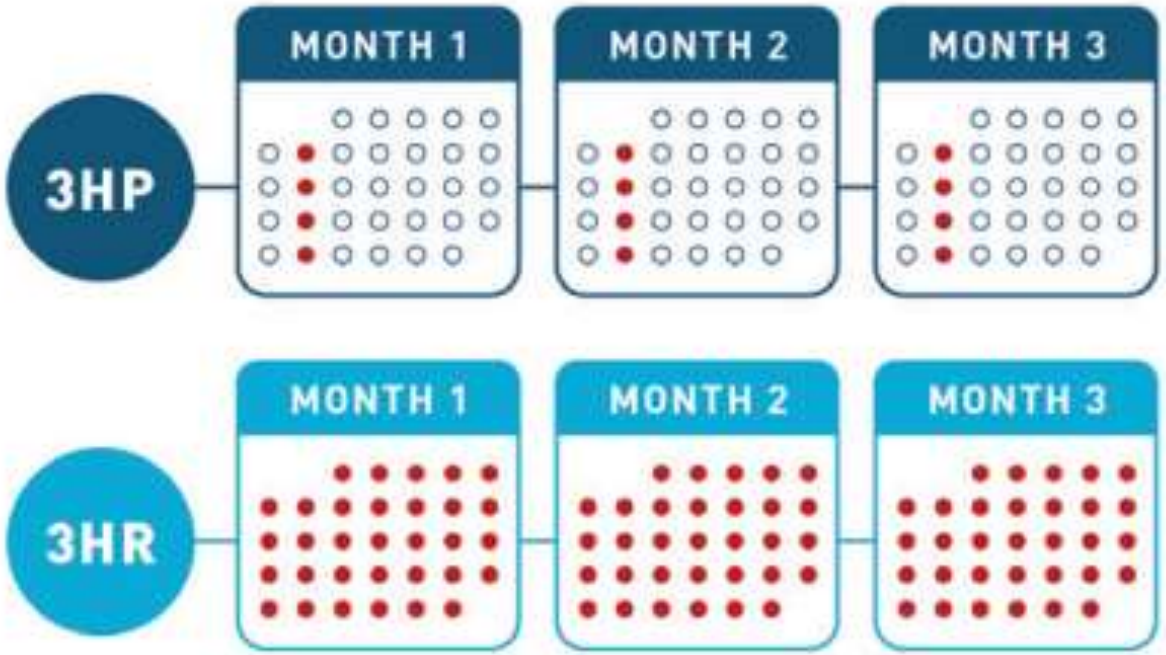


TPT options

- 6 or 9 months of daily isoniazid*
- 3 month regimen of weekly rifapentine plus isoniazid*
- 3 month regimen of daily isoniazid plus rifampicin*
- 1 month regimen of daily isoniazid plus rifapentine (>13 Y)
- 4 months of daily rifampicin alone
- 36 months of daily isoniazid preventive treatment in PLHIV >10y in settings with high TB transmission

What may be the the preferred option for your settings/clients?

For adults: 12 doses of HP over 3 months vs a minimum of 180 doses (6 months) of IPT.

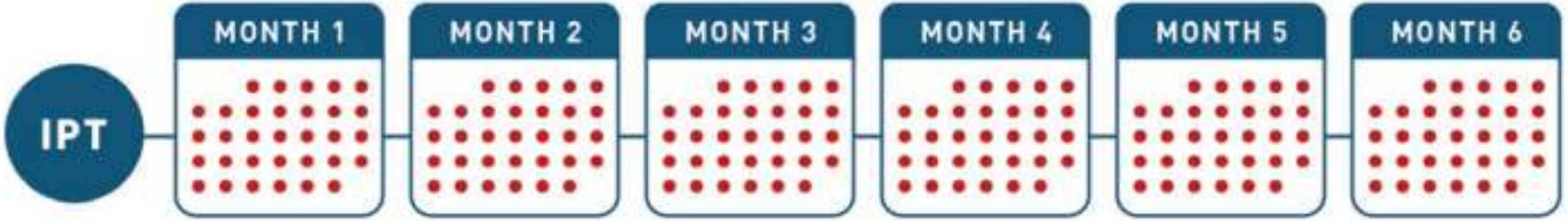


3HP

- ✓ fewer doses
- ✓ shorter duration
- ✓ fewer adverse events
- ✓ better adherence

Elizabeth Glaser Pediatric AIDS Foundation | Unitaid | IMPAACT4TB

Catalyzing Pediatric Tuberculosis Innovations (CaP TB):
Short-course Treatment Regimens to Prevent TB: 3HP and 3RH
The current approach to the treatment of TB infection has failed. We can and must do better.

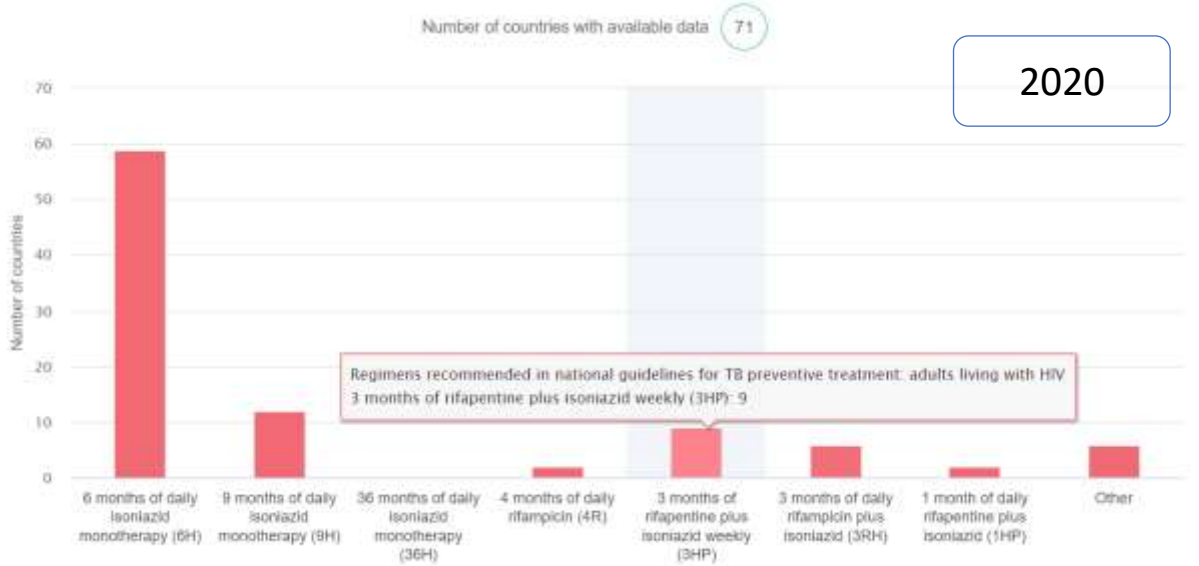


https://unitaid.org/assets/Catalyzing-Pediatric-Tuberculosis-Innovations-CaP-TB.pdf

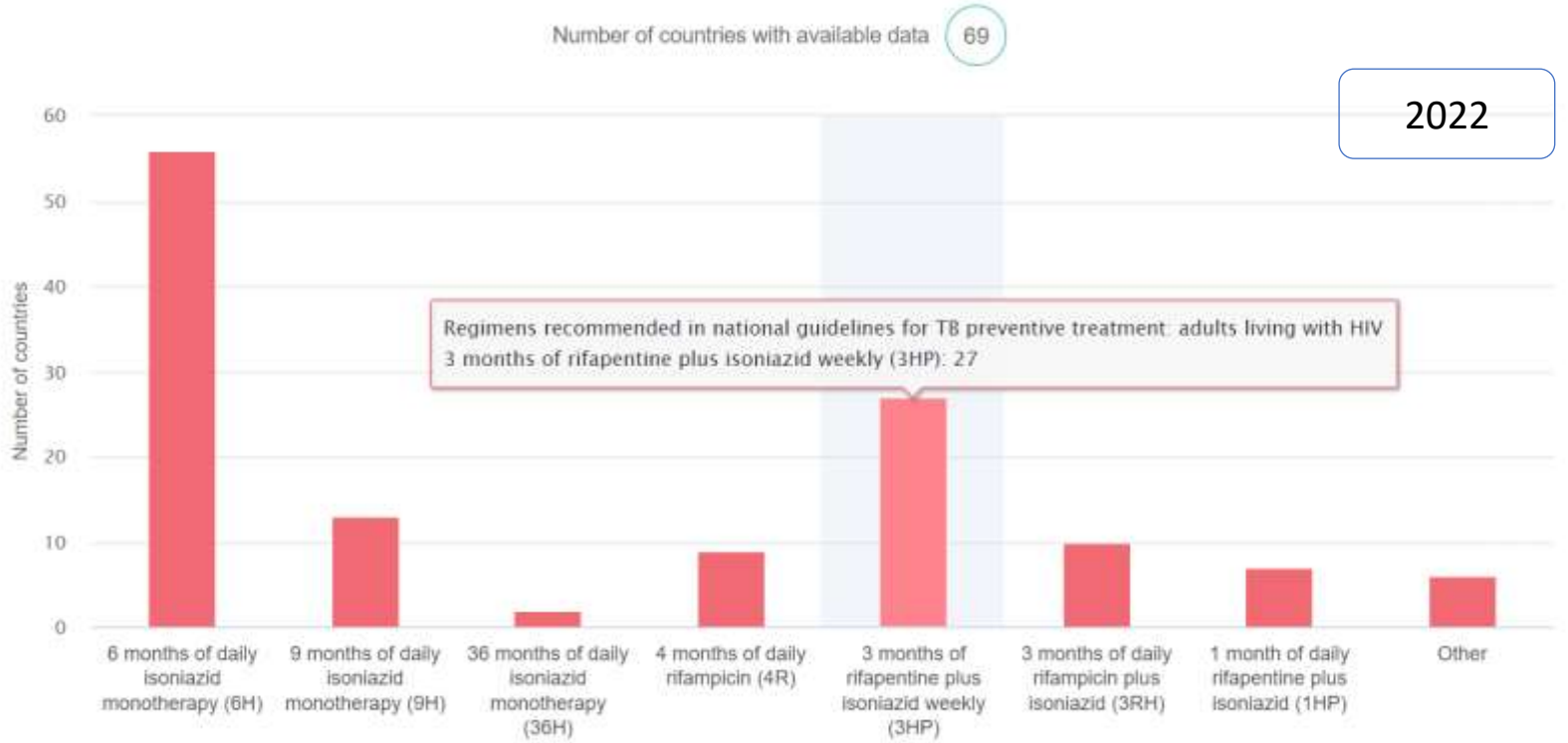
Regimens recommended in national guidelines for TB preventive treatment

(adults living with HIV, Global data)

2020



2022



Source: GAM 2022, UNAIDS National Commitments and Policy Instrument 2021 (1), WHO Policy Data 2022 (2) as of 24/10/2023

National indicators to align with global monitoring guidance

TPT initiation

Percentage of people on antiretroviral therapy who started tuberculosis preventive treatment during the reporting period

Numerator

1. Total number of people newly enrolled on antiretroviral therapy during the reporting period who also started TB preventive treatment during the reporting period.

2. Total number of people currently on antiretroviral therapy who started TB preventive treatment during the reporting period.

Denominator

1. Total number of people newly enrolled on antiretroviral therapy during the reporting period.

2. Total number of people currently on antiretroviral therapy during the reporting period.

TPT completion

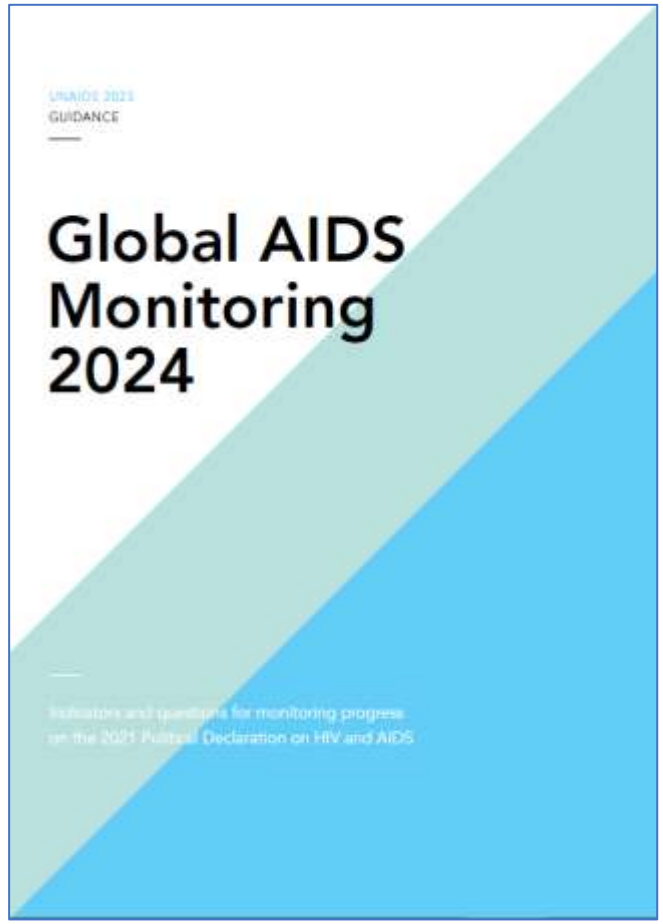
Percentage of people living with HIV on antiretroviral therapy who completed a course of tuberculosis preventive treatment among those who initiated tuberculosis preventive treatment

Numerator

- Number of people on antiretroviral therapy who completed TB preventive treatment among those who initiated any course of TB preventive treatment during the previous year

Denominator

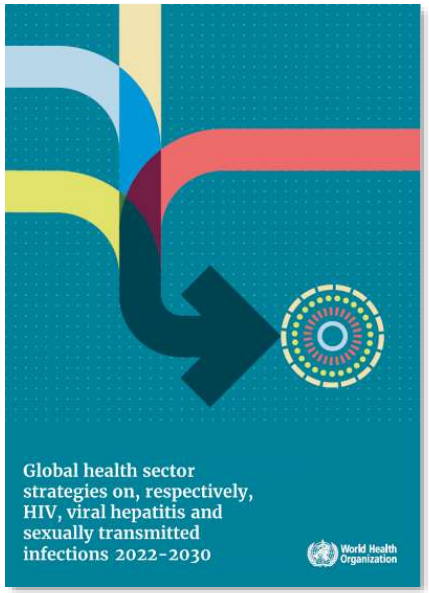
- Number of people on antiretroviral therapy who initiated any course of TB preventive treatment during the previous year (insert same cohort year as numerator

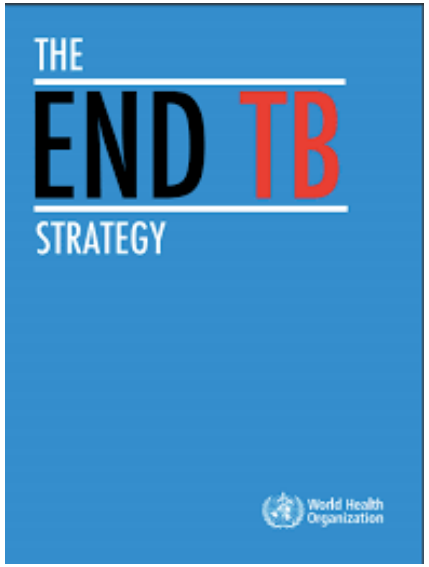


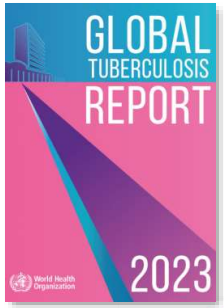
Indicators and questions for monitoring progress on the 2021 Political Declaration on HIV and AIDS — Global AIDS Monitoring 2023 (unaids.org)

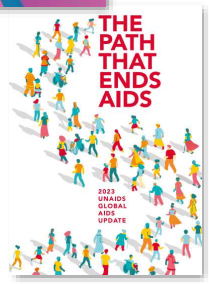
Concluding:

- Countries to **continue updating national policies** including **recommendations on TB models of care integrated into differentiated services for HIV**
- **Break the silos** – assure appropriate guidance and recommendations are reflected in the **national policies** on both sides HIV and TB services
- Scale up the **use** of **effective shorter TPT regimens** => better adherence, cost effective
- Strengthen and **harmonize monitoring and evaluation of TPT provisions** at district and national levels – have a well agreed simplified set of indicators to measure impact
- Fully implement **strategic plans to scale up TPT in PLIHIV** – overcome challenges,
  - **plan jointly at national levels** for procurements and supplies,
  - **include** representatives of **community-based projects to assure supply and provisions of TPT** through community-based models
  - *consider gradual approach – scale up from districts to national level*









Key WHO Guidelines and recommendations on TB/HIV related technical areas including areas screening, testing and prevention, provision of treatment

Available on WHO's TB Knowledge Sharing Platform: https://extranet.who.int/tbknowledge

Available on the WHO Global HIV, Hepatitis and STIs Programmes website
https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/guidelines

Thank you

For more information, please contact:

Global HIV, Hepatitis and Sexually Transmitted Infections Programmes
E-mail: hiv-aids@who.int
www.who.int/health-topics/hepatitis

World Health Organization

www.cquin.icap.columbia.edu

TB/HIV Community of Practice Update

Greet Vandebriel
Technical Director, ICAP Burundi
Regional Clinical Advisor, ICAP CQUIN

March 5th, 2024

HIV Coverage, Quality, and Impact Network

TB/HIV Community of Practice

- Objectives:
  - Identifying priority gaps and challenges related to integration of TB/HIV services into DART models;
  - Exchanging relevant lessons learned, best practices, resources and tools;
  - Where there are gaps, working together to create high-quality resources and tools;
  - Providing ongoing feedback and technical support for existing projects
- All 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

TB/HIV Community of Practice

Launched in 2019

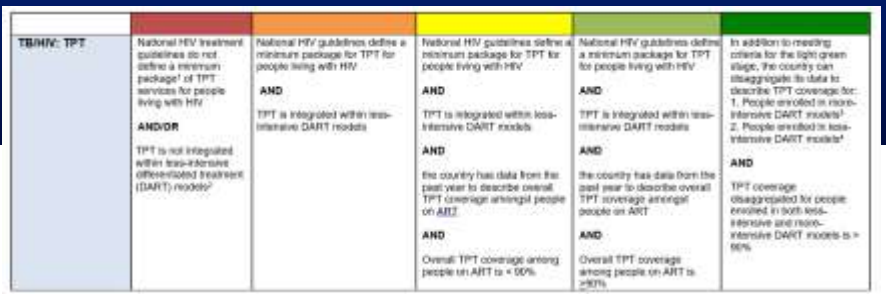
Multi-country TB/HIV workshop - Lusaka


PERSPECTIVE

Leveraging differentiated HIV service delivery to expand tuberculosis preventive treatment: a call to action

M. Babkin,[1,2] A. A. Howard,[1,2] P. Ehrenkranz,[3] L. G. Fernandez,[4] P. Preko,[5] V. Singh,[6] H. L. Tomlinson,[7] W. M. El-Sadr[1,2]

Perspective piece in IJTLD - 2020



Development of new TBHIV domain in DART CMM – 2022

TPT toolkit - 2020

Catalytic projects Zambia, Uganda, Zimbabwe


JIAS JOURNAL OF THE INTERNATIONAL AIDS SOCIETY

Integrating 3HP-based tuberculosis preventive treatment into Zimbabwe's Fast Track HIV treatment model: experiences from a pilot study

Standards of Care for Integration of TPT in less-intensive DART - 2023

Remote and in-person convenings through parallel sessions at multi-country meetings, CoP calls, individual country calls

What is a capability maturity model?

A systems strengthening approach that:

- Identifies core functions/domains in which capability is required to achieve organizational goals
- Describes sequential stages of maturity within each domain
- Sets a clear path towards achieving maturational goals
- Is used repeatedly over time to track change

RED	ORANGE	YELLOW	LIGHT GREEN	DARK GREEN
Early or preliminary stages of planning and development; Useful in identifying next steps to take in the scale-up process	Work has begun and the initial efforts are ongoing; Highlights areas that can prioritized for improvement	Efforts have resulted in measurable progress, such as a draft for review or achievement of more than 25% progress to a target	Considerable progress has been made, resulting in over 50% progress to a target or working systems only in need of finalization	Achievement of a highly-evolved implementation of the domain; Further improvements and refinements can be made as needed

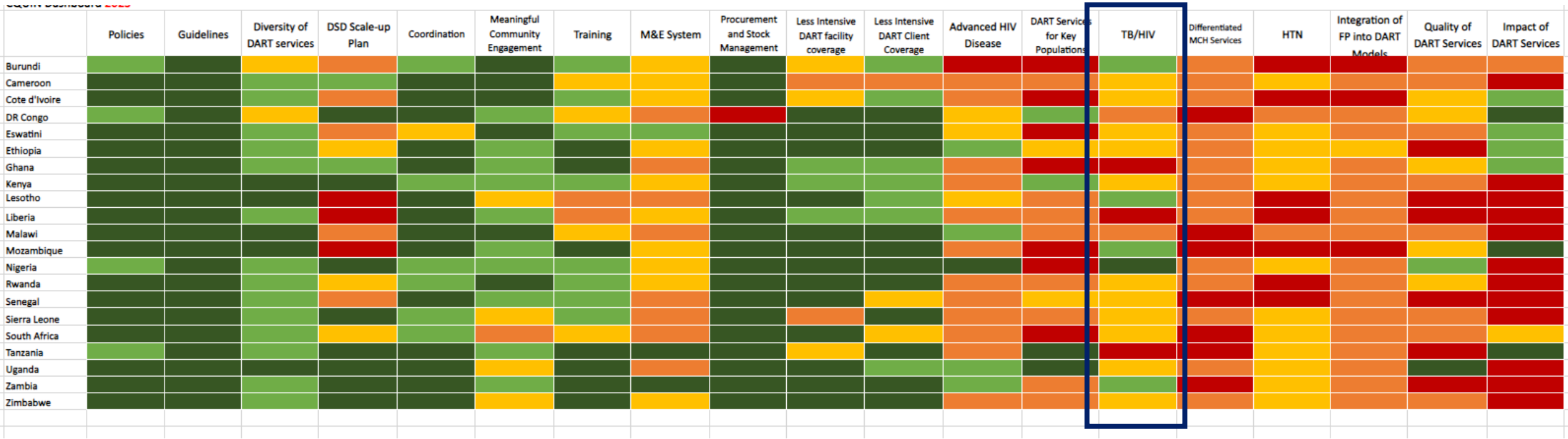
Revised CMM TB/HIV domain (2023)

TB/HIV: TPT	National HIV treatment guidelines do not define a minimum package[1] of TPT services for people living with HIV **AND/OR** TPT is not integrated within less-intensive differentiated treatment (DART) models[2]	National HIV guidelines define a minimum package for TPT for people living with HIV **AND** TPT is integrated within 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 overall TPT coverage amongst people on ART **AND** Overall TPT coverage among people on ART is < 90%	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 overall TPT coverage amongst people on ART **AND** Overall TPT coverage among people on ART is ≥90%	In addition to meeting criteria for the light green stage, the country can disaggregate its data to describe TPT coverage for: 1. People enrolled in more-intensive DART models[3] 2. People enrolled in less-intensive DART models[4] **AND** TPT coverage disaggregated for people enrolled in both less-intensive and more-intensive DART models is > 90%

Revised CMM TB/HIV domain (2023) - 2

- 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
- In this context, TPT integration into less-intensive DART models means that:
  - National guidelines / operational manuals describe how TPT eligibility is assessed for people in less-intensive models
  - How and where eligible clients receive medication, clinical monitoring and adherence assessment/support
  - How TPT initiation and completion are documented
  - People enrolled in less-intensive models can receive TPT **within** their existing models

2023 Summative Results: Data arranged by country



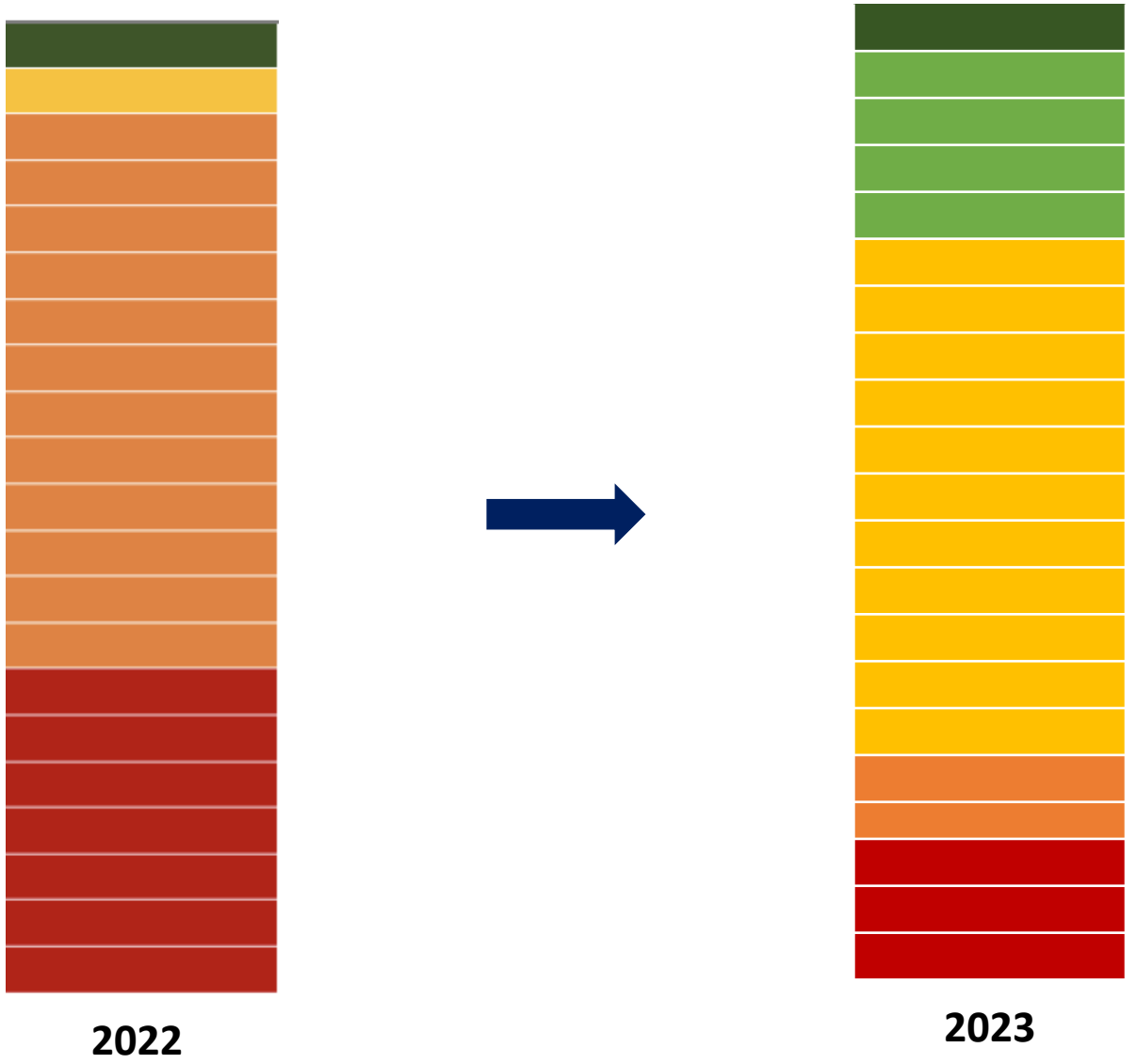
	Policies	Guidelines	Diversity of DART services	DSD Scale-up Plan	Coordination	Meaningful Community Engagement	Training	M&E System	Procurement and Stock Management	Less Intensive DART facility coverage	Less Intensive DART Client Coverage	Advanced HIV Disease	DART Services for Key Populations	TB/HIV	Differentiated MCH Services	HTN	Integration of FP into DART Models	Quality of DART Services	Impact of DART Services
Burundi																			
Cameroon																			
Cote d'Ivoire																			
DR Congo																			
Eswatini																			
Ethiopia																			
Ghana																			
Kenya																			
Lesotho																			
Liberia																			
Malawi																			
Mozambique																			
Nigeria																			
Rwanda																			
Senegal																			
Sierra Leone																			
South Africa																			
Tanzania																			
Uganda																			
Zambia																			
Zimbabwe																			

Rows = countries in alphabetical order

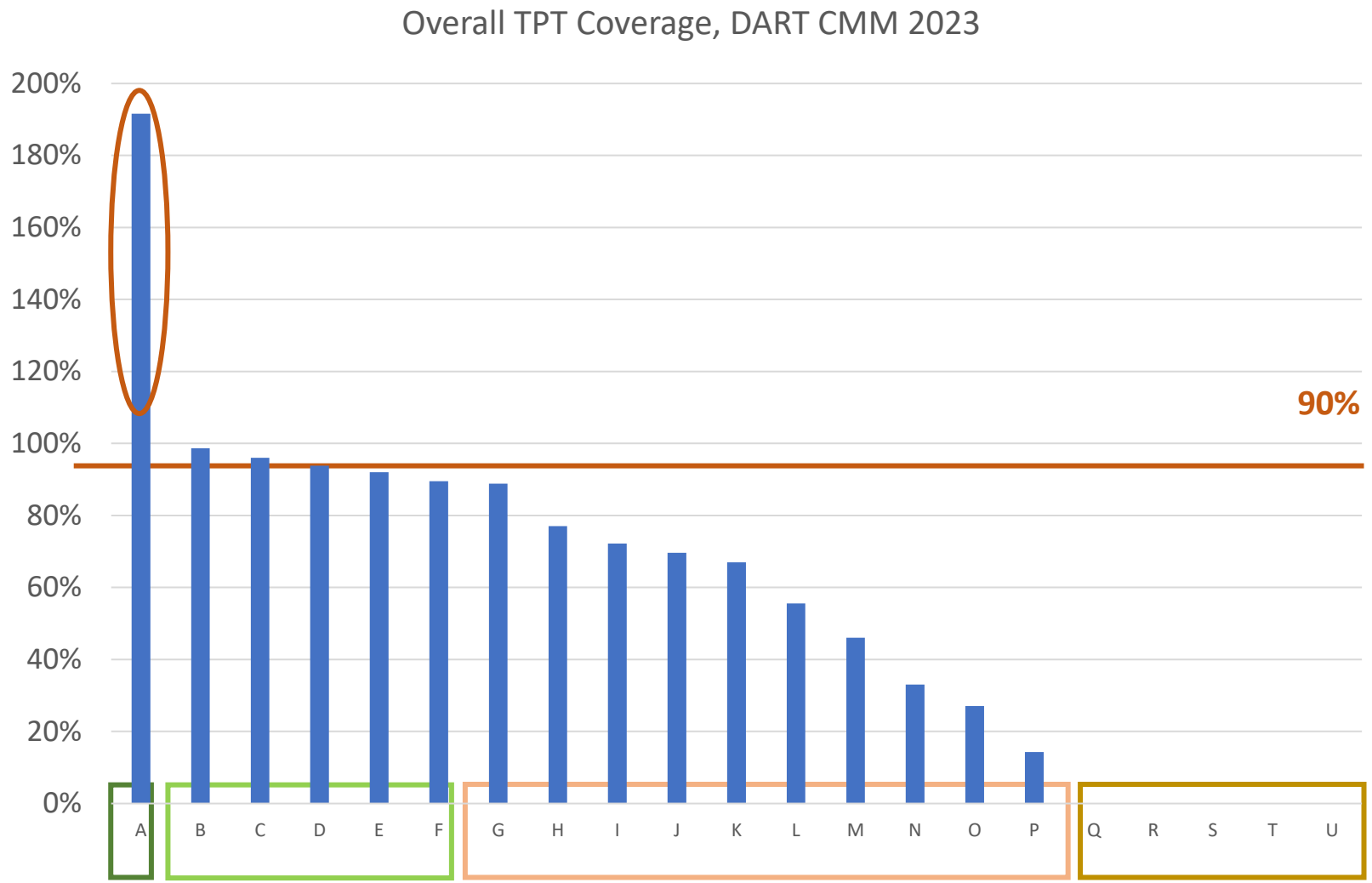
Columns = domains in the 2023 treatment CMM

*All data verified and final as of Oct 31 2023

TB/HIV Domain Comparisons 2022 - 2023



TPT data from the 2023 TB/HIV CMM staging



N4. How many PLHIV are currently on treatment (ART)?
N5a. How many PLHIV are currently on TPT?
N5b. How many PLHIV have ever completed TPT?

N8. In the past year, how many people were enrolled in less-intensive DART models
N9. In the past year, how many people, enrolled in less-intensive DART models were on TPT and how many had ever completed a full course of TPT
N10. In the past year, how many people were enrolled in more- intensive DART models
N11. In the past year, how many people, enrolled in more-intensive DART models were on TPT and how many had ever completed a full course of TPT

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Thank you!

Case Study Speakers

Irénio Gaspar

Care & Treatment Lead

Ministry of Health, Mozambique

Khalil Sani

TB/HIV Focal Point

National AIDS, Viral Hepatitis & STIs Control Program, Nigeria

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Tuberculosis Preventive Treatment Integration into Differentiated Service Delivery: Case study from Mozambique

5 March 2024

NATIONAL AIDS and STIs Control Program (NASCP)

Treatment Care and Support Branch

Presentation Outline

- Country profile
- Overview of Differentiated Service Delivery Models
- TPT service package and integration of TPT in DSD
- Coverage data
- TPT tools and documentation
- Implementation challenges and gaps

Country Profile

32,08 million habitants

12.5% HIV prevalence

2,460,000 PLHIV

2,166,941 PLHIV on ART

140,000 CLHIV

9% PMTCT rate

1788 (96%) HF offering ART services

88%
Know the HIV status

97%
On ART

89%
Suppressed VL

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Differentiated Service Delivery in Mozambique

More Intensive Facility Models

- AHD
- TB/HIV one stop shop
- MCH one stop shop
- Youth Friendly Services one stop shop
- C&T one stop shop
- Extended hours
- Family approach

Less Intensive Facility Models

- 2 MMD
- 3 MMD
- 6 MMD
- 12 MMD
- Adherence groups

Less Intensive Community Individual Models

- Mobile brigades
- Mobile clinics
- Decentralized ART distibution through PP
- Community DD by HCW
- Community DD by CHW

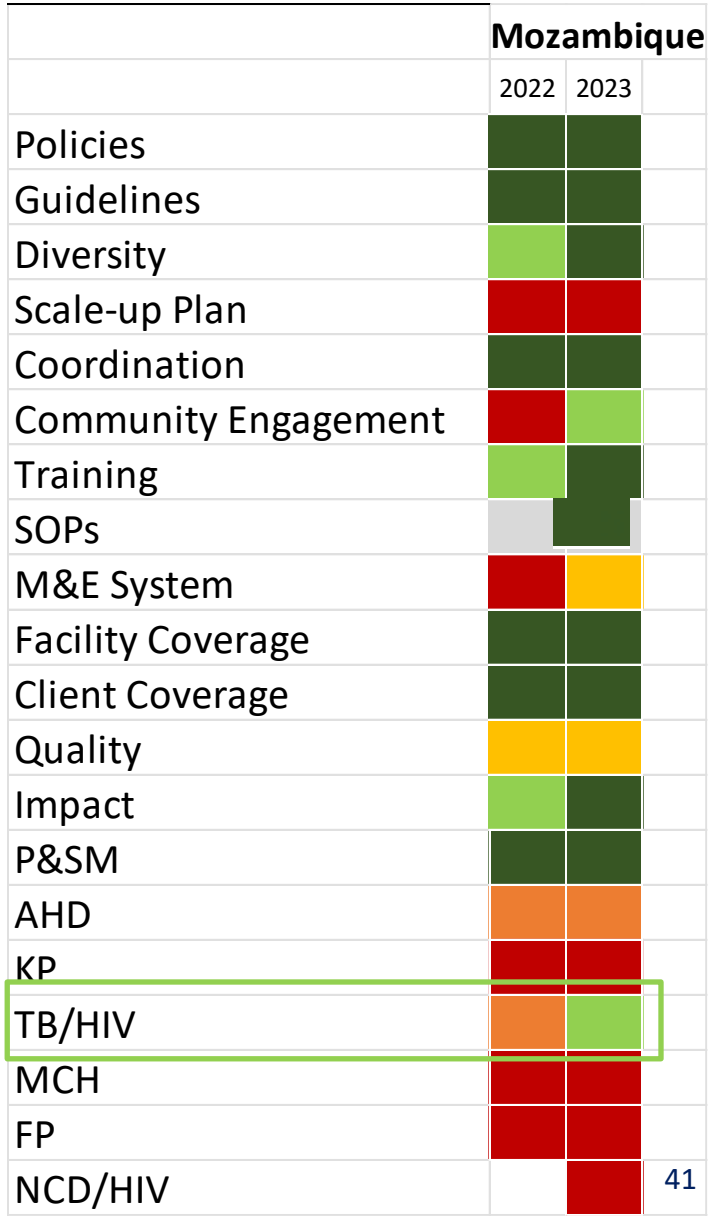
Less Intensive Community Group Models

- CAGs

Capability Maturity Model Staging Results 2022 - 2023

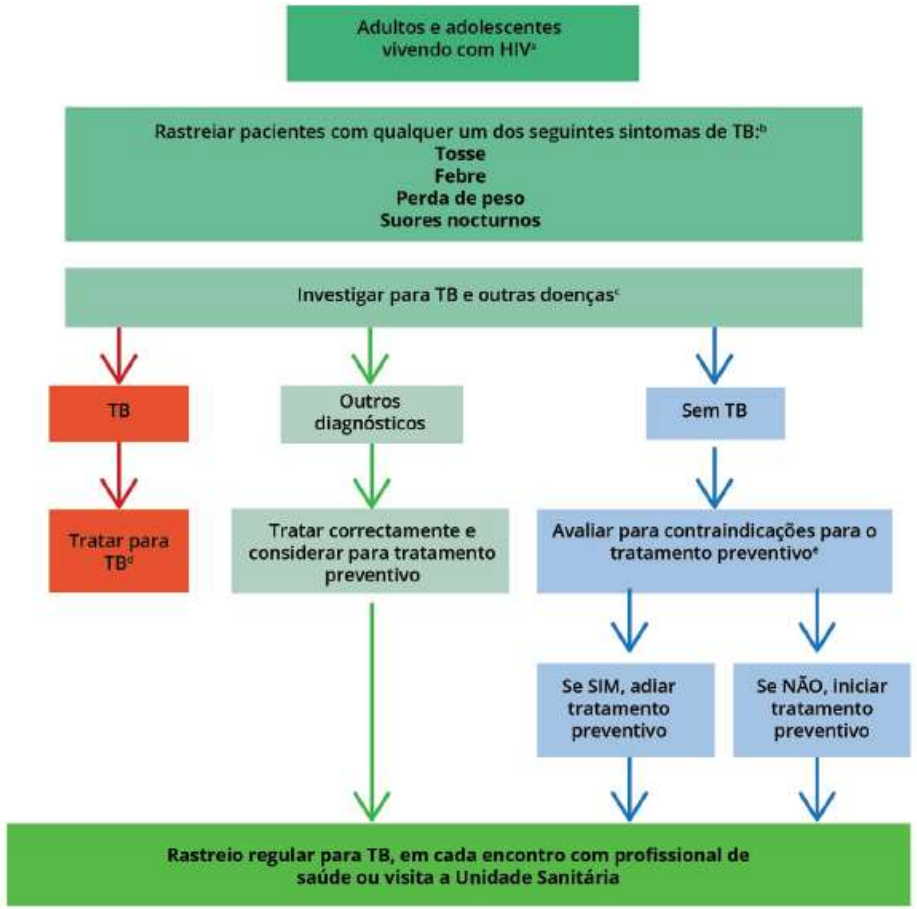
Light Green

- National HIV guidelines define a minimum package for TPT for people living with HIV;
- TPT is integrated within less-intensive DART models;
- The country has data from the past year to describe overall TPT coverage amongst people on ART;
- Overall TPT coverage among people on ART is >90%;

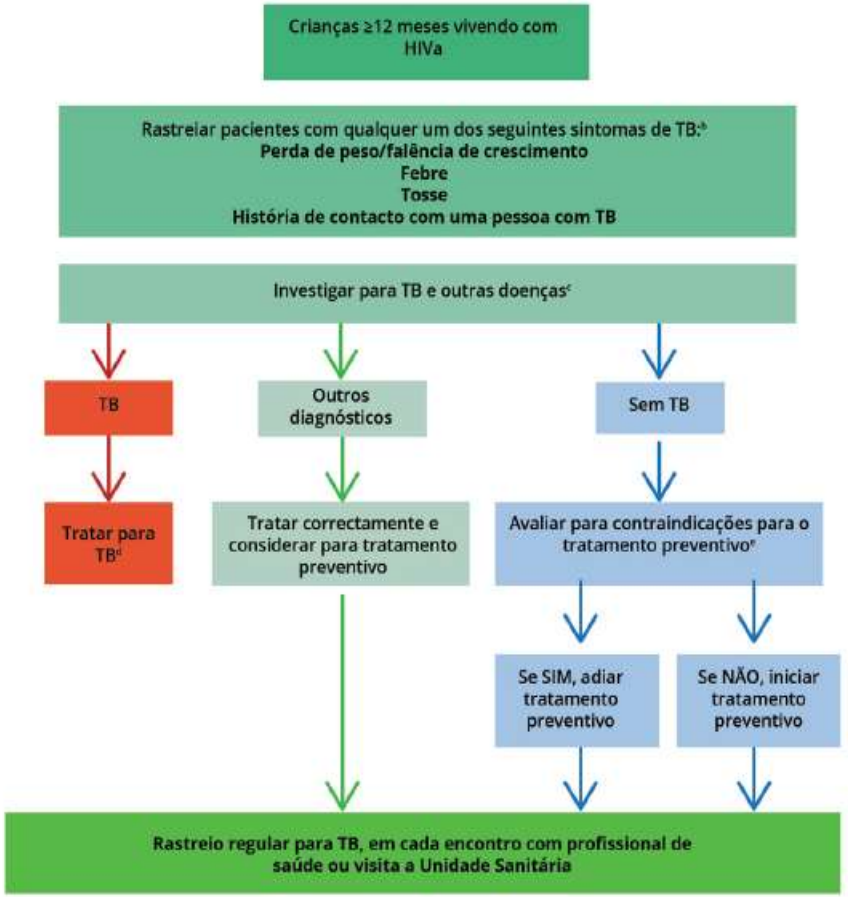


TPT service delivery package

TB screening alghoritm (adults)



TB screening alghoritm (children)



TPT Regimens available in country

Type of TB	TPT Regimen	Frequency	Duration
Sensible TB	Isoniazid (INH)	Daily	180 days
Sensible TB	Rifapentin + Isoniazid (1HP)	Daily	30 days
Sensible TB	Rifapentin + Isoniazid (3HP)	Weekly	90 days
Resistant TB	Levofloxacin	Daily	180 days

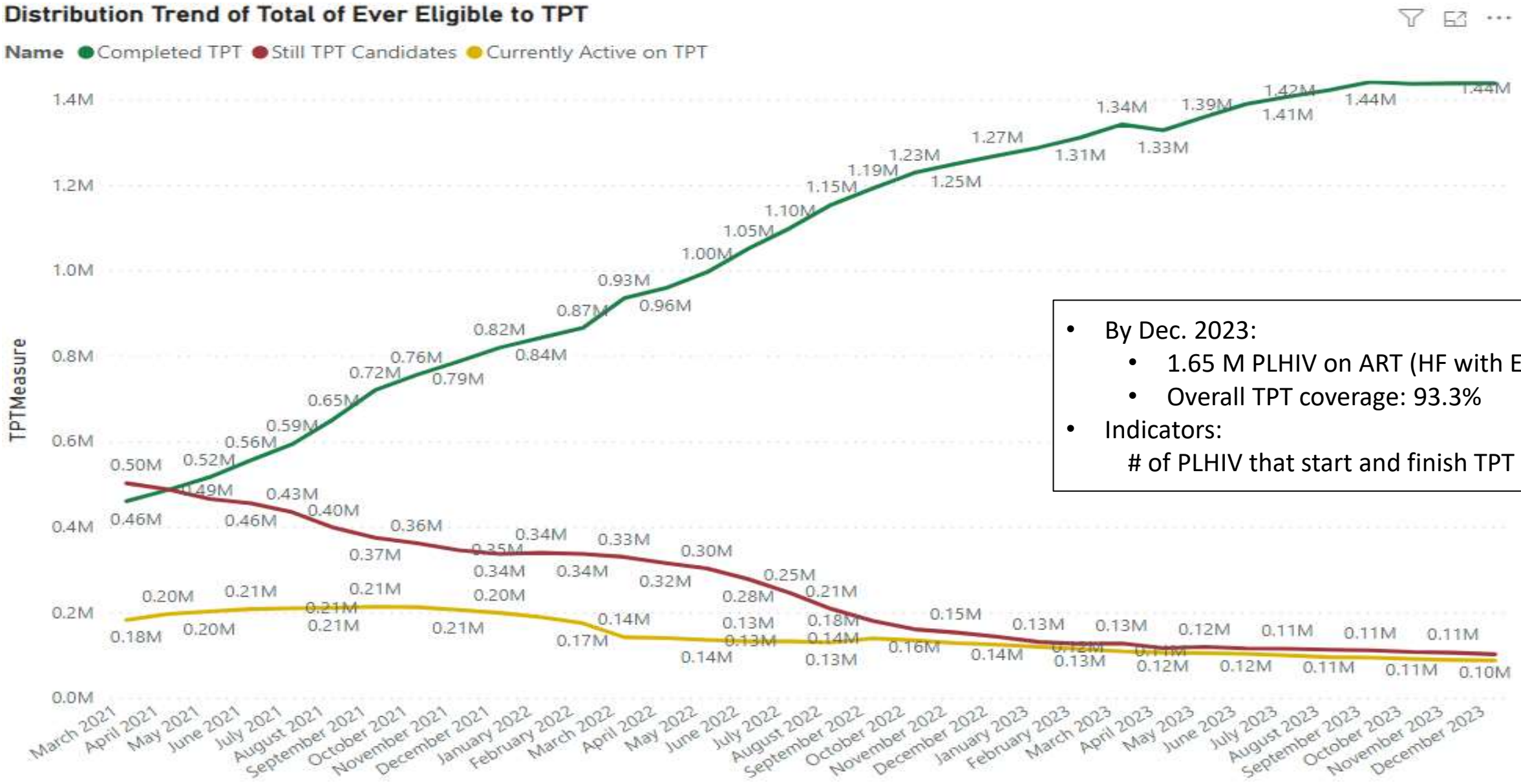
Policy, guidelines and SOPs supporting integration of TPT

- TPT using 6H regimen is integrated in LIM at the facility through a one-stop shop model
- ROC in less intensive community DART models receive(d) TPT through coordinated referrals between the community and facility
- For the moment, most patients complete TPT through integration of TPT in more-intensive models before enrollment into LIM for ART

Building Blocks for TPT (6H) Integration in LIM at the facility

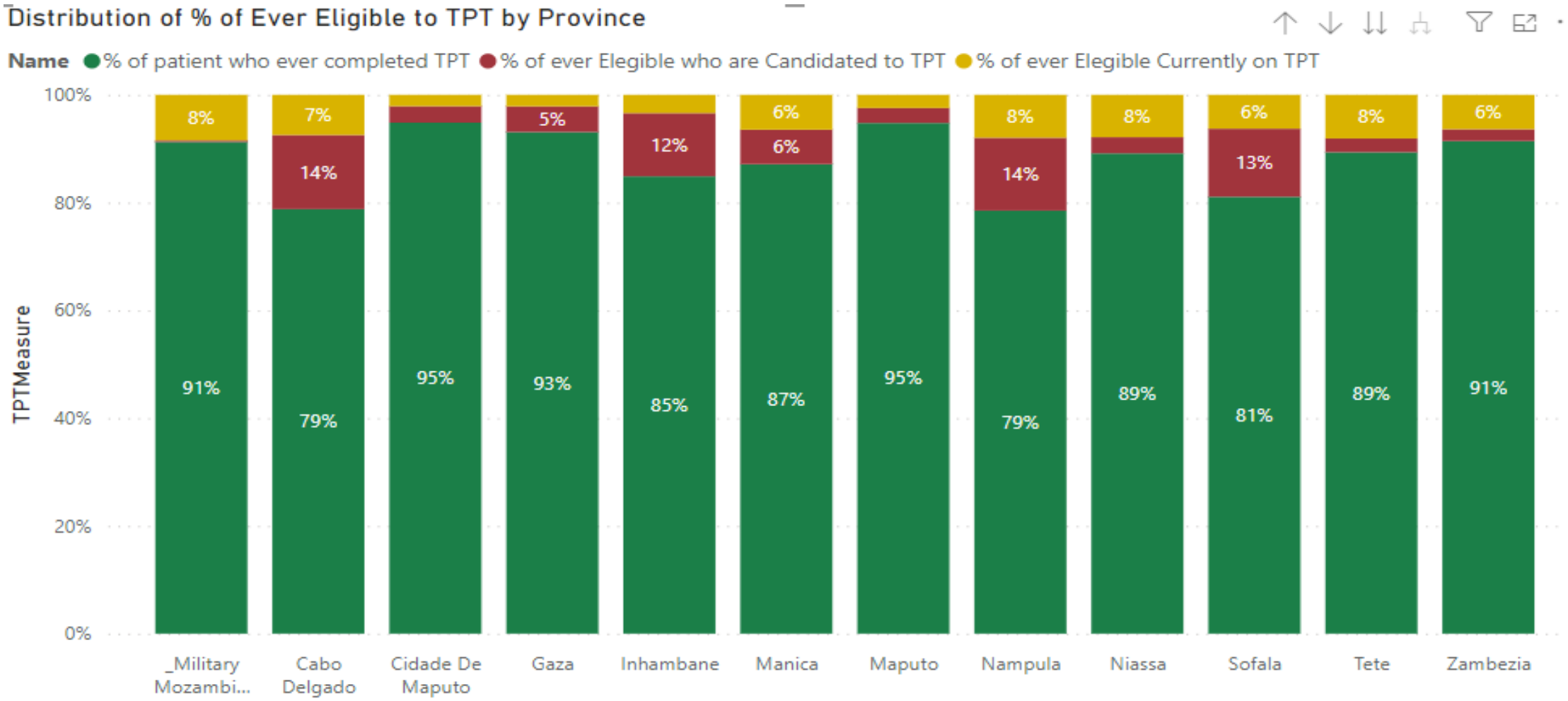
What	When	Where	Who
TPT eligibility	At the clinic visit	Health Facility	Doctor, nurse, technician
TPT dispensing	During the clinical visit monthly for 3 months multi-month dispensing from the 4th month	Health Facility	Doctor, nurse, technician
ARV dispensing	3MMD from the 4th month of ART	According to DSD model	Doctor, nurse, technician
Adverse event monitoring	M1, M2, M3, M4, M5, M6 By telephone, home visit, clinic visit	Health Facility In the community	Doctor, nurse, technician, counselor
Adherence monitoring	(Phone calls, home visits, clinical visits), M1, M2, M3, M4, M5, M6	Health Facility In the community	Doctor, nurse, technician, counselor
Determining completeness	At the clinical visit: M6	Health Facility	Doctor, nurse, technician

National TPT Coverage Data – December 2023



- By Dec. 2023:
  - 1.65 M PLHIV on ART (HF with EPTS)
  - Overall TPT coverage: 93.3%
- Indicators:
  # of PLHIV that start and finish TPT

National TPT Coverage Data – December 2023 (2)



M&E Tools

	1	11	22
Processo X	Consulta Actual / Outros (d / m / a)	Profilaxia INH (Início / Continua / Fim - I / C / F)	Outras prescrições (Excluir TPI, TPC e ARVs)
	Próxima Consulta (d / m / a)	Profilaxia CTZ (Início / Continua / Fim - I / C / F)	
	22 / 05 / 22	I C F	3HP
	23 / 06 / 22	I C F	
	23 / 06 / 22	I C F	3HP
	22 / 06 / 22	I C F	

		TOTAL
C.1)	Dos novos inscritos em cuidados durante o mês (A.2), subgrupo que foi rastreado para TB	
C.2)	Dos novos inscritos em cuidados durante o mês (A.2), subgrupo de pacientes que iniciou profilaxia com isoniazida (TPI)	
C.3)	Dos novos inscritos em cuidados durante o mês (A.2), subgrupo que foi diagnosticado como TB activa	

REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE
SERVIÇO NACIONAL DE SAÚDE

REGISTO DIÁRIO DE CHAMADAS E VISITAS DOMICILIARES

Mod.SIS H05.B

Provincia: ______ Distrito: ______ Unidade Sanitária: ______ Sector: ______

Página ______

Linha/Nº Sequencial	1 Data de Registo no Livro (DD/MM/AA)	2 NID	3 Dados do Paciente: Nome Completo	4 Grupo Etário e Sexo: 0-14 A M	0-14 A F	15/+ A M	15/+ A F	5 Mulher Grávida(MG)/Lactante(ML)	6 Paciente Co-infectado TB/HIV	7 Contacto Telefónico	8 Paciente Elegível para: Reintegração (DD/MM)	Seguimento Preventivo: Novos Inícios (DD/MM)	Seguimento Preventivo: Activos/ Reinícios (DD/MM)	Casos Especiais (DD/MM)	9 Reintegração por Chamadas (Pacientes Faltosos e Abandonos) – Chamadas Efectuadas: Contactado na 1ª Tentativa S=SIM N=NÃO	Contactado na 2ª Tentativa S=SIM N=NÃO	Contactado na 3ª Tentativa S=SIM N=NÃO	Paciente Contactado	Retornou a US: Data (DD/MM/AA)	NÃO	Paciente Não Contactado (Indicar o Motivo)	
															Data Combinada para Retorno no Final de Cada Tentativa (DD/MM/AA)							
1															S N	S N	S N				1 2 3	1
2															S N	S N	S N				1 2 3	2

11 Seguimento Preventivo (Pacientes com Factores Psicossociais que Afectam a Adesão)											
Chamadas Efectuadas						Visitas Efectuadas					
1ª	2ª	3ª	4ª	5ª	6ª	1ª	2ª	3ª	4ª	5ª	6ª
S N	S N	S N	S N	S N	S N	S N	S N	S N	S N	S N	S N

Challenges

Coordination between TB and HIV programs to ensure seamless delivery of isoniazid as part of comprehensive care;

Aligning national and local policies to support the integration of isoniazid into differentiated service delivery models;

Managing the distribution of isoniazid within the existing supply chain for other drugs;

Addressing challenges related to retention in care and follow-up to monitor and support patients throughout the treatment period;

Strategy

A joint TWG was created to address this specific issue;

Update the existing guidelines to incorporate the actualizations that were done;

Work with supply chain to ensure enough stocks and availabilty of TPT drugs;

Adaptations to the flow of ROC follow up, in order to capture any side effects.

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Lessons learned

- Coordination between programs is crucial in order to integrate TPT in the DSD models;
- When trying to integrate other programs, work with them from the start, to facilitate the process;
- Keep in mind that the DSD models should be well explained to other programs/departments in country, in order to avoid/minimize the resistante.

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Tuberculosis Preventive Treatment Integration into Differentiated Service Delivery: Case study from Nigeria

5 March 2024

NATIONAL AIDS Viral Hepatitis and STIs Control Program (NASCP)

Treatment Care and Support Branch

Presentation Outline

- Country Profile
- Overview of Differentiated Service Delivery/Differentiated ART Models
- TPT Service delivery modalities
- TPT Coverage for PLHIV in DSD
- TPT tools and Documentation
- Implementation challenges, gaps and remedial strategies

NASCP
National AIDS, Viral Hepatitis and STIs Control Programme
Federal Ministry of Health
icap Global Health
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Country Profile

Est. Population
226.2M
NPC – Dec. 2023

Est. PLHIV Burden
2.0M

HIV Prevalence (15 – 49 yrs)
1.3%
NAIIS 2018

Nigerians on ARV Treatment
1.74M
2023 Programmatic data

2016

First Recommended DSD Packages of Care in the 2016 National Guidelines for HIV/AIDS Prev, Tx and Care

2018

Conducted a Situational Analysis on DSD

2019

Establishment of a Country DSD Task Team (now DSD Subcommittee)

2019-2021

Development of DSD Operational Manual, Training Guides/Slides and Job Aids

Nov. 2021

Nigeria Joined CQUIN

July 2021

Finalization of DSD Operational Manual, Training Guides/Slides and Job Aids

NASCP
National AIDS, Viral Hepatitis and STIs Control Programme
Federal Ministry of Health

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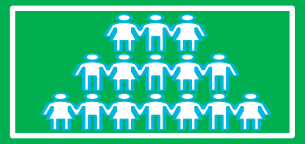
Overview of Differentiated Service Delivery in Nigeria

Eligibility Criteria for Less Intensive DSD Models (LIM)

- Age> 5yrs
- On ART for at least one year
- Clinically stable with no OIs
- Adherent with an optimal understanding of lifelong treatment
- Virally suppressed
- CD4+ counts > 200 cells/mm3
- Has no adverse drug reactions

Facility-based LIM Models:

- Fast-track
- Decentralization (Hub and Spoke)
- After hours
- Weekend and Public holidays
- Facility ART group: HCW-led
- Facility ART group: Support group-led
- Child/Teen/Adolescents club (Peer managed)
- Mother infant pair/Mentor mother led



Community-based LIM Models:

- Community Pharmacy ART refill
- One Stop Shop (OSS)
- Home delivery
- Community ART Refill Group: HCW- led
- Community ART Refill Group: PLHIV- led
- Adolescent Community ART/ peer-led groups

NASCP National AIDS, Viral Hepatitis and STIs Control Programme
Federal Ministry of Health
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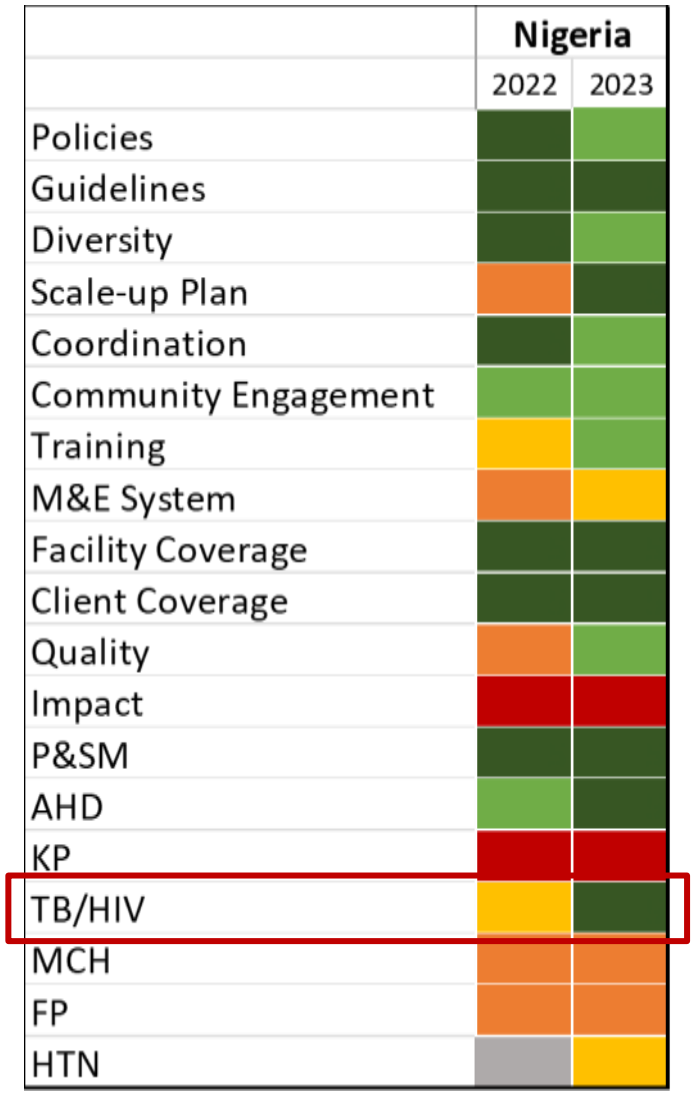
Capability Maturity Model Staging Results 2022 - 2023



Dark Green:

- The national HIV treatment guidelines define a minimum package for TPT and TPT is integrated into less-intensive DART
- The country has data from the past year to describe overall TPT coverage amongst people on ART, and overall TPT coverage among people on ART is > 90%
- The country can disaggregate its data to describe TPT coverage for:
  (1) People enrolled in more-intensive DART models and
  (2) (2) people enrolled in less-intensive DART models

  and TPT coverage disaggregated for people enrolled in both less-intensive and more-intensive DART models is > 90%

TPT Service Delivery Guidelines

Tuberculosis Preventive Therapy (TPT) is a core element of TB/HIV service delivery since 2016

As per 2021 National Guidelines for the Management of TB/HIV co-infection TPT is offered as a one-off prophylactic treatment at HIV treatment initiation for clients screened non-presumptive for TB

Completion of a full course of TPT is currently an eligibility criteria for devolvement into any LIM

TPT regimens used in Nigeria currently include

- **Daily INH for 6 months (about 90% of TPT stock)**
- **Daily INH and Rifampicin for 3 months**
- **Weekly INH and Rifapentine for 3 months**
- **Daily INH and Rifapentine for 28 days**

By the end of 2023, 92.3% of PLHIV on ART in Nigeria have ever initiated a full course of TPT

- At the time the national DSD manual was developed in 2021:
  - Most ROC had already completed a course of TPT
  - TPT dispensing was aligned with ART dispensing, for patients in facility DART models at partner supported sites
- 2024 revision of national DSD guidelines will explicitly mention integration of TPT in LIM in case patients have never received TPT (especially those who initiated ART in the community during the COVID pandemic)

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Building Blocs for TPT Integration in DART Models

What	When	Where	Who
TPT eligibility	At ART initiation or at next clinic visit	Facility Community	Doctor, Nurse, CHEW,
TPT @ initiation of ART	At ART Initiation: 6H (3 monthly dispensing, aligned with ART), 3HR, 3HP OR 1HP	Facility Community	Doctor, Nurse, CHEW
TPT post-Initiation of ART	Next clinic Visit: TPT dispensing will follow ART mode of dispensing (MMD3 or MMD6)	Facility/Community LIM	Doctor, Nurse, Case Manager
TPT/ART Adverse event and adherence monitoring	Weekly calls for unstable clients, monthly follow-up calls for stable naive clients, every clinic visit	Health Facility In the community (follow-up)	Pharmacist, Doctor, Nurse, Case manager
TPT Completion	Next clinical visit documentation on the TPT Cohort Register	Facility	Doctor, Nurse,

Indicators for TPT Reporting

S/NO	INDICATORS	NUMERATOR	DENOMINATOR	SOURCES
1	No. of PLHIV on ART who initiated TPT	No. of PLHIV on ART who initiated TPT within the reporting period	Total number of PLHIV on ART within the reporting period	ART register, ART enrolment register, TPT cohort register
2	No. of PLHIV on ART who completed TPT	No. of PLHIV on ART who completed TPT within the reporting period	Total number of PLHIV on ART within the reporting period	TPT cohort register

- Data elements tracked via the TPT cohort register (disaggregated by sex and age
  - Date of TPT initiation
  - TPT Regimen administered
  - Months on treatment
  - Treatment outcome

2023 National Data on TPT Integration into DSD

S/N	Service delivery point	DSD Model	TX_CURR	TPT Coverage (Ever initiated a course of TPT)	% TPT coverage
1	Community	Private Clinics (currently not yet an official recognized model in Nigeria)	79	74	93.7%
2	Community	Patent Medicine Stores	1	1	100%
3	Community	Other (ex. Courier system, not an official recognized DSD model)	1,433	1,396	97.4%
4	Community	One-Stop-Shop for KP friendly service delivery	25,565	24,715	96.7%
5	Community	Home Delivery	121,787	119,987	98.5%
6	Community	Community Pharmacy	32,254	30,863	95.7%
7	Community	Community ART- Refill Group PLHIV-led	13,378	10,033	74.9%
8	Community	Community ART-Refill Group HCW-led	52,473	47,435	90.4%
9	Community	Adolescent Community ART peer-led groups	253	248	98.0%
10	Facility	Weekends and public holidays	430	374	86.9%
11	Facility	Refill FastTrack	1,162,375	1,051,820	90.5%
12	Facility	Facility ART group Support group-led	4,495	4,326	96.2%
13	Facility	Facility ART group HCW-led	31,556	30,193	95.7%
14	Facility	Decentralized Model Hub and Spoke	5,308	4,962	93.5%
15	Facility	Child/Teen/Adolescents club Peer-Managed	2,118	1,828	86.3%
16	Facility	After-hours	416	354	85.1%
17	Facility	Adolescent Clinic	1,661	1,582	95.2%
18	Facility	Not Differentiated **(more-intensive DSD model)**	300,097	285,250	**95.1%**
	Total Clients Devolved		**1,749,898**	**1,615,441**	**92.3%**

TPT coverage in LIM 91.4%

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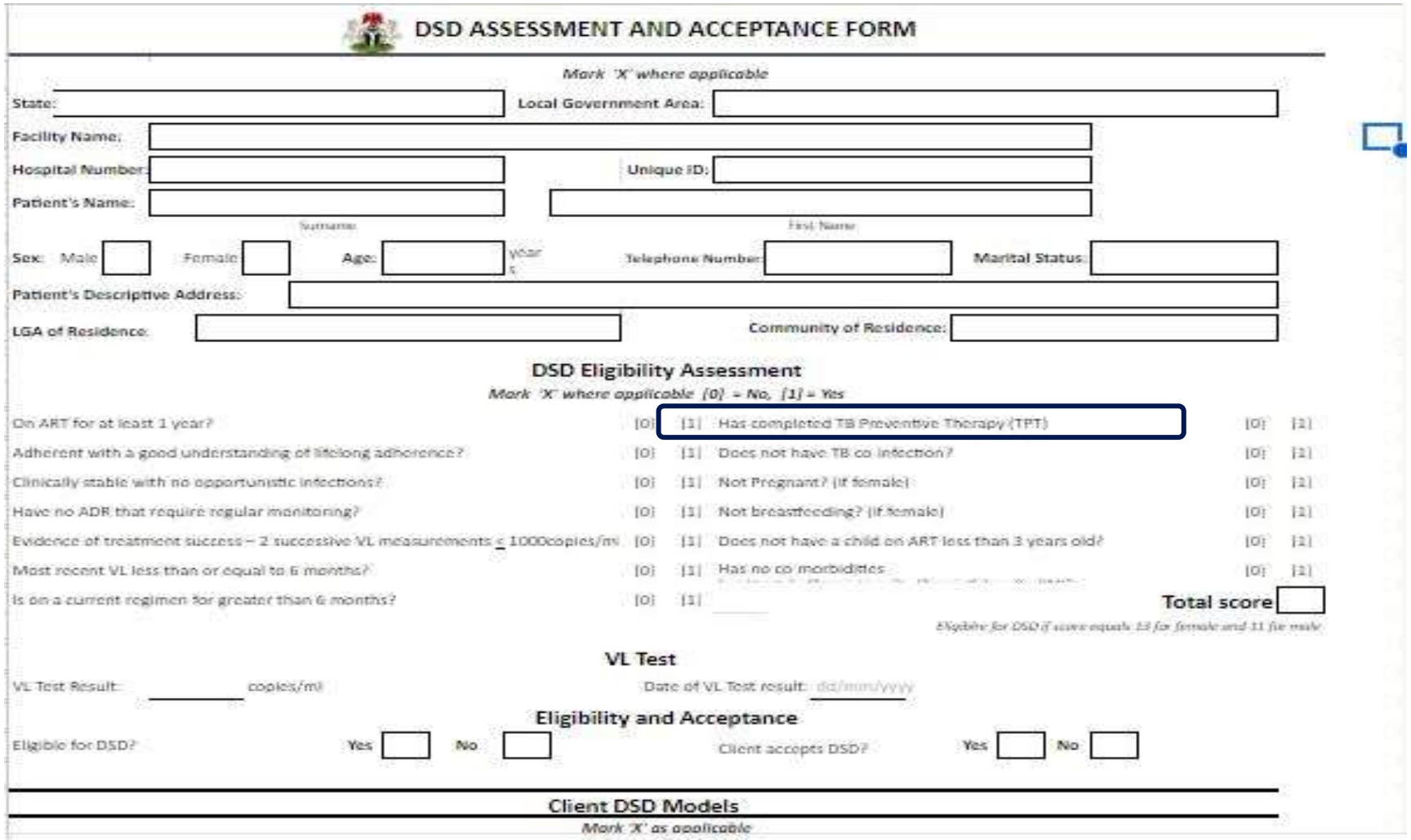
TPT Tools: DSD Assessment and Acceptance Form



DSD ASSESSMENT AND ACCEPTANCE FORM

Mark 'X' where applicable

State: Local Government Area:

Facility Name:

Hospital Number: Unique ID:

Patient's Name: Surname First Name

Sex: Male Female Age: years Telephone Number: Marital Status:

Patient's Descriptive Address:

LGA of Residence: Community of Residence:

DSD Eligibility Assessment

Mark 'X' where applicable (0) = No, (1) = Yes

On ART for at least 1 year?	[0]	[1]	Has completed TB Preventive Therapy (TPT)	[0]	[1]
Adherent with a good understanding of lifelong adherence?	[0]	[1]	Does not have TB co infection?	[0]	[1]
Clinically stable with no opportunistic infections?	[0]	[1]	Not Pregnant? (If female)	[0]	[1]
Have no ADR that require regular monitoring?	[0]	[1]	Not breastfeeding? (If female)	[0]	[1]
Evidence of treatment success – 2 successive VL measurements < 1000copies/ml	[0]	[1]	Does not have a child on ART less than 3 years old?	[0]	[1]
Most recent VL less than or equal to 6 months?	[0]	[1]	Has no co morbidities	[0]	[1]
Is on a current regimen for greater than 6 months?	[0]	[1]			

Total score

Eligible for DSD if score equals 10 for female and 11 for male

VL Test

VL Test Result: copies/ml Date of VL Test result: dd/mm/yyyy

Eligibility and Acceptance

Eligible for DSD? Yes No Client accepts DSD? Yes No

Client DSD Models

Mark 'X' as applicable

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TPT Tools: Cohort Register

TB PREVENTIVE THERAPY (TPT) COHORT REGISTER

Facility Name: _____ State: _____ LGA: _____ Month: _____ Year: 20____

Mark 'X' Where Appropriate

S/N	Visit Date dd/mm/yy	Name of Patient	Unique ID	Date TPT Started dd/mm/yy	ART Initiation		Sex/Age																						Type of TPT Regimen				Months of Treatment (Write date of drug collection) dd/mm/yy						TPT Outcome (Write date - dd/mm/yy)					Remarks
							Male												Female																							
					Initiated ART in the last 12 months	On ART greater than 12 months	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	6H	3HP	3RH	CTX/INH/B6	0	1	2	3	4	5	Treatment completed	Lost to follow-up	Died	Developed active TB	Stop TPT	

Activate Windows

Challenges and remedial strategies

Challenges/gaps

- Sub-optimal implementation, monitoring and documentation of TPT services in community settings, specifically for clients initiated on ART in the community
- Insufficient supply and stock-out of TPT commodities especially the newer TPT regimens (3HR, 3HP and 1HP)
- Sub-optimal coordination between the HIV and TB programs at all levels in the implementation and reporting of TPT service delivery
- Sub-optimal reporting of TPT indicators on the National Data repository
- Funding gaps for TB/HIV activities

Remedial strategies

- Increase TPT sensitization and organize refresher trainings for the Health care workers on TPT service delivery
- Increase PLHIV literacy on TPT through engagements with RoC communities (NEPHWAN) and leveraging on existing IEC materials and awareness campaign at the sub-National levels led by the NTBLCP
- Review and dissemination of SOPs, guidelines and job aids for TPT service delivery at facility and community service delivery points
- Leverage TPT consumption data to requisition, expansion and distribution of other TPT regimens
- Advocate for increased budgetary allocation at the national and state levels for TB screening tools, TPT procurement among others.
- Harmonization of TPT data collection tools and indicators for easier documentation process

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Slides & recordings from this session available on the CQUIN Website

The next webinar will be held on April 2 in collaboration with PEPFAR on case management

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Thank you!