ACCELERATING TUBERCULOSIS PREVENTIVE TREATMENT AMONG TANZANIANS LIVING WITH HIV

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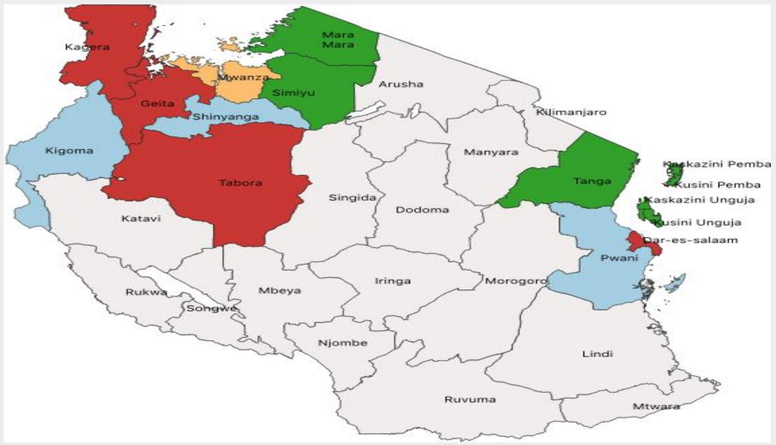
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BACKGROUND

People living with HIV (PLHIV) are 20 times as likely of acquiring TB as people not living with HIV. The World Health Organization recommends PLHIV complete a course of TB preventive treatment (TPT) to reduce this risk. However, according to the 2020 Global TB Report, only half of PLHIV started TPT globally in 2019, with the lowest coverage observed in low-income countries, including Tanzania, where TPT provision is part of the standard of care for eligible PLHIV in Tanzania. We describe programmatic efforts to scale up TPT in 11 regions accounting for half of the 1.5 million PLHIV on ART in Tanzania.

Figure 1: CDC-supported regions in red, green, blue and orange colors



DESCRIPTION

Starting in 2018, PEPFAR, through the U.S. Centers for Disease Control and Prevention (CDC), supported the Government of Tanzania to accelerate TPT provision by:

- Training and mentoring healthcare workers;
- Integrating isoniazid (the most common TPT regimen) into supply chain plans at the regional and council levels;
- Convening quarterly meetings at national and regional levels for program and supply chain monitoring and coordination, including development of implementation guidance and tools, updating TPT guidelines, and monitoring stock levels;
- Conducting joint supportive supervision visits to provide site-level oversight and guidance.

Additionally, CDC launched regional support interventions in the same 11 regions, with TPT among its priorities, aiming to facilitate real-time, data-driven site monitoring, increased accountability, and on-the-ground coordination with local health authorities and implementing partners.

- We analyzed routine programmatic data reported in PEPFAR's data reporting system (DATIM) for fiscal years (FY) FY18 through FY21.

To achieve improvements in TPT initiation and completion rates, programs should focus on strategies that enhance capacity, strengthen supply chains, and improve efficiencies in program management.

Figures below: TPT Initiation and Completion Across CDC Supported Regions, FY18-FY21

Figure 2: Number of PLHIV started on TPT across CDC-supported regions, FY18-21

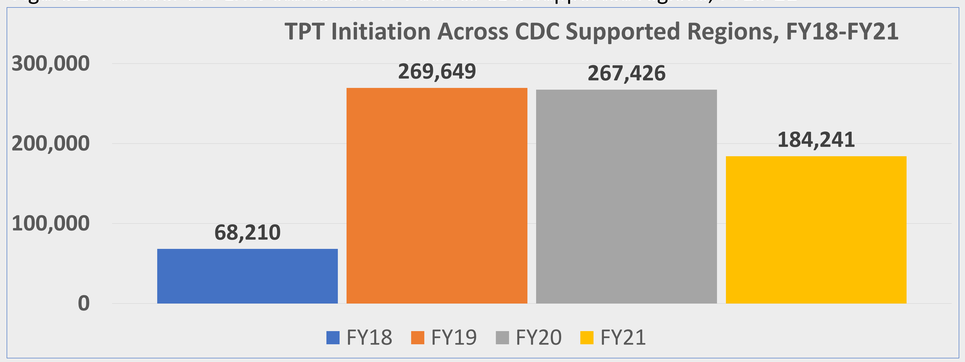


Figure 3: Number of PLHIV started on TPT in CDC-supported regions by sex and age, 2018-2021

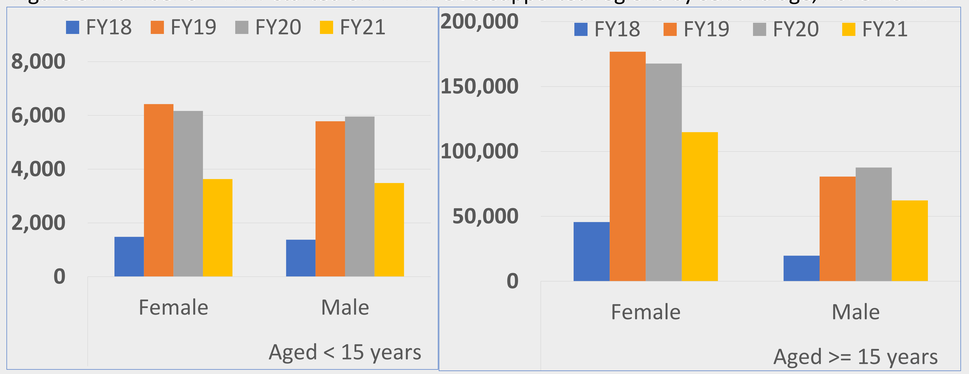
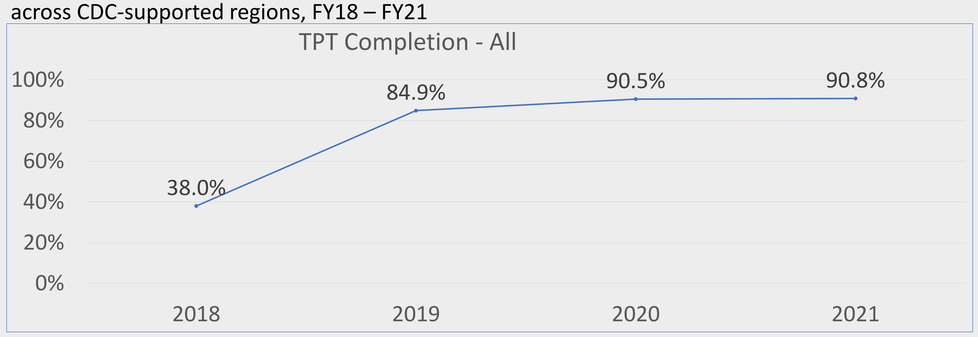


Figure 4: TPT completion rate for all PLHIV (left chart) and stratified by age and sex (right chart) across CDC-supported regions, FY18 – FY21



LESSONS LEARNT

TPT Initiation (Figure 2 and 3):

- The number of PLHIV of all ages who initiated TPT increased from 68,210 in FY18 to 269,469 in FY19.
- Despite coinciding with the COVID-19 pandemic, TPT initiations in FY2020 were sustained at 267,426 and dropped by about one-third in FY21 (184,241) compared to FY20.
- For PLHIV aged <15 years, TPT initiations were similar for males and females from FY18-FY21.
- For PLHIV aged 15 years and older, TPT initiations were higher for females than males.

TPT Completion (Figure 4):

- The proportion of PLHIV completing TPT showed a positive trend: 38% in FY18, 85% in FY19, 90% in FY20, and 91% in FY21.
- TPT completion percentages were similar across age groups and sex.

CONCLUSION

- Our findings demonstrate substantial acceleration of TPT initiation and a significant increase in TPT completion rates from F18 – FY21 in 11 regions in Tanzania.
- The policy of once-in-a-lifetime TPT for PLHIV means fewer people are eligible for TPT over time, which might account for lower numbers of PLHIV initiated on TPT in FY21.
- Completion rates remained high among those who initiated TPT.
- The strategic shift focusing on capacity building, supply chain strengthening, and site-level monitoring may have contributed to the improvements in TPT initiation and completion.

ADDITIONAL KEY INFORMATION

Acknowledgements: This analysis was led by CDC Tanzania in collaboration with the Ministry of Health, National Tuberculosis and Leprosy Programme and National AIDS Control Programme in Tanzania, and CDC Atlanta.
Funding: It was supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through CDC and its implementing partners.
Disclaimer: The findings in this analysis are those of the authors and do not necessarily represent the official position of the funding agencies.
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