“If a new ART regimen were shown to reduce mortality by 37%, the demand for immediate access from clinicians, programmes, international agencies, and the advocacy community would be deafening. The faint whispers for IPT must be amplified and action must be taken to reduce deaths from such an eminently preventable disease.”

Richard E. Chaisson, Jonathan E. Golub
PEPFAR’s Interagency Model

• Led and managed by U.S. Department of State’s Office of the US Global Aids Coordinator and Health Diplomacy
• Implemented by 7 U.S. departments/agencies, leveraging the power of a whole-of-government approach to controlling the HIV/AIDS epidemic
PEPFAR’s Commitment to TB Preventive Treatment (TPT)

- TPT acknowledged as a routine (and essential) part of HIV care and treatment
- At UNHLM, PEPFAR committed to complete at least one course of TPT for all 14 million PLHIV on ART through PEPFAR support in the next 2-3 years
  - TB_PREV was made a required indicator
  - TPT targets were mandated for each PEPFAR country and included in PEPFAR funding letters
- Specific budget line for COP 19 TPT commodities: $24.7 million

“Where we are failing our clients is taking the ones who screen negative for active disease and getting them on what we call preventive therapy...”

“If immediate ART is the cornerstone of PEPFAR’s TB/HIV efforts, then TB infection control and TB preventive therapy are the capstones...”

Ambassador Birx specifically mentioned TPT as a PEPFAR priority in her remarks to the House Foreign Affairs Committee on July 12, 2018

Planned PEPFAR TPT Scale-Up vs Prior Achievements

- **Started TPT in 2017 (WHO)**: 958,559
- **Started TPT in FY17 (PEPFAR)**: 650,198
- **Started TPT in FY18 (PEPFAR)**: 793,352 (42% of FY18 targets)
- **Targeted to Start TPT in FY19 (PEPFAR)**: 3,342,932
- **Targeted to Start TPT in FY20 (PEPFAR)**: 4,600,000

22 countries

*No data reported for Botswana, Cameroon, Côte d’Ivoire, Malawi, Rwanda, South Sudan, and Ukraine
*No data for Botswana, Cameroon, Namibia, South Sudan, Ukraine, and Zimbabwe
*No data for Botswana, Ethiopia, Rwanda, Tanzania, Ukraine
USG Strategy to Support TB Preventive Treatment

TPT Unit Established (CDC); tbhivteam@usaid.gov; Interagency TB/HIV COOP

Baseline Country Assessment

TPT Implementation Roadmap

TPT Implementation Toolkit & Operational Guide

Advocacy

HLM TPT Side Event To Push TPT Agenda

Technical Assistance

Strategic partnerships
South-to-South Collaboration for TPT Scale-Up

- IPT uptake increased almost **50-fold** from 9,981 at end-2014 to 600,000 in Dec 2016
- Estimated **85% national IPT coverage** by Dec 2018 among 1,050,000 PLHIV in care.

**SOUTH-TO-SOUTH TPT MENTORSHIP VISIT**
KENYA — MAY 20-23, 2019
(UGANDA, ZAMBIA, ZIMBABWE)
Financing the TPT Scale-up

• Funding for TPT will come from Country Operating Plan (COP)
  • Year to year COPs are funded in accordance with high-level targets; in COP19 (FY2020), TPT targets were mandated and included in budget calculations

• “Expected Minimum TPT Funding” for COP19 (FY2020)
  • Calculated based on cost of INH and B6, and was a requirement for each country’s budget plan

• To the extent that countries do not realize their current FY (COP18) HIV targets, it is anticipated that they will have remaining funds that can be re-directed to support TPT, specifically procurement of 3-HP (if product becomes available at $15/course)
Anticipated Challenges

- Transition to dolutegravir (DTG)-based ART regimens makes rifampicin-based TPT problematic (requires additional DTG dosing)
  - This is not the case for rifapentine, although we currently lack evidence that DTG can be initiated at the same time as rifapentine (may require delaying TPT for a few weeks after patient enrollment – which could complicate svc delivery)

- Migration of stable patients into differentiated svc delivery models, which reduce clinical encounters and may create challenges for AE monitoring

- Many countries lack sufficient tools for recording and reporting (e.g., TPT registers), and pharmacovigilance tools

- Lack of clarity on the use of IPT during pregnancy
IMPAACT4TB is a Unitaid-sponsored 4-year project across 12 countries designed to catalyze and study implementation of short-course regimens for TPT.

HIV Coverage, Quality, and Impact Network (CQUIN) is a multi-country learning network, funded by Gates Foundation through ICAP, dedicated to improving differentiated service delivery (DSD) for people living with HIV. PEPFAR is working with CQUIN to develop and disseminate programming to deliver TPT through DSD.

PEPFAR is formally partnering with IMPAACT4TB, so that in overlap countries, activities will be conducted from PEPFAR-supported facilities.

**THE CQUIN FRAMEWORK**

- Demonstration of successful differentiated service delivery models
- Implementation support: training, technical assistance, and quality improvement support
- Implementation science

Increased demand from ministries of health, implementers, and communities

Increased supply of high-quality differentiated care services for HIV

Increased coverage and quality of differentiated HIV services, leading to enhanced health outcomes and programmatic efficiencies

Increased knowledge base

**JUNE 20, 2019 | CQUIN**

Uganda and Zambia Receive Funding to Adapt TB Preventive Treatment for Differentiated ART Models.
USG Support to Child TB

- TB surveillance: improving surveillance for childhood TB
- TB Diagnosis: improved TB diagnosis and mortality surveillance
  - Completed studies in Kisumu, Kenya
  - New diagnostics evaluations being planned for India
- TB treatment: Understanding TB clinical cascade and treatment outcomes in children
- TB prevention: TPT scale-up, contact tracing
  - Ongoing studies in Mozambique, Uganda
- Leadership and coordination:
  - Core Group, WHO Child & Adolescent TB Working Group, USG Coordination Plan Nutrition, Infectious Disease Technical Focus Area Sub-Group
- Development and implementation of country specific strategies, broader TA support to address needs

- Broad support for childhood TB initiatives
  - Development and launch of child-friendly formulations, support for CAWG, Childhood TB Roadmap
  - Development and implementation of tools related to programming for Childhood TB
  - Country specific activities, largely driven by USG mission and NTP priorities around childhood TB
USG Approach and Support to Contact Tracing

- Foster integrated patient-centered technical assistance
- Advance policy, guidelines regulatory and supportive health system
- Support targets and performance evaluation and measurements
- Advance engagement of patients, communities, civil societies
- Foster multi-sectoral coordination and collaboration
- Support advocacy for commitment and implementation

Approaches to Accelerate Contact Tracing Activities

- Technical Assistance
- Enabiment
- Measurement
- Advocacy
- Coordination
- Engagement
What is Really Needed to Scale-Up TPT?

- Need to Stop This
- Implementation Tools
- Data Driven Ambitious Local Targets
- Intense Monitoring
- Can-dō-ǐ'túde
- Stop Making Excuses
- Can-Do Attitude
For more information, please contact:

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