# CDC PEPFAR ART Programs in the Context of COVID-19

**CDC Tanzania Country Presentation** 

June 10, 2020



#### Country HIV Program

#### HIV prevalence

#### **According to the Tanzania HIV Impact Survey (THIS 2016-2017)**

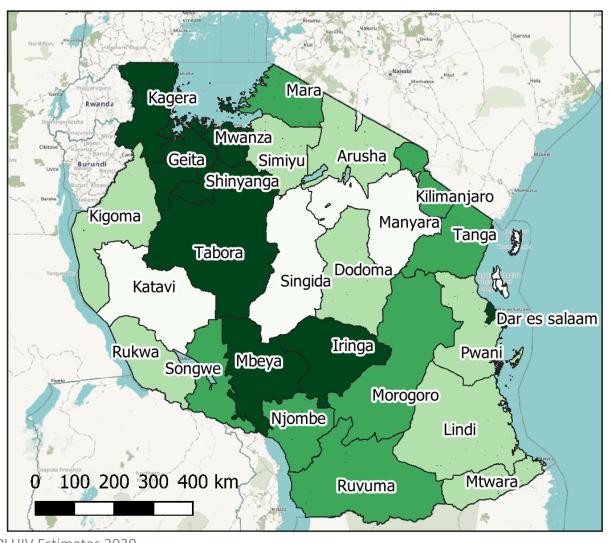
	Female	95% CI	Male	95% CI	Total	95% CI
15 – 49 years	6.2	[5.7 - 6.7]	3.1	[2.7 - 3.5]	4.7	[4.3 - 5.0]
15 – 64 years	6.5	[6.0 - 7.0]	3.5	[3.1-3.9]	5.0	[4.7 - 5.4]
0 – 14 years	0.5	[0.5 - 0.8]	0.3	[0.1-0.5]	0.4	[0.2 - 0.6]

#### Status of 90-90-90

#### According to the THIS 2016-2017

- 60.6% of adults living with HIV know their status;
- 93.6% of those individuals self-report being on anti-retroviral therapy (ART);
- 87.0% of those who report being on ART have viral load suppression

# Estimated Number of People Living with HIV (PLHIV) by Region



Estimated Number of PLHIV [Number of Regions] [32]

313 - 24,741 [8]

24,741 - 42,201 [8]

42,201 - 70,868 [7]

70,868 - 230,095 [8]

## COVID-19 outbreak in Tanzania

#### COVID-19 in Tanzania

- March 16, 2020
  - 1st case in country, Arusha
- March 18, 2020
  - Additional cases in Dar es Salaam and Zanzibar
- April 29, 2020
  - Last epi update: 509 cases with 21 deaths
  - 24 of 26 regions reported cases

#### Initial action in national response

- Media messages and national helpline
- Closure of schools & colleges
- Initial quarantine
  - screen for fever at POE
  - all entering from affected countries
  - all suspects and contacts
- Transitioned to self isolation at home
- International flights suspended
- Focus on continued economic activity with necessary precautions: hand hygiene, respiratory hygiene, physical distancing
- Public use of cloth face masks

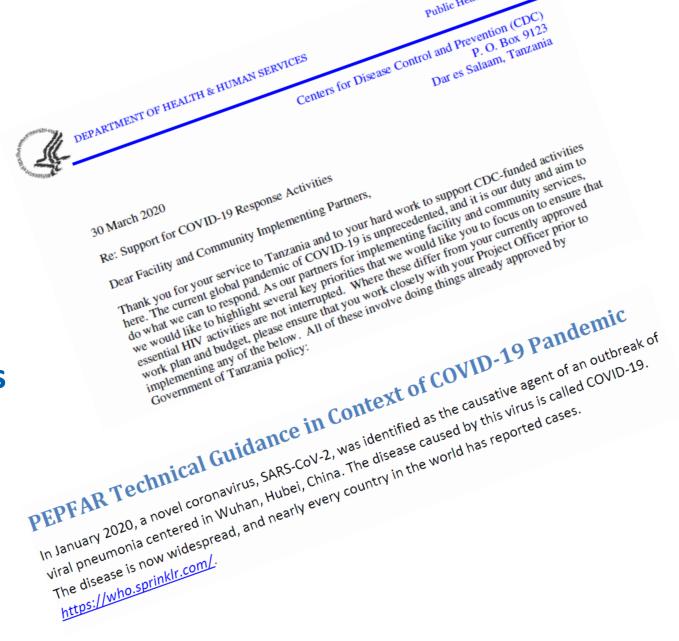






#### CDC RESPONSE

- Full-time telework since March 18, 2020
- Emergency response structure during outbreak
- Frequent leadership updates as information evolved
- CDC-Guidance letter to IPs on sustaining HIV program amidst of COVID pandemic



Public Health Service

#### CDC support to COVID-19 Case Surveillance

## Support to MoH National Responses: Mainland and Zanzibar

- **Co-Chair** to the Surveillance Pillar (Chair: WHO)
- **Drafted:** SoPs, training materials, and data tools
- Rapid response efforts: Case investigation, contact tracing, home isolation, traveler quarantine/border health
- Adaptive Surveillance Approach: COVID-19
   CEBS, drug dispensary surveillance, ring surveillance, facility-based surveillance, ILI/SARI surveillance
- Community-based staff: Supporting for CEBS
- **FELTP:** Funding graduates as mentors and regional/district surv supervisors



Arusha, Tanzania: National team (MoH, WHO, CDC) responding to first case in the country (before masks!)



#### CDC support to COVID-19 Case Surveillance

#### Deployments: Training and mentorship since first case

- National: Mainland MOH and Zanzibar MoH
- Regions: Arusha, Dar es Salaam, Tanga, Kagera, Zanzibar (Unguja & Pemba Islands)
- Dar es Salaam Region: Training HCW
- Tanga Region: Facility & Drug Dispensary Support
- Zanzibar: Border Health and MoH National Task Force

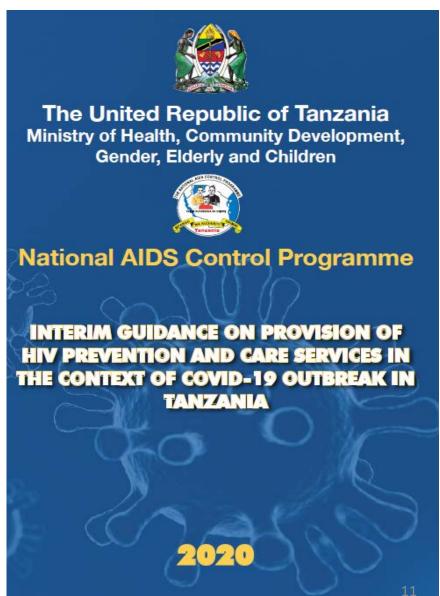
# CDC support to HIV response in the context of COVID-19

- CDC appointed in national task force on HIV in COVID-19
- Sustain HIV program using virtual means
  - Engage in scheduled and ad-hoc technical meetings, TA at various levels
  - Continue quarterly PMM with IPs and monthly management meetings
  - Interim bi-weekly check-in with IPs to update on key developments
  - Granular site management through regional teams using monthly portal
  - Training providers and mentors using e-learning and modified site mentorship

## National guidance for HIV services in the

context of HIV

- Released April 15th followed by electronic dissemination and virtual orientation through ECHO
- Highlights: scale up MMD, community outreach, IPC
- Limitations: TLD supply impact on 6MMD scale-up



#### Case study of site closures

#### Amana Hospital in Dar es Salaam

- TX\_CURR 6,749 as of March 31st
- Closed on April 17<sup>th</sup> to become designated COVID-19 treatment center
- Average daily attendance 130

## SOP developed by IP and shared for national adoption

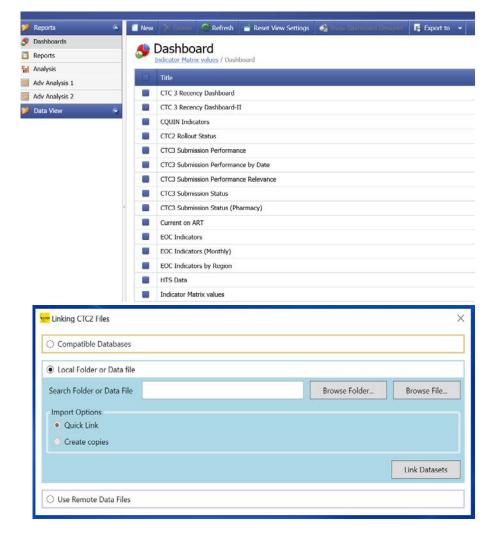
- Determine alternate sites for services and prepare with tools, equipment, supplies and HRH
- Trace expected clients and direct
- Poster at entrance, information with gateman, option for community outreach refill near facility
- Data management





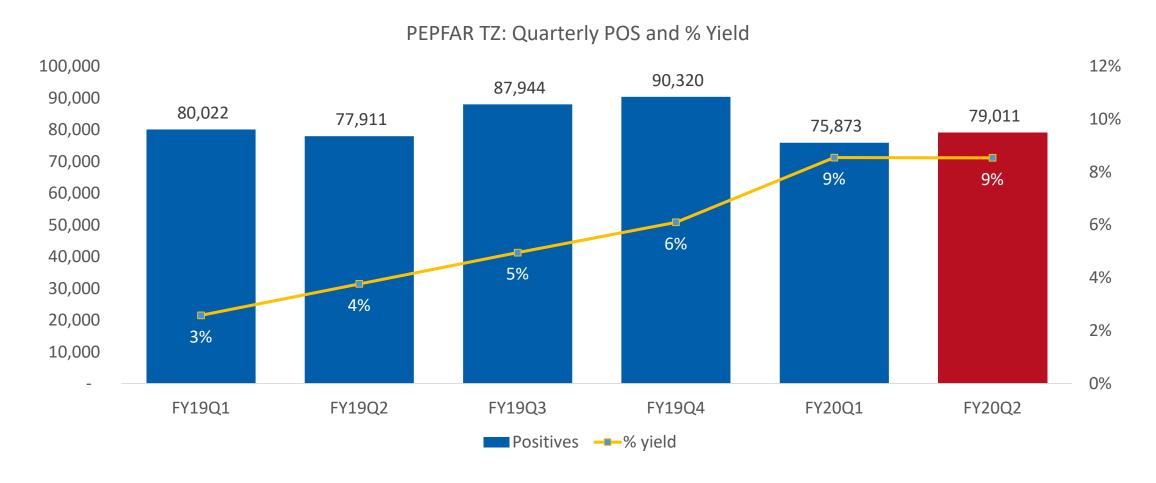
#### Ensuring data use for decision making

- Progress on harmonizing indicators in national clinical data repository to ensure consistency of data viewed across GoT and PEPFAR
- Adoption of electronic site tool to facilitate site level data use and remote monitoring and support through enhanced capacity for timely data analysis to inform site level support using a continuous quality improvement approach

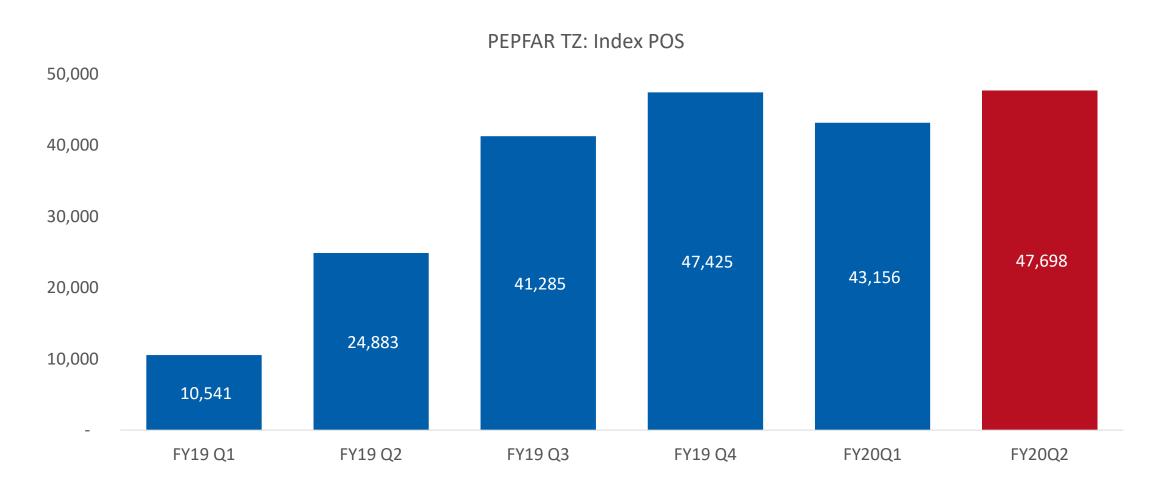


## Performance Trends

#### FY19 Q1-FY20 Q2: Positive and %Yield Trend

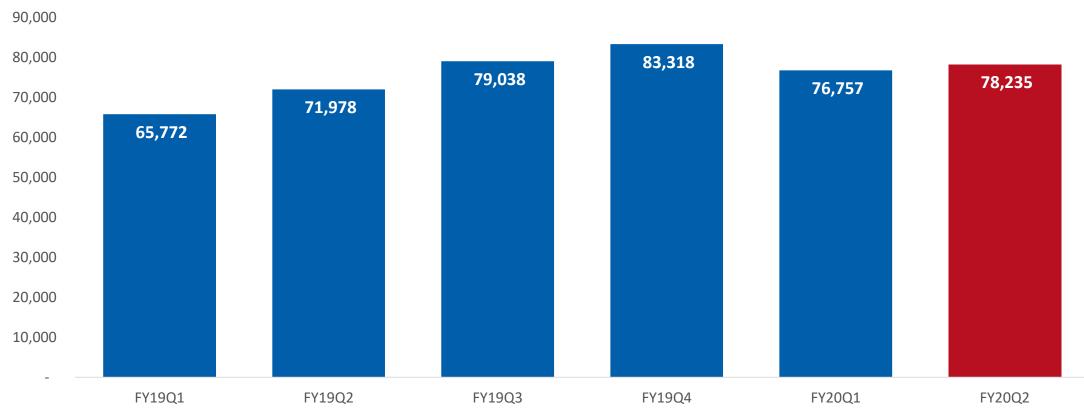


#### Index testing positive identification



### TX\_NEW performance



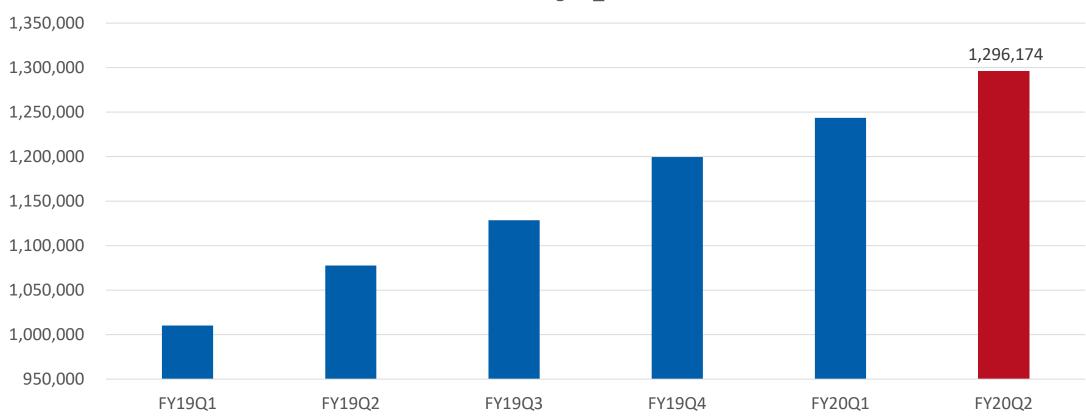


Source: DATIM



## TX\_CURR Growth

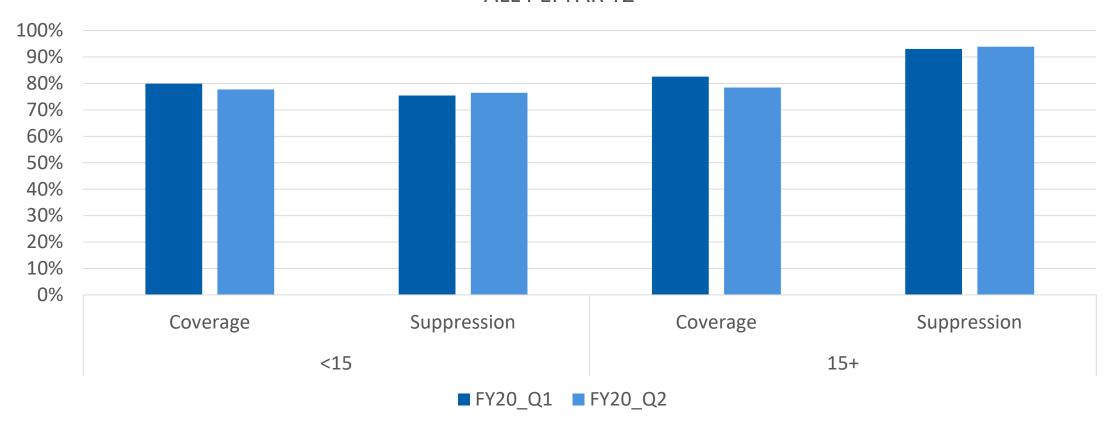
PEPFAR TZ: Sustaining TX\_CURR Growth



Source: DATIM 18

### HVL coverage and suppression by age





Source: DATIM

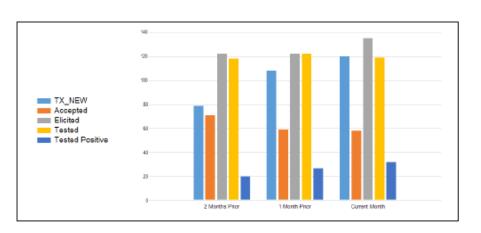
# Intensified site support and site level monitoring

#### VERSION 1.0

Site Name: Geita Hospital - Regional Referral Hospital				
MOH_ID: 101192-3 DATIM_ID: RIz938yBN3C				
Council: Geita TC	Partner: MDH			
Region: Geita	Agency: HHS/CDC			
Month of Report: March 2019	Data as of date: Apr 16, 2019			

#### Overall Site Score: 70%

A. Index Testing	Nov 2018 - Jan 2019	Dec 2018 - Feb 2019	Jan 2019 - Mar 2019	Score (Max)
Index Acceptance Proxy (Index Clients who listed Partners / TX_NEW)	92 % 72/78	59 % 60/102	49 % 59/120	0 (4)
Index Elicitation Rate (Partners per Index Client)	1.7 123/72	2.1 123/60	2.3 136/59	8 (8)
3. Index Testing Rate	97 % 119/123	100 % 123/123	88 % 120/136	8 (8)
4. Index Positivity Rate	18 % 21/119	23 % 28/123	28 % 33/120	8 (8)

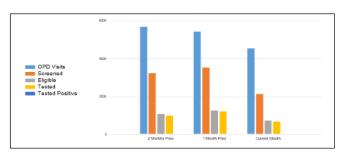


D. Retention	2 Months Prior	1 Month Prior	Current Month	Score (Max)
Retention Rate	98 % 4312/4405	105 % 4628/4407	99 % 4439/4467	8 (8)
2. Multi Month Scripting	33 % 768/2345	41 % 885/2154	44 % 957/2190	4 (8)

E. TB	Jan 2019 (Jul 2018 cohort)	Feb 2019 (Aug 2018 cohort)	Mar 2019 (Sep 2018 cohort)	Score (Max)
IPT Completion Rate	88 % 29/33	97 % 215/221	97 % 102/105	8 (8)

F. Viral Load	Feb 2018 - Jan 2019	Mar 2018 - Feb 2019	Apr 2018 - Mar 2019	Score (Max)
Viral Load Coverage	95 % 1232/1303	70 % 2479/3527	74 % 2697/3643	0 (8)
2. Viral Load Suppression	91 % 1126/1232	95 % 2344/2479	95 % 2559/2697	8 (8)

B. Optimized PITC	2 Months Prior	1 Month Prior	Current Month	Score (Max)
Optimized PITC Screening Rate (Screened / OPD Visits)	57 % 3278/5723	65 % 3570/5466	47 % 2166/4575	0 (4)
2. Optimized PITC Eligibility Rate	34 % 1123/3278	37 % 1306/3570	36 % 776/2168	2 (4)
3. Optimized PITC Testing Rate	92 % 1036/1123	96 % 1258/1306	91 % 708/776	4 (4)
4. Optimized PITC Testing Yield	4 % 44/1038	4 % 55/1258	5 % 37/708	4 (4)

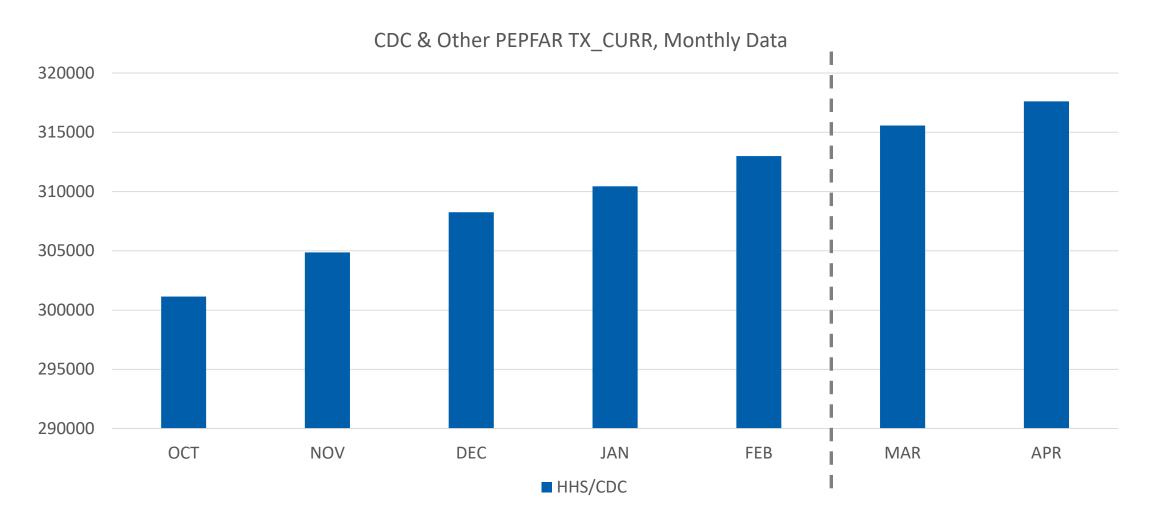


C. Linkage	2 Months Prior	1 Month Prior	Current Month	Score (Max)
1. LCM Uptake Rate	44 % 42/95	61 % 53/87	37 % 37/101	0 (4)
Same Day Initiation     (within 7 days)	86 % 69/80	88 % 96/109	90 % 109/121	8 (8)
Early Retention (received refill)	40 % 32/80	39 % 42/109	40 % 49/121	0 (4)

## Monthly data

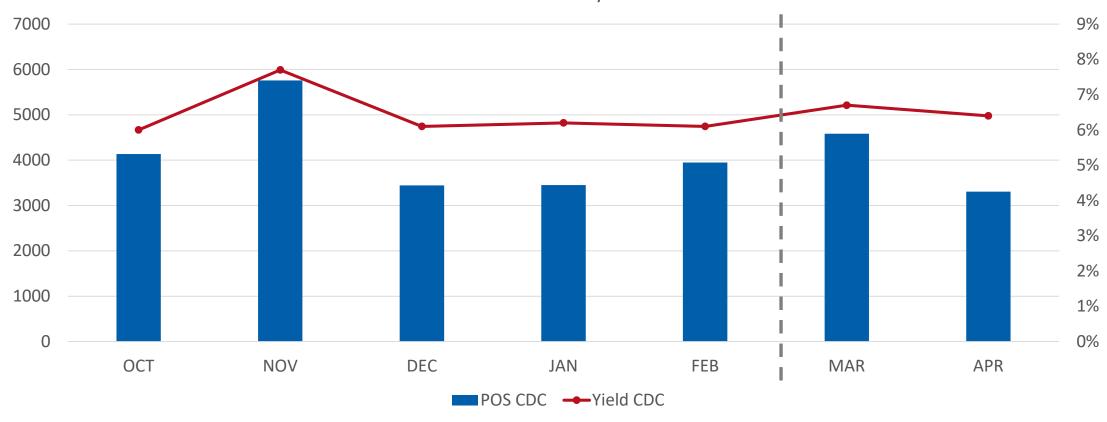
From highest volume facilities hosting 80% of TX\_CURR

### TX\_CURR monthly trend Oct-April

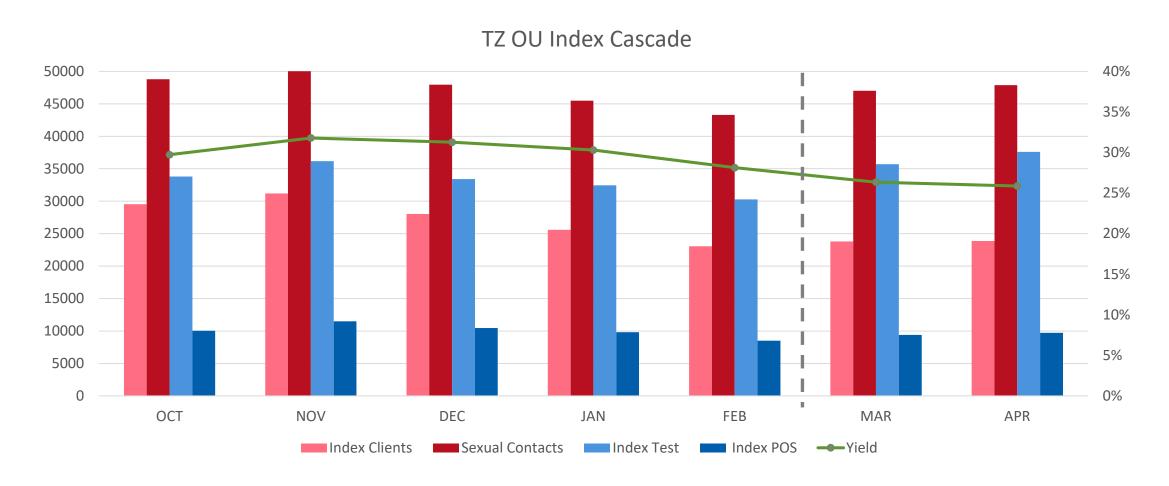


### Monthly HTS\_TST\_POS

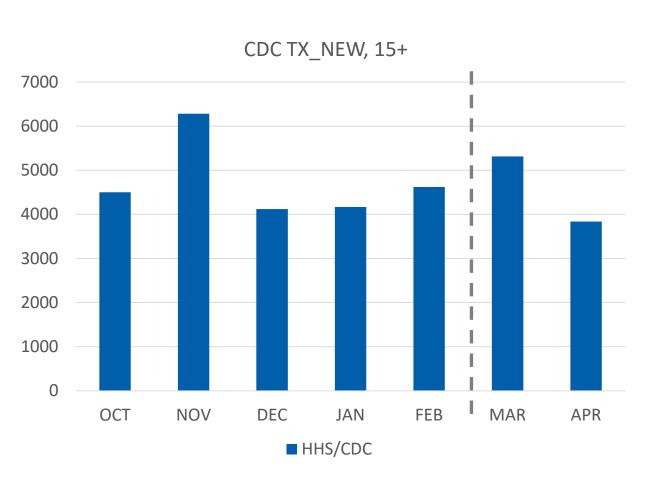
CDC & Other PEPFAR POS and yield in tier 1 facilities

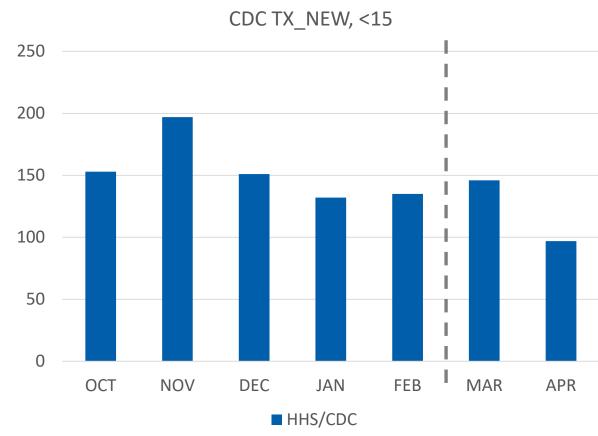


#### Monthly Index Cascades

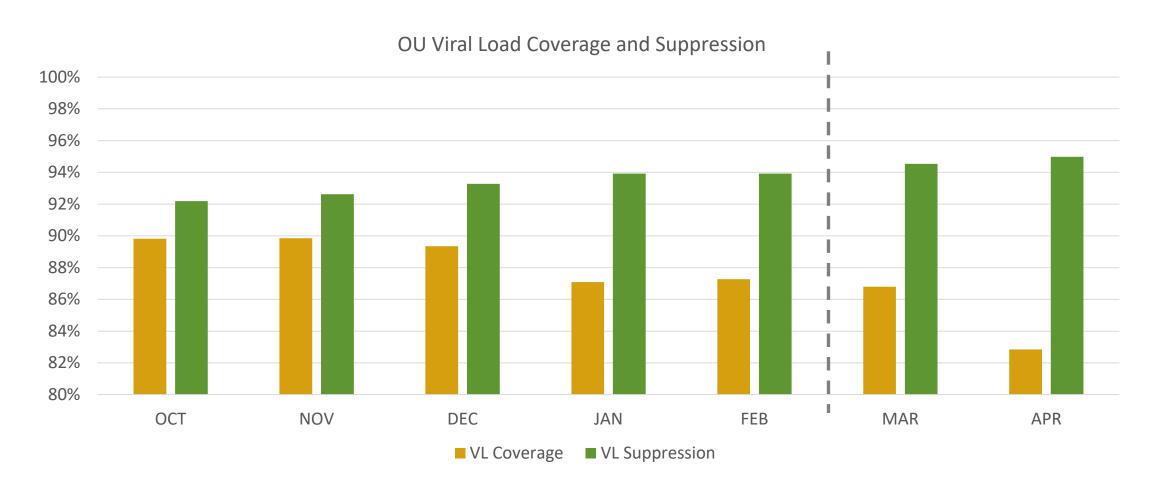


#### Monthly Monitoring: TX\_NEW



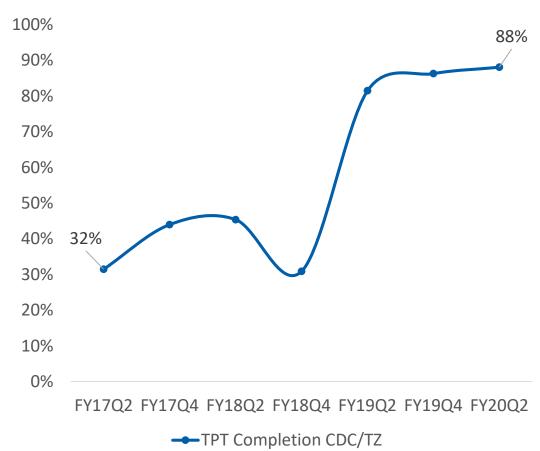


#### Monthly: HVL coverage and suppression



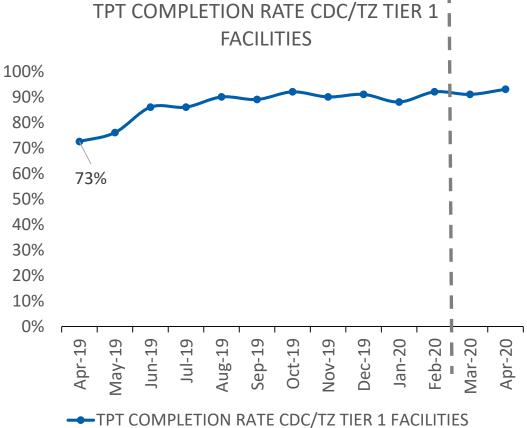
#### TPT scale up: semiannual and monthly data





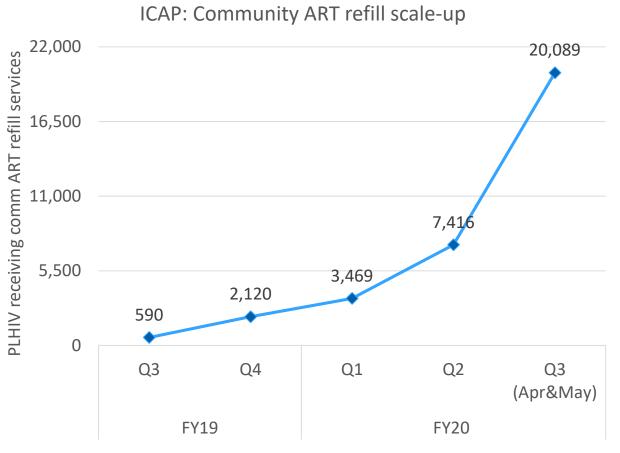
**SOURCE: DATIM** 

#### MONTHLY TPT COMPLETION RATE CDC TIER 1 FACILITIES APRIL 2019 TO APRIL 2020



## Differentiated Service Delivery

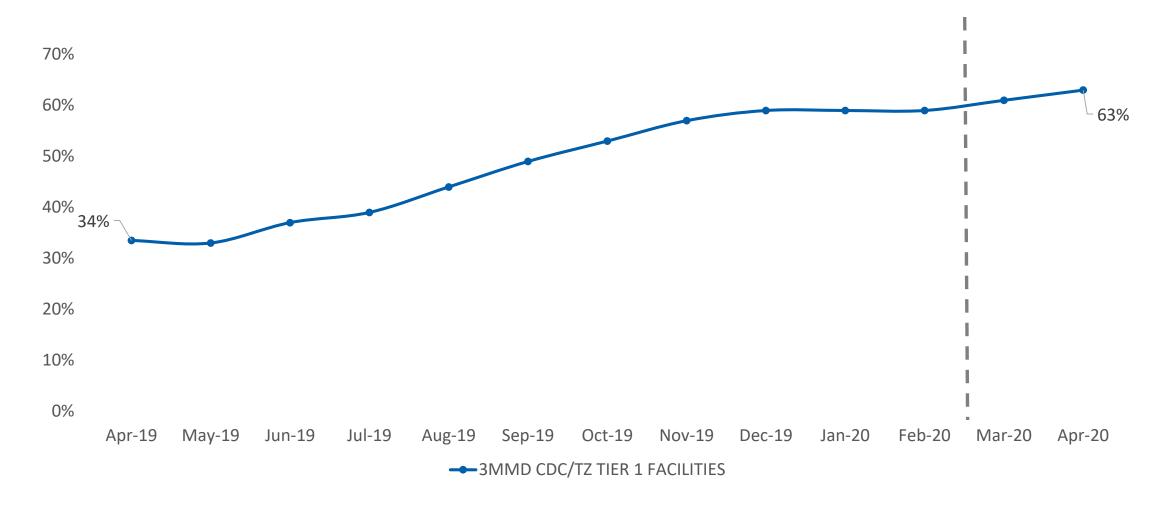
#### Facility-led Community ART refill services: ICAP example





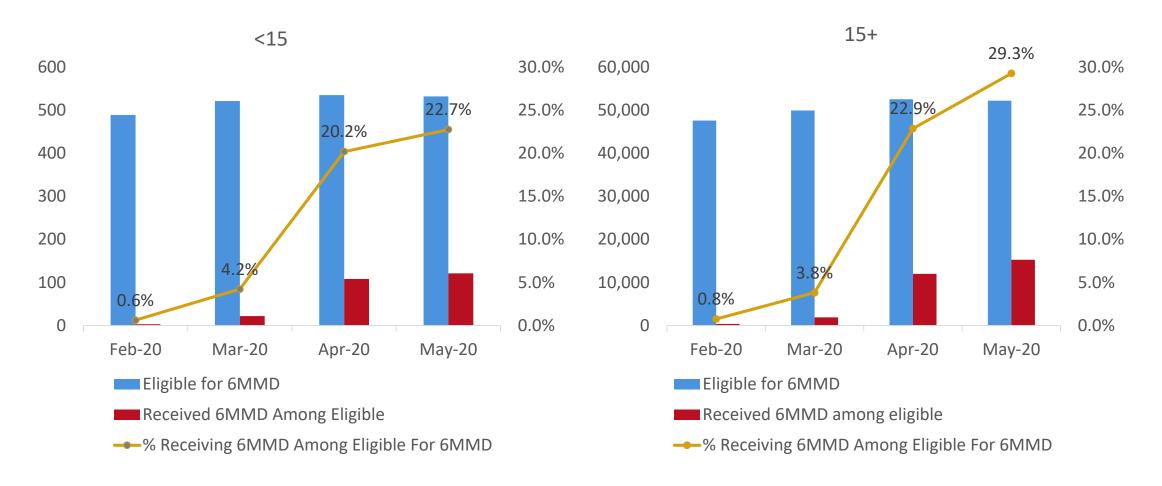
- ☐ Facility-led community ART refills rapidly scaled up in Q2
- ☐ Mobile clinic helping to support delivery of services
- ☐ Lab services like VL sample collection and CD4 test done at community site

#### 3MMD trend



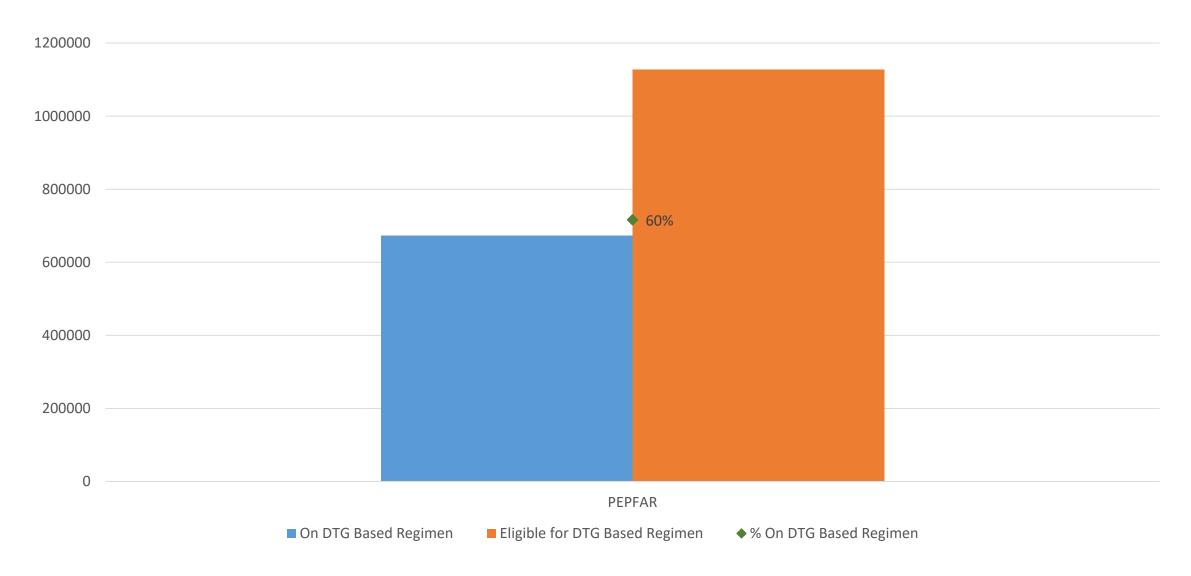
• SOURCE: MONTHLY PORTAL

#### 6MMD trend in Dar es Salaam



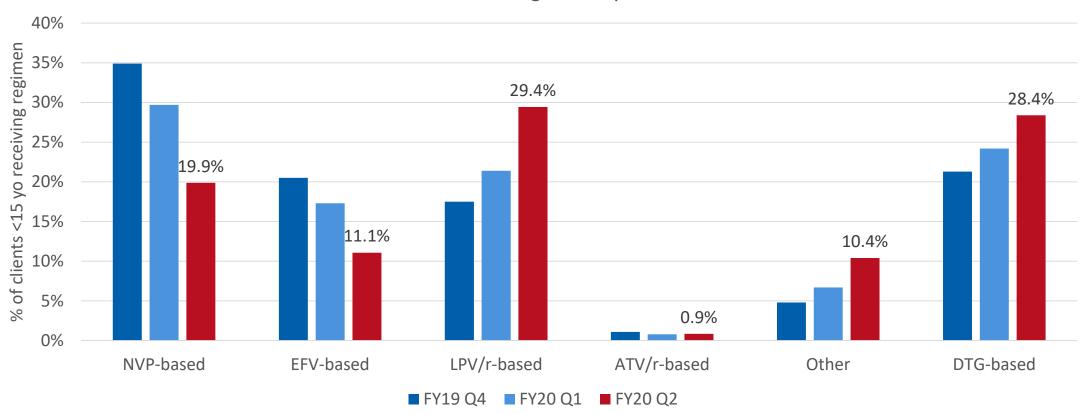
Source: IP Program Data 31

#### TLD transition



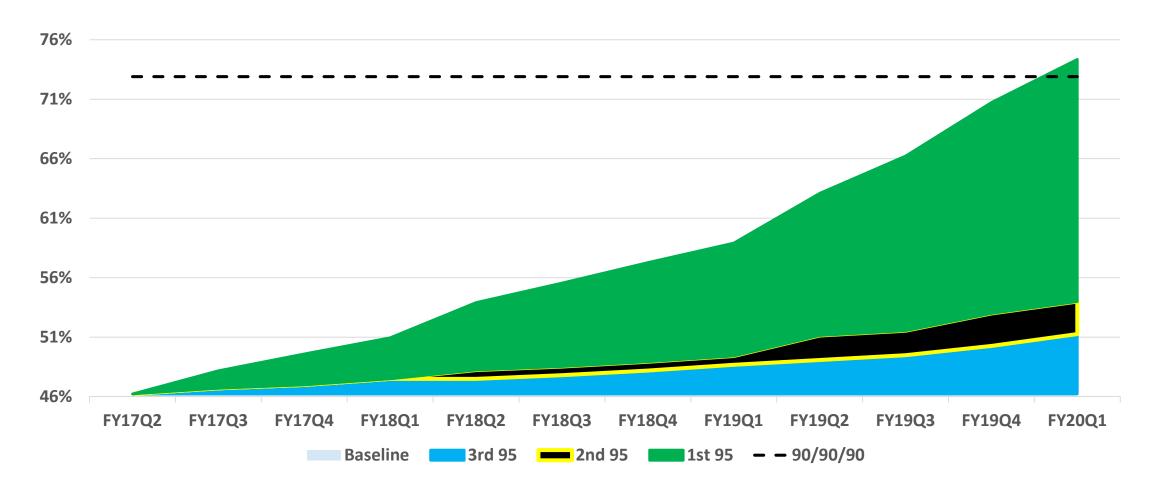
#### Optimizing pediatric ARV regimens

#### Pediatric ARV Regimens by Quarter



Source: GoT CTC3 Data System 33

#### Progress towards Community Viral Suppression



## Way forward

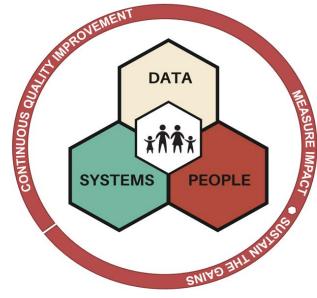




- Sustain HIV program performance with continued preventive measures against COVID-19
  - Granular site management through regional teams using monthly data
  - Monthly leadership meetings with facility and community IPs
  - Quarterly partner management meetings using quarterly performance and

monthly data

- Strengthen data quality, completeness and timeliness
- Anticipated impacts
  - VMMC
  - Curriculum-based packages for DREAMS
  - PITC



# Thank you

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention