

Adoption of TB prevention therapy and TB-LAM in national guidelines in sub-Saharan Africa

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Abstract code: WEPEF649

BACKGROUND

Tuberculosis (TB) remains the largest killer among people living with HIV (PLHIV), claiming **167,000 lives in 2022**. Urine lipoarabinomannan (TB-LAM) and tuberculosis prevention therapy (TPT) are key medical tools for screening, diagnosing and preventing TB/HIV co-infection. TPT involves using one or more anti-TB drugs to prevent progression to active TB disease. The 2020 WHO guidelines recommend TPT for PLHIV who test negative for TB and specify preferred TPT regimens: **isoniazid preventive therapy (IPT) and rifamycin-based shorter regimens**.

TB-LAM is the only point-of-care rapid test for diagnosing TB among PLWHIV. WHO guidelines recommend **TB-LAM in inpatient settings for PLHIV with TB signs/symptoms, severe illness, or CD4<200 cells/mm³**. In outpatient settings, PLWHIV with signs/symptoms of TB signs, serious illness, or CD4<100 cells/mm³ should receive a TB-LAM test.

We evaluate the adoption status of TB-LAM and TPT in sub-Saharan Africa (SSA), home to 22/30 high-burden TB/HIV countries (HBCs).

METHODS

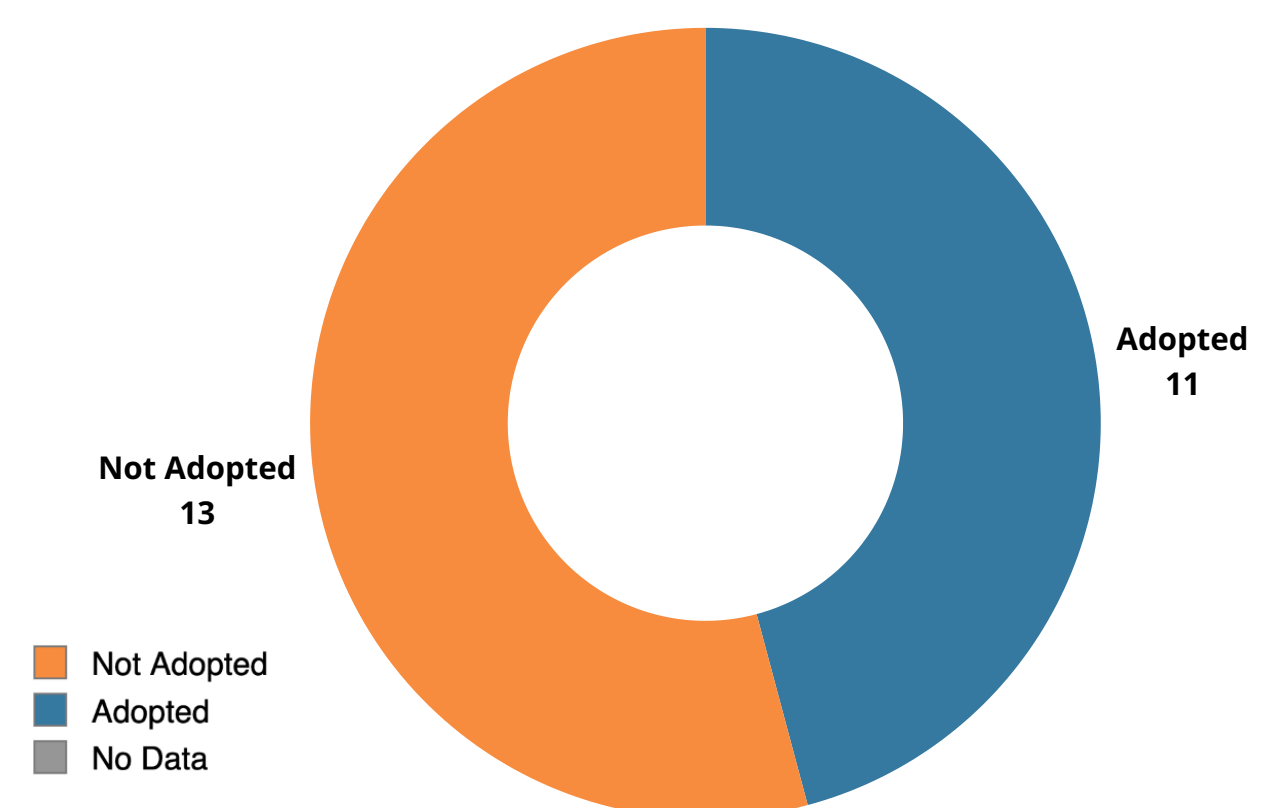
To identify the adoption status of TPT and TB-LAM recommendations in sub-Saharan Africa (SSA), we reviewed the most recent national strategic plans, guidelines, and other relevant national documents and updates for HIV and TB via desktop reviews or the document repository of the HIV Policy Lab (www.hivpolicylab.org). We analyzed where national policies aligned with WHO TB-LAM and TPT for recommendations for PLWHA.

RESULTS

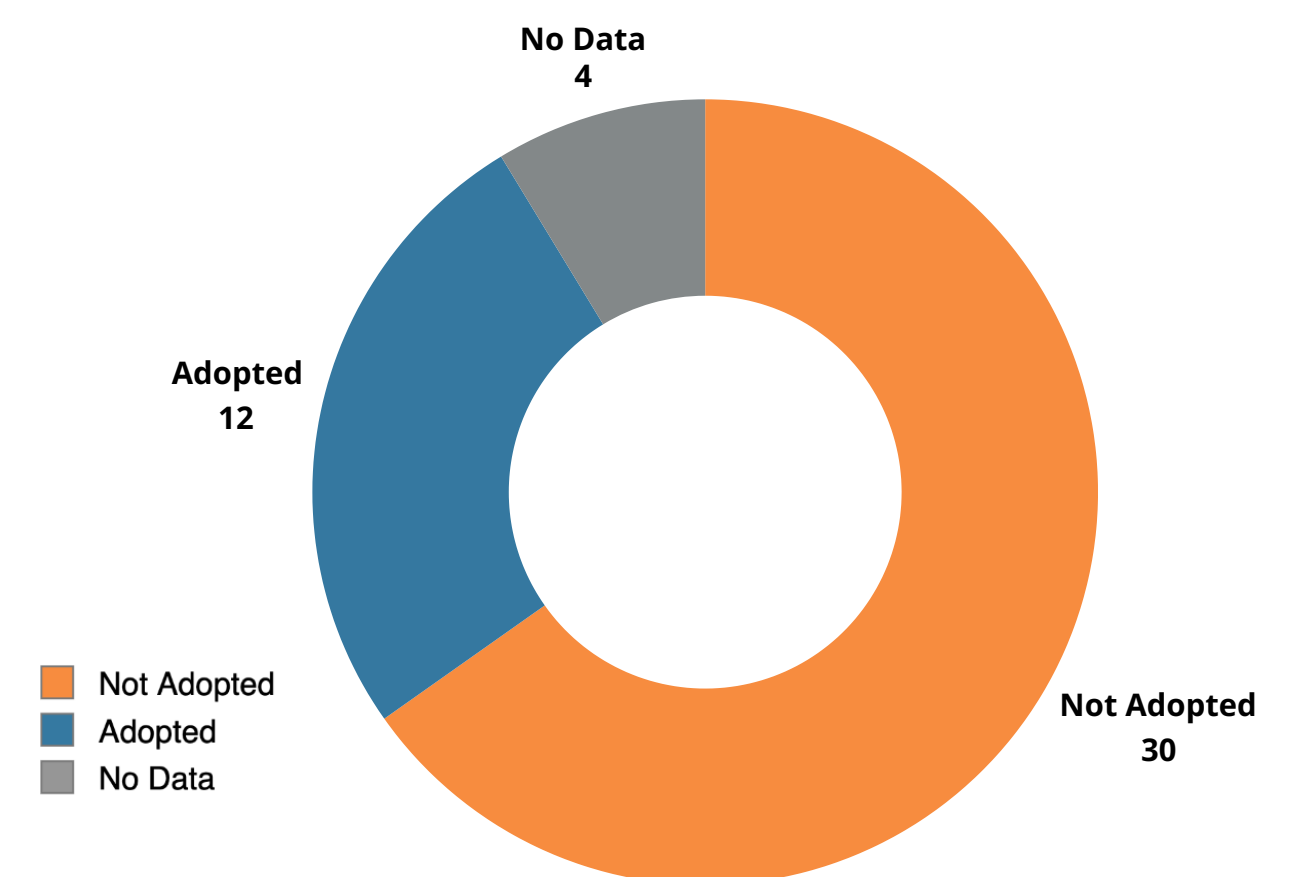
TB-LAM

- Relevant guidelines were found for 45/48 countries.
- Among the 22 HBCs in SSA, at least 9 have adopted WHO TB-LAM recommendations in national guidelines.
- Of the remaining 23 countries in SSA not designated as HBC, only Rwanda has adopted optimal policies.

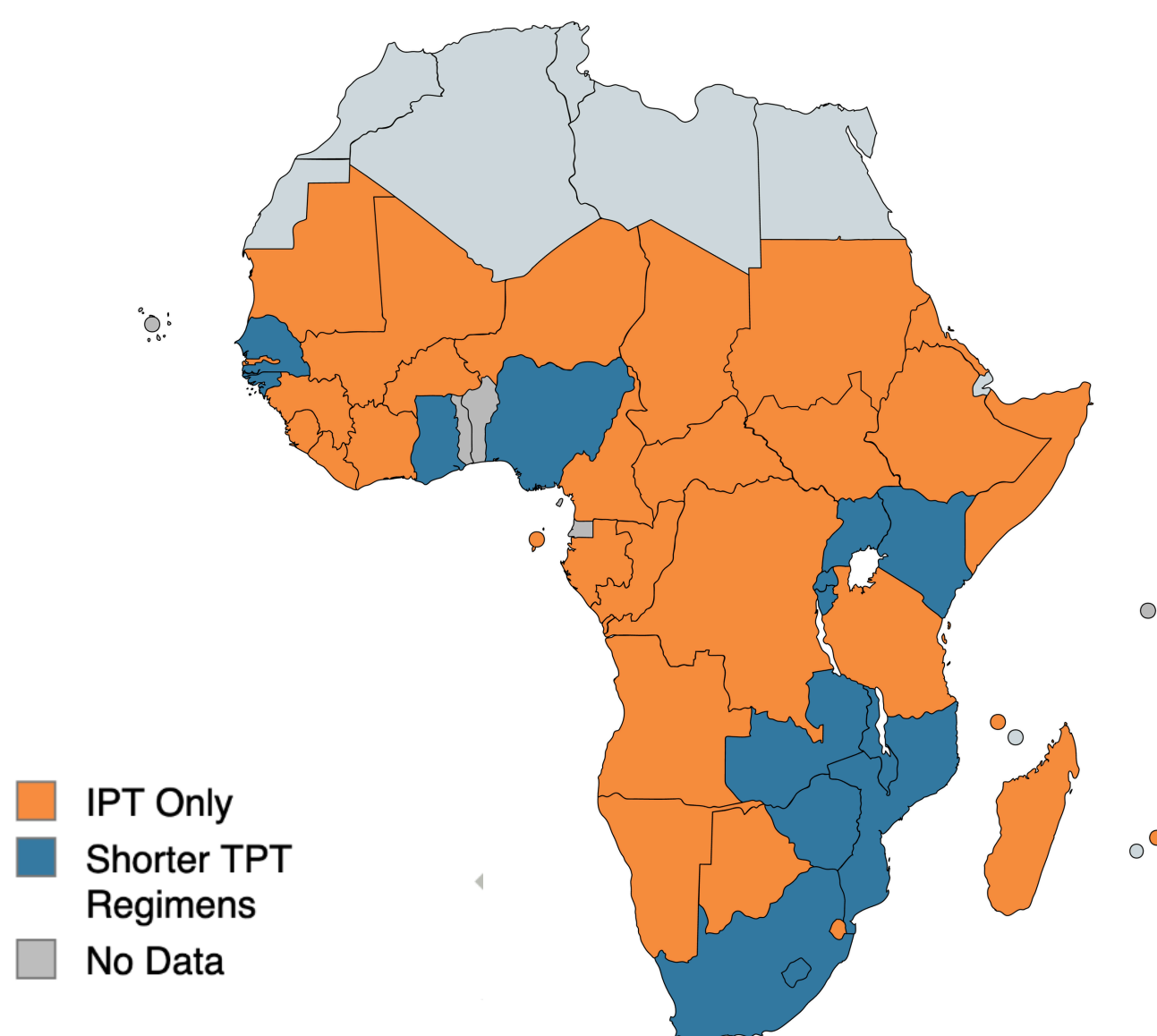
HBC Adopting WHO TB-LAM Guidelines:



SSA Countries Adopting WHO TB-LAM Guidelines:



Adoption of TPT regimens in SSA:



TPT

- Relevant guidelines were found for 43/48 countries in SSA
- 37 countries provide TPT to children living with HIV and 27 countries offer TPT for PLHIV
- 29 countries include only IPT; 13 include shorter regimens.
- For 22 HBCs in SSA, at least 7 countries have adopted rifamycin-based regimes in national guidelines.

CONCLUSION

Despite the proven effectiveness of TB-LAM and TPT as screening, diagnosing and prevention strategy for TB/HIV coinfection, **significant policy gaps remain that should be addressed to improve TB-related outcomes among PLWHA.**