Effectiveness of DTG Based Regimens Towards Achieving 3rd 95 in HIV/Aids Services at Agpahi Supported Facilities

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Introduction: HIV remains to be the major public health threat in Tanzania, with over 1 million people infected with HIV by 2018. According to THIS (2018), considerable achievement has been observed for the 2nd and 3rd 90s by 93.6% and 87% respectively for an adult with 15 years and above. Provision of DTG based regimen to PLHIV is one of the strategies for attaining viral suppression and reducing new infections. The strategy is corresponding to the ambitious UNAIDS "95-95-95" targets by 2030 and later adopted by PEPFAR. Tanzania adopted the strategy and planned the DTG transition in a multi-phased approach. This study assessed the effectiveness of DTG transition on the third to 5 facilities of Phase I, which started in Dec 2018.

Methodology: Oct-Dec, 2018 performances were taken as baseline data from 5 selected facilities; Bugando Medical Centre, Sekou Toure RRH, Musoma RRH, Shinyanga RRH, and Bariadi RRH as per NACP guidance. The analysis was done every six months for 18 months. CTC2 and Pharmacy Module Databases were used as data sources, while the DAC tool was used for data analysis with consideration of sex and age. Indicators monitored were; DTG based regimen transition rate, Clients on treatment eligible for Multi-Month Scripting, Multi-Month Scripting, Retention Proxy, and proportion of clients on treatment who achieved viral suppression.

Results: After 18 months of interventions, significant improvement was observed across the four indicators; 15,696 (92.3%) of first-line adults on treatment were on DTG based regimens, and 11,276 out of 11,609 (97%) clients with documented results were virally suppressed above 95% especially for clients with 30 years and above for both sexes.

Conclusion: DTG based regimens might be effective in improving the quality of life for PLHIV as the majority of the clients achieved viral suppression, though further studies and researches should be conducted for depth analysis, review and follow-up.