

# Lessons and data insights from programmatic improvements of early infant diagnosis across CDC-supported regions in Tanzania, 2021-2022

## Authors

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## Background

Early diagnosis and initiation of antiretroviral therapy (ART) is critical to reduce morbidity and mortality among children with HIV (CLHIV). As part of early infant diagnosis (EID), the World Health Organization recommends testing of HIV exposed infants at 4-6 weeks after birth and again at 9 and 18 months for those who had tested negative and continuing to breastfeed. Latest updates from 2019 national report showed that EID coverage before two months of age in Tanzania was low (58%). We aimed to describe several programmatic strategies and data use efforts to improve EID coverage in select regions of Tanzania.

## Description

The U.S. Centers for Disease Control and Prevention (CDC) supported the Government of Tanzania to improve EID coverage in 11 geographic regions by: (1) training and mentoring healthcare workers, (2) integrating EID commodities into supply chain plans at regional levels, and (3) convening national and regional quarterly meetings for program and supply chain monitoring. Additionally, CDC-supported regions started to monitor two EID indicators in fiscal year (FY) FY2021 through an innovative data use tool, CTC Analytics. The tool produces automatically generated, near-real time aggregated data. We analyzed data from FY2021-FY2022 on 2-months and 12-months EID indicators defined as having EID samples taken within 2-months and 12-months of birth respectively.

## Lessons Learned

The 2-months EID coverage increased from 72% to 87%, corresponding to a reduction in the number of CLHIV unreached for 2-months EID from 7,004 to 3,854. Additionally, the proportion of CLHIV with 12-months EID coverage also increased from 92% in FY2021 to 94% in FY2022, but the absolute number of CLHIV not reached for EID within twelve months increased from 1,580 to 1,728. This increase of absolute numbers is likely reflective of strengthening the use of individual-level data and improvements in data quality practices at the facilities.

## Conclusion

Our analysis demonstrates improvements in EID coverage within 2-months and 12-months but attribution to the implemented activities cannot be ascertained with the current data. Nevertheless, the enhanced strategic programmatic focus on EID, including through near real-time data use, is a promising approach to further evaluate.



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