

IMPEDIMENTS AND FACILITATORS OF TUBERCULOSIS (TB) PREVENTIVE THERAPY (TPT) IMPLEMENTATION IN SOUTH AFRICA

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QUESTIONS?

- What is the state of TB preventive therapy (TPT) implementation in SA?
- What are the impediments to TPT implementation relative to local health system dynamics?
- What lessons can be transferred from 'success stories' to facilitate the TPT programme?

WHY IS THIS IMPORTANT?

- TB is the leading cause of death in SA
- The TPT programme has not (yet) had the expected impact on incidence – there are barriers
- New opportunities for TPT exist because there are new regimens
- TPT guidelines are being revised and implementation guidance for health workers and patients is priority

KEY MESSAGES

- TB Preventive Therapy (TPT) implementation was poor in all settings
- Patients and caregivers of children had limited information about TPT but were highly motivated to use it once explained
- Community health workers are central to contact tracing and adherence support but were not trained or informed on TPT
- Data systems for TPT were very often inadequate with no mechanisms to monitor implementation against targets
- New regimens are important but will have suboptimal impact if their implementation does not include TPT system strengthening

METHODOLOGY

- A comprehensive review in 31 facilities, 4 districts, 3 provinces. **Scoping review** (33 manuscripts), plus **in-depth interviews** with health workers and patients (124 interviews), plus **routine data / folder review** (31 facilities).

FINDINGS

- Substantive challenges at every implementation step, but also opportunities; Figure 1.
- Small proportion of eligible initiate, tiny proportion complete TPT; Figure 2.
- Inadequate monitoring systems including contact identification; Figure 3.

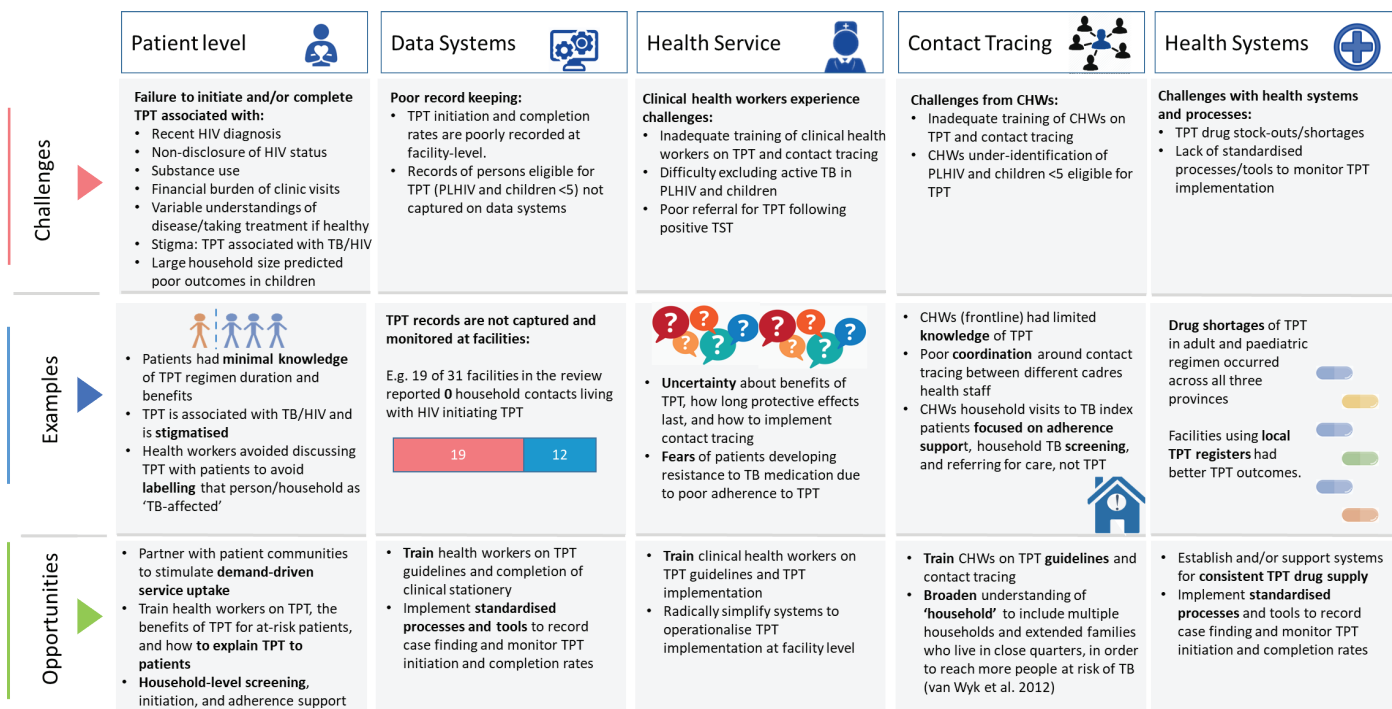


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Key:
TPT: TB Preventative Therapy
PLHIV: People living with HIV
CHW: Community Health workers

Figure 1. Challenges and Opportunities particular to the various levels of TPT implementation for child contacts and people living with HIV.

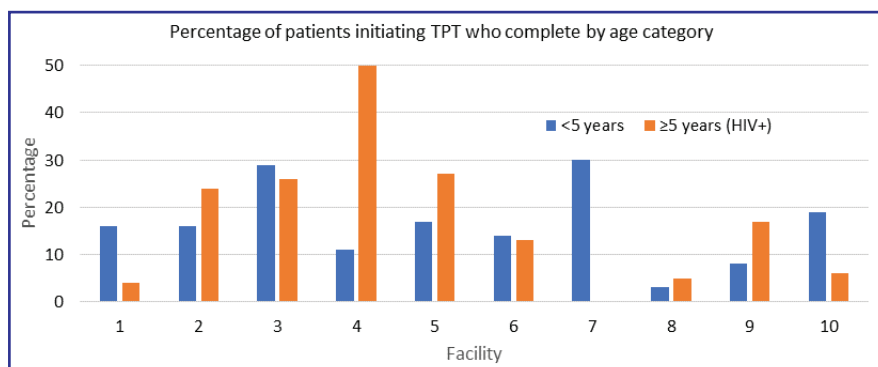


Figure 2. TPT completion proportions from 10 facilities where data were available.

RECOMMENDATIONS:

1. Significant change management, including integration of TPT/HIV services, to make TPT a health services priority
2. Prioritize the training and responsibilities of CHW for contact identification and all health workers on integrated TPT delivery
3. Develop a national TPT register with local registers and monitoring indicators
4. Radically simplify TPT implementation processes and practices
5. Partner with patient communities to stimulate demand driven uptake

Indicator	Numerator	Denominator	Target
Contacts identified	# contacts listed in patient register	* for ≥5 contacts: adult TB patients x estimated average number of adult contacts per patient [~1,5-2,1] x underlying HIV prevalence in district **for <5 contacts: # adult TB patients x estimated number of <5 contacts per patient [~0,3-0,6]	95%
Contacts screened	# contacts screened	# contacts identified	80%
TPT initiation	# contacts initiated	# contacts screened negative	95%
TPT completion	# contacts completed	# contacts initiated	80%

Figure 3. Suggested numerators, denominators, and targets for TPT monitoring indicators.

Acknowledgements

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