

Improving uptake of Isoniazid Preventive Therapy among PLHIV in communities served by military health facilities in Uganda

Dr. Musinguzi H¹, Tumusiime A¹, Dr. Lugada E¹, Dr Bwayo D¹, Dr Kikaire B^{2,3}, Dr Kak N⁴, Dr AlMossawi H⁴, Dr Akao J⁵, Col. Wamundu C⁶, Maj. Gen. Musinguzi A⁶, Rwegyema T¹, Dr. Namusoby J¹, Dr Seruwagi G², Prof. Lawoko S⁷

¹University Research Co., LLC - Department of Defense HIV/AIDS Prevention Program (DHAPP), ²Makerere University, Kampala Uganda, ³Uganda Virus Research Institute (UVRI), Entebbe Uganda, ⁴University Research Co., LLC – Washington DC, ⁵U.S. Department of Defense (DoD), Kampala Uganda, ⁶Directorate of HIV/AIDS, Uganda Peoples Defense Forces (UPDF), ⁷Gulu University, Gulu Uganda

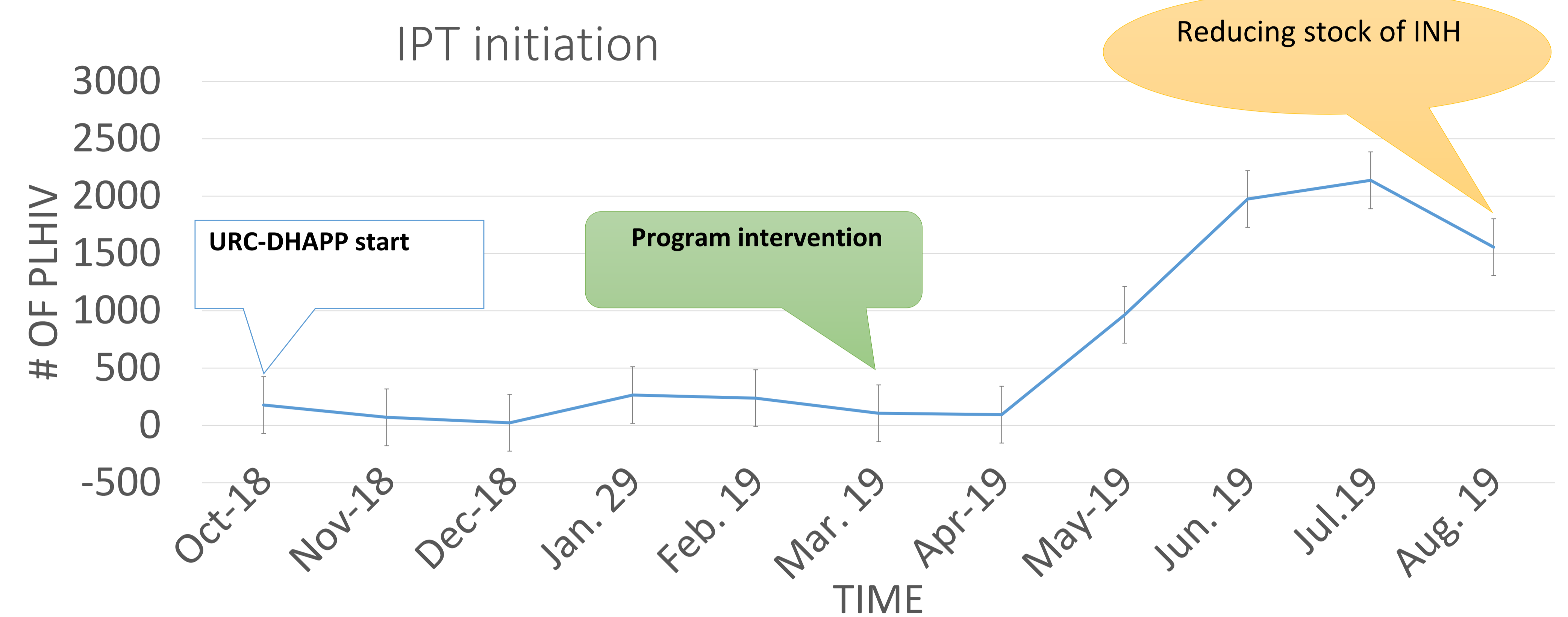
Background

- Globally, TB remains the leading cause of death among PLHIV, with a case mortality rate of 32% (WHO 2018)
- In Uganda, 40% of TB patients are HIV co-infected, representing a TB incidence of 80/100,000 (WHO 2018)
- Evidence shows that Isoniazid preventive therapy (IPT) is effective in preventing active TB in PLHIV (Anani Badje et al, 2017)
- However, IPT uptake remains low (WHO 2013)
- Thus URC-DHAPP is implementing interventions to improve IPT uptake in Uganda's military settings

Description

- We implemented interventions that included training & onsite mentorship of health workers
- Provided job aids, strengthened stock management
- Implemented differentiated INH service delivery
- Obtained daily and weekly data of INH initiation
- Supervised all 28 supported military health facilities
- Data on INH initiation from 28 military health facilities between October 2018 to August 2019 was analyzed

Results



Lessons learnt

- In less than a year we registered 86.5% increase in the numbers of clients initiating INH from 178 in October 2018 to 1,608 in August 2019
- Improving IPT uptake requires; dedicated personnel to track clients initiated, not started, and those completed treatment
- Monitoring stock availability, setting facility level targets, data utilization to improve quality of services and kitting available INH into 6 months courses enhances quality of services offered
- The main barrier to INH uptake was commodity stock out

Conclusion

- Using a multi pronged strategy demonstrated an exponential increase in INH uptake in a military setting
- Differentiating IPT delivery is essential in improving uptake among PLHIV in military facilities
- Interventions to address INH supply chain are vital for sustained IPT coverage

