

Scale-up of TB preventative therapy among people living with HIV who were previously started on ART: Findings from two provinces in South Africa

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Background

- TB is a leading cause of death among people living with HIV (PLHIV).
- The World Health Organization recommends the scale-up of TB preventative therapy (TPT) among populations at highest risk, including PLHIV.
- While several programs target the provision of TPT among PLHIV who are newly enrolled in care, those previously started on antiretroviral therapy (ART) might be missed.



Methods

- BroadReach Health Development provides TB and HIV training, support, direct service delivery and technical assistance to Department of Health facilities in KwaZulu-Natal (King Cetshwayo and uGu districts) and Mpumalanga (Nkangala and Gert Sibande districts).
- In 2018, we implemented a monitoring system that supervises the total number of TPT initiations compared to patients newly initiated on ART (TX_NEW).
- In addition, strategies were implemented to target PLHIV already on ART with no prior TPT use.



Results

- Among all four districts, in quarter one (Q1) 2018, TPT initiation versus TX_NEW was 28% (Figure 1). In Q1, 2020, TPT initiation versus TX_NEW increased to 68% and in Q2 of 2022, TPT initiations versus TX_NEW was 138%.
- Overall, from 2021 to 2022, >10,000 patients who were previously started on ART, initiated TPT.
- This increase can be attributed to:
 1. Identifying patients already on ART who did not receive TPT by reviewing patient files and using TIER.NET reports.
 2. Identifying patients on ART who did not receive TPT due to infrequent clinic attendance because of having opted for differentiated models of care.
 3. Staff training to encourage provision of TPT to all eligible patients already on ART and setting TPT targets for staff.
 4. Technical support and assistance for improved documentation, data completion and monitoring.
 5. Direct TPT service delivery by TB roving teams.
 6. Identifying facilities with sub-optimal TPT initiations and providing additional support and follow-up.



Conclusions

- We found a significant increase in TPT initiations when targeting PLHIV on ART with no prior TPT use.
- In addition to providing TPT to PLHIV who are newly enrolled in care, strategies to target those already on ART with no prior TPT use should be implemented.

Figure 1: TPT Initiations vs TX_NEW from 2018 to 2022

