



Ugandan ministry of health

# Understanding Factors Associated with IPT Completion among Recipients of Care on ART/IPT Aligned Multi-month Refills across the Differentiated Service Delivery Models

# Background

- In 2017, approx. 10m people developed TB disease, 9% were living with HIV, 72% in sub-Saharan Africa (WHO)
- TB remains the leading cause of death among PLHIV
- Approximately one-third of the world's population has latent TB infection (LTBI) (WHO)
- PLHIV with LTBI are 20 times more likely to develop active TB compared to people who are HIV negative (UNAIDS, 2018)
- IPT is administered to PLHIV to prevent progression to active TB disease

# Background

- In 2014, IPT guidelines recommended **monthly** IPT refills
- However, as the number of people initiated on ART increases, DSD models which involve multi-month ART refills and HF visits every 3-6 months have been adopted for stable clients on ART
- Hence, it becomes meaningful to consider **3-6 months** (instead of monthly) refills of IPT coinciding with ART for stable clients
- As of June 2019, 62% of people on ART in Uganda were enrolled in DSD models, hence a need to align IPT and ART refills
- In July 2019, the Uganda MoH recommended that all eligible PLHIV be initiated on IPT and refills should coincide with ART

# Specific Objectives

1. To compare IPT completion rates amongst clients across the five DSD models: FBIM, FBG, FTDR, CDDP, and CCLAD.
2. To understand individual and facility level factors associated with IPT completion across the different DSD models
3. To compare IPT uptake across the different DSD models
4. To compare the frequency of adverse events (AEs) reported by clients on IPT across the different DSD models
5. To document patient and service provider KAP towards the IPT/ART integrated model

# Methodology

## **Primary outcome:**

*IPT completion* defined as completing a 6 months course of IPT within 9 months.

## **Secondary outcome:**

*Adverse events* reported during the course of IPT (directly or indirectly related).

# Methodology

**Study design**: Cross sectional, concurrent mixed methods

- Retrospective data review using electronic medical records, patient registers, and patient charts for clients who initiated IPT 6-9 months prior to the start of the study.
- A quantitative questionnaire/survey of selected clients who initiated IPT 6-9 months prior to the start of the study.
- FGD with clients who initiated IPT 6-9 months prior to the start of the study.
- KII with selected HCWs and expert clients/peer educators who provide IPT services

# Methodology

**Study Setting:** Soroti region, 3 HF implementing IPT for at least 1 year: TASO Soroti, Soroti RRH, and Kumi HCIV.

- Data collection will take place at service delivery points both in the communities (CDDP and CLADD) and at the HF (FBIM, FBG and FTDR)

**Study Population:** PLHIV initiated IPT Jan-Mar 2020,  $\geq 18$  years, and receiving ART/IPT at one of the 3 HFs.

- **Chart/data review:** All
- **Client Survey:** A subset of clients (520)
- **FGD & KII:** selected service providers and expert clients/peer educators

# Methodology

## Study Size:

### Client Survey (quantitative)

	TASO	Kumi HCIV	Soroti RRH	Total
Target population for chart review	739	528	387	1,654
Sample size	232	166	122	520

# Methodology

## Study Size:

### **FGD & KII (qualitative)**

Category	No. sites	Models of care					Total
		FBIM # per site	FBG # per site	FTDR # per site	CDDP # per site	CCLAD # per site	
Service providers (KII) <sup>+</sup>	3	2					6
Expert clients/peer leaders (KII)	3	1			2	2	15
Clients (FGDs)	3	1 group: completed IPT	1 group: completed IPT	1 group: didn't complete IPT	1 group: completed IPT	1 group: didn't complete IPT	15

# Methodology

## Sampling Procedure: Chart review and surveys

- Obtain a list of clients who fulfil the study criteria from facility register/databases per eligible DSD model forming a sampling frame
- All clients in the sampling frame will be considered for chart review
- For the survey, sample per facility will be proportionately distributed across the selected models of care according to the size of their sampling frames
- Using a list per selected model, use simple random sampling to select eligible participants
- Selected participants will be invited (using contact details in the register/database) to their drug distribution points for consenting and interviews

# Methodology

## Sampling Procedure: KII (qualitative)

- At each facility, obtain list of service providers, expert clients, and clients by DSD model
- At each site (3 HF), purposively select 2 staff (1 clinical, 1 psychosocial staff in charge of TB/HIV, HF in-charge, district TB/HIV coordinator) for KII
- At each site (3 HF), purposively select 5 experts clients (1 FTDR, 2 CDDP (1 for each of the selected CDDP), and 2 expert clients for CLADD (1 per selected CLADD))
- Prior arrangements by telephone calls should be made to fix appointments

# Methodology

## Data Collection:

### **A. Retrospective chart/data review**

- We shall use data abstraction tool to extract data from the HF
- For missing data, cross check with the patient cards and IPT registers
- Data will be abstracted on number eligible for IPT, #initiated, date of IPT and ART initiation, ART regimen, IPT completion status, date started and stoped IPT, reported side effects etc...

### **B. Primary data, survey (quantitative)**

- We shall use a structured questionnaire to collect data: socio-demographics, history of side effects, individual and facility level factors.

# Methodology

## Data Collection:

### C. Qualitative data

- We shall use KII guides for the service providers and expert clients
- We shall use FGD guides for clients (PLHIV)

# Study Team

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# Thank you

