

# ZISAMALE NA TPT PRESENTATION:

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## Leveraging DSD to facilitate TPT uptake and completion

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**National DSD  
Task Force**

**Presenter:**

**Muhau Mubiana**



**CIDRZ**

*for a healthy Zambia*



# Background

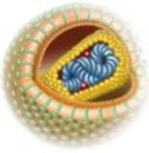
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- Early last year, government released the guideline on the use of TPT in all PLHIV.
- At the same time policy on 6 months ART dispensation in stable RoCs was enforced.
- TPT schedule of 1 month, 2 months and 3 months has an effect on the 6 months ART dispensation
- With paucity of data on TPT uptake among stable RoC, Zisamale na TPT is a QI project to assess the feasibility of provision of TPT in stable clients



# ZISAMALE NA TPT

## Quality improvement (QI) pilot study



- Objectives:
  - To assess the feasibility and processes around introduction of TPT into a differentiated ART delivery model with 3-6 month ART refills (fast-track)
  - To determine the uptake of TPT among the stable RoC
  - To train clinic staff to actively screen for TB and use of structured information approach for delivering messages designed to empower RoCs

**Lessons from the project will inform scale up of TPT in Zambia**



**CIDRZ**

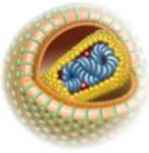
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# Zisamale na TPT: Building Blocks



|       | Screening for TB                                          | Initiation of TPT                                                                                                                           | TPT refill                                                                                  | Completion of TPT                                                  |
|-------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| WHEN  | At enrolment , 2 weeks and then monthly during follow ups | At a clinical visit                                                                                                                         | 6 months' supply at clinical visit<br><i>Follow-up monthly</i>                              | Next clinical visit after 6 months                                 |
| WHERE | Facility and via a phone call during follow ups           | Primary care clinic or hospital                                                                                                             | Follow-up by phone to client at home                                                        | Primary care clinic or hospital                                    |
| WHO   | Clinician during enrolment<br>Peer via phone              | Nurse, clinical officer, doctor                                                                                                             | Peer educator, Pharmacist, pharmacy technologist, doctor if clinical issues raised          | Doctor, clinical officer, nurse, pharmacist, pharmacy technologist |
| WHAT  | Verbal symptom screen<br>Referral to facility if required | TPT eligibility assessment, Scripting INH and ART for 6 months, Provision of TPT and ART refill, Register TPT start, TPT treatment literacy | TPT refill, TPT adherence check, TPT follow-up assessment (side-effects and/or TB symptoms) | TB symptom assessment, completion of documentation                 |





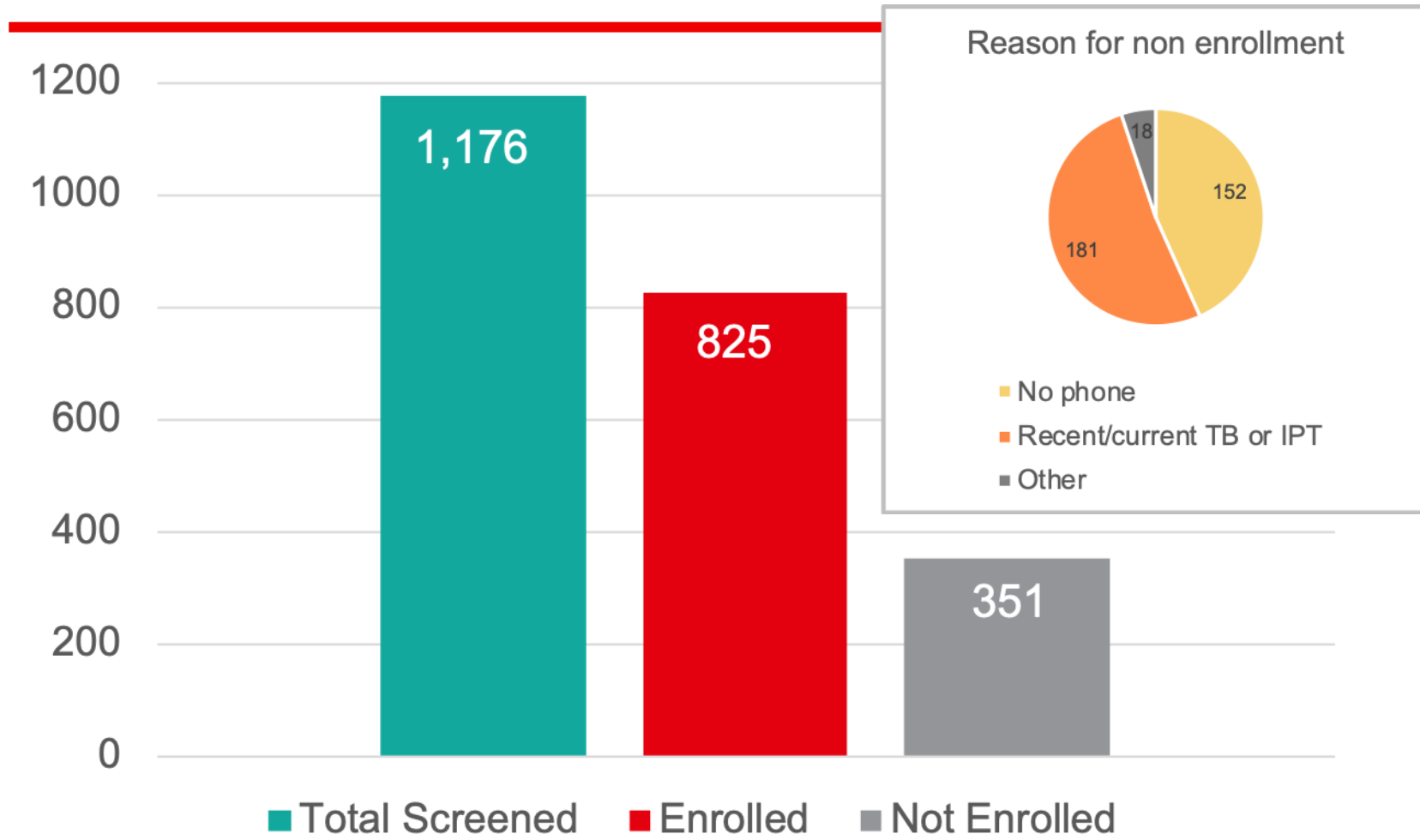
# Pilot preparations

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- Convened stakeholders meeting
- Obtained approval from MOH
- Secured commodities from the national supply chain system
- Conducted sensitization meeting targeting senior management at the site
- Conducted three days training for facility staff (and recruited pilot staff)
- Formulated tools
- Adapted electronic medical records, TB screening tools and fast-track SOPs and register



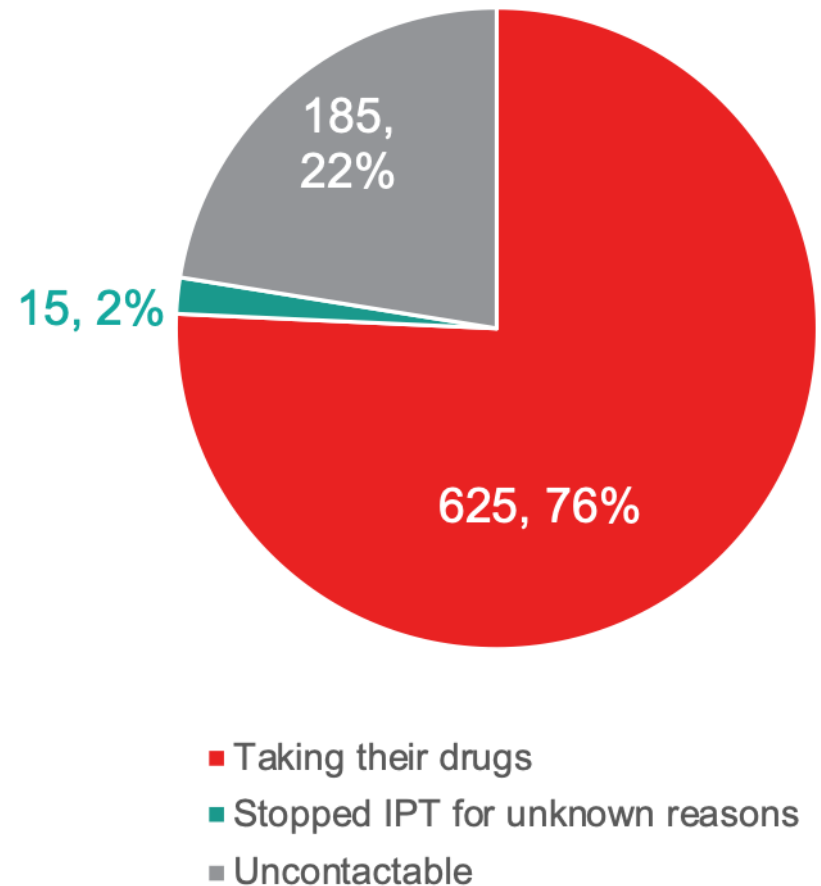
# Summary of screening and enrolment data Sept-Oct 2019



# Outcomes at 2-week follow up

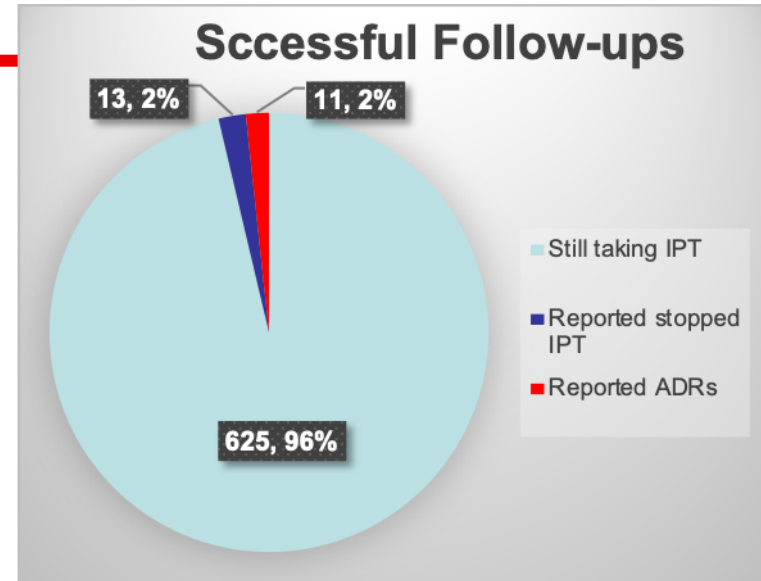
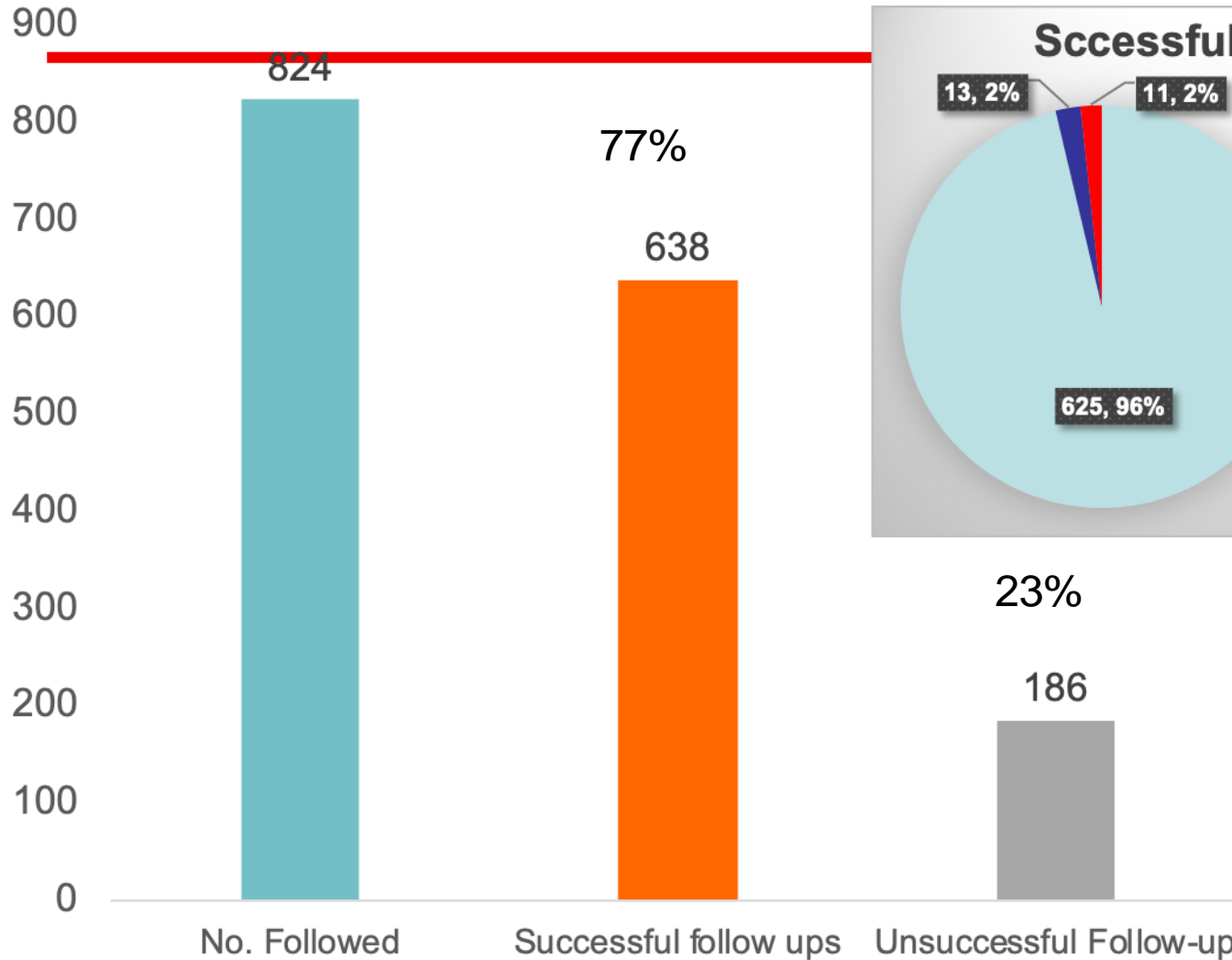


- Of the 185 who were uncontactable:
  - 49% phone off
  - 12% phone unanswered
  - 16% someone else answered
  - 15% wrong number
- Adverse drug reactions reported by 65 people (10% of those contacted)
  - N=4 serious reactions (burning sensations)

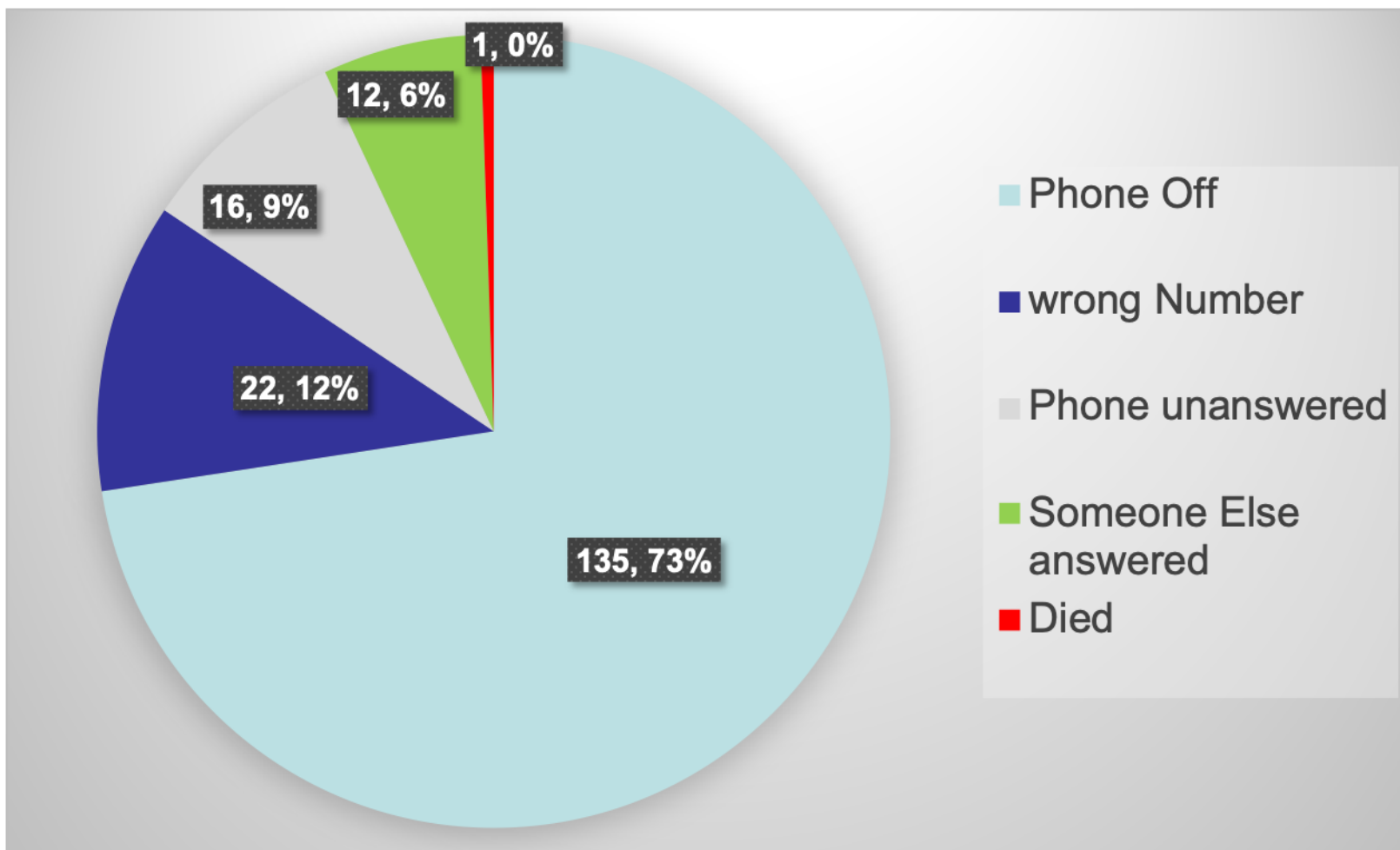




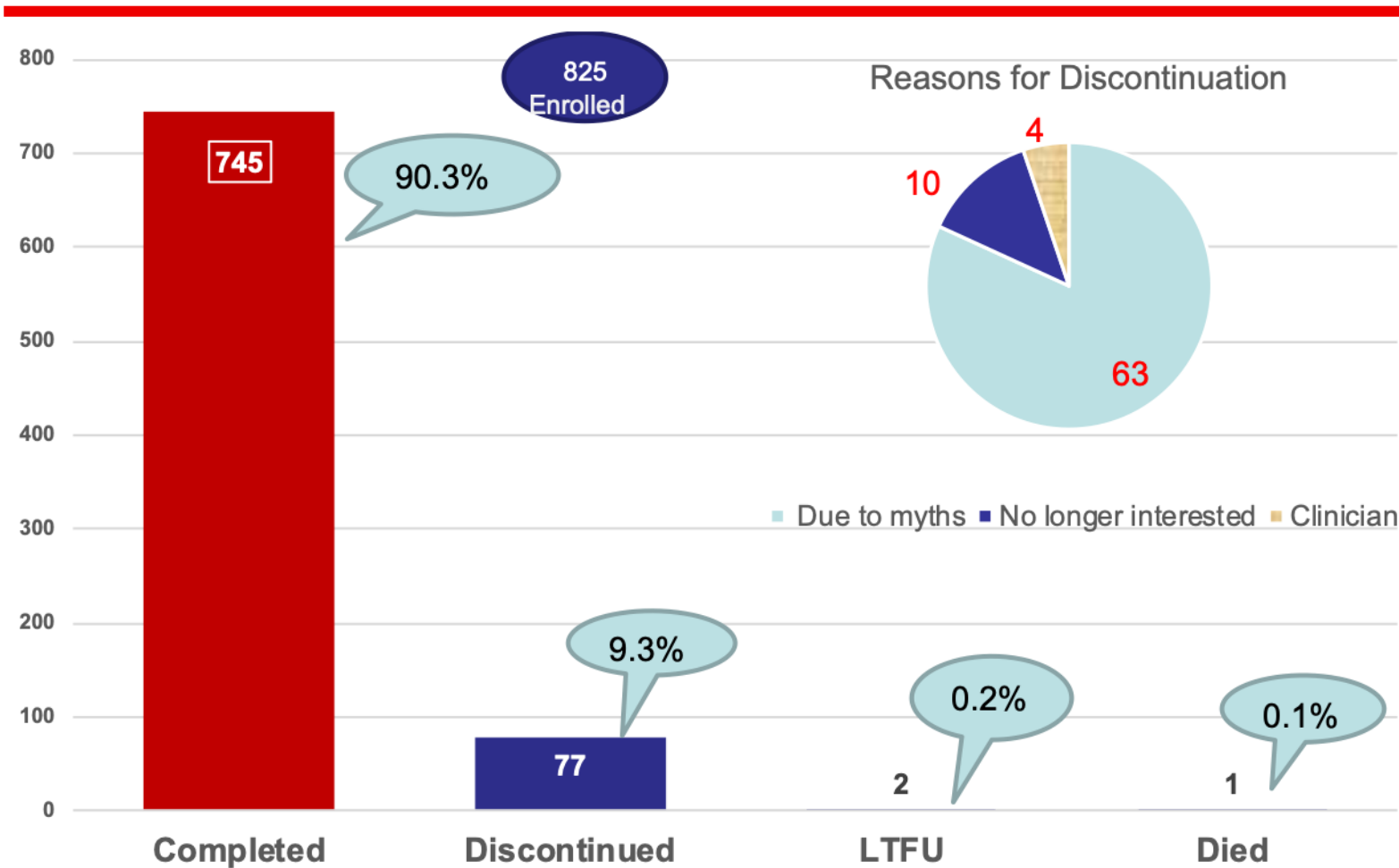
# Outcomes at 1 Month follow up



# Month 1 Unsuccessful Follow ups



# Summary of Outcomes at 6 months





# challenges

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- most of the RoC were on TLE regimen
  - TLE expiring Feb 2020, impacts ability to provide longer ART refills
- Load shedding – challenges with electronic medical records
- Phone challenges! Both in recruitment and follow-up





# Lessons Learnt

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- Treatment literacy should be ongoing to dispel myths that arise.
- Strong supply chain system that ensures availability of both IPT and Pyridoxine (Vitamin B6) is pivotal for improved coverage and completion rate.
- Strong civil society involvement is necessary to build and establish trust with communities.
- An integrated Multi-month Scripting and Dispensation (MMSD)/IPT model offers a promising public health strategy to improve TB control and treatment among ART patients at scale.
- Phone usage is critical for program effectiveness and sustainability.



# Acknowledgements

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- All Implementing partners in the National DSD task force



# Thank You

