



Zisamale na TPT: Piloting TPT within the fast-track model in Zambia

*Leveraging differentiated ART delivery models to
facilitate contraceptive care and TPT completion*

ICASA 2019 satellite

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CIDRZ, Zambia

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Differentiated ART delivery and TPT in Zambia

Differentiated ART delivery

- Adopted in 2017 nationally
- All stable recipients of care (RoC) receive 3-6 month ART refills, this is available at all sites
- MoH has approved many facility and community differentiated ART delivery models for implementation and scale up
 - Multi-month scripting, fast track, health post, urban adherence groups, adolescent support models, community ART groups, etc.

TPT

- 2019 revised national guidelines around TPT for all people living with HIV
- Less than 30% of TPT initiations are among people living with HIV
- TPT schedule is two weeks, 2 months and 3 months
- TPT is repeated every three years following completion



ZISAMALE NA TPT

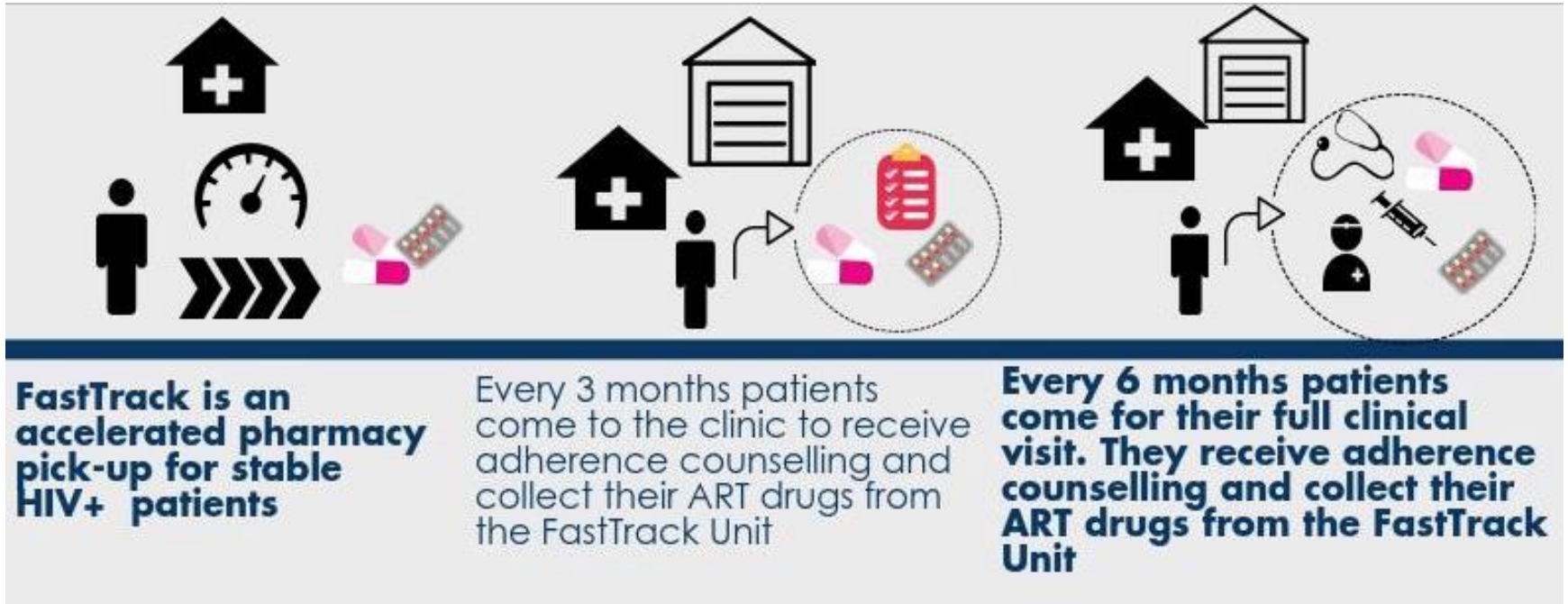
Shark tank quality improvement (QI) pilot study

- 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



FastTrack



- 3 monthly refills, 6-monthly clinical consultation
 - Some clients are receiving 6-month refills
- Enrolled 36,726 clients between Oct 2017 and Aug 2019

<http://www.cidrz.org/wp-content/toolkits/commart/model-types.html>



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 <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 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 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

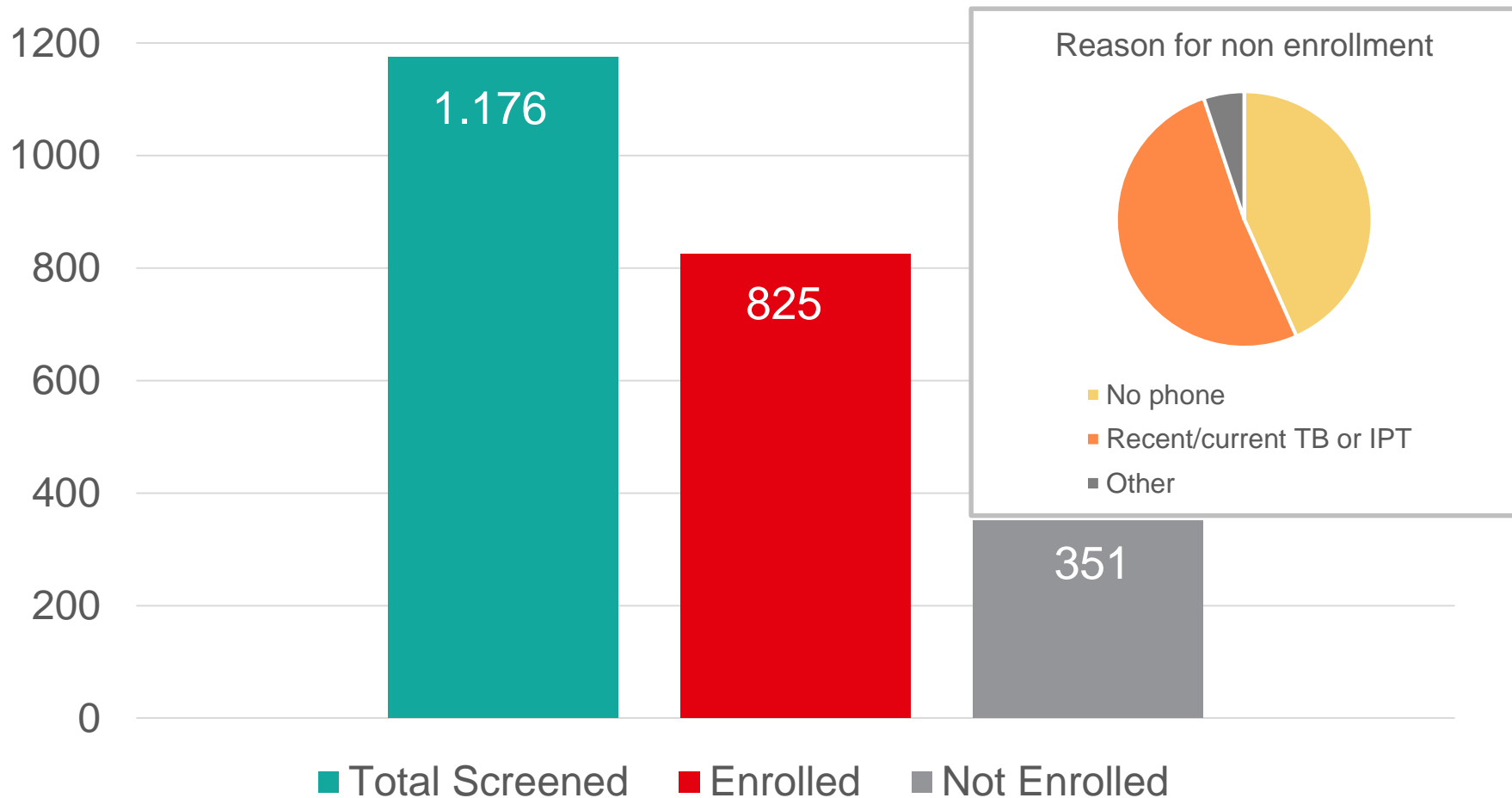


Pilot preparations

- 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



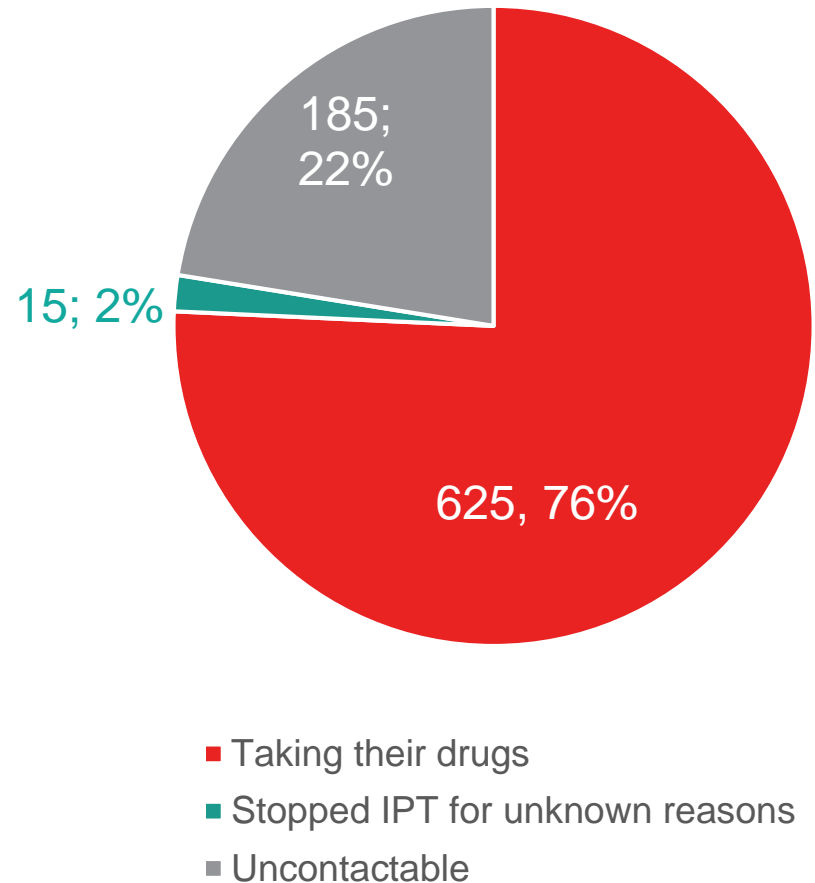
Summary of screening and enrolment data Sept-Oct 2019





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)





Early lessons

- High uptake of TPT
- TB screening was not always well done
 - 4% diagnosed with active TB even after being classified as stable by the initial screen
- Treatment literacy among RoCs should be ongoing
 - Co-creation of materials
- Critical to work with civil society to build trust with communities



Early challenges

- Currently, most of the RoC are on TLE combination
 - 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



Next steps

- Pilot is on-going (only early outcomes reported here)
- Monthly quality improvement meeting based on RoCs experiences and data review on the implementation progress towards meeting the endpoints