



USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

CASE STUDY

Streamlining Antiretroviral Therapy Clinic Service Delivery to Improve TB Preventive Therapy: *The Experience of Busesa HC IV, Bugweri District*

Background

Uganda adopted the implementation of TB preventive therapy (TPT) in 2014 as an effective intervention for preventing morbidity and mortality attributed to TB, especially among HIV-infected individuals. In October 2018, the Uganda Ministry of Health launched the expanded rollout of TPT using isoniazid (INH) to all eligible people. By November 2018, Busesa Health Center (HC) IV in Bugweri district had not initiated any Antiretroviral Therapy (ART) patients on TPT. With support from USAID's Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC), Busesa HC IV established a TPT work improvement team (WIT) to increase the number of ART patients initiated on TPT. As part of the improvement process, the project supported the WIT to identify key gaps contributing to the facility's underperformance. Identified gaps included: knowledge gaps among health care workers (HCWs) and patients on TPT eligibility; limited human resources (especially nurses) at the ART clinic; low clinician prioritization for initiating TPT with focus on dispensing ART to decongest the overcrowded ART clinics; and, incomplete and inaccurate documentation in dispensing logs, isoniazid preventive therapy (IPT) registers, and individual patient medical records.



Patients waiting to receive their TPT refills at Busesa Health Center IV in Bugweri.

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Interventions

To improve Busesa HC IV's performance in enrolling eligible patients on TPT, USAID's RHITES-EC supported the health facility's TPT WIT to identify a set of interventions to address the identified gaps over a period of five months (November 2018-March 2019). The WIT oversaw implementation of these interventions and held weekly performance review meetings to review TPT initiation data and assess progress and outcomes. The key interventions implemented included:

- 1. Conducting TPT continuing medical education (CME) sessions to address knowledge gaps amongst HCWs:** Busesa HC IV conducted monthly CME for HCWs (clinicians, nurses, linkage facilitators, and volunteers in the ART clinic) on the use of intensified case finding (ICF) forms and TB screening, and benefits and eligibility of TPT.
- 2. Engaging HCWs to conduct health education and screen patients for TPT eligibility:** The WIT actively engaged HCWs to appropriately and regularly sensitize ART patients on the benefits and side effects of TPT with INH. The team also encouraged HCWs to regularly screen patients for TPT eligibility to ensure that all eligible patients were initiated on TPT.
- 3. Task shifting patient triaging and screening for TB and TPT eligibility to linkage facilitators:** To reduce HCW workload and address clinic delays, the WIT shifted the task of screening patients for TB and TPT eligibility using the TB ICF forms from nursing staff to linkage facilitators. Eligible patients were then triaged to either routine clinical care or to fast track drug refill points for ART refills and TPT initiations.
- 4. Establishing a fast-track drug refill desk to address clinic client flow delays:** To also address clinic delays, Busesa HC IV staff pre-packed INH and dispensed it together with ARVs at the fast-track drug refill desk to improve TPT uptake among eligible triaged patients.
- 5. Designating a focal person to supervise accuracy and completeness of TPT documentation:** The HC identified and assigned a focal person/clinician to review

*Streamlining clinic processes
at Busesa HC IV improved
TPT initiation by 69%
in five months.*

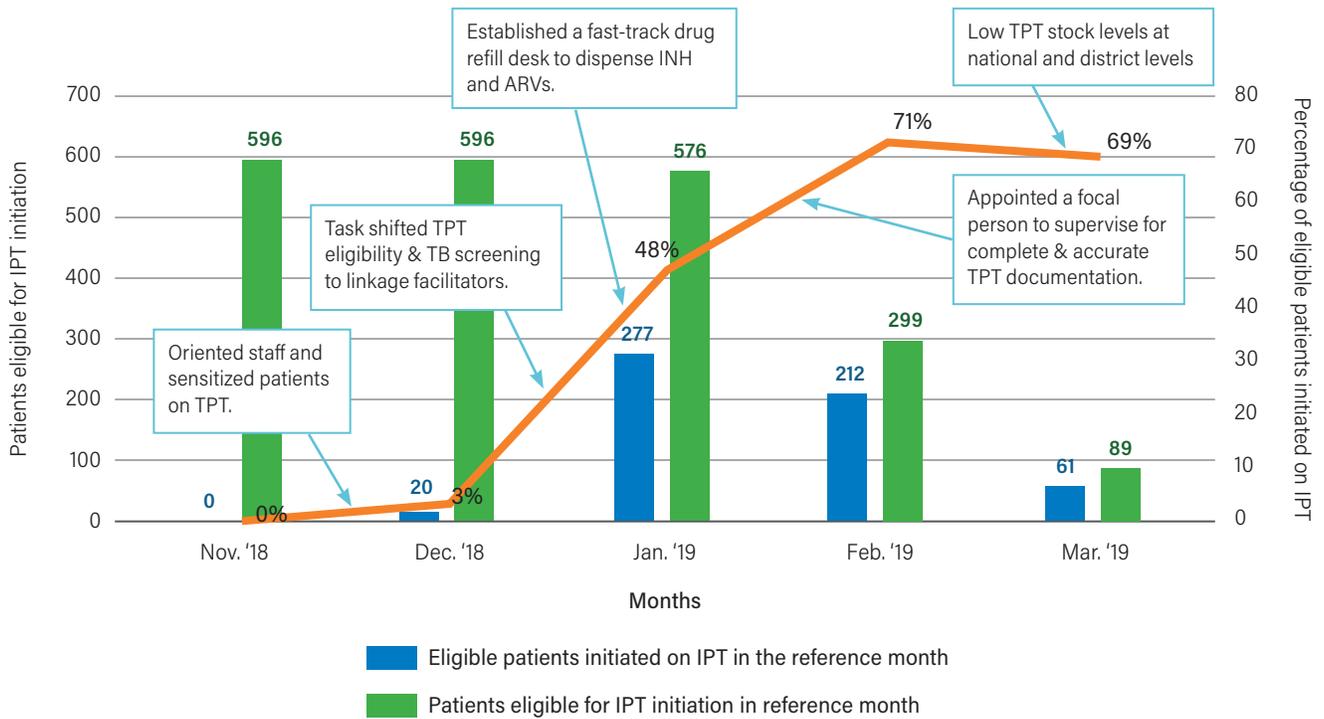
TPT documentation (e.g., dispensing logs, IPT registers, and patient ART charts) daily to ensure that correct doses were dispensed. The focal person also checked for completeness and accuracy of TPT documents at the end of each month.

Results

As shown in **Figure 1**, the percentage of HIV patients initiated on IPT significantly improved in five months from 0% in November 2018 to 69% by the end of March 2019. Staff orientation on the importance of TPT initiation contributed to a 3% improvement in TPT initiation by December 2018. Building on this foundation, the addition of three synergistic interventions (i.e., task shifting of TB and TPT eligibility screening to linkage facilitators; establishing a fast-track drug refill desk to dispense INH and ARVs; and, designating a focal person to review TPT documentation and ensure complete and accurate documentation) led to a significant increment in TPT initiations (from 3% to 71%) within two months. There was however a drop in TPT initiation in March 2019 due to low stock levels of INH at national, district, and health care facility levels. To address stockout challenges at health care facilities, USAID RHITES-EC strengthened TPT supply chain management by orienting health care facility TB/HIV and supply chain teams on effective INH commodity management, quantity tracking, forecasting, and committing patient doses. USAID RHITES EC project facilitated redistribution of TPT from other facilities to Busesa HC IV to mitigate the impact of the reduced stock levels at national and district levels.



Figure 1: Percentage of HIV patients initiated on IPT between November 2018 and March 2019



* People eligible for INH include PLHIV who have no signs and symptoms of TB, and children under 5 years who are contacts of pulmonary TB patients.

Lesson Learnt

While each intervention was implemented to address an identified gap within the health facility, significant improvement in the number of eligible PHLIVs initiated on TPT was due to the synergistic, comprehensive implementation. This holistic package of interventions to improve TPT initiation rates amongst PLHIV has been scaled-up, and adapted as appropriate, across ART clinics

in East Central Uganda offering TPT. This case study also highlights the critical role of using WITs to improve efficiency and efficacy of clinic processes and systems. Regular meetings to review progress against set targets, identify performance gaps, and come up with relevant and feasible solutions to address implementation bottlenecks are key to the success of these teams and the interventions that they implement.

