# Busting Myths: Programmatic Scale-up of Isoniazid Preventive Therapy, Kenya 2014-2016

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## Background

- A third of global population infected with *M. tuberculosis* – a large source of active TB cases
- HIV infection associated with tenfold life-time risk of TB among People living with HIV (PLHIV)
- Isoniazid preventive therapy (IPT) decreases TB risk in HIV by 65% and up to 80% when combined with antiretroviral therapy (ART)
- IPT also has a demonstrated 37% reduction in mortality
- However countries have been slow in implementing this intervention
- We describe IPT scale up in Kenya a high TB and HIV burdened country with 1.5 million PLHIV , 53,000 annual HIVTB cases and 24,000 deaths

## Objectives

- To describe the progress in the scale-up of IPT in Kenya
  - To describe the progress in the scale-up of IPT IN Kenya
  - To describe policy and programmatic processes
  - To describe the outcomes and lessons learned

## Methods

- Conducted desk-review of guidelines, standard operating procedures (SOPs), Ministry of Health (MOH) and PEPFAR work plans, meeting notes and reports
- Analyzed MOH (DHIS2) IPT uptake and treatment outcome data from January 2014 to December 2016 in MS Excel®, 2014 considered baseline
- Outcomes were obtained from 14 initial sites in Nairobi and defined as:
  - Treatment completed- completion of 6 month IPT
  - Dead- died while on IPT
  - Default- lost to follow up
  - Not evaluated- no outcome
  - Discontinued- stopped IPT
- Results were presented as counts, percentages and graphs

## Results

### Evolution of guidelines and policy on IPT

- In 2009, National TB treatment guidelines revised to recommend IPT in prisons and in settings where TB could be ruled out with confidence
- TB symptom screening tools developed and intensified case finding institutionalized in HIV program clinics from 2009
- WHO IPT, Infection and intensified TB case finding guidelines released in 2011 and National IPT tools developed
- HIV treatment guidelines revised to allow IPT among PLHIV in programmatic settings and Xpert MTB/RIF testing rolled out
- National TB treatment guidelines 2013 recommend IPT for all PLHIV

### Initial programmatic rollout and scale up

- In 2011, IPT pilot projects were implemented, documented and used to inform scale-up
- Ministry of health commits to support IPT, and targets included in HIV and TB program 2015 deliverables (performance contracts)
- A joint MOH, USG and implementing partner (IP) technical working group formed
- Joint HIV and TB procurement planning done, drugs purchased by the TB program and distributed by the HIV program
- SOPs and training materials developed and counties trained
- PEPFAR IPs assigned targets (90% of PLHIV currently in care) and IPT launched nationally in 2015
- IPT integrated into the standard package of HIV care and prioritized in HIV treatment acceleration initiatives
- Six months Isoniazid supply set aside for individual patient at IPT initiation
- PEPFAR IPs and MOH engaged in quarterly progress review meetings

### Scale up and outcomes

- IPT uptake increased almost 50-fold from 9,981 at end-2014 to 493,436 in December 2016. *(Figure 1)*
- Estimated 80% national IPT coverage achieved by August 2017 among 1,050,000 PLHIV in care
- High (90%) IPT completion rates
- TB and adverse drug reactions were reported in 0.2% and 0.5% respectively

***Figure 1***

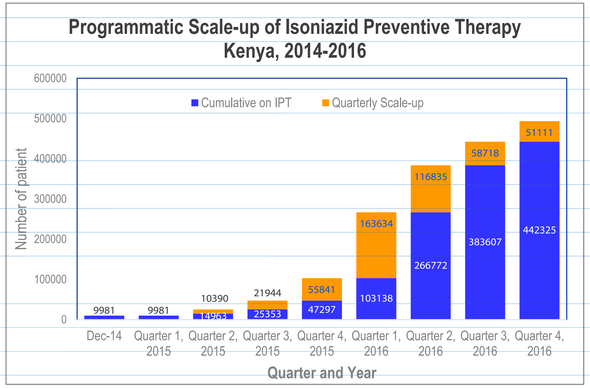



***Figure 2***

**Isoniazid Preventive Therapy Treatment Outcomes in 14 Sites, Nairobi 2015 (N =28,483)**

| | n | Percentage |
|---|---|---|
| Treatment completed | 25635 | 90% |
| Dead | 114 | 0.4% |
| Default | 1396 | 4.9% |
| Not evaluated | 484 | 1.7% |
| Discontinued | 854 | 3.0% |
| **Total** | **28,483** | **100** |

## Challenges, Limitations and Lessons learned

**Challenges and limitation**

- Occasional stock out of drugs
- Shortage of reporting tools
- Lower numbers of PLHIV entered in DHIS 2 than actual on IPT
- Few sites selected for outcome reporting, however data comparable to national average

**Lessons Learned**

- Strong MOH leadership, integrating IPT in routine HIV program work, and engaging and holding IPs accountable for results are critical for success

## Conclusion and recommendation

- IPT can be scaled up nationally in programmatic settings with high completion rates
- TB and adverse drug reactions are rare among clients on IPT
- High level MOH commitment , implementing partner involvement and accountability are recommended

## Acknowledgement

- Ministry of Health
- World health organization
- PEPFAR

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**DISCLAIMER**: The findings and conclusions in this poster are those of the authors and do not necessarily represent the official position of the funding agencies

Attribution of support: This project [research, report, work, etc.) has been supported [in part] by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the US Centers for Disease Control and Prevention (CDC) [ Mechanism #: 18213.

REPUBLIC OF KENYA
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