



Understanding early implementation of pre-exposure prophylaxis for HIV prevention in public health facilities in Uganda using the Consolidated Framework for Implementation Research

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Background

- In sub-Saharan Africa, a number of countries are starting to deliver oral pre-exposure prophylaxis (PrEP) for HIV prevention in public health facilities.
- We are conducting a stepped-wedge cluster-randomized trial in 12 health facilities in Kampala & Wakiso, Uganda to launch delivery of a PrEP program within HIV clinics targeting HIV-negative members of HIV serodiscordant couples and determine the impact of the PrEP program on HIV viral suppression in partners living with HIV (ClinicalTrials.gov: NCT03586128).

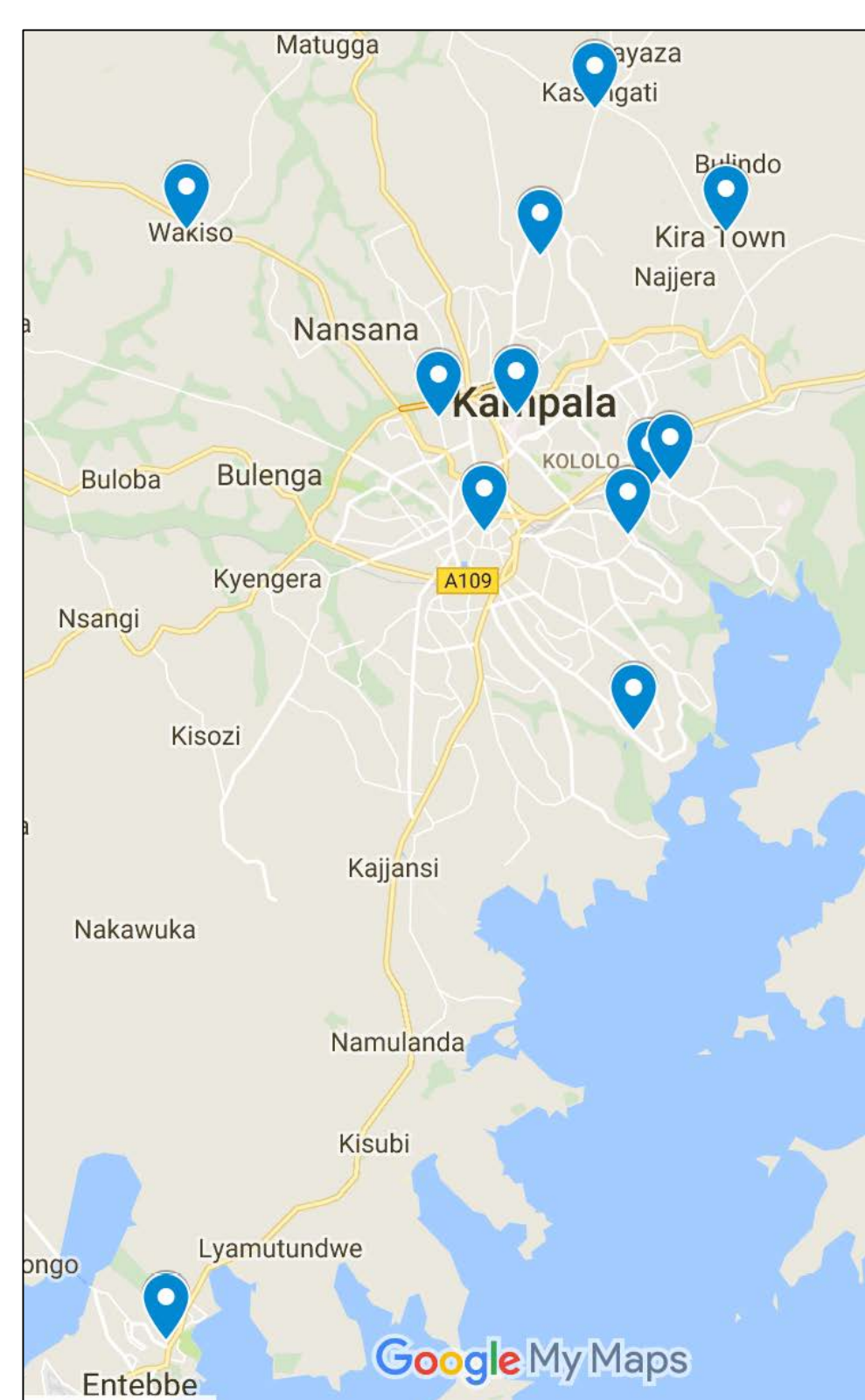
Objective

To understand implementation challenges and solutions soon after the launch of PrEP delivery, we conducted formative research guided by the Consolidated Framework for Implementation Research (CFIR).

Study design

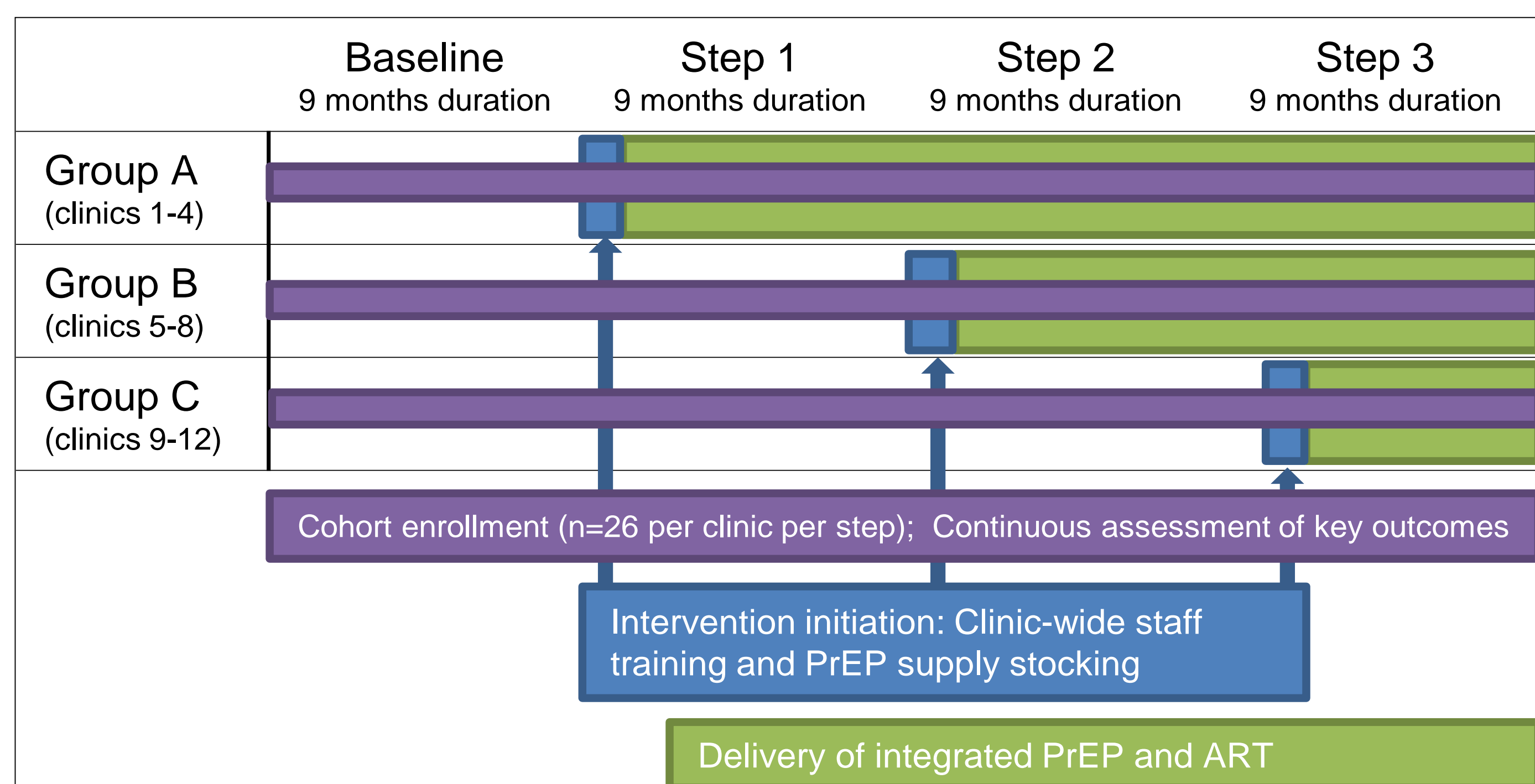
Facility selection

- 12 facilities were selected to participate as a PrEP implementing site for the trial.
- Facilities are largely public health centers and hospitals as well as NGO-run.
- Facility selection was based on a number of factors:
 - The number of HIV-positive clients
 - Serodiscordant couples # or programs
 - Enthusiasm for couples work & PrEP
 - Clinic space/flow



Stepped-wedge cluster randomization

- In December 2018, the first four (i.e., Group A) of 12 study health facilities began delivering PrEP:



Technical advisor reports

Technical advisors (TA)

- Two TAs, knowledgeable and experienced in PrEP delivery, visit the study facilities weekly to assess progress and address implementation questions.
- The TAs keep a log of notes from each facility visit.

TA Reports

- At the end of each month, the TAs complete standardized reports that document the PrEP implementation process for each facility.
- These reports are developed from a template guided by the CFIR (examples to the left).

Analysis

- We used both deductive (CFIR theory driven) and inductive (open coding) analysis approaches to develop codes and identify emergent themes relevant to early PrEP implementation.

Topic	yes	no	Comments
	Note: grey responses require a comment		
Required resources for PrEP delivery			
<i>Workforce and infrastructure – across all areas (counsellors, clinicians, phar</i>			
Are there adequate staff to deliver PrEP services?	X		Sometimes staff especially clinicians are taken away by their supervisors for other duties but this does not fail PrEP deliver to take place. They discuss amongst themselves and always there is a person to attend to the PrEP clients.
Has there been staff turnover? Has it affected PrEP delivery?		X	No staff transfers yet.
Is there sufficient time to deliver PrEP services?	X		Time would have been there but the ART is overwhelmed with numbers and this affects service delivery. However, PrEP clients are prioritized.

Identification of PrEP Users			
<i>Couples and partner HIV counselling and testing</i>			
Is partner status routinely assessed for individuals who get tested for HIV? (i.e. do they ask about their partners status)	X		Every adult who presents for HIV testing is asked information about the Partner(s) and are encouraged to bring them for HIV testing.
Do clients bring their partners to the facility for HCT?	X		The number of clients bringing their partners for HIV testing has increased at the facility.
Are there assisted partner notification (APN) services available?	X		As noted in earlier reports, Counsellor Mary spearheads this program and contacts clients on a daily basis.
Are there other ways that couples are being recruited for HCT?	X		Through Antenatal and Maternity clinics.

Findings

CFIR domain

PrEP implementation

Facilitators

Barriers

Implementation process

- PrEP champions, use of assisted partner notification, and collaboration with nearby facilities for PrEP recruitment

- No effective referrals from other facilities
- No or delayed creatinine clearance results

Inner setting

- PrEP refresher trainings
- WhatsApp group to facilitate staff communication

- Few PrEP-trained facility staff
- Overworked staff
- Limited counseling space

Individual characteristics

- Re-train facility staff facing challenges
- Peer-to-peer mentoring
- Performance meetings

- Limited PrEP knowledge among facility staff
- PrEP issues left to few staff members

Discussion

- This study demonstrates that implementation of PrEP in public and private health facilities in Uganda is feasible.
- Early implementation challenges of PrEP delivery were mainly related to recruitment and referral of eligible individuals as well as training of health facility staff.
- Our study found that early PrEP implementation challenges can be addressed with improved staff communication and retraining, as well as collaboration with nearby facilities.

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