

World Congress on

ADVANCEMENTS IN TUBERCULOSIS AND LUNG DISEASES

April 22-23, 2019 Tokyo, Japan

Factors affecting the acceptability of isoniazid preventive therapy for people living with HIV among healthcare providers in selected HIV clinics in Nairobi County, Kenya**E O A Wambiya¹, E Eboreime², M Atela³ and L Ibisomi⁴**¹African population and Health Research Centre, Kenya²National Primary Health Care Development Agency, Nigeria³Partnership for African Social & Governance Research, Kenya⁴University of the Witwatersrand, South Africa

Background & Aim: Despite being globally recommended as an effective intervention in Tuberculosis (TB) prevention among people living with HIV, Isoniazid Preventive Therapy (IPT) implementation remains suboptimal, especially in sub-Saharan Africa. This study aimed to explore the factors influencing the acceptability of IPT among healthcare providers in selected HIV clinics in Nairobi County, Kenya, a high HIV/TB burden country.

Method: A qualitative study was conducted in the HIV clinics of three purposively selected public health facilities in Nairobi County of Kenya. Data were collected through in-depth interviews with a total of 18 purposively selected health care providers including clinical officers, nurses, counsellors and pharmacists. An interview guide developed from an existing theoretical framework of factors affecting implementation outcomes guided the in-depth interviews. Participants were interviewed about their perceptions regarding IPT and factors that made them feel that way at different levels. All conversations were audio-recorded, transcribed verbatim and qualitative data on factors influencing IPT acceptability analyzed by thematic content analysis. A conceptual framework was then developed to summarize factors affecting IPT acceptability among the health care providers in this context.

Results: Provider acceptability of IPT was influenced by factors relating to the organizational context, provider training on IPT and their perception on its efficacy, length and clarity of IPT guidelines and standard operation procedures, as well as structural factors (policy, physical and work environment). Inadequate high-level commitment and support for the IPT program by program managers and policy-makers were found to be the major barriers to successful IPT implementation in our study context.

Conclusion: This study provides insight into the complexity of factors affecting the IPT implementation in Kenya ensuring optimal acceptability of IPT among healthcare providers which will require an expanded depth of engagement by policy-makers and IPT program managers with both providers and patients, as well as on-the-job design specific actions to support providers in implementation. Such high-level commitment and support are consequently essential for quality delivery of the intervention to PLHIV hence promoting uptake.

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