

The Know-do Gap in Adherence to TB-HIV Screening Guidelines in Urban Nigeria

A Study of TB-care Quality among Private Clinical Providers in Two States

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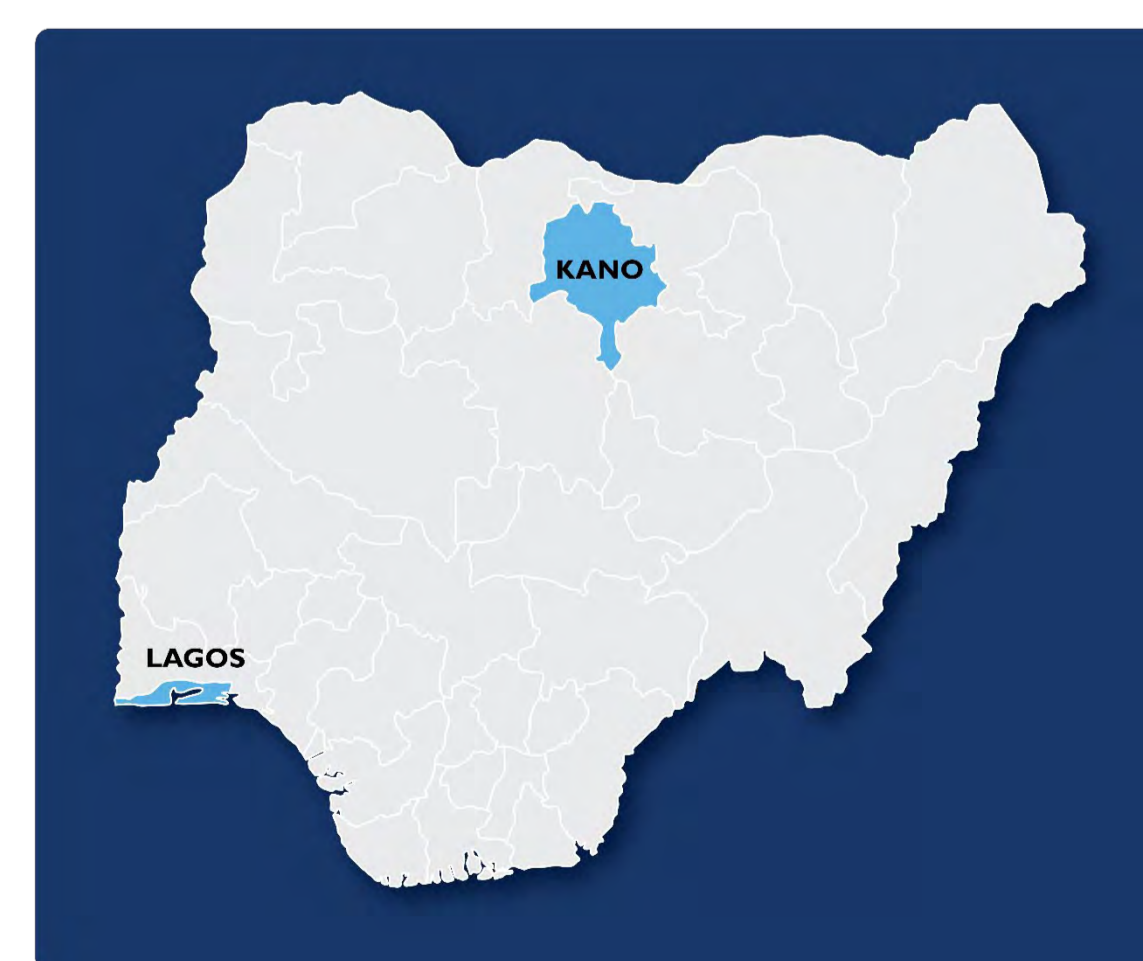
Background and Rationale

- The WHO classifies Nigeria as high burden country for TB, TB-HIV, and multidrug resistant TB (MDR-TB).
- The country and its donor partners have been seeking to increase the rates of TB detection by expanding the availability of TB services in the private sector through public-private mix (PPM) models such as the one currently implemented by the USAID-funded Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus) project.
- However, currently, little is known about the quality of TB services in the country, especially in the private sector, particularly as it relates to the norms around provision of HIV services to TB patients.
- The national guidelines specify that providers should inquire about TB presumptive and confirmed patients' HIV status, provide HIV counseling and testing if appropriate, and test PLHIV with TB symptoms for MDR-TB.



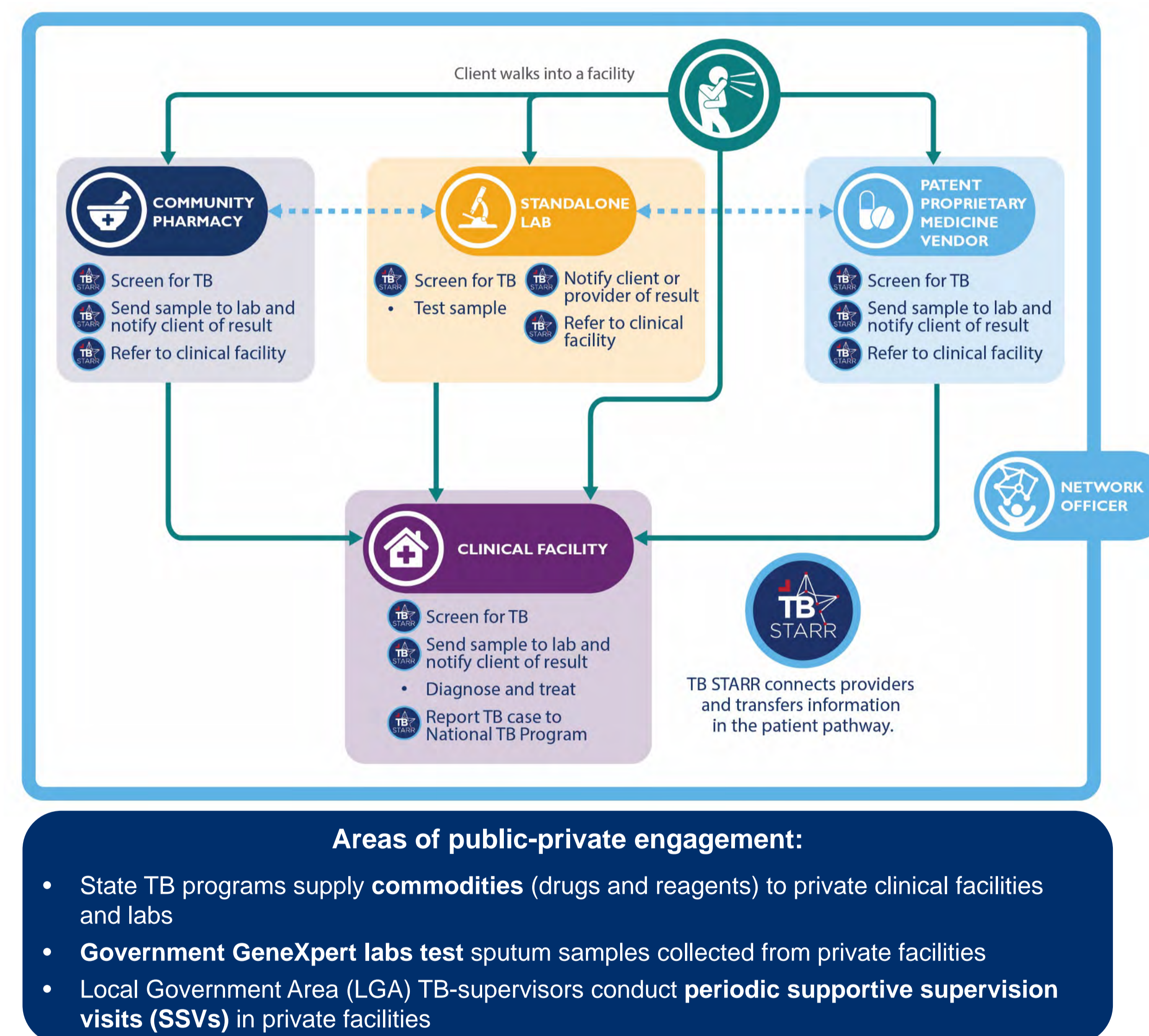
Objective

To fill this knowledge gap, the USAID-funded SHOPS Plus project implemented a study in Lagos and Kano to evaluate the extent to which private clinical facilities it trained to provide TB services adhere to national guidelines for screening, diagnosis and treatment of TB, which includes provision of provider initiated testing and counselling (PITC).



For additional information about the TB program in Nigeria, please visit: <https://shopsplusproject.org/nigeria> or Contact Sophie_Faye@abtassoc.com

SHOPS Plus Network Patient Pathway Diagram



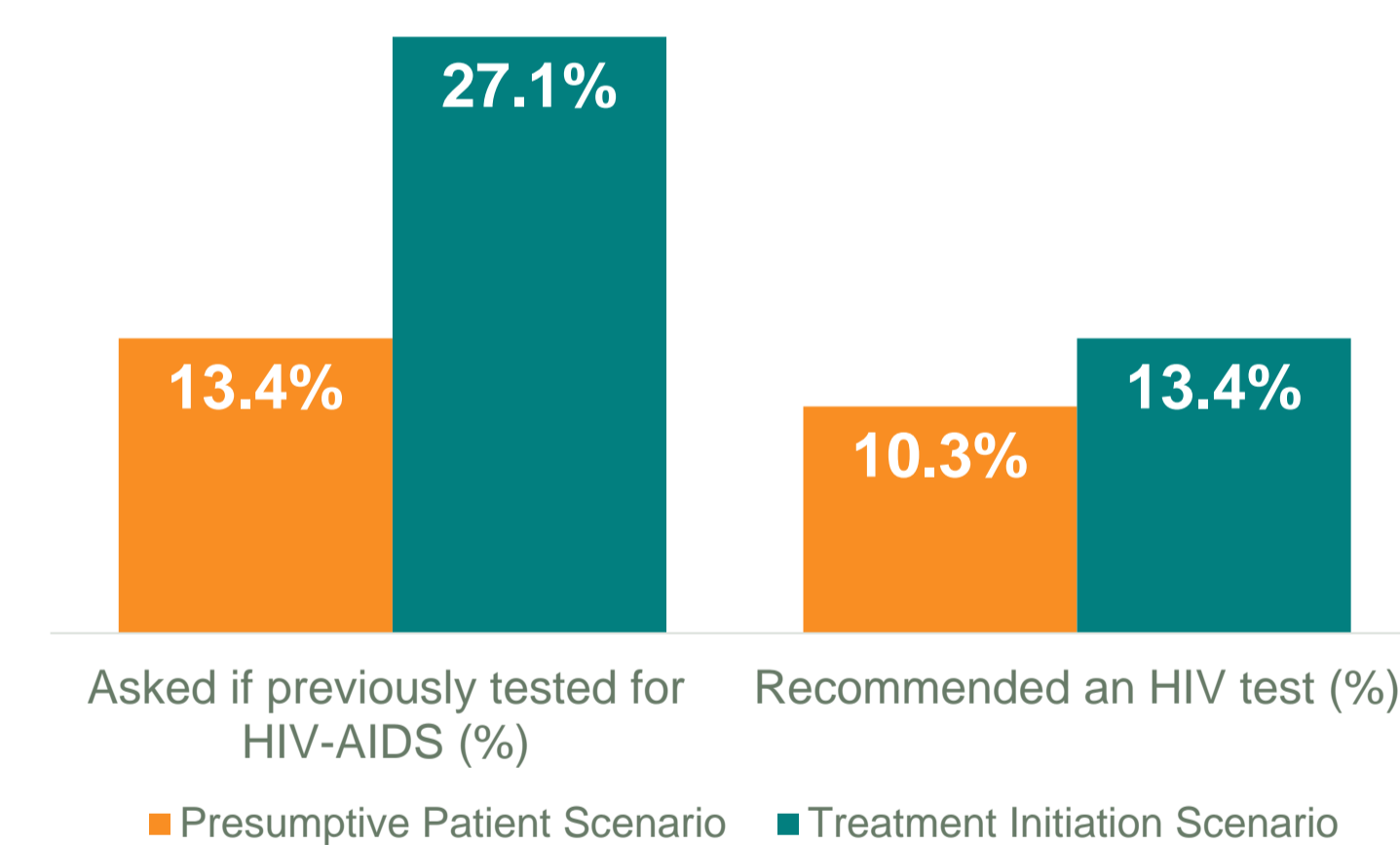
Methodology

- The study used a standardized patient (SP) survey, which is considered the “gold standard” for examining provider behavior, and a medical vignette survey to assess provider knowledge gaps.
- The sample for SP survey included 398 randomly selected private clinical facilities located in urban areas of Lagos and Kano states. The vignette survey was administered to a subset of 129 facilities.
- Two different patient scenarios were examined – a “textbook” case of presumptive TB and a treatment initiation case in which the patient presents with a confirmed TB diagnosis.
- The survey instruments included questions for PITC – whether providers asked if patients had been previously tested for HIV, and whether providers recommended HIV testing.
 - In the presumptive TB case SP were instructed to answer “No” if asked for recent HIV testing.
 - In the treatment initiation scenario SP presented with a positive result TB test form mentioning that they were HIV negative.

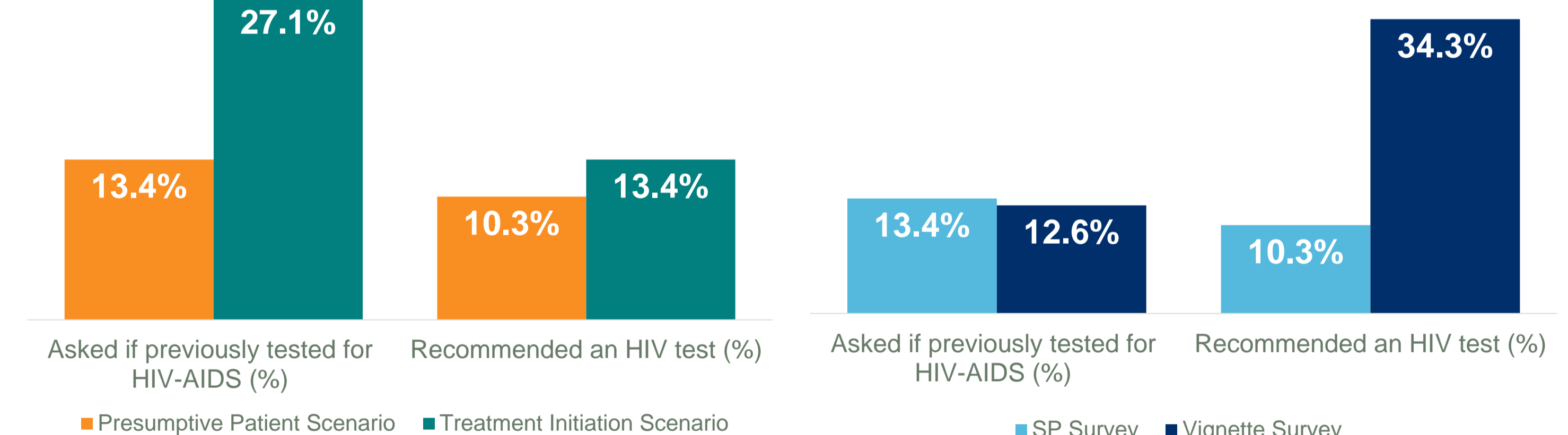
Findings

- The study found that among presumptive cases in the SP survey, few providers engaged in questioning on HIV testing status and fewer made recommendations for HIV testing (respectively 13.4% and 10.3%).
- Despite being presented with a negative HIV test result, providers were more likely to inquire about HIV status and recommend HIV testing in the treatment initiation scenario (respectively 27.1% and 13.4%).
- Results from both surveys show an apparent “know-do” gap : although 34.3% of providers recommended HIV testing for TB-presumptive on the vignette survey, only 10.3% made this recommendation in the SP survey. When it comes to asking whether the patient had a recent HIV test , the results for the two surveys are similar.
- The vignette survey also revealed a possible knowledge gap among providers about testing PLHIV for MDR-TB: only 0.9% of interviewed providers mentioned that they would.

SP Survey PITC Results (all facilities)



PITC for Presumptive TB Patients (SP vs. Vignette Survey Results)



Study Limitations

- The results reflect a single interaction at a single point in time and SPs interacted with the provider that was on duty at the time of their visit.
- Potentially not all providers in a given health facility received direct training from SHOPSPlus but the assumption is that providers who received the training should cascade that knowledge to their colleagues inside the facility.
- Individual providers who answered questions on the vignette survey are not necessarily the same who interacted with the mystery patient during the SP survey.

Conclusions

- Results indicate an adaptive management opportunity. Going forward the project should implement supportive supervision and training not just focused on TB services but that can also inform private clinical providers on TB-HIV protocols.
- The apparent “Know-do” gap related to recommendation of HIV testing for TB-presumptive patients is also an opportunity for further research on the potential other constraints that may prevent providers from “doing what they know they should do”.