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REVIEW ARTICLE

Barriers and Facilitators of Isoniazid Preventive Therapy Implementation among People Living with HIV in Nigeria: A Scoping Review of the Literature

Obstacles et Facteurs Facilitant la Mise en Œuvre de la Thérapie Préventive à l'Isoniazide chez les Personnes Vivant Avec le VIH au Nigeria : Une Revue de la Littérature

^{1,2*}V. A. Adepoju, ³A. Adelekan, ²O. E. Adepoju, ⁴O. I. Onyezue, ¹W. Imoyera, ⁵A. Nkeiruka, ^{2,6}A. B. Olofinbiyi

ABSTRACT

BACKGROUND: Implementation of Isoniazid Preventive Therapy (IPT) among People Living with HIV (PLHIV) continues to be a significant challenge, and there is a shortage of effective interventions. This scoping review aimed to determine barriers and facilitators of IPT implementation including its uptake and completion among PLHIV in Nigeria.

METHODS: PubMed, Medline Ovid, Scopus, Google scholar, web of science and Cochrane Library were searched for articles published between January 2019 to June 2022 that addressed barriers and facilitators of IPT uptake and completion in Nigeria. The study used the PRISMA checklist to ensure the quality of the study.

RESULTS: The initial search revealed 780 studies, of which 15 studies were finally included in the scoping review. The authors inductively organized IPT barriers among PLHIV into patients-, health system-, programmatic- and provider-related barriers. Facilitators of IPT were sub-categorized into programmatic (Monitoring and Evaluation or logistic), patient-related and provider-related (capacity-building) and health systems sub-categories. Most studies highlighted more barriers than facilitators, and across all studies, IPT uptake was 3% – 61.2% while IPT completion was 40 – 87.9% but these figures are higher in quality improvement studies.

CONCLUSION: Identified barriers include health system, and programmatic-across, and in all the studies, IPT uptake was 3%-61.2%. Cost-effective and locally developed interventions addressing context-specific barriers should be developed to address patient, provider, programmatic, and health systems-specific findings in our study with a clear understanding that there may be other barriers limiting uptake and completion of IPT at the level of community and caregivers. **WAJM 2023; 40(3): 336–344.**

Keywords: Isoniazid preventive therapy; People living with HIV; Barriers; Facilitators; Uptake; Completion.

RÉSUMÉ

CONTEXTE: La mise en œuvre du traitement préventif à l'isoniazide (TPI) chez les personnes vivant avec le VIH (PVVIH) reste un défi de taille, et il y a une pénurie d'interventions efficaces. Cette étude exploratoire visait à déterminer les obstacles et les facilitateurs de la mise en œuvre du TPI, y compris son adoption et son achèvement parmi les personnes vivant avec le VIH au Nigéria.

MÉTHODES: PubMed, Medline Ovid, Scopus, Google scholar, web of science et Cochrane Library ont été recherchés pour les articles publiés entre janvier 2019 et juin 2022 qui traitaient des obstacles et des facilitateurs de l'adoption et de l'achèvement du TPI au Nigéria. L'étude a utilisé la liste de contrôle PRISMA pour garantir la qualité de l'étude.

RÉSULTATS: La recherche initiale a révélé 780 études, dont 15 ont finalement été incluses dans l'examen de la portée. Les auteurs ont organisé de manière inductive les obstacles au TPI chez les PVVIH en barrières liées aux patients, aux systèmes de santé, aux programmes et aux prestataires. Les facilitateurs du TPI ont été subdivisés en sous-catégories liées aux programmes (suivi et évaluation ou logistique), aux patients et aux prestataires (renforcement des capacités) et aux systèmes de santé. La plupart des études ont mis en évidence plus d'obstacles que de facilitateurs et, dans l'ensemble des études, le taux d'utilisation du TPI était compris entre 3 % et 61,2 %, tandis que le taux d'achèvement du TPI était compris entre 40 % et 87,9 %, mais ces chiffres sont plus élevés dans les études d'amélioration de la qualité.

CONCLUSION: Les obstacles identifiés sont liés au système de santé et aux programmes, et dans toutes les études, le taux d'utilisation du TPI était compris entre 3 % et 61,2 %. Des interventions rentables et développées localement pour faire face aux obstacles spécifiques au contexte devraient être mises au point pour répondre aux conclusions de notre étude concernant les patients, les prestataires, les programmes et les systèmes de santé, tout en sachant qu'il peut y avoir d'autres obstacles qui limitent l'adoption et l'achèvement de l'IPT au niveau de la communauté et des soignants. **WAJM 2023; 40(3): 336–344.**

Mots-clés: Thérapie préventive à l'isoniazide; Personnes vivant avec le VIH; Obstacles; Facilitateurs; Adoption; Achèvement.

¹Department of HIV and Infectious Diseases, Jhpiego (an affiliate of John Hopkins University), Abuja, Nigeria. ²Department of Adolescent Research, Adolescent Friendly Research Initiative and Care (ADOLFRIC), Ado-Ekiti, Ekiti State, Nigeria. ³Blue Gate Research Institute, Ibadan, Oyo State, Nigeria. ⁴Prevention and Community Directorate, APIN Public Health Initiatives, Nigeria. ⁵Department of HIV/AIDS, Achieving Health Nigeria Initiative, Nigeria. ⁶Department of Obstetrics and Gynaecology, College of Medicine, Ekiti State University, Ado-Ekiti, Ekiti State, Nigeria.

*Correspondence: Dr Victor Abiola Adepoju, Department of HIV and Infectious Diseases, Jhpiego Nigeria (an affiliate of John Hopkins University), Plot 971, Reuben Okoya Street, Wuye, Abuja, Nigeria. Tel.: +2348166317148.

Email: schrodinga05@yahoo.com; victor.adepoju@jhpiego.org

Abbreviations: ART, Antiretroviral Therapy; HIV, Human Immunodeficiency Virus; IPT, Isoniazid Preventive Therapy; LTFU, Lost to Follow-up; M&E, Monitoring and Evaluation; PTB, Pulmonary Tuberculosis; PLHIV, People Living with HIV; PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses; SMS, Short Message Service; TB, Tuberculosis; UNAIDS, United Nations Programme on HIV/AIDS; WHO, World Health Organization.