Barriers to and facilitators of implementation of isoniazid preventive therapy guidelines for TB household contacts under-five in Harare, Zimbabwe

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Background: Most under-five children with TB in Zimbabwe are household contacts of bacteriologically confirmed tuberculosis (TB) cases. Despite isoniazid preventive therapy (IPT) implementation being a globally recommended intervention in TB prevention in under-five children, IPT uptake remains suboptimal, in Zimbabwe. The aims of this study were to explore barriers to and facilitators of implementation of IPT guidelines and explore how a shorter TB preventive therapy regimen may support more widespread TB preventive therapy.

Methods: A qualitative study was conducted in four health facilities offering TB services in Harare, Zimbabwe. Eighteen healthcare providers were purposively selected for in-depth interviews using an interview guide informed by the constructs of the Consolidated Framework for Implementation Research. Framework analysis was used for data analysis.

Results: The emergent themes included role of opinion leaders, providers’ attitude towards IPT, experiences with caregivers and facility factors influencing implementation of IPT guidelines. Healthcare providers had mixed opinions whether a shorter TB preventive therapy regimen would influence implementation of guidelines.

Conclusion: This study provides insight into complex factors affecting implementation of childhood IPT guidelines in Zimbabwe. Optimisation of childhood IPT uptake will require high-level commitment by the National TB Program engaging with healthcare providers and caregivers to address implementation challenges.