Strategies for improving the implementation of CPT for PLHIV, based on this study's findings

How to initiate and guide the implementation?	• Interdisciplinary elaboration of documents and implementation strategies • Ensure health professionals have access to clearly written guidelines about the use of CPT (eligibility criteria, potential side effects, contraindications, when to start & stop CPT) • Clear protocols for all levels and people responsible for supply chain operations • Implement routine procedures that trigger continuous improvement (monitoring & evaluation activities, supportive supervision, routine health facility meetings to discuss service provision/ delivery issues)
How to improve availability of CPT?	• Prioritisation of CTZ (Essential medicines list, HIV program priority) • Strategic focus on ensuring funding and the supply chain of CTZ • Routine provision of pharmaceutical training for health facility personnel (requisition procedures, program priorities) • Consider the supply of CTZ through two distinct supply channels (push and pull supply chain strategy) • Include an appropriate quantity of buffer stuck • Consider outsourcing troublesome steps of the supply chain to private companies • Consider the possibility of local production of pharmaceuticals • Consider decentralising activities related to the coordination of pharmaceuticals closer to the health facility (e.g. to district teams)
Which health service- and drug delivery strategies to consider?	• Consider extending health facility and or pharmacy opening hours • Raising health literacy among patients and their community (increasing knowledge about CPT, reducing HIV related stigma) • Consider integrating HIV services into primary care sub-specialities (paediatric, maternal and child health, chronic care, TB services) • Consider collaborating with practitioners of traditional healing (TH) approaches (if TH is a common entry point into the health care system) • Consider differentiated care models (reducing health facility visits among clinically stable patients) • Consider alternative delivery approaches for CPT (e.g. community based provision to an adherence group representative or patient representative)
How to ensure that CPT is prescribed/ delivered by health care providers?	• Increasing the number of health professionals working within the NHS • Routine training on CPT and mentoring for health professionals with difficulties regarding CPT prescription practices • Ensuring health professionals' motivation and willingness to prescribe/ deliver CPT (attitude)
How to increase patients acceptability of CPT?	• Increasing convenience (more timely access to HIV services, reliable access to CTZ) • Allow patients to make informed decisions (increasing patients' self-motivation through key messages about the desired effects)