

Improving Care for People in Ukraine Who Have Tuberculosis and HIV

Findings from a Qualitative Analysis of Integrated Services

In 2014, the United States Agency for International Development (USAID) mission in Ukraine asked MEASURE Evaluation to launch an impact evaluation to study two interventions conducted by the Strengthening Tuberculosis Control in Ukraine (STbCU) project to (1) provide social support services to improve tuberculosis (TB) treatment adherence; and (2) improve the integration of TB and HIV services, to reduce mortality through early diagnosis and treatment of TB- and HIV-coinfected clients. MEASURE Evaluation designed two independent but complementary studies to evaluate the impact of these STbCU program efforts: the social support study and the TB-HIV integration study. Both employed a mixed-methods approach, with a quasi-experimental quantitative evaluation design complemented by qualitative descriptive work to inform the findings. This brief summarizes the results of the qualitative research conducted for our evaluation of the TB-HIV integration program.

Background

Ukraine has the highest burden of HIV in eastern Europe: 0.9 percent (0.8% to 1.0%) of adults are HIV-positive (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2015). The country also has one of the world's highest rates of multidrug-resistant tuberculosis (MDR-TB) (Acosta, Kaluski, & Dara, 2014). It has an estimated 40,000 cases of TB each year (PATH, n.d.), with 7,855 new cases of MDR-TB reported in 2014 (Ukraine Center for Disease Control, 2014). HIV fuels TB transmission: TB is the most common opportunistic infection in people living with HIV. This results in a higher number of deaths: nearly 40 percent of deaths among people who are HIV-positive are associated with TB (UNAIDS, 2013). HIV-TB coinfection in Ukraine is high—16 people per 100,000—

and is disproportionately concentrated in marginalized groups, such as sex workers, prison populations, and injection drug users.

Strengthening Tuberculosis Control in Ukraine

USAID in Ukraine is testing strategies to combat the problems posed by multidrug-resistant tuberculosis and HIV. One such mechanism is the STbCU project, in partnership with the Government of Ukraine and national and international stakeholders, with additional funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR). Its goal is to decrease the country's TB burden and to improve the quality of TB services, including detection and treatment of TB and multidrug-resistant and extensively drug-resistant TB. It also aims to provide prevention and treatment support to counter the rapid growth of TB and HIV coinfection. The project began in March 2012 and ended in April 2017. It built on more than 10 years of USAID's TB assistance in 10 priority geographic areas.

The TB-HIV integration program aimed to integrate services and improve referrals between TB facilities and HIV facilities to improve the timeliness of care and the treatment outcomes for coinfecting clients. Integration means that all clients with TB are offered HIV counseling and testing in TB facilities, and then receive treatment, if needed. Likewise, all clients with HIV are screened and tested for TB in the same facility and receive treatment, if needed.

Research Approach

Our qualitative research addressed this question:

- What facilitates or impedes timely access to and use of testing and treatment services for TB- and HIV-coinfected clients?

Data collection consisted of in-depth interviews with TB- and HIV-coinfected clients, TB and infectious diseases (ID) providers, and coinfection specialists in three STbCU project intervention regions: Kharkiv, Odessa, and Zaporizhzhya.

- **Interviews with clients** were conducted to gain an understanding of their experiences accessing and using both TB and HIV services.
- **Interviews and focus group discussions (FGDs) with providers** gave information on client flow and data flow, communication between TB and HIV services, and facilitators of and barriers to the provision of services to coinfecting clients.



We conducted 53 in-depth interviews with three stakeholder groups: 30 TB- and HIV-coinfected clients; 17 infectious disease (ID) and TB providers; and six coinfection specialists. We also conducted six FGDs with providers. All discussions were digitally recorded, translated, and transcribed by a professional transcription service. The transcribed files were imported into a software program (ATLAS.ti, version 7.5.15), to facilitate analysis of the qualitative data, including the identification of themes and subthemes.

Study Findings

Factors that Facilitate Access to and Use of Services

- **Providers** mentioned several factors that facilitated **access to TB services** in the three regions. Themes were improvements in TB diagnostic testing; HIV facilities having enhanced services for TB clients; improved medication adherence by TB clients; expanded and updated clinics; better tracking of TB clients who had recovered; and revised laws.
- **Providers** shared information on the ways in which they felt **access to and use of HIV services** have improved over the past several years. Key themes were faster and more accurate HIV diagnostic testing; well-staffed and well-trained medical teams; and improvements in the scope of HIV services offered to clients.

- Four themes emerged from **client interviews** as examples of positive drivers of successful **access to TB services**: timely TB diagnostic testing; good communication between ID and TB specialists; mental preparedness of clients; and knowledgeable and professional doctors.
- Several themes emerged from the **interviews with clients** about factors that facilitated **access to HIV services**. Many clients echoed the providers in referencing the quality and professionalism of the medical providers and staff and faster and more accurate HIV testing. Other themes were the discretion of the medical staff around HIV and the fact that antiretroviral treatment is free, available, and effective.

Barriers to Timely Access to and Use of Services

- The barriers to access to and use of **TB services** from the **provider perspective** may be categorized by seven themes: (1) social factors; (2) lack of client adherence to treatment; (3) transportation issues; (4) TB testing expenses; (5) faulty or unavailable TB testing equipment; (6) short-staffed facilities; and (7) difficulty of diagnosing TB, especially in coinfecting clients.

I came to work here in 2005 and the staff has not increased since that time, despite the fact that we have more and more patients. There should be 12 patients [per doctor], but in fact we have 36–40 [patients]. [Focus group discussion participant]

- **Providers** mentioned many barriers to effectively implementing **HIV services** in the coinfection program. The main themes were clients' unwillingness or inability to accept their HIV diagnosis and follow treatment instructions; lack of diagnostic testing; overcoming stigma; onerous client paperwork; long lines; and general infrastructure issues.
- From the **client interviews**, 11 themes emerged regarding challenges to receiving timely access to **TB services**: facilities lacked space and capacity to meet basic client needs; unsanitary and noisy conditions; side effects of TB medicines; inadequately integrated management of HIV and TB medications; inconvenience of daily travel to the dispensary for medical treatment; high travel costs; long hospital stays for TB inpatients; emotional burden; high out-of-pocket treatment expenses; medication shortages; and long lines.
- **Clients** mentioned several barriers to their use *There's constant contact with an ID doctor, who also interacts with a TB doctor. If she goes on vacation, she leaves the meds for me there. They call me. I come and pick them up. They can't just give them to me, though. One has to sign the log. [Patient]*

of **HIV services**. The themes that overlapped with those reported by providers were dealing with the stigma of having HIV; long lines; high

costs associated with some laboratory work and medications; and the unavailability of diagnostic testing. Other themes identified by clients were negative provider attitudes, confusion about the treatment process, and confusion about where to go to receive treatment.

Communication and Collaboration between TB and HIV Services

- From the **provider** interviews, several themes described **facilitators** that improved effective integration of TB and HIV services: integrated meetings and conferences; recognized improvements in ID-TB communication; and assigning appointment cards to patients.

- **Providers** mentioned several **barriers** to effective *As ID doctors, we see and feel these patients even better. But we have not had a good communication with TB doctors for many years. And now, the situation is different. We have norms and clinical protocols that clearly describe how diagnostics has to be done. [Focus group discussion participant]*

communication and collaboration between TB and HIV services: database inadequacies, challenges in referring to TB dispensaries during the diagnosis stage, and the cost for patients to travel back and forth between HIV and TB facilities.

Recommendations of Providers and Clients

Providers and clients made the following recommendations to improve TB- and HIV-integrated services:

- **Providers** recommended that TB-HIV coinfection treatment programs should address infrastructure issues; improve electronic health records and technology; address staffing and workload issues; conduct provider training; address equipment and

supply needs; make legislative and protocol changes; and promote social change around TB and HIV.

- Recommendations by **clients** to improve the TB-HIV coinfection treatment program were to have on hand at least a week's supply of TB medicines; subsidize testing by the government; increase the number of professional healthcare workers; and improve communication regarding hospital services. Clients also recommended improvements in infrastructure, such as repairing buildings.

The full report on the impact evaluation of the STbCU Project will be available at www.measureevaluation.org.

References

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