

Improving Care for People in Ukraine Who Have Tuberculosis and HIV: Findings from a Qualitative Analysis of Integrated Services

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Introduction

Ukraine is one of the 10 countries with the highest incidence of multidrug-resistant TB¹; about a quarter of all TB patients are also infected with HIV². The USAID-funded Strengthening Tuberculosis Control in Ukraine project aimed to improve the integration of TB and HIV services to reduce mortality through early diagnosis and treatment of TB- and HIV-coinfected clients. The project was implemented by Chemonics from 2012–2017.

This impact evaluation of the Strengthening Tuberculosis Control in Ukraine project examines the relationship between the project's TB-HIV integration strategy and TB/HIV service utilization and mortality outcomes. MEASURE Evaluation, which is funded by the United States Agency for International Development, employed a mixed-methods approach, with a quasi-experimental quantitative evaluation design, complemented by qualitative interviews to inform the findings.

This study presents the results of the qualitative research conducted for the evaluation of the TB-HIV integration program. This qualitative study examined factors affecting the use of TB-HIV services. Specifically, the study aimed to identify what facilitates or impedes timely access to and use of testing and treatment for TB and HIV/AIDS patients in project intervention regions (Kharkiv, Odessa, and Zaporizhzhya).

Methods

- 53 in-depth interviews with three stakeholder groups: 30 TB- and HIV-coinfected clients; 17 infectious disease and TB providers; and six coinfection specialists
- Six focus group discussions with providers
- All discussions were digitally recorded, translated, and transcribed
- Using ATLAS.ti, we synthesized data based on key themes that were identified using deductive and inductive coding, and then presented results using direct quotes to support themes.



Results

Facilitators

According to study respondents, the HIV-TB integration program effected several positive changes in the integration of services including increased availability of clinical protocols, as illustrated by the quote below.

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

Respondents also mentioned improved coordination between HIV and TB providers.

There's constant contact with an ID [infectious disease] 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.
—Patient

Other facilitators that were mentioned were joint meetings and conferences for TB and HIV providers, enhanced TB services in AIDS centers, high-quality providers, and free antiretroviral therapy.

Barriers

However, client databases are not consistently shared across all TB and HIV services, which makes coordination challenging and further increases travel costs for clients, because they have to travel between TB and HIV clinics. Providers spoke of clients' inability to accept their HIV diagnosis and follow treatment instructions, short-staffed facilities, and infrastructure issues (such as buildings that needed repair) as key barriers.

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.
—Focus group discussion participant

From the clients' perspective, the following barriers also affected access to care: dealing with HIV-related stigma; emotional burden of TB and HIV diagnoses; long lines at facilities; high out-of-pocket costs associated with travel, inpatient stay, laboratory work, and medications; confusion about where to go to receive treatment; and confusion about medication regimens and their debilitating side effects.

Discussion and Conclusion

The study suggests that, though improvements in diagnostic testing and coordination across TB and HIV facilities is well under way, the following factors still must be addressed:

- Stigma
- Emotional burden
- Adequate education to deal with the side effects of the medication
- High patient out-of-pocket costs

For More Information

See a brief on the findings from this study at <https://www.measureevaluation.org/resources/publications/fs-17-222>

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