

Workshop to Disseminate
Findings and Facilitate Data Use
Impact Evaluation of Strengthening Tuberculosis
Control in Ukraine (STbCU) Project

Workshop Report

June 2018



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ABBREVIATIONS

ART	antiretroviral therapy
DOTS	directly observed treatment, short course
GOU	Government of Ukraine
HF	health facility
MDR-TB	multidrug-resistant tuberculosis
PEPFAR	President's Emergency Plan for AIDS Relief
SS	social support
STbCU	Strengthening Tuberculosis Control in Ukraine
TB	tuberculosis
TWG	technical working group
USAID	United States Agency for International Development

INTRODUCTION

Background

The United States Agency for International Development (USAID) mission in Ukraine is testing strategies to combat the problems posed by multidrug-resistant tuberculosis (MDR-TB) and HIV. One strategic mechanism was the Strengthening Tuberculosis Control in Ukraine (STbCU) project, which was implemented in partnership with the Government of Ukraine (GOU) and national and international stakeholders. The project's goal was to decrease the country's tuberculosis (TB) burden and to improve the quality of TB services, including detection and treatment of TB, MDR-TB, and extensively drug-resistant TB. The project also aimed to provide prevention and treatment support to counter the rapid growth of TB and HIV coinfection. It started in March 2012 and ended in April 2017.

USAID Ukraine commissioned MEASURE Evaluation to conduct an impact evaluation of the STbCU project—funded by USAID and the United States President's Emergency Plan for AIDS Relief (PEPFAR). The impact evaluation examined the relationship between the implementation of select intervention strategies and changes in key outcomes. The two strategies of interest were: integrating services and referrals between TB facilities and HIV facilities to improve timeliness of care and treatment outcomes for coinfecting clients, and targeting social support services to improve treatment adherence among those at high risk of treatment default.

Findings from this evaluation have implications for follow-up interventions in Ukraine and add to the evidence base for TB strategies more broadly. USAID Ukraine, the GOU, and in-country stakeholders can use the evaluation findings to guide decision making about resource allocation and scaling up TB interventions in Ukraine.

Purpose

The primary aim of this workshop was to disseminate the findings of the STbCU project impact evaluation and to facilitate their use. MEASURE Evaluation convened the workshop on March 14–16, 2018, in Kyiv, Ukraine. The workshop objectives were to:

- Disseminate and validate the evaluation findings.
- Develop recommendations, including strategic, programmatic, and policy-related ones.
- Develop an action plan on the basis of the recommendations.

Methods

The workshop incorporated various methods, including PowerPoint presentations, small-group discussions, and group presentations.

Organization of the Report

The report presents the content of each day of the workshop along with recommendations generated by participants. We conclude the report with a brief description of next steps.



Photo: Zulfiya Charyeva, MEASURE Evaluation, Palladium

OVERVIEW

Twenty-seven participants, including representatives from the Ministry of Health’s Center for Public Health, USAID, various NGOs, and healthcare workers from four regions, attended the workshop and actively participated to validate findings, develop recommendations, and draft an action plan.

The workshop agenda is in Appendix A, and the list of participants is in Appendix B.

DAY 1

The first day of the workshop was devoted to disseminating study findings to a broad group of stakeholders representing the U.S. government, the GOU, the former STbCU project staff, current USAID-funded TB project staff members, and NGO representatives.

The impact evaluation examined two intervention strategies, according to which the evaluation reports and this workshop were organized: 1) social support services; 2) integration of TB and HIV services and referrals.

Social Support Services

Zulfiya Charyeva, of MEASURE Evaluation, began the day by providing a detailed explanation of the social support services provided under STbCU, the method used to evaluate them, and findings from the impact evaluation, which are detailed in the report. She reminded participants that the report and findings would be finalized after validation and discussion at the workshop.

The social support study evaluation questions included:

1. Does participation in a social support program affect the likelihood of TB treatment default, treatment success, or treatment failure among high-risk clients?
2. What aspects of outpatient TB treatments make adherence particularly difficult for clients in at-risk groups?
3. What aspects of the SS program are most important to those receiving the support? What works best for ensuring adherence?
4. What is the estimated effect of the SS program on the treatment success rate at the population level?

The evaluation found that participation in the SS intervention improved TB treatment outcomes among high-risk clients and reduced the population level default rate by approximately 20%. The qualitative portion of the evaluation documented the barriers that clients in at-risk groups face to accessing treatment and the elements of the SS program that facilitated improved outcomes. Participants viewed the findings as compelling evidence of the important role that social services play for high-risk clients.

Integration of TB and HIV Services and Referrals

In the afternoon, Dr. Charyeva provided a detailed explanation of the TB and HIV integration support provided under STbCU, the design and method used to evaluate the project's support, and the findings recorded in the report.

The integration study questions were the following:

1. Completion of TB-HIV service cascade: What proportion of TB and HIV/AIDS clients complete each step in the cascade of services from screening to treatment per national protocol?

2. Factors affecting the use of TB-HIV services: What facilitates or impedes timely access to and use of testing and treatment for TB and HIV/AIDS clients?
3. Impact of service integration on time to services: Do service integration, training, and support between TB and HIV/AIDS services decrease the time lag between steps of service (screening, testing, and treatment) for TB and HIV/AIDS clients?
4. Impact of service integration on all-cause mortality: Do service integration, training, and support between TB and HIV/AIDS services decrease all-cause mortality among TB-HIV coinfecting clients?

The evaluation found that the TB-HIV integration program effected several positive changes in the delivery of services, especially regarding the availability of diagnostic tests across facilities and the training of providers. The TB-HIV integration program is associated with a significant increase in timely initiation of antiretroviral therapy (ART) and had a significant positive impact on the likelihood that clients would receive a diagnostic HIV test at TB facilities.

The evaluation did not discern an impact on survival according to data from either TB or HIV facilities; however, it was unable to account for disease-severity variables such as CD4 cell count and TB disease stage in the impact models, owing to the large amount of missing disease-characteristic data at baseline, especially at AIDS centers. This was of great concern to many participants and a topic of repeated conversation over the three days of the workshop. The MEASURE Evaluation facilitators noted that this was the only evaluation question in either of the studies that relied on inadequate data.



Photo: Zulfiya Charyeva, MEASURE Evaluation, Palladium

DAY 2

In addition to disseminating the evaluation findings through presentations and facilitated discussion, the workshop aimed to validate and interpret the findings with local experts. To ensure that the most appropriate and knowledgeable people were present for each study discussion, the team focused on the TB and HIV integration study on Day 2 and the social support study on Day 3.

During validation and discussion of the findings, we asked participants to consider these questions:

1. Is there anything surprising in the findings?
2. What may have contributed to the findings? Why do you think this happened?
3. Do you understand and agree with the findings?
4. Are there any changes or additions that we need to make to contextualize these findings?

TB and HIV Integration Study Validation and Recommendations

The morning began with Nina Roman, who led the STbCU project TB and HIV integration portfolio, providing an overview of the project interventions and her initial interpretation of the evaluation findings. Dr. Roman noted that project interventions were provided identically across regions but suggested that the report's recommendations and those of workshop participants take into consideration the variability of TB burden across the project regions. She asked the chief doctor from Odessa, Svitlana Upidenko, to share the experience of merging TB and HIV services under her leadership.

Using data from TB Manager and the Odessa Oblast health information system, Dr. Upidenko presented data on the epidemiological situation in the oblast and the process undertaken to integrate TB and HIV services. She discussed the success so far in bringing ART and treatment for opportunistic infections closer to clients by strengthening the capacity of health workers throughout the oblast to provide ART and TB services. She noted that owing to the high disease burden, the workload for physicians providing TB and HIV services is demanding; out of necessity, Odessa Oblast's service provision is organized differently from that of other oblasts.

In small groups and in plenary, the facilitators guided participants through a process of examining each graphic produced to respond to the evaluation questions. Group members discussed the extent to which each question was answered, whether or not it reflected their understanding of the situation, and any concerns they had about the findings.

Participants requested a variety of edits and clarifications to the graphs and text in the draft report, which the MEASURE Evaluation team is addressing to finalize the study reports. For example, they told the team that the approach to and definition of screening for TB changed between the baseline and the endline evaluations and noted that this discrepancy created confusion in the findings.

Participants were also concerned that they saw no significant changes in mortality according to the data available and the evaluation findings. They recommended that the data be further analyzed to consider TB outcomes (change in TB success rate) rather than all-cause mortality alone. And they said they would

like to know more about the deaths recorded during the study period by region to better understand the extent to which they were related to TB and/or HIV.

TB Recommendations Generated by Participants

- The ability to adequately assess the impact of TB and HIV integration efforts was complicated by the lack of data at the AIDS Center on a client's TB treatment outcome. Participants recommended that AIDS centers should be required to note TB treatment outcomes in clients' charts.
- Regions throughout Ukraine were supported to adopt practices in TB testing and treatment initiation through the Global Fund, WHO, USAID's STbCU project, and others; however, STbCU regions received more-intensive technical assistance throughout the process. Participants recommended that project regions teach others about their lessons learned and best practices.
- TB Manager was widely praised as capturing sufficient information for real-time decision making in TB services. Participants recommended merging systems used for HIV and AIDS with TB Manager to ensure that both HIV and TB services have access to the data they need to treat clients.
- Strengthen data quality throughout the information systems used by these services.
- Whereas TB services are provided at multiple levels of the health system, HIV services in nearly all Ukraine's oblasts are provided primarily in one facility: the Oblast AIDS Center. Participants noted that Odessa Oblast's model of services demonstrates that improved health outcomes can result from bringing services closer to clients by preparing other facilities and clinicians to provide HIV and AIDS services. They recommended that oblasts expand ART sites to other types of clinics, including TB clinics and primary health services, to bring lifesaving ART closer to where people live.
- Ensure that local budgets are used to procure rapid HIV tests for TB facilities. Currently these are mostly provided by donors, in numbers insufficient to meet the need.

DAY 3

Social Support Study Validation and Recommendations

The evaluation of the social support program demonstrated that it has a strong effect on the success of treatment among high-risk clients. Day 3 began with an expert on the SS services evaluated in the study, Zoya Pogorila of the Red Cross, who gave a brief introduction about the support services, including how they were provided and how they had been adapted across regions over time. For example, the Dnipropetrovsk Red Cross worked with donor bakeries to provide bread to clients in the program. The Kherson Red Cross provided food packages (Kherson was the only region to do so, and the only oblast that experienced no treatment default among clients). Ms. Pogorila noted that incentive packages—which included phone cards, transportation vouchers, cash, and food donations—were important in keeping clients in the program. The SS program is delivered by nurses. Participants initiated a discussion about expanding the program and whether or not results would be similarly successful with nonmedical personnel, such as social workers or peer navigators. They observed that other programs have demonstrated the success of peer support in ensuring adherence—for example, the “schools for patients” operating in Central Asia. This evaluation asked patients whom they trusted as sources of information; respondents named physicians and Red Cross nurses but said that patients don’t really care whether a nurse or a social worker provides support—what’s meaningful is affiliation with the Red Cross.

Participants requested a few edits and clarifications to the graphs and text in the draft report, which the MEASURE Evaluation team is addressing to finalize the study reports.

Social Support Recommendations Generated by Participants

1. Participants suggested sharing the results with several groups to help raise awareness of the impact of social support and the need to scale up throughout Ukraine.
 - Share the study findings with the Stop TB Partnership; request a technical working group (TWG) to act on recommendations.
 - Share the findings with the Verkhovna Rada.
2. Only six oblasts still have a SS program in place, and TB clients throughout Ukraine need this support. A variety of steps are required to scale up social support, and the Center for Public Health is well suited to convene a TWG to develop policy documents or recommendations for scaling up the program. These recommendations include:
 - Changing the protocol for TB services to allow social support;
 - Developing guidelines to provide a standard description and basic requirements for an SS program for people in TB treatment programs.
3. Incentive packages should be offered to clients in the program to help retain clients.
4. In the client-satisfaction portion of the study, clients mentioned a struggle with side effects from directly observed treatment, short course (DOTS) and the need for health facilities to expand their operating hours. Participants suggested that nurses discuss side effects and also be prepared to provide treatment for them.

- Use the study findings to inform scale-up and improvement of existing programs in the oblasts. Participants asked MEASURE Evaluation to share information from nurses about barriers to and challenges in providing social support services.
- It may not be possible to deliver this program sustainably with nurses alone. Participants suggested that the Center for Public Health and the Red Cross consider expanding the program to be delivered by multidisciplinary teams—social workers and medical workers. Experienced nurses could train others or share their experiences at trainings for scale-up.

5. Provide SS services to all coinfecting (TB and HIV) clients and streamline delivery by ensuring that visiting nurses bring ART if needed, along with DOTS.

6. Provide professional burnout-prevention training and feedback to ensure that participating nurses can deliver high-quality support.

7. Oblast-level governments and facilities have a strong role in scaling up this program. Participants suggested the need to provide local governments with the data from this impact evaluation demonstrating program effectiveness. Champions could engage client organizations in the advocacy effort and could advocate for funding at the oblast level for social support services for TB, HIV, hepatitis, and drug use.

8. Streamline and merge vertical services to allow for more-efficient and -effective service delivery. For example, although clients in prison can get DOTS and methadone at the same time, that's not possible outside the prison setting.

NEXT STEPS

MEASURE Evaluation is currently revising the study reports according to comments that participants provided during this workshop. The project will send the final reports in English and Ukrainian to USAID, the Ministry of Health, and other workshop participants by the end of June 2018.

Participants outlined a number of recommendations and ideas for implementing them, all described above. MEASURE Evaluation is sharing the recommendations and notes from the workshop discussions to provide participants with a record for next steps they can take to further strengthen TB and HIV integration and social support services.

APPENDIX A. WORKSHOP AGENDA

Strengthening Tuberculosis Control in Ukraine (STbCU) Project Impact Evaluation Workshop on Data Dissemination and Data Use

MEASURE Evaluation, March 14–16, 2018

Lead Facilitators: Nicole Judice, Zulfiya Charyeva

Aims:

- Disseminate and validate the findings from the evaluation
- Develop recommendations (policy, strategic, programmatic)
- Develop an action plan based on the recommendations

Day One:

Time		Topic	Method
9:00–9:30	30 min	Welcome and introductions	
9:30–10:30	60 min	Presentation and discussion of the social support study methods and results	Presentation followed by group discussions
10:30–10:45	15 min	BREAK	
10:45–12:30	105 min	Presentation and discussion of the social support study methods and results	Presentation followed by group discussions
12:30–1:30	60 min	LUNCH	
1:30–2:45	75 min	Presentation and discussion of the integration study methods and results	Presentation followed by group discussions
2:45–3:00	15 min	BREAK	
3:00–4:45	105 min	Presentation and discussion of the integration study methods and results	Presentation followed by group discussions
4:45–5:00	15 min	Conclusion for Day 1	Group discussion

Day Two:

Time		Topic	Method
9:00–9:15	15 min	Recap of Day 1	Group discussion
9:15–10:30	75 min	Validation and explanation of the evaluation findings	Group work
10:30–10:45	15 min	BREAK	
10:45–12:30	105 min	Validation and explanation of the evaluation findings	Group work
12:30–1:30	60 min	LUNCH	
1:30–2:45	75 min	Develop recommendations	Group work
2:45–3:00	15 min	BREAK	
3:00–3:45	45 min	Develop recommendations	Group work
3:45–4:00	15 min	Conclusion for Day 2	Group discussion

Day Three:

Time		Topic	Method
9:00–9:15	15 min	Recap of Day 2	Group discussion
9:15–10:30	75 min	Finalize recommendations	Group work
10:30–10:45	15 min	BREAK	
10:45–12:30	105 min	Work on the action plan	Group work
12:30–1:30	60 min	LUNCH	
1:30–2:45	75 min	Work on the action plan	Group work
2:45–3:00	15 min	BREAK	
3:00–3:30	30 min	Conclusion of the workshop	Group work

APPENDIX B. WORKSHOP PARTICIPANTS

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