Meeting the Needs of People with Tuberculosis (TB) and HIV:

Assessing TB-HIV Service Collaboration in Ukraine

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Background

Since 2001, TB-HIV co-infection incidence has risen sharply in Ukraine, resulting in high TB mortality among people living with HIV/AIDS (PLHA). Collaboration between the National AIDS Program and National TB Program remains weak, as does collaboration between the two programs at the oblast level. As part of the USAID-funded project, "Addressing TB-HIV Co-Infection in Ukraine," PATH carried out baseline research in March 2007 among health authorities, medical providers, TB patients, and PLHA to determine the current TB-HIV mechanism for collaboration and service availability in the cities of Gorlivka and Mariupol' (Donetsk Oblast), and Dniprodzerzhynsk (Dnipropetrovska Oblast). These two oblasts account for more than one-third of the total number of registered HIV cases in Ukraine (25,447 cases compared to 62,888), as well as some of the highest TB incidence rates in the country (103/100,000 in Donetsk and 82/100,000 in Dnipropetrovsk in 2005). The research also determined reasons for delays in care-seeking and diagnosis among clients.



Methods

A total of 90 respondents participated in this study. Sites included HIV/AIDS centers, TB dispensaries, regional health departments, primary health care institutions, and sanitary epidemiological stations. Data were gathered using in-depth interviews (IDIs) with the following groups:

- TB patients total of 30 IDIs (10 interviews in each city: Gorlivka, Mariupol', and Dniprodzerzhynsk).
- PLHA total of 30 IDIs (10 interviews in each city).
- Medical providers total of 15 IDIs (5 interviews in Mariupol', 7 in Gorlivka, and 3 in Dniprodzerzhynsk).
- TB and HIV experts total of 15 IDIs in three cities.

The IDIs were conducted according to pretested interview guides.

Results of IDIs with TB Patients and PLHA

Awareness about TB-HIV co-infection and perceived risk of getting infected are low among the majority of TB patients and PLHA. Only one third of PLHA and some TB patients felt that they are at high risk of TB-HIV co-infection.

"Everybody thinks that this is not his (her) disease. Why should I get it? Majority doesn't know about TB." - TB patient, Dniprodzerzhynsk

A significant portion of TB patients do not know how HIV is transmitted. Additionally, PLHA do not know the symptoms of TB and do not receive information about TB from their medical providers. The majority of participants believed that HIV testing is mandatory for everybody in order to receive medical care.

Study results suggest the following key barriers to care-seeking by TB patients and PLHA:

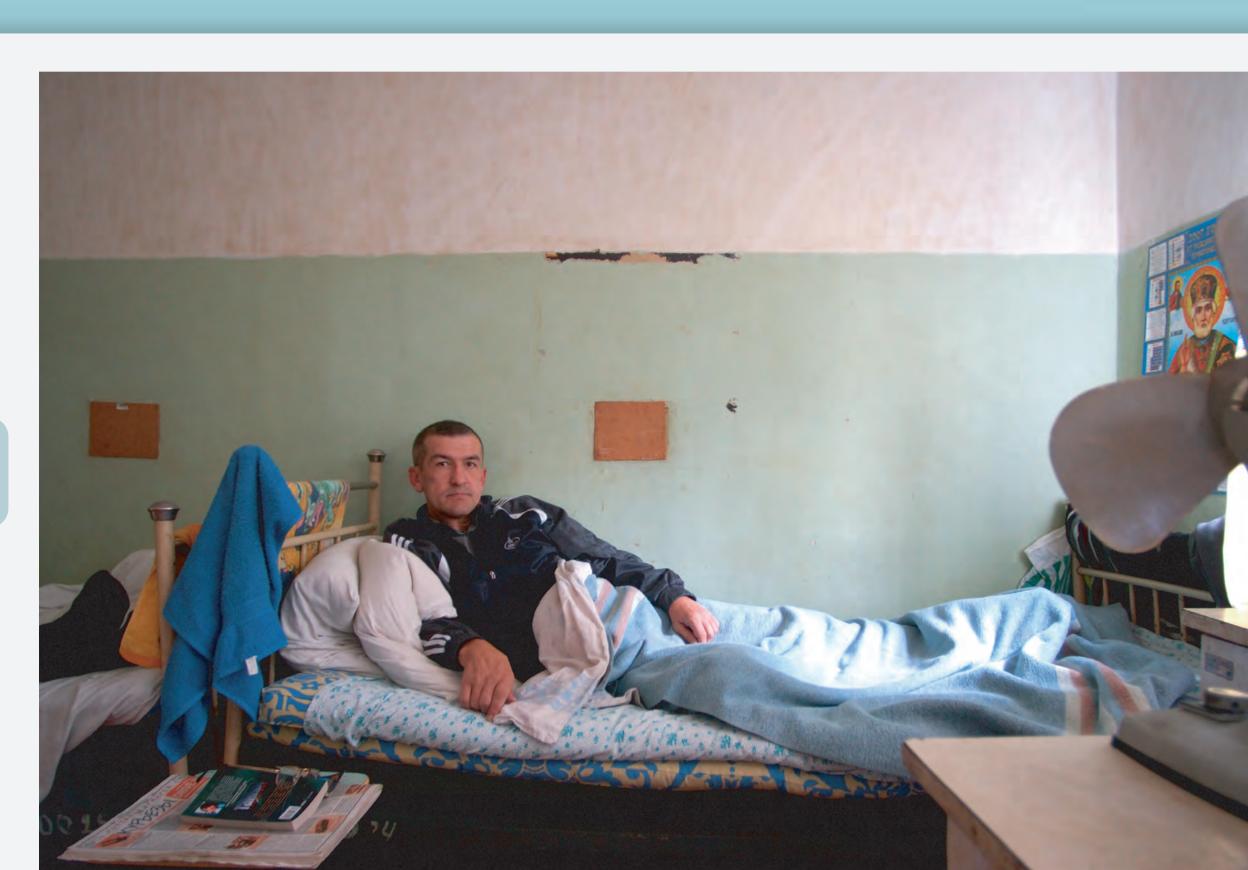


Photo: Mike Wang, PATH



Violation of confidentiality.

"Nurses disclose HIV status in the hospitals." - PLHA, Mariupol'

• Stigmatizing attitudes within medical settings and among TB patients and PLHA toward each other.

"If they learned in the hospital about my HIV-positive status, nobody would see me." - PLHA, Mariupol"

• Lack of understanding among PLHA that TB is curable.

"TB cannot be cured completely." - PLHA, Gorlivka

 Belief among the majority of TB patients and some PLHA that HIV-positive status means that a person has AIDS; this creates apathy and decreases motivation for treatment.

"They think that this is "the final stop." It doesn't matter whether you are treated or not; nothing will change. What is the difference when I will die - a year sooner or a year later?" - PLHA, Dniprodzerzhynsk

 Lack of knowledge among the majority of participants on which diagnostic tests are available in their medical institutions.

• HIV test counseling within TB services was provided for only about half of the clients interviewed.

"It is necessary to improve doctors' counseling skills and develop an individualized approach to patient treatment." - TB patient, Dniprodzerzhynsk

one third of PLHA, and little or no confidence in the qualifications of medical providers.

Belief in the high effectiveness of folk medicine among the vast majority of TB patients and

"We have lost confidence in medicine. Doctors explain very little. We don't want to talk to them about AIDS." - PLHA, Dniprodzerzhynsk



Photo: Mike Wang, PATH

Results of IDIs with Medical Providers

The IDI data suggest that there is no established system for early TB detection among PLHA. The roles of TB, HIV, and primary care services are not specified. When treating patients with TB-HIV, each medical structure implements only the type of treatment which they feel responsible for: TB providers conduct TB treatment, and HIV centers provide treatment of HIV and opportunistic infections. There is almost no coordination between them.

"Nobody among the patients received HAART [highly active antiretroviral therapy]. I don't know why it was not prescribed, since the HIV center did not inform us." - TB doctor, Gorlivka

Half of the participants did not believe in the effectiveness of TB preventive treatment due to the possible resistance for TB drugs. There is no feedback from HIV centers on TB patients. TB doctors do not know the lab test results, HAART regimen, and preventive treatment of HIV-associated infections. At the same time, physicians at HIV centers do not monitor treatment of PLHA and TB with chemoprophylaxis prescribed by TB doctors.



Photo: Mike Wang, PAT

"Only massive fluorography screening is effective. Chemoprophylaxis is delirium. Drug resistance will be developed to the main drug (isoniazid)."- TB doctor, Gorlivka

In all cities, HIV testing is free of charge and accessible. However, test results are provided with considerable delay (up to one month for a negative result and up to two months for a positive result). In such cases, a TB patient can be discharged from the hospital before the HIV-positive result is obtained. Thus, further contact with him might be complicated. Though voluntary counseling and testing (VCT) for HIV is provided, many medical providers do not understand VCT's principle goal.

"Out of habit, mostly medical providers talk. I don't see a big difference in the patients' knowledge after VCT was introduced." - HIV center, Gorlivka

"Counseling is not always clear to the patient. It takes five to ten minutes depending on the patient's intellect. The patient agrees to get tested, and that's it." - TB doctor, Mariupol'

"I do not conduct VCT. When a patient says that he doesn't have HIV, there is no need for counseling. If a patient already has HIV, why should I conduct VCT? The VCT protocol is complicated." - TB doctor, Gorlivka

In order to improve the situation of TB-HIV service collaboration, medical providers believe it is necessary to increase funding, to supply hospitals with the necessary equipment, drugs, and supplies, and assure the possibility to conduct tests on CD4/CD8 in all sites for all patients to the full extent; and develop unified national protocols on TB-HIV co-infection treatment.

Results of IDIs with TB and HIV experts

Study results indicate that the majority of experts did not know the number of HIV tests conducted or the number of HIV cases detected among TB patients. None of the experts possessed information on the number of PLHA who received chemoprophylaxis or how many PLHA need it.

Findings regarding service collaboration confirmed that because the current Ukrainian health system remains highly vertical, coordination between HIV and TB services, as well as integration with primary health services, are lacking. Co-infected clients, therefore, receive inadequate care and are often bounced back and forth between services. Providers' lack of knowledge and skills are also significant

barriers.

Conclusions

There is an urgent need to adopt and implement the World Health Organization's recommendations for collaborative TB-HIV services in Ukraine. Proper training in TB-HIV diagnosis and case management at all levels of the medical educational system is required, as well as training on interpersonal communication and counseling (including HIV counseling and testing). An advocacy, communication, and social mobilization strategy that emphasizes human rights and confidentiality, supports improved legislation, and addresses the psychosocial needs of TB-HIV co-infected people is also urgently needed.

