

Lessons learned from TB patients' evaluation of program performance in Kazakhstan

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Background

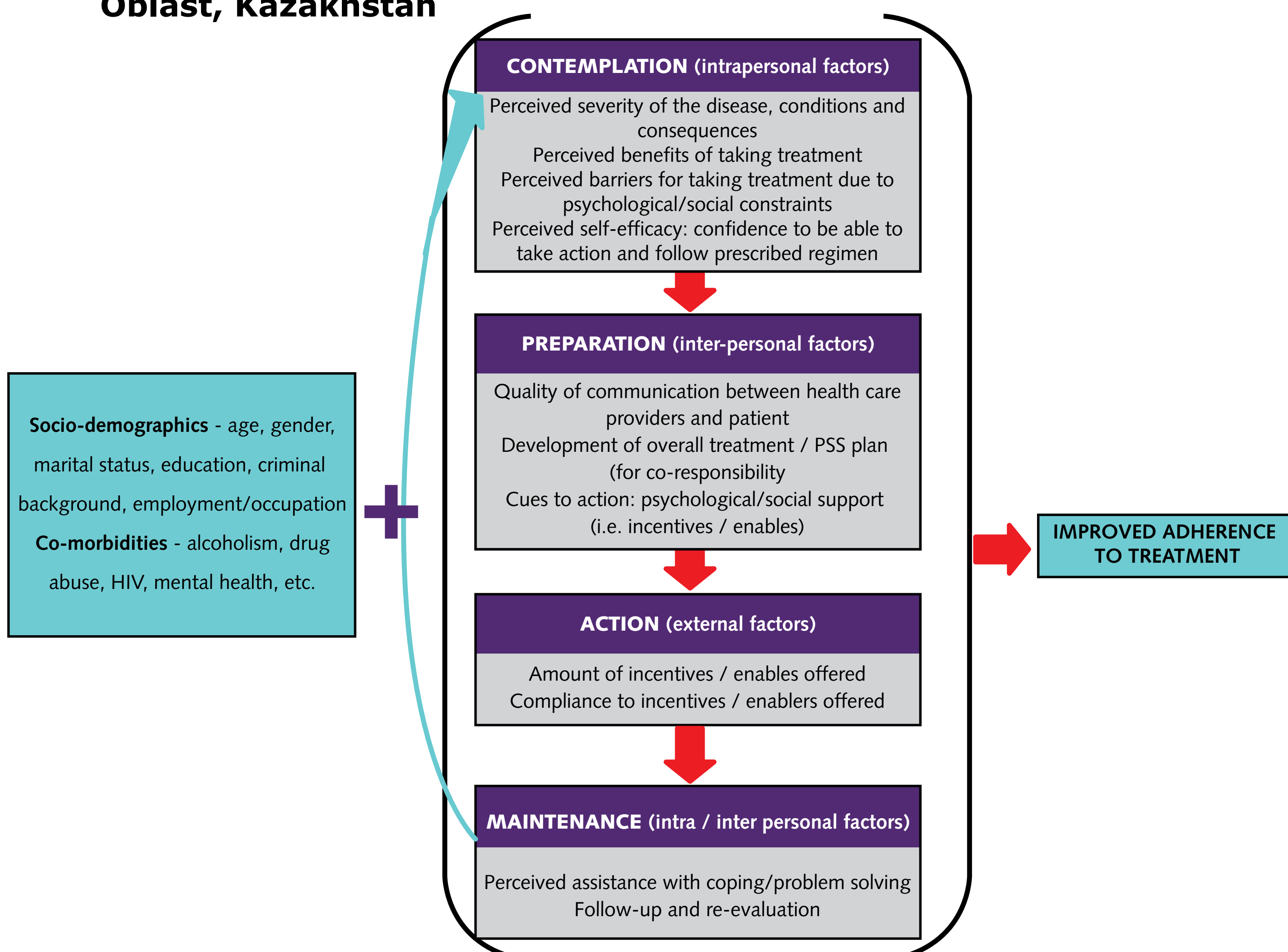
Treatment success rate for new bacteriologically confirmed tuberculosis (TB) patients in Kazakhstan in 2011 was 61%, below the international target of 85%. Although default rates are low (2%), treatment interruptions regularly occur. Psycho-social support (PSS) program to improve treatment adherence was initiated in East Kazakhstan Oblast (EKO) in 2010. It aims to strengthen comprehensive TB treatment and care by establishing and maintaining better inter-personal communication between health care workers (HCW) and patients. The final aim is to enhance patients' adherence to treatment, and hereby prevent treatment interruptions and failures. To evaluate TB patients' adherence to treatment and satisfaction with services a theoretical model was developed (Figure 1). In EKO a model providing psycho-social support (PSS) to MDR-TB patients has been piloted in 2010 with financial support of USAID TBCAP. In this model, the PS groups - consisting of social workers, psychologists and TB nurses- provided PSS (including access to financial support) tailored to the MDR-TB patients' needs. In 2011, the PSS model was extended to cover all TB patients in the same two cities (Oskemen and Semei) with adjacent rayons. Since 2012 PSS program has been available for all (DR) TB patients based on their individual needs assessment.

Objectives

Using both quantitative and qualitative research methods, we aimed to evaluate:

1. What are the effects of individualized PSS patient support on treatment adherence and treatment outcomes?
 2. How is the program appreciated by patients and HCW?
- Here we presented results related to the second objective.

Figure 1. Theoretical framework used to develop and evaluate the Psychological and Social Support (PSS) model in East-Kazakhstan Oblast, Kazakhstan



Methods

We adapted the "QUOTE-TB Light" tool to evaluate patients' appreciation of the TB services including PSS in EKO. Importance score was measured by ranking nine quality dimensions of TB services and structured questions on the performance score of TB services were added.

A cohort of TB patients registered in 2012 was included in the evaluation. Data were collected prospectively. 173 TB patients (≥18 years) who were on treatment and were receiving PSS in 2012 in Oskemen and Semei participated in this study. Interviewers were not involved in the direct care of respondents.

Results

Quality of TB services provided was evaluated and importance scores for nine quality dimensions of TB services as perceived by patients were measured by ranking (1-10): availability of services, information, inter-personal communication, TB/ HIV relationship, infrastructure, professional competence, stigma, affordability of TB services and PSS. TB/HIV was ranked as the most important area. (median score 9).

Other areas scored high were (median scores 7,6 and 6 respectively): infrastructure; information; inter-personal communication and stigma.

In relation to :

- **TB/HIV**, 87% of patients were informed about TB/ HIV and out of them 80% were informed on HIV infection prevention, and 90% were advised to take an HIV-test after TB diagnosis was confirmed
- **Infrastructure**, 86% of patients TB services were usually available, but 21% would prefer other service hours
- **Information**, 99% of patients were informed about importance of DOT to be cured and 94% of them were informed about TB prevention
- **Communication**, 94% of respondents indicated that information was presented based on health literacy principles, 7% experienced language problems
- **Stigma**, 97% felt they were always or usually treated with dignity and respect, 61% never felt discriminated, and 94% said that privacy was usually or always respected

Conclusion

Despite the low HIV prevalence in Kazakhstan (2% co-infection among TB patients), TB/HIV was scored as the most important care dimension. Although TB service delivery on average was evaluated as satisfactorily, in some cases patients still felt discriminated, waiting time was not always convenient and some experienced language barriers during communication with health care providers. While planning TB service delivery it would be necessary to address all these factors to improve treatment adherence, reduce interruptions and to prevent loss to follow-up.

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