

Strengthening IPCC Skills as a Means of Reducing Treatment Default

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**Svitlana Okromeshko and Natasha Zaika, MD,
PATH**



PATH's TB/HIV Work in Ukraine

- PATH is international NGO doing both HIV and TB work in Ukraine
- Since 2001, pilot and expand DOTS introduction
 - ✓ Advocacy, lab and surveillance strengthening
 - ✓ Public awareness and patient education
 - ✓ Provider training, clinical and counseling
 - ✓ Prisons (as of 2006)
 - ✓ Strengthening HIV/TB service integration

Stigma – Major Barrier

- 69% of PLHA report being denied health care
- 70% believe confidentiality has been violated
- 18% feel comfortable revealing HIV status to medical provider



Taken from: *International HIV/AIDS Alliance in Ukraine, Access to Rights and Services of PLHWA in Ukraine: Social Research Results, March 15, 2004, Kyiv.*


Exit Survey of TB Outpatients

Goal – collect information on aspects of provider performance that could be improved through communication and counseling training



- ✓ emotional support
 - ✓ active listening
 - ✓ providing information
 - ✓ privacy and confidentiality
- Baseline in 2004 – N=312, 10 facilities, Kyiv and Donetsk
 - Final in 2006 – N=313

IPCC Training



INTERPERSONAL COMMUNICATION
AND
COUNSELING FOR CLIENTS
ON TUBERCULOSIS AND
HIV AND AIDS

Training Curriculum
for TB Health Workers



Goal - strengthening interpersonal communication and counseling skills

Four sections:

1. Interpersonal communication
2. Main steps of effective counseling
3. Counseling on TB
4. DCT of TB patients on HIV

Effective Counseling



Counseling – is a partnership of experts

- Client-centered vs. physician-centered
- Private and confidential
- Interactive
- Individualized for each client

IPCC Trainings

From 2004 to 2006, PATH staff trained 358 TB doctors in 5 regions (including 186 in Donetska Oblast and Kyiv City)

Training methods:

- Brainstorming
- Role playing
- Video
- Video playing
- Case study



Patients' Satisfaction re: Interaction with Medical Provider

Indicator	Baseline (2004)	Final (2006)
Medical provider's ability or willingness to:		
Make patient feel comfortable	60%	70%
Allow patient to share concerns and questions	34%	86%
Understand patient's concerns	43%	63%
Explain health information in simple language	51%	88%
Explain the treatment options	33%	84%
Provide advice about how to talk with family about TB	31%	74%
How doctor dealt with disruptions during visit	15%	74%
Ensuring patient of confidentiality	21%	42%



Medical Providers

- *“We are tired of everything; we are working because there is nothing else we can do. I don’t want to go to work. I go because there is no other option. I need to earn money to live.”*
- *“Why do we need to pay attention to our patients if no one pays attention to us?”*
- *“We are pressured by multiple demands; work with our patients is ungrateful and difficult.”*



Impact of the Trainings

An important indicator for measuring success of the IPCC trainings is treatment default rate and indirect evidence – treatment failure

Data of cohort analysis in Donetska oblast

	2004	2005	2006
Treatment default	16%	10%	11.7%
Treatment failure	15%	8%	7%

Medical Providers

“I want to say thank you to your training program for my new attitude: before the training, I felt I had to treat anti-social, unpleasant, hopeless, homeless people and felt that they were not people at all. Now I come to my office to take care of real people who need my help.”

Challenges

- Perception of priority
- Prevailing stigma
- Underpaid and undervalued providers
- A slow and labor-intensive process

Svitlana Okromeshko
Program Officer, ACSM
svitlana@path.org

Natasha Zaika, MD
Program Officer
nzaika@path.org

www.path.org

