

SUMMARY REPORT OF RESULTS
**SURVEY OF CLIENTS ON SATISFACTION WITH HIV
PREVENTION'S BASIC PACKAGES, HIV CARE AND
SUPPORT, AND OPIOID AGONIST THERAPY IN UKRAINE**

Independent evaluation of the Transition Plan of Ukraine 20-50-80
*Commissioned by UNAIDS at the request of the Public Center Health under the
Ministry of Health of Ukraine and with the advice of the Global Fund*

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Purpose

The goal of the assessment was to analyze the impact of the conducted activities and achievements within the plan for transition to state financing of measures to combat the HIV/AIDS and TB epidemic on direct clients receiving services.

The study's results will contribute to the formation of the evidence base and dialogue with key national and regional partners, which will help determine the focus of advocacy efforts to prevent and control the spread of HIV/TB in Ukraine.

Quantitative survey tasks:

- to analyze access to a basic package of HIV prevention services by key population representatives, HIV care and support services for PLHIV and clients of opioid agonist therapy (OAMT);
- to suggest ways to improve the quality of those services;
- to examine clients' views (survey respondents) on state funding of their services.

Methodology

The general evaluation methodology of the 20-50-80 Transition Plan, which is characterized by a comprehensive approach, provided the following survey methods for quantitative research:

- **Interview survey** – conducting semi-structured online interviews with respondents, including activists/leaders of key population groups or PLHIV communities who are recipients of the basic package of services (**113 respondents in total**);
 - People living with HIV (PLHIV) made 30%, clients of opioid agonist therapy (OAMT) - 25%, people who use drugs (PWUD) 23%, men who have sex with men (MSM), and sex workers (SWs) correspondingly 15% and 8% of respondents.
 - More than half of the clients marked as being part of other 'non-primary' populations or clients. 39% interviewees were female.
- **Online questionnaire (self-administered online survey)** of representatives of key population groups and PLHIV who are recipients of the basic package of services (**505 respondents; among them, 391 individuals filled the questions on HIV prevention services, 110 on OAMT, and 114 on HIV care and support**).
 - 50% were women, 38% PWUD, 23% HIV-positives, 20% SWs, and 20% MSM. The majority were 25-44 y.o. (68%).

Target groups of the quantitative study: people living with HIV (PLHIV), people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM), and clients of opioid agonist therapy.

Geography of the study: Kyiv, Dnipropetrovsk, Zhytomyr, Zaporizhzhya, Kyiv, Lviv, Odesa, Poltava, Rivne, Kharkiv, and Chernihiv regions.

Criteria for selecting respondents:

- each of the participants is a representative of one of the categories of target groups of the study;
- participants are persons who have reached the age of 18;
- participants are clients of organizations that provide a basic package of services in accordance with the contract with PHC;
- participants consented to participate in the study;
- interviewees did not participate in the online survey.

All respondents were selected using **the snowball methodology**. After the interview, the respondents received **a reward equivalent to UAH 100** (replenishment of the telephone bill).

Principles of conducting the survey

- The collection and analysis of empirical data of a quantitative survey is based on compliance with ethical standards and protection of the right of research participants to voluntariness, anonymity, and confidentiality. To this end, all consultants and interviewers involved in the survey were informed of the confidentiality requirements, according to which they undertake not to disclose or otherwise transfer to third parties any information about the respondents that became known to them while carrying out their duties within this assessment.
- Voluntary participation. Before the interview, each research participant was informed about the assessment's purpose, the specifics of its course, assurances of anonymity and confidentiality for respondents, their right to voluntary participation in the survey, and its termination at any time. All survey participants provided informed consent to participate in the study.
- All information obtained during this survey was stored on a password-protected computer accessible only to the research team. No identifying information about staff or study participants was used in the reports.

Methodological aspects and limitations

- A statistician helped to identify minimum numbers of respondents based on the estimated sizes of relevant populations in the oblasts and the country. However, the size of included respondents is still limited for comprehensive analysis, especially for specific key populations. Commonly, additional demographic parameters would be used to ensure the diversity of the group, which was not possible in the online survey in particular.
- The respondents were asked about the status of services in 2021 (also before the war). Still, many clients had difficulty stepping back from the current emergencies and not discussing current shifts in their needs and service access.
- The online survey represented a sub-set of questions of the online semi-structured interview questionnaire, therefore, was complimentary to reach more individuals. The questionnaire was developed with inputs from the Public Health Center and UNAIDS, utilizing the MoH-approved description of relevant packages of state-funded services. It was uploaded on Google Forms which are relatively easy to fill from various devices,

and have been tested with key populations and people living with HIV by the assessment group in the past. The assessment team includes representatives from the target groups and could support simplification and relevance of the considerations for key populations and people living with HIV.

- The initial recruitment was conducted through service providers in 8 selected oblasts in August-September 2022.
- Statistical analysis was completed in September using SPSS.

Results

Basic packages of prevention services¹

- The services primarily meet their main objectives from the perspective of clients
 - o Basic services helped to reduce risks of infection rated as 4.4 (4.8 among 62 interviewees and 4.3 among 391 online respondents)
 - o Services helped to find out their HIV status rated as 4.5 (4.9 among 62 interviewees and 4.4 among 391 online respondents).
- Attractiveness* of the following aspects of services was rated particularly well: quality of syringes and needles, friendliness of staff, and safety and regular access to staff, while the lowest levels were with the condom and lubricant quantities and quality.

*Please note here and elsewhere that the respondents were given the following explanation of the attractiveness of services: based on their own and their close acquaintance experience they would recommend this service or its attribute to others as working well. The survey did not ask the respondents to prioritize the most important aspects to keep the forms feasible.

Table: Attractiveness of elements of prevention services (combined interviewees and online respondents, n=445, rating from 0 to 5, ordering based on ranking; for syringes and needles n=209; see the definition of attractiveness higher before the table)

Quality of syringes and needles	4,4
Friendly staff and satisfaction with the information received	4,3
Quantity of syringes and needles	4,2
Felt safe and comfortable, could share personal information with staff	4,2
Regular access to outreach workers, employees of the organization	4,2
The convenient location of the organization/route or service location	4,1
Convenient working hours	4,0
Regularity of receiving the services you need (how often you could use this or that service)	4,0
Number of condoms and lubricants received	3,8
Quality of condoms and lubricants received	3,6

¹Basic packages include 1) distribution of prevention commodities (needle/syringe for people who inject drugs and condoms and lubricants for the three key populations – on average nine times per year), 2) HIV testing (2 times a year), 3) information, education and counseling sessions (9 times a year), and 4) TB screening (2 times per year).

- PrEP: 33.9% of key population respondents took PrEP in 2021 (mainly MSM but also SWs), and 95.2% were highly satisfied. The main reason among those who did not take it was not wanting additional pills.
- While 98% of people have not experienced problems with services ("*everything is satisfactory*", "*all services are provided perfectly. Thank you!*", "*everything is at the highest level*"), many still had suggestions for improvements.
- The most frequently mentioned areas for improvement:
 - o Improve quality, number, variety, and frequency of materials and services especially quality and variety of condoms and sizes and quantities of syringes and amounts of naloxone, additional commodities for injection like cotton wool, disinfectants and bandages for wounds, basic medications and supplements for liver, kidney, skin bacteria, immune system (including hepatoprotectors, ointments, and vitamins), some asked for more regular tests at least once every three months (around 40% of participants), some for hygienic packages for women and their children;
 - o More and better broader educational and awareness raising for building acceptance of programs and people affected;
 - o Improved accessibility through expansion of sites for dispensing, including smaller locations, more frequent sessions with social support staff, work on weekends, delivery of products or visits by appointment, also better staffing, including more peer staff or self-tests
- "*to always have clean syringes*", "*quality condoms, syringes, informational literature*", "*dispense syringes more often*", "*increase the number of handouts, add hygienic packages. hold meetings in the office more often*", "*so that the organization works every day, not twice a month*", "*I would change the attitude of social workers towards us*", "*to teach the police that we are sick, not criminals*", "*tolerance of family doctors.*"

HIV support and care for people living with HIV

- Among 27 interviewees who received HIV care and support services, 12 were from key populations, and 9 received OAMT. In the online survey, women living with HIV were overrepresented (75.4% of all people living with HIV). The vast majority across the packages received services for adherence support (package 2 of the MoH description of support services for people living with HIV) – 75% in the combined group of interviewees and online respondents.
- Achieving results. Approximately half (48%) of all respondents reported having reached an undetermined viral load. Only interviewed respondents were asked about more details on the outcomes of the care and support of services; among them, 22.6% said to return to ART, and another 22.6% started ART as a result of these services.
- The attractiveness of service aspects. There was a significant difference between the interviewees and online respondents. Interviewees rated attractiveness significantly higher: on average, the rating was 4.4 for them in comparison with 3 among the online respondents on a scale from 0 to 5, with 5 having the top rating. Potentially, there were more participants negatively inclined via the online survey.

- Nevertheless, the two most attractive (staff attitude and closeness to ART sites) and the two least attractive elements (the possibility to get extra assistance and extra consultations) were assessed only by interviewees.
- Other aspects reflect certain trends – more appreciation of safety, regularity, and access to staff, and confidentiality, while less appreciation of the geographical location of the provider, the adaptation of session’s content to the client’s needs, or the duration and frequency of sessions/lectures.

*Table: Attractiveness of elements of support and care services (combined interviewees and online respondents, n=141, rating from 0 to 5, ordering based on ranking; *services rated only through interviews²; see explanation on ‘attractiveness’ on p.4)*

The attitude of the staff, lecturers*	5
The convenient location of medical facilities that issue ART*	4,6
Felt safe and well when receiving PLHIV care and support services	3,6
Regularity (systematic) of receiving the necessary services	3,5
Regular access to outreach workers, employees of the organization	3,5
Ensuring the confidentiality of HIV status (calmly shared information about HIV status)	3,5
Increasing the level of acquired knowledge and skills for PLHIV	3,4
Convenient hours of operation of the organization	3,3
The convenient geographical location of the organization	3,1
Lectures are adapted to the needs of clients	3,1
Duration and frequency of listened sessions	3
The possibility of receiving other necessary assistance*	2,8
Possibility of getting additional consultations*	2,1

- In addition to actual therapy and related services, PLHIV also had the opportunity to receive food kits, and medications, and undergo additional medical examinations.
- *"Services saved my life and health. "the social worker is always on the phone and will answer all questions ""*
- The most frequently mentioned areas for improvement: additional examinations that would be free of charge (blood pressure etc.), improved geographical, time and quality of services
- *" increase the number of trust points", " ensure the possibility of providing services to PWUD with HIV who live in remote areas from the location of an HIV service organization "; " we must clearly know when to come (to the office) and that it is "open" and not "closed".*

Opioid agonist therapy (OAMT)

- 21 interviewed and 110 online self-administered survey respondents including 47% females and 46% were from the age group of 35-40 years, just 3 respondents were under 25 y.o.; half of the interviewed respondents participating in OAT started the program less than three years ago, during the transition period.

² The online survey had fewer questions to increase the response rate and reduce the number of open-ended questions for smooth analysis. The questions about additional health counseling or assistance led to requests for more specifics, therefore, were excluded from the online survey. Similarly, a question on the location of ART site was used to cross-compare with the geographical location of care and support services for PLHIV (ART site location was rated better than those for care and support).

- There was a major difference between the more positive attitudes towards the program among the interviewed respondents and a more critical assessment of the program through online forms. The average rating was 4.8 among the interviewees and 3.45 among the online respondents. The divergence was like a similar tendency among the clients of care and support for people living with HIV.
- The combined rating of the attractiveness of OAMT services was highest on the uninterrupted provision (4 out of 5). However, the lowest marks (3.6 out of 5) were given to the correct dosage, take-home practice, friendliness of staff, admission requirements, geographical location, and the reputation of OAMT among people who use drugs.

Table: Attractiveness of elements of prevention services (combined interviewees and online respondents, n=131, rating from 0 to 5, ordering based on ranking)

Continuity of receiving OAMT drugs	4,0
Regularity (systematic) of receiving the services you need	3,8
Convenient opening hours	3,7
No additional payment for the service	3,7
Correctly selected dosage of OAMT drugs	3,6
Obtaining OAMT drugs on hand for the required period	3,6
The convenient geographical location of the institution and the possibility of obtaining OAMT drugs in a medical institution	3,6
Possibility to easily enter the OAMT program	3,6
A good reputation of the program among PUD	3,6
Friendly staff and satisfaction with the information received	3,6

- The quality of OAMT was generally assessed as high with 4.4 out of 5. Social support was assessed only by the interviewees who generally saw the quality of OAMT at 4.8 and scored the social support component slightly better – at 4.9 [only interviewed assessed the aspect; interviewees were generally more positive. Therefore it is hard to compare this with other aspects of the OAMT program provided in table].
- The main area for improvement is the quality of OAMT medicines (23.4% among the interviewed people who use drugs, including OAMT clients, while online survey respondents added highly emotional comments on OAMT medicines in open questions what to improve about OAMT). Other highly rated areas were geographic accessibility and issuing take-home medicines for a more extended period (15.9% and 12.1%). Other issues that were less dominating but highlighted, and included: adjusting dosages, staff attitudes, the complex procedure for entering treatment, needed help to recover documents, the inability for OAMT clients to get a driver's license, lack of a certificate confirming that the client participates in the OAMT program, difficult social situation and need for food allowances, also possibility for fictitious services and non-opioid dependent people entering the program. Non-OAMT clients who were participating in needle and syringe programs were asked about their concerns about preventing from joining the program; one of the areas of concern was ensuring the non-interrupted supply of OAMT.
- *"Convenient. I took the drug for work" and "I changed 6 jobs until I started therapy"*
- *Replace domestic methadone with European methadone, because the quality is very low. Withdrawal syndrome begins after 6-8 hours", "Kharkiv OATM is crap, it does not correspond to what was declared", "This survey is an insult to people. For three (!!!) years, the participants of the OAMT program have been shouting about the fact that some of the drugs of terrible quality are being purchased. And UNAIDS didn't even*

do anything. Result: 1) injection use of OAMT drugs - one must somehow try to choose a maximum of 75% of 100% active substance, 2) exchange of low-quality OAMT for better quality illegal surfactants; 3) search for money, buy more or less normal drugs on paid OAMT sites.

- *"Be sure to make the program available territorially! I spend 1 hour and 20 minutes on the road every day!!!", "[need for a] convenient location to be on time for work"*
- *"To allow the patient to choose for himself which pills he wants to receive. And fix it in the card, so that the nurse cannot at will ... give whatever she wants. Every time when we come to receive, we are humiliated - we ask to be given, as we are used to, and the nurse is the queen, she sits and decides - to give or not. Until 2021 - for many years, I and everyone else received what they chose. The pills, buprenorphine, 8 and 2 are very different. And if you get used to some, others no longer act like that. The change affects the quality of life - you don't sleep, you don't go to work, because it's bad. For 10 years, I received alone, I fixed my life, gave up ALL bad habits, and now the nurse decides that I will have a normal week, or I can return to the hell of addiction again..."*

Priorities for all service improvement (only interviewees)

- Strengthening confidentiality of participation in the OAT program and linked registers (48% of interviewees) and increasing the competence of personnel (36%) were named as the main opportunities for improving services.
- Different categories of respondents slightly differently prioritized ways to improve services. Thus, for sex workers and MSM, ensuring confidentiality was in the first place (85% and 64%, respectively). For people who inject drugs, the volume and quality of services (29%), their availability (29%), and the participation of peers in the process of providing services (29%) turned out to be equivalent.
- Regarding HIV+, the most significant area of improvement was the strengthening of confidentiality (43%).

Engagement in quality assurance (for all the services, only interviewees, n=113)

- The vast majority of clients interviewed for all services (90%) have not provided feedback on their services. Nearly every third participant was asked but did not provide suggestions for service improvement. Other 30% could not remember if they were asked, and a further 30% were not asked for feedback.
- 10% (12) of participants provided feedback. However, only one-third of them felt that their suggestion led to changes. The client's feedback provided included changes to the prevention service delivery approach or expanding the package, the change in psychosocial service procedure, working hours, and repair of premises.
- Further, the interviewed clients were asked what they would prioritize in improving services or service packages received. Just 36 chose to respond; nearly all prioritized supplementing the existing list of services with additional ones, adding referrals and consultations of additional doctors like neurologist, gynecologist, home delivery of ARVs, OAT, other medicines and tests and diagnostic analysis without visiting a clinic, food and packages of other essential livelihood goods, additional testing including for hepatitis, providing supplements and medicines for liver and hepatitis, etc.

Attitudes toward state funding for services

- For most interviewed and online respondents, state funding of services increases their confidence that services will be provided in the future (70%).
- However, a significant number had difficulty answering how they feel about state funding received services (20%). Every seventh respondent was afraid that their data is shared with the health system and is available to other doctors. A similar portion of respondents (largely those who responded via the self-administered option) also feared that their data are shared outside the health system.
- However, skepticism was reported about the quality preserved, especially for prevention:
- *"In connection with the transition to state financing, services will soon be provided to no one!"*;
- *"The loss of the principles of harm reduction and the rights of people seeking help. You bought off officials and doctors with surcharges for tolerance instead of investing time and resources in changing the attitude towards people who use drugs."*