

**Multiple-method assessment
of the quality of health services
targeting HIV high-risk groups
in St Petersburg, Russian Federation**

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Background & Study Objectives

- PreventAIDS – a 3-year program on HIV prevention among populations at high risk for HIV (MARPs) in Russia. Program is funded by USAID and implemented by PSI.
- The PreventAIDS has two complementary overall components:
 - promoting healthy behaviors among selected target groups (populations at high risk for HIV, such as injecting drug users and sex workers) through behavior-change interventions, and
 - improvement of delivery of health services to these groups. The component entails working with health institutions as well as with health professionals.
- The study was to provide baseline data for the evaluation of the services-based component of the PreventAIDS in St.Petersburg
- Specifically, the program – and the research – is focusing on the protection of confidentiality and privacy, the practice of effective referrals, and attitudes towards high-risk groups.

Study Methodology

The study has four components:

- Interviews with health officials
- Facility audit
- Provider interview
- Client-exit interview

together these are designed to provide a comprehensive assessment of the health services

Study Methodology (continued)

- Interviews with health officials - qualitative, conducted with a purposefully selected individuals (N=5) within the health system of St Petersburg.

The other three components are quantitative in nature:

- The facility audit was performed in purposefully-selected facilities (N=17) in the St.Petersburg city area
- Client-exit (N=220) and provider (N=222) interviews employed probability-based sampling of these groups in the same facilities in which the audit was performed

Indicators were assessed through descriptive statistics.

Main Findings

- Overall, the findings suggest that while minimum standards of quality are mostly fulfilled, individuals who need particularly sensitive treatment and/or intense follow-up within the health system, are not likely to receive it.
- All four study components pointed to low levels of pro-active referrals, particularly to social services, and a lack of available referral materials for both clients and providers.
- Health providers assessed privacy practices as low (31%), but high confidentiality (80%); conversely, only 54% of clients perceived confidentiality as high.
- Provider surveys revealed stigmatising attitudes towards high-risk individuals (e.g., only 45% agreed that HIV+ high-risk individuals should receive free ARV treatment, as per legislation).
- Qualitative interviews reflected stigmatising attitudes towards high-risk groups through the health system. However, providers rated high their need to increase skills in working with high-risk clients, and city-level officials recognized the importance of quality services for high-risk groups.

Main Findings (continued)

- Composite quality scores obtained through the facility audit varied from 31% to 98%, with an average of 77%. The areas where improvement is needed most are availability of IEC materials for clients, and referral materials for providers. Where IEC materials were available, they could seldom be taken by the clients (e.g., information on telephone hotlines, etc).
- Provider interviews suggested that overall, staff is respectful to different types of clients, including those from high-risk groups; however, when asked in an indirect way about their perceptions of such groups, very low proportions of respondents (less than 10%) thought that HIV positive sex workers, drug users, homosexuals or prisoners should receive free ARV treatment from the government.
- High-risk individuals are also likely to require more referrals (to other relevant medical services, and to social services), as well as more intense mechanisms to facilitate referral. The provider interviews revealed that referral to social services is quite low; in addition, very few providers reported even giving patient referral cards, much less facilitating the referral in other ways (e.g., by making arrangements by phone).
- An area which affects all clients equally is that of confidentiality, and although over 80% of providers stated their facility has the appropriate guidelines on confidentiality, the interviews revealed a worryingly high proportion of health staff who believed it was their right, and often even their duty, to report the HIV status of an HIV+ patient to different third parties.
- Finally, 11% of providers reported that “at least some” staff at their facility accept extra payment or gifts from clients.

Main Findings (continued)

- Analysis of client-exit interviews revealed that respondents did not rate very highly any barriers to accessing the services (logistics-type barriers, such as opening hours and travel times required were the highest, but each scored less than 20%).
- Overall perceptions of politeness of the staff were quite high among the respondents; however, when asked specifically about confidentiality, only one half thought the staff would keep information confidential, and
- Less than two-thirds reported having enough privacy during their consultation.
- One-quarter reported having been tested for HIV in the clinic in the previous year, but of these, only half reported obtaining any information prior to the test.
- Approximately 15% of the respondents reported being referred elsewhere during their visit (the vast majority to other medical services), and few reported that the referral was facilitated in any way.

Recommendations

The findings are informing PSI program to improve the quality of services provided to high-risk groups:

- priority is allocated to training of health providers in relevant areas (stigma reduction, VCT, communication skills with HIV high-risk clients)
- enhancing referral networks between health and social services, and
- working with city-level officials to institutionalise markers of quality services.