

Integrated TB/HIV and other health services for people who use drugs

The experience in Zanzibar, Ukraine, India, and Brazil

**Theo Smart
Liverpool April 2010**



TB:HIV

The 4 country case study's objective

- **To describe how the guidance for collaborative TB and HIV services for people who use drugs is being implemented on the ground**



TB:HIV

Guidelines for collaborative TB and HIV services for injecting and other drug users

Recommendations

A Joint Planning Service Providers

1. National / local coordination body
2. Plans w Roles and Responsibilities & M&E
3. Human resources and training available
4. Support to operational research

B Package of Care

5. TB infection control plans in care settings
6. Case finding protocols at services where drug users present
7. Treatment services for TB and HIV available
8. INH prevention available
9. HIV prevention (Harm Reduction Package)

C Overcoming Barriers

10. Integrated services (Link TB/HIV treatment w. harm reduction)
11. Equivalence of care in prisons
12. Adherence support measures
13. Comorbidity not to be used to withhold treatment



Methods

- **Selected locations known to be developing services for drug users that include general medical services, harm reduction and some TB/HIV services**
- **Site visits and unstructured in depth interviews with policy makers, healthcare providers and patients**



Zanzibar (part of UR of Tanzania)



- New programme launched to identify & link drug users with existing clinical services where TB/HIV are integrated



TB:HIV

India



- TB/HIV integration underway, also has “targeted interventions” to improve access to healthcare for people who inject drugs



TB:HIV

Ukraine



- Piloting “integrated care” for drug users by posting multidisciplinary teams at different vertical service facilities



Brazil (Crackland)



- Universal access to TB & HIV treatment
- TB/HIV integration ongoing



TB:HIV

Brazil (Crackland), pt 2



- Long history in harm reduction, especially in some states & cities
- Some HIV clinical sites have services and outreach for people using drugs
- A new mental health/clinical care service for people using drugs and alcohol



TEHV

Joint planning of services

Planning: Policy guiding groups exist for improving access to care for drug users but...

National TB Programmes are not involved

Justice/Prison Departments not involved (except Brazil)

Also, in Ukraine, civil society driving process more than government

Staffing/Training: Guidelines & training available but...

Not enough coverage to meet demand

Poor supervision in many settings

Poor monitoring and evaluation of outcomes

Also, training primarily for workers in special services – not healthcare workers in public health system who may be first point of contact

Operational Research: Some *but*...

Failure to document burden of TB in people who use drugs



Implementation of Collaborative TB HIV Services

	TB Infection Control	HIV screening	TB Intensified Case Finding	TB / HIV treatment & co-treatment	Isoniazid preventive therapy	HIV prevention
Zanzibar (UR Tanzania)	Not at drop-in centres, support groups	Yes, or by accompanied referral	Accompanied referral, not drop-in centres	By accompanied referral, no data on success	No	Mixed
India	Not in all drop-in centres	By accompanied referral	Accompanied referral (some exceptions)	Some TB (DOTS), Accompanied referral for HIV	No	Yes (but not enough needles)
Ukraine	At some integrated sites, not always OST	At integrated care sites	TB diagnosis at some integrated care sites	Mixed	Piloting	Yes
Brazil	At clinical sites	Yes	Yes, at HIV sites, some NGOs, mixed at new service for drug users	Mixed	Yes (some)	Yes



Barriers

Zanzibar (UR Tanzania)	<p>Harm reduction still very controversial</p> <p>No OST or other adherence support measures yet</p> <p>No equivalence of care in prison</p>
India	<p>Resource constraints — travel expense for referrals & some medical tests out of pocket</p> <p>Bulk of responsibility placed on NGOs</p> <p>Attitude that drug using community too small to merit TB programme's attention</p> <p>Equivalence of care in prisons only at one or two sites</p>
Ukraine	<p>Vertical programmes are entrenched</p> <p>Danger of unsustainable parallel system</p> <p>Restrictive policies, paperwork, patient registrations limit OST scale up</p> <p>Volatile political situation, police actions</p> <p>No equivalence of care in prisons</p>
Brazil	<p>Limited evidence based treatment options for crack use</p> <p>No “universal access to harm reduction”</p> <p>Staff hiring policies in Brazil</p> <p>Equivalence of care in prisons only at one or two sites</p>



Summary

No one is fully following the guidelines but there are some good examples of practice

- Zanzibar: A model for starting up in countries without existing services
- Ukraine: A good model for co-locating services in countries saddled with hyper-vertical systems
- India: Engaging CBOs as formal part of government response to help drug users access services
- Brazil: Dedicated clinics for drug users, evolving practices for crack/stimulant users

but...

TB/HIV is not receiving adequate attention



TBHIV

The need for advocacy

- We need urgent implementation of the guidelines
- We need to demand access to these services and raise political commitment
- The drug using community needs to be talking to the TB programme, whether it wants to talk back or not





TBIV



TB:IV



TB:IV



TB:IV

Acknowledgements

Geneva	Christian Gunneberg, Annette Verster, Colleen Daniels Adele, Haileyesus Getahun, Marco Vitoria
Ukraine	Konstyantyn Dumchev, Konstantin Lezhentsev, Vasiliy Chervenkor, Illia Podolyan, Tatyana Afanasiadi, Andrei Mandebura, Aleksander Nemykin, Alexander Yurchenko, Elmira Mamedova, Natalya Nizova, Sergiy Dvoryak, Lyudmyla Storozhuk, Eduard Gorbatenko, Marina Volchenko, Tamila Aivardzi, Angelika Kovanda, Igor Skalko, Vladimir Pizhik, Ludmila Filipovna
Zanzibar	Ann Cunningham, Suleiman Mohamed, Frida Radedunga Godfrey, Mgemi Hassan, Almas Moh'd, Fatima Sukwa, Soud A Masoudi, Mohamed Jiddawi
India	Mukta Sharma, Gary Reid, Puneet Dewan, Shalini Singh, Neeraj Dhingra, Dharmaraj Gasper, Pramod K, Venkatesan Chakrapani, Shabab Alam, Rahul Thakur, Sophia Khumukcham, Charlie Gilks, Po-Lin Chan, Natasha Dawan
Brazil	Ximena Pamela Bermúdez, Francisco Bastos, Veriano Terto, Elza Ferreira, Leda Jamal, Luis Pereira Justo, Draurio Barreira, Pedro Gabriel, Chico Cordeiro, Dulce Ferrraz, Cristina Pimenta, Mariangela Simao, Marcio Barbeito, Paulo Sergio Takeshi Suzuki, Rosan Geia Elias, Joel Coradete, Ana Peter, Rafeal Tedesqui, Nara Santos

