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
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
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
India

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva</td>
<td>Christian Gunneberg, Annette Verster, Colleen Daniels Adele, Haileyesus Getahun, Marco Vitoria</td>
</tr>
<tr>
<td>Zanzibar</td>
<td>Ann Cunningham, Suleiman Mohamed, Frida Radedunga Godfrey, Mgemi Hassan, Almas Moh’d, Fatima Sukwa, Soud A Masoudi, Mohamed Jiddawi</td>
</tr>
<tr>
<td>Brazil</td>
<td>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</td>
</tr>
</tbody>
</table>