AIDS 2014 Workshop on increasing access to TB services as part of integrated care for people who inject drugs

Integrating TB services into harm reduction services in the Eastern European context

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Cooperation in the field of HIV/TB at the national level

- Existence of a Coordinating Council at the national level for the implementation of joint actions in the field of HIV/TB.
- Regional authorities for the implementation of joint activities in the field of HIV/TB.
- Surveillance, monitoring and evaluation.
- Implementation of HIV/TB/PWID integrated services` system.
  - TB preventive treatment in HIV-infected patients.
  - Introduction of VCT for all TB patients.
  - Early start of ART and DOT for the patients with HIV/TB/PWID.
Dynamics of officially registered new cases of HIV-infection among PWID in Ukraine

For the period 1999-2006
The absolute number of PWID among new HIV infections increased annually

For the period 2007-2013
The number of PWID has decreased among the new cases of HIV infection, including HIV-infected persons 15-24 years
Number of HIV cases registered among PWID <25 (red line) and number of PWID reached by programs (blue line), 2005-2013 (official registration)
TB prevalence among OST patients in Ukraine (2006-2013)
Patient-centered care model

Entry point

Primary level of care
- TB screening
- IPT
- VCT
- DOTS

Secondary level of care
- VCT
- ART
- DOTS
- OI

Tertiary level of care
- CT, MRT
- ART
- TB, MDR TB
- OI
- SMT

Programs for HIV and TB prevention
- Harm reduction
- Adherence
- Palliative Care
- Care and support
- Harm reduction
- Adherence

Community level
- TB screening
- IPT
- VCT
- DOTS

By peer

Home care

Adapted from UNAIDS/WHO
ART among PWID

- In Ukraine 53,163 persons receive ART
- Among them active PWID – 5,994
- With AIDS diagnosis under medical supervision 15,287 persons, infected through injection
- Among them on ART – 5,994 persons
Development of OST program from 2008 to 2014

• 8,219 patients receive SMT services, among them:
  - 3,424 (41%) with HIV,
  - 1,554 (18.9%) with HBV,
  - 4,251 (51.7%) with HBC,
  - 1,328 (16%) with TB;

• 1,774 receive ART (52% from HIV patients)

• retention in the program – 70% patients were receiving SMT continuously during 6 months. (cohort of 1 half of 2013 in 2 half 2013).
Results of the study "Adherence to TB treatment among injecting drug users in Ukraine"

- Interruption in TB treatment were not recorded among OST patients, while in the control group this indicator made 20.7%.
- Average percent of medical prescription completion regarding drug-taking among OST patients is 97.1% versus 86.2% in the control group.
- Prevalence of HIV, TB and MR TB is higher among patients who are not received OST.
- Among OST patients there are more employed persons, and most had children.

Ukrainian Research Institute of Public Health
CSO Collaborations
Alliance Ukraine in TB/HIV Collaboration

CSOs- co-chairs of National CCM
HP procurement (PSM)
Good Practices development
Cross-sectoral HIV/TB working groups (WG)
Trilateral memorandum among Ukrainian AIDS Center, All-Ukrainian TB Control Center and Alliance;
Biannual reporting meetings for TB and HIV program managers
Technical support
Grants
Trainings
Advocacy
Decrease the burden of HIV in TB patients

- Providing grants to NGOs to expand their activities on HIV prevention among vulnerable groups in TB institutions

- Counseling on HIV/AIDS prevention and safe behavior;

- Distribution of condoms, syringes and spirit wipes (for IDUs)

- Dissemination of informational materials;
Active TB detection in MARPs

- Training for NGO’s staff on TB risk, infection control and general education
- TB screening using questionnaire
- Sputum collection
- Support in accessing health care
- Outreach
Integrated services

- Provision of multidisciplinary model of support for patients with double (drug abuse + HIV infection) or triple (drug abuse + HIV infection + TB) disease burden

- Services are provided on the territory of one institution – integrated care center – “one-stop-shop”

As of 01.06.2014 there are 8219 OST patients

Out of them 1328 (16,2%) have confirmed TB diagnosis
OST sites based in TB clinic (21)

- Integrated care center (ICC) (11 sites)
  - 233 patients receive OST

- Basic services OST sites (10 sites)
  - 68 patients receive OST
Services provided to the OST client (Basic services OST site)

**Medical support**
- OST drug
- TB testing and treatment

**Psycho-social support**
- Social worker services
- Interaction with relatives
- Self-Help Groups
- Motivation for HIV testing

**Client**
- Narcological services
- HIV VCT
- Social worker counseling
- Motivation for HIV testing
- Interaction with relatives
- Self-Help Groups
- Social worker services
- OST drug
- TB testing and treatment
Services provided to the OST client (ICC sites)

Psycho-social support

Medical support

Client

Narcologist services

Services of infectious diseases specialist (at OST site)

Services of TB doctor

TB/HIV testing and treatment

OST drug

Services of other medical specialists (surgeon, dermatologist, gynecologist, etc.)

Social worker/case manager services/counseling

Motivation for HIV testing

Information sessions on SMT/HIV/AIDS/TB/STI

Psychologist counseling

Self-Help Groups

Legal assistance

Interaction with relatives
Results and lessons learnt

- By the end of 2013, 36 implementing partners
  • provided TB screening to 10 218 clients
  • referred 5707 clients to phthisiatrian and further medical examination
  • detected 659 TB cases, including 542 (9.5%) patients newly diagnosed and relapses

- 88 OST sites were organized to provide medical and psychosocial services

- OST as part of integrated services for PWID, contributes to form adherence to antiretroviral drugs as well as to the treatment of MDR-TB.
Key challenges

- Lack of recourses at NGOs to initiate integration within health care system without institutional support
- No regulation to guide partnerships between NGOs and (TB) HCF
- Lack of technical capacity (technical knowledge about disease and treatment)
- Stigma and discrimination
Conclusions

- OST should be considered as a priority component of the HIV/AIDS and TB prevention program.

- CSO’s participation in TB and TB/HIV activities is crucial to successful implementation of National HIV/TB programs

- Patient-oriented integrated approach is needed for TB/HIV implementation (DOTs, Stop TB strategy)

- CSO’s staff should be trained on TB related technical capacity to further engage in national TB programs for MARP’s

- With the leadership from the Government a functional coordination mechanism between all these services must be in place
Thank you!

Dyakyo!