INNOVATIVE MODELS OF TB CARE FOR PEOPLE WHO INJECT DRUGS

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TB CARE FOR IDU: REVIEW OF EVIDENCE


“Integrating tuberculosis and HIV services in low-and middle-income countries: a systematic review” Legido-Quigley et al 2013

“Rapid assessment of the accessibility and integration of HIV, TB and harm reduction services for people who inject drugs in Portugal” WHO, 2012

• Co-location of TB screening, prevention and treatment with NSP and OST programs

• Uninterrupted delivery of OST

• Central role of outreach workers

• Flexibility over timing and treatment location
IN THIS PRESENTATION:

- NGO-led TB case management (Poltava, Ukraine)
- Integrated TB care within OST program (Simferopol, Ukraine)
- Mobile TB services (screening/treatment) in the community (London, UK)
NGO-LED CASE MANAGEMENT: LIGHT OF HOPE, POLTAVA, UKRAINE

- Population: 280,000
- 219 OST patients
- 17% of OST patients with TB
- 55% of HIV+ OST patients on ART
INTEGRATED TB/OST MODEL: POLTAVA

- OST
- TB treatment
- HIV testing and ART
- PEER WORKER (referrals, adherence counseling)

**TB Hospital (Inpatient)**

**TB Clinic (Outpatient)**

**AIDS Center**

**Drug Treatment Clinic**

**NGO: CRITICAL LINK**

- TB screening and specialist consultation
- IPT for HIV+ clients
- PEER WORKER (referrals, adherence counseling)

- OST treatment
- TB screening and treatment
- IPT
- HIV specialist consultation
- PEER WORKER (referrals, adherence counseling)
OPTIONS FOR RECEIVING TB TREATMENT

- Social Adaptation Center (Light of Hope)
- TB Clinic
- AIDS Center (Light of Hope office)
- Relatives
- Other convenient location
- NGO (Light of Hope)
PEER WORKERS: A CRITICAL LINK

CAPACITY:

• Facilitate access to TB screening and testing
• Deliver flexible TB care in the community
• Support TB/HIV adherence, side effects

LIMITATIONS

• Don’t have the same social protection status as medical workers/Red Cross nurses: vulnerability
• “Over-medicalization” of TB care delivery: no room for NGOs
CRIMEAN REPUBLICAN NARCOLOGICAL DISPENSARY, SIMFEROPOL, UKRAINE

- 248 OST patients
- 34% OST patients with TB
- 55% HIV+ patients on ART
INTEGRATED TB/OST MODEL: SIMFEROPOL

OST Clinic:

• Screening: Symptom screening/digital radiography
• Prevention: Isoniazid (98 patients in 2011-12)
• Treatment onsite for sputum-negative patients (32 patients in 2012)
• HIV testing

TB Clinic:

• OST for continuing and new patients
• HIV testing and ARV initiation
UKRAINE’S INTEGRATED SERVICES: A PARADIGM SHIFT

TB Treatment

HIV Treatment

Drug Treatment

Access to TB screening, IPT in OST programs, Access to OST in TB hospitals

Access to VCT, ARVs in OST programs; CD4/Viral load testing

TB/HIV testing and treatment

NEED TO DOCUMENT SUCCESSFUL PRACTICES!
TB AND HIV SERVICES: LAST IN LINE FOR OST?

Distribution of OST sites by type, Ukraine

- AIDS Centers: 6
- TB hospitals: 10
- Narcological...: 34
- General hospitals: 50

Proportion of OST sites (%)

Ukraine
“THE RISKS OUTWEIGH THE BENEFITS”
«In the early days, when I first started administering OST in the TB clinic, this guy dressed in civilian clothes walked into my office. He said to me: «We know you're selling methadone. We're watching you. I'll make it my personal business to lock you up. So I put an empty methadone bottle in front of him and said: Give this to your wife or daughter, then they can come here every day and treat HIV+ drug users with TB. And you can stand here and watch them.»

TB doctor, Ukraine
RIGID OST REGULATIONS

ORDER #200:

- 2 prior officially documented treatment attempts (removed as of May, 2013)
- 2 narcologists as part of a medical committee to prescribe OST
- Separate room for OST provision

“Those [doctors] who try to troubleshoot and look for solutions, they are vulnerable. Those who want to help their patients. It’s not right. Providing OST shouldn’t be an act of heroism.”

Narcologist, Ukraine
MOBILE TB CARE IN THE COMMUNITY: LONDON, UK
FOCUS ON THE MARGINALIZED

**TB incidence, London 2007**

<table>
<thead>
<tr>
<th></th>
<th>Number of cases per 100,000</th>
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<tbody>
<tr>
<td>Homeless</td>
<td>788</td>
</tr>
<tr>
<td>Drug users</td>
<td>354</td>
</tr>
<tr>
<td>Prisoners</td>
<td>208</td>
</tr>
<tr>
<td>General population</td>
<td>27</td>
</tr>
</tbody>
</table>

| Series1                  | 788                         |
|                         | 354                         |
|                         | 208                         |
|                         | 27                          |
MOBILE DIGITAL X-RAY UNIT
FIND & TREAT:
TAKING DOTS TO THE STREETS

• 10,000 people screened/year;
• 700 on treatment over 4 years;
• Currently 54 MDR/4 XDR cases
• Large proportion of rough sleepers from Eastern Europe
• TB hostel—5 beds dedicated to homeless TB patients from Eastern Europe (all MDR)
• 84% completion rate
Our mantra is “People, not pathogens.” We construct the services around the needs of our client group. We are the glue that holds it all together. Because getting through the door can be a bit scary, and it’s far easier if you have someone to advocate for you, help you fill out the paper work, come to the appointments...Peer workers can help with that.”

Clinical nurse, Find & Treat
VIDEO OBSERVED TREATMENT: THE NEXT FRONTIER?
Dedicated outreach service for hard to reach patients with tuberculosis in London: observational study and economic evaluation
“Integrated care is not about sitting in one building with each other or on the same floor. You need to THINK in terms of integrated care. Integrated care begins inside your head.”

Narcologist, Simferopol, Ukraine