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tubidu

Policy brief

Empowering the Public Health System and Civil Society to Fight the Tuberculosis Epidemic among Vulnerable Groups

Why focus on people who inject drugs?

People who inject drugs (PWID) are at high risk of contracting tuberculosis (TB), whether or not they are infected with the human immunodeficiency virus (HIV).[1] The higher risk of TB observed in PWID is usually the result of associated HIV infection, but it is often more prevalent amongst those with a history of imprisonment, and those living in cramped conditions or in dwellings with poor ventilation; in addition, it is frequently associated with homelessness, poor nutrition, alcoholism and tobacco use.[2] These risk factors also complicate TB diagnosis and treatment.

The main barriers to accessing HIV/TB services

Public health system affected

- Over the past few years the Baltic countries, Bulgaria and Romania have confronted funding difficulties as the large international donors for the HIV and TB interventions have closed their programmes in these countries. Faced with the economic crisis many of the governments concerned have reduced funding for HIV/TB prevention and treatment programmes, and, in particular, for schemes targeting PWID.
- Due to funding gaps not only was the coverage of the services affected, but in many cases the quality and sustainability of these services was also reduced. The coverage of the harm reduction services decreased and treatment (TB and antiretroviral treatment, opioid substitution therapy) was often interrupted. In addition, the political environment in some of these countries became increasingly unsupportive of harm reduction services.

In 2012, TB disease affected an estimated 8.6 million people, including 1.1 million new TB cases among people living with HIV; TB also caused 1.4 million deaths. Worldwide, 3.6% of new cases and 20% of previously treated cases were estimated to have multidrug-resistant TB.[7]

In the European region TB affected more than 360,000 people, 6% of which were cases with HIV co-infection. The prevalence of MDR TB cases amounted to 14% among new cases and 47.7% among previously treated cases. 11% of MDR patients had XDR-TB.[8]

A model developed by WHO Europe estimated that 120,000 lives and € 3.6 billion could be saved in the short term and € 34.8 billion in the long term if "The Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011–2015"[5], endorsed by all 53 member states in 2011, is fully implemented; the measure should prove highly cost-effective. WHO Europe warns that if the Plan is not implemented, the economic loss to the region would be € 8.7 billion within five years.

Healthcare settings affected

- Organizational and socio-economic barriers such as the complicated nature of service provision and the lack of cooperation between different service providers, the negative attitudes of medical and other staff towards PWID, and doctors' lack of interest in devoting a sufficient amount of time to educating drug users on different health conditions and solving their health and social problems may discourage PWID from approaching health services, in particular those dealing with TB/HIV.

Persons affected

- According to the results of a cross-sectional study of PWID in Bulgaria, Romania and the Baltic countries,[3] the main barriers to HIV and TB services appear to be socio-cultural and are related to people's knowledge and perceptions; possible reasons for not approaching services include a fear of being identified as an HIV carrier or a drug user, and the impact this may have on their family, not being interested in receiving treatment and not trusting the health care system.
- A lack of motivation to be treated or tested is a key factor in preventing PWID from accessing treatment services. In some cases the need to pay (or misinformation about the need to pay) for the services and a lack of identity documents (citizenship) and/or national health insurance can also become an obstacle.

Priority action steps

All participating countries already observe the recommendations of the World Health Organization "Policy brief for policy guidelines for collaborative TB and HIV services for injecting and other drug users".[4] To improve access to health care in the field of HIV and TB amongst PWID, there is an urgent need to:

- Ensure the financial sustainability of the HIV/TB prevention and treatment programmes, including activities targeting PWID.
- Prepare cooperation guidelines for different governmental, municipal and non-governmental organizations in order to promote the provision of integrated services.
- Provide integrated HIV, TB and drug treatment services and to ensure better collaboration between HIV, TB and drug treatment service providers, as well as address the need for target groups to be adequately informed about available services.

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TUBIDU is a European Commission Health Programme funded project with seven participating organizations from six EU countries (Bulgaria, Estonia, Finland, Latvia, Lithuania, Romania) and five collaborating partners from non-EU countries. The general objective of the project was to contribute to the prevention of a PWID- and HIV-related TB epidemic in the project area.

Bulgaria, Romania and the Baltic countries display some of the highest TB and HIV incidences in the EU, as well as a high rate of injective drug use. Moreover, Bulgaria, Estonia and Latvia have the highest incidence of HIV in the EU and the highest rate of multidrug-resistant TB in the entire world. TB is the main AIDS-defining disease in these regions.

- Shift the focus from lengthy and costly hospitalization of TB patients to outpatient care which is based on a client-centred approach.
- Provide services for drug users, including those without identity documents or health insurance, in a client-friendly manner whilst also guaranteeing high levels of privacy and confidentiality.
- Adjust specific services (harm reduction, HIV, TB and drug treatment services) according to the needs of PWID, e.g. by establishing more flexible opening hours, and opening additional service sites in different geographical locations, becoming closer to the hard-to-reach, vulnerable groups.
- Improve the capacity of medical professionals to work with vulnerable groups through training (and other forms of continuous education). In addition to testing, treatment and care, other topics that should be covered include patient-centred attitudes amongst health professionals, understanding about the diseases concerned, health system information and ways to improve accessibility for vulnerable groups.
- Increase involvement of non-medical organizations, including community-based organizations, in outreach, as well as in providing support, and delivering services to vulnerable groups.
- Develop a support system to encourage clients to undergo regular health screenings. Strengthen and improve the system of referral and accompaniment services for the successful referral of clients.
- Provide continuous education and counselling for PWID at every contact point with any social, health care or harm reduction services in order to support their access to care and deal with any perceived stigma relating to HIV infection, TB or drug injection. All health services addressing the needs of PWID, who are at risk of HIV and co-infections, should adopt the WHO/ECDC/EMCDDA guidance promoting active testing for HIV and co-infections, including TB and viral hepatitis in an opportunistic way.[6] Harm reduction and drug treatment sites must promote the active testing of drug users for HIV and TB.

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