# Policy guidelines for collaborative TB and HIV services for ID and other drug users

G. Vergus, S. de Lussigny Vienna, 15 July 2010

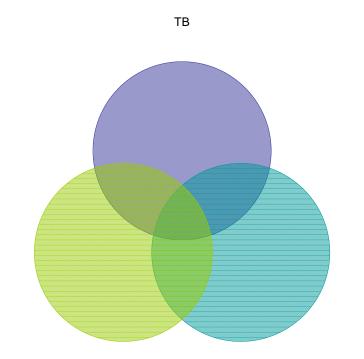
## Overview

- Written in 2008
- Basic information on epidemiology, treatment and care
- 12 recommendations
- Sections:
  - Joint planning
  - Key interventions
  - Barriers
- Centred around the systematic approach to three conditions: TB, HIV and drug use

# Joint planning

R1 Joint:

Planning Implementing Monitoring Coordination



R2 + R3 Human resources' planning:

Defining roles and responsibilities of all service providers caring for IDUs

Sufficient numbers

Training and education

Drug use services

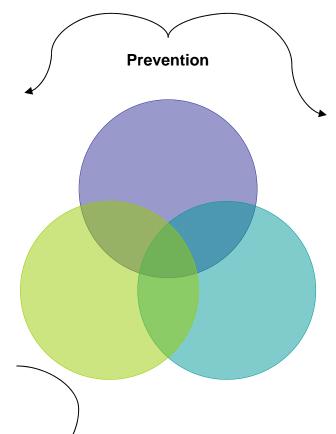
HIV

R4 Informed action (operational research)

## Key interventions

#### **R8 IPT in PLWH**

R9 HIV prevention (including needle and syringe programmes and OST – total of 9 interventions)



## R5 TB infection control everywhere!

-Administrative

-Environmental (ventilation)

-Personal (masks)

-Incl. occupational prevention (R9)

**Diagnosis** 

R6 Intensified case finding for TB and testing for HIV: know symptoms and where to refer people to test Treatment

R7 Access to appropriate treatment for TB and HIV

Non-discriminatory!

## Barriers

### R10 One-stop-shop with sensitized personnel

 Prevent loss of follow up! First contact may be the last one, so use the first contact for maximum services

### R11 Prisons and other places of detention

- Medical care equivalent to the one for a provided to the civilian population
- Medical examination at entry

#### R12 Adherence

- Support and prevent drop out
- Treatment and drug use are not contradictory

## R13 Common types of comorbidity

 Hepatitis coinfection is NOT a reason to deny access to treatment!

- Thank you!
- Questions?