

# Implementing TB/HIV collaborative activities in prison settings: where are we?

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*(4) National TB programme*

**Accelerating the implementation of collaborative  
TB/HIV activities in the WHO European Region  
16-17 July 2010, Vienna, Austria**

# Republic of Moldova

- ❑ **Population: 3,6 million**
- ❑ **Surface area: 33.7 thousand sq. km**
- ❑ **Life expectancy at birth(2009): 68 years males, 72,2 years females**
- ❑ **GNI per capita (US\$, 2008): 1500**
- ❑ **HIV Prevalence among adults (ages 15+) estimated at 0,42% in 2009**
- ❑ **HIV incidence in 2009 was of 17,12/100000 of population**
- ❑ **TB notification rate (2009): 136,5 %000**
- ❑ **TB incidence new cases – 93,0 %000**
- ❑ **TB as AIDS defining illness –in 54.34% of AIDS cases (2009)**

Sources: *World Development Indicators (2009)*  
*National Bureau of Statistics,*  
*National AIDS Centre,*  
*National Tuberculosis Programme*



# Penitentiary System

- 5 pre-trial institutions
- 2 penitentiary hospitals
- 11 colonies

Maximum capacity: 9 290 persons

On 01.01.2010, 6 535 persons were detained in PS, among them:

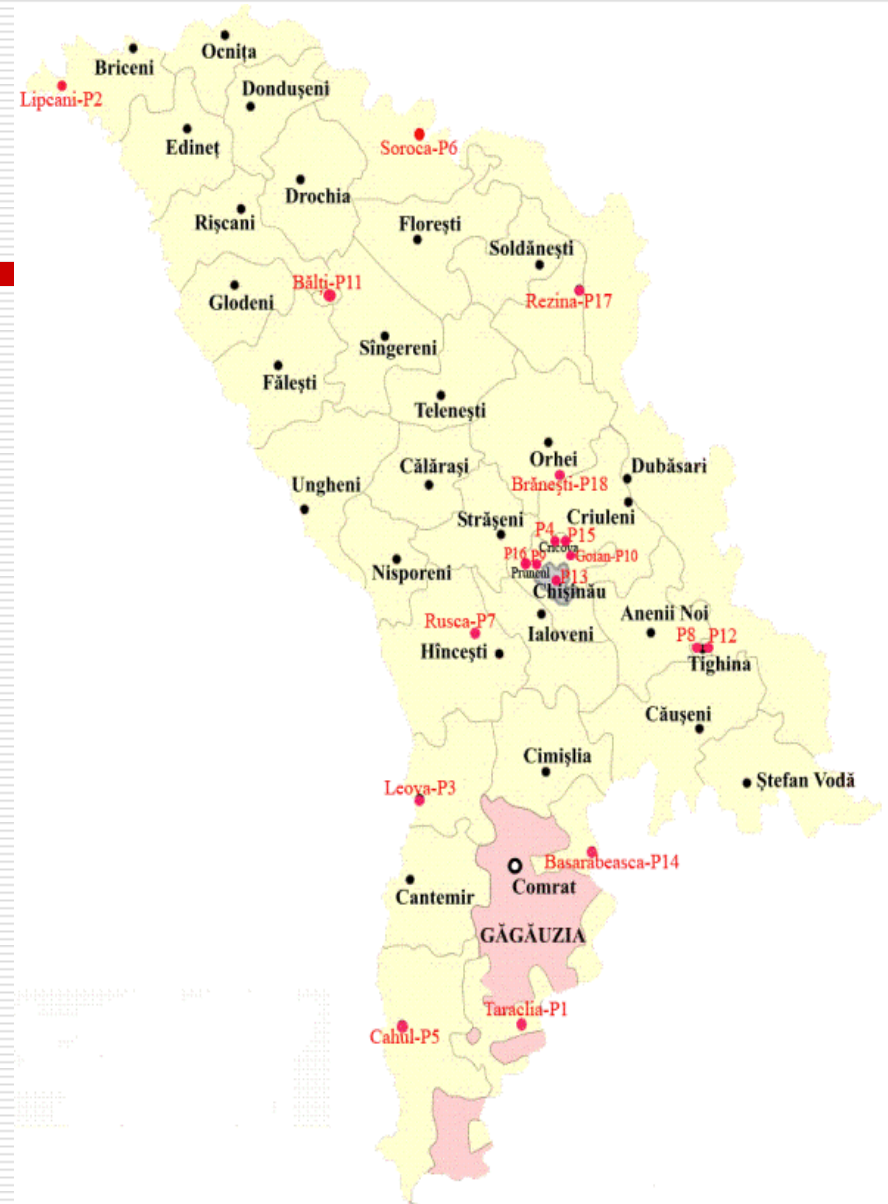
**HIV infected** – 120 (1.8%) cases,  
of which

**23 TB/HIV active patients**– 19.2%;

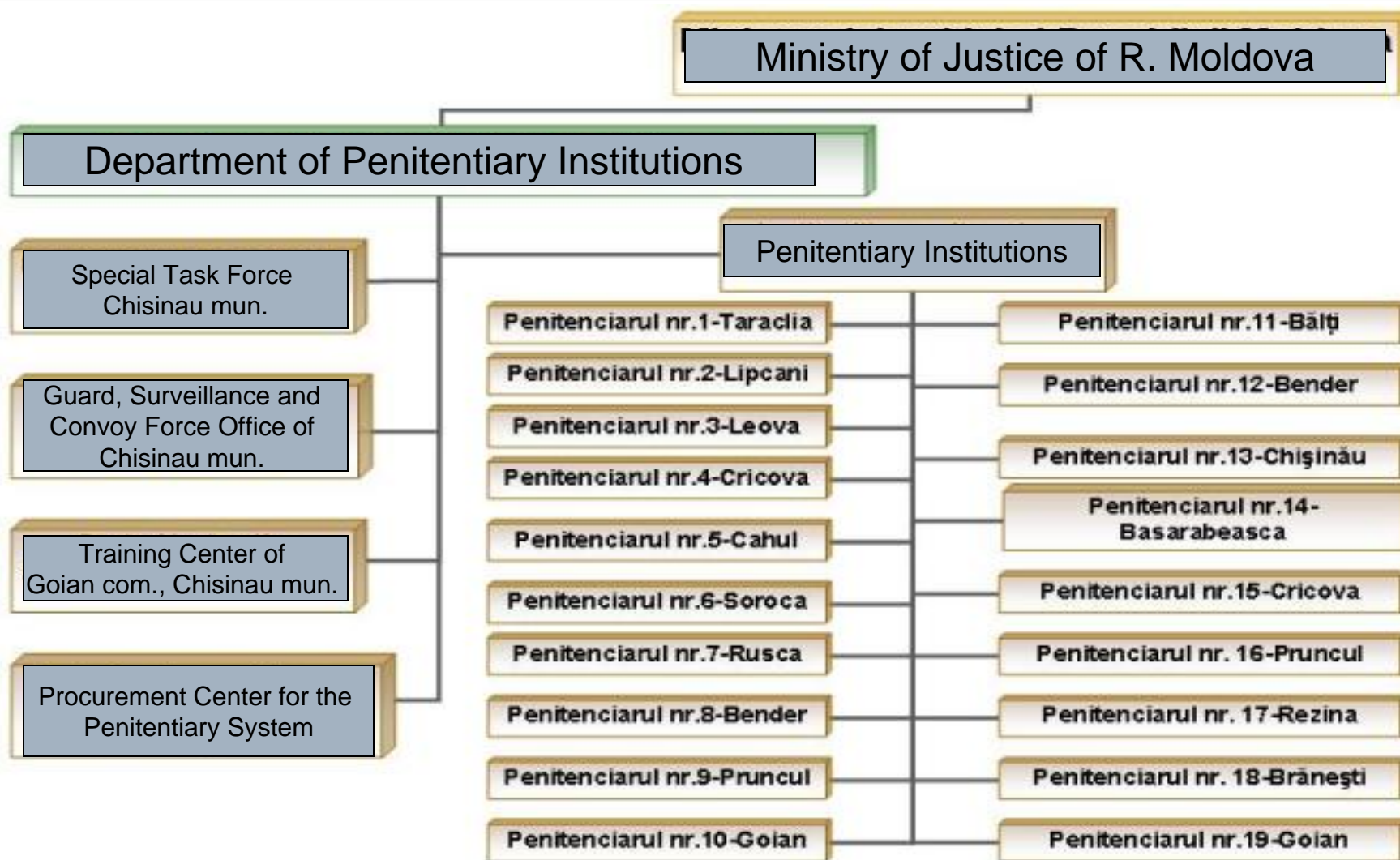
**TB patients** - 260 (4.0%)

of which

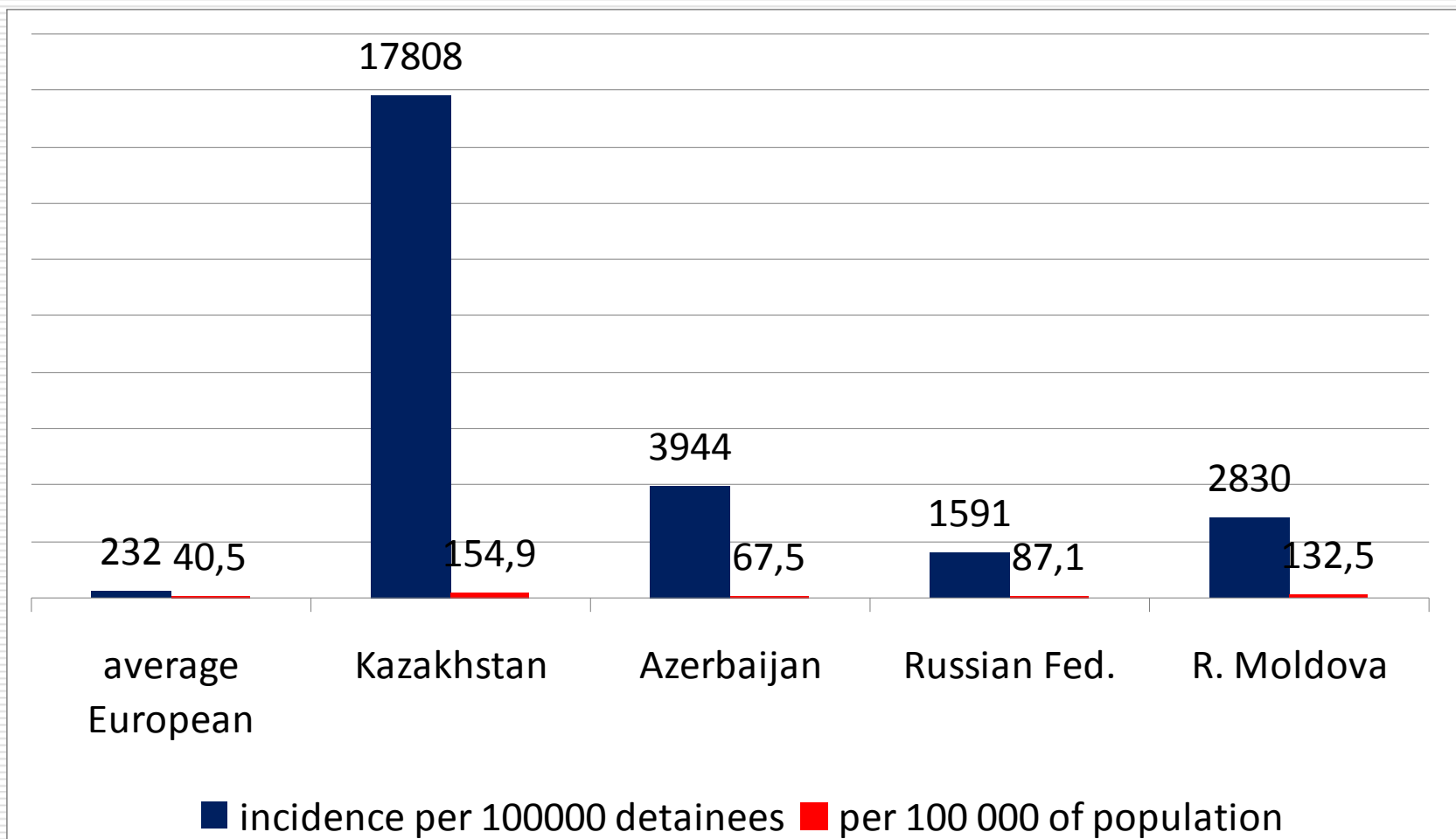
**TB/HIV patients** - 23 cases - 8.8%



# Department of Penitentiary Institutions

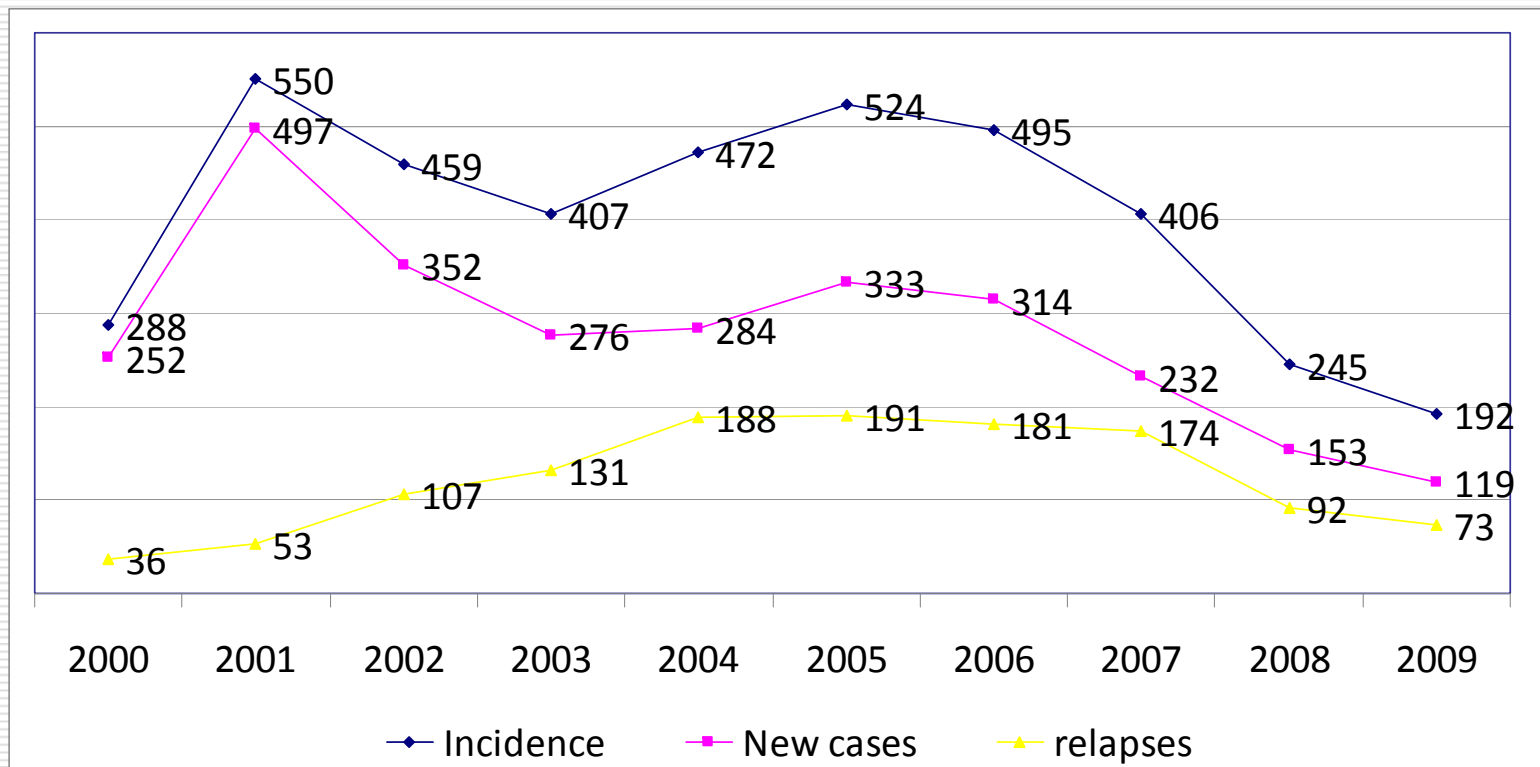


## TB in penitentiaries, WHO EURO, 2006

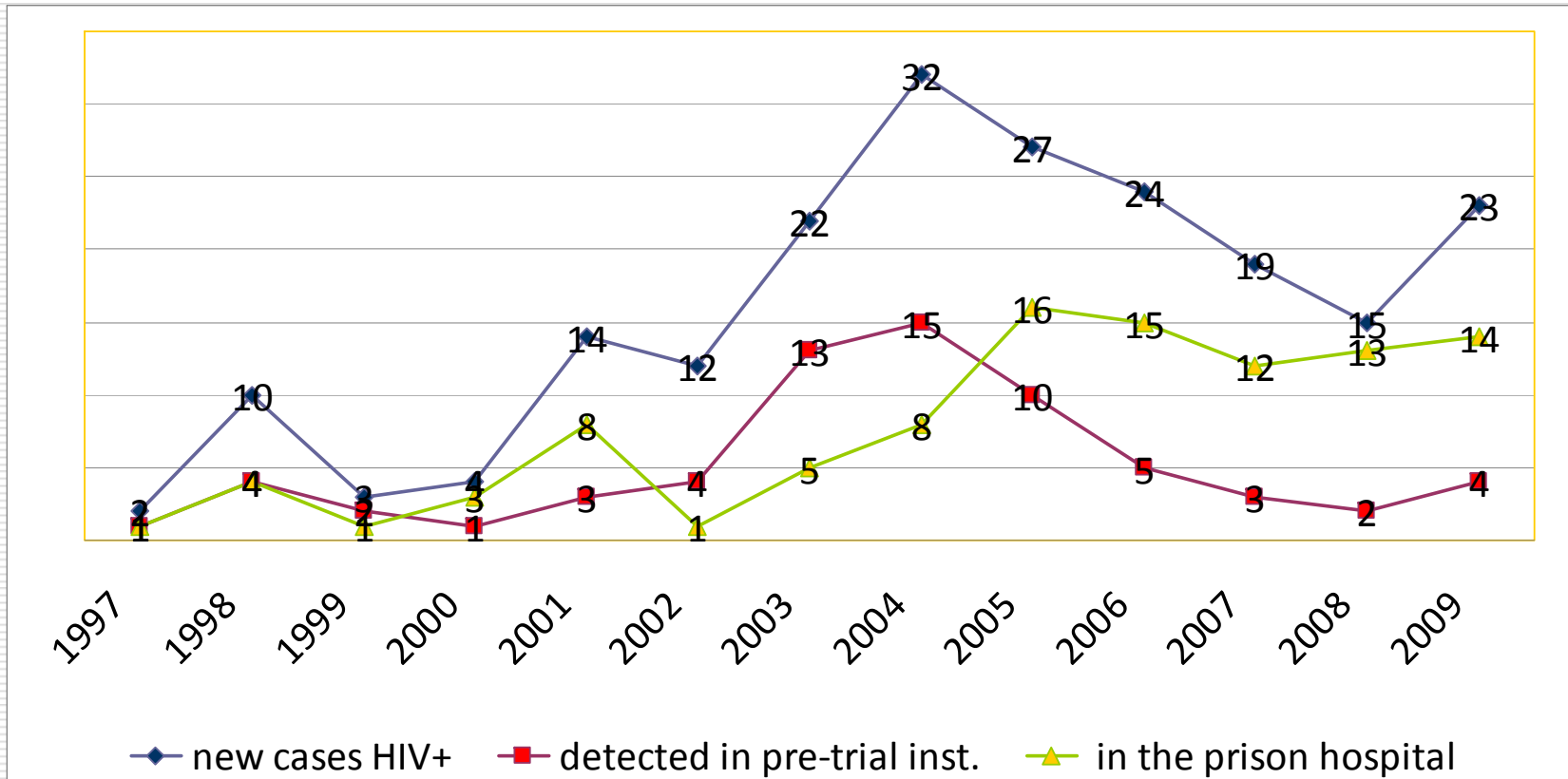


# TB Incidence among inmates, abs.

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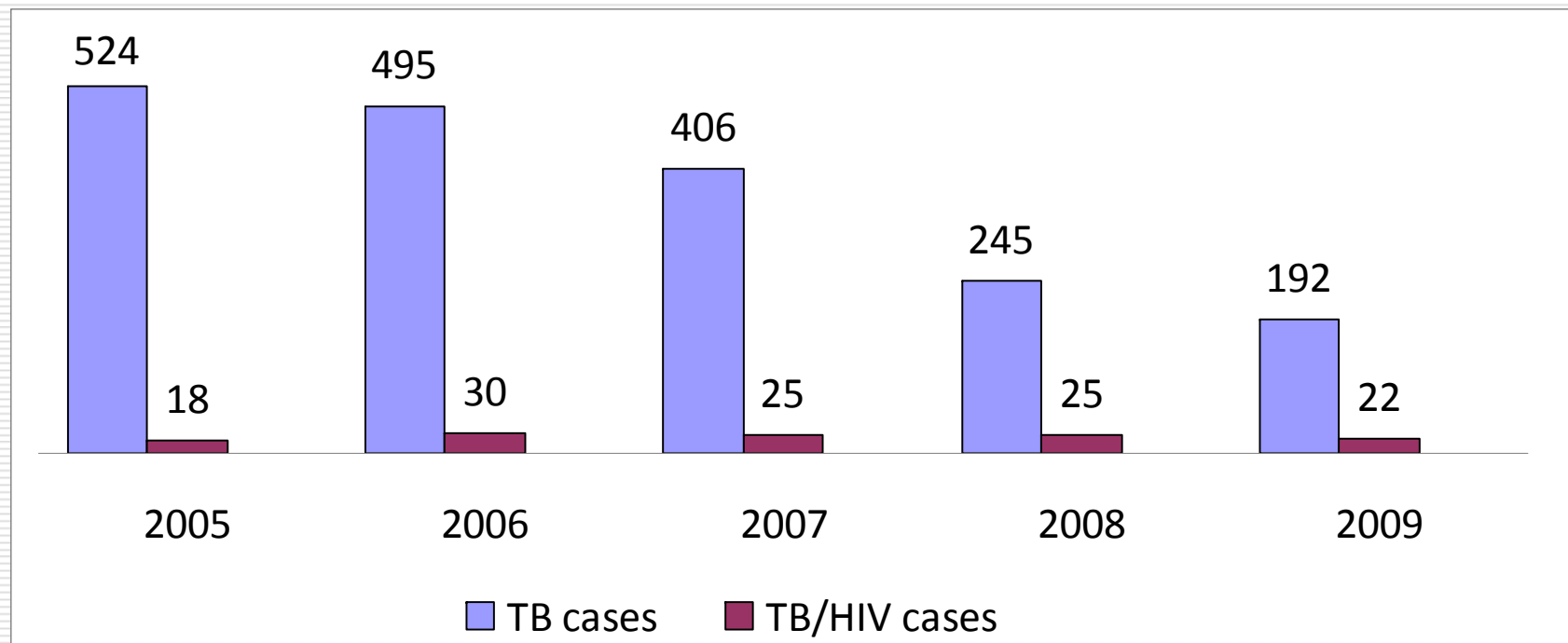


# Primary HIV cases among detainees, abs.



# TB/HIV among detainees, abs.

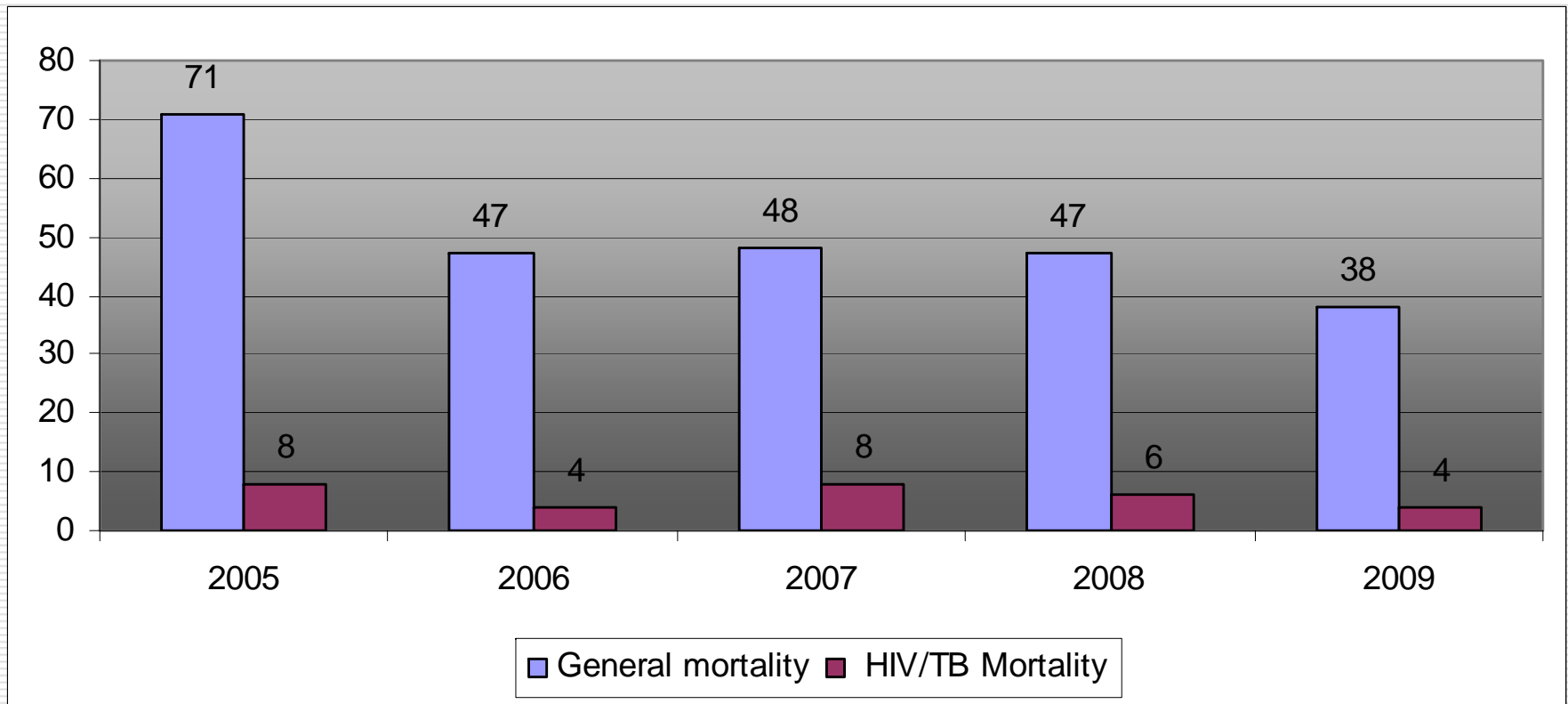
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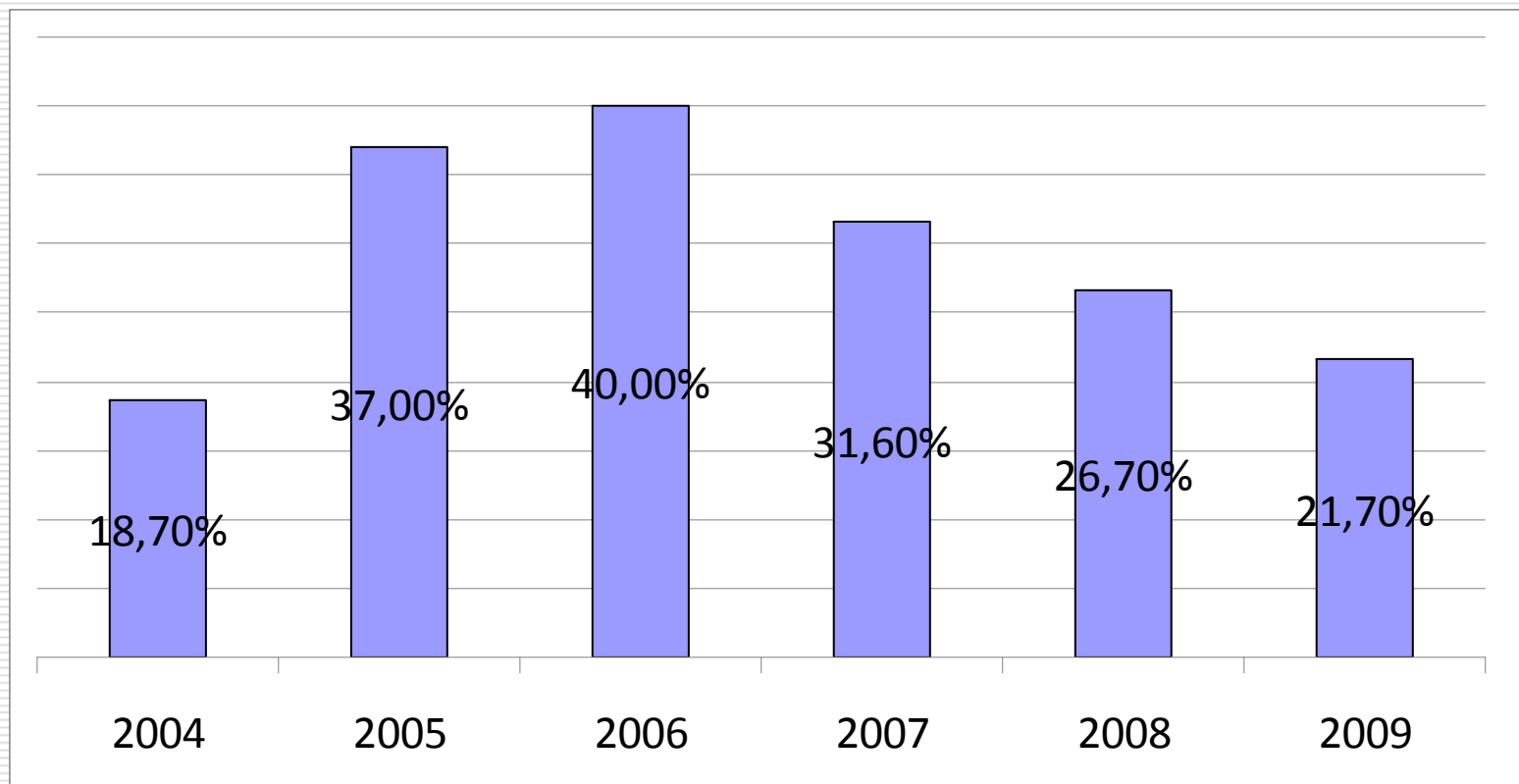
# Mortality in prisons, abs.

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# HIV detection in TB patients from total HIV detection

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# Policies

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Activities in prisons are component parts of National Programmes

- ❑ 3 National HIV/AIDS Programmes(1996-2000, 2001-2005, 2006-2010)
- ❑ 2 National, DOTS based, TB Control Programmes (2001-2005, 2006-2010)

Multiple sources of funding for the national programs:

- ❑ National budget (45% for TB and 33% for HIV)
  - ❑ GF Rounds 1,6,8,9 Grants – US\$37 million disbursed for HIV and TB components (since 2003)
  - ❑ World Bank Grant – US\$ 5.85 million for HIV (5 years – 2003-2008)
  - ❑ USAID – US\$ 4.2 million for TB
  - ❑ Other sources – Carlux, UN agencies, International agencies
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# Achievements TB prophylaxis and control

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- ❑ Full coverage with DOTS within penitentiaries (since Q3-2003) - Active case detection; Active screening; Use of drugs in FDC; DOT; TOM; Involvement of volunteers for early TB detection from 2006
  - ❑ DOTS Plus Project has started in Q4.2005 (11 patients) – 66 patients on treatment in 2010(cumulative 148 patients) *Success rate within first cohort(11 patients)- 63,6%*
  - ❑ Treatment adherence programme since 2006- Psycho-social support, incentives (GF, Carlux)
  - ❑ Treatment follow-up after release for DOTS and DOTS+ patients (KNCV, Carlux, GF )
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# Achievements - Prophylaxis and control of HIV among detainees

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- ❑ "Needle exchange program plus all harm reduction interventions" IPP NGO with the support of Soros Foundation, GF
  - ❑ Substitution treatment – since 19.07.2005; 5 prisons + 2 pre-trial jails covered, 241 detainees involved (on 01.07.2010). DPI supported by WHO, GF, Soros Foundation Moldova
  - ❑ Antiretroviral therapy - since 2004 year, DPI supported by GF (the 2<sup>nd</sup> site of ARV treatment in MD)
  - ❑ VCT for HIV - since 2008 year within 7 institutions (in 5 prisons), DPI supported by Carlux
  - ❑ Dispensary evidence and antiretroviral therapy in HIV/TB co-infection cases (since 2004) DPI supported by GF
  - ❑ Psychosocial support for IDUs and STM beneficiaries (since march 2010), Viata Noua NGO
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# TB and HIV fight Milestones

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**1999 – Needle exchange start**

**2001 – DOTS start**

**2003 – DOTS 100% coverage**

**2004 – ARVT start**

**2005 – MST and DOTS+ start**

**2006 – Social support for DOTS+  
patients;**

**2008 – VCT for HIV prevention started**

**2010 – Social support for IDU's**

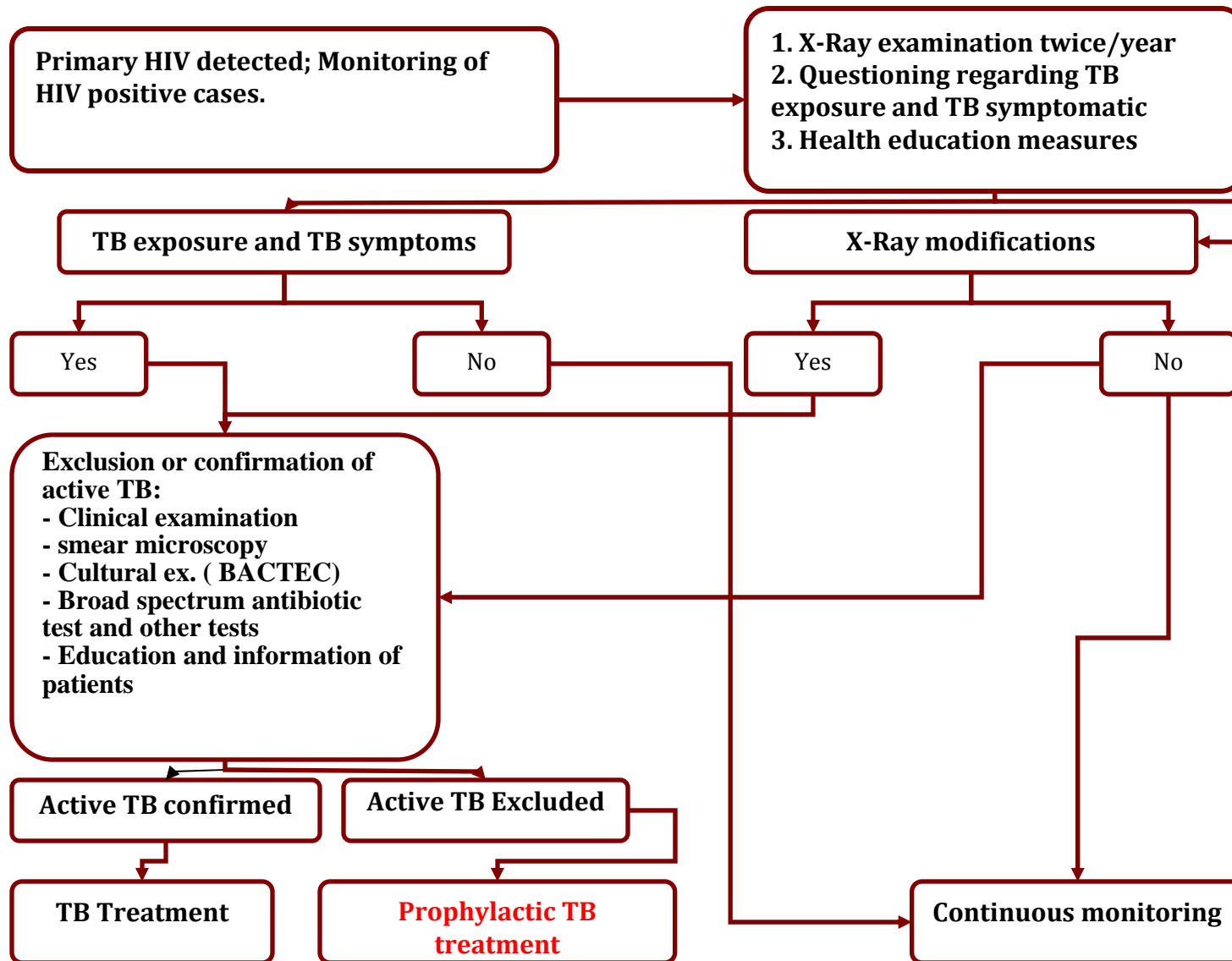
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# Actual TB/HIV collaborative management in prisons

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- ❑ In 2008, DPI approved a set of methodical recommendations on TB/HIV management in prisons (according to WHO recommendations)
  - ❑ Integration of HIV/AIDS and TB services within the one medical institution. The Infectious disease Dept. has one position of TB specialist.
  - ❑ All HIV cases are consulted by the TB specialist, if supplementary examinations are necessary, specialists from MoH are available/involved;
  - ❑ TB patients are HIV tested after counseling (99,5% in 2009)
  - ❑ All HIV infected detainees are BAAR tested after primary HIV confirmation, and periodically during hospitalization
  - ❑ Every 6 months HIV patients from the whole system are hospitalized for routine investigations including X-Ray examination
  - ❑ Continuous training of medical personnel on TB and HIV/SIDA
  - ❑ Informational exchange and permanent consulting with MoH institutions (clinical issues, conferences etc.)
  - ❑ Efficient informational exchange between TB and HIV/AIDS services – improved TB/HIV case management
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## Algorithm of risk assessment and TB diagnosis among HIV+ inmates





# Actual challenges in TB/HIV collaborative management

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- ❑ Lack of TB rapid testing methods and differential diagnosis
  - ❑ Prophylactic TB treatment of HIV+ patients with a high risk of exposure – not practiced in penitentiaries. No a clear approach on national level also.
  - ❑ Inclusion in the Methadone Substitution Treatment – triple combined therapy with adherence problems, logistical issues to ensure MST, slow tempos of recruitment
  - ❑ Insufficient coverage with VCT services
  - ❑ There is no ARV treatment follow up after release
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