

Thematic Round Table 1

Scale-up HIV testing for TB suspects and patients, provision of ART and TB Intensified Case Finding

TB/HIV Workshop

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Group 1 Participants

- Azerbaijan
- Bulgaria
- Estonia
- Great Britain
- Italy
- Kazakhstan
- Kyrgyzstan
- Macedonia
- Moldova
- Netherlands
- Portugal
- Russia
- Serbia
- Tajikistan
- Turkey
- Turkmenistan
- Ukraine
- USA
- Uzbekistan
- WHO HQ, EURO and CO representatives

Best Practices in the Countries

- National treatment and management normative documents/guidelines are based on WHO recommendations
- Good management of co-infected patients
- Collaboration between the sectors
- Acquisition of ARVs supported by GFATM TB

Critical National Level Policy Changes

- Government commitment is present - more coordinated actions between sectors are needed
- Need to develop a comprehensive system approach (road map) to management of TB/HIV patients applicable in all countries
- Need to introduce IPT and HR programmes in prisons
- Sufficient Infection Control Measures to be introduced (separate flows of TB and HIV patients in one health care setting)
- Appropriate equipment and supplies to be provided
- Integrate services by introducing TB specialists in AIDS centres
- Link reporting systems and improve their comparability between TB and HIV programmes
- Improve Programme Collaboration between HIV, TB and Harm Reduction Programmes – integrated care provision nationwide
- Introduce patient-centred model of care (one patient with 3 diseases – service is to be provided in one setting) – all 3 programmes, PHC providers, social workers and the NGO sector need to work together around the patient
- Treat not separated diseases – but treat a PATIENT (introduce multi-disciplinary approach to treatment)

Enablers for nationwide scale-up of PITC for TB suspects/ patients

- State orders/normative basis are needed
- Treatment guidelines to be based on the international best practice
- Capacity building for PHC providers and specialists
- Strengthen link between PHC, specialized care and disease-oriented programmes (TB, HIV, HR)
- Improve quality of provided care and connection between the programmes

Rapid HIV Testing

- Is not a method for epidemiologic surveillance – it is a start-up method
- Rapid tests to be used by the settings (including NGO sector) having access to high risk groups and providing T&C to these groups

Referral of patients for HIV Testing

- State orders need to clearly specify the referral mechanisms
- Health system to allow changes in the management of TB/HIV patients (remove barriers between the 2 sectors)
- Need to introduce the post of TB doctor (also psychologist, narcologist etc) on the basis of HIV/AIDS Centres (to allow management of HIV positive TB patients in the spot)
- Need to prepare specialists (capacity building)
- Prevention of in-hospital infection
- Improve quality of testing (introduce supportive supervision to ensure quality of counselling and testing)
- Increase access for TC of risk groups

Role of NGO Sector

- Increase NGO role and capacity in case finding, management, patient adherence
- Include civil society organizations in the GFATM-supported projects as recipients (ACSM activities can be done by NGO sector and they can be direct recipients of these money)
- Strengthen collaboration between governmental and civil society sector
- Use NGO sector capacity to combat stigma and discrimination against people with diseases
- Use NGO capacity to improve access to T&C for risk groups
- Advocacy for promoting OST (opioid substitution therapy)

Potential sources of funding

- GFATM as a major donor
- Other donor and international organizations
- State funding

THANK YOU