

# WG 2. Coordination and collaboration between programs

Alena Skrahina  
Belarus

# Barriers for establishing integrated TB and HIV services

- Coordination body separated (HIV and TB) or not functioning 100% in some countries
- Difficulties in process of HIV disclosure to specialists
- Different TB and HIV registers (information flows)
- Regulation lacking (prisons HIV, IDU programs)
- Understaffing of programs (prisons, health systems)
- Not enough access to substitution therapy (also in prisons)

# Good examples coordination

- Ukraine (National committee HIV and TB)
- Bulgaria (Joint HIV and TB register, Joint CCM for HIV and TB, 54 NGO contracted in GF project)
- Georgia (CCM and working groups HIV and TB, prisons, substitution therapy)
- Serbia (Committee HIV and TB, use of HIV facilities to TB treatment)
- Armenia (CCM, Strategic plan, HIV/TB manual, collaborative body HIV and TB)

# Key action steps

- Common data based (operational research, epidemiological survey HIV and TB)
- Political commitment at the highest level (government)
- National committee HIV and TB (including NGO and community)
- Financial resources (TB drugs, HAART, substitution therapy)
- National plan (strategy) based on the country context plan
- Training plan
- Technical HIV and TB body at all levels (responsible persons)
- To develop algorithm of care (referral system) patient oriented “one stop shop” approach
- Involving advocacy

# **Input international organizations**

- Political support (above the MOH)
- Scale up training HIV, TB, IDU care
- Best practice
- Regional meetings (all stakeholders, prisons etc.)
- Follow up

## **Potential sources of funding**

- Domestic funding rising, international support, business

Thank you