Group Work

Participants were asked to rephrase at least two recommendations from the “Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users”, to give one barrier to the implementation of the recommendation and at least one strategy to overcome the barrier.

Рекомендация 1
На местном и национальном уровнях необходима межсекторальная координация планирования, осуществления и мониторинга деятельности по борьбе с туберкулезом и ВИЧ в интересах потребителей наркотиков. По мере возможности это должно делаться с помощью существующих механизмов.

Recommendation 1
There should be multi-sectoral coordination at the local and national levels to plan, implement and monitor TB/HIV activities for drug users. This should be done through existing mechanisms if possible.
Reworded to: Only with joint efforts can we give the chance of survival from TB to those living with HIV who use drugs!

Рекомендация 2
Национальные стратегические планы борьбы против туберкулеза, ВИЧ и употребления психоактивных веществ в немедицинских целях должны четко определять роли и обязанности всех медицинских учреждений и специалистов, предоставляющих услуги потребителям наркотиков, и должны обеспечивать мониторинг и оценку работы в области борьбы с туберкулезом и ВИЧ, осуществляемую для оказания помощи потребителям наркотиков, включая результаты лечения.

Recommendation 2
The national strategic plans for TB, HIV and substance misuse should clearly define the roles and responsibilities of all service providers delivering services for drug users and should ensure the monitoring and evaluation of TB and HIV activities for drug users, including treatment outcomes.
Reworded to: Every doctor should know what, why and where to act!! i.e. The strategy, their personal role and responsibility of each.
Barriers: National strategic plans are not read, corruption,

Рекомендация 8
Все службы здравоохранения должны обеспечить доступ к профилактической терапии изониазидом для потребителей наркотиков, живущих с ВИЧ, после того как с достаточной степенью уверенности можно исключить наличие у них активной формы туберкулеза.

Recommendation 8
All health services should ensure access to isoniazid preventive therapy to drug users living with HIV once active TB is reasonably excluded.
Reworded to: Any hospital should give Isoniazid to every person living with HIV, who uses drugs (drug addict) who does not have active TB, in order that they do not fall ill with TB.
Barrier: No links/mechanisms of work within the different vertical systems.
Solutions: Introduce TB into job descriptions of the different specialist workers.
Recommendation 9
All personnel working with TB suspects and patients, people living with HIV and drug users should be able to assess risk factors for HIV infection and transmission and should provide comprehensive HIV prevention information and services to their clients to minimize these risks. Personnel should also be aware of how to protect themselves from occupational exposure to HIV and TB.

Reworded to: All those working on TB and with people living with HIV who are ill with TB and vulnerable groups, should understand and know (and spread the word to all who approach them for their services), how TB and HIV can be transmitted and how transmission can be prevented.

Barrier: Change/rotation in workforce, reticence to work with TB

Solutions: Training (low threshold) for all! (specialists and non-specialists)

Recommendation 10
All services dealing with drug users should collaborate locally with key partners to ensure universal access to comprehensive TB and HIV prevention, treatment and care as well as drug treatment services for drug users in a holistic person-centred way that maximizes access and adherence: in one setting, if possible.

Reworded to: All services in one place, close to the clients.

All Services: HIV, TB, harm reduction, OST and HepC

Barriers: Vertical services, absence of license to prescribe drugs, coordination

Solutions: Time machine to prevent creation of Soviet Union, advocacy for integrated implementation of services.

Recommendation 11
Medical examination upon entry into places of detention and any time thereafter, conforming to internationally accepted standards of medical confidentiality and care, should be available for all prisoners. Prisoners should obtain care equivalent to that
provided for the civilian population, and care should be continuous on transfer in and out of places of detention.

Reworded to: Prisoners have equal rights to access to best available services
Barriers: Too many prisoners/criminalization, low financing of medical services for prisons,
Solutions: Drug law reform/decriminalization, civilian medical services should have access to prisons, ensure continuity between prisons and civilian services.

Рекомендация 12
Потребители наркотиков нуждаются в осуществлении специальных мер поддержки для обеспечения соблюдения режима лечения и, по возможности, наилучших результатов лечения случаев туберкулеза и ВИЧ-инфекции и уменьшения риска развития лекарственной устойчивости и риска передачи инфекции другим лицам.

Recommendation 12
There should be specific adherence support measures for drug users to ensure the best possible treatment outcomes for TB and HIV infection and to reduce the risk of development of drug resistance and the risk of transmission to other people.

Reworded to: OST is the key to adherence, effective treatment and prevention
Barriers: Drug policy/ideological opposition
Solution: Courts