Organizing access to care and treatment for marginalized groups in Ukraine

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HIV among injecting drug users…
Why is it so important?

30% global HIV infections are now outside Sub-Saharan Africa
30% of these infections outside Sub-Saharan Africa are due to unsafe injecting drug use
Generalized HIV epidemics in several countries started among injecting drug users
144 countries reported IDU, 128 detected HIV among IDUs
Over 41 countries with HIV prevalence among IDU >5%
10 African countries now started to have IDU
Explosive HIV spread among IDUs

*HIV prevalence among general population ≥1%
Role of Harm Reduction programs in access to comprehensive care for IDUs living with HIV

- Outreach strategies are key component of access to treatment for IDUs;

- Experience and principles of prevention programs should be used effectively in treatment education, developing motivation, adherence, and trust and breaking myths and fears about treatment;

- Harm Reduction is in the vanguard of comprehensive treatment for IDUs, from prevention kit to specific intervention like HAART;

- Integration of Harm Reduction services and Care and Treatment programs for IDUs is a practical example of consolidating Treatment and Prevention;
Ukraine 2006. Launching pilot projects on integrating HR into care

- Piloting substitution treatment projects;
- Scale of ARV treatment in all regions of Ukraine;
- Implementation of the adherence projects;
- Main objective: to ensure involvement of HR projects into care and treatment programs providing ST and ARV for IDUs;
- Successful sites: Odessa, Mykolaiv, Dnipropetrovsk
• Experience of pilot projects became basis for developing application to GFATM for Ukraine - main focus on people with dual and triple diagnosis
• 2007 - Network was nominated as a PR for the GFATM projects 6th round;
• 2007 - launch of the first integrated care sites and expanding ST to general healthcare and TB infrastructure
Network’s priorities for expanding comprehensive care model for IDUs

- To develop effective regulatory basis to enable expansion of integrated care model in Ukraine;
- To create 10 sites of Integrated Care for IDUs with triple and dual diagnosis;
- Scale up ST in TB infrastructure both for inpatient care and ambulatory (DOTS-based programs);
- Launch gender focused projects for women (reproductive health, Harm Reduction, PMTCT, ST treatment for pregnant women etc.)
IDU/PLWHAs

Prison and TB hospitals

Community

AIDS center

Narcology

HR
Triple Diagnosis care integration

- HIV
- Substance Use Disorder
- TB
What is integrated care site

• 2008 three sites launched and established:
  - license for ST medicines;
  - support for renovation (counseling room, TB diagnostics etc);
  - HAART delivery;
  - VCT, adherence work, case management;
  - HR services on-site;

• 4 TB sites got license for ST to support TB control (including DOTS based programs for IDUs);

• Launch of 2 rehabilitation programs for the clients of ICS;

• Network plans to launch 46 new ST sites by the end of 2009;

• The order for ST launch in 146 sites has been signed on 28th of July (Alliance, Clinton, Network)
How to launch Integrated care site - tips

• Find a partner clinical site;
• Ensure support for getting license for narcotic medicines;
• Make intensive training with a team (build good case management team);
• Provide support for renovation to make sure TB/HIV diagnostics is possible (sputum collection, blood sampling)
• Make sure community space is there (drop-in center, basic services);
• Get TB and AIDS-centers as partners (documented)

Present ICS to healthcare administration and get their support
Main aims of Network

• To make Integrated care sites as a national model of serving MARPS with multiple problems;
• To ensure effective TB control programs (DOTS/ST);
• To review and reform HR prevention programs to serve best universal access to care, treatment and prevention;
• Make sure effective drug treatment will be easily accessible through all healthcare network;
2009/2010

- 25 sites TB/HIV
  Among them
  5 TB/HIV/ST
  10 TB/ST
- Still lack ST/TB sites
- Also support/procure sputum caps, equipp DOTS site, sputum collection site
- Support/pay for CT, MRI and invasive diagnostics LP for the patients
Kiev site (ST/TB/ARV)

- During first 6 months 20 patients on ST initiated ARV
- All of them CD4 less than 10
- All of them TB diagnosis
- All of them finished successfully TB course (2 months initiated ARV)
- Reached VL undetectable
- Mediane CD4 cell count 200
Key factors of success

- ON site access to TB sputum collection
- ON site access to Tb diagnostics
- ON site access to DOTS treatment
Devoted to Taya, Treatment activist, died 2008 from TB