



EVIDENCE FOR ACTION TECHNICAL PAPERS

**POLICY GUIDELINES FOR
COLLABORATIVE TB AND HIV
SERVICES FOR INJECTING AND
OTHER DRUG USERS
AN INTEGRATED APPROACH**



**World Health
Organization**



UNITED NATIONS
Office on Drugs and Crime



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Geneva, 2008

The World Health Organization (WHO) developed these guidelines in collaboration with the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and in consultation with a group of technical experts. Igor Toskin and Alasdair Reid prepared the initial scoping and first draft. Kathrin Thomas, Christian Gunneberg and Annette Verster finalised the guidelines.

WHO will review whether the recommendations in these guidelines need to be updated by 2012 at the latest and will publish the conclusions of the review.

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Summary of declaration of interests of the members of the Guideline Group

All members of the Guideline Group were asked to complete a WHO declaration of interests form, and none reported any conflict of interest.

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CONTENTS

Abbreviations.....	5
Executive summary.....	6
Purpose	8
Introduction	9
Methods	11
Epidemiology.....	13
Joint planning	16
Key interventions.....	19
<i>Preventing TB transmission by controlling infection.....</i>	<i>19</i>
<i>Intensified case-finding for TB and testing for HIV</i>	<i>20</i>
<i>Treatment.....</i>	<i>21</i>
<i>Preventing TB through isoniazid preventive therapy.....</i>	<i>23</i>
<i>Preventing HIV transmission</i>	<i>24</i>
Overcoming barriers.....	26
<i>Models of service delivery.....</i>	<i>26</i>
<i>Prisons and other places of detention.....</i>	<i>29</i>
<i>Adherence.....</i>	<i>31</i>
<i>Common types of comorbidity</i>	<i>32</i>
Web links to policies, guidelines and manuals	33
References	35
Annex 1. Definition of drug use.....	41
Annex 2. Methods.....	42
Annex 3. Research questions.....	45
Annex 4. Essential actions for TB/HIV infection control.....	47
Annex 5. Stakeholder consultation responses	49

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
DOTS	the internationally recommended strategy for TB control
HIV	human immunodeficiency virus
TB	tuberculosis: unless otherwise specified, in this publication “TB” refers to TB disease and not TB infection with <i>Mycobacterium tuberculosis</i>
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

EXECUTIVE SUMMARY

In many settings, the epidemic of drug use has become intertwined with the HIV and the TB epidemics. Health systems have often responded with separate policies and structures, to the detriment of the individual user and their communities.

These guidelines are intended for professionals dealing with the drug users who have the most problematic patterns of use and who have the greatest risk of HIV and TB, especially those who inject drugs.

Drug users have high rates of HIV infection, mainly due to unsafe injecting behaviour. Drug users also have increased rates of TB infection, whether living with HIV or not. HIV infection greatly increases the risk of transition from TB infection to TB disease.

Globally, about 2.5 million injecting drug users are estimated to be living with HIV, although estimates for HIV prevalence among all drug users are not available. There is an overlap between countries where the HIV epidemic is mainly driven by injecting drug use and countries with some of the highest rates of multidrug-resistant tuberculosis.

Drug users tend to be a marginalized group with complex needs and have poorer access to life-saving interventions. Services should have a more coordinated response to drug users' needs to provide universal access to prevention, treatment and care services at all entry points. This requires collaborative planning between HIV and TB services, specialist drug services and the criminal justice system.

In particular, health services should provide treatment adherence support for drug users. Comorbidity, such as hepatitis infection, should not be a barrier to obtaining TB and HIV treatment services. Prisoners with HIV, TB or drug dependence need to have the same access to treatment and care as the civilian (general, non-incarcerated) population, as should drug users who are migrants, homeless or otherwise marginalized. In addition, continuity of care on transfer in and out of places of detention is essential.

The main recommendations are as follows.

Joint planning

1. There should be multisectoral coordination at the local and national levels to plan, implement and monitor TB and HIV activities for drug users. This should be done through existing mechanisms if possible.
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.
3. Human resource planning should ensure that there are adequate numbers of personnel and that education and training programmes aim to build sustainable effective teams so that all personnel who have contact with drug users have the appropriate level of skill in dealing with TB and HIV and drug users.

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