ASOCIATIA ROMANA ANTI-SIDA
Membră a Coaliției Internaționale Sida PLUS

Romanian Angel Appeal

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

HepHIV 2019
28-30 JANUARY · BUCHAREST

TUBERCULOSIS *in the time of* HIV

What impede the injecting drug users from Romania to address for diagnosis and treatment services for TB?

Results from the study "TB-check"

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BACKGROUND

- In 2007, an HIV epidemic among PWID started in Romania, as indirect effect of new psychoactive substances (Botescu, 2012)
- 1339 PWID were diagnosed with HIV between 2007-2017 (CNLAS, 2017)
- The number of TB cases among PWID also increased
- PWID constantly refusing to address diagnostic/treatment services for TB
- In this context, the CBO ARAS and its partners implemented the mixed-methods operational study “TB-check” aiming:
  - to test 3 different referral methods for PWID with suspected TB infection
  - to explore PWID’s personal experiences and beliefs regarding TB services
- December 2017 – March 2018, during the project "Treatment for all, now!" funded by The Global Fund through Romanian Angel Appeal Foundation

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METHODOLOGY

- **Quantitative study:**
  - aimed to measure the efficacy between three referral methods of PWID to TB dispensaries, after screening

M1 – Referral

M2 – Referral + Accompaniment

M3 – Referral + Gift voucher

- **Qualitative study**
  - focus-groups with non-TB PWID
  - interviews with TB-experienced PWID

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METHODOLOGY

- **Quantitative study:**
  - PWID were recruited in 3 different areas in Bucharest and were screened with a routine questionnaire by social workers
  - If considered suspected for TB, they were proposed to participate in the study
  - If they agreed and signed the consent, they were referred to the TB dispensaries collaborating in the TB-check study. (1 area – 1 ref method)
- **Qualitative study**
  - *Focus groups* - PWID were recruited within ARAS's drop-in center, selecting only participants with non-TB experience
  - *Interviews* – PWID with TB experience where recruited both at ARAS's centers and at Marius Nasta Pneumophtisiology Hospital.

RESULTS

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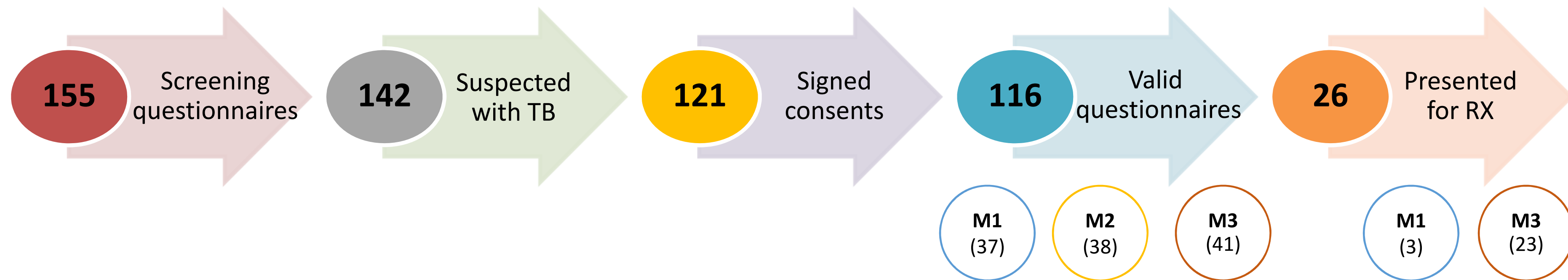
- **Quantitative study**



- Among 116 referred PWID:
  - 41% reported HIV-infection
  - 84% hepatitis C
  - 91% had persistent cough for >3 weeks
- The M3 method was preferred by PWID (56%), followed by M1 (8%) and M2 (0%)

RESULTS

- **Qualitative study**
- 2 Focus groups (9 participants, all men, aged 24 to 43)
  - 22% reported HIV and 22% had HCV.
- 7 individual interviews (1 woman)
  - 100% reported HIV and 29% had HCV.
- A strong linkage between PWID's carelessness of personal health and:
  - their mental health status
  - TB knowledge
  - drug influence/preoccupation to procure drugs
- Untidy appearance and bad smell
- Inadequate schedule and restrictive conditions in hospitals
- Peer education and support

Quotes:

- “Everyone has TB ... has viruses in his body, but they are not activated. If I use a syringe in common and I got sick, it means the virus was activated" (M, 36, FG)
- "Once, I was in septicemia, with my hand, and they [emergency] didn't even look at me because I didn't have identity papers. So I went and stole a car, to be put in jail [to receive medical assistance]..." (M, 43, FG)
- "If I was dirty, I didn't go to the doctor. You can't always wash when you live on the street. That is why I always postponed the meetings with you [with ARAS]. If I was dirty and perspired, I was ashamed to go to the doctor..." (M, 46, Interview)
- "At some point I think you cannot do more for them... especially young addicted, you talk to them and they are not listening... It's because of the drugs: they don't want to lose time, they want to consume" (M,37, Interview)
- "Most people think they don't have TB... We, Romanians, we go to the doctor in the last phase, when you are already falling down..." (M, 34, FG)

CONCLUSIONS:

- Rewarded referrals may be the most efficient method to successfully link PWID to TB services.
- HIV prevalence among participants is alarming for the risk of TB infection and complications due to low immunity system.
- Emotional status and physical appearance of PWID are serious barriers to linkage to care.
- Adapted schedule and less restrictive conditions could increase PWID's attendance in TB dispensaries as well as peer support and information.

RECOMMENDATIONS:

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- De-medicalisation of diagnosis and treatment services to facilitate the access of marginalised populations
- Developing an integrated approach within medical, social and community-based services: **one patient, one place, all needed services.**
- Modern and rapid equipments are vital to faster diagnose TB
- Eliminate treatment gaps: the constant lack of one or two drugs has a negative impact on patient's adherence to the treatment
- Eliminate all legal barriers that impede a TB patient to be treated
- Include patients in the law adoption process and decision making

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