

**April 24-25, 2014
Bucharest, Romania**

EMPOWERING PUBLIC HEALTH SYSTEM AND CIVIL SOCIETY TO FIGHT TUBERCULOSIS EPIDEMIC AMONG VULNERABLE GROUPS (TUBIDU)

TUBIDU Final International Network Meeting and Study Tour

On 24th of April 2014, around 50 partners and collaborators of the project TUBIDU gathered together in a beautiful city of Bucharest to sum up the three years of project activities and to share the experiences and achievements with all who have made the TUBIDU project possible.

The **Session I** of the Final International Network Meeting (FINWM) was opened by the representative of the WHO Romania, **Victor Olsavszky**, who recognized in his speech the importance of taking concrete action to tackle the tuberculosis (TB) epidemic both in Romania and in the TUBIDU project area.

Anna-Liisa Pääsukene from the Estonian Ministry of Social Affairs acknowledged in her speech that cooperation projects like TUBIDU are valuable to improving the access and quality of TB and other relevant services for vulnerable groups such as people who inject drugs (PWID) who continue to be at high risk of contracting TB.

The opening of the meeting was summed up by **Cinthia Menel Lemos** from the European Commission Consumers, Health and Food Executive Agency (CHAFEA), giving a short overview of the CHAFEA's current and future goals and activities, where strengthening the political leadership continues to be an important asset in the fight against HIV/AIDS.

Andreas Sandgren from the European Center for Disease Prevention and Control followed the meeting with an overview of the latest trends in TB and vulnerable groups. Mr Sandgren expressed the need for centrally collected data on TB among vulnerable populations. Furthermore, he added that the treatment outcome of drug-resistant TB continues to remain rather poor, showing no major improvement in the years 2007 to 2011 (apart from MDR-TB).



Gennady Roshchupkin from the Eurasian Harm Reduction Network (EHRN) explained the role and importance of the community in TB prevention and in strengthening adherence during TB treatment. Mr Roshchupkin underlined that community adherence can have a multiplicative effect on personal adherence to TB treatment, which has often been neglected on the political scale. The TB epidemic has brought out the weaknesses of the current medical system, but with the help of politicians and active members of the community, the weaknesses could be used to change the system for the better.

The **Session II** of the network meeting concentrated on the TUBIDU project outcomes and on presenting good practices in the partner countries. **Aljona Kurbatova**, the TUBIDU overall coordinator from the Estonian National Institute for Health Development (NIHD), gave a short overview of the main activities and outcomes, introducing the TUBIDU information materials and the main activities that have taken place within the project. Senior researcher **Kristi Rüütel**, also from NIHD, presented the results of the study conducted among PWID to assess TB and HIV knowledge and barriers related to their access to care. The study revealed that personal beliefs, fears and attitudes were mentioned most commonly by PWID as the reasons for not testing



and accessing treatment, whereas organisational and socio-economical barriers such as waiting lists, the location and opening hours of the clinics, and the lack of health insurance were rarely listed.

TUBIDU project assistant **Maarja Sukles** (NIHD) presented the two main deliverables of the project – the TUBIDU Handbook and Guidance for Community Based Organizations on Tuberculosis Services for People Who Inject Drugs – and the additional training materials, that are all available at TUBIDU homepage: www.tai.ee/en/tubidu/publications.

In the last section of the Session II, the TUBIDU partner countries shared their good and noticeable practices and approaches in TB prevention among PWID.

First, **Nela Ivanova** from the Dose of Love Association in Bulgaria introduced two approaches that help to establish a trustful and respectful contact with PWID: 1) “Theme party”, which is a 2-3hour informative event to raise awareness about a certain topic in a more informal and relaxed way; 2) Including “gatekeepers” who are or have been part of the target group and thus have proven to be of much help in accessing the vulnerable populations.

Meelika Limberg from the Tallinn Social Work Center, Estonia, presented an example of an efficient referral system with “yellow cards” that gives the client an access to TB testing. The “yellow card” is needed as a proof of not having TB in order to use the services of a shelter or a social center.

Pekka Tuomola from the Helsinki Deaconess Institute in Finland demonstrated the successful outcomes of Finland’s early and prompt reaction when an increase in the spread of infectious diseases among vulnerable populations such as PWID was noticed. He also emphasised the importance of trust and bearing in mind that in order for the services to be successful, they should meet the needs of the vulnerable population, not the needs of those who implement them.

Madara Lapsa from the drug addiction overcoming point of Liepaja City Council, Latvia, raised a concern over the expired data and recommendations that need to be updated in the Latvia’s policy on HIV treatment and a need to make opioid substance therapy accessible for more PWID.

Loreta Stoniene from Association “Demetra”, Lithuania, outlined some core issues that still prevail in Lithuania, such as lack of practices to support the NGO sector in TB prevention activities as well as fragmental funding of syringe exchange programs, where the majority of work is still gravely underpaid. Mrs Stoniene acknowledged that the TUBIDU project was the first of its kind to bring CBO workers and medical personnel in Lithuania together and she hopes that in the near future, such trends towards a more collaborative approach in TB treatment among vulnerable populations will become more prevalent.

The Session II was concluded by **Mihaela Ștefan** from the Romanian Angel Appeal, who also directed the audience’s attention to the limited and unstable funding of TB and harm reduction services both from the government and the donors, hindering the sustainability of these services among vulnerable populations.

In the final **Session III**, a panel discussion on ensuring sustainability of TB activities among vulnerable groups was held between **Cinthia Menel Lemos** (CHAFAE), **Andreas Sandgren** (ECDC), **Gennady Roshchupkin** (EHRN), **Marian Ursan** (Carousel Association), **Ruta Kaupe** (NGO DIA+LOGS), **Nela Ivanova** (Dose of Love Association) and a former TB patient with a history of HIV and injecting drug use. The panel discussion was moderated by **Alistair Story** from the Find and Treat Service in London, UK, and concentrated on the more broad perspective of the causes of the current problematic situation in the field of funding and collaboration between different stakeholders. A notion arose that perhaps the cure of TB should be redefined altogether, comprising of more than just the improved medical records, but including also the psycho-social, legislative, if not even cultural factors in the patient’s everyday life – the community perspective, as Mr Roshchupkin emphasised. A grave need to make treatment more accessible for vulnerable populations who may not even have birth certificates was stressed by Mr Ursan who works closely with Romanian vulnerable groups such as Roma people, people living with HIV/AIDS and PWID. The former TB client added that the stigma related to drug use and HIV was still a highly problematic issue in medical facilities, affecting the quality and level of care offered to the patients: “With me, HIV positive and drug user, the doctor stays for 5 minutes, with another normal patient, doctor stays for half an hour.” Thus, collaboration between low- and high-threshold, community and medical facilities and political stakeholders needs to be continuously strengthened to make high-quality TB and harm reduction services available for those in need and get a hold of the TB epidemical situation in the TUBIDU project area.

On the second day, the participants started their **Study Tour** from the **Jilava Prison**, where the local social worker introduced the prison’s activities related to TB screening, TB/HIV treatment, drug rehabilitation and also harm reduction services, such as syringe exchange that was implemented as a project activity for a couple of years in the Jilava Prison.

The Study Tour continued with a visit to a NGO **ALIAT** that is working with PWID and alcohol addicts. One of the ALIAT worker explained the benefits of involving previous and current drug users in their activities such as syringe exchange to have a better access to and contact with PWID. The last visit was to the Save the Children Bucharest office where two of the workers gave a short overview of their work with children and their families in terms of TB prevention and treatment. **Save the Children** raised a concern that even though TB treatment is free of charge, the conditions under which the children and their families often live pose significant challenge to treat TB successfully, as they may be malnourished or have other additional psycho-social problems that may worsen the TB treatment outcomes.



The TUBIDU team cordially thanks all partners and colleagues who have added much value to the project with their expertise and time. These three years have been challenging, yet definitely with a significant importance in improving awareness and collaboration between different stakeholders and in making successful and high-quality TB treatment possible in all areas and among all population groups, whether considered vulnerable or not.

