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USAID DIALOGUE ON HIV AND TB PROJECT E-BULLETIN

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ABOUT PROJECT

The comprehensive USAID DIALOGUE ON HIV AND TB PROJECT, funded by the United States Agency for International Development (USAID), is a strategic response to reduce the spread of HIV and TB epidemics among most-at-risk populations (MARPs) in five Central Asian countries: Kazakhstan, Kyrgyz Republic, Tajikistan, Uzbekistan and Turkmenistan.

Project goals include:

- Reduction in risk behaviors associated with HIV transmission;
- Increased use of evidence-based HIV prevention and TB treatment services by MARPs;
- Improved TB case detection among selected MARPs; and
- Improved adherence to and decreased default rate from TB treatment among MARPs.

YEAR TWO PROJECT RESULTS

Between October 1, 2010 and September 30, 2011, the USAID Dialogue on HIV and TB Project has achieved the following key results:

- **36,725** MARPs were reached with HIV prevention and TB control interventions;
- **6180** MARPs were tested for HIV using project referral vouchers;
- **2930** MARPs were tested for TB using project referral vouchers;
- **485** individuals were trained to provide prevention interventions to MARPs;
- **321** health service providers were trained in stigma reduction, communication skills with MARPs and TB infection control.

2nd ANNUAL REGIONAL OVERSIGHT COMMITTEE MEETING

The USAID Dialogue on HIV and TB Project held the Second Annual Regional Oversight Committee Meeting on January 20, 2011. The meeting focused on addressing the improvement of the continuum of care for HIV/AIDS and TB – from early diagnosis through treatment – across Central Asia. The Regional Oversight Committee was established under the USAID Dialogue on HIV and TB Project to provide expert supervision and guidance for program approaches and activities at the regional level. The Regional Oversight Committee reviews program progress on an annual basis, develops strategic recommendations to improve program activities, and advocates for the expansion of the program in target countries. During the Second Annual Regional Oversight Committee Meeting, the project presented its key achievements of the first year and main challenges facing the project.

USAID DIALOGUE ON HIV AND TB PROJECT EXTENDED ITS ACTIVITIES TO TURKMENISTAN

Starting from June 1, 2011, the USAID Dialogue on HIV and TB Project extended its activities to Turkmenistan with the International Federation of Red Cross and Red Crescent Societies (IFRC) becoming the lead implementing partner in this country. On-the-ground operations are delivered through the National Red Crescent Society of Turkmenistan (NRCST). The Project is implemented in two target sites: Ashgabat and Dashguz cities. During the second year of Project implementation, the outreach services in Turkmenistan will focus on injecting drug users. The USAID Dialogue on HIV and TB Project activities include IPC sessions on HIV, STIs and TB prevention and treatment for injecting drug users, training for service providers on communication skills, and round tables with national stakeholders to discuss the smooth implementation of the Project.



Outreach worker provides medicines and syringes to IDU during information-education session.



Outreach worker conducts an information-education session for sex workers.



Participants at the Second Annual Regional Oversight Committee Meeting, January 2011.



Presentation of the referral voucher system at a round table, Ashgabat, September 2011.



Laboratory visit at the Almaty City AIDS Center by MDT representatives, June 2011.



TB specialist screens IDU for TB.



Sports contest among teams at the Regional Summer Camp, August 2011.



Outreach workers get trained to provide first aid assistance for injecting drug users who overdose.

MDT REGIONAL WORKING MEETING

The USAID Dialogue on HIV and TB Project organized a Regional Working Meeting on the Multidisciplinary Approach for Forming Adherence to HIV and TB treatment on June 27-28, 2011 in Almaty. A total of 44 participants operating in the field of HIV/TB prevention from four Central Asian countries attended the MDT meeting. The purpose of the regional working meeting was to provide an opportunity for MDTs from each country to come together to share their experiences and gain insight on how to improve implementation of the multidisciplinary approach, as well as to strengthen relations between government institutions and non-governmental organizations essential to the multidisciplinary approach for forming adherence to HIV and TB treatment. The meeting was complemented by cross-visits between MDTs in each of the countries followed by discussions of observations.

The multidisciplinary approach to treatment adherence among people living with HIV (PLHIV) is a patient-centered approach conducted by a multidisciplinary team (MDT), consisting of doctors, nurses, psychologists, social workers, peer consultants, and narcologists (medication-assisted treatment or MAT is available in a target site) working in a range of healthcare sectors. Families of PLHIV are also brought into the team, where possible, for additional support and to build a stable home environment. All members of the team sign an agreement expressing full commitment to participate in the program.

THE IMPLEMENTATION OF THE REFERRAL VOUCHER SYSTEM IN HEALTH CARE FACILITIES

As a result of the USAID Dialogue on HIV and TB Project's continuous advocacy efforts and active lobbying, official government orders on the implementation of the referral voucher system in health care facilities of Ust-Kamenogorsk and Karaganda were issued in July 2011. The aim of the order is to improve the quality of free healthcare services in diagnosis and treatment of sexually transmitted infections, tuberculosis and drug treatment for most-at-risk populations (MARPs), including: sex workers, injecting drug users, prisoners, people living with HIV as well as to ensure effective collaboration between governmental and non-governmental organizations (NGOs). The orders make compulsory the provision of free health care services to MARPs, regardless of their place of residence upon presentation of vouchers. This builds upon the success of the order to support use of voucher referral systems issued in Kyrgyzstan during the first year of the Project. In Uzbekistan, the Ministry of Health issued an order on "Improving Trust Points' Effectiveness" at the request of the Republican AIDS Center on August 1, 2011. This order introduces the Project's referral voucher system into the national regulatory documents and allows the Project to implement the referral voucher system with medical facilities and trust points throughout the country.

REGIONAL SUMMER CAMP FOR PLHIV

On August 22-26, 2011, the USAID Dialogue on HIV and TB Project held the First Annual Regional Summer Camp for PLHIV in Almaty in close collaboration with the Central Asian Association of People Living with HIV. A total of 26 PLHIV clients as well as NGOs supporting PLHIV in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan participated in the event. Throughout the four-day event, the summer camp participants learned about ways to overcome stigma and discrimination towards PLHIV as well as about adhering to ARV and TB treatment. The NGOs, additionally, shared experiences on best practices for working with PLHIV and had the opportunity to bond as a team for their work in providing support to the target group.

AUTUMN SCHOOL

The USAID Dialogue on HIV and TB Project organized an Autumn School for outreach and social workers working with injecting drug users in Almaty on September 22-26, 2011. A total of 36 participants working for NGOs operating in the sphere of HIV/AIDS prevention from seven cities of Kazakhstan took part in the event. The aim of the Autumn School included improving outreach and social workers' understanding of drug abuse, and providing in-depth information on harm reduction programs tailored to changing clients' behaviors.

OVERDOSE PREVENTION AND HIV

Overdose (OD) is the leading cause of mortality among injecting drug users (IDUs) in Central Asia, and globally, an HIV positive status is associated with a 2-3 times increased risk of OD death. To address this key health concern among IDUs, the USAID Dialogue on HIV and TB Project integrated OD prevention education into HIV prevention activities. Education sessions include how to prevent OD and how to recognize symptoms of OD and provide first aid, as well as provide knowledge on naloxone, a medication that counteracts the effect of opiate induced OD. Working together with the Global Fund to Fight AIDS, Tuberculosis and Malaria in Tajikistan, the Project is able to directly provide naloxone to IDUs after having been trained in its use. In Kyrgyzstan, the Project is working closely with SOROS and the Republican Narcology Center to register naloxone for sale through pharmacies. A similar pharmacy-based approach in Kazakhstan is under development. In close collaboration with the USAID Quality Health Care Project, pharmacists in both Kyrgyzstan and Kazakhstan have received training on naloxone issues.

