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# Scaling Up Clinical Training for the Treatment and Care of HIV-positive Injecting Drug Users:

## A Follow-Up Assessment to Explore Related Policy and Program Issues in Indonesia, Malaysia, and Viet Nam

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The views expressed in this publication are not necessarily the views of the United States Agency for International Development or the U.S. Government. This paper was prepared by the USAID | Health Policy Initiative with input from consultants. The paper was prepared for the regional meeting "Policy and Program Implications of Scaling-up HIV Prevention, Treatment, and Care of Injection Drug Users in ASEAN" from February 27–29, 2008.

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## Background

Under the United States Agency for International Development's (USAID) Cooperation with the Association of Southeast Asian Nations (ASEAN) through the Operational Framework for ASEAN Work Program on HIV and AIDS II (2002-2005) (AWP II), both entities are working to prevent the spread of HIV among injecting drug users (IDUs) and enhance the capacity of clinicians to deliver high-quality care and treatment services for HIV-positive IDUs.

With funding from USAID under USAID's Cooperation with ASEAN through the AWP II, Futures Group/POLICY Project (currently known as USAID | Health Policy Initiative) held a regional dialogue was in December 2005 in Kuala Lumpur to build collaboration among policymakers from the health sector, drug control sector, and civil society to scale up HIV prevention, treatment, and care services for IDUs. Following the dialogue, the Malaysian Ministry of Health developed an advanced training curriculum on HIV prevention, treatment, and care for IDUs. Prepared with support from Family Health International and in collaboration with the World Health Organization's Western Pacific Regional Office and Regional Office for South-East Asia, this is the first curriculum in Asia covering treatment and care for HIV-positive IDUs. The ASEAN Regional Training Course on HIV Prevention, Treatment, and Care for IDUs was held August 28–September 6, 2006, in Bangkok to build the capacity of clinicians working in HIV to address the particular needs and clinical problems experienced by HIV-positive IDUs. The training's 19 participants came from Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand, and Viet Nam.

As part of USAID's collaboration with ASEAN through the Work Programme on HIV and AIDS III (2006–2010) (AWPIII), USAID | Health Policy Initiative, Task Order 1 convened an ad hoc expert working group and provided technical assistance to assess the policy environment and explore inter-country public health policies and law enforcement issues around scaling up the treatment, care, and support for IDUs in ASEAN countries. Indonesia, Malaysia, and Viet Nam were selected as focus countries for this activity. An important aspect of the scale-up effort was to explore the policy and program issues related to the implementation of the curriculum piloted under AWPII.

## Purpose

The purpose of the follow-up assessment was to learn about the issues participants of the 2006 training faced in implementing the treatment and care protocols covered during the training. This was not an evaluation of the training curriculum but rather an attempt to gather clinicians' suggestions for implementing and scaling up the treatment and care protocols in their countries—as a supplement to the policy and legal assessments and other expert discussions on scale-up efforts.

## Methodology

Consultants used a structured interview format to gather feedback from the training participants. One interview was conducted in Indonesia, four in Malaysia, and two in Viet Nam. The interviews focused on four areas: (1) opportunities to use the knowledge and skills obtained in the treatment and care of HIV-positive IDUs; (2) challenges and barriers to the treatment and care of HIV-positive IDUs; (3) recommendations for implementing additional in-country trainings based on the curriculum; and (4) country strategies for scaling up the implementation of related best practices. See Appendix 1 for the interview guide.

As part of a parallel activity under the workplan, the Health Policy Initiative's consultants convened groups of HIV-positive IDUs to review a draft compilation of best practices in treatment and care for

HIV-positive IDUs. These informant groups also discussed summaries of the follow-up interviews in Indonesia and Viet Nam and shared additional information. The IDU group in Malaysia did not convene because of scheduling conflicts.

The assessment findings from all three countries are summarized here; more detailed summaries from Indonesia, Malaysia, and Viet Nam are included in Appendices 2, 3, and 4, respectively.

## Findings

### *Opportunities to use the knowledge and skills obtained during training on the treatment and care of HIV-positive IDUs*

All respondents reported having the opportunity to implement either some or most of the treatment and care protocols covered in the training. Many respondents reported an improved ability to understand and approach issues related to the treatment of IDUs. For example, in conducting initial patient assessments and counseling, some respondents said they are now better able to engage patients and address priority issues, such as complying with treatment and behavior change. Most respondents indicated that much of the knowledge and skills gained have been integrated into their routine work.

In some cases, such as managing antiretroviral therapy (ART), respondents noted that while the course content was not new material, the discussions have enabled them to better relate to their patients' issues and complications—thus increasing their ability to establish and build trust with their patients. Many respondents consider adherence and compliance to be extremely important and believe that the training has served to strengthen their capacity to address these issues. However, they noted that more information is still needed.

### *Challenges and barriers to the treatment and care of HIV-positive IDUs*

All respondents reported experiencing challenges in the treatment and care of HIV-positive IDUs. The challenges included limited capacity among medical personnel, institutional barriers, limited resources (including staff and supplies and equipment), and stigma and discrimination.

*Limited capacity of staff.* Many respondents noted that their challenges stem from a lack of adequately trained staff. Several expressed concerns about personally keeping up with the rapidly changing environment of HIV/AIDS medicine and the corresponding struggle to remain up-to-date on treatment and care protocols. The Malaysian respondents stressed a particular need for more training on pain management. Note that many respondents felt that discussion on this topic in the training was insufficient and did not contribute significantly to their understanding of the issue. Others cited the need to improve counseling skills; the IDU group from Viet Nam agreed, noting that nongovernmental organizations (NGOs) provide good examples of effective treatment and care models and that stigma among many medical providers decreases the quality of services. At least one respondent noted that the time spent on further training would need to be balanced with the time spent with patients, particularly given the limited number of clinicians working with HIV-positive IDUs.

*Lack of coordination and communication.* Respondents reported a range of institutional barriers that complicate the provision of treatment and care, including the lack of coordination among all the people and organizations (within both public and NGO sectors) involved in the continuum of treatment and care. One respondent cited communication problems and the lack of efficient referral systems as causes for interrupted care. The IDU groups underscored these barriers as being significant. Respondents also cited the limited direct patient consultation time as a barrier to fully implementing the protocols.

*Limited resource availability.* Almost all respondents said resource availability is an issue. In addition to insufficient staff capacity, respondents from Viet Nam, in particular, highlighted shortages in the number of staff. Others mentioned the lack of second-line drugs and high cost and lack of capacity for testing. Respondents in Malaysia noted hospital administrators' reluctance to increase resources for treating HIV-positive IDUs beyond the standard level of care and support, at the risk of neglecting other patients. The lack of adequate services in some prison settings and rehabilitation centers was also cited.

*Stigma and discrimination.* Most respondents highlighted the double stigma of HIV/AIDS and illicit drug use. Many also said that the resistance and opposition experienced at the hospital and other levels stems from ignorance and misunderstanding of IDU-related issues. The respondents noted that stigma at numerous levels—among hospital administrators, other medical colleagues, and the general community—is a barrier to effectively reaching and treating HIV-positive IDUs. The IDU group from Viet Nam reported that stigma and discrimination are significant barriers and voiced concern that they were not adequately stressed during the interviews in Viet Nam. The group noted that IDUs are placed at the end of the list to receive free ART.

#### ***Recommendations for implementing additional in-country trainings based on the curriculum***

All the respondents offered similar recommendations for future country-level iterations of the "Training Course on HIV Prevention, Treatment, and Care for HIV-positive IDUs." All agreed that the training would be most effective as a series of short workshops that target selected sets of participants engaged in the respective topic areas. Moreover, the course content should be tailored to the particular country context, and trainings should occur at the subnational level as well. Respondents also thought that a clear follow-up program would help increase the implementation of new protocols, including periodic focus group discussions and seminars to share experiences and maintain and build on new knowledge and skills.

#### ***Country strategies for scaling up the implementation of best practices for the treatment and care of HIV-positive IDUs***

Respondents believe that scaling up programs is necessary. Knowledge of their respective country's plans for scaling up the implementation of best practices was mixed. Some respondents were relatively knowledgeable and felt that their country had realistic, justified, and evidence-based plans for scale-up. This was particularly the case for Malaysia—although, there are concerns about the limited institutional and personnel capacity and the reluctance among medical staff to treat HIV-positive IDUs. The IDU group from Viet Nam stressed that this reluctance is precisely the issue and that discrimination against IDUs and PLHIV means that they do not get care and/or do not dare come forward to seek care and treatment. While respondents were only somewhat aware of national strategies, they indicated that strategies tend to be too narrowly focused on the number of ARV recipients rather than on the full spectrum of care.

In planning the scale-up of best practices, NGO-led services play an important role. The IDU group from Viet Nam stated that NGOs provide the most effective service models.

## Program- and Policy-related Suggestions

The respondents' program-related suggestions were relatively general; many noted a need for more resources and stronger efforts for increasing HIV/AIDS awareness throughout society to reduce stigma. Others recognized the need to train the medical community to bring about attitudinal and behavior change; one respondent expressed that without the benefit of personal experiences, the issue of providing appropriate treatment and care for HIV-positive IDUs will remain abstract. Another common suggestion was to increase the consultation time with patients in order to implement the protocols and provide higher quality counseling and testing before commencing treatment. Others noted that smoother linkages

between clinical/hospital-based and community-based care need to be fostered. Finally, many respondents cited the need to increase opportunities for clinicians to upgrade their skills in managing the treatment and care of HIV-positive IDUs by organizing topic-specific workshops and courses; respondents recognized that the number of staff or financial resources would have to increase above the current levels.

Respondents offered more specific suggestions for policy action. One respondent highlighted the need for more policy support to improve the treatment and care among HIV-positive prisoners; the IDU group in Indonesia noted that good service delivery models for prisoners exist, particularly those led by NGOs. Another suggestion included the possibility of requiring HIV testing during marriage counseling as way to reach those who require treatment (this was a tentative suggestion, as the Indonesian respondent was concerned about issues of consent). Finally, a Vietnamese respondent recommended setting up a more decentralized treatment system with one main center for treatment in each province.

## Conclusion

Based on the interviews with clinicians from Indonesia, Malaysia, and Viet Nam, it is clear that the "Training Course on HIV Prevention, Treatment, and Care for HIV-positive IDUs" was valuable and has improved their ability to deliver treatment and care. Although all participants faced barriers and challenges in fully implementing the protocols, they were convinced of the need to overcome them and improve the quality of services to HIV-positive IDUs in their countries. Having been through the training and having recognized the positive impact on their own efforts to provide high-quality services, each respondent strongly recommended that the training be conducted in-country—albeit in shorter sessions targeted to specific groups of providers and complemented by a rigorous follow-up program.

# Appendix 1. Interview Guide

1. The consultant will briefly review the training curriculum topics to refresh the participant's memory of the specific training modules.

   - Drug use and HIV in Asia—patterns of drug use; regional epidemiology; comprehensive services and continuity of care; psycho-social support; sexual health services for IDUs; closed settings
   - Initial patient assessment
   - Managing opioid dependence
   - Managing non-opioid dependence
   - HIV counseling and testing for IDUs
   - Managing ART for IDUs—IDU access to ARVs; general care for HIV-positive IDUs; ARV drugs for HIV-positive IDUs; first-line ARV therapy for HIV-positive IDUs; monitoring of IDUs on ART and managing side effects and toxicities in the first year; long-term monitoring of ARVs: long-term toxicities in the first year
   - Adherence
   - Drug interactions—drug interactions between ARVs and illicit drugs; drug interactions between ARVs and oral substitution drugs; and ARVs and other drugs that are commonly used to treat HIV
   - Management of co-infections in HIV-positive IDUs—management of HIV-TB co-infection with TB; viral hepatitis co-infection in HIV-infected IDUs; other co-infections and co-morbidities among HIV-infected IDUs
   - Management of acute and chronic pain in HIV-positive IDUs
   - Continuing medical education

2. The consultant will discuss the following topics and questions with the respondents:

   - Opportunities to use knowledge and skills obtained during the training in treatment and care of HIV-positive IDUs
     a. Have you had the opportunity to implement the treatment and care protocols covered in the training?
        1) If yes, which areas in particular? (Use the list of topics above to guide responses.) How often? What has facilitated your ability to implement these protocols? Which have you not implemented? Why not?
        2) If no, why not?

   - Challenges and barriers to implementing treatment and care of HIV-positive IDUs
     a. Have you experienced challenges or barriers to carrying out the treatment and care of HIV-positive IDUs as described and practiced during the training?
        1) If yes, indicate the type of challenge and describe it.
           - A lack in your own knowledge and skills
           - The needs and concerns of HIV-positive IDUs
           - Institutional/organizational barriers
           - Policy/legal barriers
           - Resource availability
           - Other
     b. What do you recommend to overcome the challenges and barriers you are facing?
     c. Do you recommend any specific policy action (national and institutional levels) to remove barriers to providing the treatment and care? If so, please describe.

- Recommendations for implementing additional in-country trainings based on this curriculum
  a. Do you recommend that the training in Bangkok be repeated in your country?
     1) If yes, what are your recommendations for implementing additional trainings? For example, identifying candidates and tailoring the training to country-specific issues. Do you think the training should be divided into several short courses? If so, how?
     2) If no, why not?
  b. Do you recommend any additional issues to consider for building increased capacity among clinicians?

- Country strategies for scaling up the implementation of best practices for the treatment and care of HIV-Positive IDUs
  a. Are you aware of your country's plans for scaling up the implementation of best practices for the treatment and care of HIV-positive IDUs?
     1) If yes, please describe. What is your opinion about these plans in terms of scope, timeframes, or any other considerations?
     2) If no, do you have suggestions for how scale-up should take place?

# Appendix 2. Indonesia

The respondent, having benefited from attending the ASEAN "Regional Training Course on HIV Prevention, Treatment and Care for IDUs" held in Bangkok last year, reported having the opportunity to implement some of the treatment and care protocols covered in the training.

The respondent noted an improved ability to understand and apply new protocols in his daily routine. However, the respondent also indicated that he had experienced challenges in implementing the treatment and care of HIV-positive IDUs. These challenges include a lack of coordination and communication among service providers, limited resources, and stigma and discrimination.

The respondent feels that the training would certainly benefit local clinicians, with the caveat that future trainings be divided into short, more specific sessions based upon attendees' area of work and regional placement and that follow-up be included as part of the training.

The respondent was somewhat aware of national strategies for scaling up the implementation of best practices for the treatment and care of HIV-positive IDUs. While the plans are in the early stage, he believes that they are too narrowly focused on the number of patients receiving ARVs and do not necessarily adequately address issues such as adherence to treatment, side effects, and continuum of care.

## Opportunities to Use Knowledge and Skills Obtained During the Training in the Treatment and Care of HIV-positive IDUs

- Have you had the opportunity to implement the treatment and care protocols covered in the training?
  a. If yes, which areas in particular? (Use the list of topics above to guide responses.) How often? What has facilitated your ability to implement these protocols? Which have you not implemented? Why not?
  b. If no, why not?

  The respondent did have the opportunity to implement the treatment and care protocols covered in the training. However, the respondent highlighted the difficulty of linking hospital-based and community-based care, especially in terms of ensuring a continuum of care. One suggestion was to create a community-health-oriented service to connect the hospital with community-based services (in addition to family-based care).

  In retrospect, the respondent views the training as too general, and with too much emphasis on policy issues. Some of the barriers to fully implementing the treatment protocols include the lack of a good referral system for ARV treatment at the national level, a lack of second-line therapies, and the lack of medical services in some prisons. In addition, treatment and care is widely dispersed among caregivers—for example, methadone prescription is controlled by psychiatrists, VCT by pastoral care—which limits the ability to implement all of the protocols.

## Challenges and Barriers to Implementing the Treatment and Care of HIV-positive IDUs

- Have you experienced challenges or barriers to carrying out the treatment and care of HIV-positive IDUs as described and practiced during the training?

  a. If yes, indicate the type of challenge and describe it.

The respondent emphasized a difficulty in implementing the new protocols due to the diversity of people and organizations involved in treatment and care and the general lack of good coordination and communication between them. This situation is exacerbated by the lack of adequate resources for implementation. Finally, this particular population is subject to the double stigma of HIV and illicit drug use and this makes the work much more difficult. This stigma and discrimination includes the reluctance of hospitals to acknowledge that they treat HIV-positive patients. The respondent indicated that his hospital is trying to share its experience with HIV/AIDS treatment and care with smaller hospitals to help promote the fact that hospitals will treat patients with all kinds of infectious diseases.

The respondent was also concerned with the rapidly changing environment of HIV/AIDS medicine and the corresponding struggle to remain up-to-date in treatment and care protocols.

- What do you recommend to overcome the challenges and barriers you are facing?

  The respondent highlighted the need for a stronger effort to increase HIV/AIDS awareness throughout society so that all parties involved in the continuum of care are adequately informed.

- Do you recommend any specific policy action (national to institutional levels) to remove barriers to providing the treatment and care? If so, please describe.

  The respondent is aware of the greater need for treatment and care among HIV-positive prisoners. The respondent suggested the possibility of requiring HIV testing during marriage counseling as way to reach those who require treatment. This was a tentative suggestion, as the respondent was concerned about possible issues of consent.

## Recommendations for Implementing Additional In-Country Trainings Based on this Curriculum

- Do you recommend that the training in Bangkok be repeated in your country?
  a. If yes, what are your recommendations for implementing additional trainings? For example, identifying candidates and tailoring the training to country-specific issues. Do you think the training should be divided into several short courses? If so, how?
  b. If no, why not?

  The respondent stated that it would be more effective to provide short, targeted trainings and/or workshops for specific participants rather than a long and general training for everyone at one time. Participants should include policymakers and administrators, as well as clinicians (in their respective topics). The respondent also noted that the training should be specific to Indonesia and also provided at the provincial or regional level. The training program should include a clear follow-up program as part of the curriculum. Finally, the respondent believes that a follow-up program would be beneficial and increase the uptake of new protocols.

## Country Strategies for Scaling Up the Implementation of Best Practices for the Treatment and Care of HIV-Positive IDUs

- Are you aware of your country's plans for scaling up the implementation of best practices for the treatment and care of HIV-positive IDUs?

a. If yes, please describe. What is your opinion about these plans in terms of scope, timeframes, or any other considerations?
b. If no, do you have suggestions for how scale-up should take place?

The respondent is aware of some of the national plans for scale-up. The plans are all in the early phase, but there is a tendency to be too narrowly focused on the number of recipients of ARVs, rather than the full spectrum of care and other issues (i.e., adherence, side effects). Another major problem for the scale-up plan is the difficulty in identifying those who need treatment (due to the cost of HIV testing and lack of capacity for conducting tests).

# Appendix 3. Malaysia

All the respondents, having benefited from attending the ASEAN "Regional Training Course on HIV Prevention, Treatment, and Care for IDUs" in Bangkok last year, reported that they had the opportunity to implement the majority of treatment and care protocols covered in the training.

Most noted an improved ability to understand and approach subjects related to IDU issues. For example, in conducting the initial patient assessment, they reported being able to better engage with patients. They also felt that their increased understanding enabled them to take a less confrontational and more therapeutic and treatment-focused approach. Within the context of managing opioid dependence, the availability of methadone maintenance therapy in Malaysia resulted in significant progress in addressing this issue. However, a number of respondents stated that enrollment into the program is limited and subject to availability.

An issue of significant interest and immediate application to the respondents was managing the acute and chronic pain of HIV-positive IDUs. They reported challenges and complications in interpreting and addressing this issue among HIV-positive IDUs, particularly in situations that were manipulative and exploitative of the physician's sympathy.

The respondents also generally viewed the need for further initiatives and opportunities for continuing their medical education. However, the reality remains that attending clinicians have limited opportunity to do so because of the enormous demands on their time and attention in treating patients, particularly HIV-positive IDUs.

All of the respondents have experienced challenges in implementing the treatment and care of HIV-positive IDUs. These challenges include limited capacity among medical personnel, institutional barriers, and problems related to stigma and discrimination. The respondents generally do not see the need for specific policy action to deal with the issues and challenges faced. Rather, they believe that what is most needed is a change in behaviour and attitudes among medical personnel. All of the respondents feel that the training would certainly benefit local clinicians, particularly if held in Malaysia.

Most of the respondents are aware of the government's plans for scaling up the implementation of its existing treatment and care of HIV-positive IDUs. The piloting of the Needle and Syringe Exchange Program was cited, as well as the introduction of the methadone maintenance program into the prison setting. Both programs were described as being potentially encouraging, feasible, and realistic.

## Opportunities to Use Knowledge and Skills Obtained During the Training in the Treatment and Care of HIV-positive IDUs

- Have you had the opportunity to implement the treatment and care protocols covered in the training?
  a. If yes, which areas in particular? (Use the list of topics above to guide responses.) How often? What has facilitated your ability to implement these protocols? Which have you not implemented? Why not?
  b. If no, why not?

  All the respondents, having benefited from attending the ASEAN "Regional Training Course on HIV Prevention, Treatment, and Care for IDUs" in Bangkok last year, reported that they had the opportunity to implement the majority of treatment and care protocols covered in the training.

Most noted an improved ability to understand and approach subjects related to IDU issues. In conducting the initial patient assessment, they reported being able to better engage patients and work toward addressing priority issues such as complying with treatment and changing behavior.

Within the context of managing opioid dependence, a clinician highly involved in the development of an initiative to introduce methadone maintenance therapy (MMT) within the prison setting stated that dramatic changes have occurred in approaching the problem of dependence. What was considered previously insurmountable has been overcome through the general availability of the therapy. The training served to update and complement respondents' existing knowledge of this issue. Another clinician, as a result of the course, has been more aggressive in recommending that patients undergo MMT. However, the clinician stated that due to the restricted availability of MMT, it was not possible to enroll all patients as the available slots in the program had all been filled.

In managing non-opioid dependence, most respondents stated that, in actual practice, they deal with this issue to a much lesser extent. The course content highlighted the real challenges related to this issue.

A number of clinicians reported changes in their approach to the HIV counseling and testing of IDUs. They feel that their increased understanding enabled them to take a less confrontational and more therapeutic and treatment-focused approach.

Regarding managing ART for IDUs, most respondents stated that much of what was conveyed in the course was already known. However, the discussions have enabled them to better relate to their patients' issues and complications. This has in effect increased their ability to build trust with their patients. The dialogue on this issue also re-affirmed their understanding of the rationale behind Malaysia's decision to make available first-line ARV treatment at no cost, as well as the need to maintain consistent and improved monitoring of IDUs undergoing ART.

All respondents consider adherence and compliance to be extremely important, particularly within the context of administering ART to IDUs. Although respondents felt that more discussion of this component would have been useful, they have been able to better prioritize and manage this issue in the reality of their hospital environment. They reported an increased level of urgency to address related complications, particularly with patients who are active drug users. A clinician suggested that as part of treatment strategy, medical practitioners should involve family members to ensure better adherence and compliance to treatment.

The respondents generally considered the components related to drug interactions and the management of co-infections in HIV-positive IDUs to be useful clinical updates that required more research and reading on their part. However, much of what was discussed in the course involved protocols that the clinicians were familiar with and are already implementing in their respective practices.

Of significant use and interest to the respondents was managing acute and chronic pain of HIV-positive IDUs. Most clinicians felt that the discussion on this topic in the training was insufficient and did not contribute significantly to their understanding of dealing with this issue. They reported challenges and complications in interpreting and addressing this issue among HIV-positive IDUs, particularly in situations that were manipulative and exploitative of the physician's sympathy.

Finally, the respondents generally see the need for further initiatives and opportunities for continuing their medical education. However, on a practical level, respondents feel that such opportunities would deprive a patient of appropriate care and attention and even cause neglect. As the number of medical

practitioners trained in ART and experienced in treating IDUs was small, it was the general opinion that the opportunities to attend courses or workshops had to be balanced and perhaps limited, despite the need.

## Challenges and Barriers to Implementing the Treatment and Care of HIV-positive IDUs

- Have you experienced challenges or barriers to carrying out the treatment and care of HIV-positive IDUs as described and practiced during the training?
  a. If yes, indicate the type of challenge and describe it.
  b. What do you recommend to overcome the challenges and barriers you are facing?

All respondents reported experiencing challenges in implementing the treatment and care of HIV-positive IDUs. These challenges include the limited capacity among medical personnel, institutional barriers, and stigma and discrimination.

Numerous respondents noted their lack of capacity in understanding and managing the pain among HIV-positive IDUs. The clinicians felt ill-equipped to deal with this issue, especially in negotiating with IDUs who also have HIV. Respondents expressed a need for increased opportunities to upgrade their skills in this area through topic-specific workshops and courses.

Most respondents said that it is a challenge to communicate and influence the behavior of HIV-positive IDUs; the short time of medical consultation makes it almost impossible to make any significant and lasting impression. More consultation time is required to implement some of the protocols learned in the course. Respondents also noted that IDUs sometimes have the mindset that clinicians are prejudiced against them, and as a result, the IDUs are either reluctant to cooperate in treatment or are not concerned.

On the issue of institutional barriers, many clinicians described needing to fight hard with their individual hospital administrators to treat HIV-positive IDUs beyond the standard level of care and support. According to the respondents, the administrators believe that too much attention is already paid to IDUs and that to continue to do so would result in the neglect of other patients. One clinician suggested that patients whose substance addiction has been successfully treated and are currently undergoing ART should be engaged to talk to medical practitioners and hospital administrators to increase the administrators' level of understanding of issues facing IDUs. As this challenge was also linked to stigma and discrimination, respondents believe that such talks would assist in dealing with the negative portrayal of IDUs.

The respondents believe the issues of stigma and discrimination are extremely relevant, particularly as many feel that the resistance and opposition experienced are due to ignorance and the misunderstanding of IDU-related issues.

- Do you recommend any specific policy action (national to institutional levels) to remove barriers to providing the treatment and care? If so, please describe.

The respondents generally do not see the need for specific policy action to deal with the issues and challenges faced. Rather, they said that what was most needed is a change in behavior and attitudes among medical personnel. A respondent noted the relevance of a personal experience in treating HIV-positive patients who were also IDUs. Respondents expressed that without the benefit of such

personal experiences, the issue of providing appropriate attention to the treatment and care of HIV-positive IDUs would remain abstract, particularly to hospital administrators.

## Recommendations for Implementing Additional In-Country Trainings Based on this Curriculum

- Do you recommend that the training in Bangkok be repeated in your country?
  a. If yes, what are your recommendations for implementing additional trainings? For example, identifying candidates and tailoring the training to country-specific issues. Do you think the training should be divided into several short courses? If so, how?
  b. If no, why not?

  All respondents felt that the training would certainly benefit local clinicians, particularly if it were to be held in Malaysia. However, most respondents cautioned on the need to carefully select the participants and ensure that they have the appropriate background and experience in providing ART or treating IDUs. The course content should also be tailored to address country-specific issues.

- Do you recommend any additional issues to consider for building increased capacity among clinicians?

  One respondent suggested that the courses include capacity-building components to address the basics of HIV science and the fundamentals of general counseling and treatment counseling.

## Country Strategies for Scaling Up the Implementation of Best Practices for the Treatment and Care of HIV-Positive IDUs

- Are you aware of your country's plans for scaling up the implementation of best practices for the treatment and care of HIV-positive IDUs?
  a. If yes, please describe. What is your opinion about these plans in terms of scope, timeframes, or any other considerations?
  b. If no, do you have suggestions for how scale-up should take place?

  Most respondents are aware of the government's plans for scaling up the implementation of its existing treatment and care of HIV-positive IDUs. The pilot of Malaysia's Needle and Syringe Exchange Program was cited as being quietly upgraded in terms of coverage and capacity. Although barely one year old, the introduction of the methadone maintenance program into the prison setting was also cited as being potentially encouraging, particularly to the clinicians involved in its inception and development.

  Within this context, all respondents felt confident that scaling up these two programs was realistic, justified, and evidence based. In reflection of the data gathered from the initial pilot phase, respondents view these programs to be feasible and capable of significantly improving the provision of comprehensive healthcare coverage to IDUs. However, the clinicians also believe that the scale-up would face significant challenges, including the limited capacity in relevant areas, the lack of skilled medical staff, and the need to motivate personnel on the issue of treating IDUs.

# Appendix 4. Viet Nam

The respondents, having benefited from attending the ASEAN "Regional Training Course on HIV Prevention, Treatment, and Care for IDUs" in Bangkok last year, reported that they had the opportunity to implement some of the treatment and care protocols covered in the training.

They noted an improved ability to understand and apply new protocols in their daily routine. However, the respondents indicated experiencing challenges in implementing the treatment and care of HIV-positive IDUs. These challenges include institutional barriers, limited staff and capacity, limited resources, and stigma and discrimination.

All the respondents felt that the training would certainly benefit local clinicians, with the caveat that future trainings be divided into smaller, more specific sessions based on the attendees' area of work.

The respondents were generally not aware of national strategies for scaling up the implementation of best practices for the treatment and care of HIV-positive IDUs. However, they offered several possible elements for the national plan, including increased numbers of local clinics, communication programs aimed at youth, and increased resources system-wide.

## Opportunities to Use Knowledge and Skills Obtained During the Training in the Treatment and Care of HIV-positive IDUs

- Have you had the opportunity to implement the treatment and care protocols covered in the training?
    a. If yes, which areas in particular? (Use the list of topics above to guide responses.) How often? What has facilitated your ability to implement these protocols? Which have you not implemented? Why not?
    b. If no, why not?

    The respondents have had the opportunity to implement some of the treatment and care protocols covered in the training. They reported that the protocols are being implemented in their everyday work.

    The training content was new to the respondents, but they were able to apply the information quickly due to the skill of the course trainers. The provision of detailed guidelines, along with evaluation and monitoring in practice also helped with implementation—although specific protocols to be implemented were chosen selectively and with the input of colleagues. The respondents reported that where specific protocols have not been implemented, it is due to a lack of necessary supplies and training for staff and/or that the focus of their work does not include a particular protocol area.

    Some respondents reported that differences in training methods, approaches, and problem-solving skills prevent them from effectively implementing new protocols.

## Challenges and Barriers to Implementing the Treatment and Care of HIV-positive IDUs

- Have you experienced challenges or barriers to carrying out the treatment and care of HIV-positive IDUs as described and practiced during the training?

    a. If yes, indicate the type of challenge and describe it.
    b. What do you recommend to overcome the challenges and barriers you are facing?

The respondents indicated experiencing challenges in implementing the treatment and care of HIV-positive IDUs. These challenges include a lack of knowledge and skills among clinic staff; institutional and organizational barriers; policy and legal barriers; specific concerns of HIV-positive IDUs; and resource availability, including a severe shortage of health staff. Of particular concern was the limited amount of training provided by government and NGOs.

One clinician also stated that HIV-positive people often do not return for treatment once they feel they are improving, regardless of the advice of clinic health staff. Respondents expressed the need to provide high-quality counseling before treatment.

- Do you recommend any specific policy action (national to institutional levels) to remove barriers to providing the treatment and care? If so, please describe.

  Respondents all agreed that increased resources are crucial and that a reserve stock of ARVs should exist to prevent shortages. One respondent indicated that a decentralized treatment system would help remove some barriers, with one main center for treatment in each province. This respondent also felt that improved access (through an official website) to new information on technical issues related to HIV treatment and care would be beneficial and that a counseling system using experienced doctors should be established.

## Recommendations for Implementing Additional In-Country Trainings Based on this Curriculum

- Do you recommend that the training in Bangkok be repeated in your country?
  a. If yes, what are your recommendations for implementing additional trainings? For example, identifying candidates and tailoring the training to country-specific issues. Do you think the training should be divided into several short courses? If so, how?
  b. If no, why not?

  Respondents believe that the training would certainly benefit local clinicians, particularly if it were divided into sub-trainings for the relevant health staff—for example, offering training on managing IDU for healthcare providers and managers at rehabilitation centers and providing training on managing co-infection TB/HIV for those who work within a TB program. The respondents also felt that regular focus group discussions and venues for sharing information on treatment would be useful. One respondent emphasized that the trainers should be a mix of international and Vietnamese trainers.

- Do you recommend any additional issues to consider for building increased capacity among clinicians?

  One respondent suggested that training in English would enhance the capacity of health staff and clinicians to update their skills in treatment. All respondents felt that periodic meetings and/or seminars to maintain and build on new knowledge would be beneficial, particularly for lower level care and treatment facilities so that new information can be disseminated widely.

## Country Strategies for Scaling Up the Implementation of Best Practices for the Treatment and Care of HIV-Positive IDUs

- Are you aware of your country's plans for scaling up the implementation of best practices for the treatment and care of HIV-positive IDUs?
  a. If yes, please describe. What is your opinion about these plans in terms of scope, timeframes, or any other considerations?
  b. If no, do you have suggestions for how scale-up should take place?

  The respondents did not have detailed knowledge of the national plan. However, they suggested that several important topics be included in the country-level plan—specifically, communication initiatives directed at young IDUs, with an emphasis on accuracy and relevancy; increased resource allocation to treatment and rehabilitation centers; and increased training for health staff about the care of IDUs. One respondent highlighted the need for more treatment centers for HIV-positive children and expressed concern about the physical location of new clinics and hospitals.