Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

HARM REDUCTION FOR PEOPLE WHO INJECT DRUGS

INFORMATION NOTE

Introduction

The Global Fund supports evidence-based interventions that aim to ensure access to HIV prevention, treatment, care and support for most-at-risk populations. This includes the "comprehensive package for the prevention, treatment and care of HIV among people who inject drugs", as defined by WHO, UNODC and UNAIDS [1]. This information note describes how interventions for people who use drugs are to be incorporated into funding requests to the Global Fund.

To respond effectively to HIV, it is vital to "know your epidemic" through appropriate surveillance and epidemiological research. Applicants must tailor and justify their proposed responses within the context of the epidemiological situation and the needs of the people at risk. In many parts of the world, drug injecting is a major driver of HIV epidemics. It has been documented in 158 countries [2], and between 11 and 21 million people injects drugs globally [3]. HIV infection among people who inject drugs has been reported in 120 countries [3], accounting for at least 10 percent of global HIV infections, and around 30 percent of HIV infections outside of sub-Saharan Africa.

Preventing HIV and other harms among people who inject drugs – and providing them with effective treatment – are essential components of national HIV responses, yet often present major challenges. People who inject drugs in low and middle income countries have limited and inequitable access to HIV prevention and treatment services [4]. In prisons and other closed settings, access to comprehensive HIV prevention, treatment and care is even more limited despite evidence that drug use and sexual activity are prevalent in these settings [5].

What is the comprehensive package of interventions?

An effective and evidence-based response is required to curtail the rapid spread of HIV among drug-using populations, but also to prevent onward transmission to other populations (including regular sexual partners and sex workers) which may significantly expand the reach of the epidemic. In order to achieve these goals, according to UNODC, WHO and UNAIDS, the implementation of a "comprehensive package" of nine interventions is essential [1]. This package – also widely referred to as a "harm reduction" approach – consists of interventions with a wealth of scientific evidence supporting their efficacy and cost-effectiveness in preventing the spread of HIV and other harms [6]:

1. Needle and syringe programs (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counseling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom distribution programs for people who inject drugs and their sexual partners

7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis[1, 2]
9. Prevention, diagnosis and treatment of tuberculosis

Although the greatest impact will be achieved when the nine interventions are implemented as a package, to successfully address HIV where injecting drug use occurs, applicants should prioritise implementing Needle and Syringe Programs (and prioritize the use of low dead-space syringes[3] whenever feasible and possible), evidence-based drug dependence treatment (specifically Opioid Substitution Treatment) and the provision of optimized/maximized ART and TB treatment for PWID [1]. Services should be delivered as part of an integrated programme where OST is dispensed at the same time as ART medication. The interventions should also be delivered using a range of modalities, including community outreach and peer-to-peer work [7], and should be implemented both in community and prison settings [5]. Services should also be delivered within a human rights and public health approach. They should be supported by either an enabling legal and policy framework, or time-bound, measurable plan to improve it.

Incorporating the comprehensive package into global funding requests

Global Fund resources should be used to fund evidence-based interventions, including those targeting key populations in the community and in prisons. As such, the Global Fund is the major source of international funding in low- and middle-income countries for harm reduction. Between 2004 and 2009, it invested around US$ 180 million in these interventions in 42 countries [9]. This includes funding for HIV prevention and treatment, the introduction of NSPs and OST in public and prison systems, and advocacy for policy improvements related to drug use and HIV.

According to Global Fund policy, all funding requests from lower-middle and upper-middle income countries must focus, respectively, 50 percent and 100 percent of their budget on underserved and most-at-risk populations and/or highest-impact interventions within a defined epidemiological context – and low income countries are strongly encouraged to do so as well. The performance-based funding model of the Global Fund is also designed to encourage the inclusion of interventions with proven and measurable impacts, and the Technical Review Panel consistently places emphasis on interventions that demonstrate value for money.

It is therefore strongly recommended that countries with concentrated HIV epidemics associated with drug injecting include harm reduction in their funding requests – as should countries with generalized HIV epidemics and high HIV prevalence among this group, or with significant potential for concentrated epidemics to develop. In addition, countries are strongly encouraged to include interventions and activities aimed at improving the legal and policy environment, to ensure that Global Fund-supported services are accessible to people who use drugs.

[1] The Technical Review Panel (TRP) has previously stated that applications for funding hepatitis C treatment among people who live with HIV will be recommended "after close scrutiny of the country context, including well-documented evidence that hepatitis C treatment and funding is available to the general population and that funding from the Global Fund is to fill-in the gap for HIV-infected individuals". The TRP has recommended that Global Fund resources be used to increase evidence on the need for hepatitis treatment, create awareness of the virus, increase prevention efforts, and support advocacy for treatment access and affordability [8]. Countries that do request funding for hepatitis C treatment should include information on the provision of treatment for those in the general population (beyond the proposal request), as well as comment on what is being done in terms of awareness and prevention.

[2] The World Health Organization have recently published new comprehensive guidance on viral hepatitis surveillance, and prevention. http://www.who.int/hiv/pub/guidelines/hepatitis/en/index.html

[3] Low dead-space syringes (LDSS) are designed to reduce the amount of blood remaining in the syringe after completely pushing down the syringe plunger. Studies have shown that this difference in dead space reduces the survival of HCV and HIV in blood remaining in syringes. The implication is a potential reduction in risk of HCV and HIV transmission when syringe-sharing takes place. The evidence indicates that providing LDSS leads to a reduction in the transmission of HIV and HCV and that needle and syringe programmes should provide LDSS in addition to other types of syringes appropriate for local needs.

Applicants are advised to make use of the full range of information notes and guidance provided by the Global Fund, as well as technical assistance from partners, and the numerous technical guides and support documents available – some of which are listed at the end of this note.

Other important considerations

In addition to the "comprehensive package" outlined above, there are a range of complementary interventions and approaches that should be considered when developing proposals to the Global Fund. For example, the International HIV/AIDS Alliance identified 15 interventions in their "harm reduction approach to HIV programming" [12].

Community involvement and user-oriented services

It is crucial that people who use drugs are able to actively participate in the planning, delivery and evaluation of the HIV response. Country Coordinating Mechanisms (CCMs) are strongly recommended to include this community in project design, concept note development, and program implementation and oversight. Where necessary, CCMs should also seek to build the capacity of people who inject drugs to participate meaningfully. Involving this population in planning and service delivery recognizes and utilizes their unique experiences, knowledge and contacts, and contributes to effectively addressing their needs and ensuring that proposed services and interventions have the lowest possible thresholds [12].

Community systems strengthening

Many services for people who use drugs are best delivered in community-based settings and by civil society organizations. The goal of community systems strengthening is to develop the roles of key communities (such as people who use drugs and clients of harm reduction programs) in the design, delivery, monitoring and evaluation of services and activities. Applicants are strongly encouraged to include community systems strengthening interventions in their proposals in order to support and complement harm reduction programs. Such activities seek to expand capacity but must also be accompanied by resources to support extensive and meaningful community engagement. To ensure the incorporation of community systems into the overall function of the health system, it may be useful to have regular opportunities for interaction between all aspects of the drug treatment and harm reduction system, focused on the needs of people who inject drugs.

Gender-sensitive programming

Addressing gender equity is an important consideration in Global Fund proposals and funding decisions. HIV infection rates among women who inject drugs are significantly higher than among male injecting drug users [14], and the sexual partners of men who inject drugs also have elevated risks [15]. In addition, pregnant HIV-positive drug users are frequently excluded from prenatal care, and so have significantly higher rates of mother-to-child transmission than other women [16]. In many countries, women who use drugs have disproportionately poor access to HIV prevention, treatment and care [17]. Where possible, applicants should strive to collect sex-disaggregated data and use that data to identify and rectify service gaps when proposing harm reduction interventions. Examples of gender-sensitive programming for people who use drugs include providing childcare at drop-in centers, the use of both male and female outreach workers, supporting access to PMTCT and providing treatment and care for the mother as well as the newborn, and linking with services responding to gender-based violence.

Prisons and pre-trial detention

Imprisonment is a common event for many people who inject drugs [5]. Often, they continue using (and injecting) drugs while in prison, despite efforts by prison systems to prevent this. It is

therefore essential to provide harm reduction for people who inject drugs both in the community and in penal institutions. Such programming must address not only injecting risk, but sexual risk in prison settings. Given the role that prisons play in the spread of HIV and TB (including multidrug-resistant TB), particular efforts are needed to ensure the continuity of antiretroviral therapy and TB treatment as well as NSPs and OST at all stages – upon arrest, pre-trial detention, transfer to prison and within the prison system, and upon release. Programmes that support drug treatment as an alternative to criminal sanctions for people with drug use disorders are also important. The Global Fund also recommends ensuring legal aid is provided to people in prisons and detention facilities. This will require strong advocacy interventions and the engagement of different government departments in proposal development.

Drug detention centers

In some countries, extrajudicial detention centers are used in response to drug use, with widely reported violations of human rights and little evidence of effectiveness. The Global Fund has made repeated calls for the closure of these centers, while expressing concerns that those detained illegally within them must not be denied access to essential health care [21, 22]. Where these centers exist, applicants should seek to identify and include more effective, cost-effective and human rights-based alternatives. Applicants who request support for service delivery inside drug detention centers should a) include measurable, time-bound plans to end compulsory drug treatment, and b) agree to independent monitoring of conditions by a Global Fund-approved human rights monitor.

Ensuring supportive legal and policy environment

Even where interventions such as NSPs and OST are implemented, the lack of a supportive social, policy and human rights environment often creates access barriers. Therefore, the Global Fund strongly recommends including interventions to ensure access to other Global Fund-supported interventions, such as:

- advocacy and evidence-building activities to ensure high-level political and professional support for harm reduction and policy reform;
- reform of laws, policies and practices related to injecting drug use and HIV, to ensure they do not impede service delivery and/or violate human rights;
- legal aid and “know-your-rights” training for people who use drugs, ideally integrated into curative and preventive service delivery sites;
- social mobilization and campaigns for people who use drugs to better understand the law and their rights;
- interventions addressing the double stigma and discrimination related to HIV and drug use;
- training and/or sensitization for police, judges and prison staff in evidence and human rights-based approaches to drug use and HIV; and
- Support to ensure that basic needs and underlying psychosocial vulnerabilities are addressed.

For more detailed guidance, please see the HIV and human rights information note: http://www.theglobalfund.org/en/accesstofunding/infonotes

Overdose prevention

Although not explicitly mentioned in the “comprehensive package”, overdose prevention should be a core component of “targeted information, education and communication” for people who use drugs. Overdose is a major cause of mortality and morbidity among people who use drugs, impacting directly on HIV-related harm reduction services. Therefore, applicants are strongly encouraged to consider interventions such as peer and staff training in overdose prevention. In addition, applicants should also consider the strengthening of overdose responses – including legislative and policy reform where needed, and the low-threshold provision of naloxone (a WHO Essential Medicine that can reverse opioid overdoses) to communities of people who use drugs

as well as through emergency health services. These low-cost approaches can empower health care workers and people who use drugs to save lives [23].

Monitoring and Evaluation

In order to obtain accurate and high quality data, indicators need to be carefully tailored to the applicants' M&E systems and capacities – especially outcome and impact indicators. When setting targets for service coverage as a percentage, reliable population size estimates must be used as the denominators – such as those from global reviews [2, 3] or developed using available guidelines [24, 25]. In order to help address the known M&E challenges relating to most-at-risk populations, applicants are also encouraged to include in their proposals:

- A clearly defined basic (minimum) package of services to be provided to clients, based on the information provided in this document.
- Improvements to epidemiological surveillance systems where needed, and research to further expand knowledge on HIV, injecting drug use, service coverage, impact and need.
- Systems to avoid the double-counting of individuals in services (such as "Unique Identification Codes").

When setting targets, programs are strongly recommended to aim for "high" service coverage for people who inject drugs – for example, more than 60 percent being regularly reached by NSPs, more than 40 percent being reached by OST, and more than 75 percent receiving an HIV test in the past 12 months and knowing the results [1].

References

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Further reading and resources

- UNAIDS and UNODC Fact sheet on “Drug Use and the Spread of HIV”: www.unodc.org/documents/frontpage/Facts_about_drug_use_and_the_spread_of_HIV.pdf
- “What Is Harm Reduction?” – definition from Harm Reduction International: http://www.ihra.net/files/2010/08/10/Briefing_What_is_HR_English.pdf
- WHO “Basic Principles for Treatment and Psychosocial Support of Drug Dependent People Living with HIV/AIDS”: www.who.int/substance_abuse/publications/basic_principles_drug_hiv.pdf
- Open Society Foundations Publications and Articles on Harm Reduction and Drug Use: http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/sub_listing
- WHO guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf
- mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings. http://whqlibdoc.who.int/publications/2010/9789241548069_eng.pdf
- WHO database of controlled medicines suppliers. http://who.int/entity/hiv/amds/ControlledMedicineDatabase.xls
- Policy guidelines for collaborative TB and HIV services for injecting and other drug users. Evidence for action technical paper and policy brief. http://www.who.int/hiv/pub/idu/tb_hiv/en/index.html