HARM REDUCTION FOR PEOPLE WHO USE DRUGS
INFORMATION NOTE

Introduction

The Global Fund supports evidence-based interventions that aim to ensure access to HIV prevention, treatment, care and support for key populations. This includes the nine interventions set out in the WHO/UNODC/UNAIDS technical guide 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 inject 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, the fact that people who inject drugs are often forced to share injecting paraphernalia is a major driver of HIV epidemics. Injecting drug use 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, appropriate, and voluntary treatment where needed or wanted – 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 pre-trial detention 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 harm reduction?

An effective and evidence-based response is required to curtail the rapid spread of HIV among drug-injecting 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. Harm Reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of drug use – such as HIV transmission – without necessarily reducing drug consumption itself [6].

According to UNODC, WHO and UNAIDS, the implementation of a package of nine interventions is essential [1]. This package consists of harm reduction interventions with a wealth of scientific evidence supporting their efficacy and cost-effectiveness in preventing the spread of HIV and other harms [7]:

1. Needle and syringe programs (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counseling
4. Antiretroviral therapy

Global Fund Information Note: Harm Reduction for People Who Use Drugs (February 2014)
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
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 needle and syringe programs (NSP), opioid substitution treatment (OST), and the provision of optimized/maximized ART for people who inject drugs [1]. These 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. This means that interventions should be supported by an enabling legal and policy framework, including measures to increase access to justice and health services for people who inject drugs, and to minimize law enforcement and other structural impediments to health services, and articulation of a public health approach to HIV programming [11] including PMTCT services, overdose prevention and management, advocacy, psychosocial support, and access to legal services. All of these should also be considered when developing proposals to the Global Fund.

Incorporating harm reduction interventions into Global Fund proposals

Global Fund resources should be used to fund evidence-based interventions, including those targeting key populations both in the community, prisons and in pre-trial detention. As the major source of international funding in low- and middle-income countries for harm reduction, the Global Fund HIV for PWID between 2004 and 2009 included hepatitis C treatment for co-infected individuals, legal aid and police training targeted to remove health barriers for PWID, had approved at least US$ 430 million in services for people who inject drugs in 55 countries by the end of 2009 [10].

According to Global Fund policy, lower-middle and upper-middle income countries applying for funding must focus 50 percent and 100 percent, respectively, on underserved and most-at-risk populations, as well as focus on the highest impact interventions. Low income countries are also strongly encouraged to target resources to those at highest risk. The performance-based funding model of the Global Fund is designed to encourage support for interventions with proven and measurable impacts, and both the Technical Review Panel and Grant Approval Committee consistently places emphasis on interventions that demonstrate value for money.

It is therefore strongly recommended that all countries with reported HIV transmission associated with the sharing of injecting paraphernalia include harm reduction interventions in their proposals.

In addition, countries are strongly encouraged to include interventions and activities that improve the legal and policy environment, to ensure that Global Fund-supported services are accessible to people who inject drugs.

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 and the numerous technical guides and support documents available from partners – some of which are listed at the end of this note.
Important considerations for successful Global Fund.

Community involvement and user-oriented services

It is crucial that people who inject drugs are able to actively participate in the planning, delivery and evaluation of the HIV response. Country Coordinating Mechanisms are strongly recommended to include this community and their organizations in Country Dialogues, project design, proposal development, and program implementation and oversight. It is also incumbent, according to Eligibility Requirement 4, upon Country Coordinating Mechanisms 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 and expertise, knowledge and contacts, and contributes to effectively addressing their needs and ensuring that proposed services and interventions have the lowest possible thresholds.

Community Systems Strengthening

Many services for people who use drugs are best delivered in community-based settings and by civil society organizations, especially by peer led organizations of people who inject drugs. The goal of community systems strengthening is to develop the roles of key communities (such as people who use drugs) in the design, delivery, monitoring and evaluation of services and activities. Applicants are strongly encouraged to include community systems strengthening interventions in their proposals as an empowered and resourced community based delivery of is essential to supporting and complementing harm reduction programs. Such activities seek to expand capacity but must also be accompanied by resources to support extensive and meaningful community engagement and empowerment. Please see the Information Note on Community Systems Strengthening for further details.

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 their male counterparts [15], and the sexual partners of men who inject drugs also have elevated risks [16]. 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 [17]. In many countries, women who use drugs have disproportionately poor access to HIV prevention, treatment and care [18]. 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 for pregnant drug using women, who inject drugs, providing treatment and care for the mother as well as the newborn, and linking with services responding to family planning and gender-based violence. Please see the Information Notes on Gender Equality, PMTCT, and Equity for further details.

Services for adolescents who inject drugs

Young people who inject drugs have specific developmental, social and environmental vulnerabilities. They are less likely to use harm reduction and treatment services and are less informed about risks and their rights. Early onset of injecting, and being a new injector, have been associated with increased risks of HIV and hepatitis C transmission, while specific groups of young people, especially those that are street involved, are at considerably higher risk. Harm reduction services for this age group and the interventions required may differ in their delivery than for older people who inject. [26]

The legal status of being a minor raises additional challenges for the development of targeted harm reduction interventions. These include issues relating to informed consent, parental consent issues and legal age restrictions on services.

National population size estimates for this age group, however, are exceptionally rare and age disaggregation in HIV/AIDS reporting is poor.
Prisons and pre-trial detention

Due to the global criminalization of people who inject drugs, detention and imprisonment are common events for this population [5]. Often, they continue injecting drugs while in prison, and 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. The Global Fund also recommends ensuring legal aid is provided to people who inject drugs to curtail inappropriate harassment and arrest, and to ensure access to justice for those held in pre-trial, prisons and detention facilities. This will require strong advocacy interventions and the engagement of different government departments in proposal development. Applicants who request support for service delivery inside prisons, pre-trial detention facilities or other closed settings should agree to independent monitoring of conditions by a Global Fund-approved human rights monitor.

Drug detention centers

In some countries, people who use drugs are held in centers purporting to provide “treatment” or “rehabilitation,” with widely reported violations of human rights, little or no judicial process or medical evaluation of those held, and little evidence of effectiveness. The Global Fund has made repeated calls for the closure of drug detention centers, while expressing concerns that those detained illegally within them must not be denied access to essential health care [23]. Where these centers exist, applicants should seek to identify and support more effective, cost-effective and human rights-based alternatives, as well as measures to end detention and permanently close these facilities. Applicants who request support for service delivery inside drug detention centers should a) include measurable, time-bound plans to end compulsory drug treatment, and immediately release those currently detained in them; b) ensure that Global Fund support is used only for essential health services and not to build infrastructure or capacity of center staff and cc) 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 [23]. Therefore, the Global Fund strongly recommends including interventions to ensure access to other Global Fund-supported interventions, such as:

- Legal environment assessment to identify laws and policies that impede access to health services;
- advocacy and evidence-building activities to ensure high-level political and professional support for harm reduction and drug policy reform;
- reform of laws, policies and practices related to injecting drug use and HIV, to ensure they do not impede access to services and/or violate human rights;
- legal aid and “know-your-rights” training for people who use drugs, ideally integrated into HIV treatment and prevention services sites addressing the double stigma and discrimination related to HIV and drug use; and in health care settings. Training and/or sensitization for police, judges and prison staff on evidence-based and human rights-based approaches to drug use and HIV
- monitoring of rights violations conducted by community-based organizations.

Applicants are also encouraged to consider Community System Strengthening interventions to support development of domestic organizations and networks led by people who inject drugs, to enable them to participate effectively in developing policies and monitoring their implementation.

For more detailed guidance, please see the Human Rights information note.

Overdose prevention

Overdose remains a primary cause of death among people who inject drugs, even in the context of an HIV epidemic, and overdose prevention and management interventions are particularly important for this population [1]. Although not explicitly included in the “comprehensive package”,
overdose prevention—including the provision of naloxone (a WHO Essential Medicine that can reverse opioid overdoses) should be a core component of “targeted information, education and communication” for people who inject opiates [19]. Overdose impacts directly on HIV-related harm reduction services, and poses particular risk to those released from prison or from drug-free treatment settings. According to a review of 24 studies, HIV-infected people who use drugs are 74 percent more likely to have an overdose than those without HIV [20]. Therefore, applicants are strongly encouraged to consider low-cost interventions such as provision of OST prior to release from prison, take-home naloxone provision and peer administration for people who inject drugs, peer and staff training in overdose prevention, and the strengthening of overdose responses for emergency health services, and ensure policies and law enforcement practices are supportive to this approach.

Ensuring the supply of adequate injecting equipment

When delivering NSPs, it is important to enable this provide a full range of sterile equipment to people who inject drugs. This primarily includes needles and syringes that are appropriate for the local drug use context – as determined in full consultation with people who inject drugs, and even if these are not the cheapest needles and syringes available on the market. For example, some people who inject drugs may require different size needles and syringes dependent on what drugs are being injected, and where on the body. Services should also seek to prioritize the provision of low dead-space needles whenever feasible and in full consultation with those who will use the service. These low dead-space needles are specially designed to reduce the amount of blood that remains in the needle – reducing the risk of transmission of HIV and hepatitis C should that needle be shared with another person. The evidence indicates that providing these items leads to a reduction in HIV transmission [26]. Both the Global Fund and WHO recommend against the provision of retractable or auto-destructible syringes in NSPs [28].

Other items to be provided by NSPs include safe disposal boxes for used equipment, filters, sterile water, single-use cooking utensils, acidifier powders (dependent on the local drug use context), tourniquets, bleach and other disinfectants for needles and syringes (only as an adjunct to, rather than a substitute for, sterile needles and syringes), and male and female condoms [28].

Hepatitis C

Hepatitis B and C are highly infectious viruses that are easily transmitted through blood-to-blood contact – they therefore disproportionately impact upon people who inject drugs. Of the 16 million people who inject drugs around the world, an estimated 10 million are living with hepatitis C [25]. Globally, most HIV-infected people who inject drugs are also living with a hepatitis infection. Therefore, the vaccination (for hepatitis B), diagnosis and treatment of these infections are included in the “comprehensive package” outlined above. WHO has also published new comprehensive guidance on viral hepatitis surveillance, prevention and treatment, and on hepatitis prevention among people who inject drugs [25].

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 [9]. 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.

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
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


Further reading and resources


Open Society Foundations Publications and Articles on Harm Reduction and Drug Use: http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/sub_listing