Setting targets for universal access (UA) to HIV/AIDS prevention and treatment for injecting drug users (IDUs)

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Universal Access

2005 G8 Summit at Gleneagles, Final Communiqué: “…working with WHO, UNAIDS and other international bodies to develop and implement a PACKAGE of HIV prevention, treatment and care….”
“In most countries (IDUs) have a higher prevalence of HIV infection than that of the general population because (i) they engage in behaviours that put them at higher risk of becoming infected and (ii) they are among the most marginalised and discriminated against populations in society. At the same time the resources devoted to HIV prevention treatment and care for these populations and not proportional to the HIV prevalence – a serious mismanagement of resources and a failure to respect fundamental human rights”. UNAIDS 2006 Report
Criminal neglect

Frustration - lack of:
- a framework,
- indicators
- agreed targets for interventions

specifically targeting injecting drug users
Progress Achieved

- More consistent methods of measuring & comparing countries’ progress towards universal access (UA)
- Consensus as to which interventions should be included in a comprehensive package
- Guidance on defining & estimating denominator populations
- Indicators to measure coverage & indicative targets against which to measure progress towards UA

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Comprehensive “Essential” Package

1. Needle and syringe programmes (NSP)
2. Opioid Substitution Therapy (OST)
3. Voluntary Counseling and Testing (VCT)
4. Anti-retroviral (ARV) treatment
5. Targeted STI prevention
6. Condom programming for IDUs and partners
7. Targeted Information, Education and Communication (IEC) for IDUs & sexual partners
8. HBV/HAV vaccination and diagnosis and treatment of Hepatitis B and C for IDUs
9. Diagnosis and treatment of TB for IDUs
Universal Access - Principles

- Physically accessible (geographical distribution);
- Affordable (cost at the point of service should not be a barrier);
- Equitable and non-discriminatory (there should be no exclusion criteria except medical ones);
- Non-rationed;
- Access = availability, coverage and quality
Availability: Number of Needle Syringe Programmes per 1000 IDU in WHO European Region (2007 or latest available) Source: EMCDDA & WHO Europe
Coverage – regular reach

Number (or proportion) of **persons reached** by intervention

**Any contact** or **effective contact**?

**Reached:** *once in a year, once in a lifetime, every day for a year?*

Some interventions (e.g. OST) need near **daily reach**

others (e.g. VCT) are not needed so frequently

**Regular reach** defined (e.g. **regular reach** of a NSP is **at least once a month**)

Distinction between **number of clients and number of contacts**
Number of syringes distributed per IDU per year

Based on recommendation new sterile syringe for each injection

Lower levels of syringe distribution effective

Levels debated
Modeling of HIV prevalence & coverage of syringe distribution (Svetlogorsk)

Adapted from: Current coverage and modeled impact in Svetlogorsk
Needle and syringe exchange programme coverage (central and eastern Europe) 2005-2007

WHO Europe
Communicable Disease Unit (CDS)
WHO Europe
Communicable Disease
Unit (CDS)
Percentage of problem opioid users in substitution treatment (2004 & 2005)

WHO Europe
Communicable Disease Unit (CDS)

EMCDDA 2008
Limited evidence for minimum coverage levels (or coverage thresholds)

No universal formula

Indicative targets – range e.g. for NSP

IDUs regularly reached by NSP (needle syringe programme)
<10% very poor
10-19% poor
20-39% moderate
40-59% good
60%+- very good
Coverage thresholds may vary
Less ambitious targets

*e.g. 140 syringes per injector per year will reduce/ prevent epidemics (if other conditions are right)*
Quality combined with **scale-up** will make a difference on the intervention’s impact on the epidemic.

**Example 1:** OST low dose methadone less effective and less impact than higher dosages. OST provided in combination with **psychosocial support** most effective and most impact.

**Example 2:** Information, Education and Communication (IEC) delivered through outreach most effective
Outstanding Issues

- consensus building
- socio-political considerations (including inadequacy of health systems)
- quality of services
- poor estimates of denominator populations
- doubt and uncertainty regarding "effective" coverage & critical coverage thresholds
Implications

- Current guidance has begun to address access to critical interventions
- Consensus and improved guidance on achieving universal access needs to be supported by political will and good leadership
- Lack of scientific evidence for critical coverage thresholds is no excuse for further inaction
- www.who.int/hiv/ida/target_setting
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