The HIV response across Europe and Central Asia: a focus on people who inject drugs

Rosalie Hayes
Senior Policy & Campaigns Officer, National AIDS Trust
Outline

• Background
• How are people who inject drugs in Europe and Central Asia affected by HIV?
• How are health authorities across Europe and Central Asia responding to the HIV epidemic among PWID in their country?
• Priorities for action
INTRODUCTION

Since 2004, the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia has had a strong influence on the regional response to the HIV epidemic. The process to monitor the Dublin Declaration has provided valuable data on what is being done by countries and where improvements in national programmes must be made to reduce the number of new infections and improve the quality of life for people living with HIV.

One of the major changes for 2019 reporting is the further harmonisation of UNAIDS/WHO and ECDG reporting processes. For this reporting round, EU/EEA countries will not be approached by UNAIDS/WHO with a separate request for data. Instead, essential GAM indicators are included in the 2019 Dublin Declaration questionnaire for those countries and shared with UNAIDS/WHO following data collection. The 2018 GAM reporting guidance can be accessed [here](https://www.euro.who.int/2018_gam_reporting) and is linked to where relevant within the survey.

For non-EU/EEA countries, UNAIDS/WHO will continue to approach them for data via the GAM reporting tool. They will receive a shortened 2019 Dublin Declaration Questionnaire with any GAM indicators removed to avoid duplication. This approach should considerably reduce the reporting burden on countries whilst ensuring that UNAIDS, WHO and ECDG are able to access the data that they need.

Another major change is the use of a survey software to enable the questionnaire to be completed online. The benefit of this approach is that questions can be routed depending on responses, ensuring that countries aren’t asked questions that aren’t relevant to them - resulting in a shorter questionnaire and reduced reporting burden.

For this reporting round, we have maintained the focus on a single questionnaire that is submitted by government and civil society jointly. Key stakeholders from both sectors are strongly encouraged to work together to complete the questionnaire as accurately and transparently as possible. We have also maintained the 2018 questionnaire structure which aligns closely with the core components of national responses to HIV: strategic information, prevention, testing, treatment, continuum of care and spending.
Background to data collection

Reported to Dublin Declaration monitoring in 2018

- Yes
- No

Luxembourg
Malta
Liechtenstein
Background to data collection
How are people who inject drugs in Europe and Central Asia affected by HIV?

How are health authorities across Europe and Central Asia responding to the HIV epidemic among PWID in their country?
≈160 000 people were diagnosed with HIV in the WHO European Region in 2017

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Transmission risk pattern differs by sub-region...

Transmission risk pattern differs by sub-region... and between countries

Fast Track Targets by 2020

Target 1
90% of all living with HIV
DIAGNOSED

Target 2
90% of all diagnosed with HIV
ON ART

Target 3
90% of all on ART
VIRALLY SUPPRESSED

Overall target
73% of all people living with HIV
VIRALLY SUPPRESSED
Fast Track Targets by 2020

Target 1: 90% of all living with HIV DIAGNOSED

Target 2: 90% of all diagnosed with HIV ON ART

Target 3: 90% of all on ART VIRALLY SUPPRESSED

Overall target: 73% of all people living with HIV VIRALLY SUPPRESSED
Progress toward achieving the 1st 90
90% of all PWID living with HIV who know their status (n=8)

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.
Fast Track Targets by 2020

Target 1: 90% of all living with HIV

Target 2: 90% of all diagnosed with HIV on ART

Target 3: 90% of all on ART virally suppressed

Overall target: 73% of all people living with HIV virally suppressed
Progress toward achieving the 2nd 90
90% of PWID diagnosed with HIV on ART (n=14)

Target reached  Below target  Outcome for all PLHIV

Global target 90%

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.
Fast Track Targets by 2020

Target 1
90% of all living with HIV
DIAGNOSED

Target 2
90% of all diagnosed with HIV
ON ART

Target 3
90% of all on ART
VIRALLY SUPPRESSED

Overall target
= 73% of all people living with HIV
VIRALLY SUPPRESSED
Progress toward achieving the 3rd 90
90% of PWID on ART virally suppressed (n=12)

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.

Target reached  Below target  Outcome for all PLHIV

Global target 90%

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.
Fast Track Targets by 2020

**Target 1**
90% of all living with HIV DIAGONosed

**Target 2**
90% of all diagnosed with HIV ON ART

**Target 3**
90% of all on ART VIRALLY SUPPRESSED

**Overall target**
73% of all people living with HIV VIRALLY SUPPRESSED
Progress toward achieving the overall target
73% of all PWID living with HIV virally suppressed (n=6)

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.
How are people who inject drugs in Europe and Central Asia affected by HIV?

How are health authorities across Europe and Central Asia responding to the HIV epidemic among PWID in their country?
How should health authorities be responding?

Injection equipment
Targeted delivery of services
Drug dependence treatment
Health promotion
Vaccination
Infectious disease treatment
Testing

A combination prevention approach for PWID

How should health authorities be responding?

A combination prevention approach for PWID

- Injection equipment
- Drug dependence treatment
- Targeted delivery of services
- Vaccination
- Health promotion
- Testing
- Infectious disease treatment

A combination prevention approach for PWID

- Injection equipment
- Targeted delivery of services
- Drug dependence treatment
- Health promotion
- Vaccination
- Infectious disease treatment
- Testing
Needle and Syringe Programme (NSP) provision across Europe and Central Asia, 2018

WHO target: ≥200 needles per PWID per year

# Needle and Syringe Programme (NSP) provision in prisons

<table>
<thead>
<tr>
<th>NSPs in prisons</th>
<th>Countries</th>
</tr>
</thead>
</table>
| Implemented      | 5 West: Germany, Luxembourg, Spain, Switzerland  
East: Kyrgyzstan.                                                                                                                                       |
| Not implemented | 40 West: Andorra, Austria, Belgium, Denmark, Finland, France, Greece, Iceland, Ireland, Israel, Italy, Malta, Netherlands, Norway, Portugal, Sweden, United Kingdom  
Centre: Albania, Bulgaria, Croatia, Cyprus, Czech Republic, Hungary, North Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia, Turkey  
East: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Latvia, Lithuania, Ukraine.                                                                                      |
| Don’t know / No data | 7 West: Liechtenstein, Monaco;  
Centre: Kosovo;  
East: Moldova, Russia, Tajikistan, Uzbekistan.                                                                                                            |
**Needle and Syringe Programme (NSP) provision in prisons**

<table>
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<tr>
<th>NSPs in prisons</th>
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<tr>
<td><strong>Implemented</strong></td>
<td>5</td>
</tr>
</tbody>
</table>
|                  | West: Germany, **Luxembourg**, Spain, Switzerland  
|                  | East: **Kyrgyzstan**. |
| **Not implemented** | 40         |
|                  | West: Andorra, Austria, Belgium, Denmark, Finland, France,  
|                  | **Greece**, **Iceland**, Ireland, Israel, Italy, Malta, Netherlands,  
|                  | Norway, Portugal, Sweden, United Kingdom  
|                  | Centre: Albania, **Bulgaria**, Croatia, Cyprus, Czech Republic,  
|                  | Hungary, North Macedonia, Montenegro, Poland, **Romania**,  
|                  | Serbia, Slovakia, Slovenia, Turkey  
|                  | **Kazakhstan**, **Latvia**, **Lithuania**, **Ukraine**. |
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|                  | West: Liechtenstein, Monaco;  
|                  | Centre: Kosovo;  
|                  | East: Moldova, **Russia**, **Tajikistan**, Uzbekistan. |

A combination prevention approach for PWID

- Injection equipment
- Targeted delivery of services
- Health promotion
- Infectious disease treatment
- Drug dependence treatment
- Vaccination
- Testing
Opioid Substitution Therapy (OST) provision across Europe and Central Asia, 2018

WHO target: ≥40% of PWID receiving OST

## OST provision in prison

<table>
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<td><strong>Implemented</strong></td>
<td>39 West: Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland; United Kingdom; Centre: Albania, Bulgaria, Croatia, Cyprus, Czech Republic, Hungary, Kosovo, North Macedonia, Poland, Romania, Serbia, Slovakia, Slovenia, Turkey; East: Armenia, Estonia, Georgia, Kyrgyzstan, Latvia, Lithuania, Moldova.</td>
</tr>
<tr>
<td><strong>Not implemented</strong></td>
<td>9 West: Iceland, Israel; Centre: Slovakia; East: Azerbaijan, Belarus, Kazakhstan, Russia, Tajikistan, Ukraine.</td>
</tr>
<tr>
<td><strong>Don’t know / No data</strong></td>
<td>4 West: Liechtenstein, Monaco; Centre: Montenegro; East: Uzbekistan.</td>
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## OST provision in prison

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There are significant challenges turning policy into practice in prison settings.

Figure: Proxy for OST coverage among prisoners in 2017: number on OST patients in prison per 100 prisoners (on a given day). Source: EMCDDA Statistical Bulletin 2018.
A combination prevention approach for PWID

- Injection equipment
- Targeted delivery of services
- Drug dependence treatment
- Health promotion
- Vaccination
- Infectious disease treatment
- Testing
Late diagnosis* by exposure route, 2017

<table>
<thead>
<tr>
<th>Exposure Route</th>
<th>East</th>
<th>Centre</th>
<th>West</th>
<th>Total WHO European Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>52%</td>
<td>59%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>IDU</td>
<td>52%</td>
<td>59%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>Hetero</td>
<td>52%</td>
<td>59%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>All new diagnoses</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Diagnosed late=CD4<350 cells/mm³ at diagnosis, infections reported as acute are excluded

Available data on HIV test uptake (tested in last 12 months) among PWID, 2012-2017

Source: ECDC Dublin Declaration monitoring 2018 – unpublished data.
Low implementation of diverse testing modes

- **Routine HIV antenatal testing**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **Routine HIV testing in sexual health clinics**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **Provider-initiated HIV testing in primary care**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **Provider-initiated HIV testing in secondary care**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **Assisted partner notification**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **Community-based HIV testing (medical...**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **HIV indicator condition-guided testing**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **Community-based HIV testing (lay provider)**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **HIV testing in other health settings**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **Self testing**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

- **Self sampling**
  - Full coverage
  - High coverage
  - Medium coverage
  - No coverage
  - No response / Don't know

Source: ECDC Dublin Declaration monitoring 2018 – unpublished data.
Low implementation of diverse testing modes

Source: ECDC Dublin Declaration monitoring 2018 – unpublished data.
A combination prevention approach for PWID

- Injection equipment
- Drug dependence treatment
- Vaccination
- Testing
- Targeted delivery of services
- Health promotion
- Infectious disease treatment
ART initiation policies in European countries 2014 (n=49)

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.
ART initiation policies in European countries
2014 (n=49), 2016 (n=47)

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.
ART initiation policies in European countries
2014 (n=49), 2016 (n=47), 2018 (n=52)

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.
BUT information on treatment coverage is limited…

Progress toward achieving the 2nd 90% of PWID diagnosed with HIV on ART (n=14)

Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data.
... and barriers to access persist

Out-of-pocket payments by households as percentage of total current health expenditure, regional average, 2015

- criminalisation of PWID
- stigma towards PWID and people living with HIV

Source: Global Health Expenditure Database. World Health Organization.
Priorities for action

Strengthen combination prevention programmes for PWID

• All countries should aim to meet the international standard of ≥200 clean syringes distributed per PWID per year

• Greater efforts need to be made to ensure that opioid users can easily access effective treatment, such as OST, especially in the East sub-region.

• Comprehensive harm reduction interventions should be implemented in prisons

• All countries should consider reviewing barriers to PWID accessing HIV prevention, testing, treatment and care, and consider measures to remove those barriers

Improve surveillance, research and data collection

• More and better data on PWID need to be collected – this should be considered as a priority for all countries in the European region.
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