Evidence for Action

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Outline

- Historical perspective
- The evidence
- New developments
WHO and UN endorsement for harm reduction

- First mention of harm reduction in 1974 at the WHO Expert Committee on Drug Dependence (20th Report)


- 2001: UNGASS Declaration of Commitment on HIV/AIDS

- 2009: Political endorsement at ECOSOC (PCB and CND)
Recalling its resolution 2007/32 of 27 July 2007,

19. Recognizes the need for UNAIDS to significantly expand and strengthen its work with national governments to address the gap in access to services for injecting drug users in all settings, including prisons; to develop comprehensive models of appropriate service delivery for injecting drug users; including harm reduction programmes in relation to HIV as elaborated in the WHO/UNODC/UNAIDS: “Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users”, ............
Building the evidence base

- WHO Drug Injecting Study, 1989-1992 (Phase 1)

- Co-convenor of Global Research Network on HIV and Injecting Drug Use
  - In collaboration with NIDA bringing together a broad network of researchers and other stakeholders

- Led to initiative to review the evidence and the development guidance
  - WHO Evidence for Action Series, tools, guidelines and advocacy material
  - Other initiatives of NIH/IOM, Cochrane Review Group on Drugs and Alcohol, etc
  - The UN Reference Group
The Evidence for Action series

- Policy briefs and technical papers and guidance on
  - Outreach (2003)
  - Needle and syringe programmes (2004)
  - Opioid substitution therapy and other drug dependence treatment (2005)
  - Interventions in prisons (2007)
  - TB, HIV and drug use (2008)
  - HIV counseling and testing (2009)

- Guidance on a range of issues
Guidelines and policy recommendations
International consensus and monitoring progress

- Definition of harm reduction as a comprehensive package of nine interventions

- Guidance on monitoring progress
  - defining & estimating denominator populations
  - indicators to measure progress on availability, coverage, quality and impact
  - indicative targets against which to measure progress towards UA

- Has led to overall high level political endorsement
The Comprehensive harm reduction package

- Needle and syringe programmes (NSPs)
- Drug dependence treatment, in particular opioid substitution
- Targeted information, education and communication for IDUs
- Provider initiated and client initiated testing and counseling
- HIV treatment and care for those who are already infected with HIV
- Promoting and supporting condom use
- Diagnosis and management of sexually transmitted infections
- Prevention and treatment of viral hepatitis
- Tuberculosis prevention, diagnosis and treatment
The Reference Group to the UN on HIV and Injecting Drug Use

- Steering committee with UNODC, UNAIDS and WHO
- Secretariat NDARC, University of New South Wales
- Full reference group with 47 representatives with regional and technical expertise
  - Global estimates on population size, HIV prevalence and coverage of services
  - Thematic papers
OST in 71 countries and absent in 80 countries with injecting

© Reference Group to the United Nations on HIV and Injecting Drug Use 2010
NSP in 82 countries and absent in 69 countries with injecting

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## Coverage is low in many countries and insufficient to control HIV

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<th>Region</th>
<th>NSP</th>
<th>OST</th>
<th>ART</th>
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Implementation and scale-up

- Concerted efforts at international and national level to improve data collection, use and reporting
  - Universal Access progress reporting collects NSP and OST data annually
  - Trends will become available in two years (after 3 data points are collected)

- New *Target Setting* data collection tool in development to facilitate reporting

- New operational guidelines to improve human capacity for data collection and use will be piloted Summer ‘10
Defining evidence

- Based on systematic reviews of international peer reviewed literature

- WHO Guidelines Review Committee (established 2008)
  - Rigorous methodology designed for clinical interventions
  - Challenge for public health interventions (see Addiction March, 2010)

- Considered judgement
  - Applicability; generalisability / external validity; consistency; resource implications; clinical impact

- The evidence is sufficient to make policy recommendations

- No need for more of the same
Where to go from here?

- **Need for new data**
  - Support countries to monitor their response and scale-up

- **Need for new approaches**
  - Operational research on HOW to scale-up
  - Review the evidence of new developments
    - pre- and post exposure prophylaxis
    - ART for Prevention
    - male circumcision
    - PMTCT
  - Integration of services
  - Quality and sustainability of services

- **Mainstreaming harm reduction**
Thank you

- All WHO material on harm reduction available at:

  http://www.who.int/hiv/topics/иду/en/index.html