~ 6.4 million PWID infected with HBV (59 countries)

~ 1.2 million PWID with chronic infection HBsAG

HBV prevalence in PWID >10% in 10 countries and between 5-10% in 21 countries

~10 million PWID infected with HCV (77 countries)

HCV prevalence in PWID >50% in most countries; between 60-80% in 25 countries and >80% in 12 countries.

3.5 times the number of PWID with HIV

Primary Prevention: Hepatitis C

National/International Guidelines recommending provision of interventions to PWID*

*Prof Sharon Hutchinson
The comprehensive package for PWID (HIV, 2009)

1. Needle and syringe programmes
2. Opioid substitution therapy and other drug dependence treatment
1. HIV testing and counselling
2. HIV treatment and care
3. Prevention and treatment of STIs
4. Condom programming
5. Targeted information, education and communication
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis
Primary Prevention: Hepatitis C
Combining interventions to prevent HCV among PWID*

(Turner et al. Addiction 2011)

Adjusted Odds Ratio of acquiring HCV

<table>
<thead>
<tr>
<th>Combined Intervention Coverage</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not on OST + Low NSP</td>
<td></td>
<td>~50% reduced odds of acquiring HCV</td>
<td>~80% reduced odds of acquiring HCV</td>
</tr>
<tr>
<td>MEDIUM</td>
<td></td>
<td>~50% reduced odds of acquiring HCV</td>
<td></td>
</tr>
<tr>
<td>HIGH</td>
<td>On OST + High NSP or On OST + Low NSP</td>
<td></td>
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</table>

*Prof Sharon Hutchinson
Launched July 2012

**Endorsed** across the UN and other organizations e.g. Commission on Narcotic Drugs, 56th session, Vienna 2013:

'Encourages the UNODC to support the WHO in the implementation of its newly published *Guidance on Prevention of Viral Hepatitis B and C among People who Inject Drugs*, as appropriate, and encourages them to work together to ensure that health services for people who inject drugs include the elements set forth in that publication'
The Guidance

Confirms the need to scale up the comprehensive package, in particular NSP and OST and includes new recommendations:

1. Offer PWID the rapid hepatitis B vaccination regimen*
2. Offer PWID incentives to increase uptake and completion of the hepatitis B vaccine schedule†
3. Needle and syringe programs to also provide low dead-space syringes for distribution to PWID ‡

4. Psychosocial interventions are not suggested for PWID to reduce the incidence of viral hepatitis

5. Offer peer interventions to PWID to reduce the incidence of viral hepatitis.

* A higher dose HBV vaccine should be used with the rapid regimen; standard and rapid regimens should be offered to PWID, with first priority given to delivery of the first dose and then to completion of three doses. † This recommendation is conditional on local acceptability and resource availability; vaccinations should be provided at a location and time convenient for PWID. ‡ Syringe programmes should offer all types of syringes appropriate for local needs.
Low and High Dead Space Syringes

• Low Dead Space Syringes (LDSS)
  • Non-detachable syringe which directly communicates with the syringe barrel
  • Most commonly seen in 1ml syringe types, less so in larger ones

• High Dead Space Syringes (HDSS)
  • Detachable needle connected to the syringe
  • Needle not directly adjacent to the syringe barrel; separated by a volume of “dead space”

When plunger is completely depressed, the volume of dead space is substantially higher in HDSS compared with LDSS

Examples of low and high dead space syringes (2)
Reducing HCV among PWID

Full harm reduction → Reduce HCV incidence ~80%

Antiviral therapy → Reduce HCV prevalence ~ > 95% cured
Reducing HCV among PWID

High coverage needle & syringe programs

Opioid substitution therapy

Antiviral HCV therapy
Scaling up Hepatitis C services for PWIDs in Ukraine

Ludmila Maistat
International HIV/AIDS Alliance in Ukraine
World Hepatitis Summit
September 2015
Ukraine in HIV context

- Eastern Europe - the fastest growing HIV/AIDS epidemic in the world.
- In 2013 Ukraine and Russian Federation accounted for about 90% of newly reported HIV infections in the region.
- HIV prevalence in Ukraine 1.04%.
- Injecting drug use is the driving force of epidemic.
- 295 000 PWIDs in Ukraine.
- 64% of PWIDs are covered with harm reduction program implemented by Alliance Ukraine.
Alliance Ukraine implements one of the biggest harm reduction programs in the world

- Around 300,000 harm reduction clients;
- 190,000 PWIDs:
- Key services for PWIDs:
  - **Consultations** by social/outreach workers
  - Dissemination of **preventive materials**: condoms, alcohol wipes, IEC
  - **Syringe and needle exchange** programs
  - **Early diagnostics of TB**
  - **Pharmacy based prevention** services
  - **CITI** - short-term intervention for PWID to start ART as soon as possible
  - **Opioid Substitution Therapy**
  - Testing on STI, HIV, HCV, HBV
  - HBV vaccination
  - HCV treatment
Alliance HIV prevention programmes for vulnerable groups
Interventions of focused KP HIV response in Ukraine over a decade

- Basic harm reduction (21): 23,115
- ST (9): 4,366
- ART (9): 93
- HIV CT (15): 33,094
- PDI (5): 2,273
- HepB: 59,734
- HepC tests: 196,992
- PWID: 37,061
- FSW: 2,850
- MSM annually: 8,399
- Tests annually: 66,409
- PWID PDI: 3,063
- FSW PDI: 8,399
- Mobile clinics (15): 5,988
- Pharmacy based intervention: 6,438 PWID PDI; 3,063 FSW PDI; 3,099 PWID started ART
- CITI (26): 3,465 PWID registered with HIV
- CITI (26): 3,099 PWID started ART
- Screening HCV and HBV
- Screening TB: 100% screened; 10% referred
- Estimation number…
Effectiveness of HIV prevention programs among PWID has an impact on the overall epidemic

*In 2014 data does not include AR of Crimea and Sevastopol city*
Ukraine in HCV context:

Where we started

- high HCV prevalence (>3%)
- low HCV awareness level
- high price for diagnostics ($300) and treatment ($20,000)
- no political will
2009
HCV screening:
200,000 tests (2009 - 2012):
67% HCV positive among PWIDs
91% HCV positive among HIV+ PWIDs

STEP 1
2010-2011
Hepatitis integration in Harm Reduction programs:
- trainings for social workers, health care professionals, clients
- advocacy schools for KPs
- hepB vaccination for KPs
- hepB&hepC screenings for KPs

Community mobilization:
PWIDs; PLWHA; SW; MSM; health care professionals

STEP 2
2012
Demand treatment!

- Goal – expanding access to hepC services (prevention, testing&treatment) in Ukraine
- Tasks:
  - raising HCV awareness level
  - National and local Hepatitis programs
  - treatment guidelines
  - reducing prices for HCV diagnostics and treatment
  - funding from state and local budgets
  - launch of treatment programs for PWIDs by Alliance Ukraine
  - inclusion of PWIDS in national and local hepatitis programs
Public activities 2012-2015
Key outcomes

- network of NGOs, advocates, experts, patients groups developed by Alliance Ukraine
- National Hepatitis Program and 15 local hep programs approved; 6 more local hep programs in development
- National treatment guidelines approved
- HCV treatment price reduced by 2.5 times by Alliance Ukraine
- HCV diagnostics price reduced twice
- launch of first HCV treatment programs (peg-ifn-riba) for 140 co-infected HIV/HCV OST patients by Alliance Ukraine
- HCV treatment price for Sofosbivir - $900 per treatment course
- Alliance treatment program (DAAs) for PWIDs expanded up to 2000 patients
Alliance HCV Treatment Program with DAAs

• April 2015, Alliance launched the first treatment program with DAAs (Sofosbuvir $900).
• Overall goal: to ensure access to HCV treatment for key populations and develop innovative community based service delivery models.
• Geographic scope: 25 regions
• Number of patients: 2000
Conclusions

HCV integration in harm reduction programs → Prevalence data, raised awareness, mobilized communities

Mobilized communities → Large-scale "Demand Treatment!" Advocacy Campaign

Advocacy Campaign → Price reduction; launch of Alliance HCV treatment programs for PWIDs; National & local hepatitis programs
Key challenges to implementing Harm Reduction program in Ukraine

• Repressive drug policy:
  - PWIDs are viewed as criminals;
  - up to 3 yrs of imprisonment for possession of drug traces in used syringes;
  - police harassment, interference with HR programs;
• No support from the government (no funding).
• HR is a politically speculated issue (eradication of drug use=putting PWIDs in prisons).
• Political instability (frequent changes of government, war, Crimea annexation).
Emerging challenges: GF funding decrease

Global Fund HIV funding for Ukraine: gradual funding decrease

*data based on signed NFM Grant Agreements (January 2015)
Nearly half of the services for PWID were cut in the NFM in comparison with 2014 year program

<table>
<thead>
<tr>
<th>2014 (R10)</th>
<th>2015 (NFM)</th>
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<tbody>
<tr>
<td>HIV risk reduction communication (Social worker counseling)</td>
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</tr>
<tr>
<td>Screening for HIV and counseling (VCT) provided by medical staff</td>
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</tr>
<tr>
<td>Distribution of: syringes and needles, spirit wipes, condoms, IEC, Lubricants</td>
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<tr>
<td>Screening for HCV</td>
<td>Screening for HCV</td>
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<tr>
<td>TB questionnaire (screening) with nurse involvement</td>
<td>Screening for TB (questionnaire)</td>
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<tr>
<td>Needles/syringes exchange and utilization</td>
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<tr>
<td>Testing and counseling for STI</td>
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<tr>
<td>Screening for HBV</td>
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<tr>
<td>Vaccination against hepatitis B</td>
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<td>Overdose prevention</td>
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<td>Narcologist support</td>
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<tr>
<td>Psychological support</td>
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<tr>
<td>Social support</td>
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<tr>
<td>Holding self-help groups, informational classes</td>
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<tr>
<td>Legal advice</td>
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<tr>
<td>Project administration</td>
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<tr>
<td><strong>Cost per client - $30.66</strong></td>
<td><strong>Cost per client - $19.35</strong></td>
</tr>
</tbody>
</table>
What needs to be done in terms of harm reduction?
- enhanced prevention among key populations and increased treatment access!

Key demands to the Government

We need sound harm reduction policies!

- Decriminalization of drug possession for personal use
- Government funding for harm reduction
- Shift of paradigm “Treatment as prevention” to “Treatment with prevention”
Is HepC elimination a reality?

Steps required from other stakeholders

- **Pharmaceutical companies:**
  - price reduction for diagnostics and treatment, registration of medicines in countries
  - VL agreements? MICs included!
  - “access” programs, demonstration project? NO anti-diversion measures!

- **Governments:**
  - following WHO recommendations
  - reliable surveillance systems
  - national hepatitis programmes (prevention, testing, treatment and care) +funding
  - TRIPs flexibilities
  - support & scale up of harm reduction programs (key tool of hiv & hcv prevention)
  - inclusion of PWIDs in state hepatitis treatment programs!
Thank you!

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Elena Deineka

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