

HIV and co-infections in people who inject drugs

Annette Verster
Department HIV/AIDS



World Health
Organization

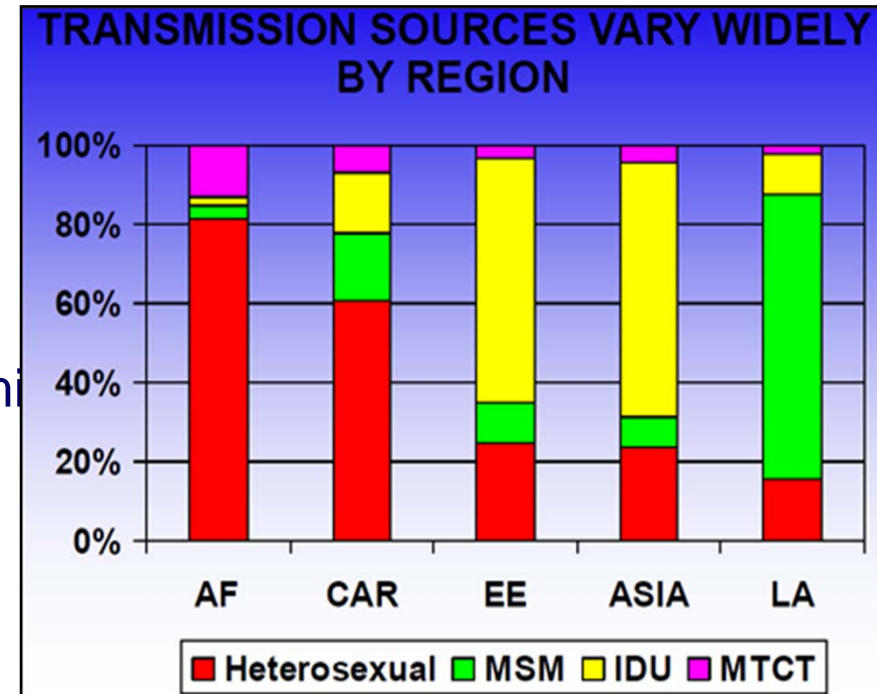
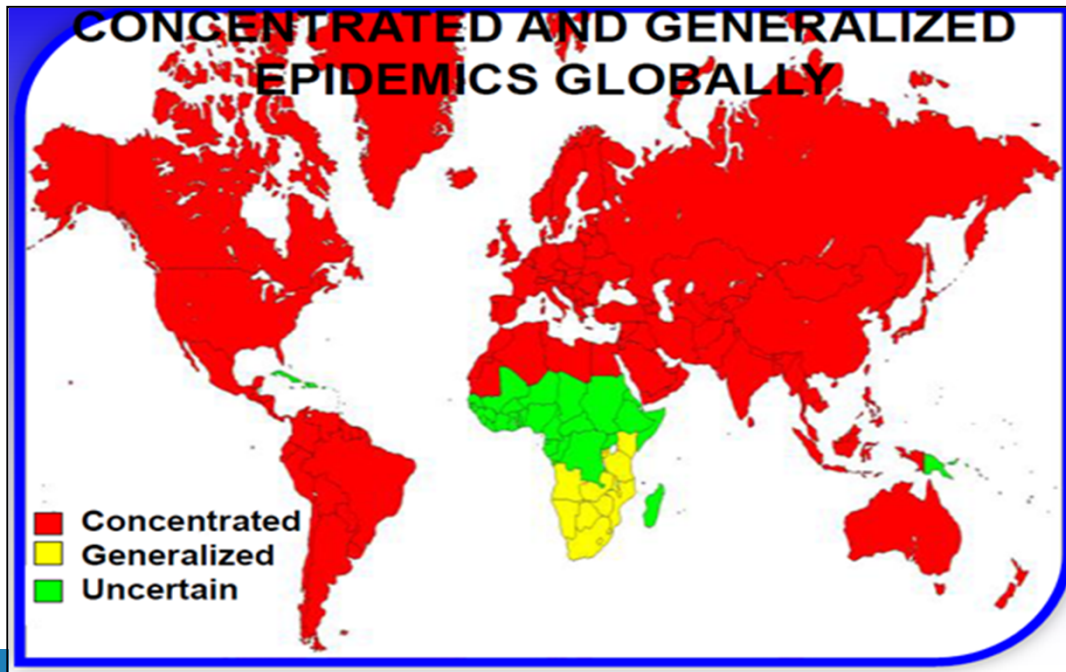
Outline

- Epidemiology
- Response
- Gaps, needs, opportunities



Epidemiology of HIV

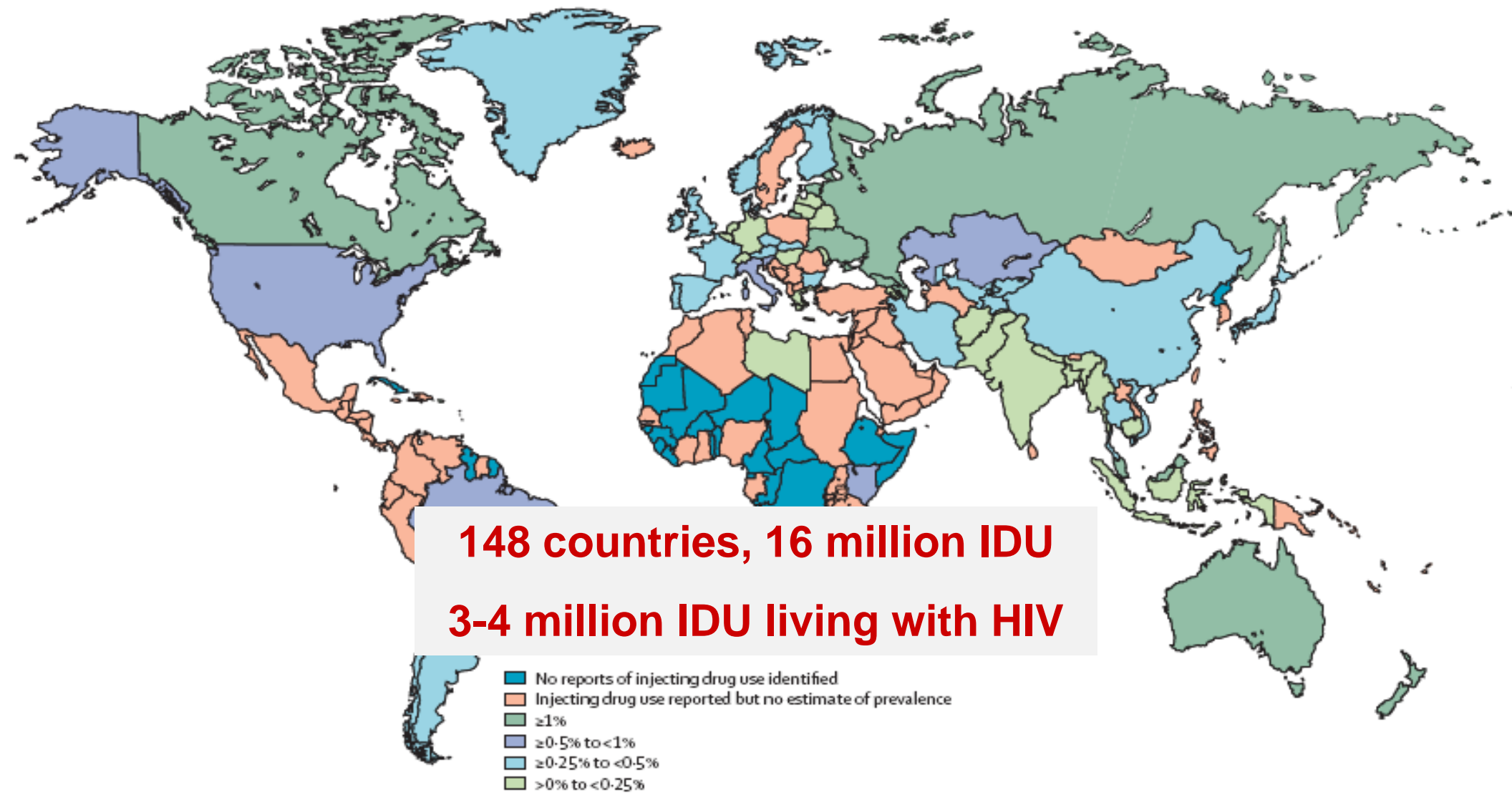
- 34 million people living with HIV
- HIV incidence peaked in late 1990s
 - Global HIV prevalence stable
 - Deaths declined in last years
 - Great heterogeneity, concentrated epidemics



David Wilson, World Bank

Prevalence of Injecting Drug Use (IDU)

UN Reference Group on HIV and Injecting Drug Use, 2008



Tuberculosis

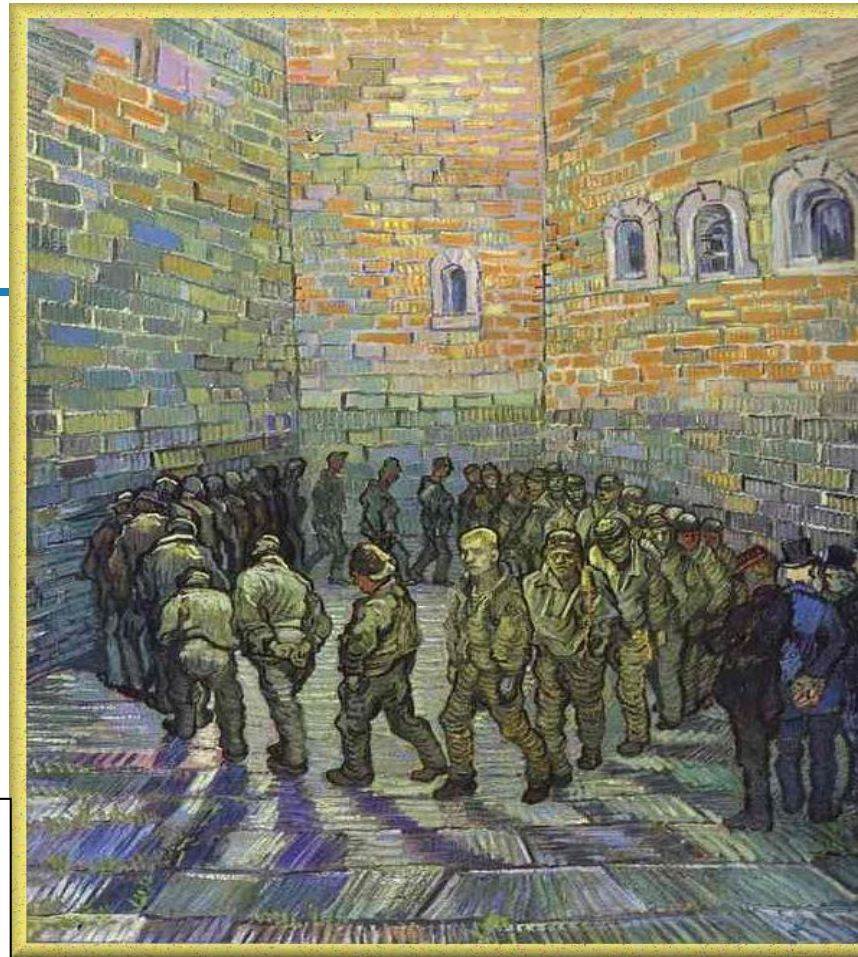
- 10-30 times higher in PWID
- 10-50 times higher in prisoners
- HIV increases risk of developing TB

REVIEW



Tuberculosis and HIV in people who inject drugs: evidence for action for tuberculosis, HIV, prison and harm reduction services

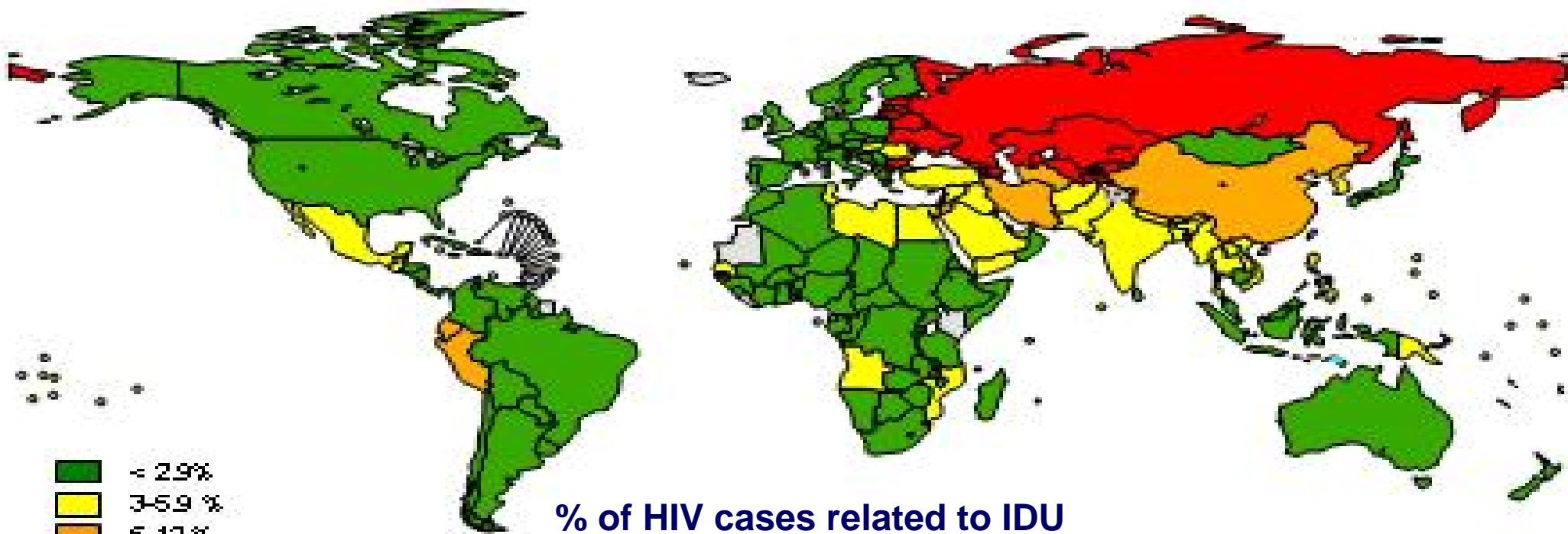
Haileyesus Getahun^a, Christian Gunneberg^a, Delphine Sculier^a, Annette Verster^b, and Mario Raviglione^a



- 1 in 3 PWID with TB co-infected with HIV
- 2 in 3 PWID with TB co-infected with HCV



Estimated % MDR-TB among all TB cases



- < 2.9%
- 3-5.9 %
- 6-12 %
- > 12 %
- No data

% of HIV cases related to IDU

>80% Eastern Europe & Central Asia

50% China

>20% South/South East Asia

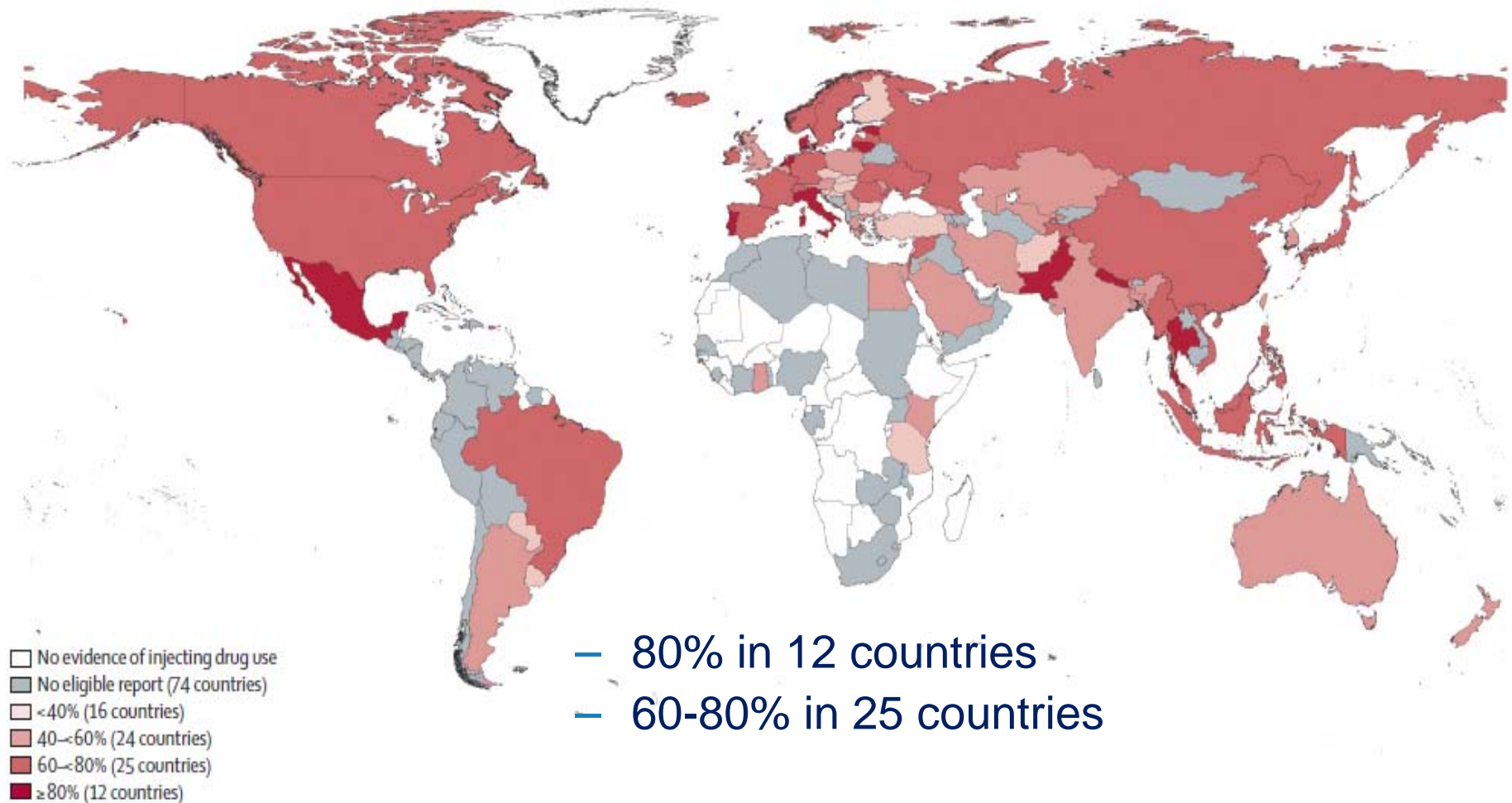
High estimated rates of MDR-TB where HIV is driven by injecting drug use.

Viral hepatitis B and C

- 34 million persons worldwide have HIV
- 240 million persons worldwide have chronic HBV infection
 - 6-26% of all people with HIV co-infected with HBV
- 170 million persons worldwide have chronic HCV infection
 - 25-30% with all people with HIV co-infected with HCV
 - **72-95% of PWID with HIV co-infected with HCV**

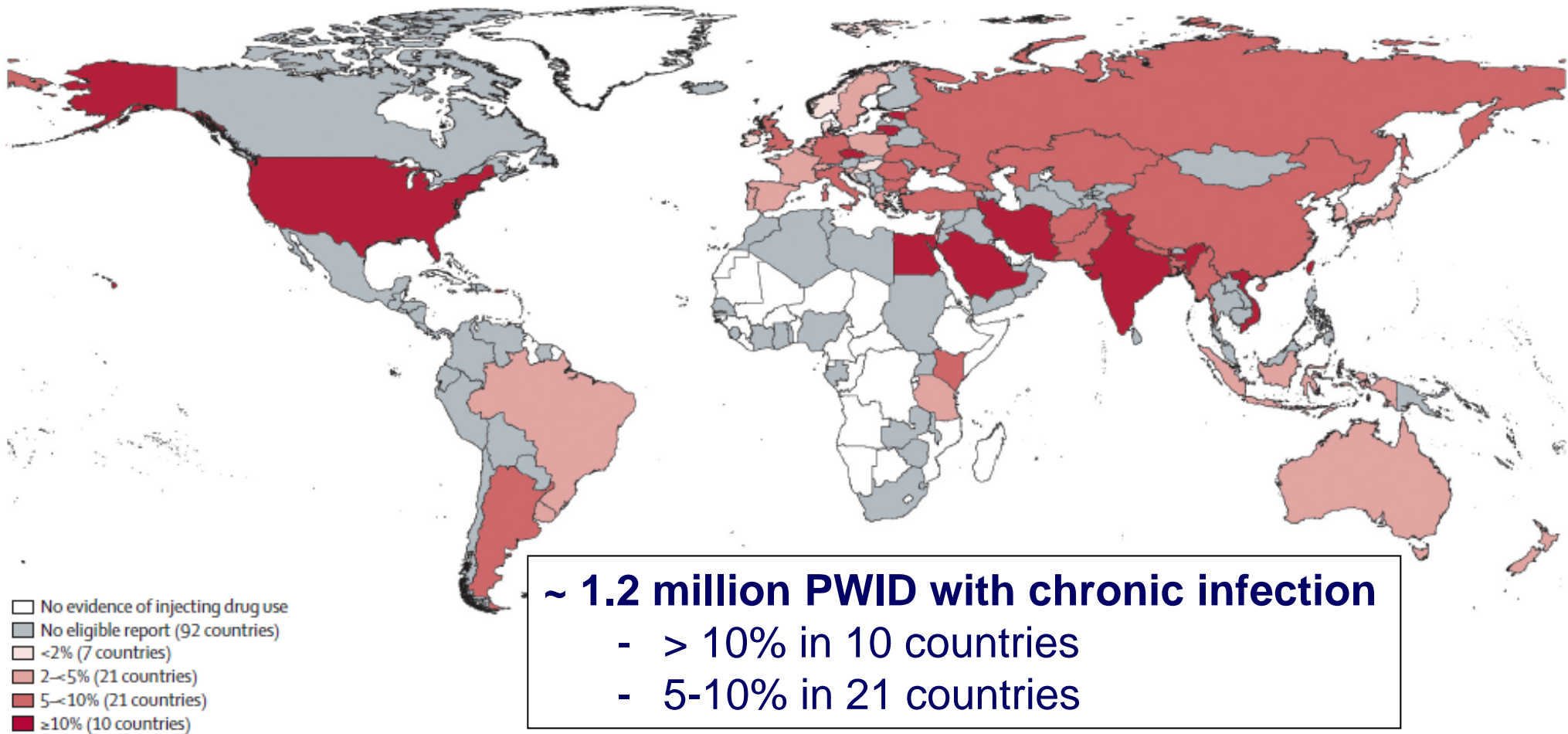
Sources: UNAIDS (2011), WHO (2011), Ott JJ (2012), Alter MJ 2006, Hoffman CJ (2007), Uneke CJ (2005)

~10 million PWID have HCV (77 countries)



elson et al. *Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews. Lancet, 378 (9791), 2011.*

~ 6.4 million PWID infected with HBV (59 countries)



Nelson et al. Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews. *Lancet*, 378 (9791), 2011.

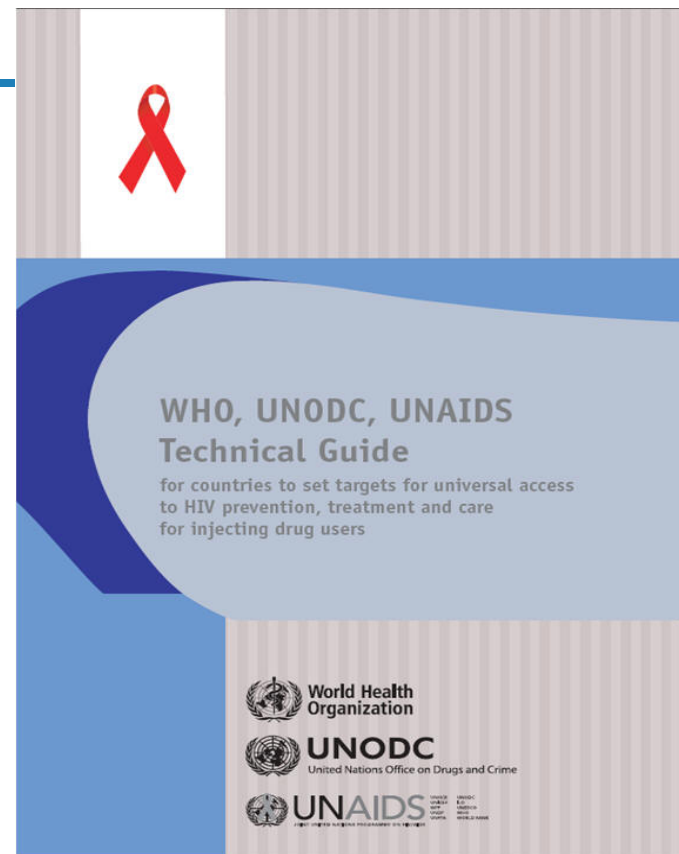
Harm reduction in context of HIV

- A comprehensive package of evidence based interventions that aims to reduce drug related harm
 - Emphasis on **public health** and **human rights**
 - Emphasis on public health indicators of harm, in particular HIV
- Scientific evidence has demonstrated that
 - Comprehensive programmes are **effective**
 - Epidemics can be **prevented**, slowed or **reversed**



Comprehensive package of interventions

1. Needle and syringe programmes
2. Opioid Substitution Therapy
3. Voluntary Counseling and Testing
4. Anti-retroviral treatment
5. STI prevention and treatment
6. Condom programming
7. Targeted Information, Education and Communication
8. Vaccination, diagnosis and treatment of **viral hepatitis**
9. Diagnosis and treatment of **tuberculosis**



Political endorsement in 2009

CND, PCB, ECOSOC

The Economic and Social Council,

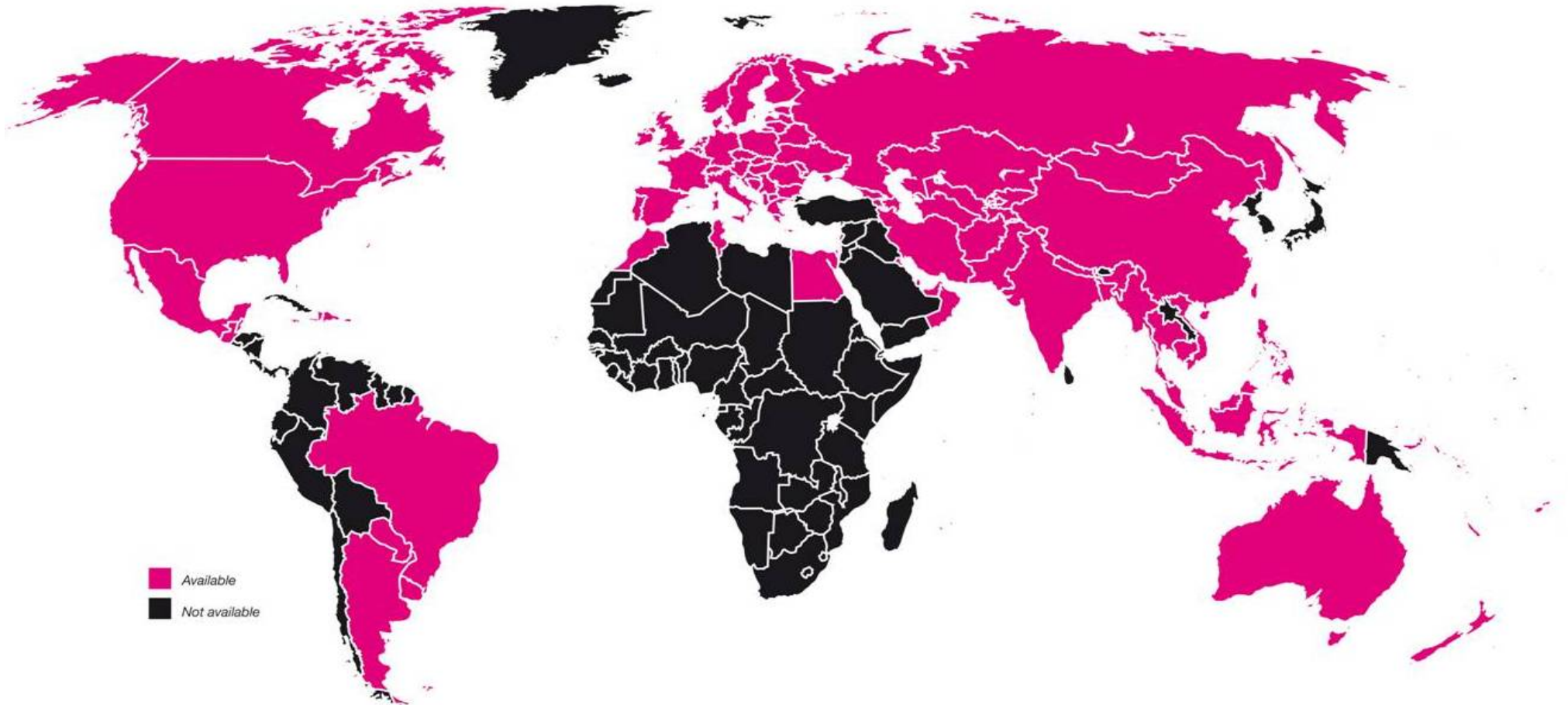
Recalling its resolution 2007/32 of 27 July 2007,

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*”,.....*



NSP Coverage

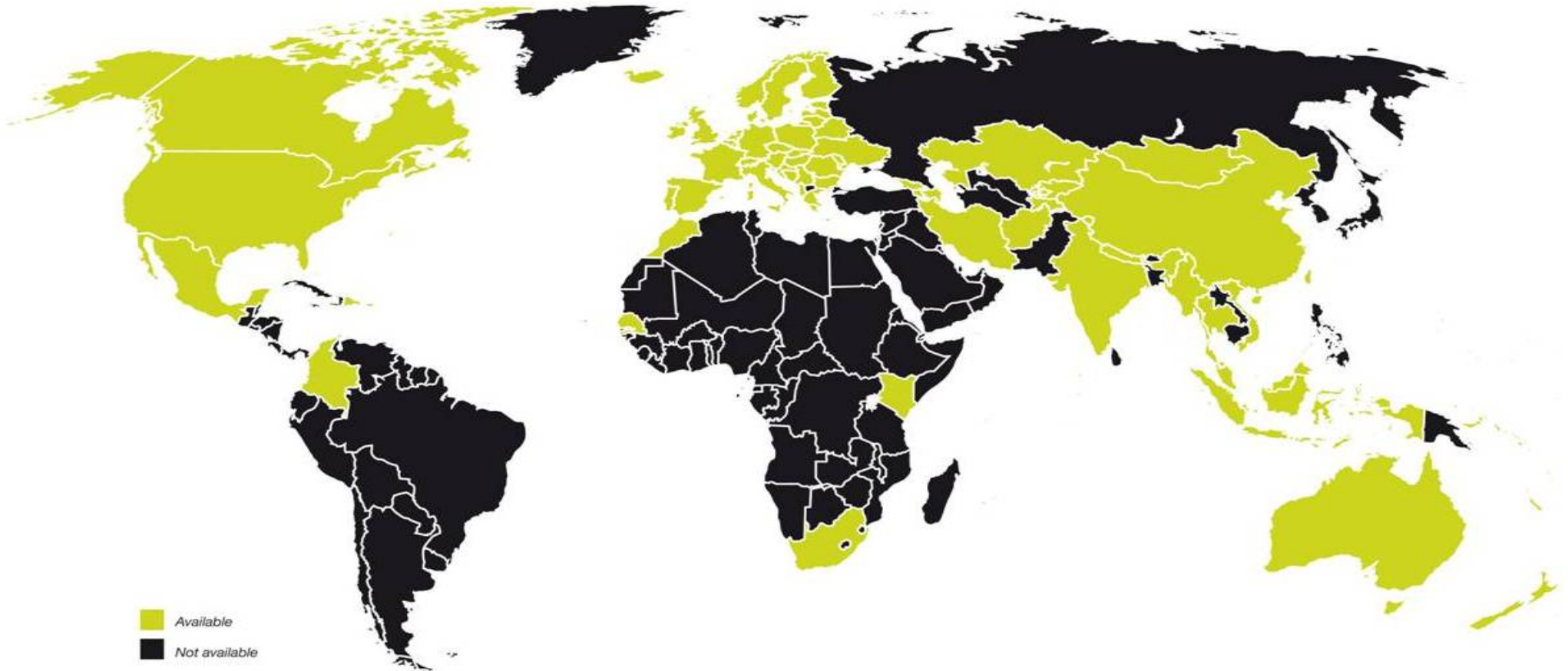
Globally, 2 needles per person who injects drugs per month



- **82 countries have NSP**
- **76 countries with IDU have no NSP**

OST Coverage

For every 100 people who inject drugs, only 8 are receiving OST



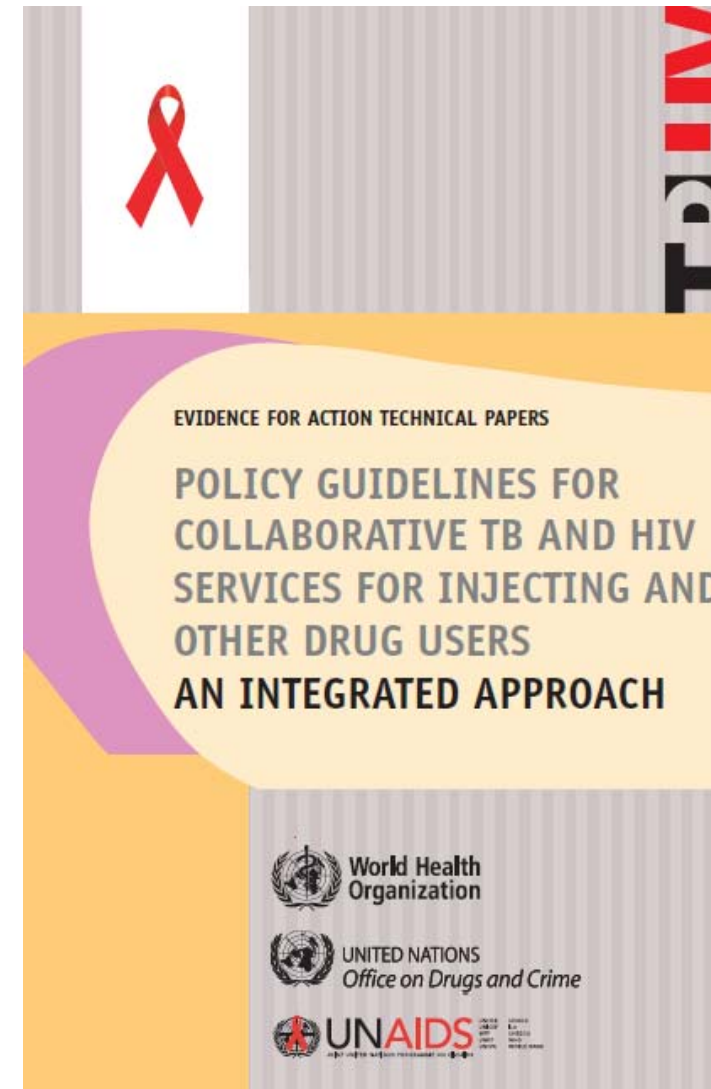
- **74 countries have OST**
- **87 countries with IDU have no OST**

Proportion of people who inject drugs receiving ART in low- and middle-income countries in the WHO European Region

	2002	2005	2006	2010*
<u>Number of reporting countries</u> among 26 low and middle income countries surveyed	17	21	23	19
<u>Cumulative reported HIV cases</u> among people who inject drugs (% among cumulative reported HIV cases with a known transmission route)	46 052 (71%)	221 849 (77%)	249 982 (77%)	185 565 (62%)
<u>People who inject drugs receiving ART</u> (% among the total reported people receiving ART with a known transmission route)	130 (20%)	4670 (26%)	5275 (26%)	7646 (22%)

Where are we now

- Tools and guidelines for HIV and TB
 - soon also for hepatitis
- High level political endorsement
 - Still contentious
- Donor support
 - not enough resources



Next steps

- **Improve access, coverage and quality of services for PWID**
 - In particular NSP, OST, and ART
 - Integrated service delivery to address co-infections
- **How**
 - Commitment of Member States, continued advocacy
 - Strengthening of CSO involvement, activism
 - Meaningful involvement of PWID to create safe and accessible services
 - Collaboration and coordination between stakeholders
 - Financial and human resources

Time to act

- Address real needs of drug users
- Make services available, accessible and effective
- Remove access barriers

Focus on public health impact

Emphasis on human rights

- <http://www.who.int/hiv/topics/idu/en/index.html>



Forthcoming WHO guidance on hepatitis

- Launch of WHO guidance for prevention in PWID in July 2012
 - The comprehensive package
 - HBV vaccination
 - Peer led interventions
 - Type of syringes
- Guidance on surveillance - 2012
- HCV treatment guidelines – 2013
- HIV management in people co-infected with HBV/HCV (WHO consolidated ART guidelines) – 2013