

# Technical Guidance Note for Global Fund HIV Proposals



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## Harm reduction for people who inject drugs

### Rationale for including this activity in the proposal

The World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC) advocate the implementation of evidence-informed programmes that aim to ensure access to HIV prevention, treatment, care and support for key populations at higher risk. This includes a comprehensive package for the prevention, treatment and care of HIV among people who inject drugs, as defined by WHO, UNODC and UNAIDS [1]. This technical guidance note describes how activities for people who inject drugs are to be incorporated into country proposals to the Global Fund.

### Situation analysis

To respond effectively to HIV, it is vital to know your epidemic through appropriate surveillance and epidemiological research. Applicants must tailor and justify their proposed responses in the context of the epidemiological situation in that country and the needs of the people at risk. In many parts of the world, drug injecting is a major driver of HIV epidemics. This behaviour has been documented in 151 countries [4], and between 11 and 21 million people inject drugs globally [3]. HIV prevalence among people who inject drugs has been estimated in 84 countries [4], accounting for at least 10% of global HIV infections and around 30% of HIV infections outside sub-Saharan Africa.

### Objectives for this area

Preventing HIV and other harms among people who inject drugs—and providing them with effective HIV and drug dependence treatment—are essential components of national HIV responses, yet often present major challenges. People who inject drugs in low and middle-income countries have limited and inequitable access to HIV prevention and treatment services [4]. In prisons and other closed settings, access to comprehensive HIV prevention, treatment and care is even more limited, despite evidence that drug use and sexual activity are prevalent in these settings [5].

### Focus populations

Focus populations for harm reduction activities are:

- ◆ people who inject drugs
- ◆ people who use stimulant drugs
- ◆ sex workers who use drugs
- ◆ people who use or inject drugs and are living in prison and other closed settings (including pre-trial detention)

### Key activities to consider

An effective and evidence-informed response is required to curtail the rapid spread of HIV among people who use drugs, but also to prevent onward transmission to other populations (including regular sexual partners and sex workers, and mother-to-child transmission) that may significantly expand the reach of the epidemic.

To achieve these goals, it is essential to implement a comprehensive package of nine interventions [1]. This package—also widely referred to as a harm reduction approach—consists of activities with a wealth of scientific evidence supporting their efficacy and cost-effectiveness in preventing the spread of HIV and other harms [6]:

1. Needle and syringe programmes
2. Opioid substitution therapy and other drug dependence treatment
3. HIV testing and counselling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom distribution programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis<sup>1</sup>
9. Prevention, diagnosis and treatment of tuberculosis.

No single activity will prevent or reverse HIV epidemics. The greatest impact will be achieved if the nine interventions are implemented as a package [1].

## Suggested key indicators

To obtain accurate and high-quality data, indicators need to be carefully tailored to the applicants' monitoring and evaluation systems and capacities, especially outcome and impact indicators. When setting targets for service coverage as a percentage, reliable population size estimates must be used as the denominators, such as those from global reviews [2, 3] the Reference Group on HIV and injecting drug use has detailed currently available data in Country Reports [23]. To help address the known monitoring and evaluation challenges relating to key populations at higher risk, applicants are also encouraged to include in their proposals:

- ◆ a clearly defined basic (minimum) package of services to be provided to clients, based on the information provided in this document;
- ◆ improvements to epidemiological surveillance systems where needed, and research to further expand knowledge on HIV, injecting drug use, service coverage, impact and need;
- ◆ systems to avoid the double counting of individuals in services (such as unique identification codes).

When setting targets, programmes are strongly recommended to aim for high service coverage for people who inject drugs; for example, more than 60% being regularly reached by needle and syringe programmes, more than 40% being reached by opioid substitution therapy, and more than 75% having received an HIV test in the past 12 months and know the results [1].

## Linkage with other activities

The activities should be delivered using a range of modalities, including community outreach and peer-to-peer work [7], and should be implemented in both community and prison settings [5]. Services should also be delivered within a human rights and public health approach, alongside supportive legal and policy frameworks

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<sup>1</sup> The Technical Review Panel (TRP) has previously stated that applications for funding hepatitis C treatment among people who live with HIV will be recommended "after close scrutiny of the country context, including well-documented evidence that hepatitis C treatment and funding is available to the general population and that funding from the Global Fund is to fill in the gap for HIV-infected individuals". In this round of funding, the TRP has recommended that Global Fund resources be used to increase evidence for the need for hepatitis treatment, create awareness of the virus, increase prevention efforts, and support advocacy for treatment access and affordability [8]. Countries that do request funding for hepatitis C treatment should include information on providing treatment for the general population (beyond the proposal request), as well as comment on activities for improving awareness and prevention.

(or advocacy for their development). The main stakeholders at the country level should be involved in implementing the programmes.

In countries with epidemics of injecting drug use, it is important to start with the IDU specific activities listed in numbers 1 and 2 (NSP and OST) and ensure that people who inject drugs have access to activities 3 and 4 (testing, counseling and ART). Most countries will have some levels of the activities 5 to 9, but it is important to target these services to reach people who inject drugs.

## Approach to costing

Global Fund resources should be used to fund evidence-informed programmes, including those reaching key populations in the community and in prison settings. As such, the Global Fund is the major source of international funding for harm reduction in low and middle-income countries. Between 2004 and 2009, the Global Fund invested around US\$ 180 million in these programmes in 42 countries [9]. This includes funding for HIV prevention and treatment, the introduction of needle and syringe programmes and opioid substitution therapy in the community and prison systems, and advocacy for policy improvements related to drug use and HIV.

According to Global Fund policy, all proposals in the Targeted Funding Pool must focus 100% of their budget on underserved and key populations at higher risk, and/or highest impact programmes within a defined epidemiological context [10]. In addition, lower middle and upper middle-income countries applying to the General Funding Pool must focus 50% and 100%, respectively, on these populations or programmes, and low-income countries are also strongly encouraged to do this. The performance-based funding model of the Global Fund is also designed to encourage the inclusion of programmes with proven and measurable impacts, and the Technical Review Panel consistently places emphasis on activities that demonstrate value for money [11].

It is therefore strongly recommended that countries with concentrated HIV epidemics associated with people who inject drugs include harm reduction in their proposals. Harm reduction should also be included in proposals from countries with generalized HIV epidemics and high HIV prevalence among people who inject drugs, or with significant potential for concentrated epidemics to develop.

## Type and sources of technical assistance for implementation

Applicants are advised to make use of the full range of information notes and guidance provided by WHO, UNAIDS, UNODC and the Global Fund. Technical assistance may be available from partners, and some technical guides and support documents are listed below.

## Links to key reference materials

1. *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. Geneva, World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS 2009 ([www.who.int/hiv/pub/idu/targetsetting/en/index.html](http://www.who.int/hiv/pub/idu/targetsetting/en/index.html), accessed 2 August 2011).
2. *The global state of harm reduction 2010*. Harm Reduction International, 2010 (<http://www.ihra.net/contents/245>, accessed 2 August 2011).
3. Mathers B et al.. The global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet*, 372(9651):1733–1745.

4. Mathers B et al.. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet*, 375(9719):10141028.
5. Evidence for action series. Geneva, World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS. ([http://www.who.int/hiv/pub/idu/evidence\\_for\\_action/en/index.html](http://www.who.int/hiv/pub/idu/evidence_for_action/en/index.html), accessed 2 August 2011).
6. Evidence for action: effectiveness of interventions to address HIV in prisons. Geneva, World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS, 2007 ([www.who.int/hiv/pub/idu/prisons\\_effective/en/index.html](http://www.who.int/hiv/pub/idu/prisons_effective/en/index.html), accessed 2 August 2011).
7. WHO (2004). Evidence for action: effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users. [www.who.int/hiv/pub/idu/e4a-outreach/en/index.html](http://www.who.int/hiv/pub/idu/e4a-outreach/en/index.html)
8. *HIV/AIDS treatment and care: clinical protocols for the WHO European Region*. Geneva, World Health Organization, 2007 ([http://www.who.int/hiv/pub/idu/euro\\_treatment/en/index.html](http://www.who.int/hiv/pub/idu/euro_treatment/en/index.html), accessed 2 August 2011).
9. *Report of the Technical Review Panel and the Secretariat on Round 10 proposals*. Geneva, The Global Fund, 2010 ([http://www.theglobalfund.org/documents/board/22/BM22\\_13trpround10\\_Report\\_en.pdf](http://www.theglobalfund.org/documents/board/22/BM22_13trpround10_Report_en.pdf))
10. Atun R, Kazatchkine M. The Global Fund's leadership on harm reduction: 2002–2009. *International Journal of Drug Policy*, 2010, 21(2):103–106.
11. *Information note: eligibility, counterpart financing and prioritization*. Geneva, The Global Fund, 2011.
12. *Information note: value for money*. Geneva, The Global Fund, 2011.
13. HIV and drug use: community responses to injecting drug use and HIV. Hove, United Kingdom, International HIV/AIDS Alliance, 2010 (<http://www.aidsalliance.org/includes/Publication/GPG-HR-English.pdf>, accessed 2 August 2011).
14. *Information note: community systems strengthening*. Geneva, The Global Fund, 2011.
15. *From evidence to action: reflections on the global politics of harm reduction and HIV*. Harm Reduction International, 2009 (<http://www.ihra.net/contents/247>, accessed 2 August 2011).
16. *Why overdose matters for HIV*. Eurasian Harm Reduction Network, Open Society Institute, 2010, ([http://www.soros.org/initiatives/health/focus/ihrd/articles\\_publications/publications/why-overdose-matters-20100715/why-overdose-matters-20100715.pdf](http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/why-overdose-matters-20100715/why-overdose-matters-20100715.pdf), accessed 2 August 2011).
17. *Guidelines on estimating the size of populations most at risk to HIV*. Geneva, UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, 2010, ([http://www.who.int/hiv/pub/surveillance/final\\_estimating\\_populations\\_en.pdf](http://www.who.int/hiv/pub/surveillance/final_estimating_populations_en.pdf), accessed 2 August 2011).
18. *Guidelines on surveillance among populations most at risk for HIV*. Geneva, UNAIDS, WHO, 2011, ([http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2011/20110518\\_Surveillance\\_among\\_most\\_at\\_risk.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2011/20110518_Surveillance_among_most_at_risk.pdf), accessed 2 August 2011).
19. Facts about drug use and the spread of HIV. Geneva, UNAIDS, UNODC, 2010 ([www.unodc.org/documents/frontpage/Facts\\_about\\_drug\\_use\\_and\\_the\\_spread\\_of\\_HIV.pdf](http://www.unodc.org/documents/frontpage/Facts_about_drug_use_and_the_spread_of_HIV.pdf), accessed 2 August 2011).
20. “What Is Harm Reduction?” – definition from Harm Reduction International: [www.ihra.net/Assets/2316/1/IHRA\\_HRStatement.pdf](http://www.ihra.net/Assets/2316/1/IHRA_HRStatement.pdf)

21. *Basic principles for treatment and psychosocial support of drug dependent people living with HIV/AIDS*. Geneva, World Health Organization, 2006 ([www.who.int/substance\\_abuse/publications/basic\\_principles\\_drug\\_hiv.pdf](http://www.who.int/substance_abuse/publications/basic_principles_drug_hiv.pdf), accessed 2 August 2011).
22. Open Society Foundations web site, including publications and articles on harm reduction and drug use ([http://www.soros.org/initiatives/health/focus/ihrd/articles\\_publications/sub\\_listing](http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/sub_listing), accessed 2 August 2011).
23. <http://www.idurefgroup.org/IDURGWeb.nsf/resources/CoveragePaper/>

**Important reminder!**

People who inject drugs often face discrimination and stigmatisation. Together with legal constraints make it difficult to implement and improve access to relevant health services. Collaboration between the health and criminal justice sectors are crucial to planning a comprehensive response.

Despite the overwhelming evidence of their effectiveness, there continues to be opposition to the provision of evidence-based interventions such as opioid substitution therapy and needle and syringe programmes.

Please try to keep the guidance short. Write in bullet forms and refer readers to one or two key documents for further information on the intervention area.

