A public health response to drug use, HIV and viral hepatitis

Annette Verster
WHO Global HIV, hepatitis and STI programmes
Why focus on people who inject drugs?

Global epidemiology of infectious diseases

**257 million** with hepatitis B (HBV)
- Vaccine, life long treatment

**71 million** with chronic hepatitis C virus (HCV)
- No vaccine, but a cure!
- 8.5% global prevalence of HCV in PWID
- 23% global HCV incidence
- 33% global HCV related death
- 82.4% HIV/HCV coinfection among PWID with HIV (1.3m PWID)

**37.9 million** people with HIV
- No vaccine, life long treatment
- 1.4 million PWID living with HIV, 10% of new infections globally among PWID
- PWID 22 times more likely to have HIV

WHO: sets norms and standards and collects strategic information

• Harm reduction is a public health response aiming to prevent major public and individual health harms, incl. infectious diseases and overdose mortality

• A comprehensive package of evidence based interventions

• Scientific evidence has demonstrated that
  • Comprehensive programmes are effective
  • Epidemics can be prevented, slowed or reversed

• WHO Global Health Sector Strategies on HIV and hepatitis
Continuous update based on review of evidence

Prevention (condoms, etc)
Harm reduction interventions (NSP, OST + naloxone)
Behavioural interventions
HIV testing services
HIV treatment and care + PrEP
Prevention and management of viral Hep, TB and mental health
Sexual and reproductive health interventions
Supportive legislation, policy and funding – including decriminalisation of use and possession
Addressing stigma and discrimination
Available, accessible and acceptable health services for all
Community empowerment
Addressing violence

Health interventions
Structural interventions part of a comprehensive public health approach
Critical enablers
UN System Common Position on drug-related matters

- Recognition that health and welfare of humankind are fundamental underpinnings of the conventions
- And in particular:
  - Promote a rebalancing of drug policies and interventions towards public health approaches
  - Increased investment of harm reduction interventions to reduce new HIV infections and improve broader health outcomes in the community and in prisons
  - Call for UHC for people who use drugs and position drug dependence and other drug-related issues as health conditions that should be in the overall UHC framework and into national health packages
  - Promote decriminalisation of drug use and possession and change laws and policies and practices that threaten the health and human rights of people
  - Reduce stigma and discrimination and achieving UHC of evidence based prevention, treatment and rehabilitation
  - Active involvement of CSOs and improved data
  - Improve access to controlled medicines.

- WHO has developed evidence based recommendations on these issues and continues to advocate for their implementation together with partners
Harm reduction coverage too low to have an impact on public health

• 99% of people who inject drugs have insufficient access to harm reduction
• Need for strategies to enhance access and uptake of HIV and HCV prevention, testing and treatment
• Continued structural barriers
  • lack of political will
  • Insufficient global and national funding
  • Criminalisation
  • Stigma, discrimination, violence
• Changing patterns of drug use
  • Requiring different response that includes but is not limited to harm reduction
• COVID-19
  • Mitigate impact to continue essential services
COVID-19: Ensure people have continued access to essential health services without disruption

• It is critical that services that reach key populations such as community-based services, drop-in centres and outreach services can continue providing life-saving prevention (distribution of condoms, needles and syringes), testing and treatment (for HIV and opioid dependence) while securing safety of staff and clients

• Alterations in implementation and service delivery

• Joint UNODC and WHO webinars
How can we improve implementation of services and enhance uptake of prevention, testing and treatment?

• Collaboration with partners
  • MoU between WHO and UNODC
  • Strategic Advisory Group to the UN on HIV and Drug Use
  • Key stakeholders of civil society and academia
  • Donors

• Working with Ministries
  • Technical support; development of costed implementation plans and clinical guidance for harm reduction in three countries in Africa

• Political opportunities
  • UHC commitment to “leave no one behind
  • Sustainable Development Goals
  • UNGASS outcome document
  • UN Common Position