



Site visit for development of Needle Syringe Programme Guidelines in Nigeria

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

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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
- } Attributable to injecting drug use
- 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

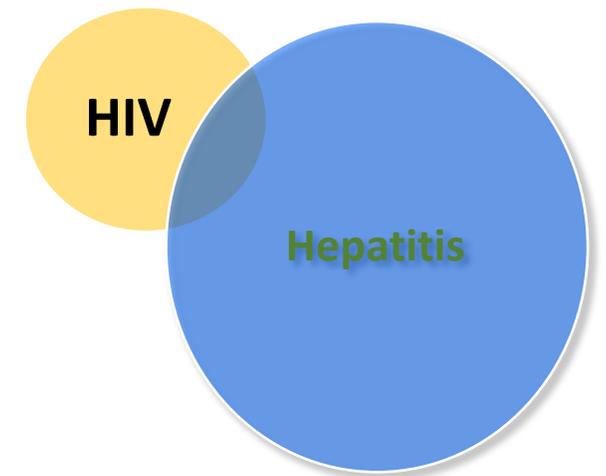
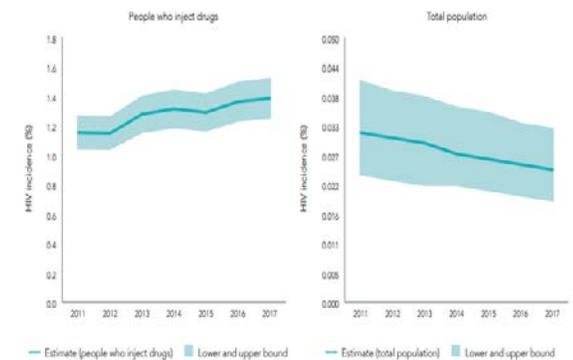


Figure 1. Comparison of incidence of HIV, people who inject drugs and total population (all ages), global, 2011–2017



Note: The scales of the vertical axes in each graph are different. HIV incidence is considerably higher among people who inject drugs compared to the general population. Feasibility bounds for incidence among people who inject drugs are adopted from the new infections' calculated bounds rather than directly estimated.
Source: UNAIDS 2018 estimates.

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





2009

2012

Continuous update based on review of evidence



2014



2016

2021

- 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

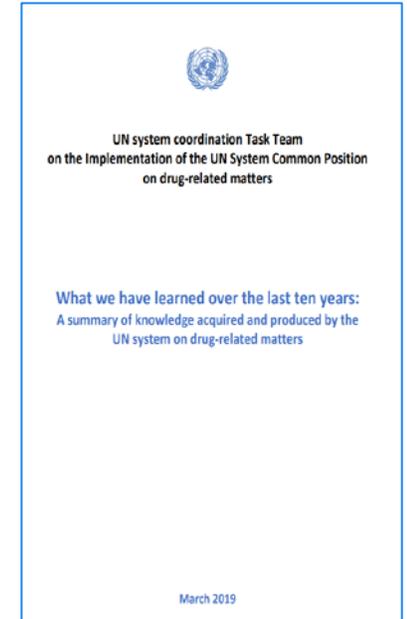


Critical enablers



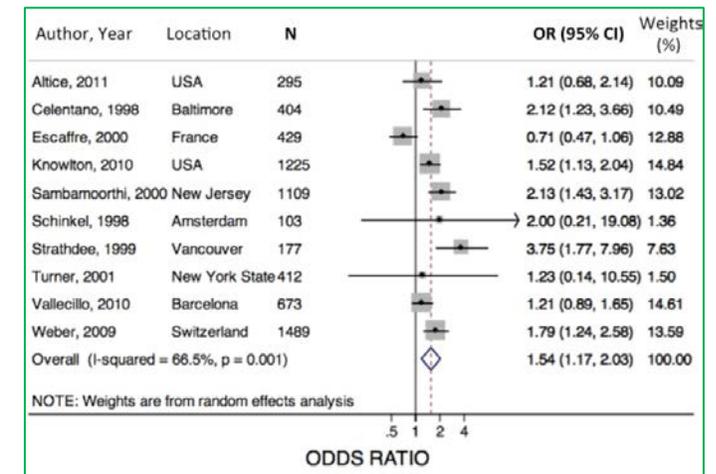
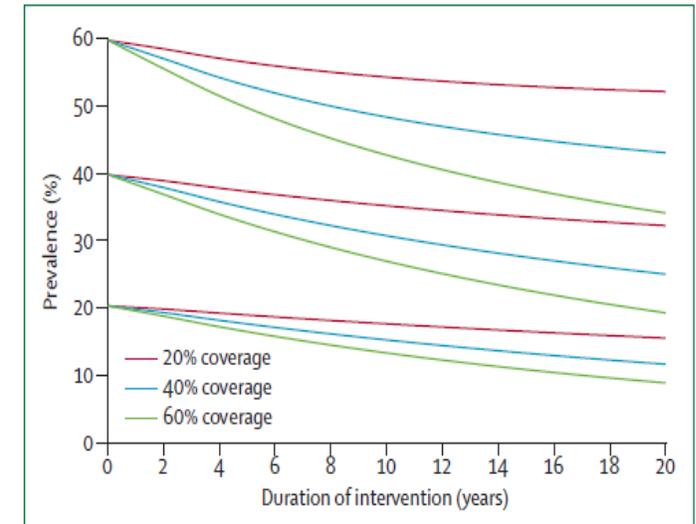
UN System Common Position on drug-related matters

- 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**



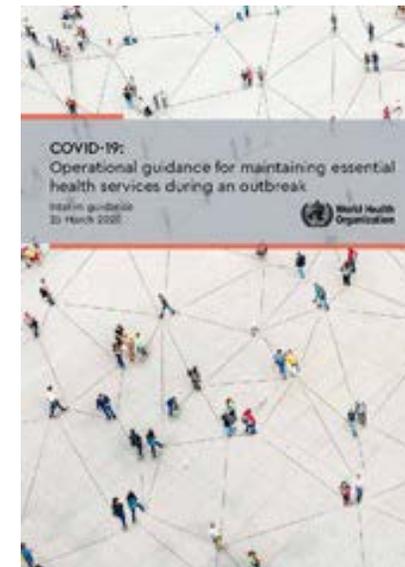
Harm reduction coverage too low to have an impact on public health

- 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



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