

**Together in Harm Reduction: synergizing efforts
between HIV and Hepatitis programmes**

**Global Hepatitis Programme
World Health Organization**

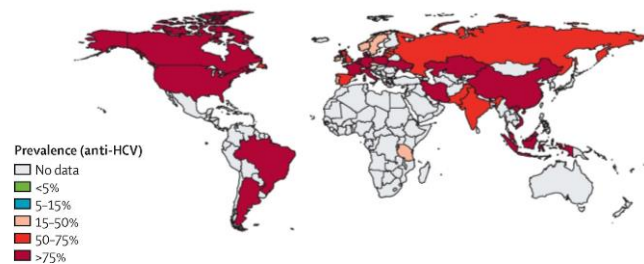
Sarah Hess
Annette Verster, Antons Mozalevskis, Virginia Macdonald, Marc Bulterys, Nick Walsh, Andrew Ball



*“synergizing efforts” means working together to create
an enhanced combined effect*



Making the case for synergy: HIV/HCV coinfection prevalence estimates in PWID



Platt, L et al. Lancet Inf Dis 2016



The HIV and hepatitis responses are at different stages but face similar challenges

HIV has seen 30 years of multisectoral mobilization:

- Huge external and domestic investments
- Impressive treatment scale-up overall

Hepatitis response is at an early stage:

- Incredible price reductions in DAA medicines
- Yet testing and treatment coverage remains low
- Very few donors and partners therefore national investments will be critical

Challenges common to both:

- PWID and other vulnerable populations are still disproportionately affected
- External funding is limited/ decreasing thus requiring a strong national response



Synergizing efforts across 5 domains

- Evidence
- Policy
- Advocacy
- Planning
- Implementation

Evidence - existing

- **Build on** and **adapt** existing evidence



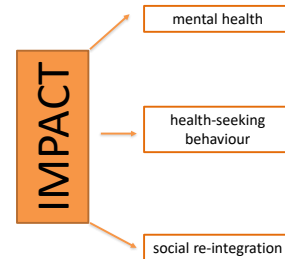
Evidence – new or missing

- Promote **interdisciplinary research** – HIV researchers, hep researcher communities, CSO
- Innovative **dissemination** of new evidence



Enhancing interdisciplinary research

- Interventions: NSP, OST, HCV and HIV diagnosis, ART, and/or DAA treatment
- Number of infections averted, costs, and incremental cost-effectiveness ratios (ICERs) of interventions
- Increasing the coverage of all interventions was always the most effective strategy and was cost-effective/cost-saving in all countries with reduced DAA costs.



Synergizing efforts across 5 domains

- Evidence
- **Policy**
- Advocacy
- Planning
- Implementation

Policy

- Global Health Sector Strategies on HIV and viral hepatitis – harm reduction is a high-impact intervention
- Policy change requires national commitment and funding as well as evidence and advocacy

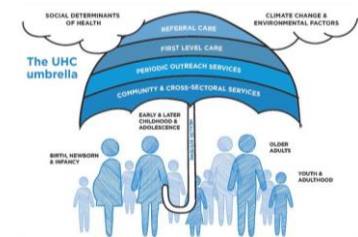


Synergizing efforts across 5 domains

- Evidence
- Policy
- **Advocacy**
- Planning
- Implementation

Advocacy

- HIV advocacy is strong however.....
- **one population many needs**
- Holistic approach to drug user health
- Speak the language of those in power (talk about cost-effectiveness, human rights, UHC)

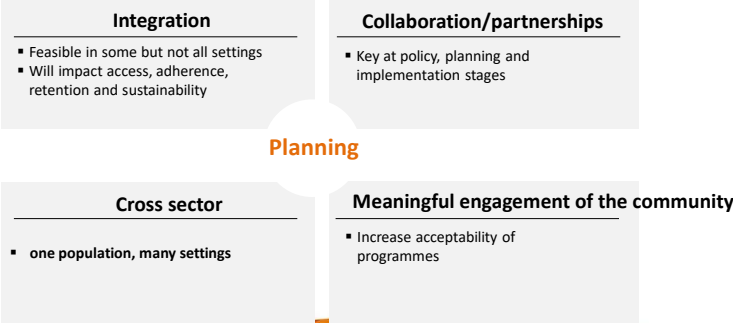


Synergizing efforts across 5 domains

- Evidence
- Policy
- Advocacy
- **Planning**
- Implementation

Planning

Must be strategic with a focus on accessibility, sustainability and acceptability



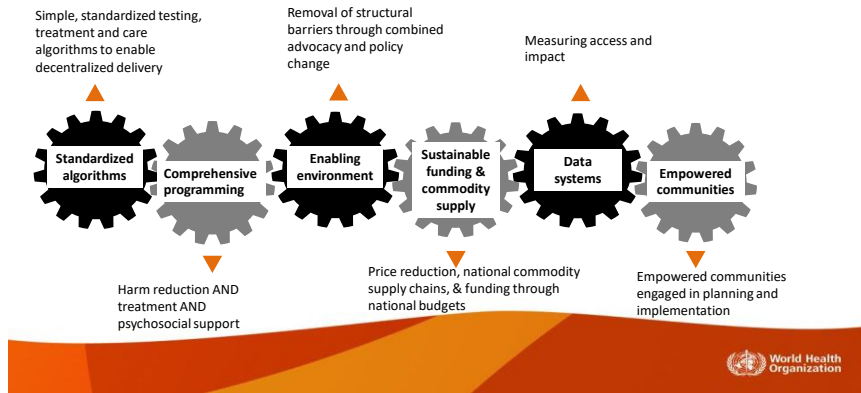
Synergizing efforts across 5 domains

- Evidence
- Policy
- Advocacy
- Planning
- **Implementation**

Implementation

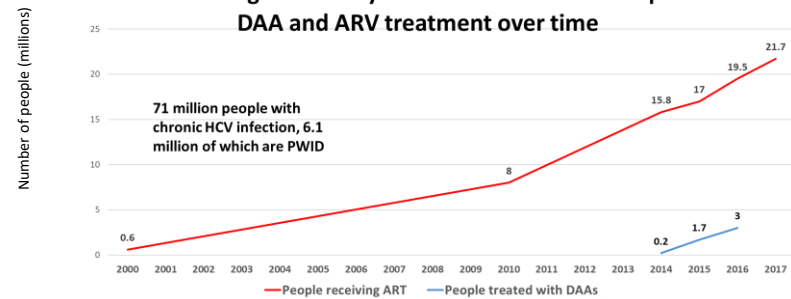
Interventions must be holistic, endorsed by the affected community and sustainable

How to successfully implement harm reduction in the context of both HIV and hepatitis



Data systems

Measuring availability vs access: relative scale up of DAA and ARV treatment over time



Measuring the success of harm reduction programming

ENABLING ENVIRONMENT	• Identification of important structural factors
AVAILABILITY	• Where, and to what extent, are these interventions available?
COVERAGE	• What is the reach of these interventions?
QUALITY	• Do interventions meet defined quality standards?
OUTCOME/ IMPACT	• Have risk behaviours or infection rates changed?

In summary

1. Define an **interdisciplinary research agenda** to expand the evidence base
2. **Combine advocacy** efforts based on a holistic approach to drug user health
3. Leverage **universal health coverage** and avoid vertical programming
4. Include a **comprehensive package**, upholding human rights
5. **Measure, evaluate and learn**, identify best practices