

COMMUNITY-LED REVIEW AND DESIGN OF NEEDLE-SYRINGE PROGRAMMING IN ARMENIA AND GEORGIA: REFLECTIONS AND LEARNINGS FROM PHASE 1

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Background: The possibilities for including people who inject drugs in the design and implementation of needle-syringe programs (NSP) are many, but opportunities are rarely realised. This multi-country study conducted as part of Unitaid's hepatitis C (HCV) portfolio investment in 10 low and middle-income countries (LMIC) focuses on community-led research to centre the values and preferences of community when introducing low dead-space syringes/needles (LDSS/N) suited to local contexts. This presentation will be delivered by community researchers implementing this study in Armenia and Georgia.

Description of model of care/intervention/program: Community researchers identified and trained in each focal country were responsible for recruitment, community values and preferences data collection, and co-conducting data analysis to inform needle-syringe programming and knowledge mobilisation within their communities. Following a six-week piloting of identified LDSS/N options, preferred equipment will be distributed to all NSP clients at participating sites and uptake assessed.

Effectiveness: Four community researchers held 13 focus group discussions with 116 participants in Yerevan, Armenia, and the Tbilisi region, Georgia, and identified that poor quality of currently distributed equipment is a key barrier to effective harm minimisation. Insights into injecting equipment access and utility were able to determine communities' attitudes towards new LDSS/N options and their harm reduction benefits, and preferred LDSS/N options for distribution.

Conclusion and next steps:

Our experience shows that including people who inject drugs in programs that matter to them is essential to achieving intended outcomes. This project demonstrates how community-led research acts as a critical tool for empowerment and meaningful change in the lives of people who use drugs. Collaboration between community networks and community-led monitoring activities can empower people who inject drugs in LMICs to represent community interests at local and global decision-making forums beyond the life of this study.

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