



Royal Tropical Institute

HIV and co-infections prevention strategies

***– concepts for the future –
EAHC/2011/Health/01***

June 5, 2012 Think Tank Meeting

Royal Tropical Institute (KIT); AIDS Foundation East West (AFEW); and Eurasian Harm Reduction Network (EHRN)





Presentation outline

15 Minutes presentation:

- Purpose of the project
- Work packages and achievements to date

15 Minutes discussion:

- Issues for discussion
- - Volunteers for feedback and review?
- - Suggestions for foreword?



Purpose of project

- The overall purpose of the EAHC call for tender is to prepare a detailed guide containing evidence-informed prevention strategies for use in European and neighbouring countries
- This guide should identify and demonstrate where and how the biggest impact on stopping the epidemic can be made. It should be user-friendly, implementable, realistic, evidence-informed and meaningful for policy making



Work package 1: A disaggregated assessment of the geographical and risk groups related distribution of HIV in Europe

Deliverable 1: Report comprising the assessment of the current HIV situation as described above.

Report developed (and shared as background to this meeting) containing:

- Quick scans for 33 countries developed containing epidemiological, national response and policy, strategies and structures in place.
 - based on existing data i.e. ECDC, EMCCDA, Dublin, UNGASS, Peer reviewed articles, evaluation reports, surveillance documents, etc.
 - Following pre-tested standardized framework (See annex 1)
- Overall epidemiological and response analysis of these quick scans



WP 1 – report: Key emerging themes

A few broad themes emerge from scanning of the 33 countries

- Data gaps
- Invisibility of key populations
- Diverging medical, public health and socio-economic and political perspectives
- Heterogeneity between and within key populations
- Membership position in EU
- Sustainability of interventions



WP 1 – report: Important epidemiological data gaps

- Data gaps hinder an understanding of trends and the effects of national and EU policies.
- Important gaps related to HIV and co-infections prevalence and incidence have been found among sex workers, migrants and in prisons.
- Overall lack of data for male sex workers and transgender sex workers.
- The definition of 'migrant' is very diverse among member states.
- Data are needed [would help] to understand if HIV and co-infections are public health priorities among these groups from a medical or public health perspective.
- Public medical and health perspectives on prevention strategies and priorities may not correspond with perceived needs, priorities and perspectives of target groups

Dia 6

A2 do you mean Medical and Public Health perspectives?
AFEW; 1-3-2012

A3 is this a question? or an observation from the data gathered so far?
AFEW; 1-3-2012



WP 1 – report: Invisibility of key populations

- Lack of data about some key populations and their consequent invisibility reflects and reinforces their marginalized position
- Some states could do more to collect these data in line also with their international obligations
- The acknowledgement and documentation of “invisible” people, networks and subcultures are important for public health and ethical reasons. Better quantitative data and qualitative documentation might reveal new aspects about opportunities and barriers for collective political action of key populations
- Level and process of involvement of key populations differ, reflecting different national political histories and systems.



WP 1 – report: Diverging medical, public health and socio-economic and political perspectives

- Data collection for policy making, monitoring and evaluation is costly and if it is paid through public funds it might arguably need to be linked to evidence based public policies.

Dia 8

2

There is more evidence around than it is put here, so I changed the text, and put it under the conclusions of the Guide.

Joost van der Meer; 30-5-2012



WP 1 – report: Heterogeneity between and within key populations

- Key populations are extremely diverse
- Migrants include persons from different countries of origin, class and educational level
- How to design an intervention?



Examples of prevention campaigns

for information and advice about HIV and sexual health

visit: **I Do it Right** .co.uk call: 0800 0967 500

I talk about condoms every time...
I Do it Right



Creates Images / Corbis / Thinkstock
The person is a model; the picture is being used for illustrative purposes only.

Find out more about
condoms, safer sex,
sexual health and HIV
at your local agency:



AHPN African Health Policy Network
Improving Access and Evidence

NAHIP

supported by NHS



**Я и ты?
ТОЛЬКО
С....!**

Презервативы защищают
от ВИЧ
и других заболеваний,
передаваемых половым путем

Deutsche
AIDS-Hilfe e.V.

Dia 10

1

The Russian translation is: You and I? Only with ... !

Joost van der Meer; 30-5-2012



INFORMATION FOR DRUG USERS:

PROTECT YOURSELF FROM HEP

...there are some things you shouldn't share with anyone.

Condoms protect!

www.aidshilfe.de

Deutsche AIDS-Hilfe e.V.

© 2010 Bundeszentrale für gesundheitliche Aufklärung

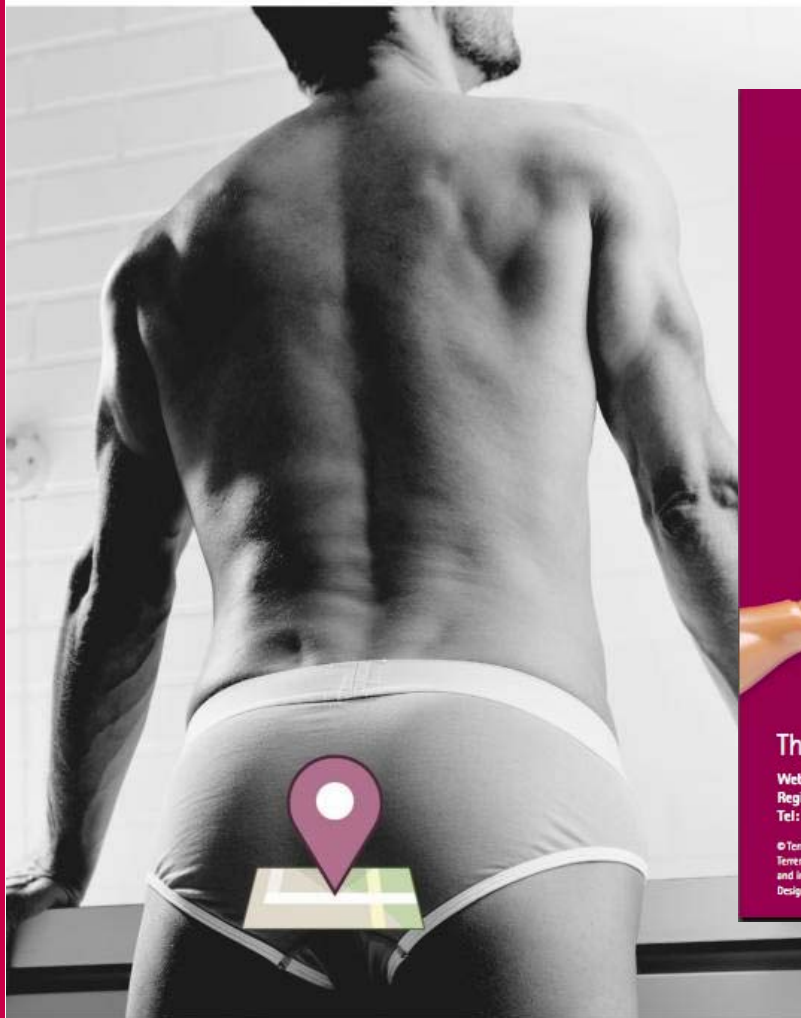
Many new injectors get HIV before they know how to protect themselves

Tell all new injectors not to share, to get hep B vaccinated, and tested for hep C and HIV

Needle exchange is free and confidential

HIV

HARM REDUCTION WORKS



Adrian Bruce and 26 others were here.



A gay men's guide to cocks and balls

Terrence HIGGINS TRUST

Below the Belt

Below the Belt

Terrence HIGGINS TRUST

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Fourth edition



WP 1 – report: **Position in EU**

- Accession to the EU has important impacts on access to specific services for key populations.
- There are important time-lags and administrative gaps between the transition of a country from a position where it can access external funding such as Global Fund and being able to access EU funds.
- Sometimes this has negative consequences for service, including delivery by NGOs that provide services for key populations.

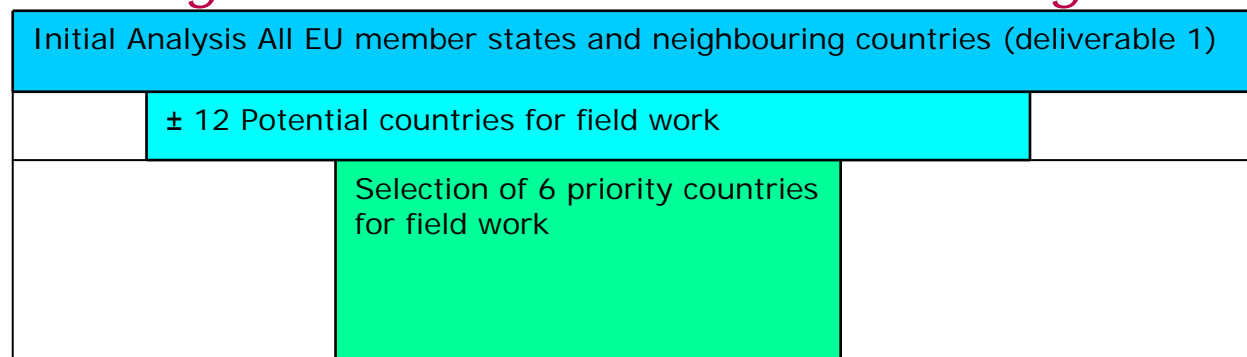


WP 1 – report: Sustainability

- The effects of the crisis on the prevention, care and treatment of HIV and co-infections are not yet clear.
- Very few costing data are publicly available in English on the internet, and the collection of expenditures would require long term visits in the countries.
- However with decreasing overall public funds it is likely that promising initiatives for vulnerable groups such as Portugal and Greece's harm reduction efforts will be negatively affected.



Approach followed for developing work package 2, 3, 4 and 5: coverage of EU member states and neighbouring countries



Development of cases describing good and less effective practices among key populations in 6 priority countries

Guide with strategies, policy documents, tools for use within larger number of countries

Selection criteria:

- HIV incidence among priority group(s)
- Estimated size of the priority group(s)
- Size (financial and coverage and type of response in place)
- Mix of priority groups covered
- Mix of interventions implemented
- Geographic coverage
- For ENP countries: interventions paid by external donors, versus those paid from national budgets.
- Mix of type of organizations involved in response
- Policies, strategies, systems, structures in place



6 Countries selected:

Estonia; France; Netherlands; Portugal; Ukraine; and United Kingdom

In each country stakeholder consultations, policy discussions, meetings with community-based organizations and community representatives



Work package 2: Define strategies to halt more effectively the spread of HIV through prevention

Deliverable 2: A concept presenting the detailed profiles of evidence based measures to reverse the epidemic in all regions of Europe by the year 2020 and an economic analysis of the needs to reach this target.

- Following the 33 country assessments: defining effective strategies through literature research such as Cochrane review and interviews with key stake holders to identify policy and financial (where possible) resources needed, what key obstacles and barriers there are in financing the health system and other relevant legislative and regulatory frameworks.
- Field visits to 6 countries

(Part of the guide mentioned in work package 3)



WP 3: Develop guide to implement effectively targeted HIV prevention and design specific scenarios and ways of implementation

Deliverable 3: Guide for effective targeted HIV prevention with dedicated and systematic scenarios.

- Guide is like a travel guide:
 - Options
 - Evidence-informed
 - Still data gaps
- Audience: policy makers in EU and neighbouring countries
- Language: not scientific, avoiding jargon
- Guide ≠ (Scientific) Guideline
- Draft 1: first version text; promising practices incomplete



Guide: Outline of Contents

(Executive summary); Introduction; Methods

Chapter I: HIV in Europe

- *Overview of epidemic and trends in 33 reviewed countries*

Chapter II: Principles of HIV prevention among key populations

- *General principles of HIV prevention included in UNGASS, Dublin declaration, UNAIDS documents*

Chapter III: Evidence for prevention strategies among key populations

- *Based on systematic reviews or reviews of reviews*
- *Per key population*
- *Interventions, recommendations*

Chapter IV: Practice examples (promising practices)

Per key population

- *Examples from UK (MSM, Migrants), Portugal (IDU), Ukraine (SW), Estonia (IDU), France (Prison), Netherlands (SW)*

Chapter V: Conclusions

- *Next slide*

Annexes: Tools used; Literature; Further reading / resources



Guide: Conclusions

- For IDUs: harm reduction policies and -interventions are clear and evidence-based; some evidence to discount other interventions (therapeutic communities).
- Some good data around for MSM: effective behavioural interventions and –strategies (testing, safer sex).
- Prisoners, sex workers less or unclear evidence; some interventions evaluated, unclear results, paucity of good data/studies.
- Migrants: hardly data/evidence for effective HIV prevention; Evidence on success/failure of interventions very limited, mostly UK (PMTCT, uptake testing).



Guide: Conclusions (II)

- Absence of evidence is not evidence of absence
- There are political declarations, treaties that mandate policy makers to act.
- There are policy frameworks that help policy makers to act.
- Documenting, monitoring and evaluating interventions of paramount importance
- Gaps in data collection to be filled
- Many (policy) initiatives, info collected throughout Europe.
- Need for linkage and opening up info sources
- Channels to do so are also there (ECDC; EMCDDA, AAE, CSF, TT); need to be strengthened.



WP 4: Policy recommendations

- The guide contains policy recommendations on effective HIV prevention for different target groups and the different HIV epidemics (*Deliverable 4*).
- In the guide we will refer also to an interactive web based tool to help policy makers decide.
- The evidence based guide will also be accompanied by a monitoring frame work, which will draw upon the ECDC Monitoring and Evaluation frameworks linked to the Dublin declaration and the HIV action plan as well as the UNGASS indicators.
- The framework will serve to monitor progress, the efficiency and the effectiveness of the implementation of the recommendations. This framework will also be discussed at a stakeholder workshop mentioned above.



WP 5: Develop a tool/application for the use of target prevention of HIV for active dissemination of the target prevention of HIV

- Develop a tool to support decision-making, using the best ways to target the prevention of HIV in the different scenarios.
- The tool must be compatible with the requirements of the Europe web-site / DG SANCO web.



Wp 5 Our vision

Objective

- Data visualization for HIV prevention decision planning and validation

Design

- Interactive, online interface
- No need for detailed training
- From start to finish user can have results in 15-30 minutes
- Utilize/modify existing tool which is tested
- Objective (see next slide)

Data

- Use the largest amount of already available data
- Users don't have to supply their own data

Constraints

- Availability of data



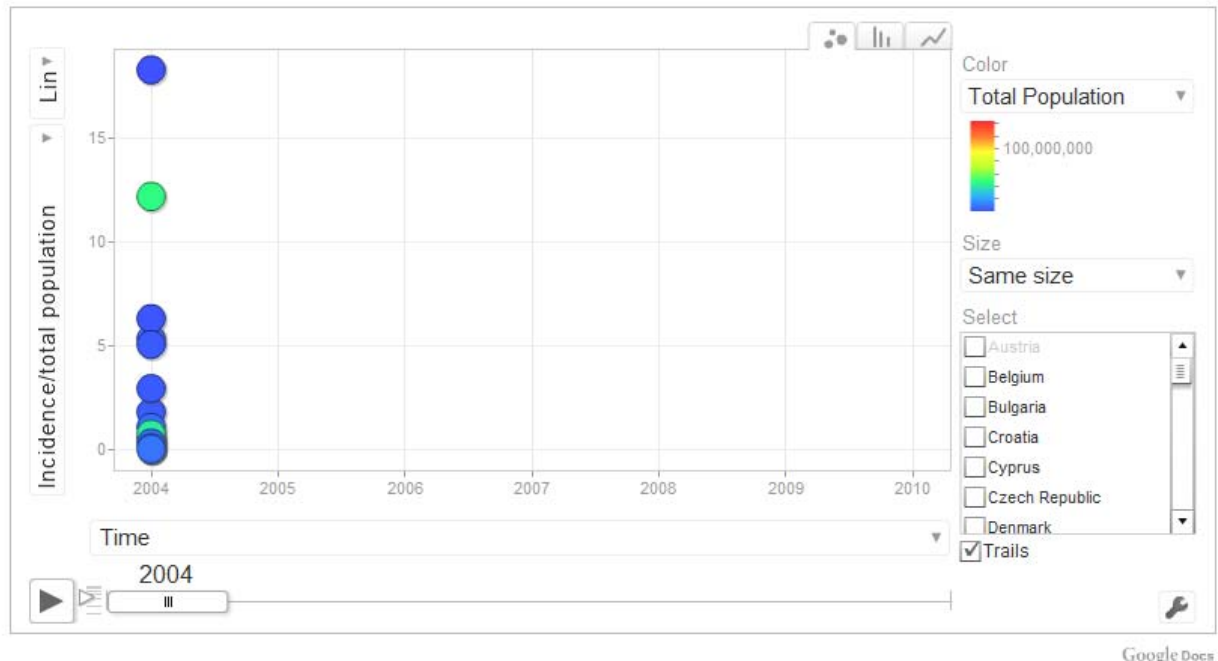
Wp 5 Data Visualization

- Collaboration with ECDC to visualize European HIV surveillance data (MSM, IDUs) as well as data monitoring progress on the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia
- Can help policy makers and a general public for whom numbers are perhaps less accessible
- No software requirements for website hosting
- Can be both static and highly interactive
- Complements country case studies



Ukraine HIV incidence among IDU appears to decrease, but rates are very high and the recent data are controversial, since there are known large discrepancies between officially registered cases and people who are not appearing in the official registries. ECDC does not have data from Austria and Russia.

The following graphs present absolute numbers of newly diagnosed HIV infections over the total population, for the period 2004-2010. Please see the instructions tab for information on how to use the graphs.



Data from 2004 - 2010 for the countries with most changes in rates - Estonia, Moldova, Portugal.





Proposed next steps

June-December 2012

- Hosting institution/location needs to be decided
- We will finalize the visualizations, hand them over to the hosting institution and provide training on how to create and update the visualizations
- We have made a short instructional film summarizing how the visualizations were created and how they can be updated



For Work Packages 2 - 5: Consultation and Launch

- Consultation on the draft guide and the tool with members of the Think Tank and Civil Society Forum members in June 2012; followed by input through e-mail.
- Launch of finalized guide and tool in the November/December Think Tank/Civil Society Forum platforms.



Some limitations

- Evidence-informed guide and **not** evidence-based; drawing upon secondary data, field work for case studies and interviews with stakeholders but not rigorous fresh research
- Costing data (unit costs) not available for TB and HIV and AIDS treatment and prevention interventions in Europe (existing costing data mostly limited to African countries)
- Field work limited to 6 countries due to time and resource constraints



Issues for discussion:

Questions for the CSF

- Role and engagement of civil society in various stages of the project (finalization, distribution)?
- Volunteers for feedback & review?
- Suggestions for people who could write the foreword for the guide?

Questions for the TT

- Role and engagement of TT in various stages of the project (finalization, distribution)?
- Volunteers for feedback & review?
- Suggestions for people who could write the foreword for the guide?