German HIV Practice Collection

Out of harm's way

German support for countries in reducing the harm of injecting drug use and HIV

giz Strengthening the German contribution to the global AIDS response

On behalf of Federal Ministry for Economic Cooperation and Development

Acknowledgements

The editorial board of the German HIV Practice Collection would like to thank, above all, GTZ's programme partners:
Ukraine: The Social Service Centers for Family, Children and Youth of Ukraine (Director Nataliya Lukyanova); International Renaissance Foundation (Coordinator, Harm reduction policy, Olena Kucheruk); and Chernivtsi Charitable Fund "New Family" (Executive Director Melanich Larysa).

Nepal: Recovering Nepal, (a national network of people who use drugs and their representative organizations) (Anan Pun); and Tribhuvan University Teaching Hospital, Department of Psychiatry and Mental Health, Methadone Maintenance Treatment Programme (Dr. Saroj Ojha).

Bangladesh: Department of Narcotics Control, Chittagong Division (Additional Director Wahid Uzzaman); and the Chittagong Drug Action Team (Focal Person Chiranjib Chowdhury).

Pakistan: DOST Welfare Foundation (Program Director Muhammad Ayub).

Viet Nam: Government Office for Population and Family Planning, Ministry of Health (Hong Anh, Deputy Director, GTZ-supported project "Improvement of Reproductive Health Services in Cao Bang and Son La").

For their contributions to country reports, thanks to:
- Ukraine: Torsten Brezina and Uliana Bakh (GTZ Ukraine), Patricia Kramarz (GTZ Headquarters);
- Nepal: Hans-Günter Meyer-Thompson (physician and GTZ consultant); and Patricia Kramarz;
- Bangladesh: Susanne Grimm and Jonathan Cushing (GTZ Bangladesh); Shahana Perveen and Chiranjib Chowdhury (Multi-sectoral HIV/AIDS Program, Chittagong);
- Pakistan: Muhammad Ayub of DOST and Bernd Appelt (GTZ Headquarters); and
- Viet Nam: Henri van den Hombergh (GTZ Viet Nam).

Ingo Michels and Heino Stöver, specialists in harm reduction, travelled to featured countries to prepare early versions of the report. Heike Krumbiegel, Hans-Guenter Meyer-Thompson and Werner Sipp contributed to the Introduction and Discussion sections.

James Boothroyd, communications consultant, wrote this report, with guidance from Patricia Kramarz. Anna von Roenne, Managing Editor, German HIV Practice Collection, oversaw its writing, peer review and production. Thanks also to our peer reviewers: Jürgen Klee, Susanne Schardt.

The cover photo was taken by photographer Nabi Baral from Nepal.

The approach described in this publication was developed by the former Gesellschaft für Technische Zusammenarbeit (GTZ), which in 2011 merged into the Gesellschaft für Internationale Zusammenarbeit (GIZ). Since then, the German HIV Practice Collection is published by GIZ.

Contents

Acronyms

AIDS	acquired immunodeficiency syndrome
BMZ	Federal Ministry for Economic Cooperation and Development
GIZ	German International Cooperation/ Gesellschaft für Internationale Zusammenarbeit
GTZ	German Technical Cooperation/ Gesellschaft für Technische Zusammenarbeit (now GIZ)
HIV	human immunodeficiency virus
IDU	injecting drug user
MoH	Ministry of Health
NGO	nongovernmental organization
OST	opioid substitution treatment
STI	sexually transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Tools

Project tools and materials are available by contacting Patricia Kramarz at patricia.kramarz@giz.de or at www.german-practice-collection.org

German HIV Practice Collection

Peer-reviewed

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Proposals for publication are made by managers of German-backed programmes and chosen by an advisory board of HIV experts representing the implementing agencies and the German Federal Ministry of Economic Cooperation and Development. Authors work closely with relevant organizations in the partner countries and the German experts supporting them.

External peer-reviewers with relevant expertise then determine whether the documented approach represents "good or promising practice", based on eight criteria (see text box). Only reports about practices that meet this standard are approved for publication.

Through this rigorous process, the Collection strives to encourage collaborative knowledge management: getting the right people, at the right moment, to discuss the right topic.

All reports direct readers to useful tools and appear in full-length, short and electronic versions – facilitating discussion and replication or adaptation of practices.

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Selection Criteria

- Effectiveness
- Transferability
- Participatory and empowering approach
- Gender awareness
- Quality of monitoring and evaluation
- Innovation
- Comparative cost-effectiveness
- Sustainability

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Executive summary

Out of harm's way describes projects supported by German Development Cooperation (via German Technical Cooperation, GTZ) in five countries that are struggling to reduce the severe personal, social and economic harms of illicit drug use and HIV.

HIV is one of the greatest public health problems of our time, with 33 million people worldwide living with the virus, as of 2007. In keeping with its commitment to the United Nations Millennium Development Goals, the sixth of which specifically targets HIV, the German government has made HIV an international development priority. In this area, German policy emphasizes the following approaches:

- political dialogue with partner countries and agencies active in the fight against HIV and AIDS in these countries;
- support for partner countries in developing systems needed to provide basic health and social services;
- HIV prevention;
- HIV treatment; and
- private and civil society partnerships.

A key to HIV prevention and other social benefits is reducing the harms of drug use, in particular the use of contaminated needles and syringes and other paraphernalia such as filters or spoons, a major mode of HIV transmission in Eastern Europe, Asia and other regions. There are an estimated 16 million injecting drug users worldwide, and outside sub-Saharan Africa, injecting accounts for about 30% of all new HIV infections.

Harm reduction measures aim to reduce the adverse health, social and economic consequences of drug use. These are best undertaken as part of a comprehensive strategy including measures to prevent drug use and provide access to counselling and rehabilitation. Over the last two decades, such a comprehensive approach with harm reduction elements, including the provision of easy (low-threshold) access to sterile drug paraphernalia and contact centres, drug consumption rooms and clinics for medically assisted treatment (with methadone or buprenorphine) – has helped Germany, and other countries to control outbreaks of HIV and other infectious diseases. The success of these measures, underscored by solid scientific evidence, have led to harm reduction being made a central part of the European Union Drug Strategy. In 2009 the UN Office on Drugs and Crime (UNODC), World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) published guidelines outlining a comprehensive package of measures aimed at harm reduction.

The UN does not speak with one voice on this issue, however. After its 52nd session in March 2009, the UN Commission on Narcotic Drugs reiterated its commitment to the principle of a balanced approach, which gained formal, international approval at the 1998 UN General Assembly Special Session (UNGASS). The declaration of the 52nd session of the Commission also stated that this balanced approach between drug-demand reduction and supply reduction had yet to be reached, as many countries continue to emphasize law enforcement and the criminalization of drug use, above all. This position is at odds with a major body of evidence showing that repressive measures alone are ineffective, if not counter-productive – while they do not control either supply or demand in illicit drug markets, they do tend to drive drug users underground, undermining prevention efforts.

Germany was, therefore, a leading voice among Member States of the European Union at the 52nd session of the Commission aiming to expand the role of drug-demand reduction and to recognize the importance of the harm reduction approach. Furthermore, it continues to work with UN agencies and partner countries to advance policies based on evidence rather than ideology.

The projects described in this report demonstrate the flexibility, effectiveness and innovation of

GTZ-backed programmes that are helping countries scale up services for harm reduction and HIV prevention. Though diverse, all the programmes reflect approaches that Germany has helped to pioneer:

- multi-sectoral and consensual local drug policies that engage drug users among other key stakeholders;
- measures to prevent infectious disease transmission;
- easy-access (low-threshold) services;
- opioid substitution therapy; and
- measures, that are sensitive to the needs of people of different genders and ages.

In Ukraine, German technical assistance is helping regional authorities and local NGOs in four western oblasts (regions) to build capacity for opioid substitution treatment (OST) after the government passed laws allowing for the therapeutic use of methadone. As of mid 2009, six multidisciplinary teams of doctors, nurses and social workers had been trained and were providing OST at clinics in all four oblasts, with plans to expand further by integrating the new service with HIV and TB care.

The GTZ- programme, run in partnership with the Ukrainian Ministry of Health (MoH) and well-established NGOs in Chernivitsi and Vinnytsia, has also launched a comprehensive training course for providers of services to female drug users. Women who use drugs often engage in sex work and are thought to act as a bridge for HIV to the wider population. By mid 2009, this course had sensitized some 50 members of NGOs with good early results: for example, the Chernivtsi NGO immediately doubled the number of female IDUs receiving its services, reaching around 600 women by August 2009.

GTZ-backed capacity building for services for female drug users and OST is thus helping regional agencies to implement critical elements of Ukraine's national strategy.

A programme titled "Comprehensive Methadone Substitution Treatment" in India, Malaysia and Nepal, meanwhile, is supporting service providers in establishing treatment systems, building capacity and disseminating knowledge that could help expand access to OST across Asia. At the heart of the project is a novel public-private partnership, that has allowed health authorities, hospitals, NGOs and others to work with CompWare Medical, a German developer of user-friendly software and systems for automatic dispensing of medication and documentation of this treatment. The programme in Nepal also encompasses training of multidisciplinary teams of doctors, nurses and social workers on-the-job, supports the expansion of OST in Kathmandu and Pokhara and promotes activities to attract funds for further scale-up.

Other innovative GTZ-backed programmes described in this report are advancing harm reduction in:

- Bangladesh: In the port of Chittagong, an integrated local drug policy is being implemented by a Drug Action Team including very different stakeholders: city health officials, police officers, rehabilitation experts, staff of NGOs and injecting drug users;
- Pakistan: In North-West Frontier Province, an established NGO is working with health authorities to implement a social reintegration programme for thousands of Peshawar street children and to bring basic services for harm reduction and prevention of HIV to prisoners.
- Viet Nam: In two hilly northern provinces a respected Asian NGO has done state-of-the-art training and advocacy on HIV prevention and harm reduction to engage whole new sectors of the population, including members of women's and farmers' associations, party officials, police and youth.

At this critical stage in the global dialogue surrounding harm reduction, these and other initiatives demonstrate the global relevance of harm reduction as a critical component of HIV prevention. Now it is time to balance global and national drug strategies to allow for the rapid expansion of evidence-based programmes that reduce the harm of injecting and other modes and aspects of drug use.

Introduction: the progress of harm reduction

HIV and injecting drug use: a global problem

With 33 million people infected worldwide, and services for prevention, treatment and care still woefully inadequate in many countries, there are few global health problems as pressing as HIV (UNAIDS 2007). Germany recognized this in the year 2000 in committing to the United Nations Millennium Development Goals – the sixth of which calls for stopping the spread of HIV and AIDS by 2015. The German government has also followed through by making HIV prevention and treatment among its top international development priorities. In this area, it emphasizes five activities:

- political dialogue with partner countries and agencies active in the fight against HIV in these countries;
- support for partner countries in developing systems needed to provide basic health and social services;
- HIV prevention;
- HIV treatment; and
- private and civil society partnerships (Federal Ministry of Economic Cooperation and Development (BMZ) 2008 and 2004).

One area of HIV prevention where German expertise is in particular demand is reducing infections related to injecting drug use (IDU).

The overlapping harms of injecting drug use and HIV exact a terrible toll in human, social and economic terms. Worldwide, it is estimated that about 16 million people now inject drugs, the vast majority in low- and middle-income countries. The number of affected individuals – particularly young people – and countries is on the rise. Globally, injecting drug use accounts for at least 10% of all new HIV infections; outside sub-Saharan Africa, it accounts for about 30% of all new HIV infections, and in Eastern Europe and Central Asia it is responsible for 80% of HIV cases (International Harm Reduction Association, 2009; Mathers et al, 2008).

This mode of transmission is also driving HIV epidemics in the Middle East, North Africa, South and South-East Asia, with prevalence among certain populations of injecting drug users (IDUs) as high as 80%. New epidemics of injecting drug use are also being witnessed in sub-Saharan Africa, a worrying development given the inproportionate burden of HIV borne by this region.

HIV not only hurts injectors, however; it also affects their sexual partners and can spread to broader populations, through sexual and mother-to-child transmission. The overlap between sex workers and injecting drug users is particularly worrying (UNODC 2006). Evidence indicates, for example, that without comprehensive programmes to prevent the spread of HIV among drug users and to reduce the number of people using drugs (particularly injecting drugs), HIV epidemics associated with IDU have the potential to grow explosively.

Research also shows that IDU and HIV are not only a major global health challenge, they can undermine whole societies and economies. Families of drug addicts and/or HIV-infected individuals (many in the most productive years of their lives) are hurt by loss of income and other support; societies face higher levels of drug-related crime; economies are burdened with increased costs of law enforcement, higher rates of poverty, and lower productivity.

Harm reduction and its benefits

Until recently, many governments. worldwide, have principally tried to control the use of drugs, and the harm caused, by attempting to limit their supply and enforcing anti-drug laws. These methods continue to enjoy strong support in certain jurisdictions, although a major body of scientific evidence indicates that, at best, these approaches generate only limited results. At worst, the data suggest they are counter-productive: fuelling corruption in law enforcement agencies, criminalizing drug users,

violating human rights, driving risky behaviour underground and cutting off access to health and social services. This, in turn, puts users, and wider society, at greater risk.

Better results are achieved when authorities adopt comprehensive strategies that include efforts to prevent drug use and facilitate counselling, treatment and rehabilitation as well as measures to reduce the harms of drug use. "Harm reduction" can take many forms, so there is no universal definition. In general, however, it denotes policies, strategies and programmes that seek to limit the adverse health, social and economic consequences of drug use, where either such risks cannot be eliminated or abstinence is not a realistic goal, owing to high rates of relapse.

A "comprehensive package" for the prevention, treatment and care of HIV among IDUs developed recently by WHO, UNODC and UNAIDS lists nine key interventions, all of which aim to reduce harm:

- Needle and syringe programmes (NSPs);
- Opioid substitution therapy (OST) and other drug dependence treatment;
- HIV testing and counselling;
- Antiretroviral therapy;
- Prevention and treatment of sexually transmitted infections;
- Condom programmes for IDUs and their sexual partners;
- Targeted information, education and communication;
- Information, education and communication for IDUs and their sexual partners;
- Vaccination, diagnosis and treatment of viral hepatitis; and
- Prevention, diagnosis and treatment of tuberculosis (TB) (WHO/UNODC/UNAIDS 2009).

Studies consistently show that NSPs significantly reduce HIV transmission, by as much as 33–42% in some settings. They also show that OST, with methadone or buprenorphine, is highly effective. Not only does it reduce injecting behaviour that puts injectors at risk for HIV and other bloodborne infectious diseases, it improves access to HIV voluntary testing and counselling and care, boosts adherence to antiretroviral therapy (ART) and reduces mortality. In general, research shows that IDUs have lower levels of access to ART than those who do not inject drugs. Nonetheless, it also shows that the provision of ART to IDUs benefits the health of entire populations, and IDUs can successfully undergo treatment and benefit from ART.

Efforts to reduce the harm of injecting drug use are also more cost effective. Not only are they cheaper than care and treatment of drug users (especially if they are HIV-positive), they reduce crime and lead to major cost savings for governments and communities (Soros 2004; Commonwealth Department of Health and Ageing 2002).

Research also indicates that harm-reduction services should be easily accessible whereever IDUs congregate and, in particular, in prisons (Dolan et al 2007; WHO/UNODC/UNAIDS 2007).

Status of harm reduction

For much of the last century, countries and international agencies have emphasized repressive measures and law enforcement to address the myriad health, social and economic problems associated with illicit drug use. Since at least the discovery of HIV in the 1980s, however, growing scientific evidence and practical experience have shown the limitations of this approach. Research shows, for example, that repression and punishment alone do not reduce drug use; rather, they tend to criminalize users, drive high-risk behaviour underground and reduce access to critical services for prevention, treatment and care.

A growing number of countries and international agencies are, therefore, adopting more balanced strategies, which aim to combine conventional

enforcement tools with drug demand reduction measures, including harm reduction measures such as targeted needle-syringe programmes and medically assisted treatment for drug-dependence.

The United Nations Office of Drugs and Crime (UNODC) has recently stated that harm reduction measures are complementary, rather than at odds, with, prevention and treatment and recommends a strategy that emphasizes a comprehensive set of measures (UNODC, February 2008). Among other measures, this supports the expansion of evidence-based programmes, including OST and NSPs.

In 2009, after a detailed, collaborative review of scientific evidence, WHO, UNODC and UNAIDS published technical guidelines to assist countries in setting "ambitious, but achievable national targets for scaling up towards universal access to HIV/AIDS prevention, treatment and care for injecting drug users" (WHO/UNODC/UNAIDS 2009). This advances the nine-point comprehensive package of interventions described above.

UNAIDS has recently strengthened its support for harm reduction, as well. The 24th Meeting of its Programme Coordinating Board (June 2009) ended with a formal declaration which called on its cosponsors to "significantly expand and strengthen the work with national governments to address the uneven and relatively low coverage of services among injecting drug users." Noting that less than 10% of people in need worldwide have access to harm reduction services, and that these services are all too often unavailable to prisoners, a most-at-risk population, it has also asked Member States and civil society organizations to "develop and implement guidance and programme models to respond to the needs of other sub-groups of drug users, including female drug users, drug users who also exchange sex for money or drugs, drug users who end up in prison settings, underage and young drug users, migrant drug users..." and others (UNAIDS/PCB June 2009). The Global Fund to Fight AIDS, Tuberculosis and Malaria also favours evidence-based approaches.

Since 2003, it has allocated about $154 million in 60 grants for harm reduction programmes. Now it is arguing for greater investments and in a February 2009 letter to the UN Commission on Narcotic Drugs, the Global Fund's Executive Director urged this influential body to embrace policies that reflect the "overwhelming body of scientific literature that supports" harm reduction as a tool for reducing HIV transmission (Kazatchkine/Global Fund 2009). "Access to treatment, clean needles, opiate substitution therapy, and a comprehensive package of services that includes medical care, social services and peer support," are essential elements of this approach, the letter stated.

"While the AIDS epidemic is coming to a plateau globally, it is growing in all regions where the epidemic is associated with injecting drug use – a paradox when you consider that the evidence for harm reduction is so abundant and compelling."
Michel Kazatchkine, Executive Director, Global Fund, Tuberculosis and Malaria

The United Nations does not, however, speak with one voice on harm reduction. In the Political Declaration summarizing its 52nd Session (March 2009), where progress was assessed for the previous decade, since the 1998 UN General Assembly Special Session on AIDS, the Commission on Narcotic Drugs (CND) identified "support services aimed at (…) reducing the adverse consequences of drug abuse" as on an equal footing with prevention, treatment and rehabilitation. This is considered an important step forward for the CND.

The Declaration, however, reflected the divisive debate that characterized the meeting. While many member states of the EU, among other nations, insisted on using the term "harm reduction", the political declaration and action plan shunned the term, as a bloc of nations, led by the United States, Russia and Japan, opposed its usage.

Arguing that it would promote illegal drug use, they also resisted efforts to call for universal access to harm reduction measures associated with preventing HIV. Critics, including Germany – which has strongly championed harm reduction – pointed out that scientific evidence shows no link between harm reduction and increased use of drugs and, therefore, that ideology, not science, is the basis for rejecting harm reduction (and the commitment to public health and human rights embodied by this approach).

European and German approaches

While security and law enforcement are essential to the European response to drug control, countries in this region have generally chosen a balanced approach. The European Parliament officially recognized the importance of public health policies in harm reduction in 1996. Since then, support for a comprehensive package of harm reduction measures, as part of drug-control regimes, has grown.

The "European Drugs Action Plan for 2009–2012" asks for a strong commitment of the Member States "to further improve the effectiveness of measures to reduce drug use and its consequences. This includes particular attention for vulnerable groups and the prevention of poly-drug use (combined use of illegal and legal substances, in particular alcohol)" (European Commission 2008).

The EU Plan aims to boost coverage and to systematically ensure access to harm reduction services, to reduce the spread of HIV, hepatitis C and other drug-related, blood-borne infectious diseases. Another priority is to reduce the number of drug-related deaths and provide access to health care for drug users in prison.

The Council of Europe, meanwhile, is studying the feasibility of introducing a European convention on promoting public health policy in the fight against drugs. The adaptive, innovative convention would aim to remind countries of their national and international obligations to implement effective demand reduction policies, in ways that respect human rights and reduce the negative health and social consequences of drug use (Council of Europe 2009).

Germany, which helped pioneer the use of methadone for OST in the 1980s and needle-syringe programmes (NSPs) in the 1980s and 1990s, has developed a drug and addiction policy with four "pillars": prevention, counselling and treatment, survival assistance/harm reduction and repression/supply reduction (Federal Drug Commissioner 2003).

Prevention of drug dependence and reducing risky behaviour associated with injecting drugs requires, among other capacity, services that recognize and reduce unsafe consumption patterns at an early stage, ensuring the survival of those affected and providing the most appropriate treatment for drug-dependent individuals – from abstinence-based programmes to OST, including (where available) diamorphine (heroin)-assisted treatment.

Drug dependence is thus considered a treatable disease, and afflicted individuals have a legal right to assistance and social security benefits. As a result, health insurance and pension funds, together with service providers (government agencies, municipalities and self-help groups) have in recent years developed a broad spectrum of services. These include outreach and low-threshold (easily accessible) forms of assistance, outpatient counselling and different offers of treatment. Accredited detoxification programmes in special facilities are integrated with substantial rehabilitation services, special-care housing, job-training, follow-up care and self-help groups.

As the evidence for these services has grown, Germany has begun to pass on its expertise in harm-reduction to partner agencies in other countries. Since 2002,

therefore, German Development Cooperation projects have drawn on German and European experience in this critical field.

The projects and programmes described in this report showcase successful examples of this technical support for services that are helping low and middle-income countries reduce the risks associated with injecting drug use, including the transmission of HIV. Focussing mainly on Ukraine and Nepal with brief descriptions of successful programmes in Bangladesh, Pakistan and Viet Nam the examples highlight, above all, five key aspects of German approaches to HIV prevention among injecting drug users:

- Participatory, consensual integrated local drug policies: Regional or local authorities consult with representatives of non-governmental organizations, IDUs and other key stakeholders to fashion appropriate, sustainable, local responses to HIV and drug use. (See training manual, www.german-practice-collection.org/en/toolboxes/).
- Prevention of infectious diseases with sterile injecting equipment: Needle-syringe programmes can keep HIV prevalence at low levels and be delivered in various settings (drop-in or treatment centres, clinics for voluntary HIV counselling and testing, prisons, etc.) using various methods (vending machines, pharmacies, mobile vans, outreach workers, etc.).
- Low-threshold drug services: Easily accessible programmes help "hard-to-reach" people access NSPs, counselling and information for safer injecting, services for prevention of HIV and hepatitis B and C, and HIV antiretroviral therapy.
- Opiate-substitution treatment: See text box above.
- Gender and age sensitivity: Evidence shows that men, women and children often start using drugs for different reasons, and that social and economic factors influence patterns of drug use and access to services. For these reasons, gender-sensitivity is a key part of German – and other national – drug and HIV strategies, and experts agree on the need for broad-based, sustained measures to combat gender, social and economic discrimination in efforts to address HIV and drug use (Federal Ministry for Economic Cooperation and Development, 2008). (See also training manual for gender-sensitive training for providers of services, www.german-practice-collection.org/en/toolboxes/).

Buprenorphine, diazepam and an antihistamine – the "South-Asian cocktail" popular among injectors in Asia, as it mimics the effects of heroin.

Germany pioneered harm reduction despite resistance

Heroin became widely available in Germany's illicit market in the early 1970s, and there are now about 150 000 opioid users. Until the mid 1980s, the national drug policy emphasized abstinence, but the swift spread of HIV among IDUs – and concerns about the nuisance and economic costs of addiction – led to more effective harm-reduction measures. A key element of this approach was methadone maintenance treatment (the most common form of opioid substitution therapy, OST). When methadone was first identified publicly as an effective treatment for opiate dependence in the 1980s it faced strong resistance, but advocacy by a small, courageous group of drug users and parents' groups, politicians, law enforcement representatives and general practicioners, and mounting evidence that OST reduces crime and helps users to access rehabilitation and reintegrate in society led to the opening of the first state-wide methadone maintenance treatment programme in 1987 in North-Rhine Westphalia (Krach et al. 1987; Newman 1997, Sozialministerium NRW 1998). In 2000 buprenorphine was approved as an additional drug for OST. Today OST is helping some 70 000 German patients to lead more normal lives, and limiting the harms of drug dependence. This has encouraged German authorities to pioneer other effective, though controversial, measures such as low-threshold drop-in centres, needle-syringe programmes and supervised injection facilities. More than a decade of studies in Europe, including a clinical pilot study in Germany, and, most recently, Canada have also demonstrated the value of medically prescribed diacetylmorphine (synthetic, pharmaceutical heroin) (Berridge et al, 2009; Haasen et al 2006; Haasen et al, 2007; Verthein et al 2008). In May 2009, therefore, the German Parliament voted in favour of diacetylmorphine (diamorphine) as a therapeutic option for severely dependent opiate users who had not benefited from any previous treatments.

Country Projects

Ukraine

Project and context
In partnership with the Ministry of Health (Committee for HIV/AIDS Countermeasures), GTZ is giving technical support to develop the capacity of regional (oblast) health and education departments and social services, including NGOs, under a programme titled "Health sector reform and AIDS prevention in Ukraine." The 2007–2011 programme focuses on the western oblasts of Ukraine: Ternopil, Chernivtsi, Khmelnytsky and Winnytsia, where HIV services are less developed and HIV prevalence is lower than in central and eastern parts of the middle-income country. It aims to strengthen five aspects of the HIV response:

- Primary prevention services for youth;
- Harm reduction services for IDUs;
- Regional coordination;
- Capacity development for NGOs; and
- Medical services for people living with HIV.

Though focused on middle-level agencies, project staff also advise national authorities on HIV policy (GTZ 2009).

The project is timely, as Ukraine is faced with the most severe HIV epidemic in Europe. Surveillance in 2007 indicates that the epidemic was continuing to grow swiftly, largely concentrated among IDUs, sex workers and men who have sex with men. While heterosexual sex is now the main mode of transmission (42% of infections), the vast majority are linked to IDUs infecting their partners. Prevalence among IDUs, meanwhile, ranges from 18%–63%, with wide variations across the country. HIV prevalence among women engaged in sex work, who also inject drugs, is significantly higher than among female sex workers who do not inject. Prevalence in pregnant women attending antenatal care is estimated at 0.53% and among the entire adult population 1.63%. UNAIDS estimates that 325 000–425 000 Ukrainians inject drugs, and that approximately 164 000 of them are living with HIV.

Most Ukrainian IDUs buy drugs already prepared in syringes and many share their equipment. Users here also prefer not to be registered or known by authorities, as this can lead to the loss of one's job or other punishment. Ignorance of the risks of drug use and feelings of powerlessness are common among IDUs and other drug users. Female drug users (15%–25% of the IDU population) may be at highest risk, however, owing to discrimination related to gender, their frequent involvement in sex work, and the orientation of health and social services towards male IDUs.

The blueprint for the government's HIV prevention strategy is the National Programme to ensure HIV prevention, support and treatment for HIV-infected persons and AIDS patients (2004–2008). A National Council on TB and HIV prevention oversees the programme; however, this has been hampered by the inaction of authorities, competing interests, stigmatization of people with HIV and IDUs and mistrust of nongovernmental organizations.

Central to this project is building a framework for HIV prevention, care, treatment and support, within which local and regional authorities, and other agencies and experts (including drug users and people living with HIV), collaborate and network more effectively.

Innovations: Multidisciplinary OST and services for female drug users
The project supports innovations in all five of its areas. For harm reduction, GTZ consultants worked with Ukrainian agencies in the four oblasts to develop strategies for expanding needle-syringe programmes, establishing community centres for IDUs, scaling up OST and targeting services for female IDUs.

For OST and services aimed at female drug users, for example, comprehensive training courses (with manuals) were developed, and ongoing support is offered for the government agencies and NGOs that implemented the changes.

Opioid substitution treatment: In 2008, the Ukraine government passed a law allowing the implementation of opioid substitution treatment. With no expertise in this area, there was then an immediate need for multidisciplinary teams of doctors, nurses and social workers to be trained in different aspects of OST, which helps users to stabilize their lives, reintegrate in society (seek work and decent housing).

In November 2008, under the project, a German-Ukrainian working group began developing a comprehensive training course for doctors, nurses and social workers providing OST.

The group included representatives of Ukrainian and international agencies working in the field of OST in Ukraine (WHO, International HIV/AIDS Alliance, All-Ukrainian Network of PLWH, Ukrainian Institute on Public Health Policy, William J. Clinton Foundation, etc.) and doctors, nurses and social workers from OST clinics in Berlin.

The resulting course, and training manual, includes five modules and supports multidisciplinary teams and the integration of substitution therapy with HIV and TB services. Ukrainian participants also tour Germany to learn more about established OST and other harm reduction services.

The first module was provided in April 2009. Led by German doctors, nurses and social workers, it provided training to 28 health workers of the same three disciplines from the four oblasts.

To sustain capacity-building, Ukraine's Institute of Public Health has agreed to take over the multidisciplinary OST modules as part of its regular curriculum. Multidisciplinary teams in OST training also learn how to make OST and other services more accessible for female IDUs, a critically underserved population.

Gender-sensitive programmes: Female drug users, particularly those engaged in sex work, are a major bridge population for sexually transmitted infections entering the general population. Too often, however, programmes and services do not take into account their particular needs.

For example, Ukrainian women who use drugs are often shut out of mainstream health services and women's shelters. As well, pregnant drug users are frequently counselled or coerced to have abortions or to give their children up to the state, and have little access to accurate information on harm reduction or prevention of mother-to-child transmission of HIV.

There is, therefore, an urgent need for service providers and health authorities to develop capacity for gender-sensitive harm reduction programming.

The GTZ-MoH project, therefore, developed a comprehensive training course: "Developing services for female drug users". As a result, two NGOs have partnered with the project to implement innovative approaches to reach female drug users. In Chernivtsi, the project teamed up with Nova Simya (New Family); in Vinnytsia with Positiv: organizations that enjoy the trust of drug users and have access to their places of residence.

Teaming up with the Harm Reduction Knowledge Hub for Europe and Central Asia and Eurasian Harm Reduction Network (EHRN), which are based in Vilnius (Lithuania), GTZ has also included modules that are tailored for particular needs of service providers. The aim is to provide training throughout Eastern Europe and Central Asia, in concert with WHO, UNODC and other partners.

The first training session was held in April 2009.

As for OST, this capacity development reflected international recommendations and standards, and contributed directly to the goals of the "National Program to ensure HIV prevention, care and treatment for HIV-infected and AIDS patients".

Both harm reduction initiatives, therefore, help to translate the overarching goals of the national HIV programme into regional and local frameworks – and concrete, sustainable results.

Results, next steps; OST and services for female IDUs

An interim evaluation of the Ukraine project (GTZ 2009) singled out its capacity development for harm reduction services for special praise, stating "The [evaluation] team highly values the relevance and achievements of this thematic area and recommends its continuation and expansion with slight changes."

Six multidisciplinary teams have been trained in OST and six clinics were offering the treatment in each of the oblasts. Also, clinics offering HIV services in three regions are soon to begin providing methadone maintenance therapy, helping to integrate ART and OST – a critical step in boosting adherence to HIV treatment.

The need for multidisciplinary teams to provide OST, in an integrated manner, is also widely understood, though, the evaluation noted that multidisciplinary protocols had yet to be "fully implemented".

Trainer helps trainees tailor gender-sensitive services for female drug users at session in Kiev, Ukraine, April 2009.

Training in harm reduction for female drug users, meanwhile, had been given to 50 staff members of NGOs by mid 2009, with good early results. The Chernivtsi NGO, for example, immediately doubled the number of female IDUs with access to its services, and by August 2009 was reaching no fewer than 629 female users.

Head doctors from AIDS centres in Vinnytsia, Khmelnytsky, Ternopil and Chernivtsi discuss with stakeholders the results of an interim evaluation of GTZ-backed *"Health Sectors Reform and AIDS Prevention in Ukraine"*, in Kiev, July 2009.

At street-level, the project has also provided for the publication and distribution of a booklet listing the names and contact information of state and medical institutions and professionals providing services for female drug users. Some 45 children of mothers who are drug-dependent will also be provided with therapeutic and psychological assistance. Furthermore, the project will allow 60 female IDUs to receive training in prevention of HIV, tuberculosis, hepatitis C and other infectious diseases. About 45 have received skills trainings to prepare them for employment and about 22% of this group are now employed.

Where training was done but no continuous cooperation established, service providers demonstrated new awareness of the specific problems of female drug users, though the evaluation team concludes that changes have yet to be implemented to significantly improve services for women.

The NGOs and state institutions involved in each oblast level expressed their appreciation for the training, and, the evaluation states: "The special approach for female drug users is filling an important gap, very much appreciated and nation-wide scaling up requested."

The evaluation team concludes that the harm reduction capacity development "strategy should be continued and special attention given to the implementation of the multidisciplinary approach after training."

It recommended that the use of liquid methadone should be supported at policy level and introduced in one pilot oblast of Ukraine and that authorities explore "opportunities to engage in a public-private partnership in this area".

The evaluators also advised that the improvement of harm reduction services, especially for female IDUs, continue to be expanded in close cooperation with partner NGOs and to include services for sexual partners of IDUs and partners of female IDUs who are sex workers.

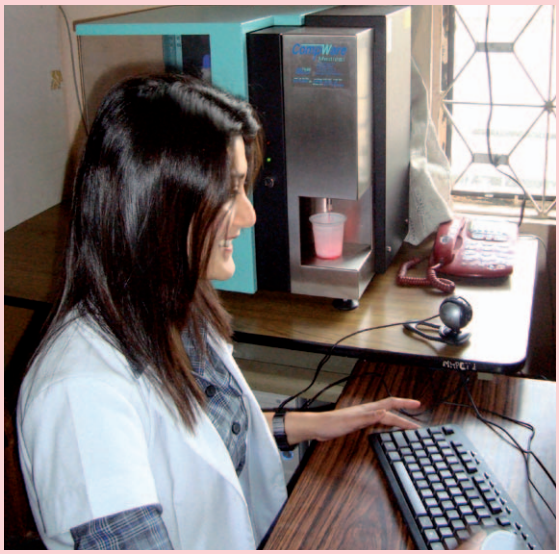
Nepal, India and Malaysia

Project and context

The project titled "Comprehensive Methadone Substitution Treatment" is supporting service providers in selected Asian countries in establishing treatment systems, building capacity and disseminating knowledge for the scaling up of OST at health clinics in areas heavily burdened by injecting drug use. This includes expert advice, if required, on gaining regulatory approval of methadone, as well as technical support for drug procurement and the medical provision of OST, using user-friendly information technology specially developed for treatment of drug-addiction, HIV and other diseases.

At the heart of the project is a novel public-private partnership, one of the first of its kind for harm reduction. This is allowing health authorities, hospitals, NGOs and others to work with the German company CompWare Medical in using its MeDoSys software and systems for automatic dispensing and documentation. Also, the project is training teams of doctors, nurses and social workers on-the-job to provide quality, cost-effective and widely available OST. Implemented in cooperation with WHO and UNODC, the project is carefully harmonized with related activities led by UN agencies and other service providers.

CompWare Medical has expertise in the safe handling of narcotics and management of OST in outpatient-clinics, prisons and other settings and has developed software for the integrated treatment of co-infections such as HIV, hepatitis C and tuberculosis. The company also has close relations to Nagarro (based in Delhi), an Indian software developer specializing in narcotic drug documentation systems.



Two days of training prepared this nurse in Nepal to operate a computer-based dispensing system for methadone (see background).

In India, the key national partners are the Ministry of Health and the All India Institute of Medical Sciences (New Delhi). In Malaysia, the University of Malaya, Kuala Lumpur, is leading the project. In Nepal, the main partners include the Ministry of Home Affairs (Drug Control Programme), the Methadone Maintenance Treatment Programme at Kathmandu's Tribhuvan University Teaching Hospital and Recovering Nepal, an umbrella organization of NGOs active in harm reduction.

The project addresses urgent needs. While no Asian country has yet to experience a generalized HIV epidemic (prevalence over 1% of the population), regions within countries are experiencing large, concentrated HIV epidemics among IDUs. UNAIDS estimates that injecting of drugs now accounts for almost half of new HIV infections in Asia. India has an estimated 200 000 IDUs, 10% of whom are HIV-positive; Malaysia has 205 000 IDUs, with HIV prevalence in this group at 11%; and Nepal has about 28 000 IDUs, 31% of whom are HIV-positive (Mathers; Central Bureau of Statistics Nepal 2008).

Many studies over the last decade have warned of the rising prevalence of HIV among IDUs, and the terrible harms and costs associated with this. Still, as of 2007, less than 10% of Asia's 6 million injectors had access to prevention services (G. Stimson, unpublished data, International Harm Reduction Association Conference, Bangkok, 2009). UNAIDS Asia Pacific regional director has, therefore, challenged countries to offer "comprehensive interventions, including needle exchange and drug substitution treatment" that will reach 80% of IDUs by 2010.

Many Asian governments, however, favour abstinence-oriented programmes, rather than more evidence-based harm reduction measures. As a result, opioid substitution treatment is not widely available, though it is being introduced in countries such as China, Indonesia, Malaysia and Viet Nam. In this context, comprehensive harm reduction programmes, including OST, are urgently needed, with tools for scaling up the new treatment in ways that demonstrate its quality, sustainability and widespread benefits.

Among other countries, Nepal is using the GTZ-backed initiative to address this need.

Innovations: Nepal public-private partnership for OST

In Nepal the project has given technical support for the establishment of MeDoSys dispensing and documentation systems and built the capacity of medical staff to provide methadone maintenance therapy as part of a comprehensive approach to the treatment of drug-dependent individuals. Furthermore, it has offered advisory services to decision-makers in government and partner institutions in other aspects of scaling up OST, while working in partnership with WHO and UNODC.

Technical staff from CompWare Medical have set up the MeDoSys-International OST documentation and methadone dispensing system at Tribhuvan Teaching Hospital in Kathmandu and Pokhara Western Regional Hospital in central Nepal. In consultation with doctors and nurses, they have also adapted the system to local needs and procedures for methadone treatment. The company has also trained nurses in using and maintaining MeDoSys so that it runs in a secure and effective manner. The initial training phase normally takes up to two to three days per site, with follow-up training sessions held during the implementation phase. After this, a local computer-technician and CompWare's Indian partner, Nagarro (Gurgaon) will provide continued technical support to users of the system.

Capacity-building measures in the field of OST have been led by a German physician with 17 years experience in methadone, buprenorphine and other opioid substitution, including diamorphine (injectable, pharmaceutical heroin) in Hamburg, Amsterdam and New York. Over an initial four-month period, he provided on-the-job training for teams of doctors, nurses and social workers (in individual and group sessions) in Kathmandu and Pokhara in such aspects of OST as induction, stabilization, dosages and maintenance. He has also offered special training in the effects and side-effects of methadone, general harm reduction, treatment of concomitant diseases, networking, team building, management consulting and case management. In all this work, the project has promoted integrated service provision with a patient-centred approach. Related health services may, therefore, be provided at the same facility (or one-stop shop): e.g. HIV and TB counselling and testing and opioid dependence, HIV and TB

treatment. Strong referral systems are also part of this approach, further helping service-providers to provide individuals with good quality, integrated care.

As part of the project, selected patients at the OST clinics have also been trained as peer-educators to help methadone patients understand the treatment and its benefits.

Counselling and advisory services have also been provided to the Nepalese Ministry of Home Affairs, Department of Drug Control, the Methadone Maintenance Treatment Programme and NGOs. These have addressed aspects of scaling up methadone treatment, such as methods of reducing costs, maximizing the benefits of the MeDoSys system and attracting Global Fund and other major funding to sustain OST.

To disseminate knowledge, the Tribhuvan Teaching Hospital OST clinic aims to become a demonstration site. The ultimate goal is to develop OST in Nepal so that it is fully integrated with other services, mirrors WHO guidelines and serves as a best practices model for Nepal and the entire region.

Results, next steps

The MeDoSys-International system is now supporting OST at the Kathmandu and Pokhara clinics and nurses there have received intensive training in using and maintaining the system. The system software has also been adapted and updated to local needs and requirements, based on recommendations from the nurses using the system.

The project began during a period of unrest and frequent interruptions in the supply of electricity. Project staff, however, adapted the system in sophisticated ways to address the circumstances, and established plans to tap independent sources of solar energy. A local computer-expert has been trained in all technical aspects of the MeDoSys system to provide immediate back-up service when needed.

In terms of capacity building, doctors, nurses and social workers (mainly ex-drug users) at the two clinics have undergone training in OST and harm reduction. Some 40 peer educators have also been trained in the effects and side effects of methadone, concomitant diseases, harm reduction and advocacy. Among their new tools is a booklet in Nepali on methadone treatment, produced under the project by the Tribhuvan Teaching Hospital and the NGO Recovering Nepal.

Entrance to Nepal's first methadone clinic, one that could serve as a model for the region.

For advocacy, a local film-maker produced a short documentary on harm reduction and OST in Kathmandu ("The Other Choice"). This was broadcast twice on the main national private TV station and 300 copies have been distributed to treatment providers and other stakeholders. In cooperation with its partners, GTZ hosted a satellite meeting on OST at Nepal's 2nd National Harm Reduction Conference, August 2009.

Building on these and other achievements, Nepalese authorities and their partners have been provided with additional funds for the maintenance and scaling up of methadone services. The new money will be used to open up to three new clinics, and training of local pharmacists to manufacture methadone – further reducing the cost of treatment.

Bangladesh

Inclusive approach boosts local response to risky practices

Bangladesh's Multidisciplinary HIV/AIDS Program, which started in 2004 with GTZ support, aims to improve the prevention, diagnosis and treatment of sexually transmitted infections, including HIV in four major cities: Chittagong, Rajshahi, Sylhet and Khulna. GTZ provides technical support to the city health departments, and works with the National AIDS and STD Program (NASP) to improve the program's linkages with municipal authorities. Efforts to prevent HIV, however, have been hampered by a lack of capacity at national and local levels, poor coordination of programmes, and severe stigmatization that drives high-risk IDUs, sex workers and men who have sex with men underground, where they are often "hidden" from municipal authorities and service providers.

Bangladeshi drug-users preparing to inject.

In this context, the Multidisciplinary HIV/AIDS Program has worked to strengthen communication and cooperation among Chittagong organizations working on HIV and other sexually transmitted infections and affected groups. In June 2007, national, district and local authorities, as well as staff from NGOs and other local stakeholders received training in developing local integrated drug policies (see "Development-oriented drug control" on GTZ/GIZ web site, or email eod-info@giz.de). The result was Bangladesh's first-ever local Drug Action Team. This 17-member team brings together major players from multiple sectors: government officials, drug rehabilitation workers, police and members of NGOs representing drug users, sex workers and men who have sex with men. Members enjoy equal status and work together to coordinate their initiatives, build the capacity of all agencies and improve access to good services.

Among the team's early successes, the process has improved outreach and led to the introduction of drug detoxification for women IDUs. Equally important, it has created effective organizational structures, strengthened community networks and laid the basis for sustainable services to reduce drug-related harm and HIV-transmission.

Outreach workers collecting dirty needles in Chittagong.

Pakistan

Reducing harm among children and prisoners
According to surveys, the number of chronic users of heroin in Pakistan increased from about 20 000 in 1980 to more than 1.5 million in the late 1990s; but health services reach less than 10% of most-at-risk IDUs, and other most-at-risk populations.
As part of efforts to encourage health reform, GTZ has provided technical assistance and funding for two innovative projects run by a Peshawar-based NGO, DOST, in the North-West Frontier Province and the Federally Administered Tribal Areas.

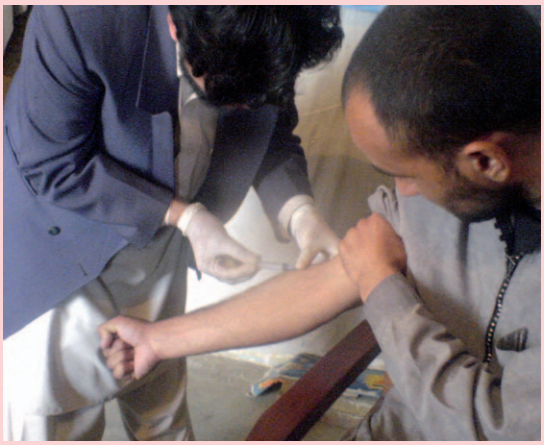
Pakistani inmates listening to a social worker of "DOST Welfare Foundation" during an "awareness-session" in a prison.

In Peshawar, thousands of children live on the street, where they often inject heroin and other drugs, using contaminated equipment. Outreach workers in the "Social Reintegration Program for the Street Children of Peshawar" contact and refer these children to program services: three to six months of residential treatment and rehabilitation, including primary education and vocational training; ongoing care and services to reintegrate children with their families; and advocacy, networking and referrals to children's organizations. Between March 2007 and September 2008, when an evaluation was done, the project helped about 3500 street kids via 84 established outreach sites in Peshawar. Trained adult "peer" educators played a large part in this work, and former street children (recovering addicts) assist them. A major survey of street children, done in September and October 2008, found a significant increase in awareness of HIV and its modes of transmission, lower rates of heroin use and a decrease in physical and sexual abuse.

About 40% of the children had completed the residential (detoxification) programme, and about 55% of this group were drug-free and living with their families after finishing the three-month programme. This innovative project thus achieved most of its targets in the first 18 months, and is now seen as a model for helping street children throughout Asia.

In the prisons of the province, meanwhile, about 9000 individuals are incarcerated, and 20%–40% are drug users. Among prisoners and their children, who often reside in jail, there is also widespread ignorance about HIV and high-risk sexual behaviours. By the end of 2008, the project "Prevention of HIV among prisoners in North-West Frontier Province" had established teams of counsellors, health educators and doctors (20 health professionals) in two central prisons and 14 major district prisons. (There are 22 prisons in the province and some already had harm reduction services). Their interventions include organizing information sessions for prisoners and prison authorities; conducting advocacy among prison authorities for harm reduction and health services; and promoting prevention, care and support services for HIV, sexually transmitted infections, TB and hepatitis B and C.

An evaluation done after the first year of the programme, in March 2008, found that while it had not achieved all its projected outputs, it had been well received by prisoners and prison authorities, generated valuable epidemiological data and shown how NGOs and prison authorities could collaborate productively.



After counselling, more than 1,800 Pakistani prisoners agreed to give blood samples to test for HIV, hepatitis B and C and syphilis – 5% were positive for at least one of the diseases.

Viet Nam

Training, advocacy boost prevention in provinces

Adult HIV prevalence in Viet Nam has recently risen to about 0.5%, with roughly 70% of infections linked to contaminated injecting equipment. Viet Nam has invested significantly in efforts to control HIV, recently, including pilot methadone maintenance treatment in Hai Phong and Ho Chi Minh City (Saigon). But stigmatization of at-risk groups and repressive measures (including re-education camps) hinder these efforts. Within the framework of a larger GTZ-supported reproductive health project, implemented by the Government Office for Population and Family Planning (GOP), the Asian Harm Reduction Network was commissioned to implement a project component titled "Harm reduction capacity building and advocacy in Cao Bang and Son La Provinces". Many of the approaches used, though long established in other countries, had never been tried in Viet Nam.

The main aims of the 2007–2008 initiative were to build the capacity of government and NGOs in these hilly northern provinces to advance harm reduction and HIV prevention, raise the awareness of stakeholders, develop resource centres and engage IDUs and others in related activities. Activities included rapid assessments of the situation in both provinces, mapping, desk reviews, information-sharing, research and programme and policy development.

The initiative also aimed to develop strategies to involve communities affected by drug use and HIV and other stakeholders in HIV-risk reduction. Health officials, doctors from provincial hospitals, nurses from reproductive health centres, staff from the Department of Labour, Invalids, and Social Affairs and members of Provincial Women`s Unions, Youth Unions and Farmers Associations were among the first cohorts to be trained.

Asian Harm Reduction Network trainers also prepared 15 master trainers for each of the two provinces, allowing for subsequent training sessions in districts and communes. This is expected to foster "local ownership" of harm reduction measures. About 20 to 30 officials, professionals and NGO officers have so far had training in each district of the two provinces, pushing the total number trained over 600.

Meeting with provincial key leaders on introducing the official project manager, Cao Bang, August 2007.

The establishment of a Resource Centre in Cao Bang, meanwhile, has facilitated the collection, development and translation of materials on harm reduction and health for training workshops and public access. Translated publications provide

current information on topics such as hepatitis B immunization, prevention of drug overdoses, vein care, safer-injection methods and drug-detoxification.

Two resource centres with 48 counsellors (one man and one women per district) throughout both provinces now provide members of the public, including drug users, with a harm-reduction phone-line, through which they can obtain critical information and arrange face-to-face meetings or counselling.

As well, the project component paved the way for other harm reduction initiatives, by supporting 19 advocacy meetings and workshops at the provincial and district levels for key personnel in the Provincial Office for Population and Family Planning, the Department of Health, the (Communist Party) People's Committees, law enforcement and policy-making agencies and the media. Thus a wide range of stakeholders and decision-makers in Cao Bang were included. The project component contributes to HIV prevention work in Viet Nam, which at the provincial level has not been effective. Essential preparatory work has been done which now provides a framework for further expanding harm reduction at the provincial and district levels.

Billboard in Northern Viet Nam warns of the link between injecting drugs and HIV.

Discussion

GTZ's major task is to provide technical assistance to governments, civil society groups and other agencies to build their capacity to achieve development goals. Its initiatives are adapted to local needs, and different political and cultural contexts.

The GTZ-backed projects mentioned in this report contribute to key elements of BMZ's HIV strategy, described in the introduction. As noted above, Germany has played a leading role in advancing the cause of harm reduction in international forums, often in the face of continued and significant ideological opposition. Its authority here owes much to hard-won expertise in developing services that reduce risks faced by Germans who inject drugs, including the risk of HIV transmission. Chief among these services are opioid substitution therapy and needle-syringe programmes – with special features tailored for female IDUs as well as their male counterparts.

The projects described here all foster political dialogue and advocacy, and draw on Germany's expertise in harm reduction. The Ukraine programme has engaged with national and regional authorities, as well as NGOs, to kick-start critical prevention programmes in four underserved oblasts. Nepal's initiative is helping a teaching hospital and the national Methadone Maintenance Treatment Programme to develop a model for OST that should strengthen advocacy for this treatment, throughout South-Asia. The Drug Action Team in Bangladesh combines coordinated efforts in scaling up harm reduction measures with wider advocacy in the community. Viet Nam's advocacy work has enlarged the group of stakeholders involved to counter the virulent stigmatization of HIV and drug use in Cao Bang and Son La provinces.

Strengthening systems for basic health services is another priority of all the initiatives. In Ukraine, this entails building the capacity of multidisciplinary teams of doctors, nurses and social workers to provide OST, with comprehensive training that includes study tours of established services in Germany. In Nepal, GTZ has catalyzed an innovative public-private partnership to establish the groundwork for what could be a sustainable, national system for OST with user-friendly technology and on-the-job training. In Bangladesh, the initiative has pulled together Chittagong's many stakeholders to develop an integrated local drug policy, with a multidisciplinary framework for better systems and services.

> "The projects described here have all used political dialogue and advocacy to build trust among different sectors and organizations addressing HIV and drug use."

Most of the projects have also helped advance the German priorities of expanding access to HIV antiretroviral therapy and engaging with civil society organizations.

The most significant contributions of the projects to the BMZ approach, however, are probably in two areas of HIV prevention: OST and services specifically tailored for female drug users. As noted, the use of contaminated needles and syringes, and other unsafe behaviour, are major modes of HIV transmission in most countries and the scientific evidence now clearly shows that to control HIV (as well as TB, hepatitis C, abscesses and other illnesses), one must provide easy access to basic services that reduce these risks among all injectors. Other basic health and social services should also be easily available to the partners of injectors and others affected by drug dependence and HIV (including OST for smokers of heroin, for example).

A key element of effective harm reduction programmes is OST, because it helps users to reduce risks and take advantage of other health and social services, such as HIV antiretroviral therapy, tuberculosis treatment and job-training. The GTZ/Ukraine project could not be more relevant in this context, as it targets four under-served regions of the country in Europe with the worst HIV epidemic – one that is fuelled by injecting drug use. The programme also gives concrete expression to law reforms that have opened the way for the expansion of OST, nationally, for the first time.

The Ukraine project also supports comprehensive training for services tailored to the specific needs of female drug users, the most vulnerable sub-group of injectors and a possible bridge-group for the spread of HIV into the wider population. By working with well established NGOs in two oblasts, this intervention enjoys the trust of illicit drug users and has led to significant increases in the number of women accessing harm reduction. Like OST, it is also helping to translate the overarching goals of the national HIV programme into regional and local frameworks – with concrete, sustainable results.

Long-term support will be needed, however, to sustain structures and services introduced. As these were time-bound projects, ways were found (wherever possible) to sustain the services after GTZ pulls out. Pakistan's innovative project for street children, for example, built strong systems of referral and networks among institutions serving this at-risk population. The benefits of harm reduction may also be sustained in Viet Nam's northern provinces, owing to the projects, emphasis on training and advocacy at various levels: national, provincial and local.

"Long-term support and the removal of legal barriers will be needed to sustain structures and services introduced."

Legal barriers inhibiting the further expansion of harm reduction include laws prohibiting needle-syringe programmes for prisoners in Pakistan, and permitting the use of "re-education camps" for injecting drug users in Viet Nam.

In most countries the coverage of services still needs to be vastly expanded. Too often, harm reduction is provided by isolated pilot projects, or stand-alone programmes. In Nepal, for example, just 200 drug-dependent individuals were receiving OST in mid 2009, a small fraction of those in need. Here, as in Ukraine and elsewhere, this treatment needs to be greatly expanded and integrated with other health services. The goal must be universal coverage, as recommended by WHO and other global public health and development agencies. Among the many benefits of such blanket coverage is the reduction of stigma that marginalize drug users and people with HIV, inhibiting their access to other basic services.

Taken together, these and other initiatives described in this report highlight the merit of harm reduction programmes, at a pivotal stage in the global dialogue surrounding drug control and HIV prevention. Doctors and nurses in drug clinics in Ukraine and Nepal; peer-educators of street children in Pakistan; former drug users now serving as social workers in Kathmandu and Pokhara, government agencies and NGOs working together in Chittagong: all will bear witness to the effectiveness of harm reduction. In support of the sixth Millennium Development Goal – and humanity in general – governments and global agencies should now set aside ideological arguments, and work together to provide universal access to basic services of harm reduction.

Doing this requires clearing a number of obstacles. Sustainable funding and practices must be established, outdated laws reformed, capacity built, and service coverage expanded.

These changes will not be easy, but, as the science shows, balanced, multisectoral strategies are essential to reduce the many harms of drug dependence – personal, social and economic. Furthermore, while law enforcement and public security are important parts of these strategies, public health and human rights concerns must be front and centre. Only this approach will guard drug users', and everybody's, right to health.

Peer Review

The German HIV Practice Collection has a number of criteria that initiatives supported by GTZ must meet to qualify for documentation in the Collection. The approaches described above for protecting drug users against HIV and reducing the harms of drug use qualify as a "promising practice" to the extent that they demonstrate
the following strengths:

Effectiveness
All projects described here have demonstrated their effectiveness in fostering the political dialogue and advocacy need for a harm reduction approach. In all countries, diverse stakeholders are being involved in the planning, implementation and skill-building processes with a view to embedding harm reduction measures into existing policy structures and services and encouraging widespread ownership. Some of the projects have been scientifically evaluated. For instance, the preventive work of Pakistan's DOST Welfare Foundation in the areas of drug use and HIV was well received and appreciated by prisoners and prison health-care and administrative staff. The project has also provided many prisoners with counselling on infectious diseases and the risks of drug use, HIV voluntary counselling and testing, treatment for sexually transmitted infections, general medical services and training for many prison health officers. Furthermore, the project was able to substantially increase knowledge about HIV transmission and tolerance of people living with HIV. The other projects mentioned here also reached their goals on schedule and contributed to substantial improvements in efforts to address HIV and other harms related to drug use.

Transferability
The strategies, interventions and methods used in the projects have demonstrated their value. They are also well documented and appear to be widely applicable to other countries and regions of the world. Attempts to transfer these projects, or elements of them, would be facilitated by their adherence to basic principles of sustainable work that are part of GTZ's overall approach. For HIV and drug addiction policy, this includes transparent coordination and joint planning by all stakeholders, local ownership of the approaches developed, baseline assessments of the needs of clients and service-providers, and monitoring and evaluation.

Participation and empowerment
A participatory approach is a key part of tailor-made HIV prevention and harm reduction programmes. Most of the projects have used such an approach. Depending on their context, national, regional and local authorities, as well as civil society organizations, have been involved. Furthermore, the target group itself is always included as a valuable resource in assessment, planning and implementation. For example, the Viet Nam project engaged drug users in needs assessment and the Ukraine project trained drug users to provide services to their peers. By doing this, the projects helped drug users and others to develop new skills and abilities, empowering them. Capacity building, such as training in the development of services for female drug users and integrated local drug policies, has involved a wide range of actors. This in turn has allowed for better skills-building processes and more integrated responses to overlapping issues. Participants are, therefore, gaining new tools and methods to develop their own strategies and projects, which encourages them to take ownership and, help themselves.

Gender awareness
The number of women at risk of HIV and/or drug addiction is often underestimated or ignored, and, few tools have been developed to reach them with HIV-prevention information. With training in the development of services for female drug users, GTZ aims to bridge this gap by helping professionals in the field acquire knowledge and skills to scale up their projects and make them more accessible to girls and women. This training draws on practical experience and combines concrete guidance and tools with general information to raise awareness about gender issues. The Ukraine project also provides female drug users with a comprehensive package of HIV prevention and harm reduction measures.

This includes crucial information about the availability of services tailored for girls and women, (with a list of names and addresses of state and medical institutions and professionals that provide these services). As well, it provides therapeutic and counselling services for the children of female drug users and training for female drug users in disease prevention and to develop job skills and find employment.

Monitoring and evaluation
As in all GTZ projects and programmes, monitoring and evaluation were part of all the initiatives described in this report, though the quality of M&E varied. The Ukraine project, for example, has been monitored and evaluated within the framework of GTZ's project progress reviews. These look at outputs and results, unintended as well as intended, and provide detailed recommendations for better strategies and processes. Some of the projects and programmes mentioned here were also subject to external evaluations. An independent evaluation of the Pakistan prison project, for example, gave health and prison authorities, and managers with GTZ and the implementing NGO a comprehensive assessment of the project, covering its methods, progress (or lack of progress) towards declared time-bound targets and goals, budgets and recommendations for continuance.

Innovation
Several interventions within the projects were particularly innovative. For example, Pakistan's initiative among street children, many of whom suffer from drug dependence, was the first of its kind in the country. Similarly, Chittagong's Integrated Local Drug Policy, and the multisectoral Drug Action Team that it engendered were precedent-setting structures for the systematic coordination of HIV and harm reduction services in Bangladesh. The gender-sensitive approach to harm reduction services is also innovative in all participating countries. (While it is widely known that female drug-users have special needs, services frequently fail girls and women as they tend to be tailored to reach male drug users).

Cost-effectiveness
Reviews suggest that all projects required significant investments of financial and human resources, but their success in achieving many of their goals has more than justified these investments. Harm reduction itself is a pragmatic and cost-effective approach, because it helps to reduce risks of (costly) infections – above all, HIV and hepatitis – and takes advantage of existing health and social services in forging a cooperative response.

Sustainability
Strong referral systems and networking among agencies and institutions during the projects promises to sustain many of the benefits of these projects. Cooperation with state or regional institutions and support from international donors will also ensure that certain tasks and responsibilities associated with the projects will continue. Ownership by many different stakeholders involved in these projects helps to establish harm reduction measures as an integral part of drug policies and health-care services in the countries, regions or communities that hosted the projects. Making OST sustainable is, however, difficult in some countries, owing to political and ideological resistance.

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Published by:
The German HIV Practice Collection (GHPC)
GHPC Secretariat run by the Project
'Strengthening the German contribution
to the global AIDS response'
Responsible: Dr. Thomas Kirsch-Woik
Deutsche Gesellschaft für Internationale
Zusammenarbeit (GIZ) GmbH
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Design and production:

Photographs:
Bangladesh: Humayun Kabir, Heino Stöver;
Pakistan: Till Kinkel;
Viet Nam: Ingo Ilja Michels;
Ukraine: Susanne Schardt, Uliana Bakh, Ingo Ilja Michels;
Nepal: Nabi Baral (cover), Hans-Günter Meyer-Thompson, Patricia Kramarz

All individuals whose images appear in this document consented to be photographed.

Eschborn: November 2009 (this edition January 2011)