



World Bank Global
HIV/AIDS Program

HIV/AIDS - *Getting Results*

These reports describe activities, challenges and lessons learned during the World Bank's HIV/AIDS work with countries and other partners.

Preventing HIV infection in Russia: best practices in harm reduction programs

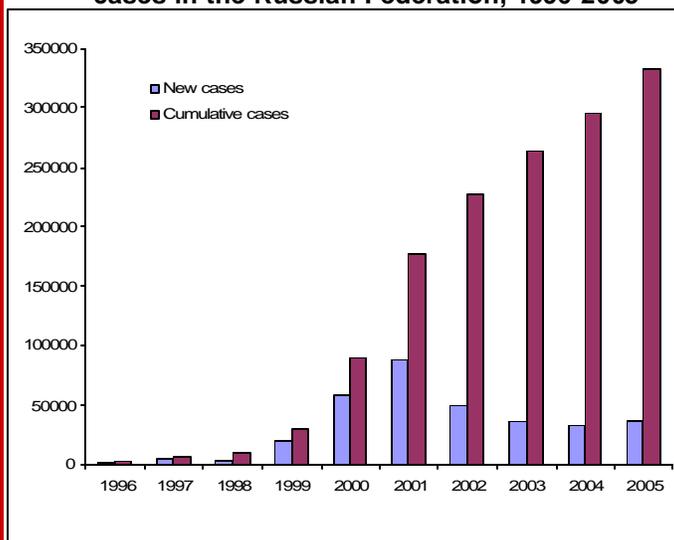
A new assessment of best practices in HIV/AIDS harm reduction programs in the Russian Federation was done for the World Bank by the Open Health Institute in 2006. "Harm Reduction Programs in the Civilian and Prison Sectors of the Russian Federation: Assessment of Best Practices", provides insights into factors contributing to successful harm reduction programs. These programs are vital in helping to control the HIV epidemic in Russia, where injecting drug users account for 70% of all HIV cases.



Context – HIV in Russia

Countries of the former Soviet Union have some of the sharpest increases in HIV incidence ever observed. In 1995, the Russian Federation had a cumulative total of one thousand registered HIV cases; by April 2006, over 352,000 cases had been recorded (Figure 1).

Figure 1: Number of new cases and total number of cases in the Russian Federation, 1996-2005



Source: National AIDS Center, 2006

The actual number of HIV cases is most likely several times higher, because many people with the greatest risk of infection do not have routine access to health care services and so have a much smaller chance of being tested. UNAIDS estimates the number at 860,000; other estimates range from 420,000 to 1,400,000.

With 70% of HIV cases in Russia in 2004-2005 connected with Injecting Drug Users (IDUs), and estimates of the number of IDUs in the country ranging from 2 – 4 million, the situation is critical. Projections are difficult, but predictions of 1,250,000 HIV cases in Russia (up to 50% of IDUs infected) by 2008 are relatively modest, compared with the US National Intelligence Council's estimate of 3 – 8 million cases by 2010. Indeed, although this may simply be the result of lower testing coverage from 2002 – 2004, there is some evidence of the beginning of an upsurge in the epidemic. Even optimistic predictions of HIV trends and their economic impact by 2010 expect a decrease in GNP by 4.15% and in investments by 5.5%.

Since the HIV epidemic in the Russian Federation is driven largely by intravenous drug users (in prisons and in the civilian population) sharing contaminated needles, effective programs to prevent new infections must focus on these groups, and their sexual partners.

"We are at a turning point," says Patricio Marquez, lead health specialist and Team Leader of a World Bank-financed Russia Tuberculosis and HIV/AIDS control project. There is some evidence that Russia, like its neighbor Ukraine, is already experiencing the epidemic's "second wave," when the virus breaks out of a concentrated high risk group. There is an urgent need to reach all high risk drug-injecting people with effective programs, to stop the virus spreading to the general

population through a “bridge” group of their partners, wives and girlfriends.

Anti-drug policies that prohibit and criminalize drug use have proved unsuccessful, and increase IDU risk of HIV. Numerous studies in a number of countries have shown high failure rates among IDUs who try to stop drug use (92% in one St Petersburg sample); other policies are needed to prevent the spread of HIV among and beyond the IDU population.

Harm Reduction

Harm reduction (HR) policies and programs aim to reduce the adverse health, social and economic consequences of drug use. Needle exchange programs (NEP) are one component of HR, and prevent the transmission of HIV (and other infections) that comes from sharing non-sterile injection equipment and drug preparations. HR programs often also include other medical and social services to improve the health of IDUs.

Worldwide, HR began in 1984 in the Netherlands. Harm reduction programs have gained widening acceptance in the last five years and exist in all 25 members of the European Union, in many countries of Eastern Europe and the Former Soviet Union, and many countries in Asia including China and India (see map in Figure 2). They are supported by major international agencies, including WHO, UNAIDS, UNICEF, UNODC, and the World Bank.

Figure 2: Harm Reduction Programs in 2003



Source: Wodak A. 2000 (<http://www.ihra.net/>)

Studies on the effectiveness of HR seldom report biological outcomes, often disregard alternate sources of syringes and “secondary exchange” (in which IDUs who

participate in the program pass on needles and syringes to others not in the program), and insufficiently control for confounding factors. So although debate about the effectiveness of HR continues, a mounting body of evidence – including hard data from Australia and Canada – suggests that harm reduction programs are a necessary and cost-effective tool in stopping the spread of HIV in countries where drug use is an important “driver” of the epidemic. Studies record significant success in reducing risky behavior and HIV prevalence among IDUs in cities with different levels of HR activity, and among HR participants and non-participants. All studies in Russia and elsewhere have shown HR to be cost-effective compared with other life-saving interventions.

Harm reduction in Russia

The first pilot HR project in Russia began in 1996, and in 1997, there were 5 needle exchange and peer education programs operating in Moscow, St Petersburg and other areas. The Russian Federal Ministry of Health then worked with local and international NGOs in a coordinated effort to expand program coverage, offering training, and facilitating rapid situation assessments and grants from the Open Society Institute in Russia (OSI-Russia). By the end of 2000, OSI was supporting 36 needle exchange projects in 32 regions. The number of HR projects in Russia has continued to increase, with 63 projects underway in mid-2006, funded by DFID, international NGOs, and the Global Fund. However, coverage is still low.

Given Russia’s HIV incidence and trends, the number of IDUs and the huge size of the country, a comprehensive national strategy and an urgent scale-up of HR for IDUs is necessary, including additional funding from federal and regional governments.

“While NGO, Government, and donor efforts are ramping up, only a tiny fraction of Russia’s injecting drug users are getting help – funding and capacity building must rise exponentially if real progress is to be made in stemming the epidemic,” stresses Marquez.

The Bank-financed \$286 million Russia Tuberculosis and HIV/AIDS control project offers an opportunity to consolidate HR programs to make them sustainable and increase their scale and coverage. “We need to create a consensus at the federal and regional levels that harm reduction programs are effective and that criminalization of drug usage in the context of an HIV/AIDS epidemic is not the solution. Increased enforcement does not lead to a drop in drug consumption but increases HIV infections among drug users.” says Marquez.

If programs are to be expanded, and considerably more resources invested in HR, then it is important to understand how to design and operate HR programs that

are most effective in preventing HIV infection, and most cost-effective.

Best Practice in Harm Reduction in Russia

In 2001, a study carried out for the World Bank on “Best Practice in Harm Reduction in the Community and in Prisons in the Russian Federation” identified factors that contribute to good practice and program success:

- Attitude of HR programs staff to HR strategies (activism, enthusiasm, etc);
- Support from local authorities and institutions;
- International funding and technical support;
- Use of rapid situation assessments;
- Support for peer education and secondary exchange.

Much has been done and learned about HR in Russia since 2001, so a new study was done to update the early assessment in the context of a more mature HR program in Russia. It looks at best practice in relation to process (staff, evaluation system, use of resources, etc), and outcome indicators (incidence of HIV, STI and overdoses). It also considers the extent to which the context of HR programs is determined or modifiable.

Best practice in harm reduction is defined as programs that achieve good results (even in a hostile environment), that improve modifiable context characteristics and achieve objectives of effectiveness, multi-sector collaboration and sustainability.

Methodology

Following a review of the literature on harm reduction, 57 anonymous, semi-structured interviews of 40 minutes were recorded with managers and providers of HR services, users of these services (IDUs and inmates) and regional policy-makers in six regions of the Russian Federation. These included the two regions most successful in implementing HR civilian and prison programs. In addition, seven pilot interviews and a further seven interviews with federal decision-makers were carried out.

Of the 71 people interviewed, 41 also filled out “repertory grids” which were then analyzed. Repertory grids are a way to elicit the personal constructs by which people organize events and experiences. The open-ended structure of this technique, which invites respondents to choose their own factors for evaluating HR projects (either three existing projects known to them or one project in the past, present and future, together with an ideal project and a bad project) provided a way to compare the importance given to different criteria in the interviews. Analysis of the repertory grids identified the

criteria most often cited spontaneously by the respondents as relevant in comparing projects. These criteria (none of which was shown to have overwhelming importance for evaluating HR projects) were then subjected to further analysis to measure the influence of the criteria categories selected by the respondents on their evaluation of projects. The distance between the ratings given to particular (actual) projects and to hypothetical best and worst projects permitted conclusions about the relative importance of success criteria.

Results

Where HR was initially viewed negatively, attitudes became more favorable after exposure to the programs. Opinion was divided as to whether the aim of HR was to prevent HIV transmission within the IDU community or to keep the HIV epidemic within this community. Many respondents viewed narrow programs confined to needle exchange to be one step in the evolution of HR to a general “health oriented” strategy involving a comprehensive range of services, including medical care, social support and legal aid, premised on the drug user as a human being in need of complex care. This attitude was seen to be in contrast to the perceived official government position, in which IDUs are lumped together with the label of potential or present criminal. It also diverged widely from the reality of HR in Russia today, which is focused on needle exchange. Although some respondents believed that substitution therapy (banned in the USSR in the 1970’s) is a necessary element of HR, attitudes of state representatives and prison officials ranged from cautious to negative. On the whole, respondents believe that HR is successful, and were optimistic about the future.

Success Indicators

HR programs are seen to be successful in that they:

- Control the HIV/AIDS epidemic, with lower incidence rates in areas with HR programs (there was only anecdotal data to support this, a caution noted by some respondents, but the belief was widespread).
- Provide greater access to an otherwise increasingly closed target group. The possibility that even a small number of HR clients might quit was also seen as a great advantage, and HR was the most successful means of reaching them.
- Increase safe injecting practices (again often there was anecdotal but no hard data to confirm this belief).

“Before, 70-80% of HIV [infection] was among IDUs, now it is only 20%.”

“In 2000 72% of users were sharing equipment, presently it is 18% only.”

- Increase or sustain political support for HR.
- Increase collaboration with law enforcement bodies. This was seen to be hard-won and still often fraught. Regular training for law enforcement staff was recommended, given the high turnover rates among junior officers, who are often hostile to IDUs and outreach workers. The absence of hostility from the State Drug Control Service was seen to be critical to success. It should be noted that in some regions the Drug Control Service refused to participate in this study in order to avoid expressing their attitude.
- Increase links across the health care system. Animosity between HR projects and the health care system greatly hampers harm reduction projects, and the extent to which this was overcome was an important factor in success.

Attitudes of IDUs to HR programs were positive, although only HR users were interviewed for this study.



How is success achieved?

The repertory grids reinforced the findings of the interviews, highlighting factors critical to the success of HR programs. Despite the belief that outcomes were affected by HR, respondents used process indicators -- not outcome indicators-- to judge the effectiveness of HR programs.

Internal variables accounted for 78% of all criteria listed by respondents. Nevertheless, the dominant criterion cited was the external variable, societal environment – **public and administrative opinion of HR**. Negative public and media attention was seen to be highly detrimental to the success of an HR program. Government support and financing were judged to be slightly less important than societal environment, perhaps because most of the projects considered already had fairly long-term financing. Sufficient funding, which remains precarious for many HR projects in Russia, was viewed as fundamental to the sustainability of HR projects. Respondents said that ideally, funding should come from both regional and national governments and from external donors.

Human resources were ranked in both interviews and repertory grids as the second most important criterion for successful HR projects. **Strong leadership and good management** were cited in the interviews, but the repertory grids focused primarily on the necessity for **professional, enthusiastic employees**. It was recommended that attention be given to the high burnout rate of outreach workers, that their salaries be increased and their professional profile be formalized.

The third most important criterion which emerged from the repertory grid analysis was the **breadth of services** provided by the HR project. Respondents emphasized the need for a holistic approach to HR, not limited to needle exchange, but including a variety of medical and social support services, including testing and counseling. This breadth of services was seen to attract clients and motivate staff. It is relevant that in identifying the benefits of HR programs, IDUs themselves mentioned not only the syringes and condoms supplied, but also the benefits of information, social support and access to medical services.

Outreach, rather than the location of the HR project, is important for successful HR programs. Adaptability to the fluid, increasingly hidden and isolated narcotics scene was viewed as critical. Support for secondary exchange, and an open hours program were also highlighted. Involvement of former and current IDUs, although problematic, can help in the recruitment and maintenance of clients, and was more important than mobile exchange sites. This is reflected in the fourth repertory grid criterion – **knowledge of the HR program among members of the target groups**.

In terms of organization, most respondents expressed preference for projects for which there was overall NGO responsibility, in partnership with state institutions, which were viewed as unduly rigid. Flexibility of approach was considered essential both as regards funding and the content of the program.

In summary, a best practices project should invest resources in improving societal perceptions of HR. It should have a well-planned recruiting and retention strategy for staff, and should provide a wide range of services to IDUs, including medical care and information. It should ensure that IDUs are informed about these services.

HIV prevention in the Russian penal system

Russia's imprisonment rate (670/100,000 population in 2003) is amongst the highest in the world. As in Eastern European countries, HIV rates among prisoners in Russia are higher (4% in 2002) than in the general population. IDUs are often over-represented in prison populations, and usually continue to use drugs while incarcerated.

HR programs began to a limited extent in Russian prisons in 1990. WHO guidelines issued in 1993 recommended that HR should be as available in prisons as in civil communities, and literature from other countries shows that needle exchange programs are feasible and beneficial in prison populations. However, Russian law forbids syringe exchange in prisons, so programs are limited to HIV education for staff and prisoners, peer education, and provision of disinfectants and condoms (although condoms

are not available to the same degree as in civilian HR programs). A Russian study comparing two prisons – one with an HR program and with one without – found that prisoners with access to HR knew more about HIV, reported less risky behavior, and no more drug use, than prisoners with no HR program (Bobrik, 2004).

This perception was echoed in the assessment although, as with the civilian programs, no epidemiological data were cited to substantiate this. Eleven interviews with peer educators, leaders of prison projects and heads of prison medical departments discussed prison HR projects. Five experts completed repertory grids. In addition to preventing HIV transmission, increased knowledge of HIV among both inmates and prison staff and improved socialization of prisoners were cited as achievements of HR programs.

In the repertory grids, as for the civilian programs, the experts focused on process rather than outcome criteria. External factors were less relevant than for civil projects, given the closed nature of the institutions, however the influence of the prison administration and the Federal Penitentiary Service was critical. The dominant factors for successful prison HR projects were: (1) wide access to services and (2) a wide range of services. The availability of peer education, education of both prison staff and administration, training sessions and the presence of professional psychologists were all cited, as was the availability of condoms. The third factor, also stressed during the interviews, was the need for continuity of care after inmates were released from prison, through links with other organizations. The absence of this social support was seen to be the major failing of the present system.

Moving forward

Barriers and limitations aside, best practice efforts are emerging. A multi-year program for Russia's prison system, under way since 1999, set up HIV prevention and health promotion efforts in the prisons of four regions. A Harm Reduction Bridging Project as well as an initiative called 'GLOBUS' are further expanding these types of programs, both inside and outside prisons. A Russian Harm Reduction Network is expanding its activities around the country as part of these scaling-up efforts. In every instance the involvement of local non-governmental organizations with first-hand knowledge of the IDU community are critical to success. Government support is also critical.

References, further information

- Open Health Institute. 2006. *Harm Reduction Programs in the Civilian and Prison Sectors of the Russian Federation: Assessment of Best Practices*, On line at: www.worldbank.org/aids > Publications
- Russia Tuberculosis and HIV/AIDS control project From www.worldbank.org, search for project P064237
- Wodak, A. 2006. "Controlling HIV among injecting drug users: current status of harm reduction", Presentation at International AIDS Conference, Toronto, August 2006. <http://www.ihra.net/pdf/AWodak2006Torontoslides.pdf>
- Bobrik A. 2004. Assessment of prevalence of HIV, syphilis and risk factors of its transmission in penal jurisdiction. Medico-social problems of socially conditioned diseases. Scientific works, Ministry of Health, Central Public Health Research Institute, Russia, Moscow.
- Burrows D. 2001. A Best Practice Model of Harm Reduction in the Community and in Prisons in Russian Federation. The World Bank, Washington, DC.
- WHO Guidelines on HIV infection and AIDS in prisons. WHO Global Programme on AIDS. 1993: 9

For more information:

Patricio Marquez, Lead Health Specialist, World Bank, Europe and Central Asia Region.
pmarquez@worldbank.org

"HIV/AIDS - Getting Results" series editor:

Joy de Beyer, World Bank Global HIV/AIDS Program
jdebeyer@worldbank.org

September 2006