Civil Society Driven Response in Ukraine: A program making a difference and bringing results

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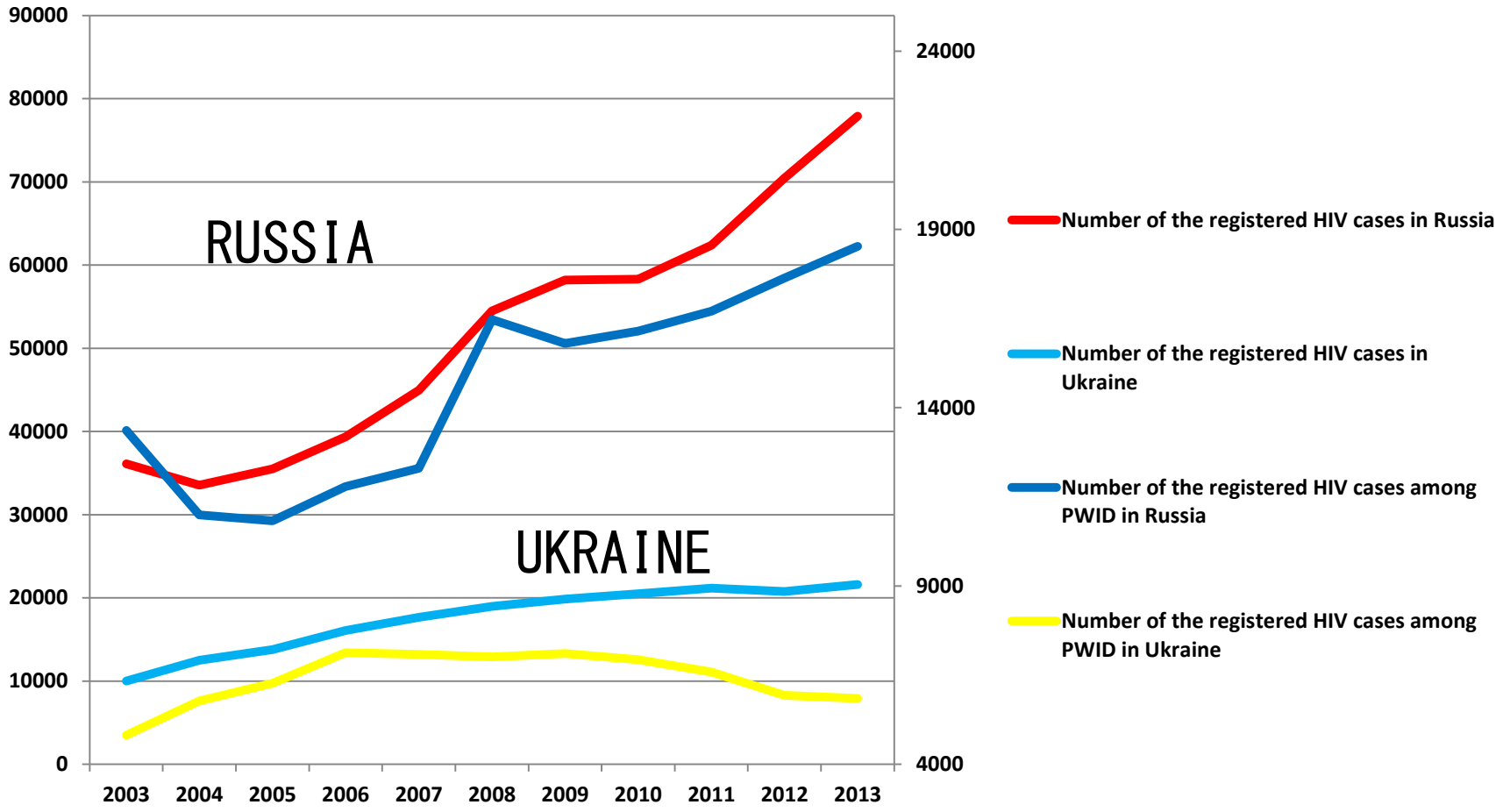
Situation in Ukraine

- Ukraine is a part of Eastern Europe and Central Asia, the region with the **fastest growing HIV epidemic globally**
- **Population:** 43 million
- **217,576 people living with HIV** or 0.59% of estimated adult prevalence *(2014, Bul. #44)*
- **124,279 people living with HIV currently under medical supervision** in AIDS clinics *(2015, does not include AR Crimea)*
- First Semester of 2015 *(without AR Crimea and ATO regions)*: **7,453** cases of HIV and **3,992** cases of AIDS registered
- **Epidemic driven primarily by injecting drug use** heterosexual transmission also plays important role.
- **Estimated # of PWID in Ukraine:** 10,000. Main injectable drug – homemade acetylated poppy straw extract (opioid). Home-made methamphetamine-type drugs are also prevalent
- **Ukraine faced external aggression.** Crimea was annexed by Russia; part of Eastern Ukraine is controlled by pro-Russian rebels with on-going military conflict

HIV Epidemic Trends in Ukraine and Russia



Why learn from Ukraine?

- **Regional context:** Ukraine often cited alongside Russia, nevertheless the **epidemic trends in these two countries are very different.**

- The trend observed in Ukraine is **opposite** to the situation in Russia where epidemic developed in a similar manner before 2007.

- **Large scale awareness campaigns** and **equally low access to ART** in both countries *(22-27% in Russia in comparison with 17-28% in Ukraine).*

- **Weak civil society role**, **absence of substitution therapy** and **lack of prevention programs among PWID** in Russia are the major reasons for continuous increase in HIV among this group.

- Consequently, both epidemics *(among general population and among PWID)* are going up in the Russia but are under control in Ukraine.

What are the success factors in Ukraine?

Civil society and **community systems** became the key factors for getting the HIV/AIDS epidemic under control successfully

Community-led system has strengthened access to health services

Covering the gaps

- Reaching the most vulnerable people left behind by the standard health care system, in particular, people who inject drugs, sex workers, men having sex with men

Ensuring prevention – treatment continuum

- Introducing community-initiated treatment
- helping to improve access to treatment for PWID and
- increasing effectiveness of the treatment cascade.

Introducing innovations

- Introducing innovations helped to improve access to treatment for PWID and other vulnerable groups

Advocating for policy changes and monitoring effectiveness of governmental spending

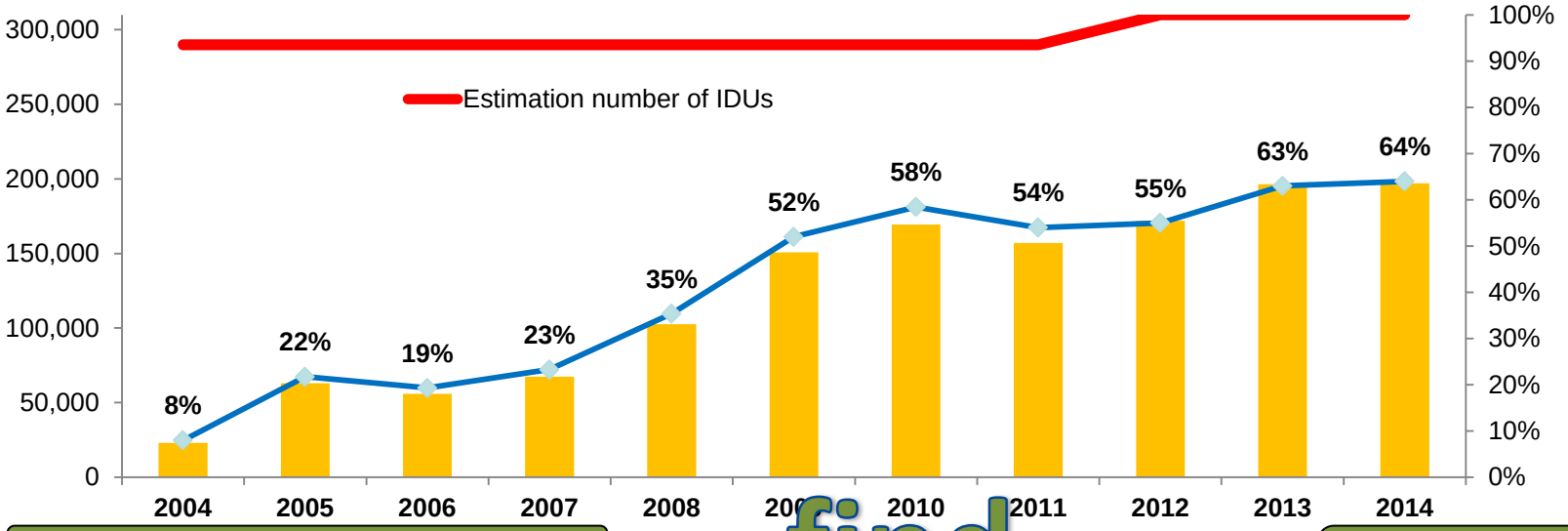
- Civil society organizations set some standards of effective procurement influencing the government to follow this example for cost-effective procurement

I'll illustrate

An example: civil society-led harm reduction programs and the recently launched Hepatitis C treatment program, initiated by Alliance Ukraine

- Alliance Ukraine implements the **largest** harm reduction program in Eastern Europe and Central Asia
- **Services for key populations** provided through civil society organizations in 300 cities all over Ukraine
- These services resulted in the **decrease** of the newly registered HIV cases among PWID as well as among general population

Focused KAP HIV-related interventions in Ukraine over a decade



Basic harm reduction (21) 23 115

find

196 992 PWID; 37 061 FSW; 28 500 MSM annually

Pharmacy based intervention — 30 050 annually

PDI (5) 2 273 | (15) 9 005 | (17) 11 293 — 6 438 PWID PDI; 3 063 FSW PDI p/a

Mobile clinics (15) — 59 880 visits annually

test

HIV CT (15) 33 094 — 113 423 tests annually

ART (9) 93 — 66 409

ST (9) 436 — 8 399

treat

CITI (26) — 3 465 PWID registered with HIV; 3 099 PWID started ART

Screening HCV and HBV — 54 874 HepB, 59 734 HepC tests; 112 HCV treatment courses

link

Screening TB — 100% screened; 10% referred

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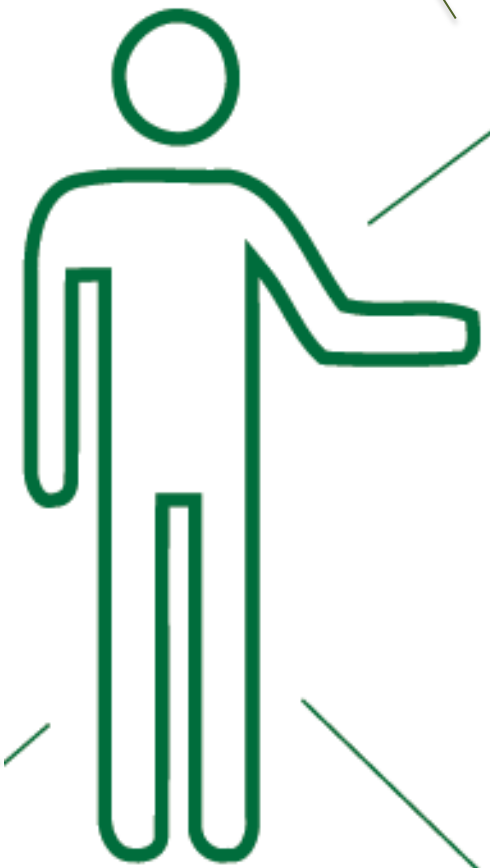
58,227 clients PWID screened for TB

53% of clients PWID **tested for HIV** in community settings

9,5% of clients PWID tested for **Hep C**

16.79 % of PWID on **OST**

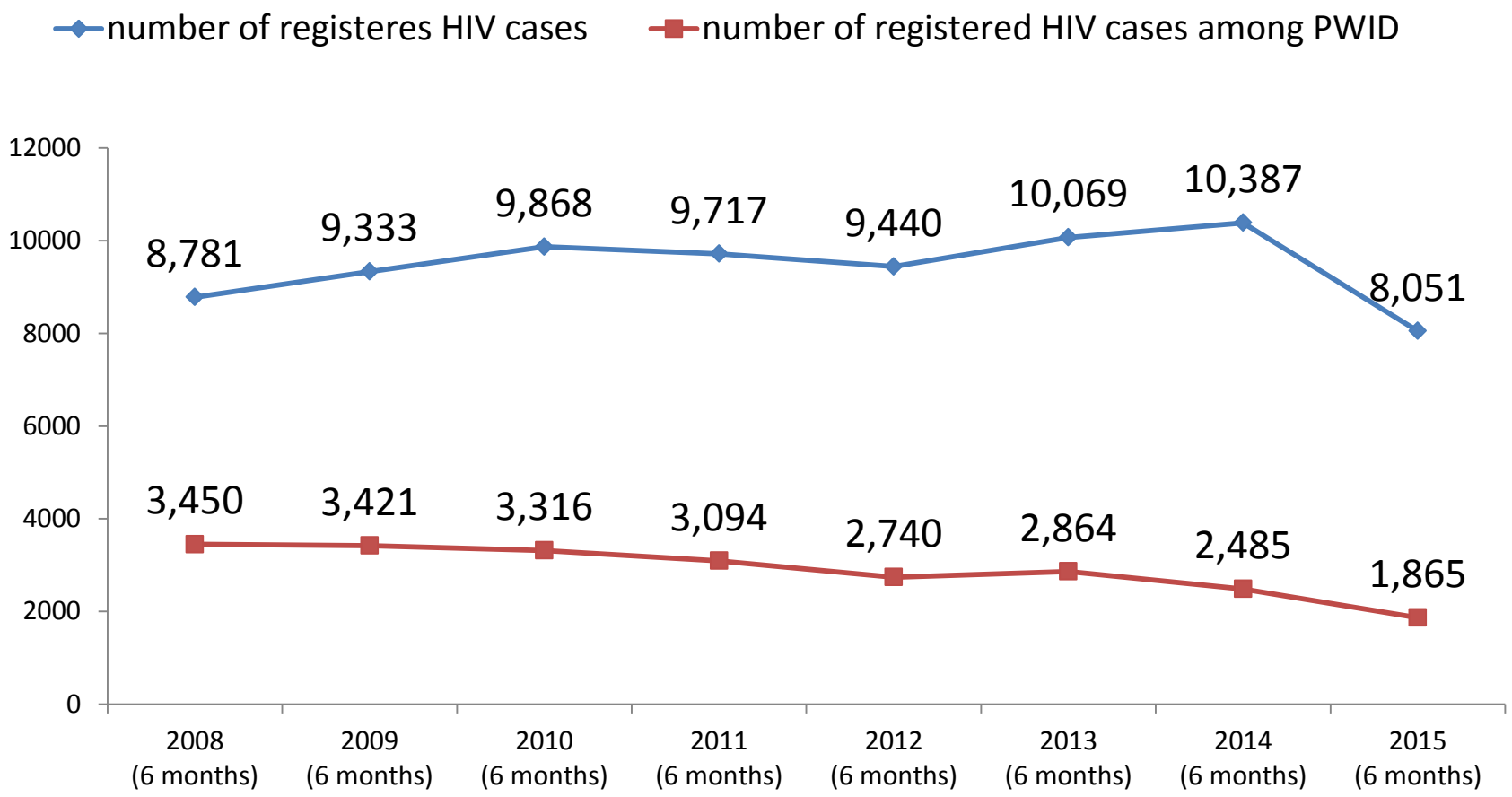


52 **syringes**

14 **condoms**

5 **sachets of lube**

Effectiveness of HIV prevention programs among PWID



- *For consistent analysis the data does not include Crimea and Sevastopol city*

Fig. Officially registered HIV cases, semiannual data for 2008 - 2014

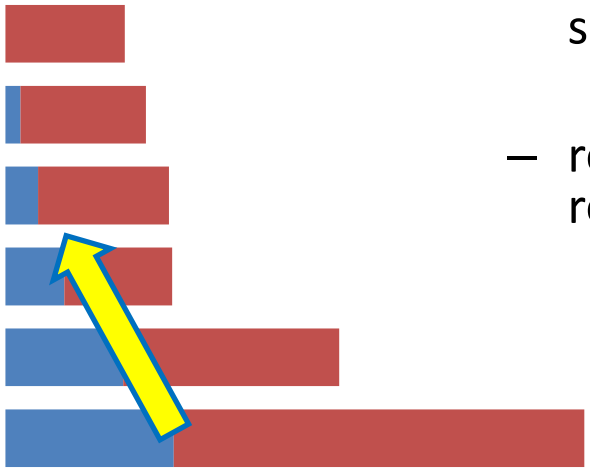
Innovations brought by civil society

- Peer-driven intervention (PDI)
- Risk network PDI,
- Outreach testing
- Medication-assisted therapy (MAT)
- Community-initiated treatment intervention (CITI)
- Hepatitis C treatment

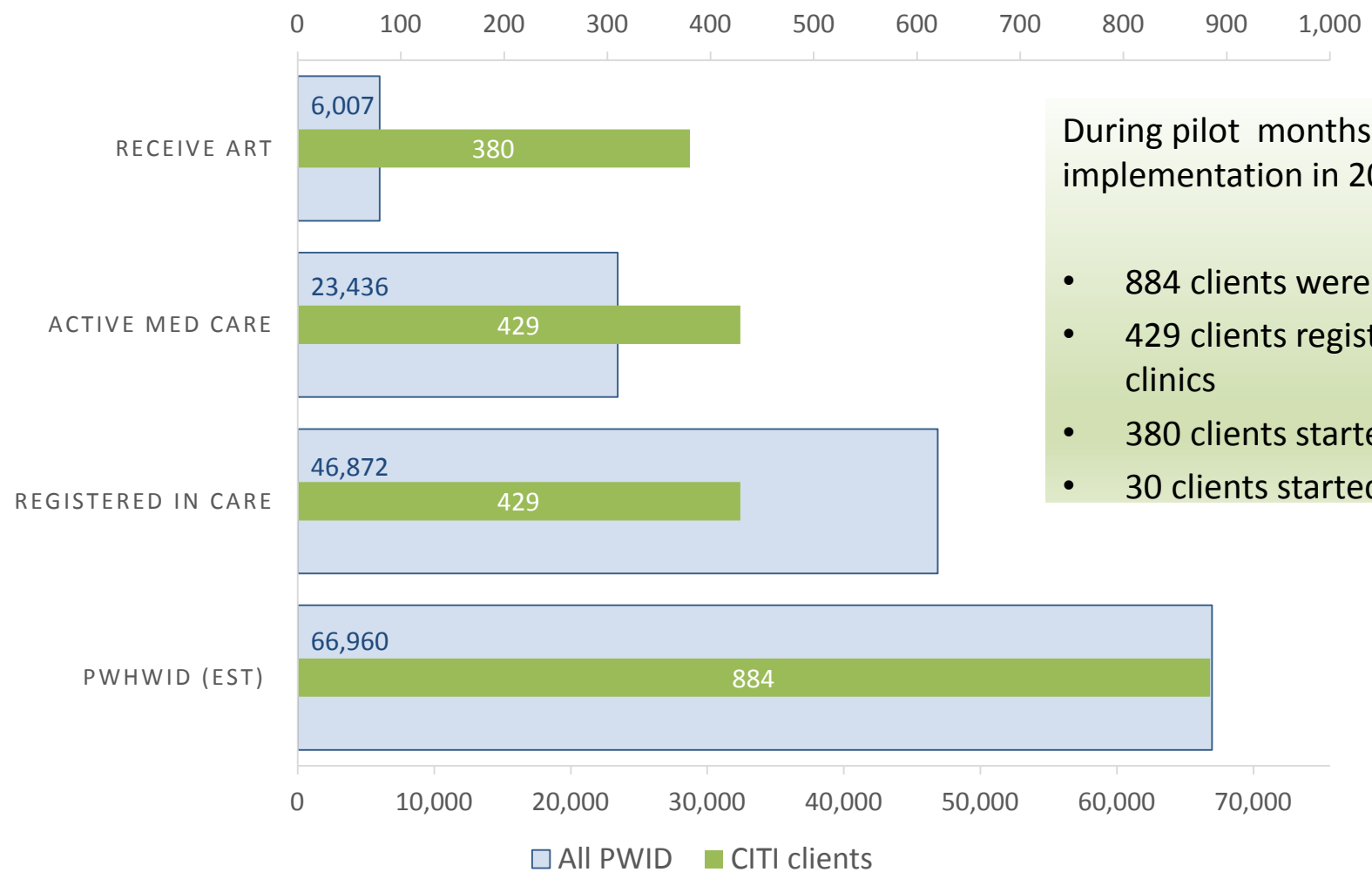
Innovations brought by civil society: Community initiated treatment intervention (CITI)

- Short term rapid linkage into the treatment intervention which facilitates early treatment access for active drug users.
  - locate HIV positive clients in harm reduction and link them to HIV treatment using a case management approach.
  - support HIV positive clients up to 6 months into ART (if no support provided through other projects - care and support, MAT, integrated services)
  - refer to care and support projects or other available resources for long term treatment support.

CITI is mostly focused on linkage to ART with built-in short term adherence support.



CITI preliminary data



During pilot months of CITI implementation in 2014:

- 884 clients were involved
- 429 clients registered in AIDS clinics
- 380 clients started ART
- 30 clients started MAT

Alliance HCV Treatment Program with DAAs

- **April 2015:** Alliance launched first treatment program with DAAs *(Sofosbuvir $900).*
- **Goal:** ensure access to HCV treatment for key populations and develop innovative community based service delivery models.
- **Program focus:**
  - PWIDs who are clients of harm reduction projects *(not less than 50% of patients)*;
  - PWIDs who are OST patients and on the maintenance phase;
  - HIV-infected patients on ART
- **Geographic scope:** 25 regions;
- **Number of patients:** 1500
- **Medical criteria:** Fibrosis ≥ F2 by METAVIR (F3, F4 shall be priority) including compensated cirrhosis or extrahepatic manifestations, which are not contraindications to antiviral therapy

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HCV Treatment Program Partnership

Program model

1) Sharing information in groups of potential patients through social workers of NGOs after positive anti-HCV test, medical staff among already confirmed HCV status

2) Case-manager informs potential patients about inclusion criteria and refer patients to a doctor

3) Doctor works with ***two groups of clients***: a) those who ***referred from the case-manager*** or local NGO, b) those who are a*lready* ***registered with HIV/HCV*** in their treatment facility or other local HCIs. Prescribes list of examinations needed for decision on inclusion into treatment

4) Treatment initiation for patients who are matching the inclusion criteria

5) Case management support for patients who are on treatment **initiated**.

6) Laboratory monitoring of the treatment and **follow up visits** arranged by medical and social staff

7) Final treatment follow up at the end of the course

8) 12 weeks after the end of treatment follow up

Community-supported approach

Doctor & Nurse

- ❖ Provides patients for the waiting list
- ❖ Arranges follow-up visits
- ❖ Schedules lab monitoring to control treatment effectiveness

CASE-MANAGER

Potential patients

- ❖ Information about the program
- ❖ Diagnostic & treatment options:
- ✓ List of needed pre-treatment tests and where to get 50% discount certificate
- ✓ Hospital address & doctor's contacts
- ✓ Information on treatment & possible adverse events

Support to patients on treatment

- ❖ Counseling issues:
- ✓ Adverse events (38%)
- ✓ Options/contacts of diagnostic sites (27%)
- ✓ Treatment adherence (23%)
- ✓ Phone calls to control patient's general state; reminding about visits to the hospital, arrange for special services etc. (12%)

Lessons from Ukraine

- Prioritizing the target group (PWID, initially HIV/HCV co-infected people, taking opioid-substitution therapy)
- Relying on community initiated treatment model
- Staying strong on price negotiations, e.g. with Gilead, earlier, with Merck/MSD.
- Introducing policy changes relaying on newly established practice
- Encouraging broader partnership in the country
- Sharing experience internationally (through Practice Center)

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THANK YOU!

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