

PROJECT BRIDGE:
**Differentiation of HIV Services for PWID in
Harm Reduction Programs in Kazakhstan**



Nabila El-Bassel, PhD
Columbia University



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[@NabilaElBassel](#)
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Today's presentation will cover:

- ✓ **Scope of HIV epidemic** among people who inject drugs (PWID) in Kazakhstan
- ✓ **HIV Treatment cascade** and access to **harm reduction services** in Kazakhstan
- ✓ Project **BRIDGE**: Hybrid type II implementation study on **differentiation of HIV services** for PWID in Syringe Exchange Programs in three cities in Kazakhstan



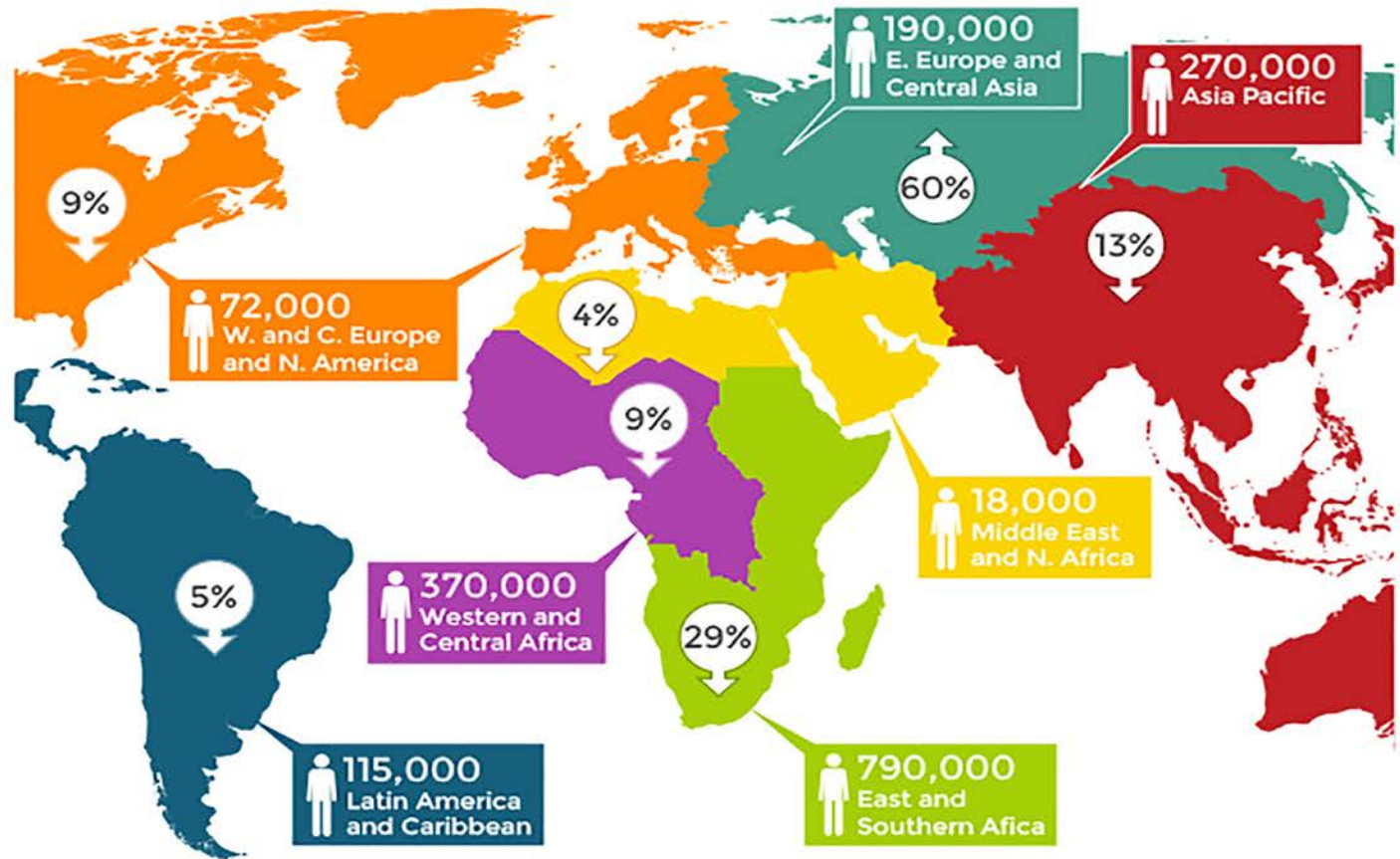
KAZAKHSTAN AND CENTRAL ASIA HAVE THE FASTEST GROWING HIV EPIDEMIC IN THE WORLD

1.8 million
people newly
infected in
2016 globally

Decrease in
number of new
infections across
the global
population each
year since 2010

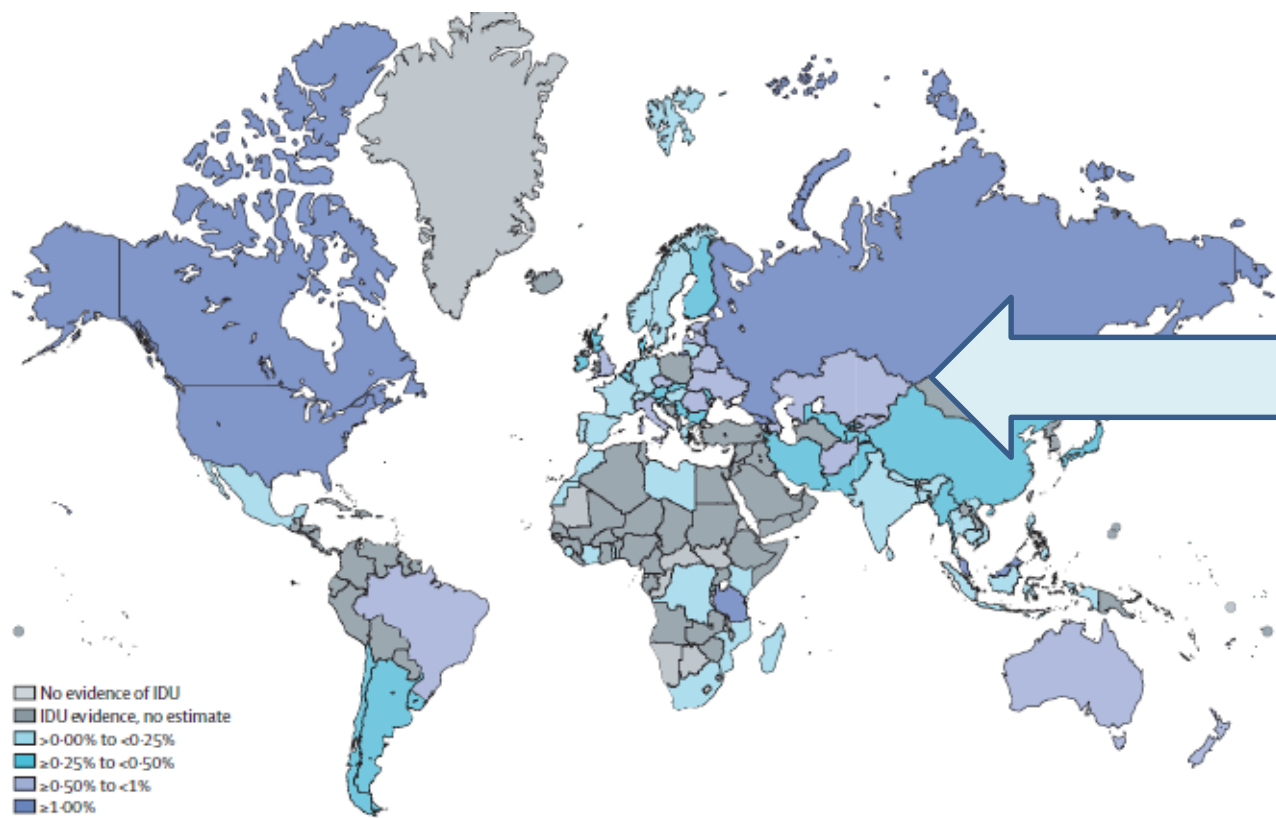
16%

AVERT.org
Source: UNAIDS Data 2017



Globally, AIDS-related deaths were reduced by 32% between 2010 and 2016; however, death rates increased 38% in Eastern Europe and Central Asia

GLOBALLY, 15.6 MILLION PEOPLE INJECT DRUGS; RATES ARE HIGHEST IN EASTERN EUROPE & CENTRAL ASIA



**127,800 PWID in
Kazakhstan**

***Injection Drug use
accounts for 54% of
all HIV cases***

***Sexual transmission
accounts for 46% of
all HIV cases***

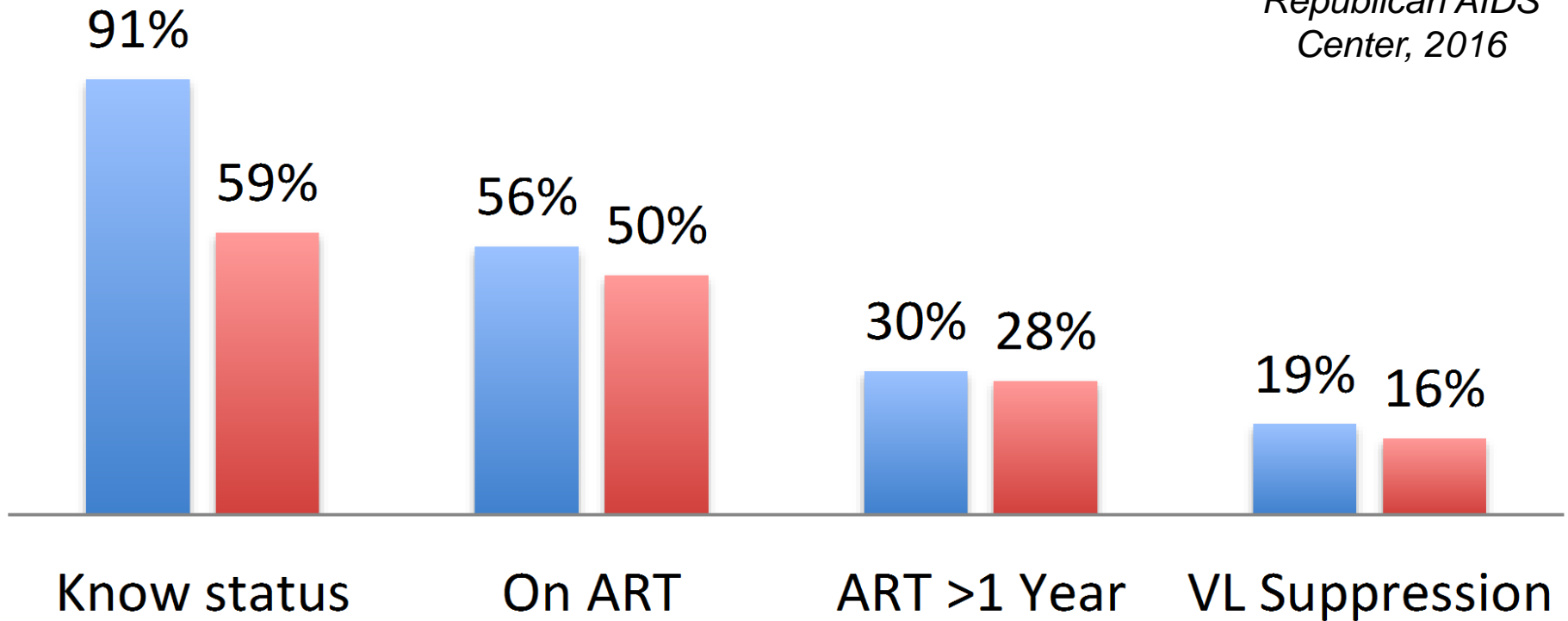
***HIV prevalence
among PWID is 8.5%***

Figure 2: Estimated prevalence of injecting drug use by country
DU=injecting drug use.

TREATMENT CASCADE IN KAZAKHSTAN

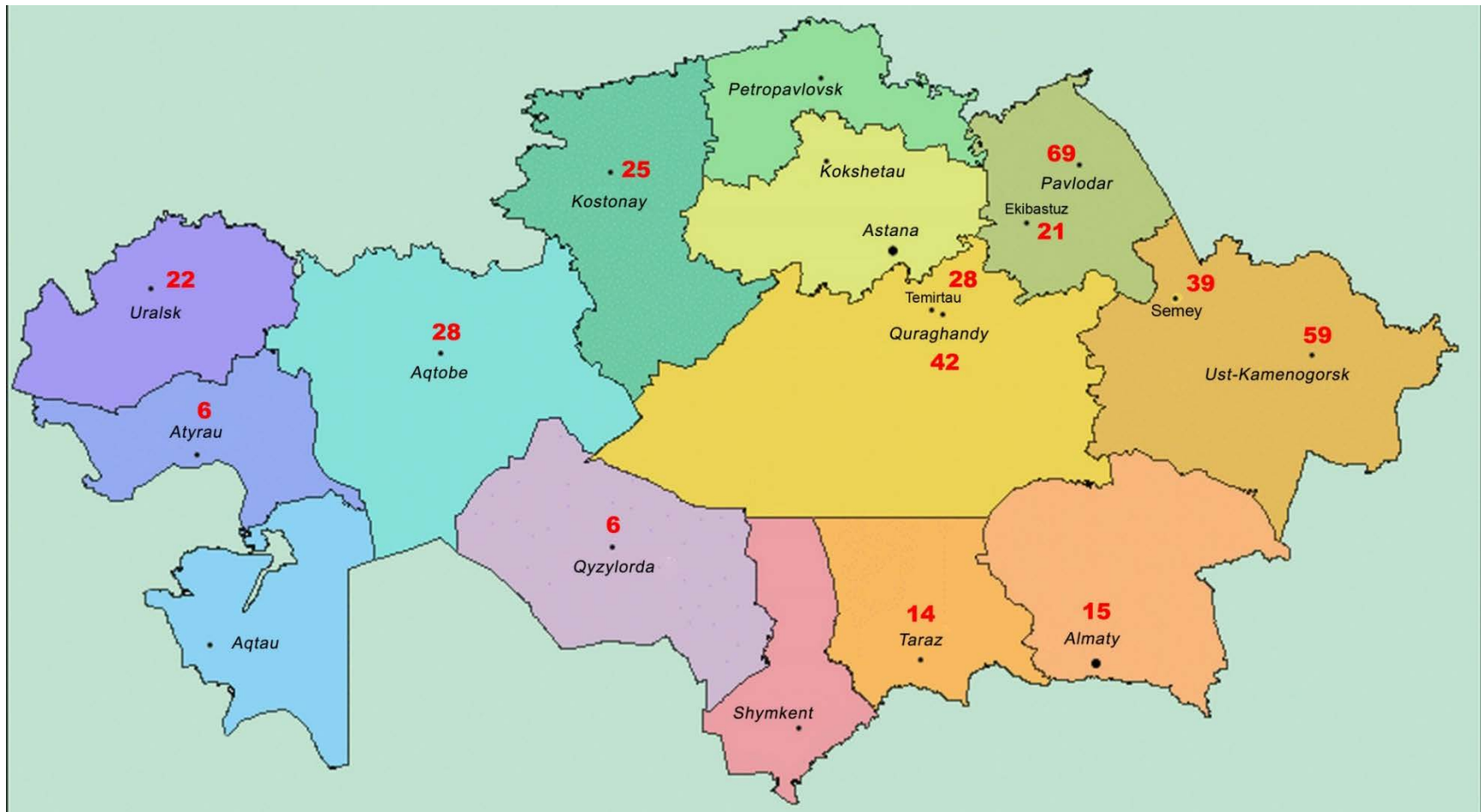
■ Total ■ PWID

Republican AIDS Center, 2016



	People living w/HIV	Know Status	On ART	ART >1 Year	Suppressed VL
Total	19838	17958	9982	6031	3866
PWID	10160	5995	4611	2797	1624

ONLY 3% OF 374 REGISTERED PWID WERE RECEIVING METHADONE TREATMENT IN KAZAKHSTAN IN 2017



COMPARED TO OTHER DRUG PROGRAMS, SYRINGE EXCHANGE PROGRAMS HAVE THE HIGHEST PWID PARTICIPATION IN KAZAKHSTAN

144 SEPs in
Kazakhstan

Yet less than 50% of
PWID are in SEPs



- Criminalization of drug use, **policing**, and **stigma** are **barriers** to accessing SEPs and **HIV care**
- SEPs mainly distribute **condoms** and syringes
- **Less than 50%** of PWIDs who visit SEPs receive **rapid HIV testing**

SYRINGE EXCHANGE PROGRAMS ARE IDEAL SITES TO IMPROVE THE HIV CONTINUUM OF CARE



1

SEPs may be **the only** harm reduction or drug treatment program available for PWID

2

SEPs are often **located within** the PWID communities

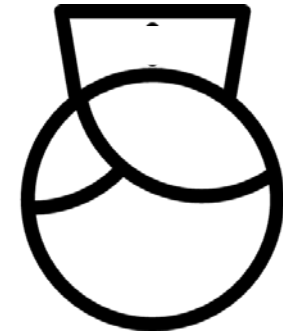
BARRIERS THAT LIMIT HIV SERVICES IN SEPS

Nurses and Outreach Workers:



Staffing

Low salary for nurses and outreach workers, high staff turnover, high workload



Gap in knowledge

Recruitment strategies, client engagement in services (outreach workers), use of evidence-based HIV interventions and case management (nurses)

Limited Role in HIV care

HIV services not seen as part of a nurse's role; low HIV testing, low supply of rapid HIV tests

BARRIERS THAT LIMIT HIV SERVICES IN SEPS

SEP Operations: No differentiation in services



No peer recruitment

Recruitment relies on overburdened outreach workers



No service integration or collaboration and teamwork



Lack of electronic resources

Paper-based records, only 1/3 of staff use computers



Primary Aims

Increase # of PWID who:

- ✓ Attend SEPs
- ✓ Are tested for HIV at the SEPs
- ✓ Are linked to HIV care (if HIV positive)

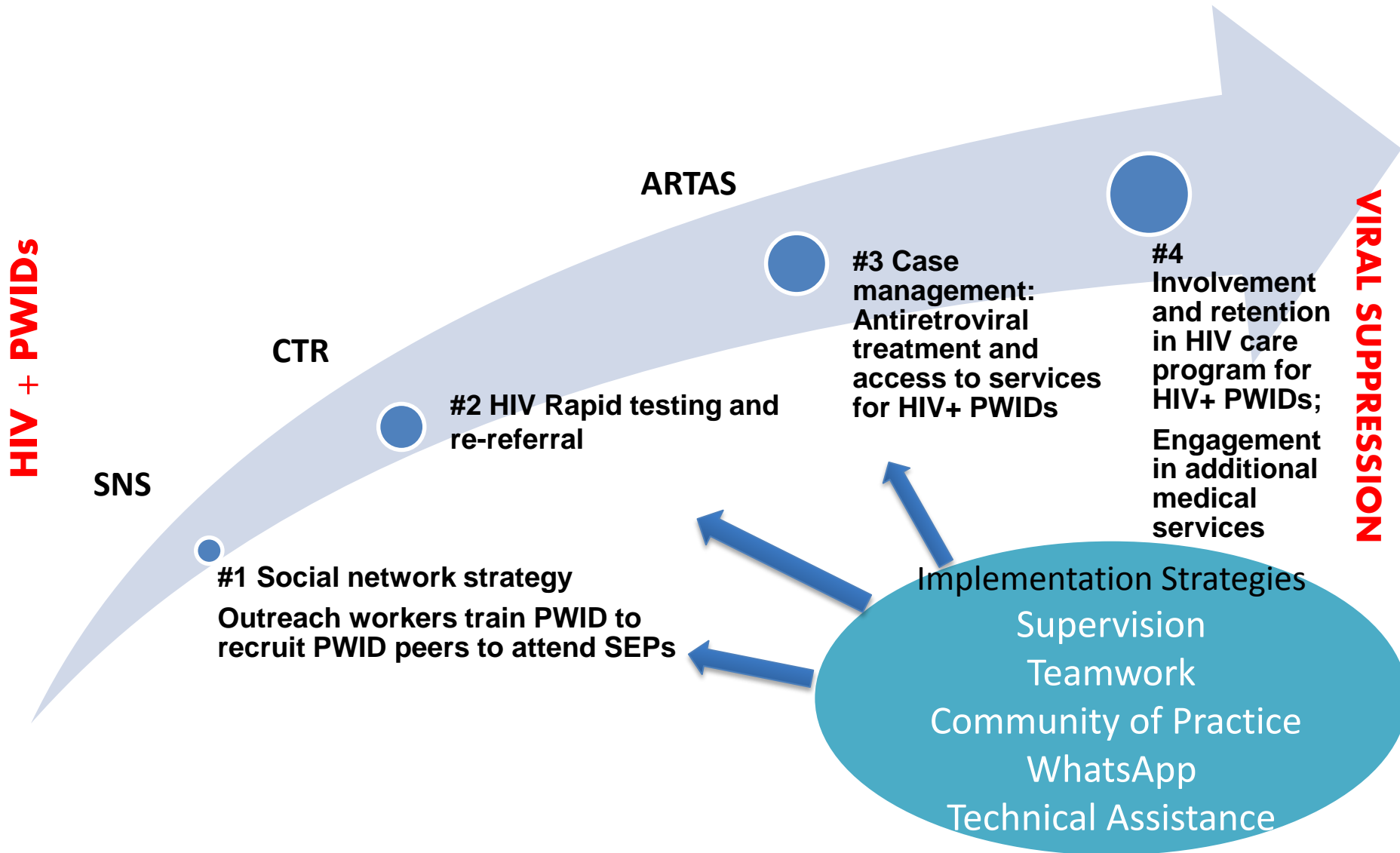
Secondary Aims

- ✓ # retained in HIV care (≥ 1 visit per 6 months)
- ✓ Viral suppression

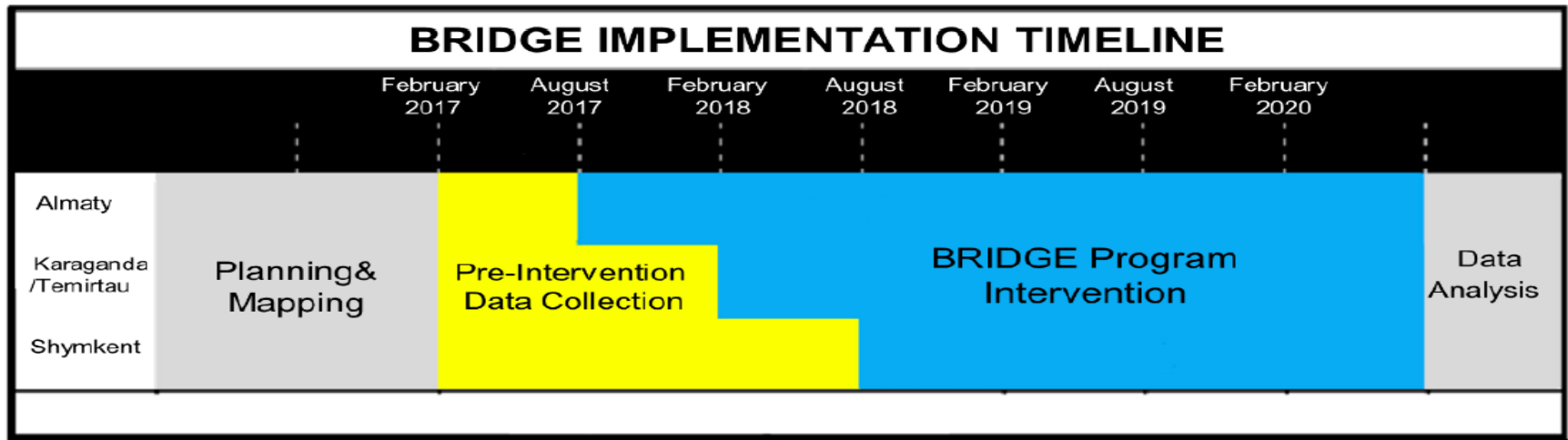
Implementation Aims

- ✓ Address barriers: client, staff, agency, community, structural
- ✓ Assess the effectiveness of implementation strategies
- ✓ Examine cost-effectiveness on primary outcomes

INTEGRATED EVIDENCE-BASED INTERVENTIONS



BRIDGE STUDY USED A STEPPED-WEDGE DESIGN



3 cities

24 SEPs



In each city

8 SEPs

8 nurses

16 outreach workers

1 supervisor from the AIDS Center

TRIANGULATION OF DATA IS USED FOR DELIVERY OF SERVICES AND TRACKING



AppSheet

Google-based application ran on tablets as a data collection tool.



Used by nurses at SEPs and HIV service



Keychain

Each SEP client is given a keychain with a unique QR code

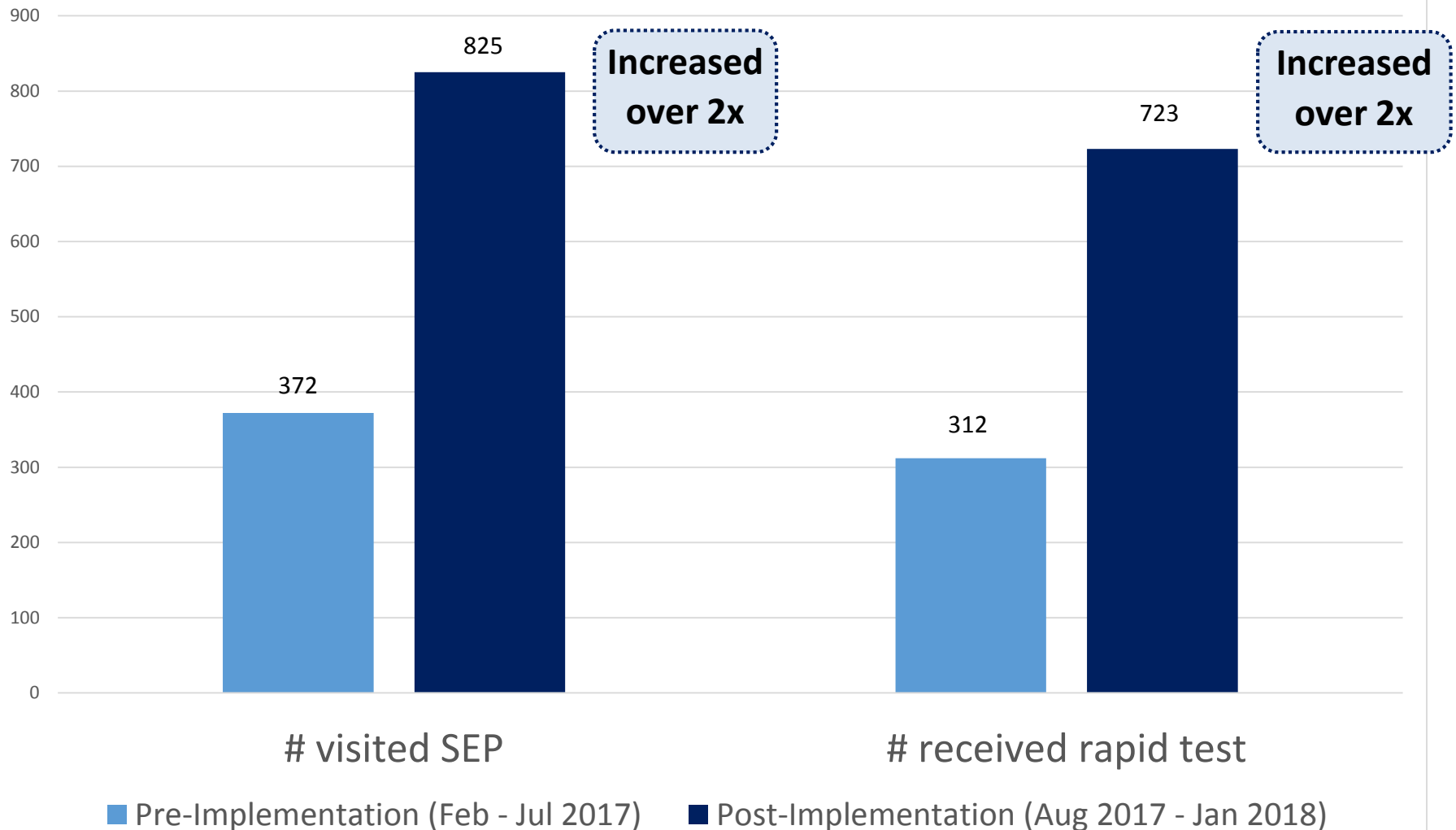
Used by SEP clients and the HIV Care Center

PRELIMINARY FINDINGS, AUG 2017 – JAN 2018 ONE CITY

	#
PWID were trained by outreach workers as peer recruiters	110
New PWID clients recruited by peer recruiters	599
HIV tests at SEPs	723
HIV positive (total new and old cases)	38
New HIV cases identified	19
Received at least one session of ARTAS case management	26



of clients who visited SEPs and Received HIV testing in Almaty, KZ, Pre and 6 Months Post Intervention

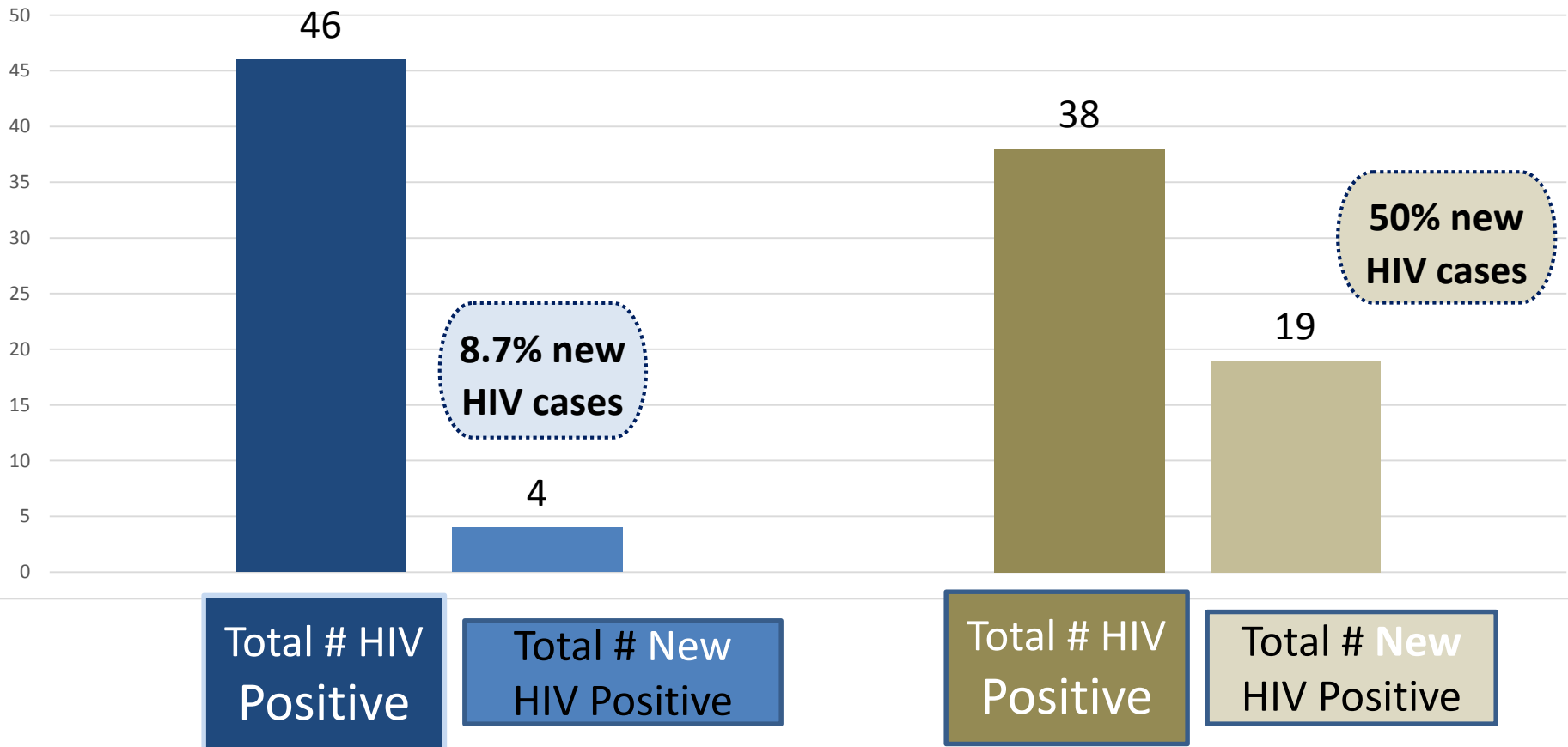


SIX-MONTH OUTCOMES: NEW HIV POSITIVE, PRE- AND POST-INTERVENTION

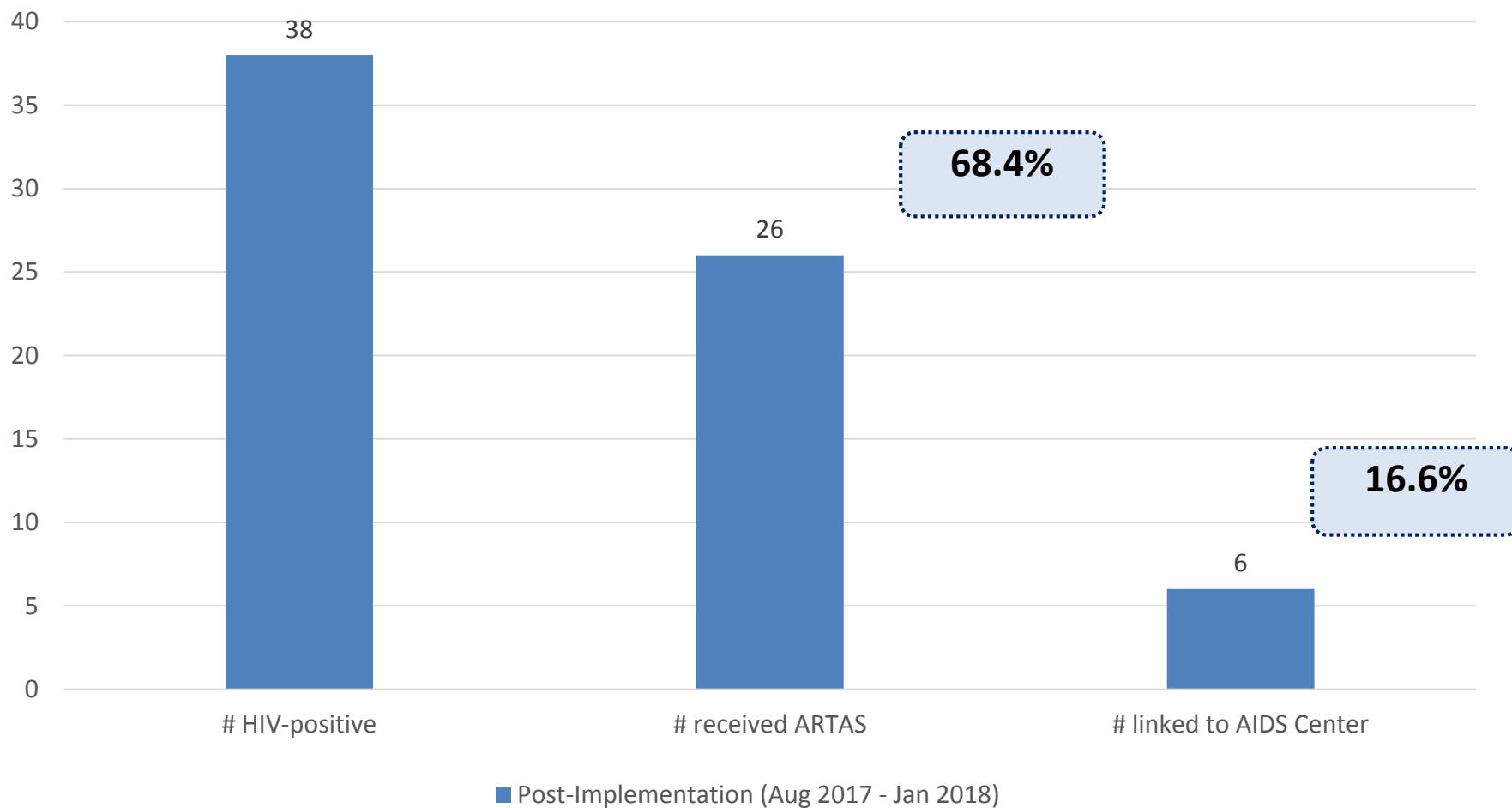
Newly detected HIV positives

Pre-Implementation
(Feb – Jul 2017)

Post-Implementation
Aug 2017 – Jan 2018



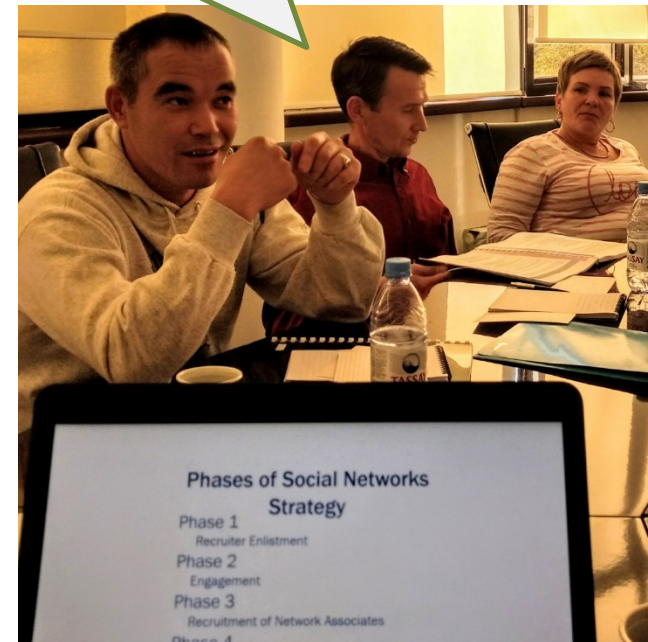
of clients who received ARTAS and were linked to care at the AIDS Center in Almaty, KZ



PRELIMINARY OUTCOMES FROM ALMATY

- ✓ **Increased recruitment** of PWID and HIV testing in SEPs and linkage to HIV care
- ✓ SEPs may serve as an **important location** to identify new HIV positive cases in PWID and link them to HIV care
- ✓ Use of **peer recruitment** can reduce the burden placed on outreach workers and improve linkage and access to SEPs and HIV care for hard-to-reach PWID
- ✓ **Technology** and monitoring of services can be used in SEPs to improve HIV care linkage

I've now gained a clearer understanding of my role in the project.



THANK YOU

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And to the people who participated
in our

studies **Visit us:**

<http://sig.columbia.edu>

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