



## Out of harm's way

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

#### Context

*Out of harm's way* describes projects supported by German Development Cooperation (via German Technical Cooperation, GTZ) in countries struggling to reduce the severe harms of illicit drug use, including HIV. HIV is arguably one of the greatest public health problems facing the world, with 33 million people living with the virus in 2007. In keeping with its commitment to the United Nations Millennium Development Goals, the sixth of which targets HIV, the German government has made HIV an international development priority, with an emphasis on these 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, syringes and other paraphernalia – a major mode of HIV transmission in Eastern Europe, Asia and other regions. There are an estimated 16 million injecting drug users (IDUs) worldwide and, outside sub-Saharan Africa, injecting accounts for about 30% of all new HIV infections.

Over the last two decades harm reduction measures have helped Germany, and other countries control outbreaks of HIV and other infectious diseases. 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. The concrete results of harm reduction in Europe and elsewhere, backed by scientific evidence, have made this approach a central part of global efforts to address drug-dependence. The European Union Drug Strategy has focused on this area for some time and in 2009 the UN Office on Drugs and Crime (UNODC), World Health Organization (WHO) and Joint United Nations Programme on AIDS (UNAIDS) published guidelines outlining a comprehensive package of measures aimed at harm reduction. Though the UN does



Billboard in northern Viet Nam warning of health and legal risks of injecting, and trafficking in drugs.

not speak with one voice on this issue (see full version of this report for discussion), the projects described in this report demonstrate the flexibility, effectiveness and innovation of GTZ-backed programmes that are helping countries scale up basic services for harm reduction, including HIV prevention.

#### German HIV Practice Collection

This series of publications describes German Development Cooperation programmes that promote "good practice", meeting eight criteria, as assessed by an editorial board of HIV experts from German development organizations and two independent peer reviewers. Each report is published in a short (four-page) and full version, with links to related tools and reading. Find out more at [www.german-practice-collection.org](http://www.german-practice-collection.org) or contact the Managing Editor at [ghpc@giz.de](mailto:ghpc@giz.de).

Peer-reviewed

They also 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 (OST); and
- measures that are sensitive to the needs of people of different genders and ages.

## Country projects

### Ukraine

Ukraine is struggling to address the worst HIV epidemic in Europe, with the vast majority of infections linked to injecting drug use. UNAIDS estimates that 325 000 – 425 000 Ukrainians inject drugs, and that approximately 164 000 of this population are currently living with HIV.

In partnership with the Ministry of Health, 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 (regions) of Ternopil, Chernivtsi, Khmelnytsky and Winnytsia, where HIV services are less developed and HIV prevalence is lower than in central and eastern parts of this middle-income country. Two of the most notable innovations in this programme are capacity building for multidisciplinary OST and comprehensive services for female drug users.

### Multidisciplinary OST and services for female drug users

Laws passed in 2008 permitting the therapeutic use of methadone opened the way for Ukraine, GTZ and partners (WHO, International HIV/AIDS Alliance, All-Ukrainian Network of People Living with HIV, etc.) to develop comprehensive training (and manuals) for doctors, nurses and social workers providing the new treatment. As of mid 2009, six multidisciplinary teams had been trained – with study tours to Germany, as well as local tuition – to provide OST at clinics in all four oblasts. Substitution therapy helps drug users to adhere to HIV antiretroviral therapy and other treatments; so, health authorities are now planning to integrate methadone substitution with HIV and TB care. This is expected to further expand coverage of all three services.



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

The GTZ-Ukraine programme has also worked with NGOs in two oblasts and developed comprehensive training (and manuals) for providers of services to female drug users. Female injectors, who make up 15%-25% of the country's IDU population, are often involved in sex work; so, they are among the most at risk. They are also among the least likely to make use of health services, as they suffer discrimination related to gender and their sex work and services tend to be geared towards male IDUs. The first training sessions for service providers began in April 2009 and in the first three months 50 members of NGOs took part. The early results were positive: for example, a Chernivtsi NGO immediately doubled the number of female IDUs receiving its services, and was reaching no fewer than 629 female users by August 2009.

The capacity building for OST and services for female drug users, which meets international standards, is thus helping to translate the overarching goals of the national HIV programme into regional and local frameworks – with concrete, sustainable results.

As well, the Ukraine project is expected to produce wider benefits. For example, the gender training for providers of services to female drug users in Ukraine was developed by GTZ and local partners in concert with the Knowledge Hub for Harm Reduction and Eurasian Harm Reduction Network (EHRN), based in Vilnius (Lithuania). The aim now is to provide this training throughout Eastern Europe and Central Asia.

### Nepal

No country in Asia has experienced a generalized HIV epidemic (prevalence over 1% of the population), but regions within countries are experiencing large, concentrated HIV epidemics among IDUs. UNAIDS estimates that injecting drugs now account for almost half of the new HIV infections in Asia. Most governments in the region, however, have favoured abstinence-based treatment of drug-dependence, rather than evidence-based harm reduction. 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.

### Public-private partnership for substitution therapy

The GTZ project titled “Comprehensive Methadone Substitution Treatment” is assisting service providers in Nepal, India and Malaysia in establishing treatment systems, building their capacity and disseminating knowledge for the scaling up of OST 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 powerful, user-friendly information technology developed for treatment of drug-dependence, HIV and other diseases.

At the heart of the project is a novel public-private partnership of health authorities, hospitals and NGOs with CompWare Medical, the German developer of MeDoSys software and systems for automatic dispensing and documentation. As well, the project is training teams of doctors, nurses and social workers on-the-job to provide good-quality, cost-effective and widely available OST.

In Nepal, the main partners include the Ministry of Home Affairs (Drug Control Programme), the Methadone Maintenance Treatment Program at Kathmandu’s Tribhuvan University Teaching Hospital and Recovering Nepal, an umbrella organization of NGOs engaged in harm reduction. Technical staff from CompWare Medical have set up the MeDoSys-International OST documentation and methadone dispensing system at Tribhuvan Teaching Hospital and Pokhara Western Regional Hospital, in central Nepal. With clinicians and nurses, they have also adapted the system to local needs.

By mid 2009, the company has also trained nurses in using and maintaining MeDoSys, and is supporting the establishment of referral systems for good quality, integrated care. Furthermore, 40 patients at the OST clinics had also been trained as peer-educators to help methadone patients. Among their new tools is a booklet in Nepali on methadone treatment, produced under the project by the Tribhuvan Teaching Hospital and Recovering Nepal.

The ultimate goal of the Tribhuvan clinic, and partners, is to develop a demonstration site for Nepal and the entire region. Their early success has attracted additional funding from global agencies, which is allowing Nepalese authorities and partners to expand OST in up to three new clinics. Plans are also in place to train local pharmacists to manufacture methadone – further reducing the cost of treatment.



Buprenorphine, diazepam and an antihistamine – the “South-Asian cocktail” popular among Bangladeshi injectors, as it mimics the effects of heroin.

### Bangladesh, Pakistan, Viet Nam

Other innovative GTZ-backed programmes in support of harm reduction include:

- **Bangladesh:** In the port city of Chittagong, national, district and local authorities, as well as staff from NGOs and other local stakeholders received training in developing local integrated drug policies. The result was the country’s first multisectoral Drug Action Team. Advised by an executive committee, the 17-member team brings together city health officials, police officers, rehabilitation experts, staff of NGOs and representatives of injecting drug users, sex workers and men who have sex with men to share information and coordinate activities. Drug detoxification treatment for female users is among the innovations introduced by this ground-breaking team.
- **Pakistan:** In North-West Frontier Province, an NGO is working with health authorities to implement a social reintegration programme for Peshawar street children and a programme to raise awareness about HIV prevention and harm reduction in prisons. An independent evaluation of the first programme, found that between March 2007 and October 2008, it reached 3500 children via 84 outreach sites. Among street kids, it also boosted awareness of HIV and brought about lower rates of heroin use. About 40% of children contacted also completed the residential (drug detoxification) treatment programme, with good medium-term outcomes. The second NGO programme provided 1,800 prisoners in 16 prisons with HIV counselling and testing, as part of a package of prevention, care and support services for HIV, sexually transmitted infections, tuberculosis and hepatitis B and C. An evaluation done after one year, in March 2008, concluded that the programme had also gathered valuable epidemiological data and shown how NGOs and prison authorities could work together.
- **Viet Nam:** Within the framework of a larger GTZ-supported reproductive health project, implemented by Viet Nam’s Government Office for Population and Family Planning, a respected Asian NGO has done state-of-the-art training and advocacy to engage whole new sectors in HIV prevention and harm reduction in the hilly northern provinces of

Cao Bong and Son La. Members of women's and farmers' associations, party officials, police and youth, as well as health and social workers are some of the groups reached, helping to reduce stigmatization and foster cooperation. Among the 600 officials, health workers and staff of NGOs trained are 15 master trainers for each of the two provinces, fostering "local ownership" of harm reduction measures. The programme has also allowed for the establishment of two resource centres with 48 counsellors (one man and one women per district) throughout both provinces. These now provide the public, including drug users, with a harm-reduction phone-line, through which individuals can obtain critical information and arrange meetings and counselling.

## Discussion

The GTZ-backed projects described here contribute to key elements of the HIV strategy of the German Federal Ministry for Economic Cooperation and Development (BMZ), mentioned at the beginning. They reflect the leading role that Germany has played in advancing harm reduction in international forums, often in the face of ideological opposition. In most countries the coverage of services still needs to be vastly expanded. As well, sustainable funding and practices must be established and outdated laws reformed to enable scaling up. Law enforcement and public security are essential parts of any balanced drug strategy, but public health concerns must be front and centre. Only this approach will guard drug users', and everybody's, basic right to health.

## Peer Review

To qualify for documentation in the Collection, approaches must meet, at least in part, eight agreed criteria for good or promising practice. According to the external peer reviewers the described harm reduction approaches qualify as a "promising practice" to the extent that they are all effective, innovative, encourage participation and empowerment, include monitoring and evaluation and are sustainable. Other promising features include the following:

**Transferability:** The interventions and methods used in the projects have demonstrated their value, are carefully documented and appear to be widely applicable to other countries and world regions. Attempts to transfer these projects, or elements of them, would be facilitated by 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.

**Gender awareness:** All projects include gender sensitive elements. The training of health and social workers and NGO staff in the development of services for female drug users, for example, is helping Ukraine address a real need. The training draws on practical experience and combines concrete guidance and tools with general information to raise awareness about gender issues. As well, it provides training for female drug users to help prevent disease and find employment.

**Cost-effectiveness:** All projects required significant investments of financial and human resources, but their achievements have justified these investments. Harm reduction itself is a pragmatic and cost-effective approach, as it helps to reduce risks of (costly) infections and takes advantage of existing health and social services in forging a cooperative response.

## Tools

A list of project tools and materials are available by contacting Patricia Kramarz ([patricia.kramarz@giz.de](mailto:patricia.kramarz@giz.de)) or at [www.german-practice-collection.org](http://www.german-practice-collection.org).

## Acknowledgements

The Editorial Board of the German HIV Practice Collection would like to thank, above all, the global and government ministries, NGOs, and private companies that worked in partnership with GTZ on the programmes described here. Thanks as well to the GTZ country officers, members of NGOs and consultants who contributed to the country reports. Finally, we wish to thank our peer reviewers (see full version of report for detailed acknowledgements).

## Contacts and credits

### 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

Dag-Hammarskjöld-Weg 1–5  
65760 Eschborn / Germany

E [ghpc@giz.de](mailto:ghpc@giz.de)

I [www.german-practice-collection.org](http://www.german-practice-collection.org)

### Contacts

**At the Federal Ministry for Economic Cooperation and Development (BMZ)**

Dr. Simon Koppers, Section 311

E [simon.koppers@bmz.bund.de](mailto:simon.koppers@bmz.bund.de)

**At the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)**

Patricia Kramarz

E [Patricia.Kramarz@giz.de](mailto:Patricia.Kramarz@giz.de)

### Writer

James Boothroyd

**Design and production**

[www.golzundfritz.com](http://www.golzundfritz.com)

### Photographs

Hans-Günter Meyer-Thompson, Heino Stöver, Susanne Schardt.

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

Eschborn: October 2009 (this edition  
January 2011)