

# Investments into HIV Prevention and Change in HIV and HCV Prevalence among Injection Drug Users in Bosnia and Herzegovina between 2007 and 2009



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# HIV and injection drug use in Bosnia and Herzegovina

- Up to 21 million people might inject drugs throughout the globe, while the estimated HIV prevalence in this population could reach more than six million persons (Mathers et al., 2008)
  - Injection drug use among predominant modes of HIV and HCV transmission in Eastern Europe
- Since the first registered HIV case in 1986 there were 163 HIV cases until the end of 2009 out of which 103 persons developed AIDS
- Increased investment in HIV prevention since 2007 – grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria

# Goals of the survey

- Determine prevalence of blood borne infections, in particular HIV and HCV in Sarajevo, Banja Luka, and Zenica
- Examine injection-related and sexual risk taking practices
- Compare findings with the 2007 respondent-driven survey carried out in same cities

*Preliminary findings are presented*

# Methods

- Respondent-driven sampling (RDS):
  - Inclusion criteria: injected drugs during past month, at least 18 years old, and currently lives, works, or studies in the city where the survey is taking place
  - Primary incentive: 5 €; secondary incentive: 10 €
- Face-to-face interviews; pre-test counseling - blood specimen collection
- Data collection organized by local NGOs

# Data and participants

- Data collection from October – December 2009
- Survey questionnaire covered following topics:
  - self-reported drug use history, injecting and needle sharing practices, police and prison experience, knowledge of HIV/AIDS, sexual behavior, drug treatment and prevention, initiation into drug injection, and oral health
  - UNGASS indicators for the 2010 reporting cycle
- Sample size:
  - In 2009: 260 participants in Banja Luka and Zenica, and 261 in Sarajevo
  - In 2007: 260 participants in Banja Luka, Zenica, and Sarajevo

## HIV and HCV prevalence in Banja Luka

<i>Infectious disease</i>	2009			2007		
	% (95% CI)	n/N	Sample %	% (95% CI)	n/N	Sample %
HIV (Ab/Ag)	0.6 (0 - 1.4)	2/260	0.8	0.0 (0.0 - 0.1)	1/257	0.4
Hepatitis C (Anti HCV)	50.6 (42.8 - 59)	150/260	57.7	43.4 (35.8 - 51.5)	128/257	49.8

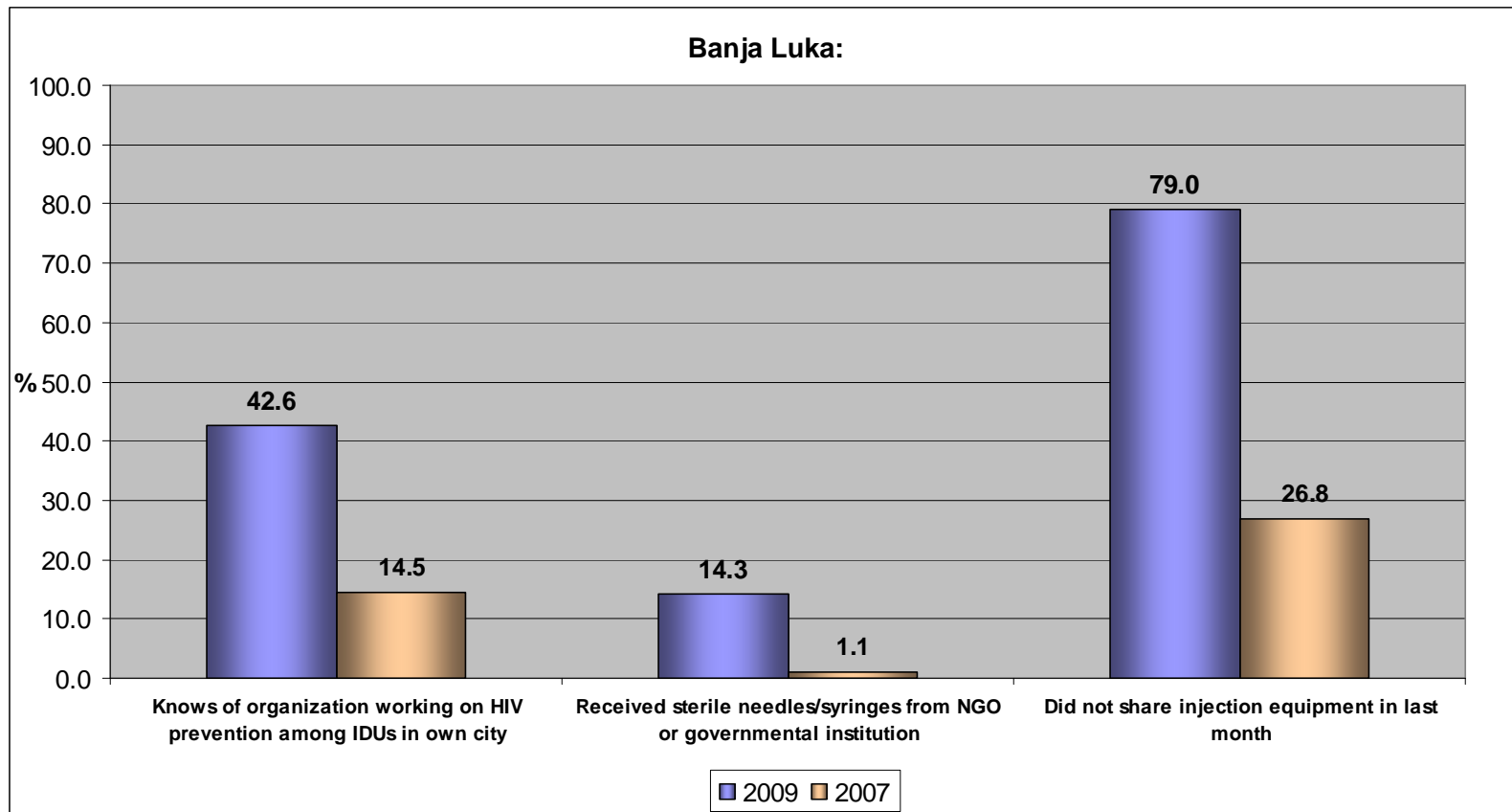
## HIV and HCV prevalence in Sarajevo

<i>Infectious disease</i>	2009			2007		
	% (95% CI)	n/N	Sample %	% (95% CI)	n/N	Sample %
HIV (Ab/Ag)	0.3 (0 - 0.4)	1/261	0.4	0.1 (0.1 - 0.4)	1/260	0.4
Hepatitis C (Anti HCV)	49.7 (40.9 - 58.2)	135/261	51.7	46.2 (37.8 - 54.0)	114/260	43.8

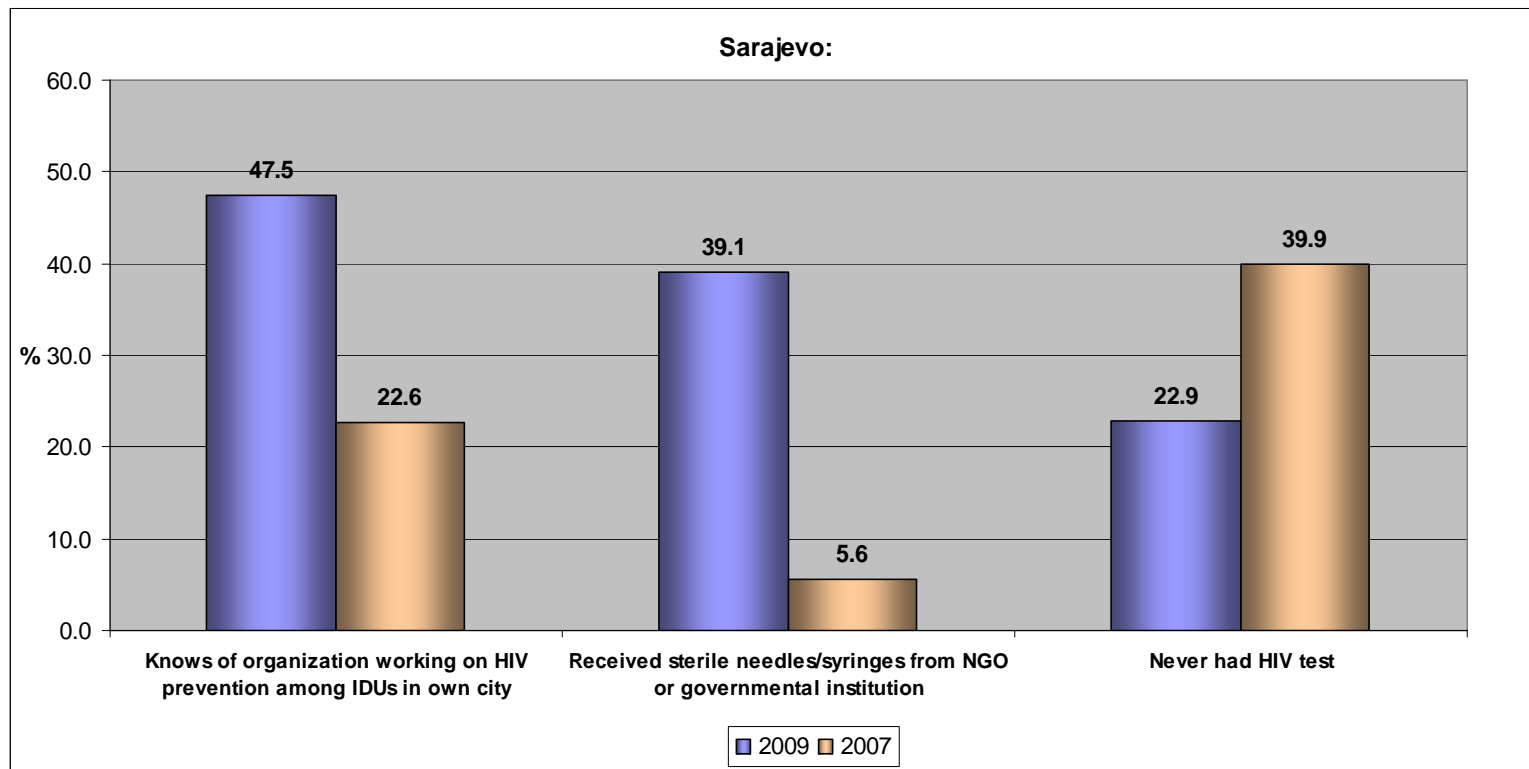
## HIV and HCV prevalence in Zenica

<i>Infectious disease</i>	2009			2007		
	% (95% CI)	n/N	Sample %	% (95% CI)	n/N	Sample %
HIV (Ab/Ag)	/	0/260	/	/	0/260	/
Hepatitis C (Anti HCV)	19.5 (12.3 - 27.2)	66/260	25.4	18.9 (12.9 - 27.4)	60/260	23.1

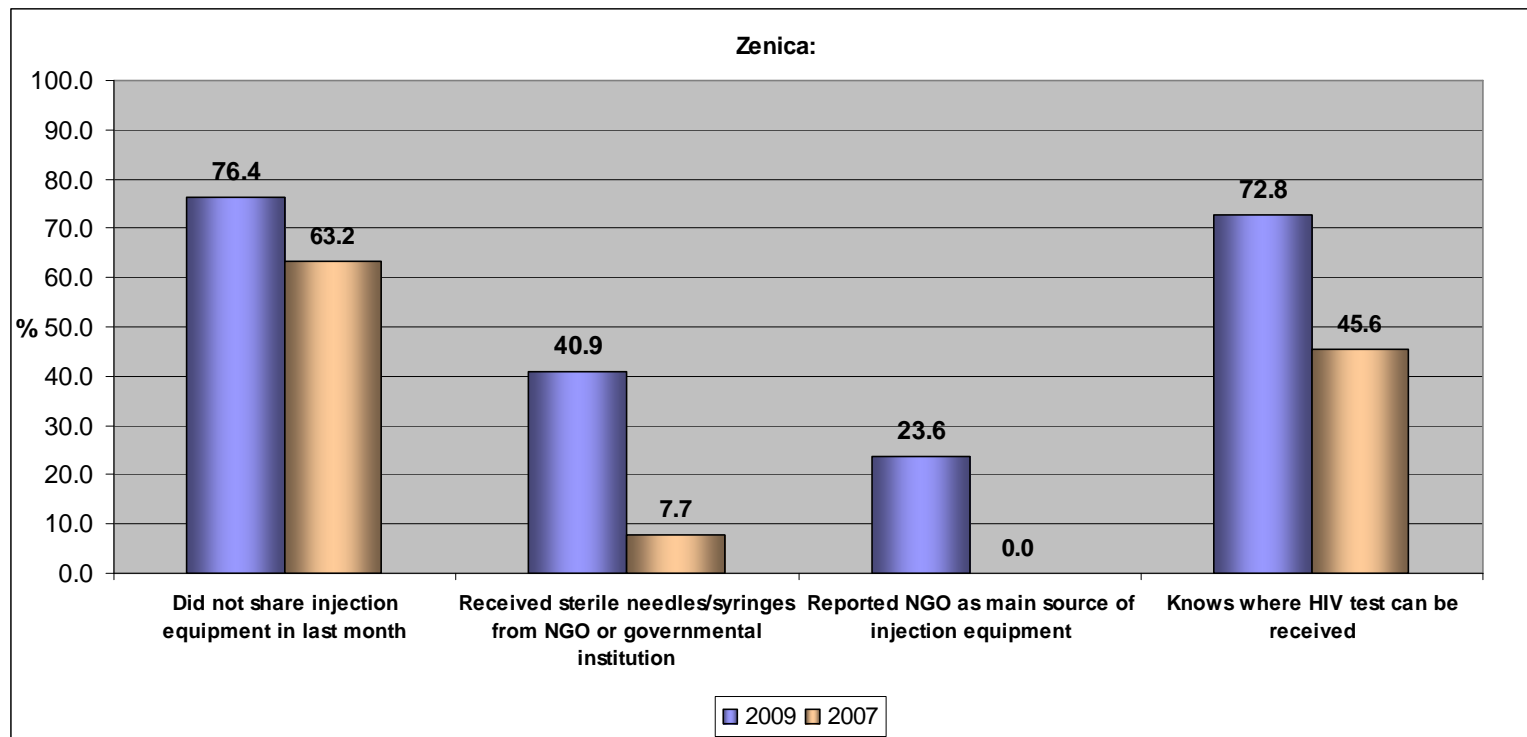
# Major differences in risk-related indicators between 2007 and 2009 in Banja Luka



# Major differences in risk-related indicators between 2007 and 2009 in Sarajevo



# Major differences in risk-related indicators between 2007 and 2009 in Zenica



# Discussion and conclusion

- No outbreak of HIV while HCV prevalence did not increase drastically in the three cities between 2007 and 2009
- Findings suggest that increased investments into HIV prevention have been efficient
  - Enhanced HIV prevention and harm reduction coverage
- In the long run it will be a challenge to prevent HIV with limited local resources

# Acknowledgments

