

## 5<sup>TH</sup> BALKANS REGIONAL CONFERENCE

“A decade of responding to HIV in the Western Balkans region:  
What have we learned and where are we going?”

# **SERBIA’S EXPERIENCE WITH HIV PREVENTION AND CONTROL: Public-civil society partnerships to optimize harm reduction**

Katarina Mitic, MSc  
Project Director

# Legal basis for development of Harm Reduction Programmes

- **National Commission** for Fighting Drug Abuse formed in 2005
  - Multi-sectoral body (Ministry of Health, Ministry of Education, Ministry of Labor and Social Policy, Ministry of Justice, Ministry of Defense, NGO, private sector)
  - Good cooperation with International organizations (WHO, UNDP, UNAIDS, UNODC)
- **National Strategy** Against Drug Abuse adopted in 2009
  - Action plan for the period 2009 – 2013
  - This Strategy recognizes harm reduction programs as one of the key tools
- **Law** on Controlled Substance – draft version
- **Law** on Prevention and Treatment – in process of development (DRAFT Oct 2010)



# HARM REDUCTION

The core of the harm reduction activities are:

- Needle and Syringe program
- Substitution Therapy, and
- HIV/STIs prevention and management

The fundamental principles:

Close partnership and collaboration between NGOs, government institutions (ministries, health centers), UN agencies, other international organizations

Sustainable government support (budget plus policy) for HIV/ AIDS prevention, care, and treatment of IDUs in community

Increased accessibility of health services for IDUs



# Substitution Therapy

## Goal and objectives

This program aim at strengthening the existing services and establishing additional ones, covering app. 3,000 individuals on MMT until the end of the 5th year of project implementation

Developing the stabile network of institutions working with IDUs in MMT programs

Decentralizing MMT services to primary health care level

Initiating positive behavioral changes in IDUs, supporting their social rehabilitation and inclusion in the health system

Stimulating attitudes and behavior change towards IDUs

Promoting respect for IDUs human rights



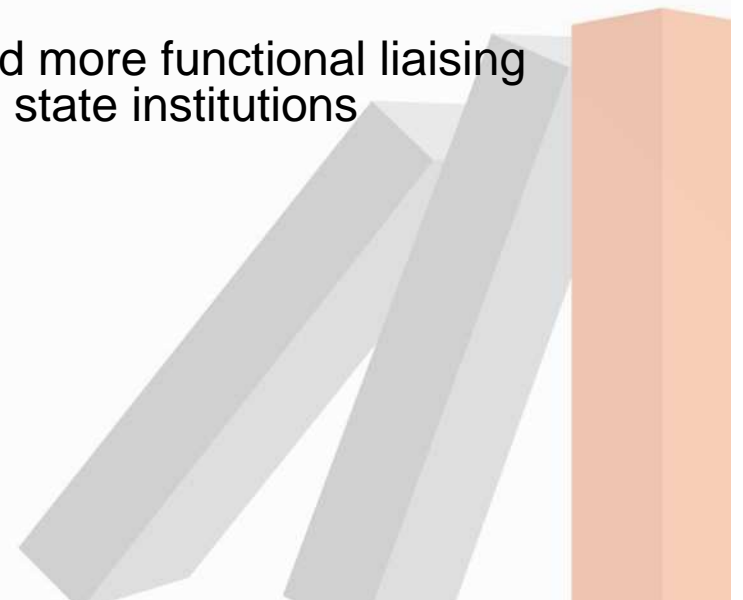
# Substitution Therapy

## Activities/Funding

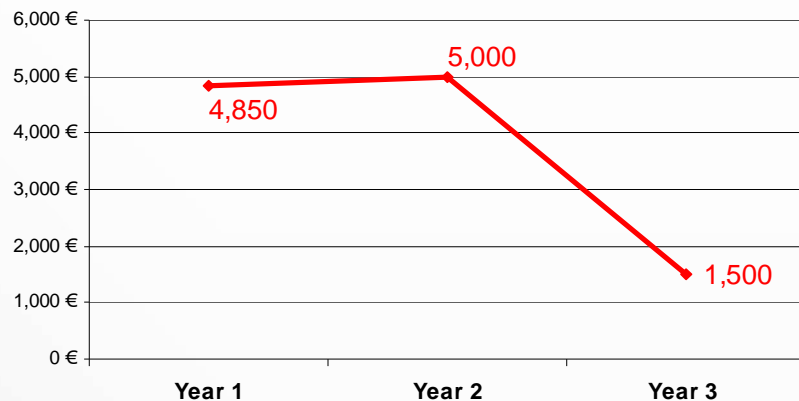
- Consultancy (Legislation and advocacy for change)
- Trainings for medical staff on MMT
- Trainings and orientation programs of health and social professionals to principles of harm reduction – with the goal to create a solid basis of program supporters who would ensure sustainability of the program
- Reconstruction of facilities provided by health system for methadone centers
- Staff fees for providing substitution therapy, psycho-social therapy, distribution of condoms, distribution of IEC material, referrals for VCT
- Running costs
- Capacity building (study tours, conferences) and more functional liaising between all relevant stakeholders in NGOs and state institutions
- Procurement of tests for drug detection

Total for 3 years, R6 - **EUR 858,730.00**

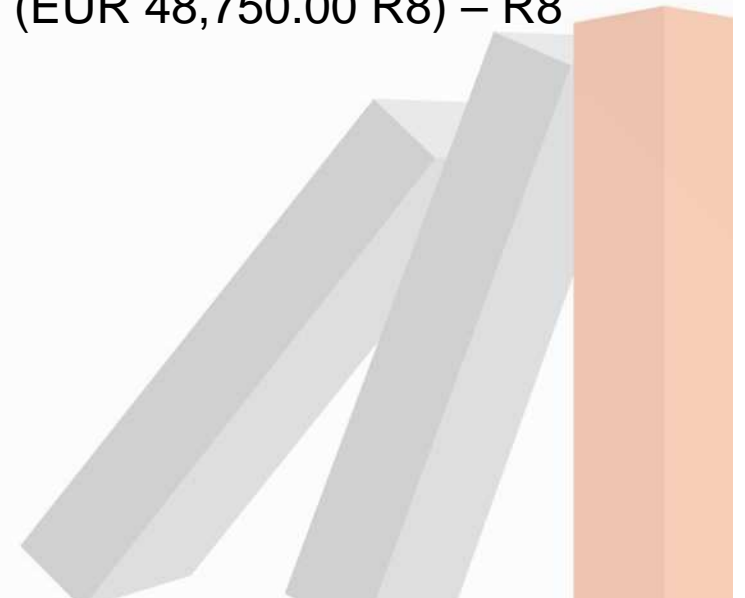
Total for 1 year, R8 - **EUR 125,094.00**



# Substitution Therapy Trainings

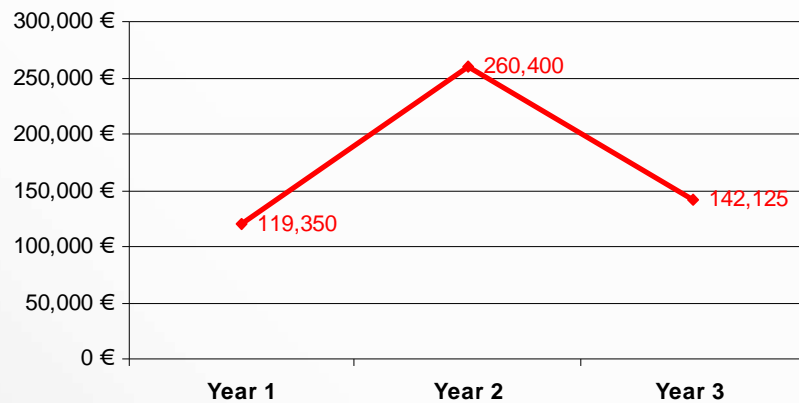


- 6 trainings for **83** methadone centers staff members (EUR 11,350.00) – R6
- **325** medical workers from PHC's sensitized for work with IDUs (EUR 48,750.00 R8) – R8



# Substitution Therapy

## Staff fees

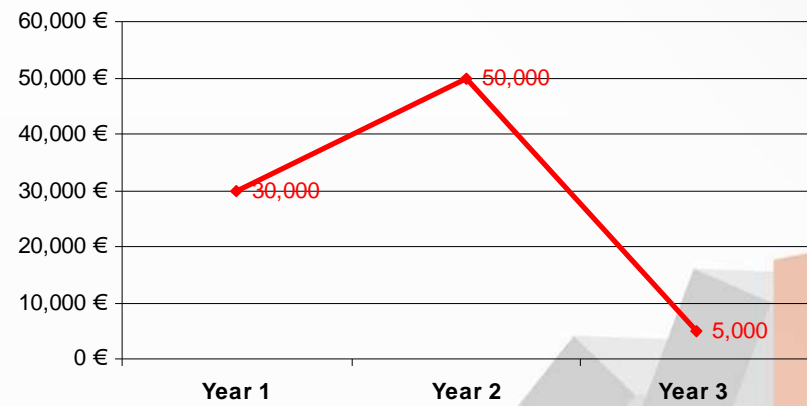


Each team is consisting, at least, of:

- Psychiatrist/Coordinator
- Psychologist
- Nurse/Med. Technician
- Administrator

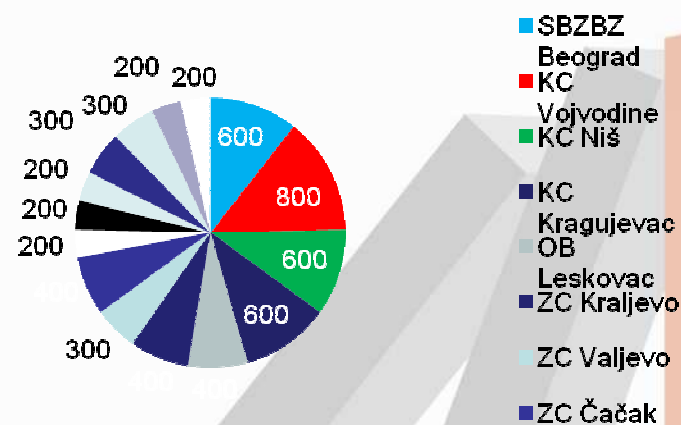
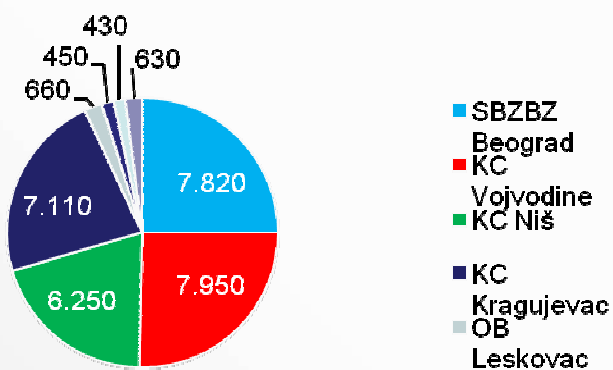
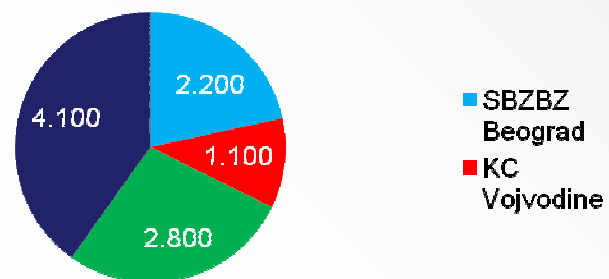
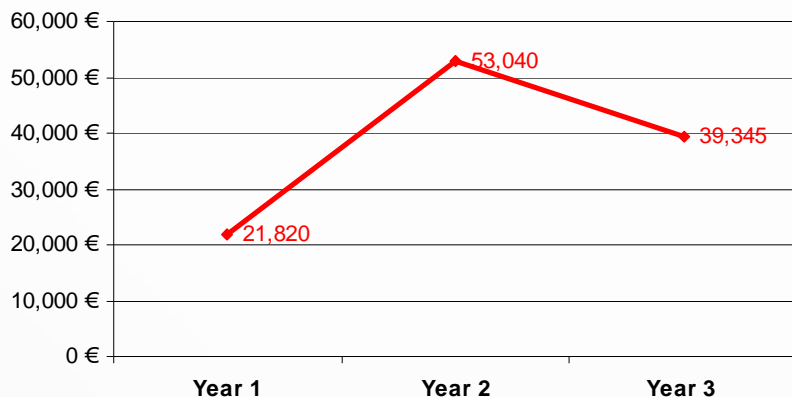
# Substitution Therapy

## Reconstruction of facilities



# Substitution Therapy

## Urine tests



# Substitution treatment

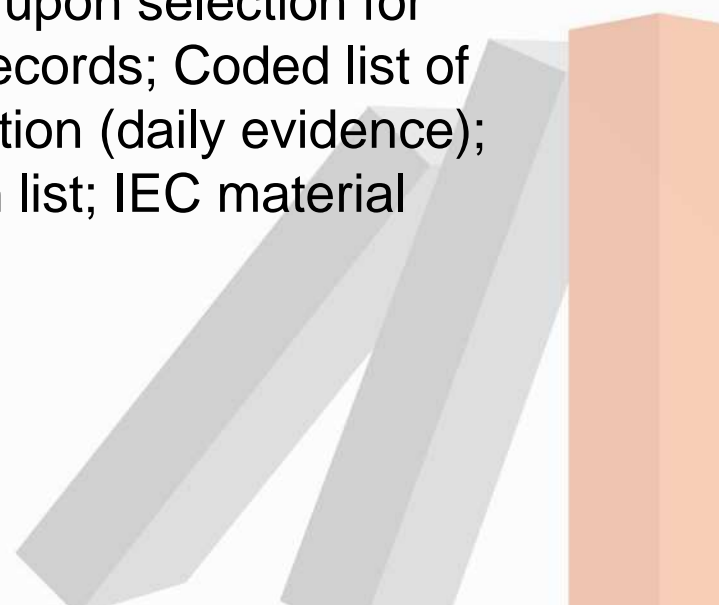
## Indicator/Evidence

### ***Number of IDUs reached with methadone substitution treatment***

Indicator is considered as "not directly tied" as the methadone is procured by Health Insurance Fund

#### **Sources of verification available**

- Protocol on initial registration of clients upon selection for inclusion on MMT; Patients' Medical Records; Coded list of clients; Protocol on methadone distribution (daily evidence); Urine test records; Condom distribution list; IEC material distribution list

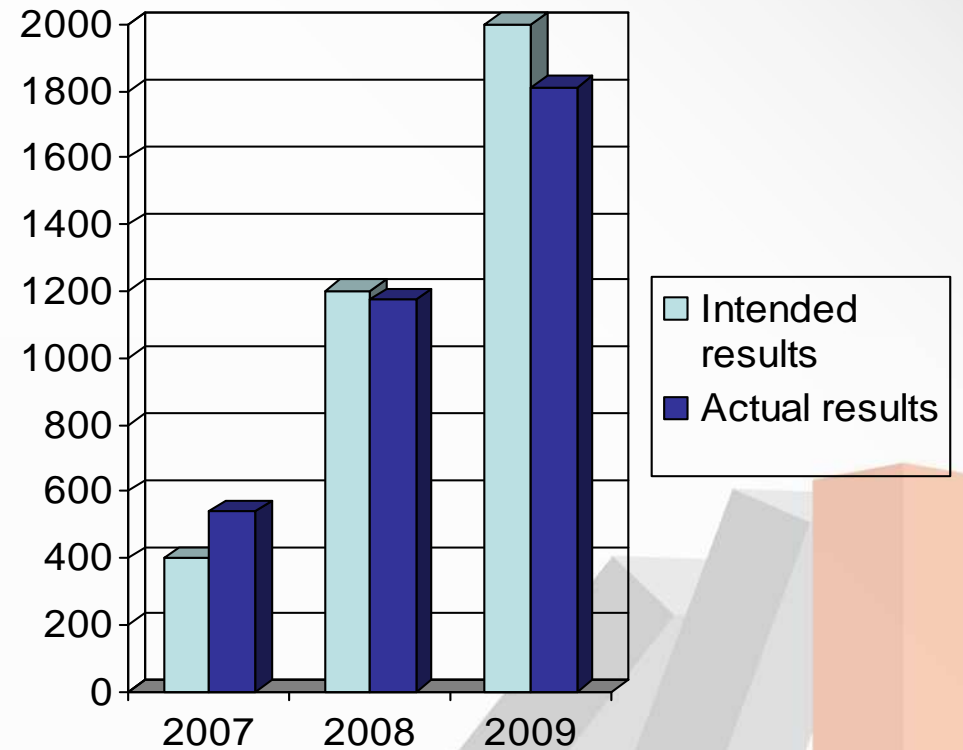


# Substitution treatment

## Achievements

### Number of patients on MMT

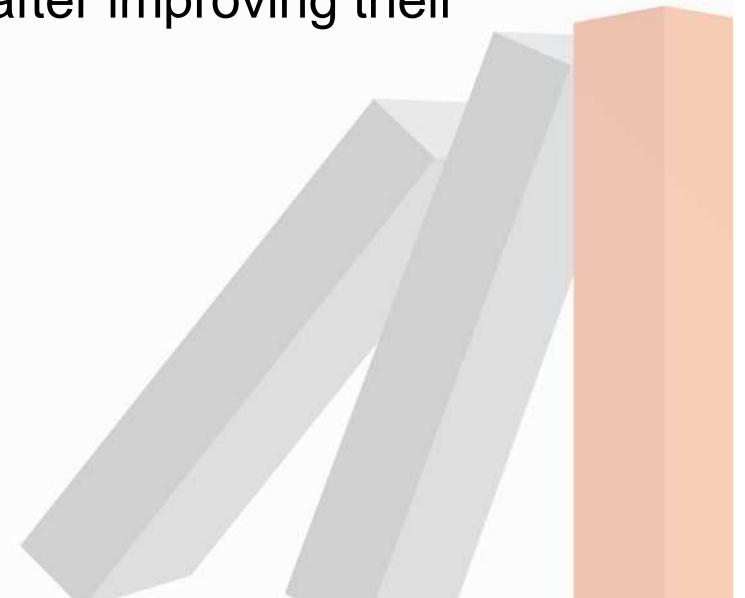
- Before 2005 - **400**
- 2007 (P2): **539** in 4 clinics / 35% overachieved
- 2008 (P6): **1.174** in 8 clinics / 99% achieved
- 2009 (P10): **1.813** in 15 clinics / 91% achieved



# Substitution Therapy

## Benefits

- Improvement of physical and psychic health
- Increased condom use for prevention of STI/HIV infection
- Suppressed new cases of HIV transmission through IDUs
- Decreased criminal and socio-pathological aspect of drug addiction
- Brought back ex-IDUs to their community after improving their quality of life
- Additional therapy for HCV+ patients



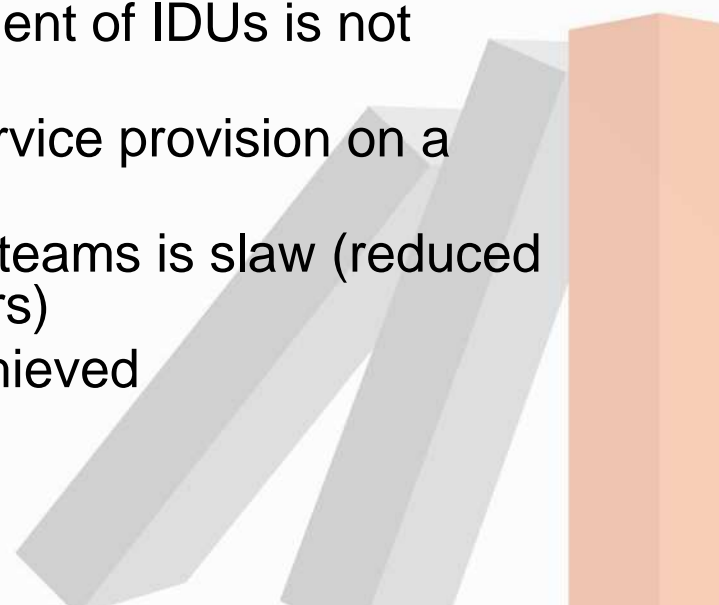
# Decentralization of MMT services

Under the Round 8 cumulative target for P2 (31 Dec 2009) is **2000**

Target includes methadone provided at secondary and tertiary health facilities through the Round 6 + methadone provided through 4 additional primary health care centers under the Round 8

## Difficulties encountered:

- Legislation - Law on prevention and treatment of IDUs is not adopted
- Technical conditions for organization of service provision on a primary healthcare level are not defined
- Selection of professionals to work in MMT teams is slow (reduced number of newly employed medical workers)
- Consensus among professionals is not achieved



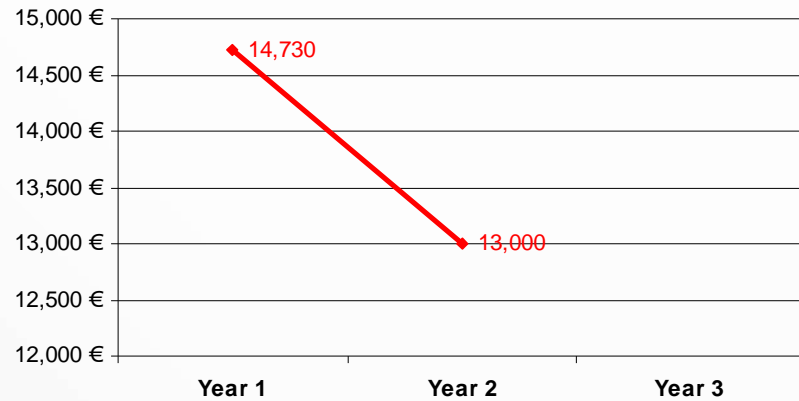
# Needle Exchange Program

This program aims at strengthening the existing services and establishing additional ones, covering app. 4,500 individuals on needle exchange until the end of the 5th year of project implementation.

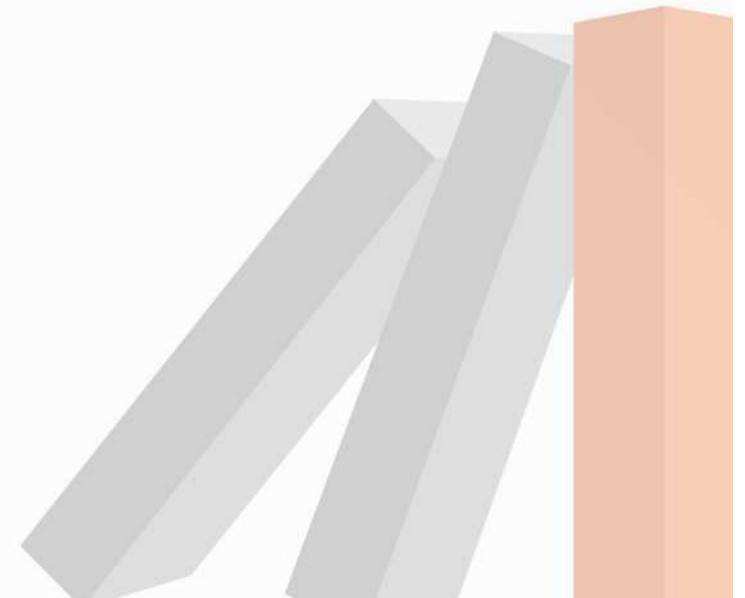
The program consists of:

- Trainings of NGO staff, peer educators, outreach workers and gate keepers in HIV prevention based on harm reduction principles
- Trainings and orientation programs of police and health and social professionals to principles of harm reduction
- Expanding existing needle exchange programs and establishing new ones in four cities in Serbia, including establishment of mobile outreach teams
- Outreach services provision include: exchange of sterile injecting equipment, distribution of condoms, distribution of IEC material, HIV/AIDS education, referrals for STI treatment and VCCT
- Capacity building and more functional liaising between all relevant holders in NGOs and state institutions

# NEP Trainings



- **42** outreach workers educated on principles of outreach work
- **184** police officers sensitized for work with IDUs (using UNODC curriculum)

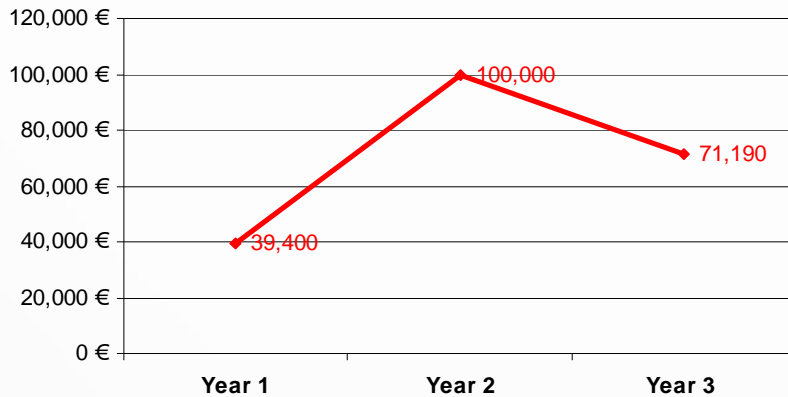


# Vehicle for outreach work



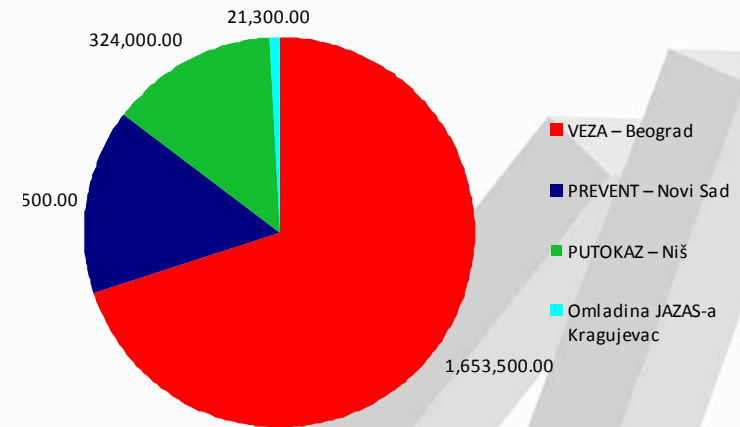
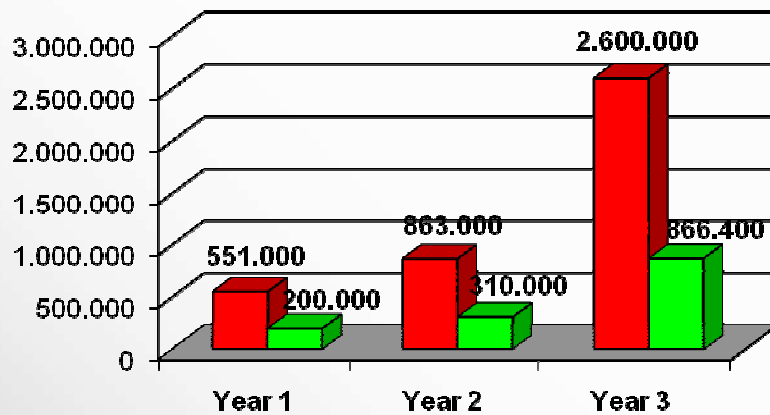
# NEP

## Sterile injecting kits



Sterile injecting kit consists of:

- 1 plastic bag
- 1 cooker
- 1 redistilled water
- 2 syringes
- 6 needles
- 6 wet wipes



# NEP

## Indicator/Evidence

*Number and percentage of IDUs reached with community outreach/needle exchange services*

The set of services provided to beneficiaries includes:

- provision of sterile injecting kits, condoms and IEC materials;
- counseling on HIV/STI/safe sexual and injecting practices;
- referral to VCT centers for HIV/HCV/HBV testing

### **Sources of verification** available

- Coded list of clients; Outreach diaries ; Questionnaire for coded clients; Lists for sterile kits distribution; Syringe disposal record; Condom distribution list; IEC material distribution list

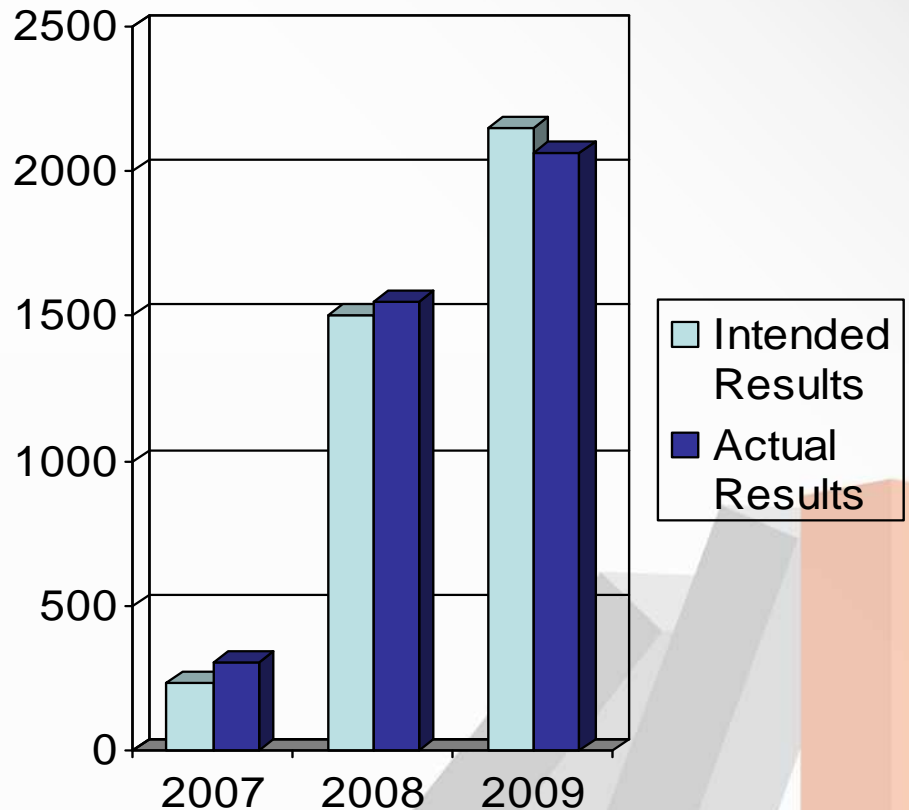


# NEP

## Achievements

### Number of clients in NEP

- Before 2007 - **770 clients**
- 2007 (P2) : **302** / 3 NGOs / **39%** overachieved
- 2008 (P6) : **1.548** / 3 NGOs / **3%** overachieved / **8.6%** of IDUs in Serbia
- 2009 (P10) : **2.063** / 4 NGOs / **91%** achieved / **11%** of IDUs in Serbia



# Data base Procedure

From June 2009 clients' data base has been introduced with an aim to monitor the work of SRs

Data base created in Access is specific for each SDA

SRs submit filled-in database forms on a monthly basis

Using data base SRs create quarterly M&E reports and send hardcopies to PIU

PIU checks and logically controls entered data, comparing them with the set targets

On a quarterly level, PIU checks and corrects any possible duplication of data entered in data base

After checking with SRs, PIU makes conclusion on the final number of clients entering them into PU&DR

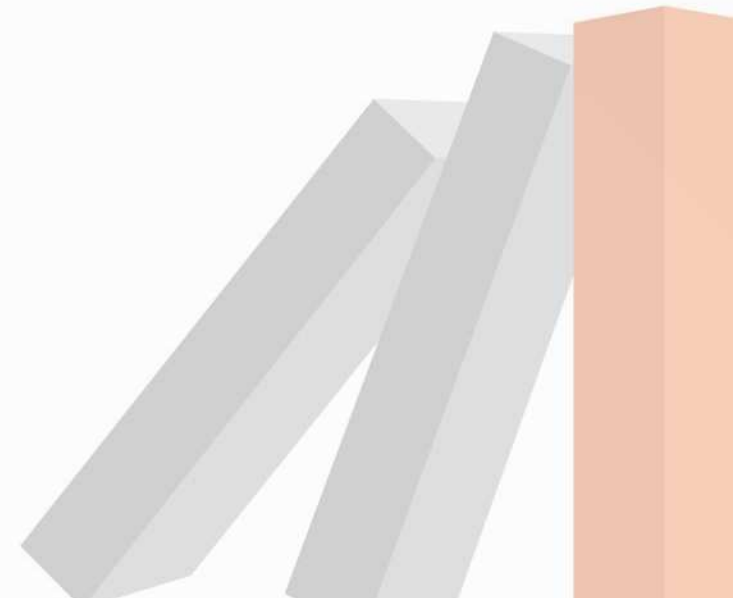
Feedback is regularly provided to SRs during monitoring visits, and after submitting of reports

# Data base Reports

The data-base produces the following reports:

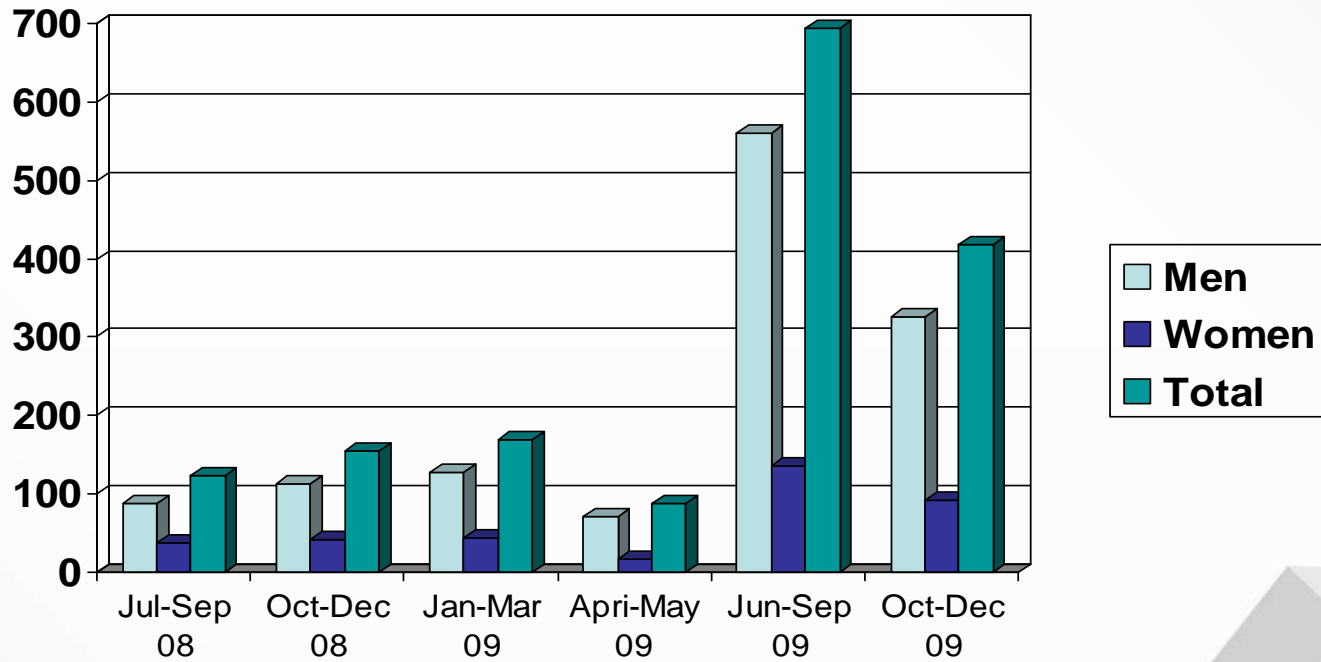
- Total number of clients since 1 June 2009 (data base roll out)
- Total number of newly reached clients since 1 June 2009
- Total number of newly reached clients for certain period
- Condom/IEC material distribution through outreach activities
- Distribution of sterile injecting kits

Data base will be used as a fundamental part of the National M&E data base.



# VCCT

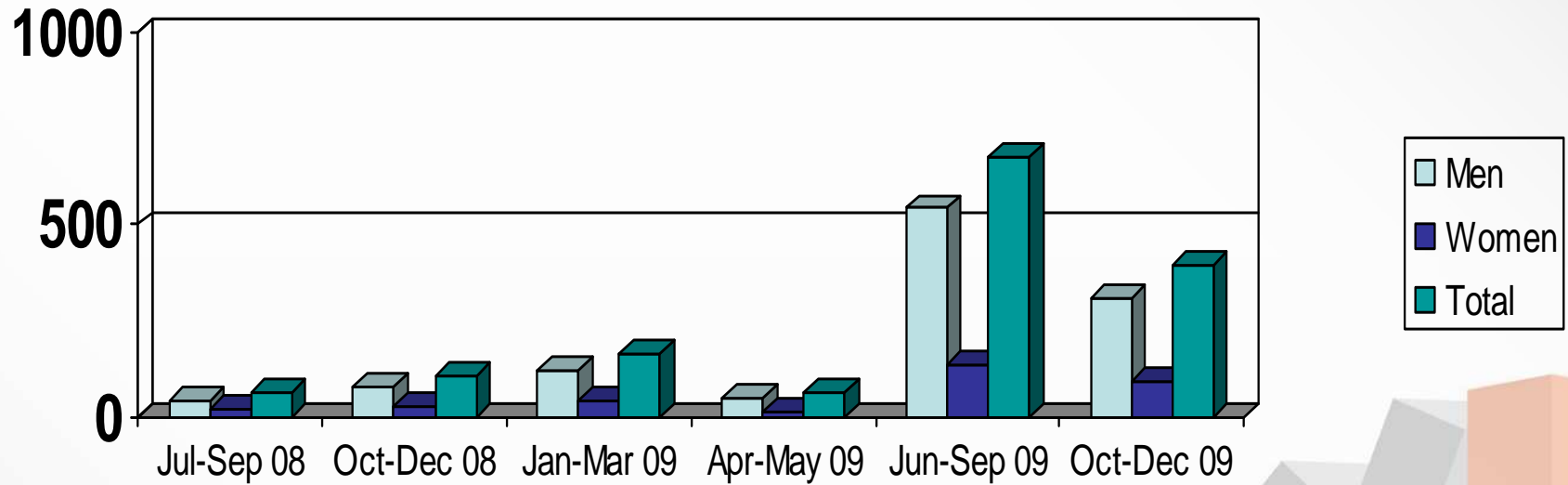
## IDUs counselled and tested to HIV



7 men tested HIV positive during the period  
Jul 2007- Dec 2009

# VCCT

## IDUs counselled and tested to HCV



**120** women and **411** men tested HCV positive during the period Jul 2007 – Dec 2009

# Bio BSS Survey

2007/08

- HIV prevalence among injecting drug users (IDUs)  
In Belgrade **3.7%**
- HCV prevalence among injecting drug users (IDUs)  
In Belgrade **3.7%**
- Percent of injecting drug users (IDUs) who report not having used/shared non-sterile injecting equipment during the last month and used a condom at last sexual intercourse  
In Belgrade **25%**
- The estimated size of IDUs population in Serbia is **18,000**

Source: MoH/GFATM Bio-BSS conducted by IPH of Serbia, 2008

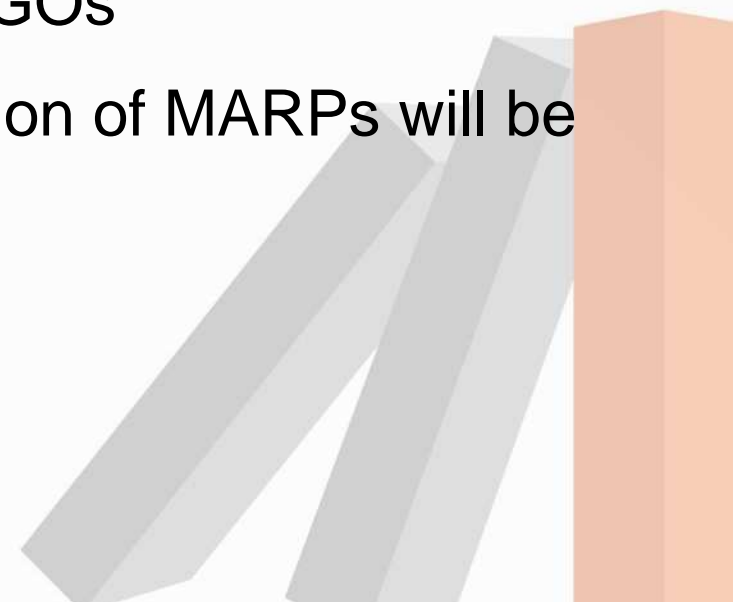


# Estimation of IDUs population size in Serbia

Triangulation of available data and integration of appropriate methodology for estimation of size of population through the planned bio behavioral research among IDUs

Implementers: MoH, IPH of Serbia, NGOs

The National guideline for the estimation of MARPs will be developed until the end of 2010



# Partnerships

## Ministry of Health

Implementation of the National Strategy for Drugs – **INSADA** project

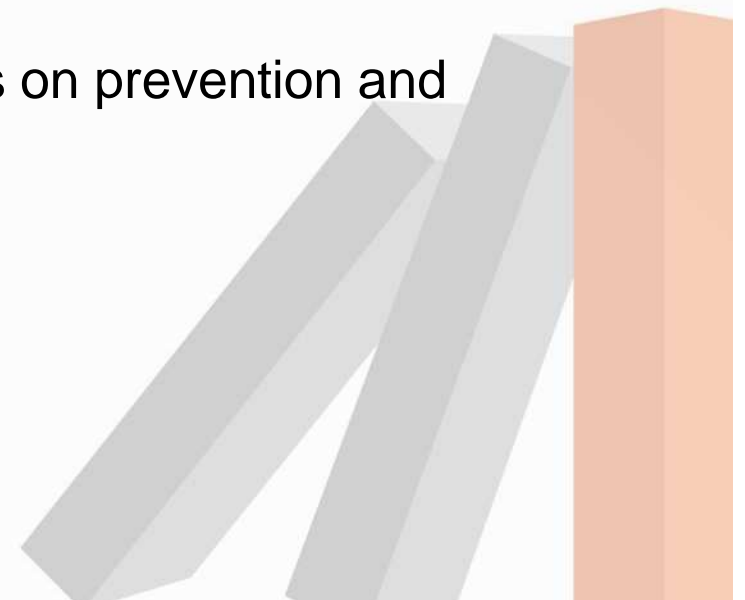
Financed from EU/IPA (1.5 million EUR) 2009 – 2010

### Activities so far:

- Campaign “Your NO Changes Everything”,
- Marking the International Day Against Drug Abuse and Illicit Trafficking, 26 June
- Education for health care professionals on prevention and treatment

### The forthcoming joint activities:

- Study tour to Slovenia
- Wide national campaign
- Promotion of guideline for MMT



# Partnerships

## PR2 – Youth of JAZAS

Implementation of the The Global Fund round 8 project “Strengthening HIV Prevention and Care for the Groups most Vulnerable to HIV/AIDS”

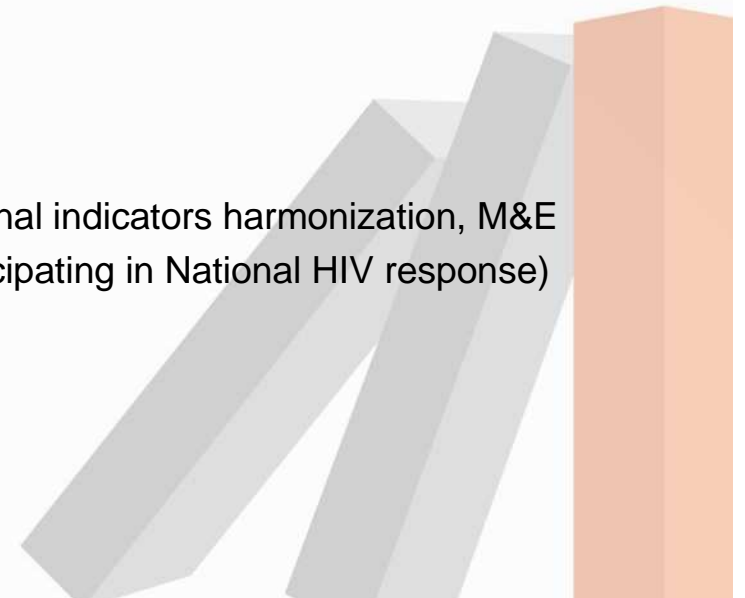
Synergy between PR1 (PIU MoH) and PR2 (Youth of JAZAS):

### Activities so far:

- Sharing same sub-recipients (17)
- Synergic activities on same SDAs (outreach work – drop-in centers)
- Monitoring and Evaluation System Strengthening Workshop, May 2009
- National Database development

### In progress and forthcoming joint activities:

- National M&E Plan development and distribution (National indicators harmonization, M&E capacity building for organizations and institutions participating in National HIV response)
- Estimation of MARPs size at national level
- Supervision and Quality Guidelines development



# Partnerships

## WHO/UNODC

Global Joint program for improving quality and treatment of drug dependency

### The overall aim:

To promote and support worldwide, evidence-based and ethical treatment policies, strategies and interventions to reduce the health and social burden caused by drug use and dependence

In Serbia the following program activities are planned:

### ***Strengthening national coordination and governance mechanism for treatment of drug use disorders***

- Establishing inter-ministerial coordinating committee for drug dependence treatment and care
- Structured assessment of the current treatment system for drug use disorders using WHO technical tools with recommendations on improvement of quality and coverage of treatment

# Partnerships

## WHO/UNODC

Global Joint program for improving quality and treatment of drug dependency

- **Support for development of treatment program for drug use disorders at primary health care level with inclusion of groups and populations currently not covered by health and social services (marginalized) Strengthening human resources for drug dependence treatment and care**
  - Improving capacity of staff to provide high quality treatment of drug dependence with a focus on opioid agonist pharmacotherapy
  - Training doctors and nurses of primary health care centers and other health care facilities with expected high prevalence of drug use in screening and brief interventions using the WHO ASSIST package
- ***Support for improving coverage and quality of treatment of drug dependence in prisons***
  - Improving continuity of care between prisons and community
- ***Technical assistance in review and development of the national guidelines, standards and norms on treatment of opioid dependence***

# Partnerships

## Doctors of the World - France

- In October 2009, the Ministry of Health, the Primary Health Care Center "Savski venac" and the international non-governmental organization, Doctors of the World - France, established a methadone center in Belgrade
- Integrated within the national health system, it is based on the concept of harm reduction and includes medical, psychological and social component.
- So far, it is the only institution on primary health care level in Serbia that is providing methadone treatment on site
- The initial objective of the project is to admit 120 patients
- By March 2010, the number of patients under treatment in the center reached 67 (while another 50 patients were included on the waiting list).
- The non-discriminative and multi-disciplinary approach of the center showed excellent results, as much regarding the retention rate of the patients as concerning the willingness for the drug users to be included in the program.

# Partnerships

## Conclusions

- Government and community commitment on prevention and care of IDUs
- Flexible approach to planning support for local activities to ensure that the scale and type of programming is matched to the needs of IDU
- Partnership at all levels of administration and implementation
- Timely collaboration in planning and dissemination
- Clear responsibility and role of each party
- Comprehensive capacity building (service providers, communities, NGOs, private sector/pharmacists and private practitioners, media)



# Communication Activities

## **Conference on Substitution Treatment** (Belgrade, March 2010)

- Conducted in cooperation with INSADA Project
- Gathered at one place health care professionals dealing with substitution therapy in Serbia with international participation

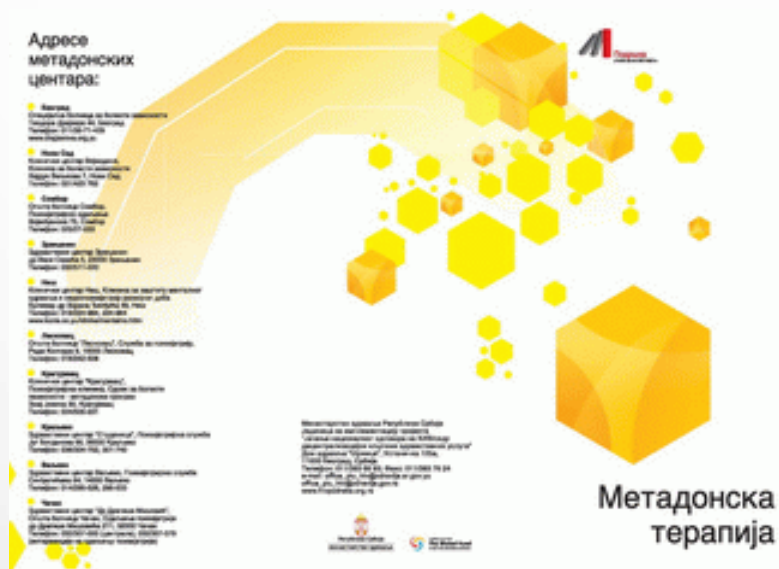
**Study tour to Slovenia** for professionals dealing with this issue as well as for the journalists, planned for May 2010.

**Intensified cooperation with journalist** with an aim to assure reporting that will create supportive environment for implementing harm reduction programmes



# IEC materials

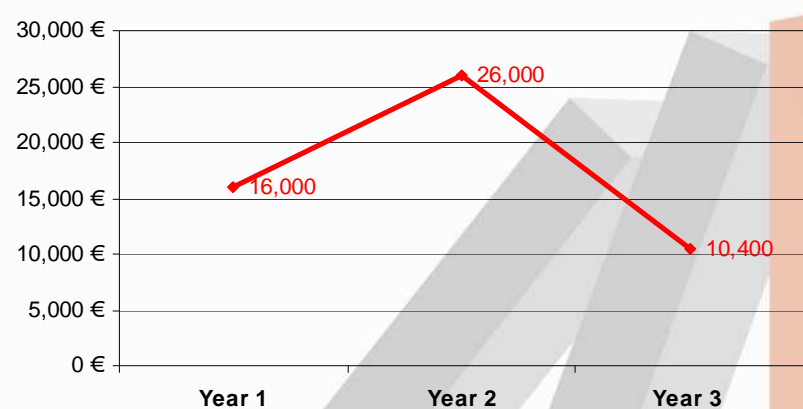
- **Brochure on practice of safe injection** – developed in cooperation with representatives of organizations that are implementing NEP programs within the Project
- **Leaflet for MMT**
  - Leaflet on MMT for users
  - Leaflet on MMT for professionals (in process of development)



# Substitution Treatment/NEP

## Study Tours/Conferences

- 3<sup>rd</sup> Adriatic Conference on Addictions, Sarajevo, October 2007
- 3<sup>rd</sup> Regional Conference on HIV/AIDS in Sarajevo, March 2008
- IHRA Conference 2008 in Barcelona
- IHRA Conference 2009 in Bangkok
- The International Society for the Study of Drug Policy Conference in Vienna, March 2009
- 4<sup>th</sup> Regional Conference on HIV/AIDS in Dures, March 2009
- 5<sup>th</sup> Regional Conference on HIV/AIDS in Zagreb, March 2010
- IHRA Conference 2010 in Liverpool



# Events

