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Short report

Obstacles in provision of anti-retroviral treatment to drug users in Central and Eastern Europe and Central Asia: A regional overview

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Abstract

Central and Eastern Europe and Central Asia is currently the region with the fastest growing HIV epidemic, mainly among injecting drug users (IDUs). This study explored access to anti-retroviral (ARV) treatment among IDUs and evaluated obstacles to gaining access to treatment. Semi-structured questionnaires were collected from 21 countries from agencies which deliver services to IDUs ($N = 55$), including AIDS centres, drug treatment institutions and Non-governmental Organisations. Results showed that there was poor access to ARV treatment for IDUs. The major obstacles reported were: limited range of institutions for the provision of ARVs, lack of treatment due to high cost of ARVs, lack of clear policies and regulations in providing treatment for IDUs, lack of infrastructure and trained staff to provide treatment, and in some countries, absence of mechanisms such as methadone substitution programmes to support IDUs receiving ARV. There is a need for human and capital resources to bring ARV treatment to IDU populations in the region. Regulations and treatment protocols need to be developed to address this particular group of HIV positive clients to insure better adherence and monitoring of clients with HCV co-infection. Integration of provision of ARV treatment with drug treatment and low-threshold services is advised. Substitution therapy should be advocated for in countries where it is not available or where access is limited. Finally, more research needs to be conducted to understand what will work best in each country, region or setting.

Keywords: Central and Eastern Europe and Central Asia; HIV; Drug users; ARV

Introduction

Central and Eastern Europe (CEE) and Central Asia is currently the region with the fastest growing HIV epidemics, with most infections resulting from injecting drug use. According to the World Health Organisation (WHO), an estimated 1.2–1.8 million people were living with HIV/AIDS in CEE and Central Asia at the end of 2005 (WHO, 2005; WHO Euro, 2005). In Central Europe, 23 per cent (5,471) of registered HIV/AIDS cases were attributed to injecting drug use. In Eastern Europe and Central Asia the proportion was 54 per cent (210,931), and in some countries in the region, over 70 per cent of cases resulted from injecting drug use (EuroHIV, 2006).

Of the WHO European Region, it is CEE and the Commonwealth of Independent States (CIS) that are most in need of anti-retroviral therapy (ART). It is estimated that 160,000 people need ART but only about 20,000 receive these drugs. Up to 85 per cent of those currently in need of ART are from Russia and Ukraine, where coverage is only 4–7 per cent (WHO, 2005; WHO Euro, 2003, 2005). In comparison, in Czech Republic, Hungary, Poland and Slovakia coverage is approximately 95 per cent (WHO Euro, 2003). Coverage for HIV positive injecting drug users (IDUs) who need ART is even poorer. According to the CEE Harm Reduction Network survey conducted in CIS, only 23 per cent of those who receive ART were IDUs although they comprised 82 per

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cent of total HIV infections. Countries with the highest number of HIV positive IDUs were least likely to provide them with ART (Subata, 2002). In Belarus, Moldova, Estonia and Ukraine, where over 70 per cent of people with HIV/AIDS are IDUs, less than 4 per cent receive ART (WHO Euro, 2003).

Lack of access to treatment for IDUs will lead to increased levels of morbidity and mortality among this vulnerable population and their sexual partners, and could spread further into the general community. This could have a negative impact on future economic development and impede social progress in the region. The aim of this paper is to evaluate access to antiretroviral (ARV) treatment among IDUs in CEE and Central Asia, and identify obstacles which hinder access to treatment.

Methodology

A semi-structured questionnaire was distributed through the CEE Harm Reduction Network and national AIDS programmes to medical professionals and service providers who work in the HIV/AIDS field. The questionnaire consisted of 33 questions on the status of ARV treatment provision, formal and informal exclusion criteria for access to ARV, barriers that limit access to treatment for IDUs, potential improvements, and the role that non-governmental organisations (NGOs) can play in providing treatment. The questionnaires were distributed in English and in Russian. The survey was conducted between May and August 2004. Fifty-five questionnaires were returned from 21 countries. Responses were received from 30 NGOs, 11 AIDS centres, 9 drug treatment governmental institutions, 1 representative of a penitentiary institution, and several international agencies. Data were analysed using SPSS (SPSS Inc., Chicago, IL).

Results

Results show that IDUs in the region have poor access to ARV treatment. AIDS centres reported that 87 per cent of HIV positive IDUs attending their facilities were in need of ARV. This number was lower for drug treatment services and NGOs (22 per cent and 37 per cent, respectively) as they usually do not provide HIV treatment for clients. The five main barriers identified by respondents as limiting access to treatment for IDUs were: limited range of institutions for the provision of ARVs; high cost of ARVs; lack of clear policies and regulations in ARV treatment provision for IDUs; lack of adherence to support mechanisms such as opiate substitution programmes, training, counselling and on-going support for IDUs; and lack of infrastructure and trained staff to provide ARV treatment.

Available services for the provision of ARV

Most respondents indicated that the provision and prescription of ARV therapy for HIV-positive patients must be provided by a 'medical professional' in the appropriate field. Although procurement of ARVs can be done by NGOs or pharmacies, the Ministries of Health are the only official bodies that have the right to provide ARV treatment. Treatment is provided through the federal and regional AIDS centres, hospitals for infectious diseases and most recently, in penitentiary institutions. Payment for the medications is dealt with centrally and patients receive their medication, either in the AIDS centre or from a specially designated pharmacy. AIDS centres are usually located in the capital of the country or in the larger cities. Patients have to attend the ward on a regular basis in order to receive their treatment and, if necessary, other medical care, such as monitoring tests or treatment for opportunistic infections. Treatment is organised in this way, in part, because of the low number of HIV positive people in the country. However, this is changing in countries where the number of HIV positive patients has increased substantially in recent years. Respondents also indicated that HIV laboratory testing and post-test counselling is mostly provided in AIDS centres. Even if testing is provided on-site at a needle exchange or drug treatment service, clients with positive or unclear results are referred to specialised clinics for further testing and counselling. However, not all IDUs attend these appointments because of the fear of stigma, breaches in confidentiality, mistrust of medical professionals, or unstable lifestyle.

Low capacity, lack of infrastructure and trained staff to provide ARV treatment

The reported capacity to provide ARV therapy was low overall, but was higher for AIDS centres than for drug treatment institutions or NGOs (Table 1). As mentioned above, the latter is mainly a result of the monopoly that AIDS centres have in prescribing ARV. Only 22 per cent of drug treatment institutions and 37 per cent of NGOs mentioned that their staff could prescribe ARVs, compared to 78 per cent of those in AIDS centres.[1] Approximately 65 per cent of respondents indicated that they needed ARV treatment training in order to deliver treatment to IDUs. Access to viral load testing facilities was almost twice as high for AIDS centres as for NGOs and drug treatment facilities. However, the reported capacity to deliver ARVs to IDUs among drug treatment facilities and NGOs was around 60 per cent (70 per cent for AIDS centres). Interestingly, AIDS centres reported lower capacity to monitor drug interactions between ARVs and other licit/illicit drugs than drug treatment facilities and NGOs. Moreover, respondents reported a scarcity of professional information on subjects such as the co-infection with Hepatitis C, and interaction of methadone and ARVs. In the case of IDU treatment, this information was identified as essential in order to avoid side effects that lead to treatment interruption. At the

[1] Two AIDS centres reported that their staff did not prescribe ARVs, rather, monitoring of HIV-infected people, testing and measuring viral load and CD4/CD8 were done and ARVs were prescribed by hospitals of infectious diseases.