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HIV and AIDS REPORTER: focus on injecting drug users, harm reduction and HIV

20 June 2006

produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on HIV and AIDS in developing countries.

The HIV and AIDS Reporter aims to provide readers with a more in-depth look at a particular area of HIV-related policy. This month's theme is [on injecting drug users, harm reduction and HIV](#). The bulletin also features summaries of new documents and other additions to the [HIV and AIDS Resource Guide](#).

New Reporter Archive - A new reporter archive is now available on the HIV and AIDS Resource Guide. See previous issues of the HIV and AIDS Reporter at <http://www.eldis.org/hivaids/archive.htm>

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact i.young@ids.ac.uk.

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Feature: Injecting drug users, harm reduction and HIV

The harm reduction approach emerged in the late 1980's as a response to the increasing HIV prevalence among injecting drug users (IDUs). The response, which features a "practitioners" solution to a potential public health epidemic of HIV and AIDS in drug using populations, was and is widely endorsed as a good strategy by health professionals and IDUs alike. Harm reduction was conceptualised around providing clean needles to injecting populations. This process soon expanded into needle exchange (exchanging used needles and syringes for new ones) and also includes drug substitution therapy. The importance of Harm Reduction has grown significantly as 114 countries currently report HIV epidemics among IDUs, and 5-10 per cent of all HIV infections result from injecting drug use. Of special concern are Eastern Europe and Central Asia, Myanmar and China, where HIV infection through injecting drug use is now the primary mode of transmission.

The evidence clearly shows that a range of cost effective harm reduction measures are available and effective in preventing or reducing HIV epidemics among IDUs. There is increasing consensus that a comprehensive package of interventions is required. Essential elements include: reducing the number of people injecting drugs; preventing HIV transmission among IDUs and their sexual partners; and providing treatment and care for those who are living with HIV and AIDS. It is critical that evidence from all interventions, including those that are ineffective, is documented and shared. Many argue that knowledge of interventions is not enough and that the political will to implement sometimes unpopular but effective measures are necessary. Policymakers need to implement findings for the benefit not only of IDUs, but for greater public health.

For more information our [harm reduction key issues guide](#)

Recommended readings

Evidence for action: special edition of the International Journal of Drug Policy

Produced by: The International Journal of Drug Policy, 2005

This special edition of the International Journal of Drug Policy, produced in collaboration with the World Health Organization (WHO), features a range of articles on the evidence base for HIV treatment, prevention and care among injecting drug users (IDUs). There are chapters on: assessing HIV risk and evaluating interventions; IEC (Information, Education, Communication) interventions for IDUs; the effectiveness of needle exchange programmes; the effectiveness of community-based programmes for IDUs; interventions to reduce the sexual risk behaviour of IDUs; and the effectiveness of drug dependence treatment in HIV prevention.

The editorial argues that, although there are a number of areas which require further research, the evidence clearly indicates that a wide variety of cost effective harm reduction measures are available to prevent or curtail HIV epidemics among IDUs. It also argues that it is critically important to document and disseminate evidence from all interventions, including those that are ineffective as well as effective. It is not only the knowledge of these interventions, but the political will to implement what are sometimes unpopular but effective measures that is necessary. Policymakers need to implement these findings not only for the health of IDUs, but for the health of the society at large. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21301>

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Position statement: injecting drug users and access to HIV treatment

Produced by: Global Network of People Living with HIV/AIDS (GNP+); International Community of Women Living with HIV and AIDS (ICW), 2005

This position statement, published by the Global Network of People Living with HIV/AIDS (GNP+) and the International Community of Women Living with HIV and AIDS (ICW), explains why these two organisations support harm reduction as the most effective means of preventing HIV and other blood borne infections among injecting drug users. Harm reduction programmes include drug substitution treatment, needle and syringe programmes, peer outreach, and provision of information. The statement argues that there is overwhelming scientific evidence for the safety and cost-effectiveness of harm reduction strategies, and that they work in both developed and developing countries.

GNP+ and ICW call for the United Nations, and particularly UNAIDS and itsco-sponsors, to stand against any attempt to deny or limit access to life saving interventions such as needle and syringe exchange and other services for people who inject drugs. At the national level, GNP+ and ICW urge governments, including bi-lateral donor agencies, to adopt and promote harm reduction as best public health practice. The two organisations also support efforts to pressure governments to repeal drug laws and policies that impede access for injecting drug users to HIV prevention and treatment, and other health services.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22189>

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Fact sheet: a global overview of HIV/AIDS and IDUs

Produced by: Centre for Harm Reduction, 2003

This fact sheet, from the Centre for Harm Reduction, outlines the connections between the growing global epidemic of HIV and injecting drug users (IDUs). Globally, 5-10 per cent of all HIV infections result from injecting drug use. Some countries have managed to slow or prevent the spread of HIV among IDUs by adopting wide ranging harm reduction programmes. Evidence suggests that these programmes remain the only successful approach to tackling drug use, and HIV and AIDS. However, only 19 percent of the IDU population had access to these programmes in 2001.

The fact sheet provides an overview of IDUs and HIV globally. It highlights Australia's establishment of nationwide needle exchange programmes and explicit AIDS education targeted at IDUs, which have kept prevalence rates at less than 2 per cent. It also notes that more than 60 percent of people with HIV in Russia and the Ukraine can trace infection to injecting drug use. However, less than 11 percent of IDUs have access to harm reduction programmes in these countries. Moreover, many Asian countries report epidemic-level HIV rates among IDUs, increased cross over of IDUs and sex workers, and access to harm reduction programmes for less than 10 percent of the IDU population. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC17935>

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A review of the evidence-base for harm reduction approaches to drug use

Authors: Hunt, N.

Produced by: Forward Thinking On Drugs, 2003

This document, from Forward Thinking on Drugs, details the theory and practice of harm reduction and evaluates its effectiveness. The first section of the document outlines what harm reduction is, including its main principles, and addresses key criticisms. The second section of the document

outlines key harm reduction interventions, including: needle and syringe programmes; methadone and other replacement therapies; depenalisation; information, education and communication; safer injecting and other drug consumption rooms; and motivational interviewing.

The paper outlines three key findings from the evidence. Firstly, harm reduction works, especially methadone and other replacement therapies, and needle and syringe programmes. The author argues that these should be considered for adoption in regions where they are currently unavailable. Secondly, harm reduction programmes show promise and require cautious, monitored, and locally adapted expansion. Finally, the author finds that harm reduction interventions are widely used yet under-researched, especially those which include information, education and communication programmes, and motivational interviewing approaches to conventional harm reduction targets such as HIV prevention. The author concludes that the best response is to develop better evidence in order to discard approaches that do not work and develop and disseminate those that do. [adapted from author]

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Summaries of other documents in the HIV and AIDS Resource Guide

2006 report on the global AIDS epidemic

Produced by: UNAIDS (Joint United Nations Programme on HIV/AIDS), 2006

This UNAIDS report provides comprehensive data on country responses to the AIDS epidemic. It reveals that important progress has been made since the UN's 2001 Special Session on HIV/AIDS, but that the response to HIV has varied widely between countries and regions. Most countries now have a strong foundation on which to build an effective HIV response, with increasing political commitment and partner coordination at country level. But there are still significant weaknesses, including that: HIV prevention programmes are failing to reach those at greatest risk; only 9 per cent of pregnant women are covered by services to prevent HIV infections in infants; and the HIV response is insufficiently grounded in human rights.

In order for countries to deliver on the promises they made in 2001, the report recommends that they sustain and increase commitment, leadership and financing, and aggressively address AIDS-related stigma and discrimination. Other key areas for action include: a renewed emphasis on HIV prevention; rapid scale-up of HIV treatment access; strengthening human resources and systems; ensuring the affordability of prevention and treatment products; investing in research and development for drugs, microbicides and vaccines; and countering the economic, institutional and social impacts of AIDS.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21857>

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Addressing stigma in implementing HIV/AIDS workplace policy: the ACORD experience in Uganda

Authors: Hadjipateras, A.; With Abwola, S; and Akullu, H.

Produced by: International NGO Training and Research Centre (Intrac), 2006

This Intrac Praxis Note describes the experience of ACORD Uganda in their efforts to implement an effective HIV and AIDS workplace policy. It focuses on the importance of addressing stigma within the organisation - both as an objective of the policy itself and as a prerequisite of its effective implementation. The paper sets out the reasons for developing the policy and examines the key challenges that arose during the process, as well as the strategies developed to address these

challenges.

The note outlines a number of lessons learned from the experience. It highlights the importance of involving all staff in the policy process, which ensures that views are represented as well as creating a sense of policy ownership. It is also essential to gain management commitment and support for effective policy implementation. Other key lessons include that: promoting a stigma-free workplace environment should make up the main aims of the policy; tackling stigma involves both informal discussions and more formal awareness-raising and education sessions; cost and funding considerations are critical to policy implementation but should not be held up by budgetary constraints; and developing partnerships and co-operating with other actors, such as health service providers and counselling institutions is critical. [adapted from author]

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Analyzing civil society participation in country-level HIV/AIDS UNGASS 2006 reviews

Authors: Kalla, K.

Produced by: CARE International, 2006

This report, published by CARE International, explores civil society experiences and lessons learned in the country-level review processes of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. It draws on surveys conducted in Cambodia, Kenya, Malawi, Thailand, the United Kingdom and Vietnam. Civil society interviewees reported that they did not fully participate in the process, and that in most cases this was due to the limited capacity, staffing and funding of the review process. Other problems included that: stigma and discrimination acted as a barrier to participation; monitoring and evaluation was weak; and the relevance of UNGASS was not clear to some participants.

The report discusses a number of recommendations provided by government and civil society respondents on how to improve the management of UNGASS reviews. These included: building the capacity of government and civil society so the review process could be institutionalised; the need for education about the UNGASS Declaration of Commitment on HIV/AIDS; involving civil society organisations earlier and more consistently; the need for continued political commitment and leadership; a harmonised approach to monitoring, evaluating and reporting; and using tools that already exist to engage with civil society organisations, and especially people living with HIV and AIDS.

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Saving lives: children's right to HIV and AIDS treatment

Produced by: Global Movement for Children, 2006

This report makes a call to action on the right of children to receive treatment for HIV and AIDS. It argues that the human rights of children are severely threatened by HIV and AIDS - stigma and discrimination, economic insecurity and growing burdens of care on families and communities all increase the vulnerability of children. Children also find themselves taking on care giver roles, losing their childhood under the burden of HIV and AIDS. The invisibility of HIV-positive children dramatically increases their vulnerability.

The report calls for coordinated action to be taken immediately to protect the rights of children living with HIV and AIDS and to invest in their future.

Main recommendations include:

- **treatment for all by 2010:** Member States must uphold their commitment to universal treatment by 2010 and recognise that children have specific treatment needs. This includes providing HIV positive women with appropriate interventions to prevent mother to child transmission; ensuring access to cotrimoxazole preventive treatment for infants born to HIV infected mothers, and ensuring access for all children to anti-retroviral treatment
- **child specific treatment targets:** national governments and international bodies must be held responsible for immediately increasing the numbers of children on anti-retroviral treatment. This includes recognising children's right to treatment as a fundamental human right, and explicitly including children in national and international treatment targets
- **child-focused research and development:** there is a pressing need to develop simple and affordable diagnostic tests for young children to ensure early identification of infection; increase child-focused research and development and produce affordable fixed dose combination anti-retroviral drugs for young children
- **improve health care systems of poor countries:** national governments must prioritise the health care sector in budgets, international donors must increase investment in the development of health care systems, and health professionals must be trained to meet children's treatment needs

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC19294>

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We are one but we are many

Author(s): Stackpool-Moore, L.

Produced by: Panos AIDS Programme, 2006

This paper, from Panos London, explores how social movements can be powerful forces for inclusive social change in local, national and international responses to HIV and AIDS. The paper, prepared as part of a larger project on social mobilisation, will be the starting point of an online discussion in June 2006. The paper aims to look beyond current debates and explores how the processes of communication motivate people to act. Specifically, it asks: how social movements influence social change; how social movements ignite passion and commitment to action; how dialogue generates action that contributes to social change; and what is the role of communication and media in helping social movements achieve their objectives?

The paper argues that the lived experiences of people living with HIV and AIDS can best inform and steer the response to HIV and AIDS, but that this has not happened. It calls for creative and critical thinking about how communication can best support inclusive social change. More attention needs to be paid to the powerful role of social movements to stimulate social change, provide mutual support and capitalise on passions and motivations; and the critical role of communication in social movements needs to be recognised. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22098>

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<http://www.eldis.org/hivaids/index.htm>

See the complete list of new additions, announcements, job adverts at: www.eldis.org/hivaids/

The HIV and AIDS Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

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- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/hivaids/index.htm>

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