Wilton Park

Provisional programme

Slowing the HIV and HCV epidemic for people who inject drugs

Monday 26 – Wednesday 28 February 2018 | WP1578

Context

People who inject drugs (PWID) are at much higher risk of HIV, Hepatitis C (HCV) and HIV/HCV co-infection than the general population. Of the estimated 12 million PWID globally, approximately 14% are living with HIV, 52% are living with HCV. The vast majority of PWID living with HIV are co-infected with HCV (82.4%).

Though significant progress has been made to curb these epidemics, PWID remain particularly susceptible to new infections, co-infection, chronic disease and mortality. In 2011 the UN set a target to reduce new infections among PWID by 50% by 2015. However, new HIV infections in PWID increased by 33% between 2011 and 2014. In high- and middle-income countries, PWID account for most of new HCV infections and existing HCV cases. Globally, PWID represent 23% of new HCV infections and account for 31% of HCV-related deaths. Additionally, many countries around the world are experiencing rising overdoses and drug-related deaths as opioid addiction and injection drug use continue to increase.

Despite this, PWID continue to face significant social and structural barriers to healthcare that are rooted in stigma, discrimination and criminalisation. According to UNAIDS, over half of PWID will be incarcerated at some point in their lives. While in prison, PWID are further exposed to HIV and HCV through continued, unsafe drug use.

The internationally agreed Sustainable Development Goals (2015) set a target to "strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol" (SDG 3).

Many proven tools and strategies to improve PWID's health and lives already exist. The United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO) and UNAIDS support expansion of evidence-based, harm reduction interventions to reduce vulnerability to infectious diseases and improve uptake of health and social services. These include: needle and syringe programmes, opioid substitution therapy and increased access to HIV/AIDS testing and treatment and overdose prevention (eg naloxone).

Integrating harm reduction, health and social services to address drug use and infectious diseases, including HIV and HCV is recommended by UNODC, WHO and UNAIDS. Service integration has shown to improve adherence to antiretroviral therapy and HCV treatment, and overall health outcomes. Historically, support for these programmes has been tied to HIV funding. However, increased momentum around global HCV goals could expand support for integrated PWID treatment and care.

Notwithstanding efforts to address HIV and HCV, stakeholders remain concerned that global goals have not generated the support and funding needed to serve PWID. Proven

In association with:

UCSF Global Health Sciences
Global Health Group

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interventions have not been brought to scale and life-saving medicines are still difficult to access due to prohibitive laws and policies.

According to the '*2016 Global State of Harm Reduction Report*', out of 158 countries and territories where injection drug use has been reported, 68 still have no needle and syringe programmes and 78 do not provide opioid substitution therapy.

There is also growing concern over reduced funding from global donors for harm reduction programmes, particularly in middle-income countries where many PWID live. New commitments and policies that address these access challenges through a human rights lens will be key to reach PWID effectively and slow the HIV and HCV epidemics. Whilst funding for HIV/HCV co-infection has been made available through traditional HIV funders (Global Fund, UNITAID, USAID/CDC) funding for HCV treatment and care remains a significant challenge.

Aims and objectives

This Wilton Park meeting will convene high-level stakeholders including policymakers, researchers, clinicians, advocates, implementers and industry representatives, to discuss how to reach PWID with HIV and HCV prevention, treatment and care measures.

Specifically, discussion will aim to:

- Identify effective strategies to overcome barriers to providing PWID with health care, including reaching incarcerated PWID populations.
- Share lessons from countries that have successfully carried out effective PWID programmes.
- Look for synergies to expand integrated service delivery models for PWID.
- Recognise and strengthen the role of community networks of PWID in the response.
- Determine how to better coordinate across sectors to improve data collection, surveillance and research.
- Build the investment case for international donors in evidence-based solutions.
- Explore how the global frameworks, such as UNAIDS Fast-Track Strategy to End the AIDS Epidemic by 2030, WHO Global Health Sector Strategies for HIV/AIDS and Viral Hepatitis, 2016 UNGASS on the World Drug Problem Outcome Document and Sustainable Development Goals commitments to 'leave no one behind', can be leveraged for greater political and financial support for PWID programmes and policies.
- Create a roadmap of opportunities, milestones and actions in the lead-up to the High Level Meeting on the world drug problem due to take place in March 2019.

In partnership with the Global Health Group at the University of California, San Francisco (UCSF) and Gilead Sciences.
(Speakers and themes proposed; * denotes confirmed)

Monday 26 February

1300-1430 Participants arrive and buffet lunch available

1500-1520

Welcome and introduction

***Robin Hart**
Senior Programme Director, Wilton Park

***Richard Feachem**
Director, Global Health Group, UCSF Global Health Sciences, San Francisco

1520-1630	**1. Barriers and opportunities for progress** What are the major global and regional issues – political, legal and social – that PWIDs face trying to access care? What is the latest public health research on the state of HIV and HCV access and how can this shape policy? How do affected communities view the barriers and opportunities?
1630-1715	Photograph followed by tea/coffee
1715-1900	**2. Working towards global policy coherence** What are the ambitions of global policy? Where are the tensions? How are countries and programmes responding to this? What are the prospects for future global policy development? What are the international milestones and how can these be best used to achieve greater global coherence? How to find common ground? To what extent is policy coherence, or lack of, impacting at the country level?
1900	Reception followed by dinner and a fireside conversation

Tuesday 27 February

0800-0845	Breakfast
0900-1030	**3. Curbing the HIV/HCV epidemic: what progress?** What progress is being made in curbing HIV and hepatitis generally, including through medical interventions? What progress towards achieving the HIV Fast Track Goals and ensuring that 'leave no one behind' is part of that? How is the new hepatitis global strategy working at country level? How are national hepatitis strategies developing?
1030-1100	Tea/coffee
1100-1245	**4. Curbing the HIV/HCV epidemic for PWIDs: what practical solutions and evidence-based models are working?** What are the practical solutions for working across the law enforcement and public health sectors to reach PWIDs and curb the HIV and HCV epidemics?
1245-1400	Lunch Explore the garden (optional)
1500-1615	**5. How can shifts in fiscal policy drive PWIDs' access to prevention, treatment and care?** What are the unique funding challenges that constrain PWID-focused programming? What changes in funding approaches, donor and in-country, might encourage shifts in local and regional policy to provide PWIDs with access to prevention, treatment and care? What role for the international donors? How can national budgets meet local PWID needs?
1615-1630	Tea/coffee
1630-1745	**6. Slowing the HIV/HCV epidemic for PWIDs: finding solutions** **Breakout discussions** Introduction in plenary followed by discussion in four smaller groups to discuss key how to bring about real change for PWID's access to prevention and prevention.
1745-1800	Tea/coffee

1800-1845	**7. Slowing the HIV/HCV epidemic for PWIDs: finding solutions** **Feedback** A rapporteur from each group will summarise key points from their breakout discussion. Followed by round-table discussion.
1900	Reception followed by dinner

Wednesday 28 February

0800-0845	Breakfast and checkout
0900-0945	**8. Reflections and discussion** ***Richard Feachem** Director, Global Health Group, UCSF Global Health Sciences, San Francisco
0945-1100	**9. Addressing policy pressure points for change** Round-table discussion, with potential to break into smaller group discussion.
1100-1130	Tea/coffee
1130-1140	**10. Evaluation survey** Completion of online survey which will include participants outlining their actions.
1140-1300	**11. Conclusions and next steps** Round-table discussion of recommendations and next steps, including personal commitments.
1300	Lunch
1400	Participants depart

This is a preview programme and as such may be subject to change.

This is an invitation only conference.

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