PROJECT BRIDGE

Testing an integrated combination intervention in Syringe-Exchange Programs to improve treatment cascade among people who inject drugs in three cities in Kazakhstan

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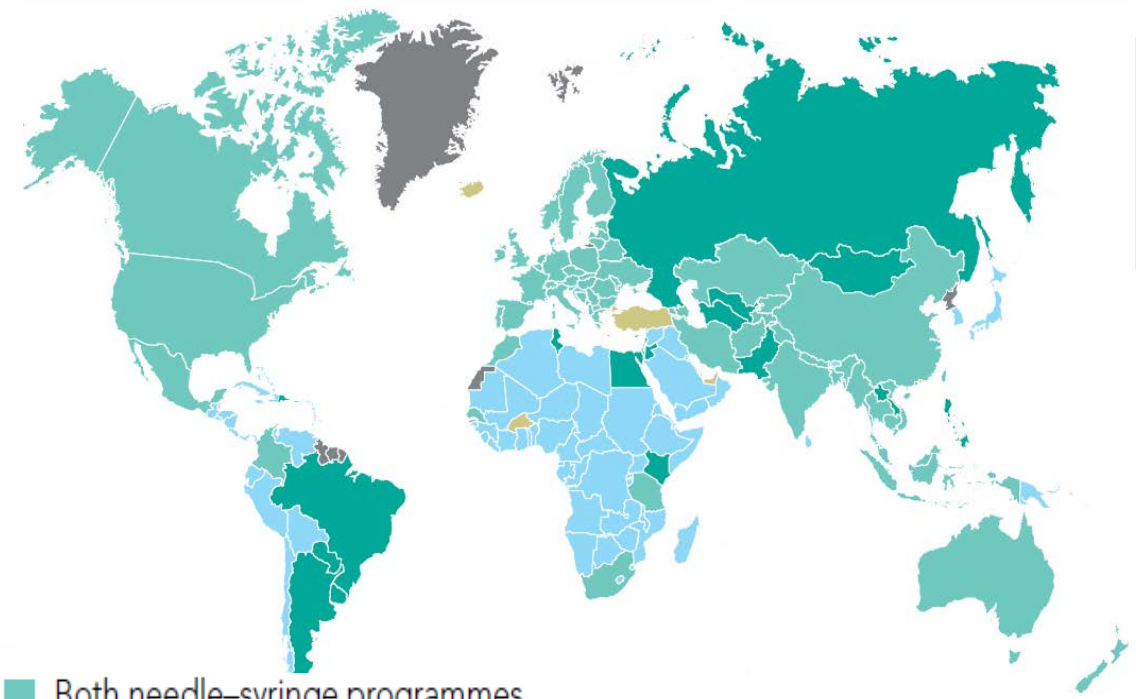
AVAILABILITY OF NEEDLE–SYRINGE EXCHANGE PROGRAMMES AND OPIOID SUBSTITUTION THERAPY, 2014



In Kazakhstan:

Many (140) Syringe Exchange Programs (NSPs)
yet, **only 47%** of people who inject drugs use NSPs

Role of NSPs:
Distribute syringes and condoms

Rapid HIV testing and counseling in NSPs is limited. It is estimated that less **50% PWIDs who visit NSPs receive rapid HIV testing.**

Why syringe needle exchange programs are ideal settings to improve the HIV continuum of care

1. NSPs may be **the only** harm reduction or drug treatment programs for PWID

2. NSPs are often located within the PWID communities

Barriers to services FOR PWID in NSPs

Lack of financial and staffing resources at NSPs

Gap in knowledge: on recruitment, outreach and engagement of clients, evidence-based interventions, staff training

Lack of **collaboration** between the nurses and outreach workers at NSPs
Lack of **coordination** of care between the NSPs and other services
High workloads for outreach workers (served 50 to 150 clients in a given week so time with clients limited

Services provided in a silo

Stigma against PWID affect linkage and access

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HYBRID TYPE 2 IMPLEMENTATION SCIENCE:

Effectiveness and Implementation outcomes simultaneously (Program and individual)

Primary effectiveness outcomes: "First "90", Second "90"

Increase # of PWID attend NSPs, # of PWID tested for HIV at the NSP, # HIV-positive PWID linked to Care HIV

Secondary effectiveness: Third "90"
Increase initiation of ART, HIV adherence virologic suppression

Implementation outcomes
- Barriers to implementation: individual client, staff, agency, community, structural
- Cost-effectiveness on primary outcomes

Study Purpose

To evaluate the effectiveness of implementation and sustainability of an enhanced integrated HIV service package in NSPs (BRIDGE) in reaching 90-90-90 goals.

Primary Aim

✓Increase the number and portion of HIV+ PWID linked to HIV care through NSPs

Secondary Aims

✓Increase the number and portion of HIV- PWID completing HIV testing in NSPs

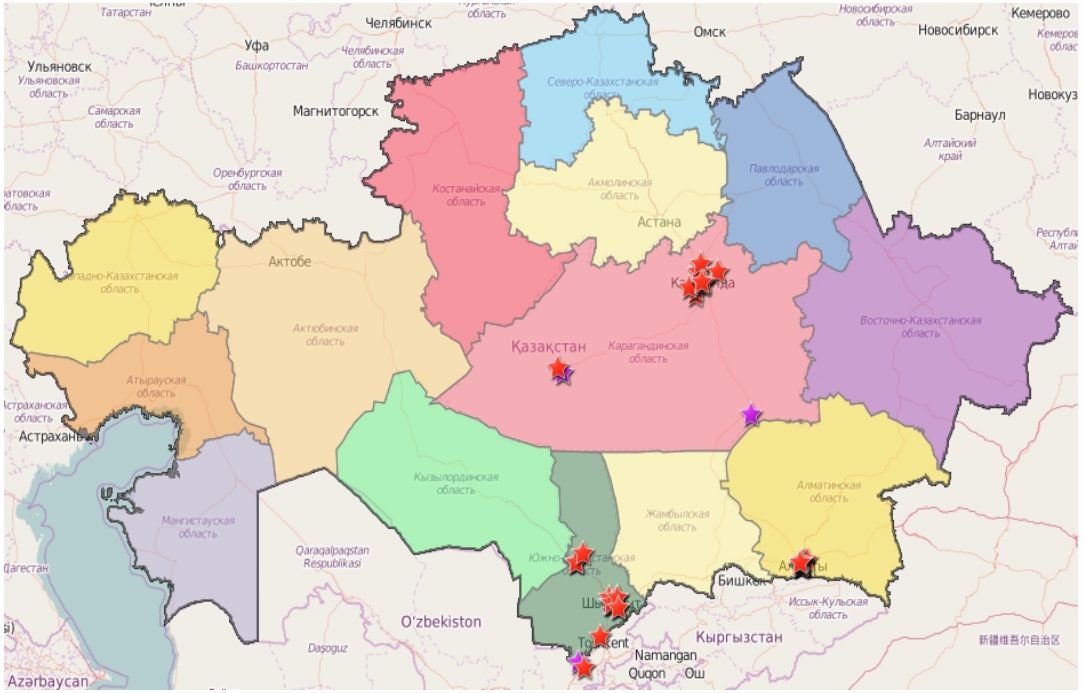
✓Increase the number and portion of HIV+ PWID retained on HIV care (≥1 visit per 6 months) and achieved viral suppression within 12 months period

BRIDGE Timeline and Design

- Developmental phase:
October 2015 – February 2016

- Implementation period:
February 2016 – February 2020

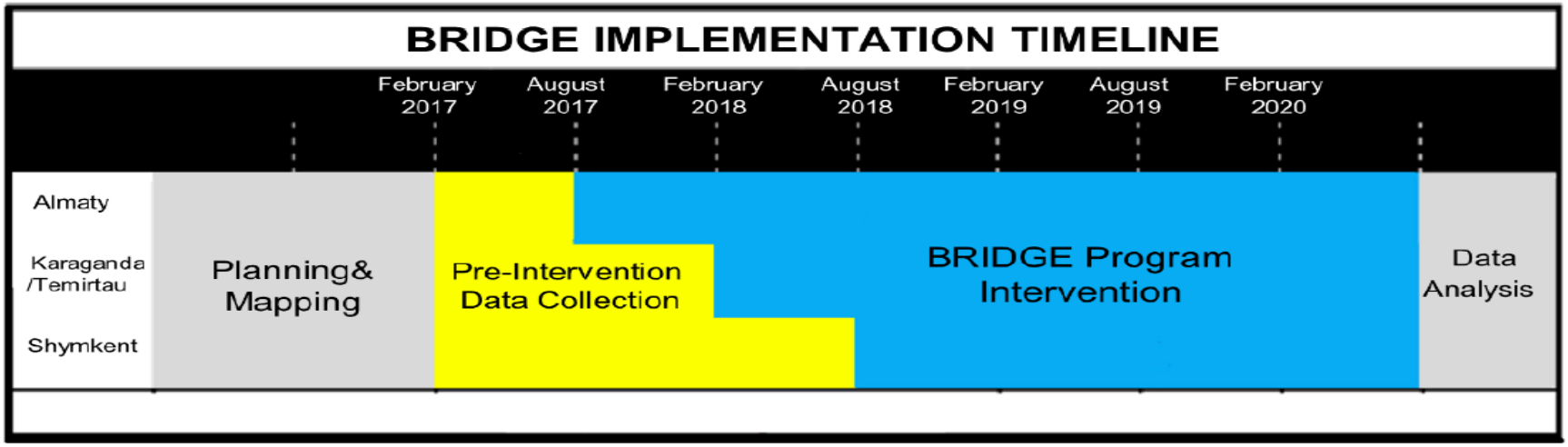
- Intervention program implementation period:
August 2017 – February 2020



Implementation in 4 cities of Kazakhstan:

- Almaty
- Karaganda/Temirtau
- Shymkent

BRIDGE Stepped-Wedge Design



Stepped wedge design
Intervention implemented at each site with separate start-up at different time points

3 cities

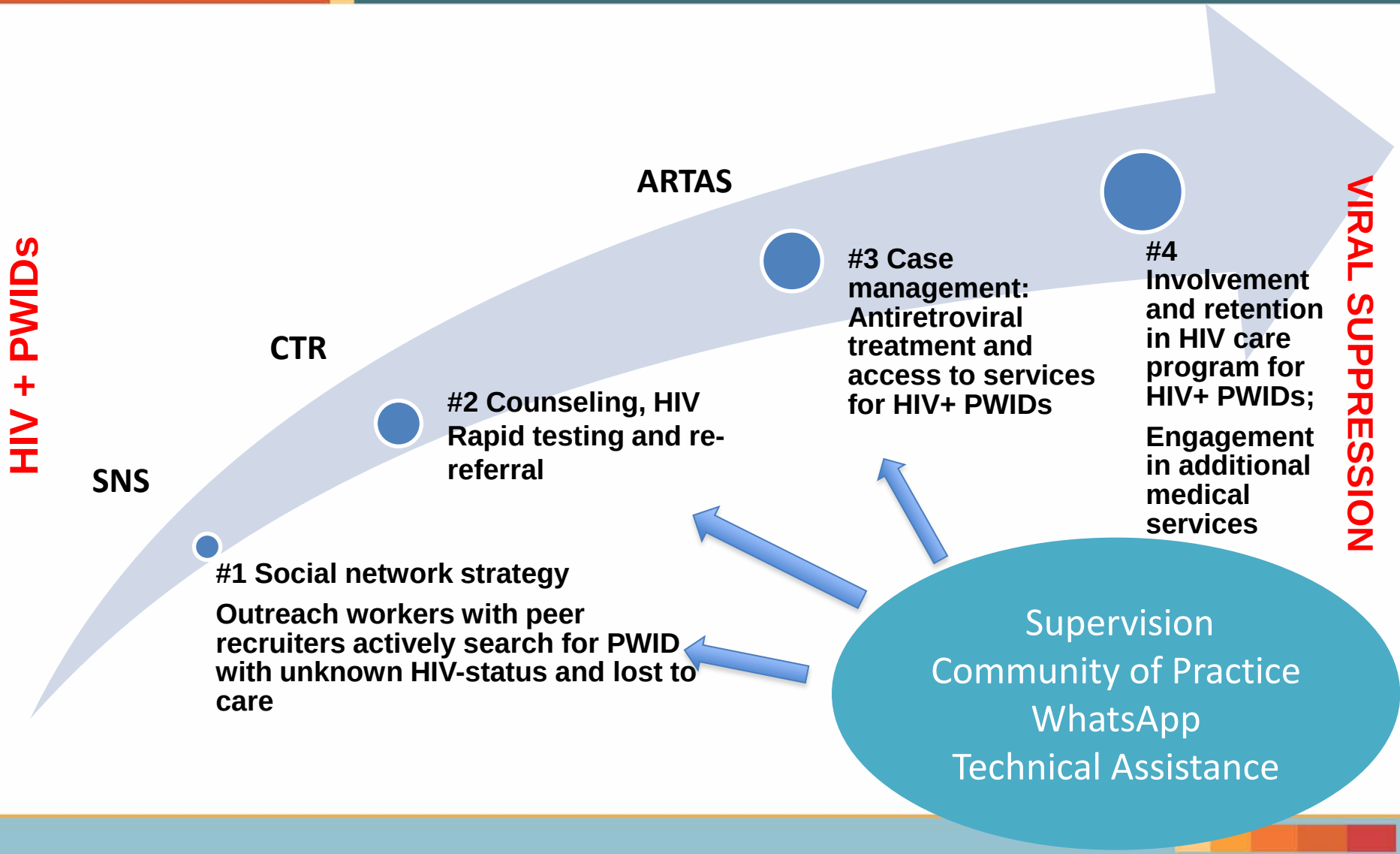
24 NSPs

In each city

- **8 NSPs**
- **8 nurses**
- **16 outreach workers**

1 supervisor from the AIDS Center

BRIDGE INTEGRATED AND TASK SHIFTING MODEL FOR TRUST POINTS (NSPs)



Differentiation of Service Approach

- Elevates the role of NSPs staff (nurses and outreach workers)
- Provides integrated team approach
- Nurse training: New evidence-based strategies on HIV rapid testing, case management, and linkage to care
- Outreach Training: Peer recruitment strategies
- Nurses and Outreach: Uses supervision and community-based learning and practice, technical assistance

BRIDGE Innovative Technologies and Approach

- Two Videos to engage PWID & encourage:
  - 1) HIV rapid testing at Trust Point and,
    2) linkage to care and treatment adherence
- ART brochure for patient and treatment provider discussion
- Community of Practice
- AppSheet in TPs and AC for tracking access to services

BRIDGE training& supervision model

Almaty:

BRIDGE implementation training - May 31st – June 8th, 2017, and October 9th-13th, 2017

Ethics training- July, 27th 2017

- **Trainees**
  - Nurses and outreach workers
  - Supervisor from AC
- **7 day training outline**
  - Overview to HIV care & drug treatment with assistance from AIDS Center and narcology dispensary
  - Recruitment with Social network strategy to reach hidden PWID
  - HIV rapid testing, counseling and referrals
  - HIV + patient case management with ARTAS
  - Strength-based and outcomes supervision model along with Community of Practice

BRIDGE Training in Almaty Outcomes

- Reactions from participants:
  - Learned expanded role and task definitions at Trust Points for greater patient engagement and service
  - Appreciated collaborative, strength- and team-based approach
  - Training enhanced knowledge and changed attitude towards methadone and needed MAT* treatment referrals
  - Enhanced confidence in effectiveness of HIV Rapid Tests and giving results
  - Valued screening tools to enhance drug use and mental health referrals

* Medication assisted therapy

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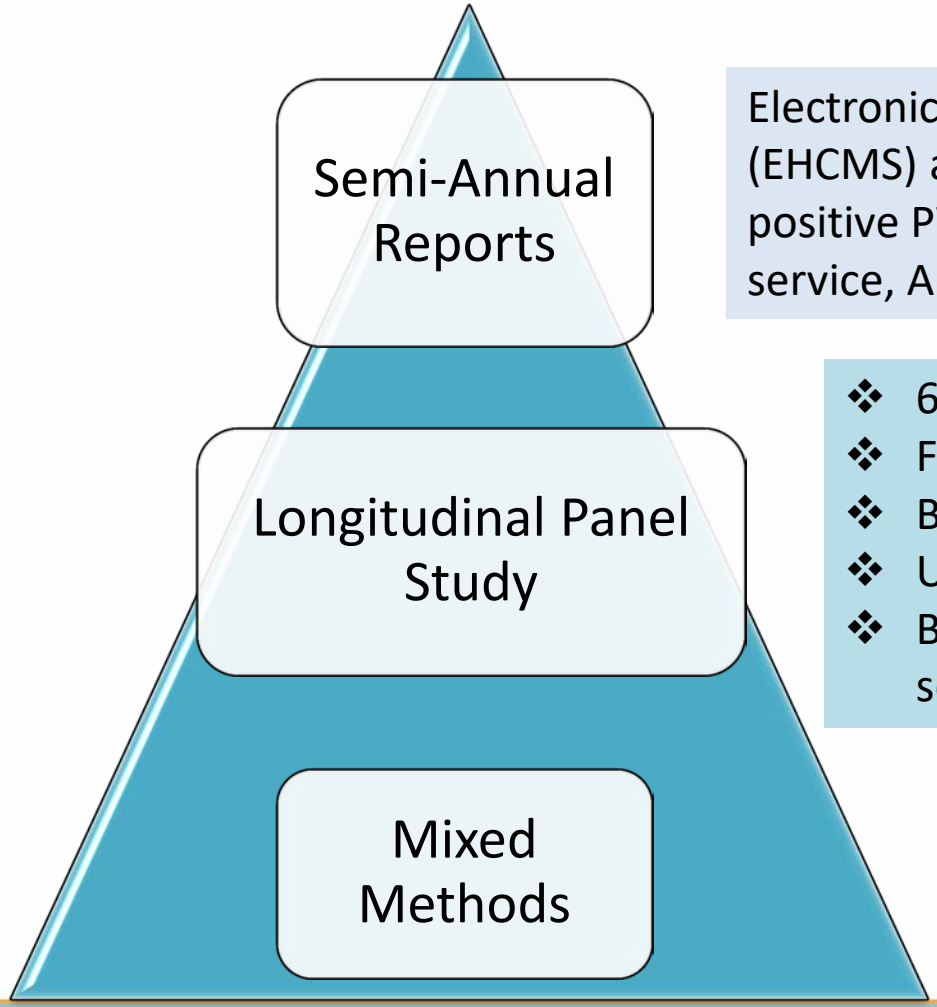
Triangulation of Data Collection for Effectiveness and Implementation: Program and Individual level



Electronic HIV Case Management System (EHCMS) at each City AIDS Center, on each HIV positive PWID on linkage to HIV care and other service, ART, Viral load

- 600 HIV-positive PWID (200 per study site)
- Follow-up over time, baseline 6 and 12 months
- Biological data: HIV tests, viral load, CD4
- Uptake of HIV services
- Barriers/facilitators of accessing HIV care, other services and Bridge intervention

Qualitative data from particpants, staff, key stakeholders, and policies that impact the delivery and outcomes

Triangulation of Data Collection for Effectiveness and Implementation: Program and Individual level

AppSheet

Google-based application ran on computers, tablets, or smartphones as a data collection tool
Used by the nurses at NSPs and HIV service

Keychain

Each NSP client is given a keychain with a unique QR code

- Client is "registered" upon first visit to NSP
- Keychain monitors each client: HIV test, services, case management, referral, linkages
- HIV AIDS Center: Confirmatory EIA or Western Blot tests, Viral Load tests, CD4 tests, STI tests
- Data are collected overtime
- Outcomes: Program level and individual level

AppSheet Data Collection

Since February, 2017 in 24 NSPs:

•Each trust point client is given a keychain with a unique QR code

•Client is “registered” upon the first visit to NSP after February 2017
- NSPs are responsible for registering of all PWID clients

•At EACH NSP or AIDS Center visit…
- Nurses scan QR code to identify client
- Nurse complete brief questionnaire about what services the client received that day

•Confidential system

Current AppSheet Data

Since February 2017 in 24 NSPs:

By Recruitment Site:	Consent	NSP Visits	AC Visits
Almaty	678	3557	115
Shymkent	582	6359	131
Karaganda/Temirtau	734	2718	264
Office	133	N/A	N/A
Total	**2127**	**12634**	**510**

Current AppSheet Data

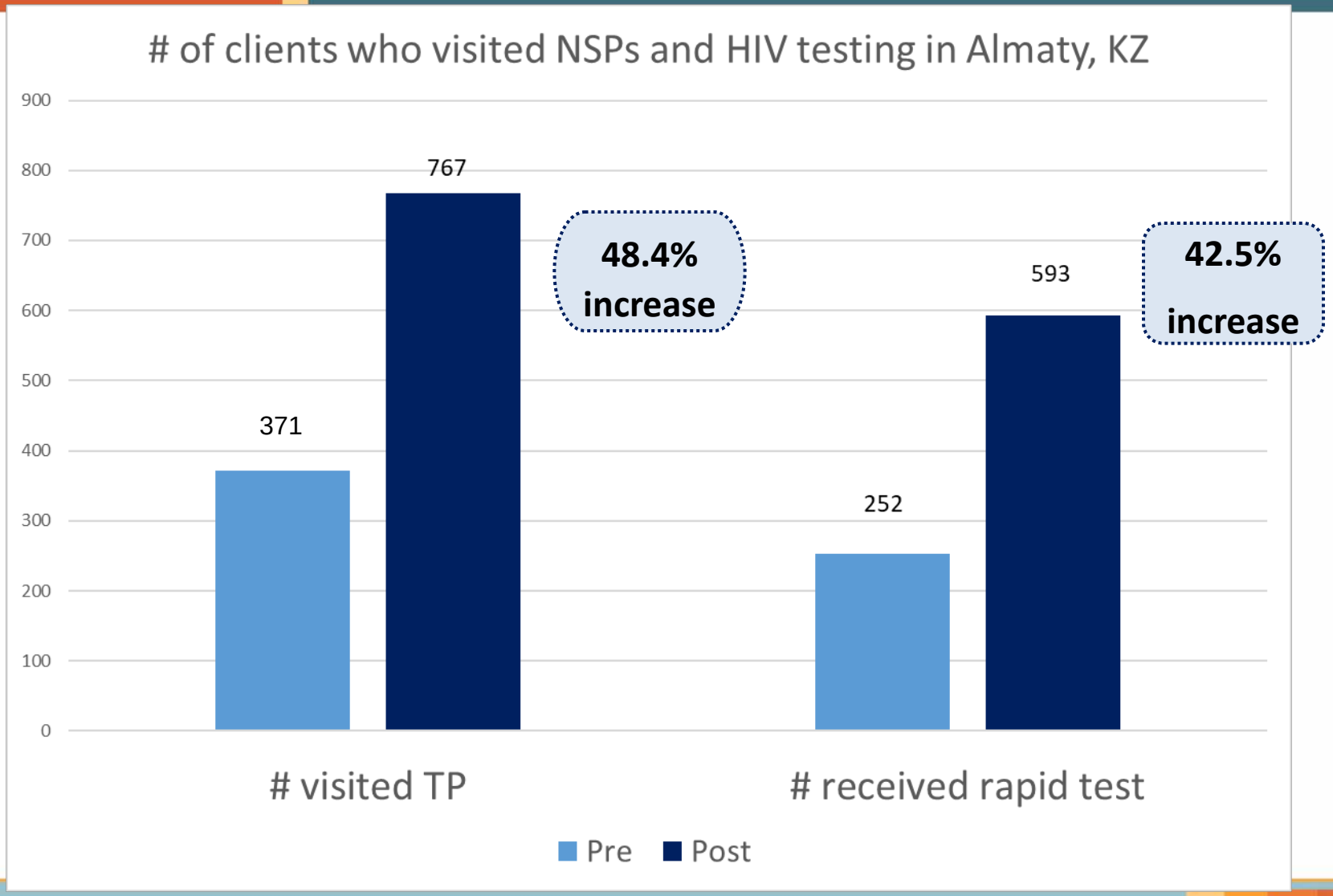
Since February 2017 in 24 NSPs:

Gender (NSP visits)	
Male	9905
Female	1245

Current AppSheet Data

•Since February 2017 in 24 NSPs:

Study sites	HIV rapid testing	Positive rapid tests (NSPs)	Confirmatory testing (AIDS Center)
Almaty	975	81	8
Shymkent	498	0	11
Karaganda/Temirtau	602	26	167
Total	**2075**	**107**	**186**


# of clients who visited NSPs and HIV testing in Almaty, KZ
900
800
700
600
500
400
300
200
100
0
371
767
48.4% increase
252
593
42.5% increase
visited TP
received rapid test
Pre
Post

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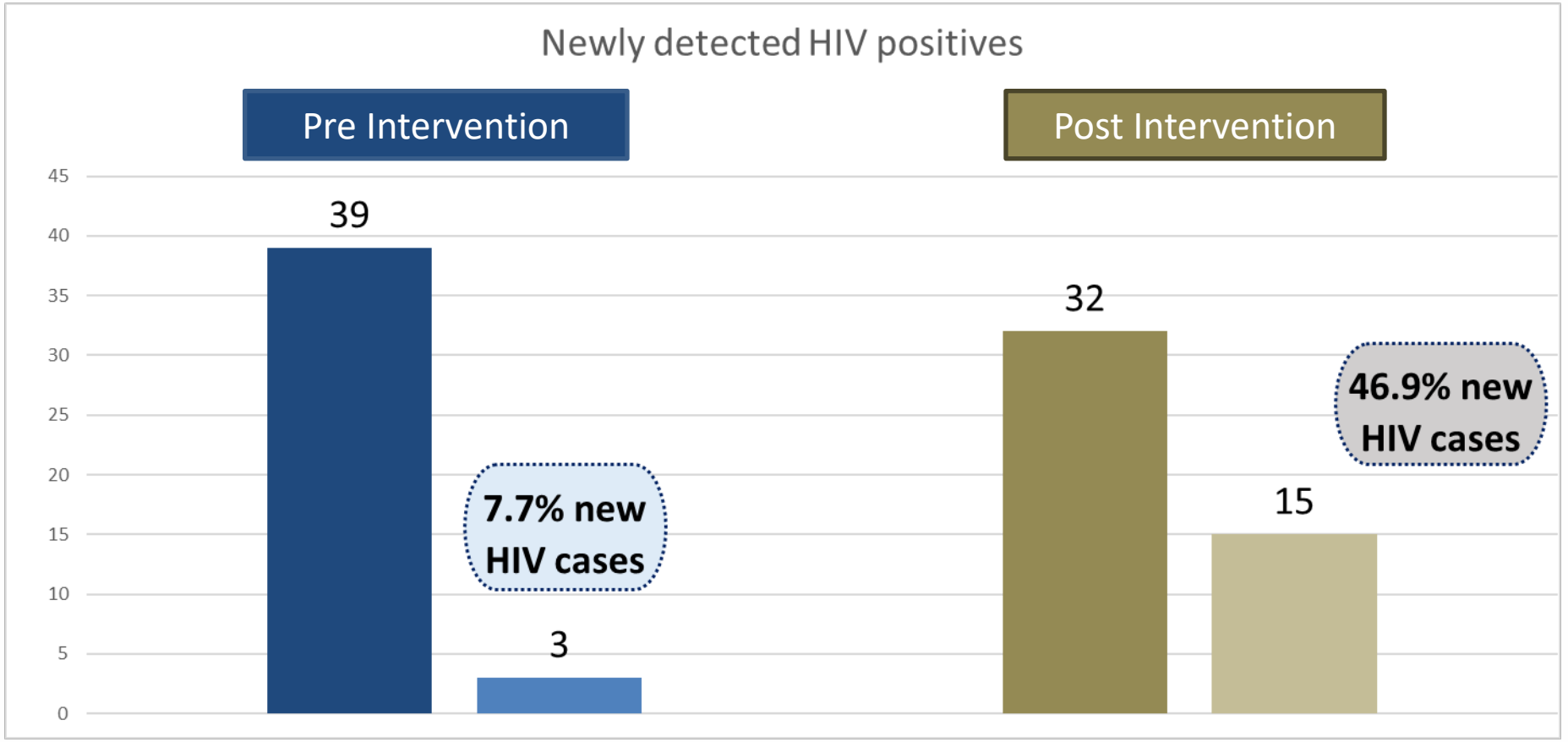
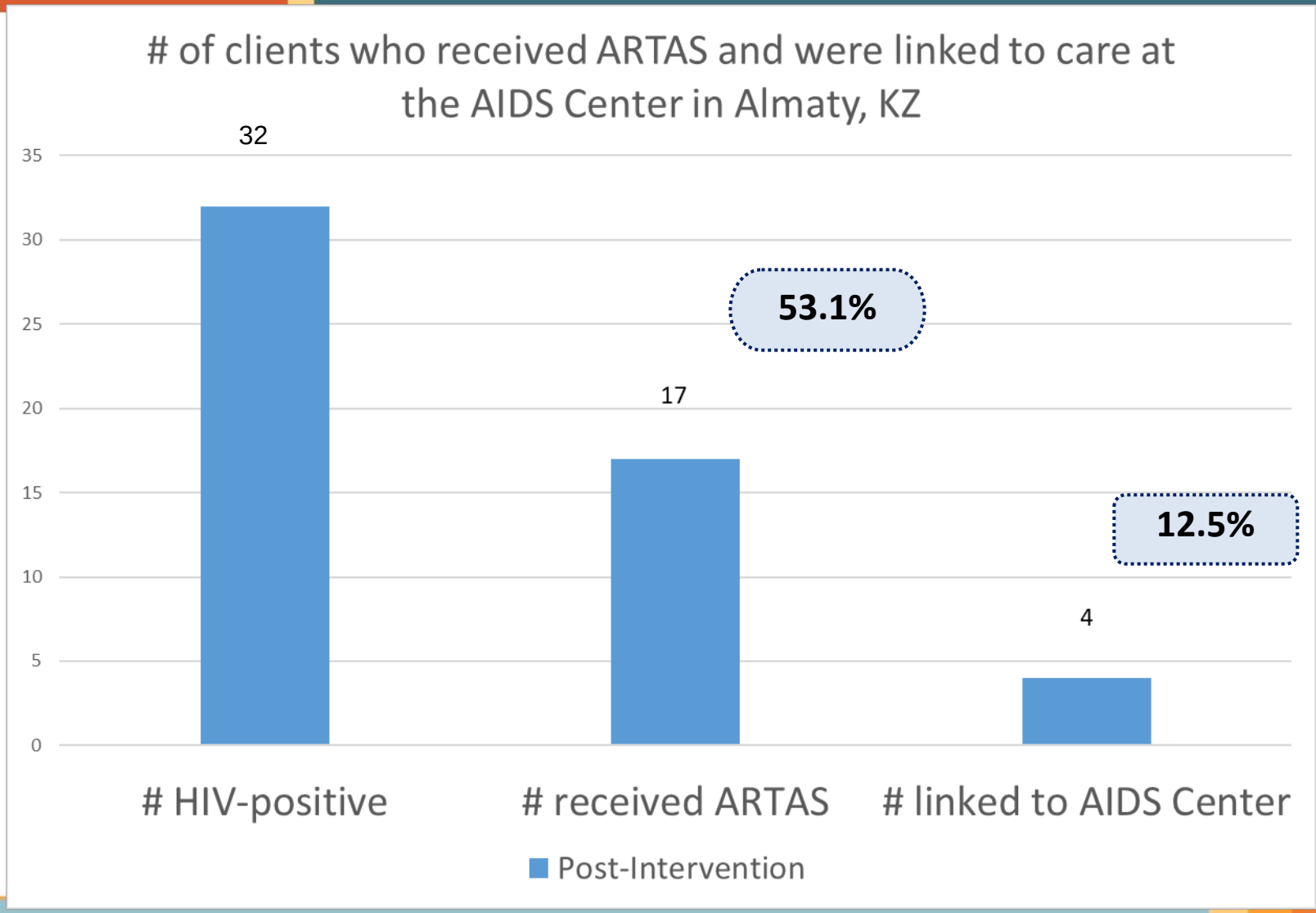
THREE-MONTH OUTCOMES OF PROJECT BRIDGE: NEW HIV POSITIVE, PRE- AND POST-INTERVENTION

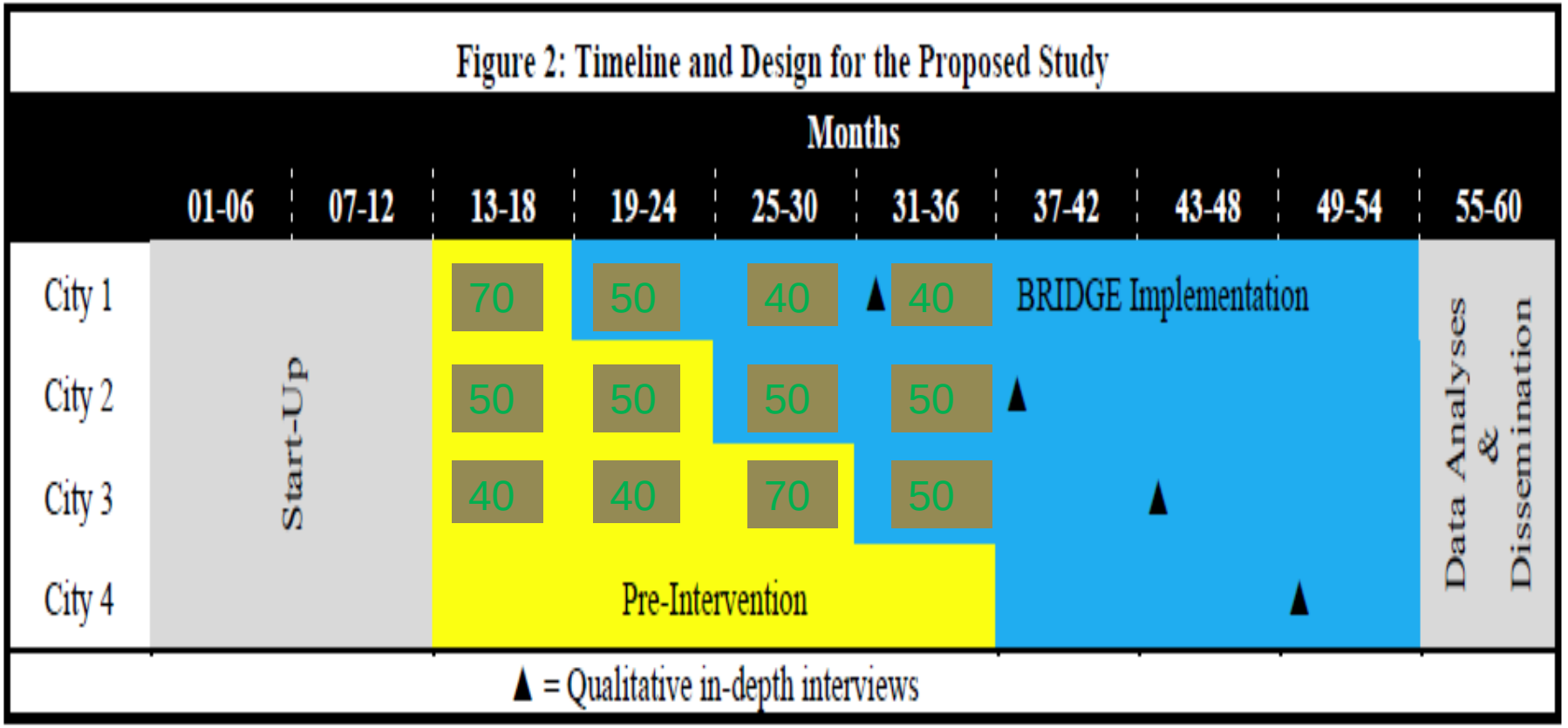



# of clients who received ARTAS and were linked to care at the AIDS Center in Almaty, KZ
32
17
4
53.1%
12.5%
35
30
25
20
15
10
5
0
HIV-positive
received ARTAS
linked to AIDS Center
Post-Intervention

Longitudinal panel

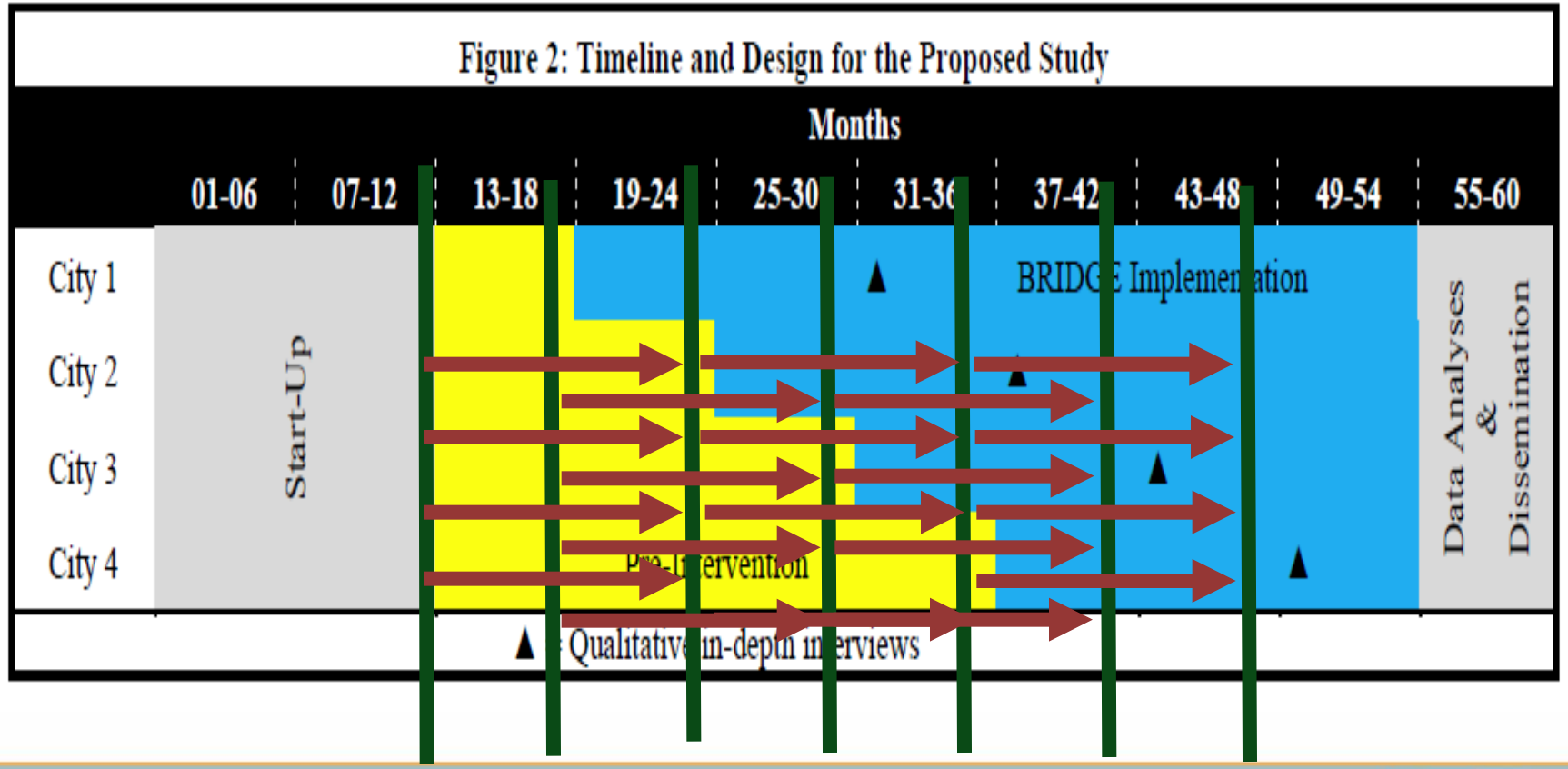
Totally 600 participants, by 200 from every region
Enrolment of 40 -70 participants in every region every 6 months

Recruiting schedule:



Longitudinal panel

- Participants assessed at 3 time points: baseline (0), 6, 12 months
- Participants are baselined as soon as they are recruited (not as a cohort or group)



Current longitudinal panel results

	Almaty	Karaganda/ Temirtau	Shymkent
Screened	196	118	96
Eligible	175	115	85
Randomized/ Baselined	100	88	65
6 months follow-up	36	25	20

Current intervention results

(August 2017– October 2017)

Activity	Almaty
Number of peer recruiters oriented & surveyed	74
Number of coupons received	256
New HIV cases indentified	11
ARTAS clients	9

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Challenges of BRIDGE program implementation in Almaty

Challenge	Solutions
Work load of NSP' staff	Workload of nurses (During main work time nurses work in policlinic, and conduct activity in NSP after lunch time as an addition to their main duties) Solutions: Ensure full-time job for a nurse with the auxiliary trained staff (social worker, lawyer, peer-to-peer counseling in the NSP office).
Computer skills in NSP staff	Low level of computer skills Solutions: Staff training and NSPs equipping
Patient counseling skills	Low level of HIV+ patients' counseling skills Solutions: Nurses' training in HIV+ patients' counseling

Challenges of Bridge program implementation in Almaty (cont.)

Challenge	Solution
Requirements toward residence registration of HIV+ patients	- It is impossible to link patients without documents to policlinic and AIDS Center medical services Solution: - Render services on advocacy, including legal, registration and documents arranging services for PWID s
Linkage and re-referral to other services	– Low level of re-referral to OST in NSP, negative attitude to OST among PWIDs Solution: - NSP staff training in OST, program eligibility criteria, provision of relevant information materials; -Promote an access and availability of drug abuse treatment; -Develop counseling skills among former addicts to advice and support;
Difficulties with completing the project reporting forms	Quite new work methods for NSP staff, a lot of reporting forms must be filled in Solution: Adaptation of testing model, guidelines, reporting documents, intense supervision and technical support from GHRCCA

Next Steps

- Program training & implementation will begin in Karaganda/Temirtau in January 2018, Shymkent in August 2018
- Oral test piloting in NGO in Shymkent, 2018
- Evidence-based intervention adaptation, development of recommendations on introduction in Kazakhstan

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Thank you!