GLOBAL HEALTH RESEARCH CENTER of CENTRAL ASIA

Columbia University Global Health Research Center of Central Asia

The Center conducts research to improve methods of prevention, treatment and medical care for socially significant diseases, such as HIV infection, TB, alcohol and drug addiction, viral hepatitis, mental illness, mainly among the poor, vulnerable and socially unprotected groups of population.

One of the key areas of work is the transfer of effective and evidence-based technologies and programs in the field of healthcare and social work for key populations in the USA and their adaptation for use in Kazakhstan and Central Asia

Sholpan Primbetova, B.Pharmacy, MSSW, Deputy Regional Director, CU GHRCCA

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How Did We Start Working in Central Asia?

2004: Student and faculty training programs were funded by Open Society Foundation

2007: GHRCCA was established and funded by Columbia University

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Coverage

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Current & Past Studies:

Main activities

- Research
- Education
- Training
- Policy

Multidisciplinary approach

- Biomedical science
- Social sciences
- Psychology and behavioral science
- Economics
- History
- Engineering
- Environmental science

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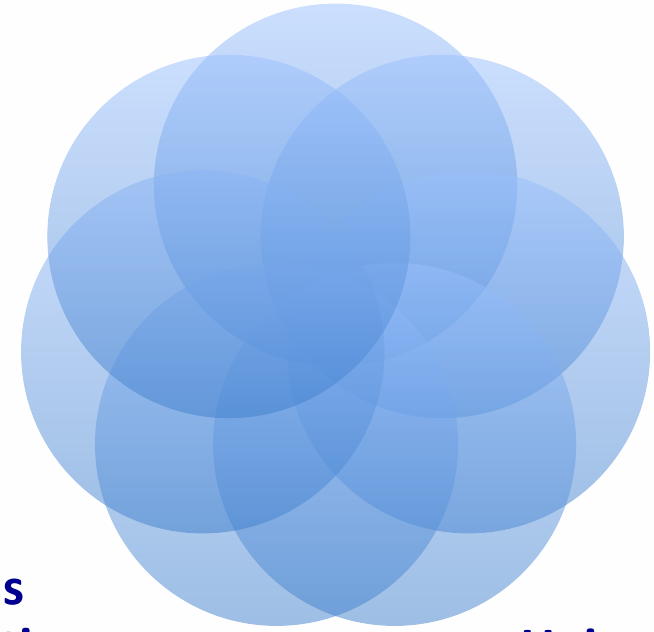
Activities of the Center

Mental health

Violence, stigma and discrimination

Infectious diseases (HIV, STIs, hepatitis, TB)



Migration, poverty, human rights

Alcohol, tabaco and drug abuse

Non infectious diseases, prevention and management

Universal access to health care and social support systems

Global Health Research Center of Central Asia

10+ years of GHRCCA Accomplishments

11	Research projects conducted
100+	Student & faculty exchanges
2,000	Trainings with medical & social workers
10,000	Children & adults provided with access to medical & social services

Hosted local & global conferences & trainings

Leading center in the region for publications & citations

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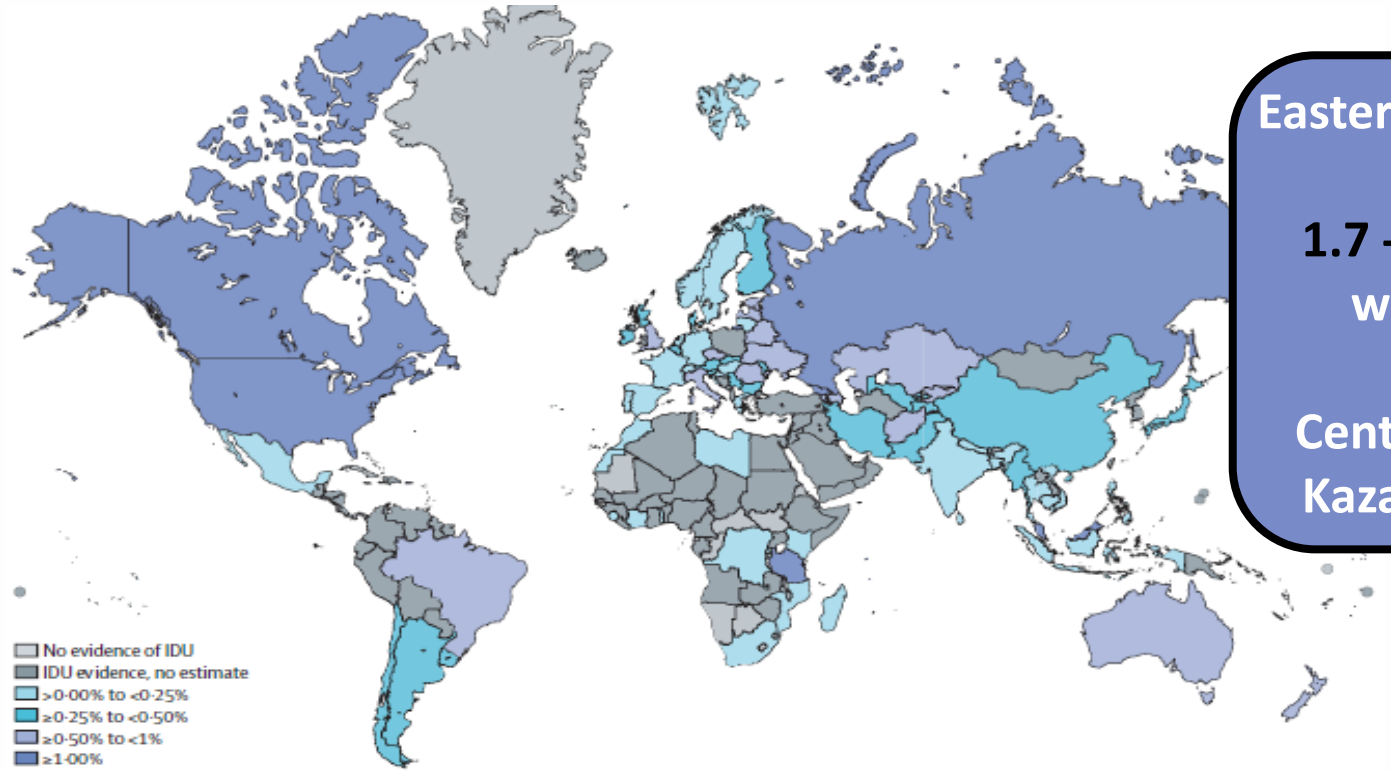
Our team

People who Inject Drugs in EECA Region

- **Globally, 15.6 million people inject drugs**
- **Rates are highest in Eastern Europe & Central Asia**



igure 2: Estimated prevalence of injecting drug use by country
DU=injecting drug use.

Eastern Europe & Central Asia have 1.7 - 5 million people who inject drugs

Central Asia: 281,500
Kazakhstan: 127,800

Source: Global prevalence of injecting drug use and sociodemographic characteristics (Degenhardt, et. al, Lancet Glob Health, 2017)

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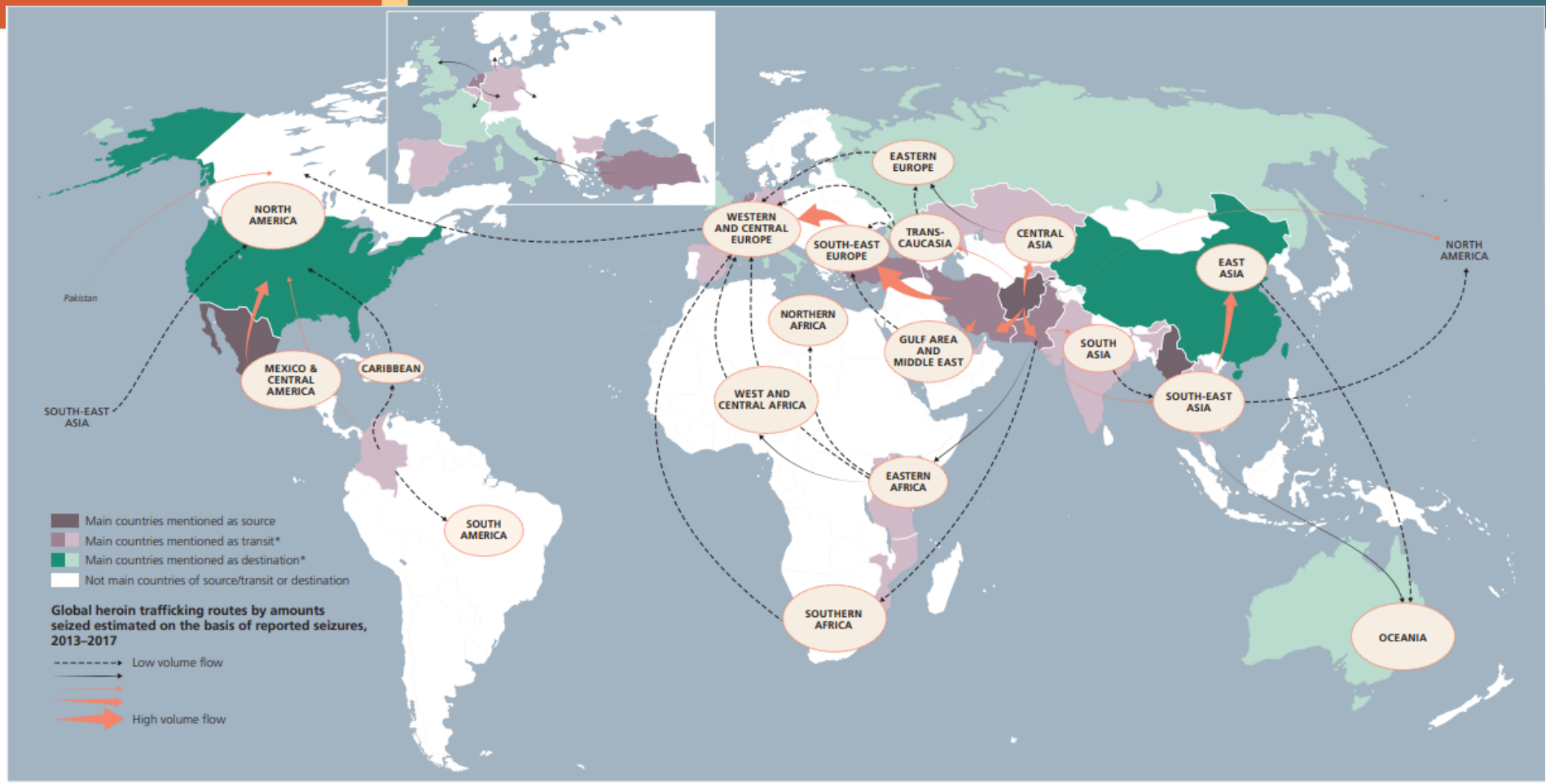
Drug flow from Afghanistan to Central Asia (and beyond)



Sources: UNODC, responses to the annual report questionnaire and individual drug seizure database.

Source: UNODC World Drug Report, 2019

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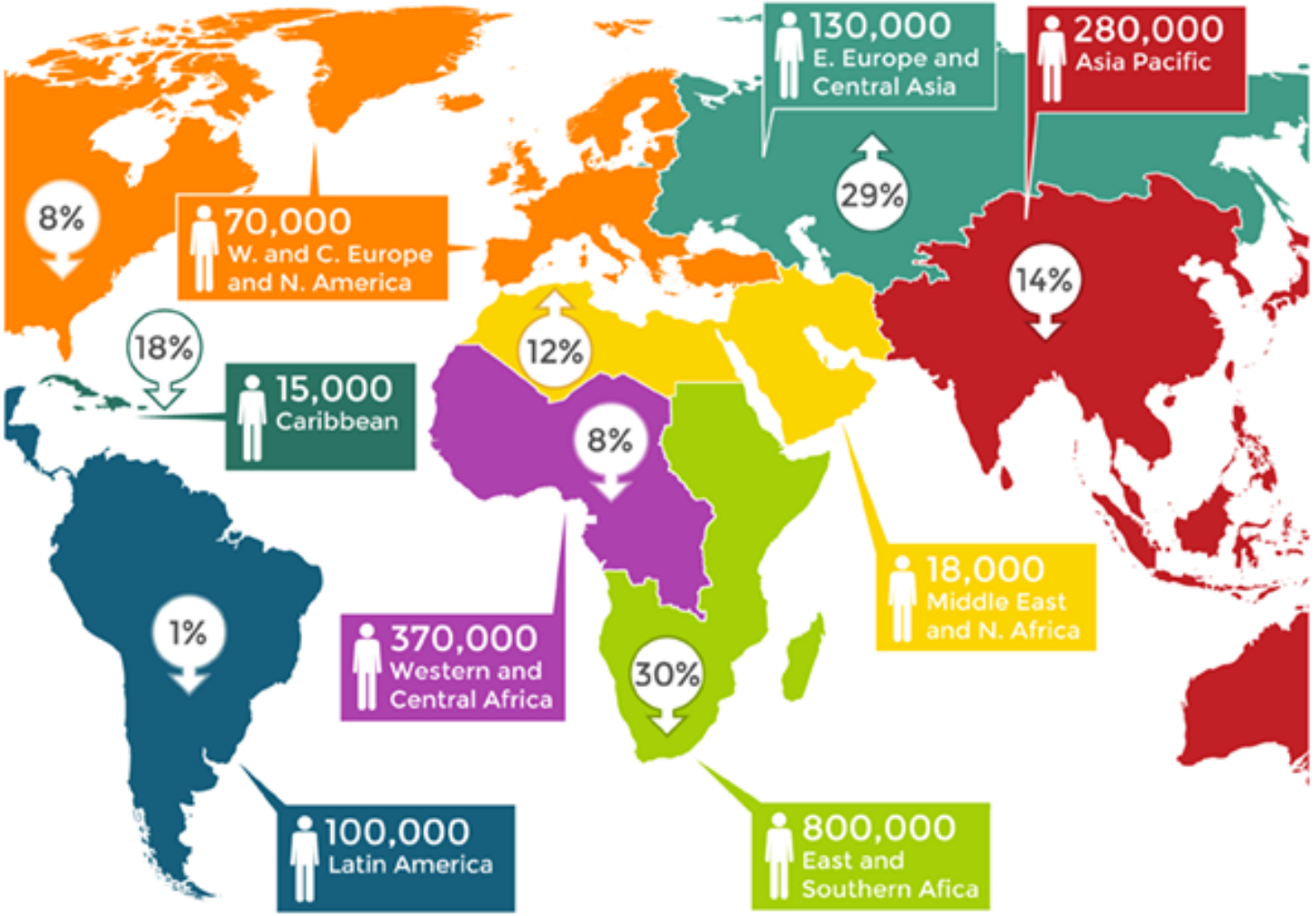
Number of New HIV Infections Increasing in EECA Region

1.8 million people newly infected in 2017 globally

Decrease in number of new infections across the global population each year since 2010

18%



Source: UNAIDS Data 2018

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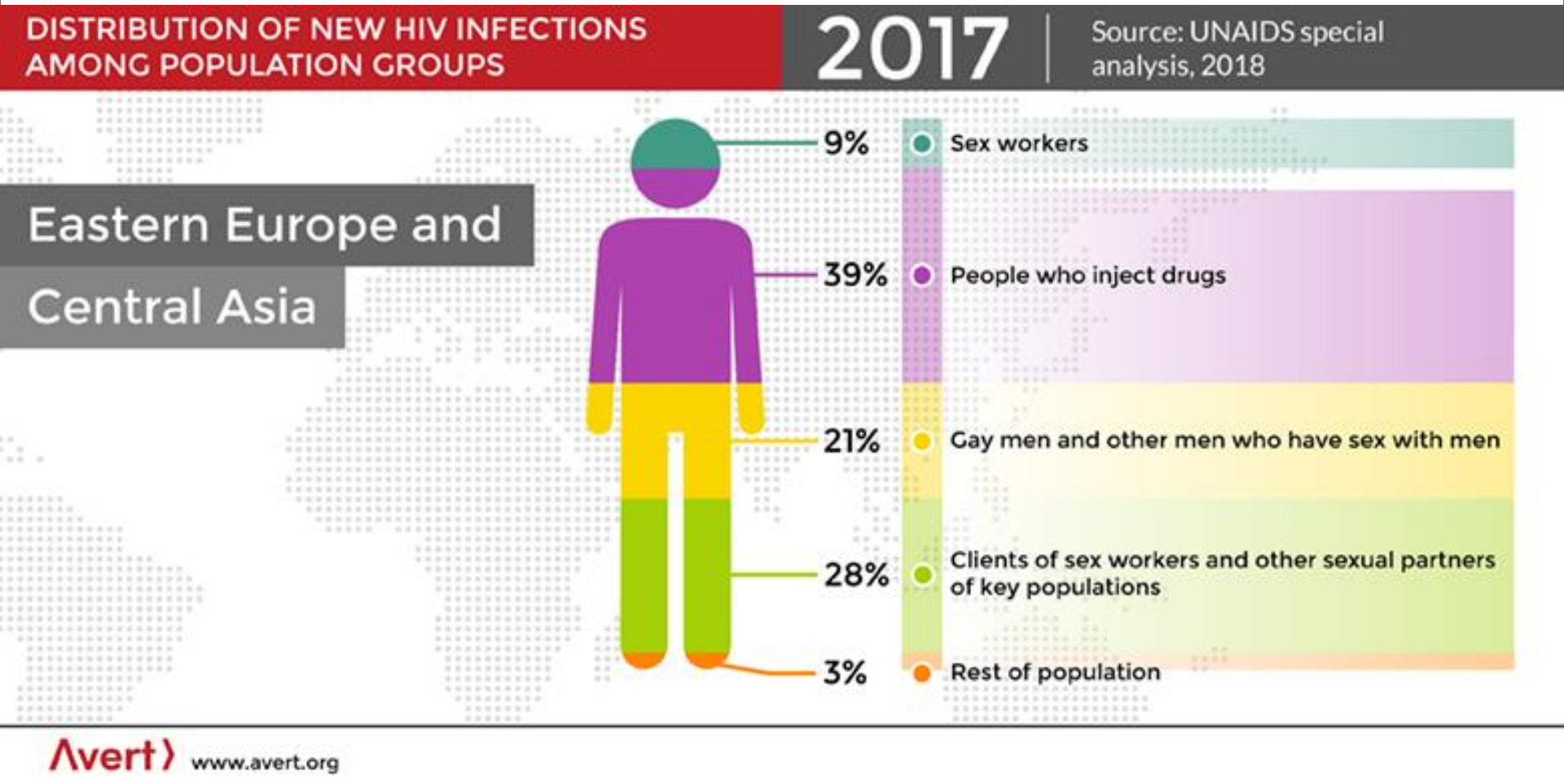
New HIV Infections in EECA are Concentrated Among Key Populations



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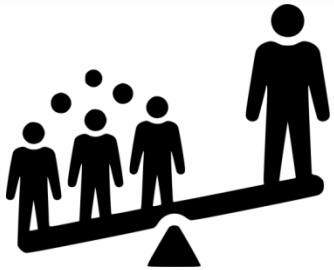
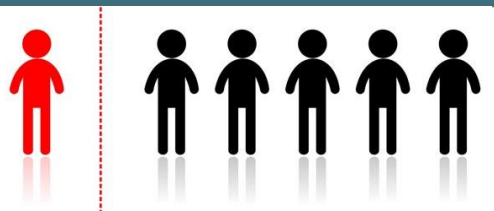
Drivers of HIV Among Key Populations in Kazakhstan



Discrimination

Lack of access to education



Stigma

Gender inequalities

HIV

Drug policies

Housing policies

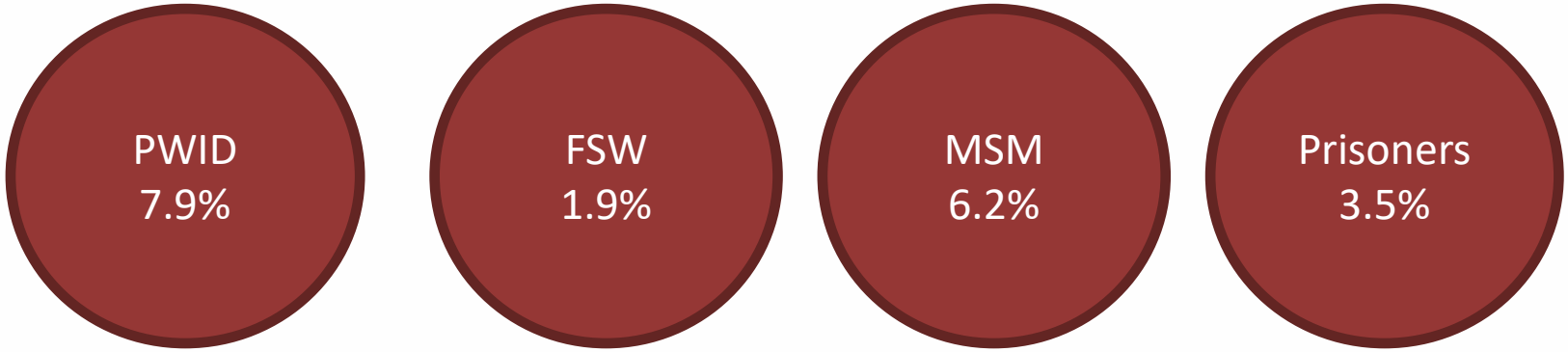
Unemployment or poor working conditions

Intimate partner violence

Criminal justice policies

HIV Infection Among Key Populations in Kazakhstan

- Estimated 2,600 [2,400 – 2,700] new cases in 2017
- Overall HIV prevalence in Kazakhstan is low (<1%)
- However HIV prevalence among key populations in Kazakhstan is higher:



Source: UNAIDS, 2018

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Our Approach to Addressing HIV Among Key Populations in Central Asia

Multi-level and combination interventions

- Study Multi-level Drivers
- Design
- Adapt
- Test Efficacy and Effectiveness
- Conduct Implementation Science

Key affected populations

A cluster-randomized controlled trial of a combination HIV prevention and microfinance intervention for Female Sex Workers (FSW) who use drugs in Kazakhstan

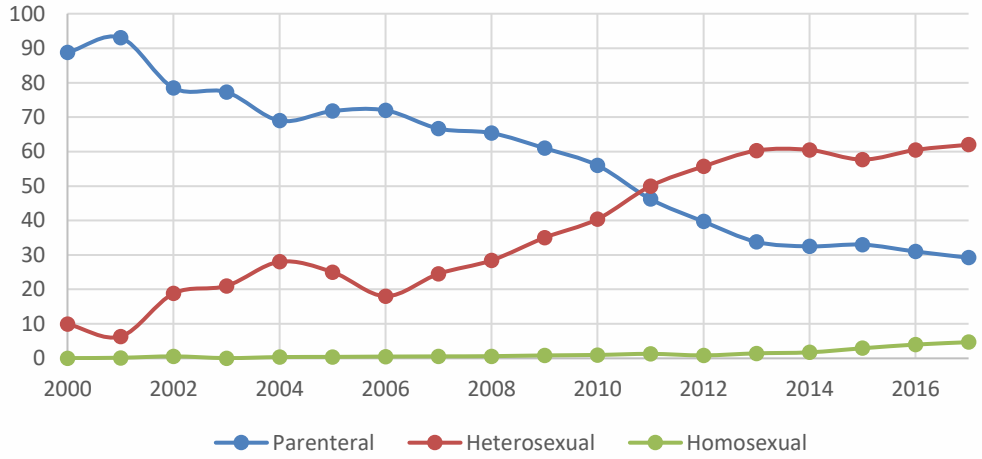
Female Sex Workers (FSW) Who Use Drugs

- HIV prevalence among FSW **who use drugs** is likely to be higher than general FSW estimates

Especially vulnerable due to structural factors:

- Low education, poverty & unemployment
- Gender inequality & violence
- Multiple stigmas
- Policing related to drug use

Changing patterns of HIV transmission in Kazakhstan, 2000 - 2017



Source: Republican AIDS Center, 2018

- Prevention & treatment efforts require interventions that address structural factors
- Relatively little microfinance research focused on FSW who use drugs
  - Assumptions that women who use drugs would not benefit from microfinance

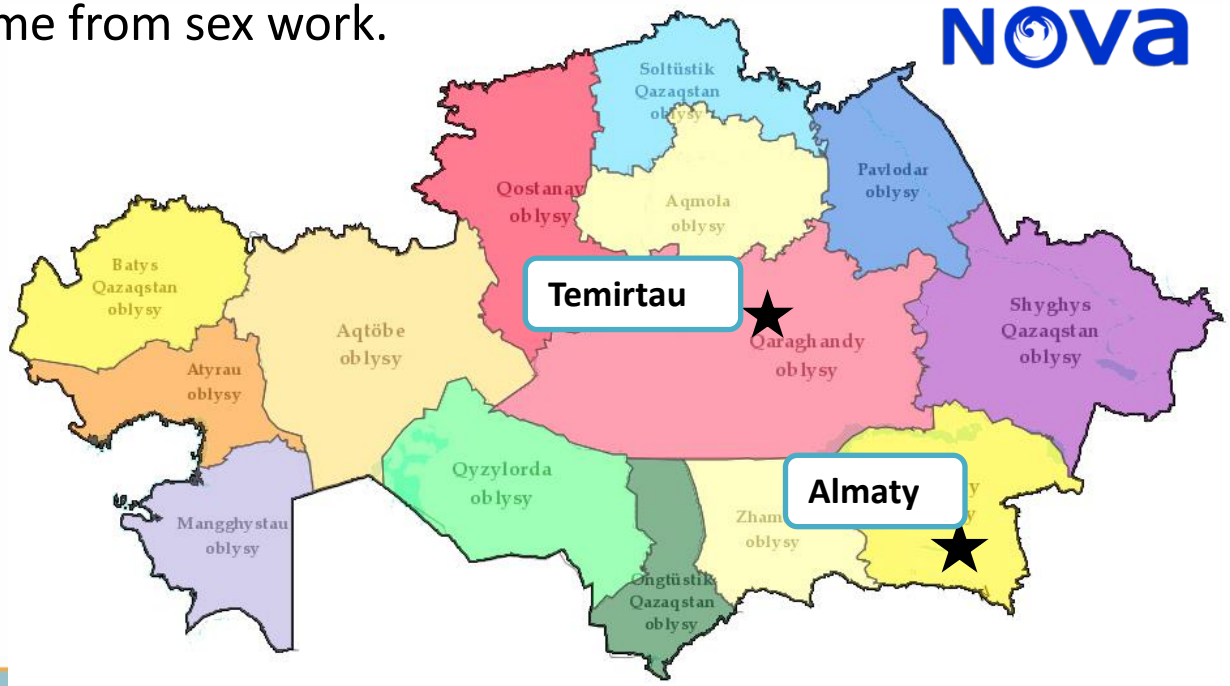
Nova Study Aims

To examine the efficacy of a combination HIV prevention & microfinance program for FSW who use drugs in:

- Decreasing cumulative incidence of biologically confirmed STIs and new incidence of HIV and HCV;
- Decreasing reported sexual and drug risk behaviors;
- Decreasing monthly income from sex work.

Project sites:

- **Almaty**: 6,200 FSW, HIV prevalence = 1.1%
- **Temirtau**: 200 FSW, HIV prevalence = 3.0%



Source: Republican AIDS Center, 2017

Core components of economic strengthening intervention

Financial Literacy Training

Banking services, opening account, budgeting, financial negotiations, saving, paying debts, prioritizing expenses (drugs, alcohol, etc.)

Matched Savings

2 options to save the incentive received for each session attended:

- Bank deposit vs “NOVA” project office
- NOVA matched every tenge saved in a 1:1 ratio
- Participant used matched money to purchase equipment for her future professional activity

Vocational Training

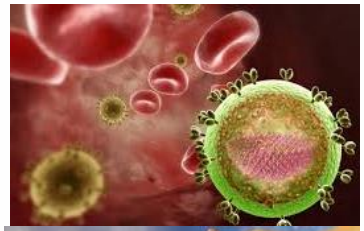
- Sewing courses
- Hairdressing
- Manicure/pedicure

Core components of HIV risk reduction intervention

Knowledge about HIV/AIDS

Skills for using male and female condoms

Communication skills with partners regarding HIV/STIs



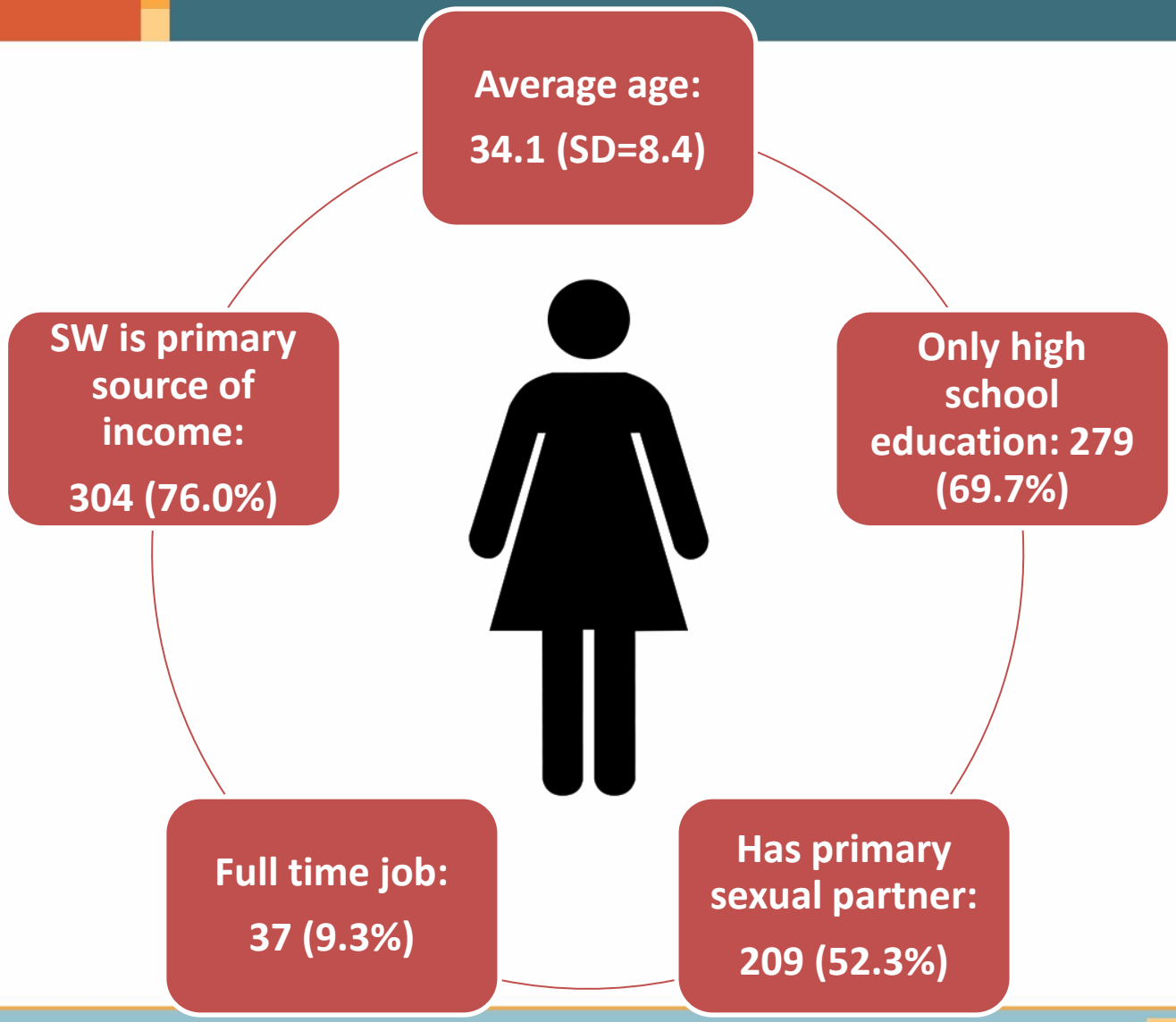
Testing for HIV/STIs

Types and sources of social support

Safe injection techniques

Linkage to services

Sociodemographics



We are at TEDxAbatWomen

https://www.youtube.com/watch?v=WEqKNTwr19s

CONCLUSIONS

- FSW are a highly vulnerable group for HIV due to high rates of risky sexual and drug use behaviors as well as high rates of HCV and STIs
- These problems are directly related to the economic vulnerability of FSWs, the vast majority of whom report entering sex work for financial reasons due to lack of alternative employment opportunities
- Rates of gender-based violence among FSW are very high

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BRIDGE

Improving HIV service delivery for people who inject drugs in Kazakhstan

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BRIDGE: Implementing a package of 3 evidence-based interventions from CDC best practices for HIV prevention

90 **90** **90**

Search

Social Network Strategy (SNS)

Test

Rapid testing in trust points (CTR)

Treat

Case management and navigation to start ART (ARTAS)

Search and attach lost clients

Digitalization of implementation and electronic data collection

BRIDGE

Syringe Exchange Programs (SEPs) in Kazakhstan

SEPs are the primary form of harm reduction services available to PWID in KZ

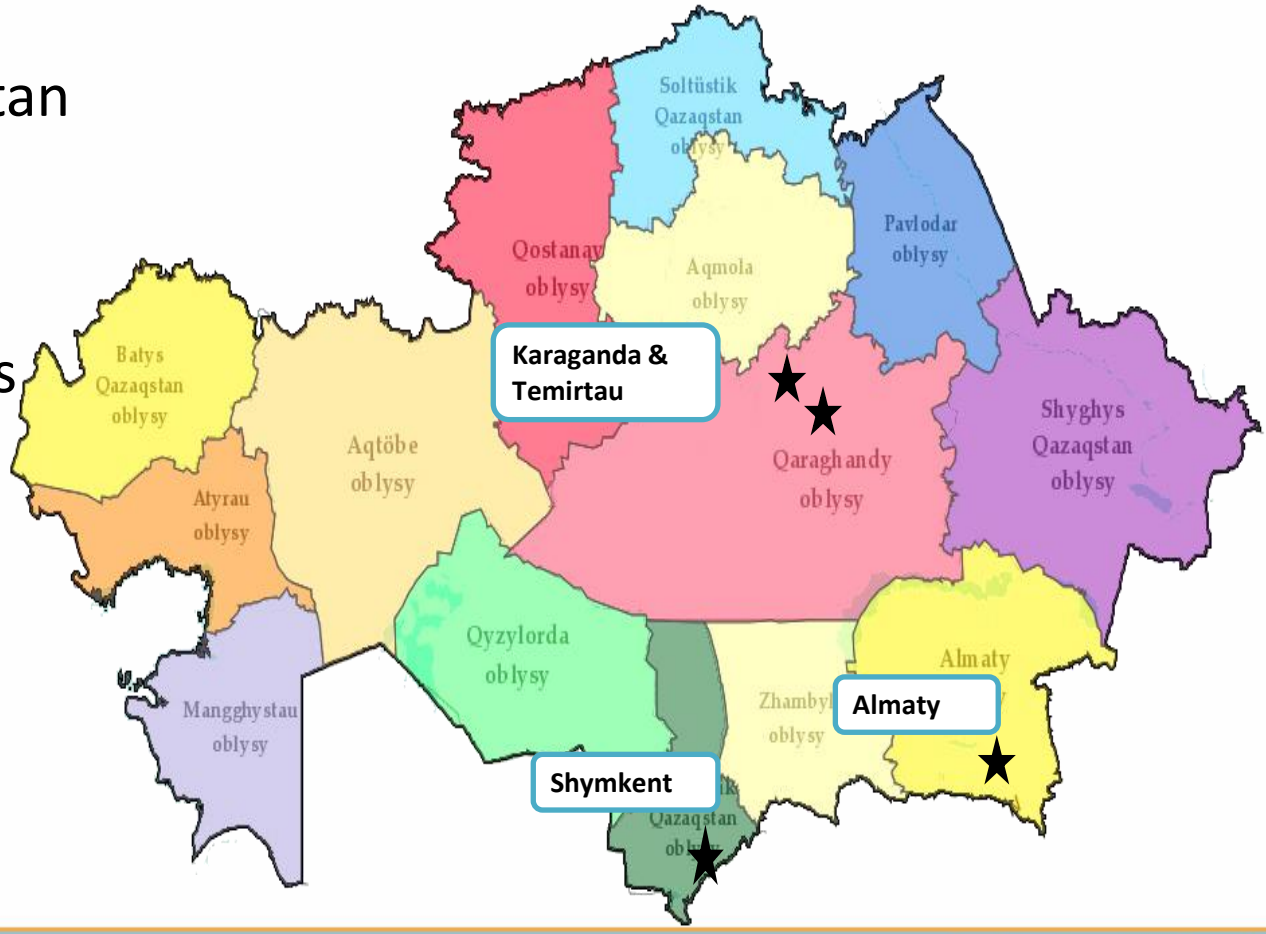
144 SEPs in Kazakhstan

Yet less than 50% of PWID attend them

Source: Harm Reduction International. 2014. The global state of harm reduction: 2014

Bridge Implementation

- 3 regions in Kazakhstan
- 24 SEPs
- 24 Nurses
- 44 Outreach Workers



Barriers to Services in SEPs

High staff turnover, low salary, and high workload among SEP staff (nurses and outreach workers)

Outreach workers are underutilized and not considered a professional role

- No social network-based recruitment
- Recruitment of new clients depends on overburdened outreach workers

Limited role for HIV care

- Limited HIV testing and scarce supply of rapid HIV tests
- No use of evidence-based HIV interventions or case management programs
- Lack of service integration and referrals

Lack of electronic resources

- Paper-based records
- Only 1/3 of NSPs have computers

Source: 2016 survey with 84 SEP and AIDS Center nurses, outreach workers and administrators, eight focus groups with PWID

HIV Counseling, Testing & Referrals (HIV CTR)

- Challenges with existing HIV CTR services as provided at SEPs
- Bridge training includes:
  - Pre-test counselling
  - Confidentiality of testing
  - Post-test counselling & providing positive results
  - Enrollment in ARTAS case management
  - Oral rapid tests (some SEPs)

Implementation Strategies

Training

- Adult learning/experience cycle
- Audio recording with feedback post training

Supervisory Model

- Strength-based supervisory model (SBS)
- Localized supervision

Community of Practice

- Monthly meetings
- Text messaging community of practice

Technical Assistance

- Proactive and reactive
- Specialized training
- Requests and provision tracking system

Lessons Learned through Implementation

Clients

- Structural barriers (transportation, registration)
- Lack of medical & social services (mental health)
- Client mistrust of medical services is a barrier

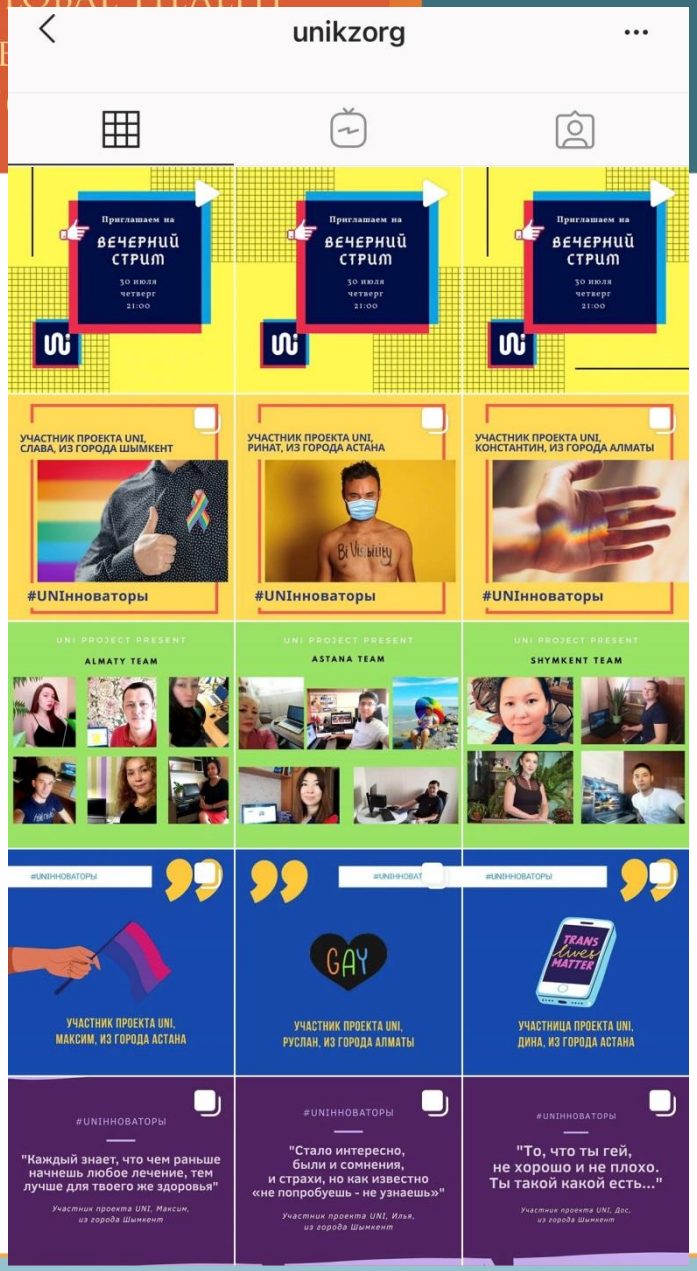
Staff

- Role redefinition was challenging for both nurse & outreach worker staff
- Data collection procedures vs intervention

Organizational & Structural

- Be aware of pressures to over-report services provided
- Be aware of competing programs
- Adjust to shifting national standards (e.g. CD4 eligibility for ART)

Project UNI



Increasing Involvement of MSM in the Continuum of Care in Kazakhstan

UNI: Primary Goals

- Deliver and test/evaluate an intervention that will increase the number of MSM engaged in the HIV care continuum. This intervention will help Kazakhstan meet the UNAIDS strategy of "90-90-90" by:
  - Increasing the number of MSM who get tested, and hence, detecting those who are HIV+
  - Increasing the number of HIV+ MSM on ART
  - Increasing the number of virally suppressed HIV+ MSM

- The detection and "treatment as prevention" will reduce the overall incidence and prevalence of HIV among a key population in Kazakhstan
- Develop and evaluate resources, infrastructure, and procedures needed for intervention implementation and scale-up

UNI: Target Population

- Men who are ≥ 18 years old
- Currently (i.e., within the past 12 months) had sex with another man
  - Men who have sex with men (MSM) refers to any man who has sex with a man, thus accommodating a variety of sexual identities as well as those who do not self-identify as homosexual or gay (UNAIDS, 2006).
- Engaged in use of substances that increases their risky behaviors and risk of transmissions
- Eligible for care for HIV testing and treatment services at RAC

UNI: Intervention Core Components

1. Working with MSM in structured group sessions to become effective "peer health promoters"
   - Emphasizing sharing experience and knowledge, and gaining social support from peers, and explore trust and safety issues
2. Identifying how HIV testing and HIV treatment at AIDS centers will reduce HIV transmission and negative outcomes
3. Building interest and commitment to one's personal health and the health of hidden and at-risk MSM in their social networks
4. Understanding and using substance use and harm reduction services as HIV prevention

UNI: Intervention Core Components

5. Building peer network communication skills and increasing educator self-efficacy to promote group shared solutions and problem-solving
6. Help participants to identify local popular social network media (e.g. social media apps, websites, publications) that will reach larger numbers of MSM and spread information on HIV risk/protection and how to engage in healthcare services
   - Skills and strategies at effective social marketing
   - Elements of hosting and utilizing successful social media avenues
7. Use modeling, role play, real play, and feedback during sessions combined with practice between sessions to master outreach and education

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Aman bol: Implementation of self-testing among MSM and trans-people in Kazakhstan

HIV prevalence among MSM (Kazakh Scientific Center of Dermatology and Infectious Diseases, 2019)

- in 2015 - 3.2%
- in 2018 - 6.2%

Influence factors:

- Low level of awareness about STIs, including HIV (especially among the Kazakh-speaking population)
- High stigma regarding one's own sexual practices and/or gender identity
- High HIV stigma within the community
- Distrust to AIDS Centers
- Stigma towards the group by medical workers

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Aman bol: Implementation of self-testing among MSM and trans-people in Kazakhstan

- Online platform to order a kit for self-testing to be delivered by mail or distributed through trusted points of delivery.
- Active SMM components and representation in social networks.
- Work with activists, NGOs and recruiters from/ within the community.
- Verified and non-stigmatizing content on the site
- Preparation of materials in the Kazakh language.

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AmanBol

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Aman bol: Implementation of self-testing among MSM and trans-people in Kazakhstan

tested: 10,320
indirect beneficiaries: 51,600
views of the online web platform: 200,000
self-test kit users accessing website for follow-up information: 30%

Outreach through social networks and dating apps, promos.

SMM, SEO, recruiting

Mobile layout, simple language and confidentiality.

Handy service structure and clear motivation for feedback.

Friendly counselling doctor

Reminders and information

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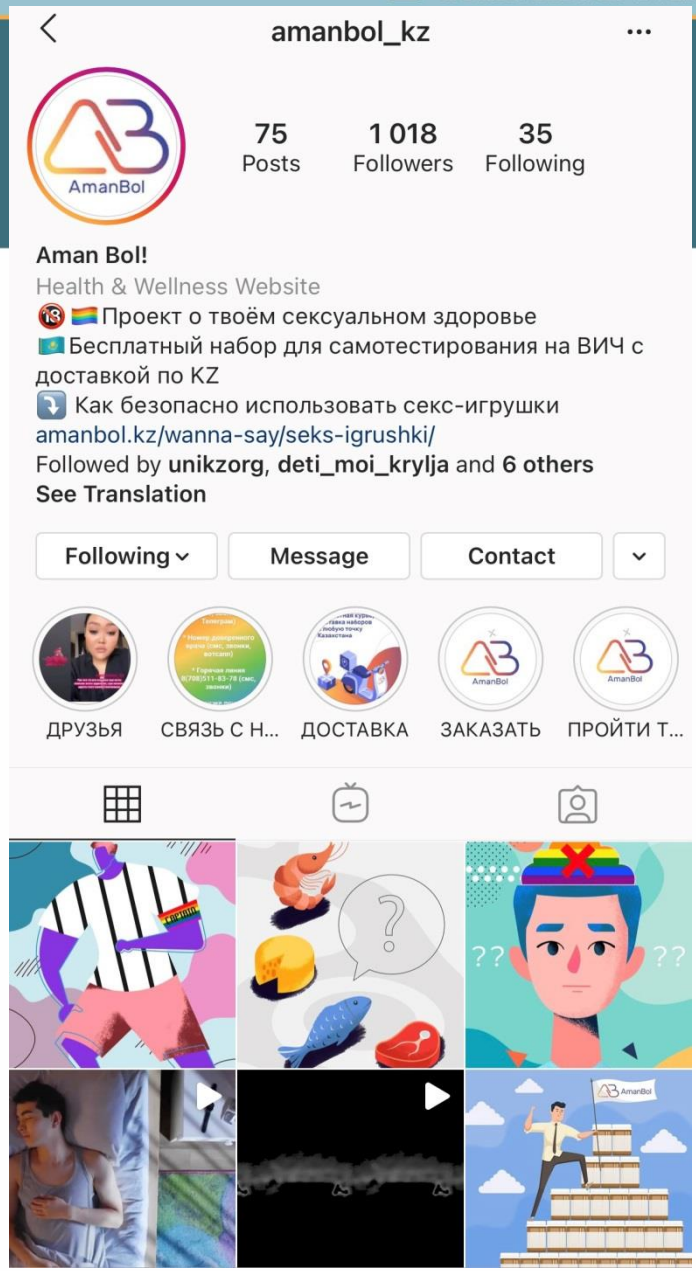
AmanBol

IG

https://amanbol.kz/
@amanbol_kz
Вичтест.кз



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Bringing families together to prevent our young generation from HIV and drug abuse

- Computerized Family-Based Youth HIV and Drug Abuse Prevention Program in Kazakhstan in 2013-2015
- Substance use and HIV prevention intervention
- At-risk adolescents and their caregivers
- Vulnerable, marginalized and drug-risk communities

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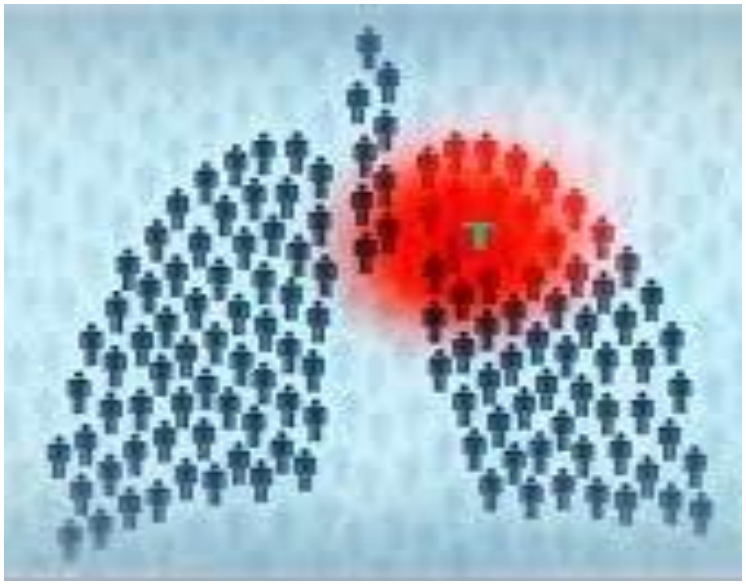
Cross-sectional Study of Tuberculosis Risk Factors among Central Asia Migrants



Mapping of risk TB factors in Kazakhstan

The Aim of the "Caravan" Study

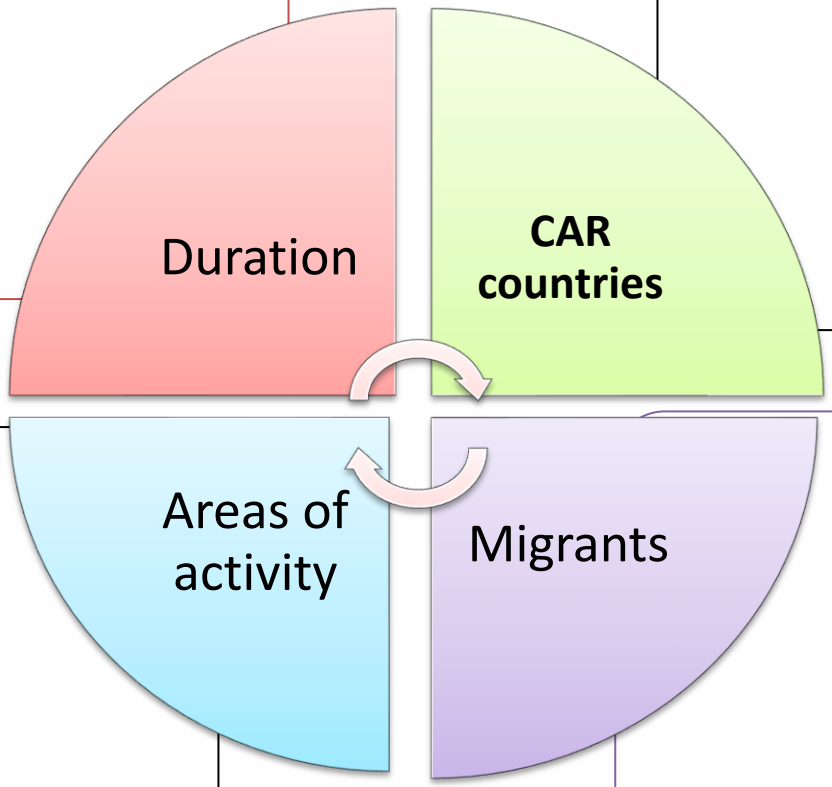
Examine self-reported TB symptoms, risk factors for TB, knowledge about TB, and access to services among labor migrants from Tajikistan, Uzbekistan and Kyrgyzstan.

Objectives of the study:

- Describe self-reported TB symptoms and screening history;
- Identify levels of knowledge regarding TB;
- Identify multilevel risks for TB in participants;
- Identify participants' experiences with and perceptions of TB diagnostic and treatment service availability, including utilization and barriers;
- Refer participants with self-reported symptoms of TB to available health facilities.

Study structure

- **2 years**
- August 2013 - Sept 2015



- Kazakhstan
- Kyrgyzstan
- Tajikistan

- Interview on sociodemographics, risk factors, knowledge, history of TB;
- Screening for TB symptoms and referrals to healthcare services
- In-depth interview on access to healthcare services.

- 1,419 participants in three countries
- Adult labor migrants
- Labor migration within 12 months
- Staying in destination country for at least 3 months

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Results

Barriers to Care

1. Lack of legal documentation
2. Economic Disenfranchisement
3. Ethnic Discrimination
4. Mental Health

GHRCCA

https://www.ghrcca.org/

https://www.youtube.com/watch?v=Ii-PPc0n2Tc&feature=youtu.be

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