Lite-BBS - as a tool for increased HIV/STI testing uptake and linkage to care at HIV prevention program in Georgia

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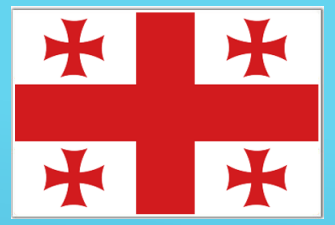
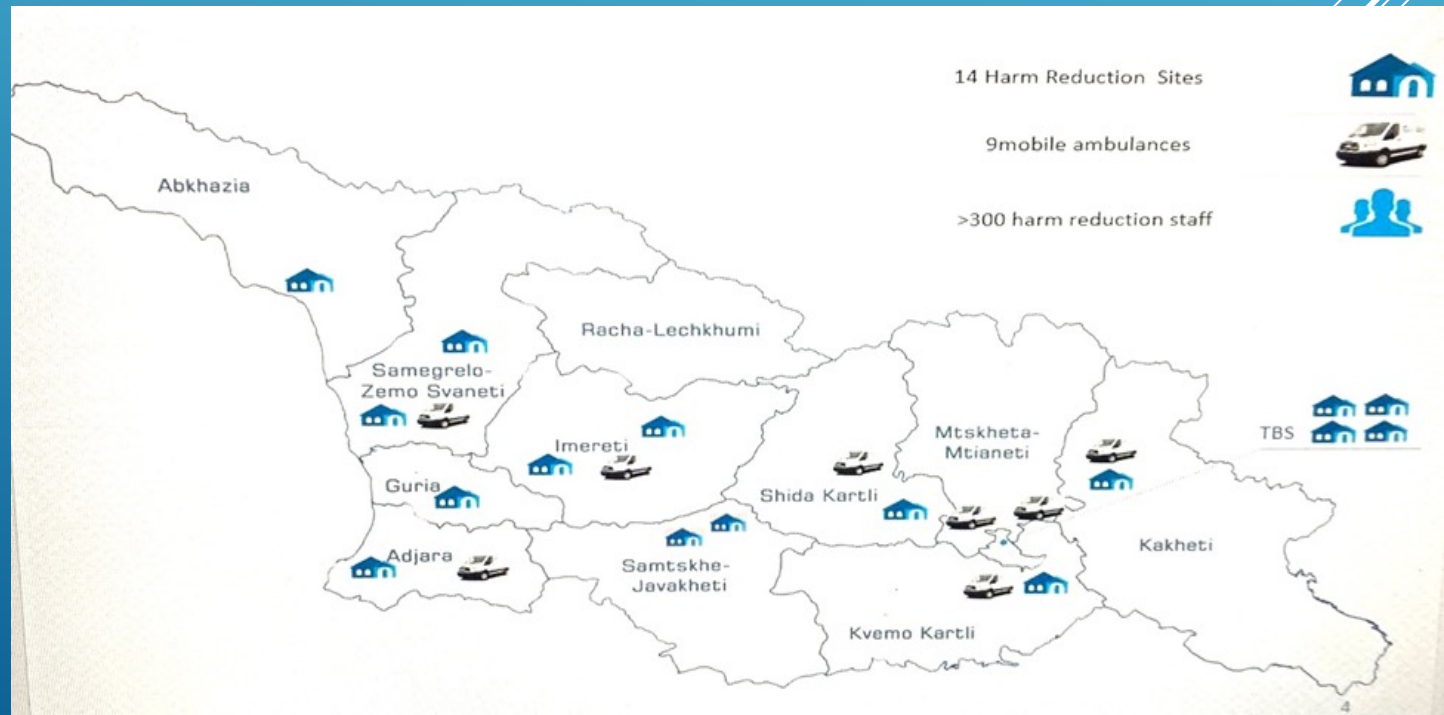
COBATEST Meeting, Barcelona, Spain

GEORGIA



- Population 3,729,635
- Georgia is a country in the Caucasus region of Eurasia
- Geographical location means it is an important route for transiting drugs from Afghanistan and Central Asia to Europe
- Some of these transiting drugs remain in Georgia, facilitating their increased abuse in the country

- Estimated number of people who inject drugs (PWID): 52,500[1]
- 2015 Bio-Behavioral Survey in 7 cities among PWID, HIV prevalence ranged from 0.4% to 2.9% (1.4%)
- The same study revealed alarmingly high HCV prevalence (58.1% – overall, across all seven cities)



1. http://www.emcdda.europa.eu/publications/country-overviews/ge;
2. http://curatiofoundation.org/wp-content/uploads/2018/02/PWID-PSE-Report-2017-ENG.pdf

Screening and Testing on HIV HCV, HBV, Syphilis, TB

Sterile injection equipment

Overdose prevention and naloxone

Condoms, lubricants

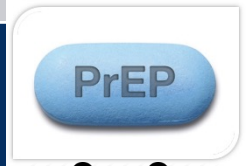
Risk reduction counselling

Case management

Medical, psychological and legal consultations

Peer-driven interventions and outreach testing, mobile ambulatories (9+1)

PreP – for MSM and Trans* women



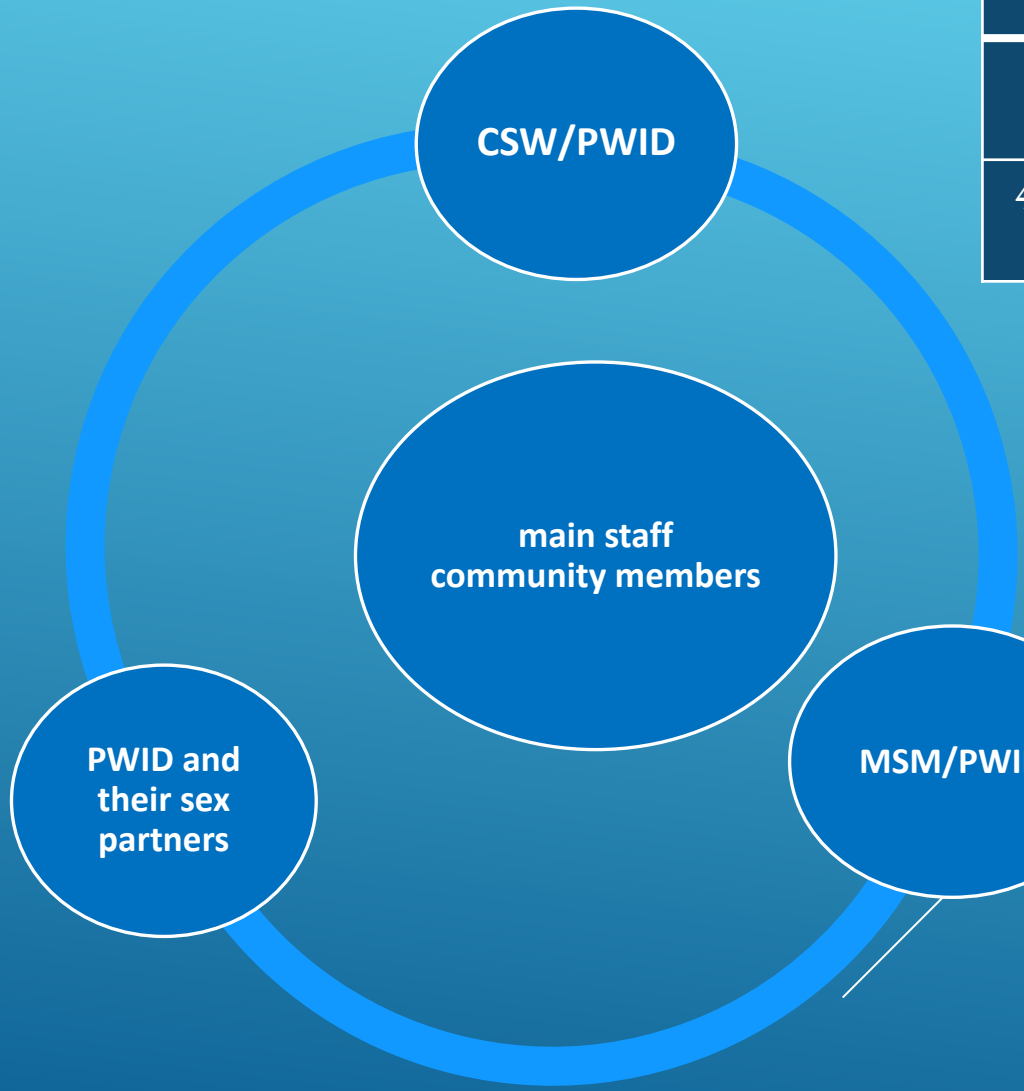
Support services for PLHIV

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

14 Harm Reduction Sites - IDUs

10 Service Sites – MSM/SWs

4 Support centers for PLHIV



KPs.

The primary objectives of the BBS-lite pilot study were defined as follows:

- To measure HIV and HCV prevalence among PWID.
- To measure HIV prevention, testing, and treatment coverage among PWID.
- To demonstrate the feasibility of implementing the BBS-lite methodology.
- To produce data from the BBS-lite to compare with existing data from other methods.
- To identify strengths and weaknesses of the BBS-lite methodology.

Secondary objectives of the BBS-lite pilot study were:

- To engage PWID in HIV prevention services.
- To establish a BBS-lite model in Georgia for replication in the future and for implementation in other settings and among other KPs

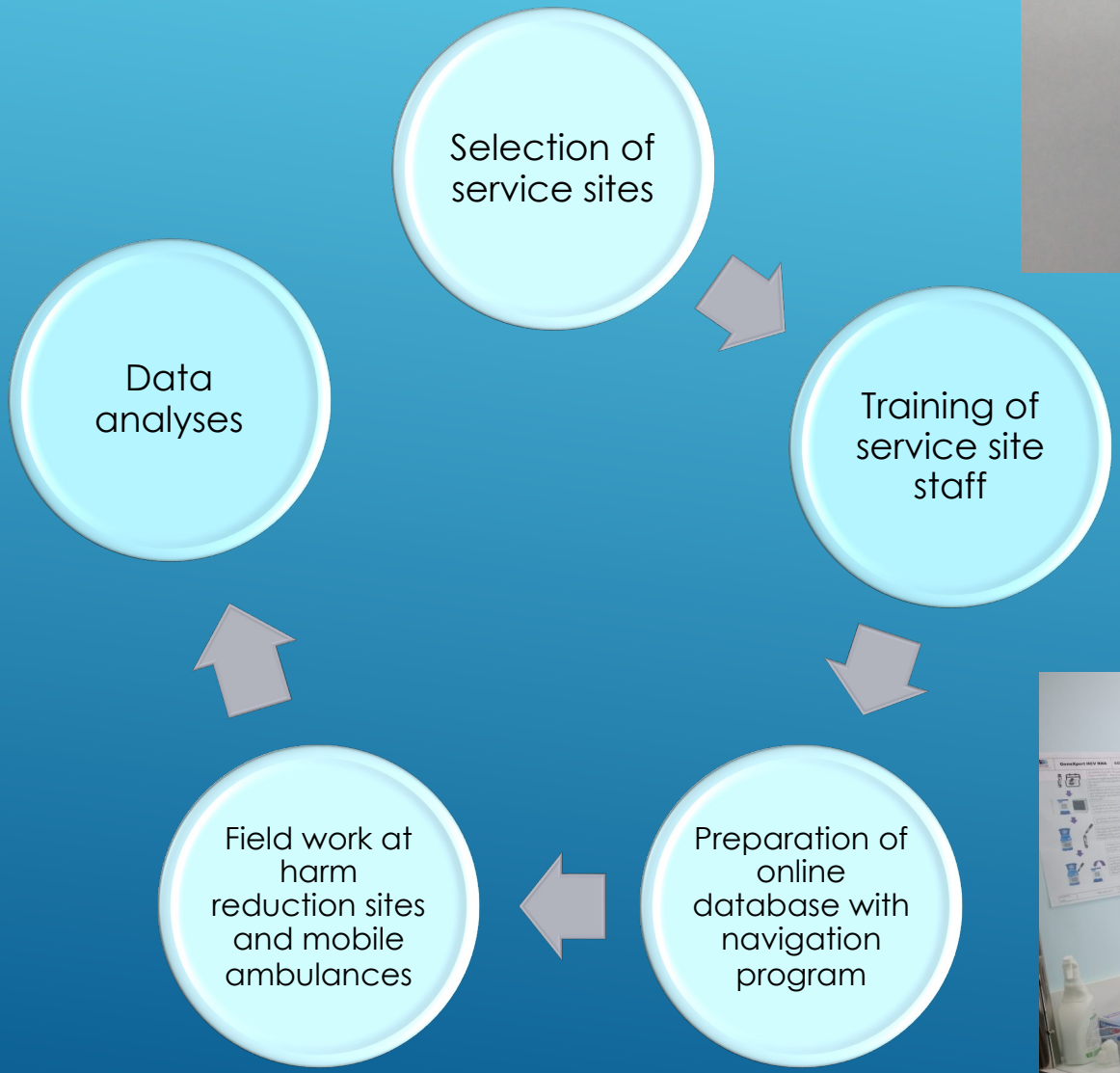
THE METHODOLOGY OF THE BBS-LITE

- Nearly similar to standard IBBS
- The same cities, recruitment criteria, sample sizes, and common questionnaire items.
- collection of biological specimens for testing of HIV, syphilis, hepatitis B virus (HBV), and hepatitis C virus (HCV).
- The main differences were in the sampling methods.

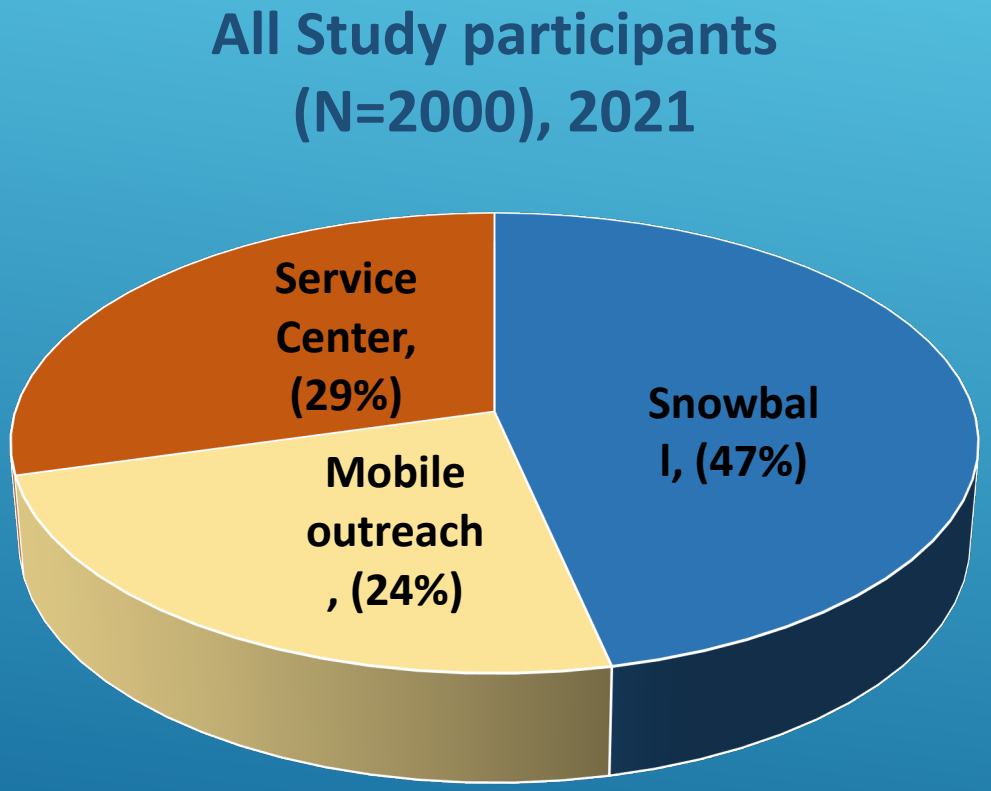
METHODOLOGICAL AND IMPLEMENTATION FEATURES OF THE 2022 IBBS, 2021 AND 2023 BBS-LITE SURVEYS

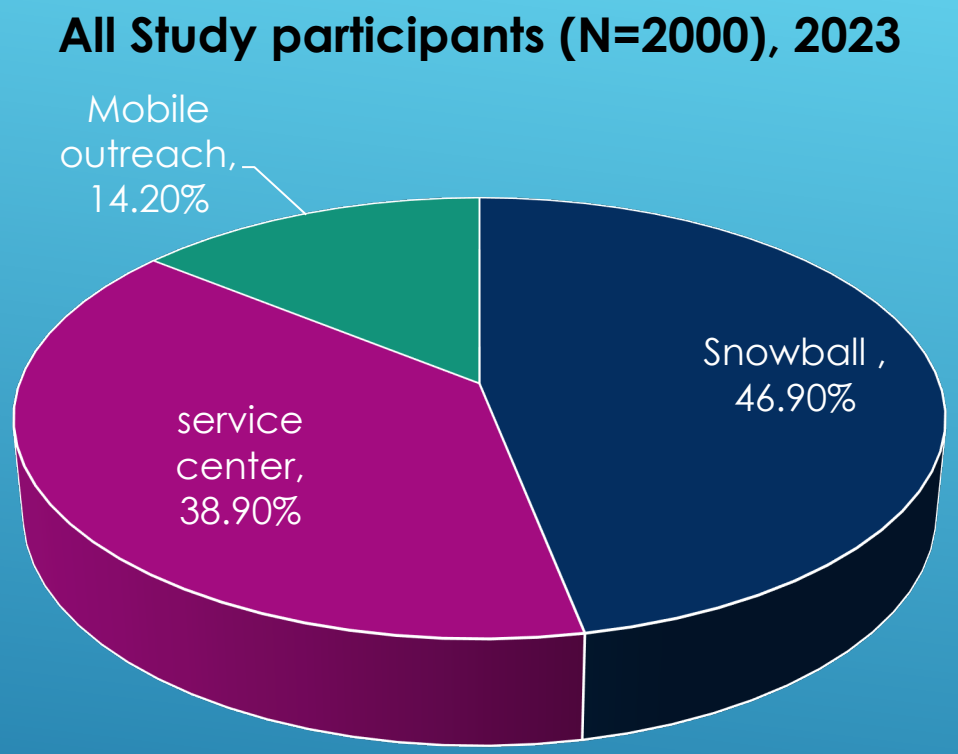
	IBBS 2022	BBS Lite 2021	BBS Lite 2023
Survey implementing organisation	Health Research Union. (Study sites included harm reduction service providers and clinics)	Georgian Harm Reduction Network (Harm reduction service providers)	
Data collectors	Research staff/Programme staff	Programme staff and peer/outreach workers	
Location	Batumi, Gori, Kutaisi, Rustavi, Tbilisi, Telavi, Zugdidi		
Time in the field	10 weeks	6 weeks	8 weeks
Sampling methods	Respondent driven sampling (3 coupons)	Consecutive recruitment at NSP sites & mobile outreach and snowball sampling (3-5 coupons)	
Sample Size	2005	2000	2000
Questionnaire	192 questions	37 questions	46 questions
Testing arrangements	Research specific testing	Utilised routine programme testing arrangements and funding	
Interview time	>40 min	10-15 min	15-20 min
Compensation for participants	≈USD 8 for survey completion + ≈USD 4 for recruitment	≈USD 8 for survey participation	
Survey cost	USD 220,000	USD 75,000	USD 87,230

STUDY CYCLE


Selection of service sites
Training of service site staff
Preparation of online database with navigation program
Field work at harm reduction sites and mobile ambulances
Data analyses

Recruitment methods





BBS-Lite 2023: 51.3% of participants never utilized the harm reduction program services, with 54% abstaining in the last two years.

BBS-Lite 2021: 37.3% of participants never utilized Harm Reduction services

HIV prevalence

	2022 IBBS		2021 BBS-Lite	2023 BBS-Lite
	Observed HIV prevalence	RDS weighted estimate (95%CI)	Observed HIV prevalence	Observed HIV prevalence
Overall	0.95%	-	1.6%	1.3%
Tbilisi	0.53%	1.0% (-0.6 - 2.2)	1.2%	0.5%
Batumi	1.11%	1.0% (0.0 - 1.5)	1.1%	1.1%
Zugdidi	2.55%	2.0% (0.0 - 4.2)	3.3%	2.5%
Kutaisi	0%	-	2.2%	0.7%
Gori	1.48%	1.0% (-0.9 - 3.8)	1.9%	2.4%
Telavi	0.74%	2.0% (-1.0 - 5.5)	0.4%	1.9%
Rustavi	0.37%	0.0% (0.0 - 0.1)	0.8%	0.4%
Aged <25	0%	-	0%	1.2%
Aged ≥25	0.98%	-	1.6%	1.3%
Client	0.6%	-	1.7%	1.7%
Non-client	1.6%	-	1.2%	0.9%
Recruitment:				
- Facility	-	-	1.9%	1.4%
- Outreach	-	-	1.3%	0.7%
- Coupon	-	-	1.5%	1.4%

HCV antibody prevalence

	2022 IBBS		2021 BBS-Lite	2023 BBS-Lite
	Observed HCV prevalence	RDS weighted estimate (95%CI)	Observed HCV prevalence	Observed HCV prevalence
Overall	58.1%	-	56.5%	50.9%
Tbilisi	55.5%	54.0% (36.0 - 71.8)	48.3%	34.1%
Batumi	58.2%	50.0% (41.5 - 58.5)	50.6%	52.0%
Zugdidi	76.7%	70.0% (59.6 - 81.0)	75.3%	68.7%
Kutaisi	46.3%	44.0% (35.2 - 53.1)	67.3%	48.4%
Gori	66.7%	66.0% (56.7 - 76.2)	61.2%	57.7%
Telavi	52.2%	51.0% (42.2 - 60.7)	40.0%	47.5%
Rustavi	51.5%	73.0% (58.8 - 87.6)	55.7%	56.9%
Aged <25	11.7%	-	6.8%	6.3%
Aged ≥25	59.5%	-	58.0%	52.8%
Client	59.7%	-	63.8%	65.7%
Non-client	54.9%	-	41.6%	36.8%
Recruitment:				
- Facility	-	-	63.0%	58.0%
- Outreach	-	-	55.4%	33.6%
- Coupon	-	-	52.9%	50.2%

SERVICE PROVISION AND CASE MANAGEMENT FOR STUDY PARTICIPANTS IN ADDITION TO HIV/HCV SERVICES

Specialized clinics

Screening on:

- HBV
- Syphilis
- TB
- COVID-19

Linkage to Care

Enrolment in OAMT programme

PoC Diagnostic

Medical Consultation

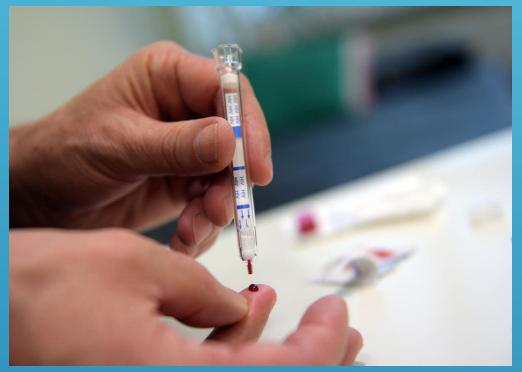
Consultation of Psychologist

Risk Counselling,

Provision of injecting paraphernalia

Low Threshold program

ENGAGEMENT OF NEW HCV CASES INTO NATIONAL HCV TREATMENT PROGRAM AT HARM REDUCTION PROGRAM



HCV screening

RNA diagnostics

HCV treatment at harm reduction sites

LESSONS LEARNED (1)

Simple in implementation

Requires considerably less time (4 times less) and the analysis for data collection and entry, data analysis and interpretation (less work burden)

Can be implemented at **much lower cost** than the regular BSS

BBS-Lite $74,500 (in 2021 and 2023)

Standard IBBS $192,300 (in 2022)

Saves time, costs, and other resources

Questionnaire shorter and took less time to complete compared to the regular BSS questionnaire

Flexibility to interview clients in services and during outreach

Regular BSS can only be administered in study office

LESSONS LEARNED (2)

Allows for frequent tracking of PWID for risk behaviour, access and utilization of the harm reduction, testing and treatment services

(same indicators as previous BSS for comparison)

The methodology allows measuring the HIV prevalence at the same level of confidence as the regular IBSS

Smart methodology gives other possibilities

Participants felt comfortable with the harm reduction services staff interviewing them and happy with short questionnaire

Outreach allowed recruitment of new, hidden or lost to follow up PWID, who otherwise would not come to harm reduction programs

Supported HIV services to reach their HIV testing targets

THANK YOU!

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UNAIDS

World Health Organization

NCDC

GHRN

ზიანის შემცირების საქართველოს ქსელი

GEORGIAN HARM REDUCTION NETWORK

ecdc

EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL