European Monitoring Centre for Drugs and Drug Addiction

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MEETING REPORT

ROUNDTABLE ON THE HIV SITUATION AMONG PEOPLE WHO INJECT DRUGS IN ROMANIA, 19 NOVEMBER 2013, BUCHAREST

Summary

Background A risk assessment conducted in November 2011 by the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) documented a significant increase in newly detected HIV cases among people who inject drugs (PWID) in Romania and Greece. Following an updated risk assessment in 2013, ECDC and EMCDDA organised an expert meeting and a roundtable in Bucharest in November 2013. The roundtable, which focused on the situation in Romania, aimed to enhance understanding of the HIV outbreak, facilitate dialogue between external experts and national authorities and NGOs, and identify ways to strengthen HIV prevention among PWID in Romania.

Current situation According to the updated risk assessment, newly diagnosed cases of HIV among PWID in Romania increased from 9 in 2010 to 255 in 2012. The proportion of all new HIV cases attributed to injecting drug use rose from 3% in 2010 to 30.6% in 2012. Transmission of HIV through injecting drug use is concentrated in Bucharest, in men and in those aged 34 years or younger. Romania faces additional challenges associated with high rates of co-infection with HIV, viral hepatitis and tuberculosis among PWID and with changing patterns of drug use, in particular an increase in use of stimulants and of the frequency of injecting associated with use of these drugs.

Current response Rates of HIV testing among PWID are low and have decreased since 2007. Coverage with needle and syringe programmes (NSP) is low and the number of needles and syringes distributed fell from an estimated 1.65 million in 2009 to 1 million in 2012 or from 95 to 52 per PWID per year. This is largely due to the end of Global Fund support to Romania, which has resulted in the scaling down or closure of harm reduction services provided by NGOs. Access to opioid substitution treatment (OST) is also limited. There are 1,100 treatment slots in Bucharest – there is little access to OST outside Bucharest – and 1,030 of the estimated 11,000 PWID are in OST. Although government agencies are now funding some interventions, domestic financing has not increased sufficiently to address the gap resulting from the withdrawal of international funding.

Conclusions The main conclusions of the roundtable included the need to:

- Scale up HIV prevention interventions for PWID in Romania, including HIV testing, NSP and OST.
- Identify additional funding to maintain and scale up HIV prevention interventions for PWID. This will require coordinated efforts by government institutions and NGOs to make the case for increased resource allocation by national and municipal authorities, for funding through European Union Structural Funds and for on-going support from the Global Fund.
- Strengthen collaboration between government institutions and NGOs to develop a joint action plan, coordinate implementation, and share information and experience.
- Improve data, including developing more accurate estimates of the number of PWID and of HIV prevalence in this population, and monitoring of co-infection and patterns of drug use.

Background

HIV incidence among people who inject drugs (PWID) has been steadily decreasing in Europe since 2000. However, a risk assessment conducted in November 2011 by the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) documented a significant increase in newly detected HIV cases among PWID in Greece and Romania[i]. The risk assessment recommended an increased focus on prevention measures, such as needle and syringe programmes (NSP) and opioid substitution treatment (OST), and further epidemiological investigation to improve understanding and prevent further outbreaks. ECDC and EMCDDA organised two expert meetings in 2012 in Tallinn, Estonia and Lisbon, Portugal in order to share best practice in monitoring and responding to the risk of HIV among PWID; scientific advice and country visits complemented the national response in Greece.

A second updated EU risk assessment in 2013 indicates that several additional countries are at risk of increased HIV transmission among PWID. In response to these findings, a third expert meeting was held on 18 November 2013 in Bucharest, Romania to review the current epidemiological situation, provide a platform for information exchange between countries and invited experts to support the response to the current outbreaks in Greece and Romania and prevent the acceleration of HIV transmission among PWID in other countries identified at risk, and strengthen country capacity to monitor and prevent further HIV infections in this population. In the evening, participants accompanied an outreach team providing harm reduction services to PWID at a site in Bucharest.

The expert meeting was followed by a roundtable meeting on 19 November 2013, which focused on the situation in Romania. The roundtable was attended by representatives from the National Institute for Infectious Diseases "Prof Dr Matei Bals", the National Antidrug Agency and national NGOs, external experts from Finland, Greece and Sweden, and technical staff from ECDC and EMCDDA (see Agenda in *Annex 1* and List of participants in *Annex 2*). This report summarises the key points from the roundtable meeting presentations and discussions.

Session 1: Introduction and context

Anastasia Pharris (ECDC) opened the meeting, welcomed and introduced the participants, and outlined the purpose of the meeting, which was to:

- Enhance understanding of the HIV outbreak among PWID in Romania and the factors driving transmission.
- Facilitate dialogue between external experts and national authorities and NGOs in Romania.
- Identify areas where ECDC, EMCDDA and other organisations could provide support to address the situation in Romania.
- Identify ways to strengthen HIV prevention among PWID in Romania.

Otilia Sfetcu (ECDC) and Dagmar Hedrich (EMCDDA) presented an overview of the main findings from the updated regional risk assessment, focusing on the Romanian situation. (A more detailed summary of this presentation is included in the report of the 3rd expert meeting on 18 November 2013.)

Greece and Romania have experienced the most significant increase in HIV case reports among PWID in the region (see table below). The rate per 100,000 in this population in Romania increased thirty-fold from 0.04 in 2010 to 1.2 in 2012; the rate in Greece increased twenty-fold from 0.2 to 4.6. In 2010, Greece and Romania accounted for 2.2% of newly diagnosed cases of HIV among PWID in the EU and

EEA countries; in 2012 these two countries accounted for 27.2% of new cases in this population (see graph below).

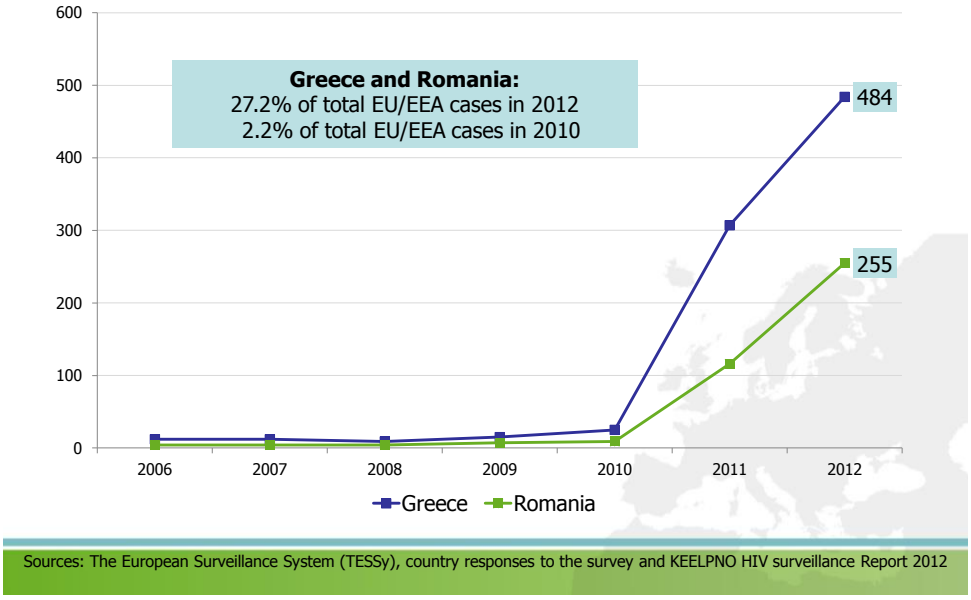
Newly diagnosed HIV infections among PWID, 2010-2012

2012
Rates per 100 000 between 1.0 - 5.4 in 5 countries

	HIV IDU case reports			Rate per 100 000 population		
	2010	2011	2012	2010	2011	2012
Estonia	62	69	72	4.63	5.15	5.37
Latvia	86	90	94	3.83	4.34	4.6
Greece	25	307	484	0.22	2.71	4.29
Lithuania	107	86	62	3.21	2.82	2.06
Romania	9	116	255	0.04	0.54	1.19
Iceland	9	12	3	2.83	3.77	0.94
Luxembourg	1	0	4	0.2	0	0.76
Bulgaria	56	63	40	0.74	0.85	0.55
Portugal	181	90	56	1.73	0.87	0.54
Austria	30	37	38	0.36	0.44	0.45
Spain	228	202	166	0.69	0.61	0.44
Italy	251	174	208	0.43	0.29	0.34
Ireland	22	16	13	0.49	0.35	0.28
Norway	11	10	11	0.23	0.2	0.22
Denmark	8	10	11	0.14	0.18	0.2
United Kingdom	148	131	111	0.24	0.21	0.18
Sweden	23	13	16	0.25	0.14	0.17
Finland	8	8	7	0.15	0.15	0.13
France	124	116	76	0.19	0.18	0.12
Poland	41	65	42	0.11	0.17	0.11
Germany	93	90	81	0.11	0.11	0.1
Czech Republic	5	9	6	0.05	0.09	0.06
Slovenia	0	0	1	0	0	0.05
Netherlands	6	5	7	0.04	0.03	0.04
Belgium	15	16	4	0.14	0.15	0.04
Slovakia	2	1	1	0.04	0.02	0.02
Cyprus	0	0	0	0	0	0
Hungary	0	0	0	0	0	0
Malta	0	0	0	0	0	0
Liechtenstein						
Total EU+EEA	**1551**	**1736**	**1869**	**0.32**	**0.35**	**0.37**
Croatia	2	3	1	0.05	0.07	0.02
Turkey	0	5	6	0	0.01	0.01

Sources: The European Surveillance System (TESSy), country responses to the survey

New HIV diagnoses among PWID in Greece and Romania, 2004-2012



Sources: The European Surveillance System (TESSy), country responses to the survey and KEELPNO HIV surveillance Report 2012

Other key risk assessment findings included:

- Romania is one of the countries in the region experiencing an increase in injecting of stimulants.
- Romania, specifically Bucharest, is also one of the nine countries in the region where hepatitis C (HCV) prevalence among PWID is above 50% or is increasing.
- Romania is one of the seven countries in the region where NSP coverage is below 100/PWID/year.

- Romania was one of 12 countries in the region reporting that funding for harm reduction for PWID was insufficient.

Session 2: HIV among PWID in Romania

This session, chaired by Professor Adrian Streinu-Cercel (National Institute for Infectious Diseases "Prof Dr Matei Bals"), provided an update on trends, risk factors, characteristics of the affected population and the response to the outbreak.

The situation

Mariana Mardescu (National Institute for Infectious Diseases "Prof Dr Matei Bals") gave an overview of the epidemiological situation. Key points were as follows:

- Injecting drug use was the route of transmission in 7% of cases of HIV/AIDS between 1985 and 2013. HIV transmission through injecting drug use has increased significantly since 2010. The proportion of new HIV cases attributed to injecting drug use rose from 1% in 2007 to 3% in 2010, 18% in 2011 and 30.6% in 2012.

- The number of new HIV cases in PWID increased from 5 in 2010 to 180 in 2012 and the numbers of AIDS cases from 10 in 2010 to 83 in 2012 (see table below).

New HIV cases registered in the national data base between 2009-2013
vs.
new cases of HIV infection in IDUs between 2009-2013

	YEAR				
	2009	2010	2011	2012	January September 2013
Number of HIV infection cases	240	280	414	512	337
Number of HIV infection cases in IDUs	5	5	102	180	106
Number of AIDS cases	264	255	318	331	240
Number of AIDS cases in IDUs	3	10	39	83	71
Total no. of HIV/AIDS cases	504	535	732	843	577
Total no. of HIV/AIDS cases in IDUs	**8**	**15**	**141**	**263**	**177**

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI "Prof.Dr.M.Balş"

- Transmission of HIV infection through injecting drug use is concentrated in Bucharest – 143 of the 177 new HIV cases in PWID reported in 2013 (as of 30 September) were in Bucharest. New infections among PWID also account for the majority of all new HIV infections in Bucharest – 143 of the 228 HIV cases reported in Bucharest in 2013 (as of 30 September) were in PWID.

- Transmission of HIV infection through injecting drug use is also concentrated in men – 135 of the 177 new cases in PWID reported in 2013 were in men and 42 in women – and in those aged 34 years or younger, 142 cases.

- Many HIV-positive PWID have low levels of education and employment, lack access to health care, housing and family support, and have a history of incarceration. HIV risk factors among PWID include high rates of sharing of drug injecting equipment and of unsafe sex, increasing use of stimulants since 2010 (also referred to as ethno-botanic drugs or 'legal highs'[ii]) and high frequency of injecting among those using stimulants.

Andrei Botescu (National Antidrug Agency) presented additional data, on HIV and HCV prevalence among PWID, based on testing of PWID entering OST and the 2012 Behavioural Surveillance Survey (BSS). This data suggests that prevalence is high and has increased.

- In PWID entering OST in 2012 in Bucharest, HIV prevalence was 24.9% and HCV prevalence was 82.4%. Prevalence of both HIV and HCV among PWID entering treatment has increased since 2010 when rates were 4.1% and 71.3% respectively.

- In the 2012 BSS sample of 417 PWID, HIV prevalence was 53.3% and HCV prevalence was 79.3%.

Cristiana Oprea ("Victor Babes" Clinical Hospital of Infectious and Tropical Diseases, Bucharest) presented the findings of a study of HIV, HCV and tuberculosis (TB) in PWID at the "Victor Babes" Clinical Hospital. Key points were as follows:

- The number of PWID seen by the hospital increased from 14 in 2007 to 255 in 2012 and 251 in 2013 (as of 31 October). The number of admissions of PWID also increased significantly, from 14 in 2007 to 436 in 2013 (as of 31 October).

- The number and proportion of PWID who are HIV infected has also increased significantly, from 0 of 14 (0%) in 2007 to 204 of 251 (81.2%) in 2013. The most dramatic increase occurred between 2010 and 2012 (see graph below).

- There has also been a significant rise in the number of PWID among newly diagnosed HIV cases, which increased from 0 of 106 cases in 2007 to 174 of 298 cases, more than 50% of cases, in 2012.

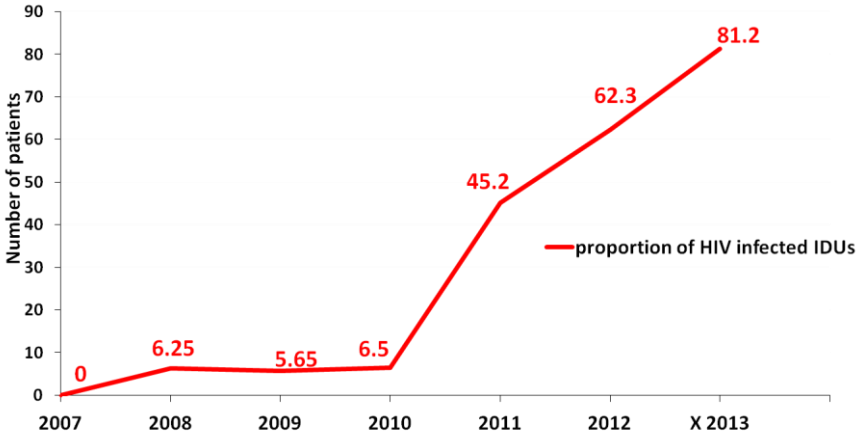
- Of the 551 newly diagnosed HIV cases in 2011 and 2012, 47.6% were 'late presenters' (defined as CD4 count <350/mm^3); 30.4% had 'advanced HIV disease' (defined as CD4 count <200/ mm^3); and 51.9% were co-infected with HCV.

- Injecting drug use was the route of HIV transmission in 282 (51.2%) of newly diagnosed cases in 2011 and 2012; 30% were 'late presenters' (PWID were less likely to present late than cases of HIV infection due to sexual transmission in heterosexuals and men who have sex with men); 97.5% were co-infected with HCV; and 9.6% were infected with both HBV and HCV.

- Findings from analysis of the demographic characteristics of the 282 PWID newly diagnosed with HIV were consistent with the previous presentation. The majority were male, aged below 30, had low levels of education and employment and had no health insurance; one in five had been in prison and almost one in three had been injecting drugs for more than 10 years. Analysis of risk factors found high rates of unprotected sex with multiple partners. Analysis of drug use found that 13% used heroin, 16% used psychoactive drugs and 71% used heroin and psychoactive drugs.

- There has also been a significant increase in the number of PWID who are co-infected with HIV and HCV who also have TB, from 0 in 2009 to 49 in 2012. Many of these patients have severe immune-suppression, associated with disseminated or extra-pulmonary TB.

Proportion of HIV infected IDUs between 2007 - 2013



total n IDUs	14	64	**71**	**123**	**219**	**255**	**251**
HIV (+) IDUs	0	4	4	8	99	159	204

Adrian Abagui (National Institute for Infectious Diseases, Prof Dr "Matei Bals") presented the findings of a study of PWID who had been injecting legal highs, had been diagnosed with HIV and had been receiving OST since 2012. The characteristics of the 71 PWID included in the study were consistent with those identified in the previous presentations: 82% were men; 55% were Roma; the median age was 31 years; the median history of drug use was more than 8 years; and 90% had been in prison. Treatment adherence was low: 24% were not using drugs; 35% were using legal highs weekly and 31% were using legal highs monthly; 10% had had a heroin relapse.

The response

The following summarises the current response in Romania, based on the findings of the regional risk assessment and data presented at the roundtable:

- Rates of HIV testing among PWID are low and have decreased – Data presented shows that the number of PWID who were tested for HIV in public health facilities fell from 626 in 2007 to 49 in 2011. There has been a slight improvement since 2011, with 103 tested for HIV in 2013.

- NSP coverage is low and has decreased – The number of syringes distributed fell from 1.65 million in 2009 to 1 million in 2012, decreasing from 95 to 52/PWID/year. The National Institute for Infectious Diseases "Prof Dr Matei Bals" estimates that 900,000 will be distributed in 2013.

- Access to OST is low – There are 1,100 treatment slots available in Bucharest; there is little access to OST outside Bucharest. The National Antidrug Agency estimates that 1,030 of the estimated 11,000 PWID are in OST in 2013.

The decline in the availability of NSP for PWID reflects the decrease in the number NGOs providing services, from six in 2009 to two in 2012, largely as a result of the withdrawal of Global Fund support for Romania. The impact of this was confirmed by presentations from Monica Dan (ARAS) and Marian Ursan (Carusel). ARAS, which has been providing a range of harm reduction services, has closed down most of its operations outside Bucharest, although volunteers are continuing to provide services in some locations. Carusel, which provides a range of services for PWID and their families through a drop in centre and outreach, has also been affected by reduced funding.

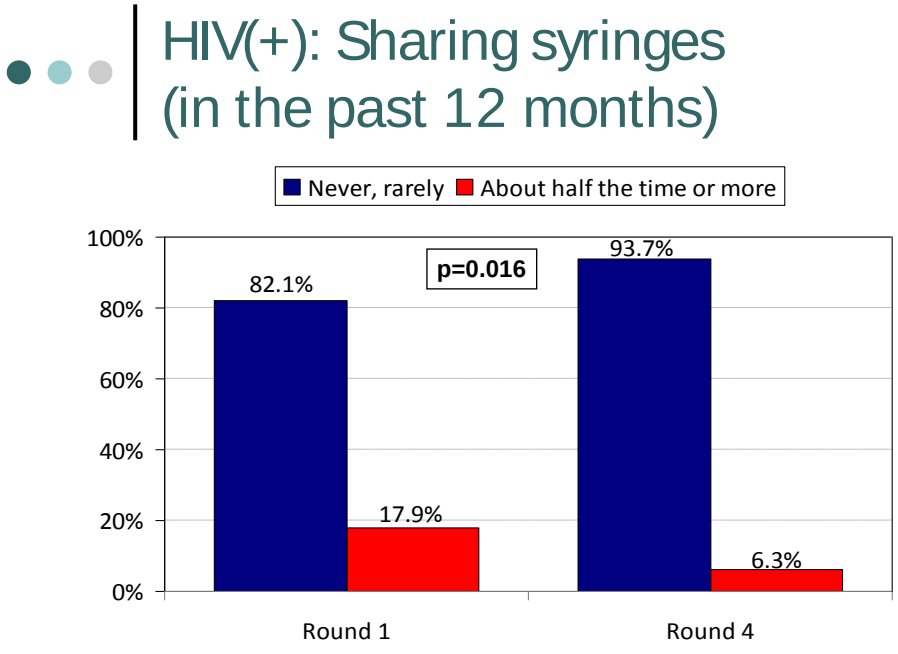
Session 3: Experience from EU countries of HIV prevention among PWID

This session, chaired by Anastasios Fotiou (Greek REITOX focal point of the EMCDDA; Athens University Mental Health Research Institute), provided an opportunity to hear about approaches to HIV prevention among PWID in Finland and Sweden and to learn from Greece's experience of responding to an HIV outbreak in PWID. It also considered opportunities for financing HIV prevention through European Union (EU) Structural Funds.

Professor Angelos Hatzakis (Athens University Medical School) highlighted the similarities between the HIV outbreaks in Greece and Romania and the potential to replicate the Greek approach, which appears to be having a positive impact, in Romania. He also noted that the NGO sector is more active in Romania than in Greece and that this represents an important opportunity to strengthen HIV prevention among PWID.

He then described how the Aristotle programme has used a seek-test-treat retain intervention to decrease HIV transmission among PWID in Athens. The programme aimed to increase HIV screening of PWID, provide PWID with a package of prevention, treatment and care, and reduce the incidence of HIV in this population. It also aimed to improve prevalence and behavioural data and improve PWID links to and retention in care. Key aspects of the programme included recruitment through Respondent Driven Sampling to increase the number of PWID tested for HIV and provision of HIV testing and other services at a site in central Athens staffed by ex-drug users, a doctor, psychologist, social workers, cultural mediators and an NGO volunteer.

The programme has shown impressive results. In the first four rounds it reached 3,007 PWID, 87% of the total estimated number of PWID in Athens. Of these, 523 (17.4%) were HIV positive. Of the 411 who were found to be HIV positive during the first three rounds, 53% were diagnosed by the programme. HIV prevalence remained stable across the four rounds. Data on risk behaviours also suggests that the programme, and increased HIV testing in particular, has resulted in a reduction in the frequency of injecting and of sharing syringes among both HIV-positive and HIV-negative PWID and in an increase in condom use among HIV-positive PWID.



The programme also highlighted two key issues. First, factors associated with increased risk of HIV infection include homelessness, cocaine as the main substance of use, injecting drug use at least daily, and sharing syringes 'always' or 'almost always'. Second, the importance of providing services for migrants. HIV prevalence was higher among migrant PWID than those of Greek origin. For example, prevalence was 16.6% in those of Greek origin, compared to those whose country of origin was Afghanistan or Iran (29.3%), elsewhere in Asia (25.4%) or the Middle East (18.7%) or in Eastern Europe (23.2%). Migrant PWID are enrolled, interviewed in their own language (the programme worked in eight languages), and provided with the same package of services. HIV-positive undocumented migrants are referred to an NGO for services.

Anne Ovaska (A-Clinic Foundation Tampere) focused on lessons from Finland's experience of dealing with an HIV outbreak in PWID in the late 1990s and the Finnish approach to provision of harm reduction services. (A more detailed summary of this approach is included in the report of the 3rd expert meeting on 18 November 2013.) She emphasised that success depends on:

- Providing strong leadership taking rapid action and ensuring that roles and responsibilities are clear.
- Distributing sufficient quantities of needles and syringes.
- Making needles and syringes available through pharmacies.
- Providing anonymous and confidential services to PWID.
- Supporting frontline professionals and volunteers who provide services for PWID.
- Involving PWID in service delivery and allowing secondary exchange of syringes and needles.
- Providing antiretroviral treatment and low threshold OST for HIV positive PWID.

Martin Kåberg (Karolinksa University Hospital) provided an overview of the HIV situation among PWID in Sweden and of the response to the HIV outbreak in PWID in 2007. (A more detailed summary of the introduction of the first needle exchange programme in Stockholm in April 2013, is included in the report of the 3rd expert meeting on 18 November 2013.)

Sweden currently has approximately 6,200 people who have been diagnosed with HIV and who are in contact with the health system. Of these, 1,100 cases are associated with injecting drug use. Of the 1,806 HIV patients at the Karolinska University Hospital in Stockholm, route of transmission was injecting drug use for 225 (12.5%).

There are estimated to be around 30,000 problem drug users in Sweden, although accurate data is not available. Coverage with OST is high. Over 70% of drug users who are opiate dependent are in OST. The prevalence of HCV among PWID is high, at between 82% and 86%. There is potentially high risk of rapid spread of HIV in this population. However, coverage with needle exchange programes (NEP) is low. Prior to 2006, when a law was passed to enable NEP implementation, services were only available in Lund and Malmo. Since 2006, NEP have been established in Helsingborg and Kalmar and, in 2013, in Stockholm. Pharmacies are not permitted to sell needles and syringes.

Sweden experienced an outbreak of HIV among PWID in 2007. There were 71 new cases that year, compared with the average in previous years of 20 new cases. The response to this outbreak included: an extensive HIV testing programme; a baseline study, which found that 93% of PWID had shared needles, syringes or other equipment in the previous month; clear messages about sharing equipment; the introduction of 'unofficial' NSP; and the expansion of OST through methadone programmes.

The outbreak intensified the debate about the need for NSP, which was until then only available on a limited basis in Southern Sweden. As a result of the measures taken in response to the outbreak, the

incidence of HIV in PWID fell sharply. Key lessons for Romania and other countries at risk of an outbreak include:

- Scale up HIV testing including through outreach screening, but be aware that use of rapid tests can result in false negatives and thereby miss some cases.
- Scale up NSP and OST.
- Ensure that PWID can easily access HIV treatment and take steps to retain them in treatment.
- Take steps to improve data, including qualitative data on risk behaviours, and monitor risk behaviour and prevalence.
- Use outbreaks as an opportunity to change policy.
- Use patient data to communicate with patients not just for record keeping.

Yoline Kuipers (EuroHealthNet) provided an overview of EU Structural Funds and the potential to finance HIV prevention programmes through this mechanism. Key points were as follows:

- Structural Funds are the financial mechanism to support implementation of the EU's Cohesion Policy, which aims to reduce economic, social and other disparities in Europe. Romania received €19.7 billion in Structural Funds from the EU during 2007-2013.

- The budget for Structural Funds for 2014-2020 is €325 billion, more than one third of the total EU budget. Social inclusion and poverty is one of the 11 thematic areas for 2014-2020, which are intended to achieve the European 2020 vision. Approximately 50% of the total Structural Funds budget is allocated for less developed regions.

- Structural Funds are available through five funding programmes. The two most relevant to health and HIV programmes are the European Regional Development Fund (ERDF), which finances 'hard projects' such as infrastructure, and the European Social Fund (ESF), which finances 'soft projects', such as social inclusion. Countries apply for funds through a Managing Authority; countries can also identify priorities for funding.

- During 2007-2013 Structural Funds have been used to finance health and HIV programmes including support for HIV prevention campaigns and training in Lithuania, HIV research in Poland, malaria control in Greece and health infrastructure, including sexual health clinics, in Latvia.

She noted that the process for accessing Structural Funds is complex. However, the chances of success can be increased by: developing an understanding of the process and country priorities; working with the Managing Authority and building partnerships with organisations that have experience with Structural Funds; developing proposals that are consistent with the EU 2020 vision and thematic areas.

More information is available in the EuroHealthNet report Health Equity and Regional Development in the EU[1]: Applying EU Structural Funds, which is available at www.health-inequalities.eu. Practical guidance is also available in the Structural Funds Online Guidance Tool, which can be accessed at www.fundsforhealth.eu.

[1] http://www.equityaction-project.eu/regions/structural-funds/

Session 4: Discussion and conclusions

Discussions during the meeting and the final session highlighted a number of broader issues, as well as suggestions for the way forward in Romania. In summary these were as follows:

There is a clear need to scale up HIV prevention interventions for PWID in Romania, including HIV testing, NSP and OST

The ECDC-EMCDDA risk assessment findings and national data presented at the roundtable highlight the need to scale up HIV prevention interventions for PWID in Romania. Based on indicators for HIV trends, HIV transmission risk and prevention coverage, there is the potential for continued HIV transmission and further outbreaks among PWID. The increase in injecting of stimulants and high prevalence of HCV in particular indicate the potential risk for increased HIV transmission.

The policy environment is supportive. The National Antidrug Agency has developed a national strategy and action plan on drugs which includes international and ECDC-EMCDDA recommendations on harm reduction. Measures to reduce the risk of HIV transmission through injecting drug use, including increasing NSP and OST coverage and increasing PWID access to HIV testing, are also included in the Romanian national HIV/AIDS strategy 2013-2017. Experience in Greece suggests that increasing coverage with these interventions can have a significant and rapid impact and there was strong support from Romanian participants for replicating the Aristotle programme approach in Bucharest.

Participants also highlighted a number of specific issues that need to be considered. These included:

- The need to scale-up needle and syringe coverage to 200 needles and syringes/PWID/year in accordance with recommended standards.
- The need to make needles and syringes more accessible to PWID from pharmacies.
- The need for additional approaches to increase access to HIV testing for PWID.
- The need to ensure that needles and syringes are of good quality; procurement based on cost considerations alone may not be cost-effective if equipment purchased is not used.
- The need to reconsider the requirement for PWID to provide their name or ID when receiving government-funded syringes; experts from other countries noted that an anonymous approach is usually more effective.
- The need to address barriers to accessing health services for PWID such as lack of insurance.
- The need to scale up OST coverage to 30% of problem opioid users in accordance with recommended standards.

Lack of funding is a key challenge to scaling up interventions in Romania

Domestic funding has not increased to address the financing gap resulting from the withdrawal of international funding for HIV prevention interventions in Romania. The National Antidrug Agency reported that it expects to be able to fund some services, including drop-in centres and outreach, as well as prevention services for migrants. Ministry of Health funding for procurement of 200,000 syringes in 2013 was seen as a positive step forward. However, it was agreed that funding is still inadequate relative to need. Participants also noted that it is also important for government to fund the operational costs of service provision, including the costs of staff and distribution of needles and syringes.

Options to address the lack of funding were discussed. Advocacy with national politicians and policy makers and with the Bucharest city authorities is critical. It was noted that at national level this needs to go beyond the Ministry of Health to also address the Ministry of Finance. Advocacy should

emphasise the economic benefits of investing in prevention interventions, specifically the costs of dealing with an HIV epidemic compared with the costs of prevention. Experience in Greece also suggests that it is important to keep messages clear, simple and short, to convince politicians that investment can address the increase in HIV transmission and to specify the timeframe within which this can be achieved. Experience from Sweden suggests that outbreaks or other situations of accelerated HIV transmission among PWID can be used as an opportunity to for policy dialogue and to gain political support.

Consideration should be given to seeking EU Structural Funds. Romania received Structural Funds during 2007-2013 and this experience could be built on. Participants noted that the Managing Authority in Romania is currently the Ministry of Labour and Social Welfare for which health issues are not a priority. However, efforts could be made to encourage the Ministry of Health to engage in the process of identifying country priorities for 2014-2020. Romania could also consider developing a strong case for some ongoing Global Fund support for harm reduction.

Identifying the most cost-effective approaches is also important. For example, the Aristotle programme has used an approach that can reach large numbers of PWID but at a lower cost than outreach services. The feasibility, and cost-effectiveness, of drug consumption rooms could be considered. NGOs are advocating for the feasibility of this approach to be assessed in Romania. Finland is also considering the potential use of drug consumption rooms. The potential use of post-exposure prophylaxis (PrEP) was also discussed but there was a consensus that this may not be appropriate for countries with limited resources. In addition, there are concerns in Romania about adherence to treatment and the development of drug resistance.

Addressing the funding gap and maximising available resources requires stronger coordination and collaboration

Enhanced collaboration between national authorities, such as the National Institute for Infectious Diseases “Prof Dr Matei Bals” and the National Antidrug Agency, and NGOs could strengthen advocacy with national policy makers and Bucharest city authorities. Specifically, it was suggested that government agencies and NGOs consider development of a joint action plan to respond to the increase in HIV among PWID. Regular meetings following this roundtable to plan and coordinate implementation of activities and to share information and experience would also be valuable. As a priority, efforts should be made to engage Bucharest city authorities in these meetings.

Romania faces additional challenges associated with high rates of co-infection and changing patterns of drug use

High rates of co-infection with viral hepatitis and the growing incidence of TB among HIV-infected PWID increase the complexity, and the costs, of infectious disease treatment. The increase in injecting of stimulants – and the increased frequency of injecting among PWID who use these – may require an increase the number of needles and syringes distributed above the recommended minimum of 100/PWID/year, which is based on opiate use. Changing patterns of drug use have implications for drug treatment programmes, which will need to go beyond OST to provide combination substitution therapy, and for HIV treatment, in particular lack of knowledge about the interaction between ART and new psychoactive drugs.

There is a need to address data gaps in Romania

Romania does not currently have accurate estimates of the total number of PWID – or disaggregated estimates for Bucharest and the rest of the country – and, hence, no accurate estimate of national HIV prevalence among this population or the number of PWID who are HIV infected. Data from sources

including the National Antidrug Agency, the 2012 BSS and NGOs suggests that HIV prevalence is between 23% and 53%, although these are based on potentially non-representative samples. Limited data is available to determine the potential for further spread of HIV beyond Bucharest.

Other gaps were also identified. For example, current data systems do not capture the extent to deaths and causes of death are associated with injecting drug use. Direct and indirect drug-related deaths are therefore under-reported. It would also be helpful to compile data on HIV testing from NGOs as well as public health facilities to provide a more accurate picture of the total number of PWID who are tested for HIV. For example, ARAS reported that it conducted 187 HIV tests in 2012.

Following the discussion, Anastasia Pharris (ECDC) asked participants to consider areas in which ECDC and EMCDDA could provide support to Romania's efforts to respond to the HIV outbreak in PWID. Possible options mentioned included:

- On-going technical assistance and support for monitoring;
- Support communication and exchange of Romanian and Greek public health and scientific experts to exchange experience and mutually improve capacity to prevent and control HIV among PWID
- Support for a study visit on harm reduction implementation to learn from the experience of other countries;
- Advocacy with the EU and the European Commission.

She closed the meeting by thanking the National Institute for infectious Diseases "Prof Dr Matei Bals" for hosting the roundtable and the participants and experts for their contributions to a productive and useful discussion.

Annex 1: Agenda

Session 1 Introduction and background

08:45 – 09:00 Welcome and introductions

09:00 – 09:15 Confronting the increased transmission of HIV among PWID: Summary of the European context (Dagmar Hedrich, Otilia Sfetcu)

Session 2 The HIV outbreak among PWID in Romania 2011-2013: Situation update, challenges and opportunities

09:15 – 10:15 Current HIV epidemiological situation in Romania (Mariana Mardarescu)

Characteristics of injecting drug users newly diagnosed with HIV (Adrian Abagiu)

Increase in HIV, hepatitis and TB among PWID (Cristiana Oprea)

Response to the outbreak (Andrei Botescu)

NGO harm reduction interventions (Mariana Georgescu, ARAS; Marian Ursan, Carusel)

Session 3 HIV prevention among PWID: Experience from EU countries

10:30 – 10:45 Responding to an HIV outbreak: the Aristotle programme (Angelos Hatzakis)

10:45 – 11:00 Model-driven prevention practice: the Finnish experience (Anne Ovaska)

11:00 – 11:15 Data-driven approach to needle exchange in a difficult political environment (Martin Kåberg)

11:15 – 11:30 Structural Funds and HIV prevention (Yvonne Kuipers)

Session 4 Assessing the Romanian response and the way forward

11:30 – 13:30 Moderated discussion: responding to the increase in HIV among PWID in Romania

13:30 – 14:30 Close and lunch

Annex 2: List of participants

	Name	Country	Organisation
1	Anastasios Fotiou	Greece	Greek REITOX Focal Point of the EMCDDA, University Mental Health Research Institute
2	Prof Angelos Hatzakis	Greece	Athens University Medical School, Greece
3	Martin Kåberg	Sweden	Infektionskliniken Karolinska Universitetssjukhuset
4	Anne Ovaska	Finland	A-Clinic Foundation, Helsinki, Finland
5	Yoline Kuipers	EuroHealthNet	Expert Structural Funds
6	Anastasia Pharris	ECDC	European Centre for Disease Prevention and Control
7	Otilia Sfetcu	ECDC	European Centre for Disease Prevention and Control
8	Dagmar Hedrich	EMCDDA	European Monitoring Centre for Drugs and Drug Addiction, Lisbon
9	Lucas Wiessing	EMCDDA	European Monitoring Centre for Drugs and Drug Addiction, Lisbon
10	Prof Adrian Streinu-Cercel	Romania	National Institute for Infectious Diseases “Prof. Dr. Matei Bals”, Comisia Nationala de Lupta Anti-SIDA (CNLAS)
11	Mardarescu Mariana	Romania	National Institute for Infectious Diseases “Prof. Dr. Matei Bals”, Comisia Nationala de Lupta Anti-SIDA (CNLAS)
12	Adrian Abagiu	Romania	National Institute for Infectious Diseases “Prof. Dr. Matei Bals”
13	Andrei Botescu	Romania	National Antidrug Agency, National REITOX focal point
14	Marian Ursan	Romania	“Carusel” Association
15	Mioara Predescu	Romania	Romanian AIDS Academy
16	Silvia Asandi	Romania	Romanian Angel Appeal
17	Fidelie Kalambayi	Romania	Romanian Angel Appeal
18	Monica Dan	Romania	Romanian AntiAIDS Association (ARAS)
19	Iulian Petre	Romania	Uniunea Nationala a Organizatiilor Persoanelor Afectate de HIV/SIDA (UNOPA)
20	Eugenia Apolzan	Romania	UNICEF Romania
21	Florin Popovici	Romania	National Institute for Public Health (ECDC Advisory Forum)
22	Catalina Neculae	Romania	National Antidrug Agency
23	Mihaela Bebu	Romania	National Antidrug Agency
24	Cristiana Oprea	Romania	Head of the Infectious Disease Department II

			"Victor Babes" Clinical Hospital of Infectious and Tropical Diseases
25	Kathy Attawell	ECDC consultant	

[i] Joint ECDC and EMCDDA rapid risk assessment: HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania. (2012).
[ii] These have subsequently been regulated and have not been legally available since 2011.