

WHAT IF AN NSP WOULD START BY ASKING WHAT PEOPLE REALLY NEED?



Community-led Values & Preferences Approach to NSP

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Overview of Presentation

1. **Current context** – lack of consultation with community and the impact on NSP and harm reduction services
2. **Community-led Values & Preferences Research** – what is it and why is it important?
3. **Overview of the LDSS/N Community-led Values & Preferences Research** – aims/objectives of the study and the 3 phases of the research
4. **Summary of initial findings** – key themes from Phase 1 Focus Groups in Armenia and Georgia
5. **Concluding comments** – next steps in the LDSS/N Community-led Values & Preferences Research



Current Context – Consultation with Community?

- Effective harm reduction services should be **‘person-centred’** and **based on the needs & preferences of beneficiaries**
- **People who inject drugs in LMIC are not consulted** on the harm reduction services meant for them.
- This results in **poor quality and the wrong injecting equipment being procured** for NSPs.
- PWID **forced to use oversized, unsuitable and poor-quality N&S** (leaking syringes, auto-disable N&S, needles that break off and clog, etc.)
- Poor quality N&S causes **significant injecting related harms** bruising, vein damage, scarring, abscesses, amputations, etc.



Current Context – Consultation with Community?

- Means that harm reduction programs are **not based on the actual needs & preferences** of the community they are meant to serve
- Instead, it creates barriers to services with PWID often **forced to purchase additional N&S from pharmacies** (if available) just to get a N&S that is reasonable quality and suits their needs
- This significantly **increases the risk of reusing and sharing N&S** because PWID:
 - prefer to **reuse a 'better quality' N&S** than risk harms and problems from poor quality equipment
 - Also, people **cannot afford to purchase new N&S** every time
- Reuse and sharing **increases the risk of blood borne virus (BBV) transmission** such as HIV and hepatitis C
- Also results in **wasted resources** with scarce harm reduction funding being used to procure poor quality injecting equipment that does not meet the needs of PWID and is not 'fit for purpose'.



The background of the image is a dense, overlapping pile of numerous small, rectangular sticky notes. Each sticky note is a different color, including shades of red, blue, green, yellow, pink, and white. Every sticky note has a large, bold, black question mark printed on it. The sticky notes are scattered across the entire frame, creating a textured, chaotic background.

*So, what can we do about
this situation?*

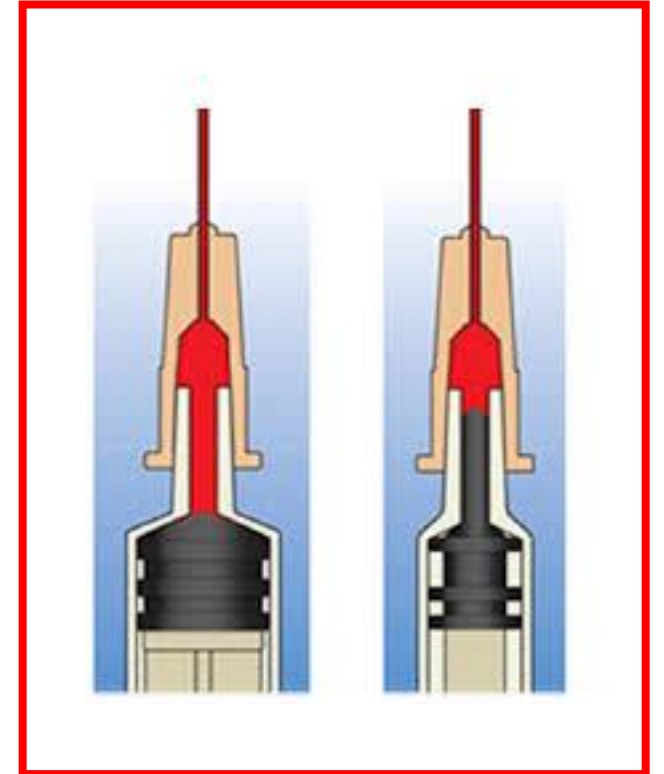
Community-led Values & Preferences Research – What is it & why is it important?

- **Participatory research approach** where community is actively involved in identifying needs, preferences, and barriers.
- Focuses on understanding **what matters most** to individuals and communities.
- Helps design interventions that are **culturally and locally appropriate, relevant, and effective**.
- Allows community to **speak about what matters to them** – how their preferences are shaped and what factors act as barriers or enablers.
- **IMPORTANT:** Community leads/co-leads **ALL stages of the research** (from concept through to dissemination).
- **Shifts Power** – community not as mere ‘beneficiaries’ of services but ‘experts in their own lives’.
- **Reduces waste** and ensures scarce resources are used effectively



Overview of LDSS/N Community-led Values & Preferences Research

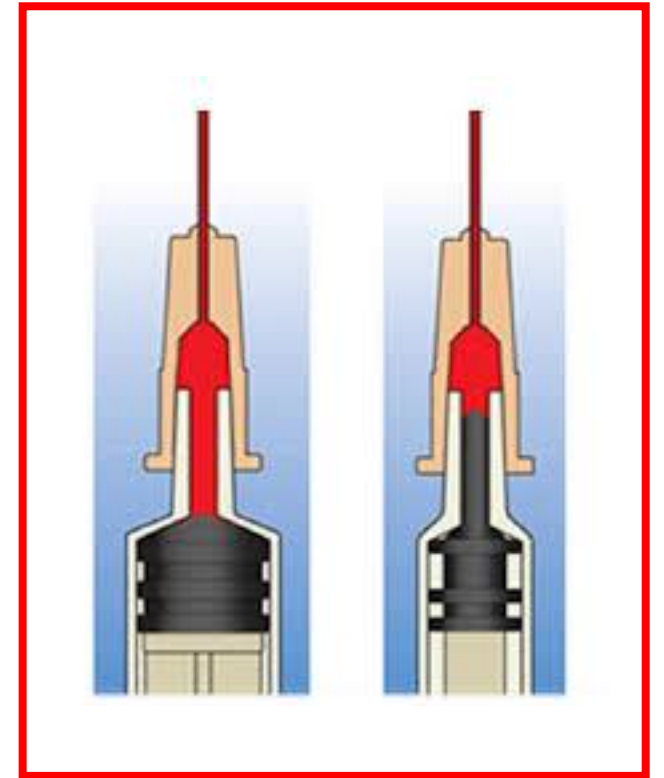
- Unitaid funded, multi-year program of research and implementation being conducted in **9 LMICs** over 4 years – improving access to hep C & harm reduction.
- Community engagement with PWID is **central to & embedded across all the work** being done (including CAB chaired by INPUD with members from all 9 LMIC).
- Conducting community-led values & preferences research on **Low Dead Space Syringes & Needles (LDSS/N)**
- LDSS/N are important because they **reduce the amount of blood remaining in the N&S after injecting** which can potentially **reduce the risk of BBV transmission** if the N&S is reused by someone else.
- LDSS/N have been **recommended by WHO since 2012** but still not available in most LMIC.
- V&P research will ensure all recommendations on LDSS/N in LMICs are informed by the **values and preferences of the community**.



Overview of LDSS/N Community-led Values & Preferences Research

Methodology:

- INPUD is part of the MdM-led 'CUTTS Hep C Consortium' in 3 focal countries – **Armenia, Georgia and Tanzania** (only completed Phase 1 in Armenia & Georgia)
- All stages of the research – **conducted by trained and supported community researchers**
- This study has **three key phases**:
 - **Phase 1: Focus Group Discussion (FGD)**
Participants presented with selected LDSS/N products. Feedback gathered to understand preferences and equipment needs for Phase 2.
 - **Phase 2: Field Testing/Pilot Stage + FGD**
Based on Phase 1 findings, selected equipment was provided to participants for a 6-weeks pilot period & followed by Phase 2 FGD to inform Phase 3.
 - **Phase 3: Implementation/Roll Out Stage + FGD**
The final phase will implement NSPs using the selected LDSS/N for a min.12-month period & gather feedback from community to inform future scale-up.



Summary of Phase 1 FGD Findings

Current Access, Barriers to Access & Re-Use:

- **Reasonable access/coverage:** due to well-established NSP services in both countries (fixed sites & outreach) that provide N&S free of charge.
- **Quality concerns:** equipment provided via Global Fund procurement processes often extremely poor quality (blunt needles, leaking syringes, needles breaking, auto-disable mechanisms that break and don't meet ppl's needs).
- **Workarounds by PWID:**
 - Mixing parts from different needles & syringes to create a usable set.
 - Holding on to "good" N&S for reuse, increasing risk of injecting related harms.
- **Health impacts:** Preventable injecting-related injuries and infections reported.
- **Alternative sourcing:** Many PWID forced to buy better-quality N&S from pharmacies.
- **Barriers at pharmacies:** Reports of stigma and discrimination from pharmacy staff and police waiting outside of pharmacies.
- **Community feedback:** Strong demand for higher quality, appropriately tailored equipment in both quality and quantity.

Summary of Phase 1 FGD Findings

LDSS/N First Impressions, Interest in Pilot, Educating Community:

- **First impressions positive:** Participants felt LDSS/N products *appeared* much higher quality than current equipment (sharper needles, smoother action, reduced potential for vein damage, etc).
- **High interest:** Participants expressed enthusiasm to trial the LDSS/N products for themselves.
- **Cautious optimism:** Acknowledged the need to *test* the products before fully assessing their effectiveness and suitability.
- **Willingness to engage:** Strong interest in participating in the Phase 2 pilot stage from all participants in all FGDs.
- **LDSS/N community education:** strong support for peer-led, word-of-mouth education approaches

Next Steps – LDSS/N Values & Preferences Research...

- Continue **6-week pilot phase** in Armenia and Georgia across May and June 2025
- Move onto conducting **Phase 2 FGDs** in Armenia and Georgia following pilot stage (June/July 2025)
- Hopefully **commence Phase 1 FGDs** in Tanzania by end May/early June 2025
- Currently writing **Phase 1 FGD country reports** for Armenia and Georgia – will be publicly available by end June 2025 (probably earlier)
- **KEY TAKEAWAYS:**
 - Participants recognised the benefits of LDSS/N in reducing blood exposure and BBV transmission risk, BUT... issues of quality, usability and the range of products to match injecting practices appeared to be the **primary drivers of interest in LDSS/N**.
 - This study underscores the importance of integrating **community-driven values and preferences approaches** in NSPs to ensure that people receive the appropriate, high-quality commodities necessary for effective harm reduction.

CUTTS Hep C Project – Armenia, Georgia & Tanzania

MdM/CUTTS Hep C Consortium



Country Partners



Armenia

Georgia

Tanzania

Country Community Partners



NB: there are also local study sites in each focal country