The Mafalala Pilot: A Comprehensive Package* of Harm Reduction and Integrated Services for People Who Use Drugs

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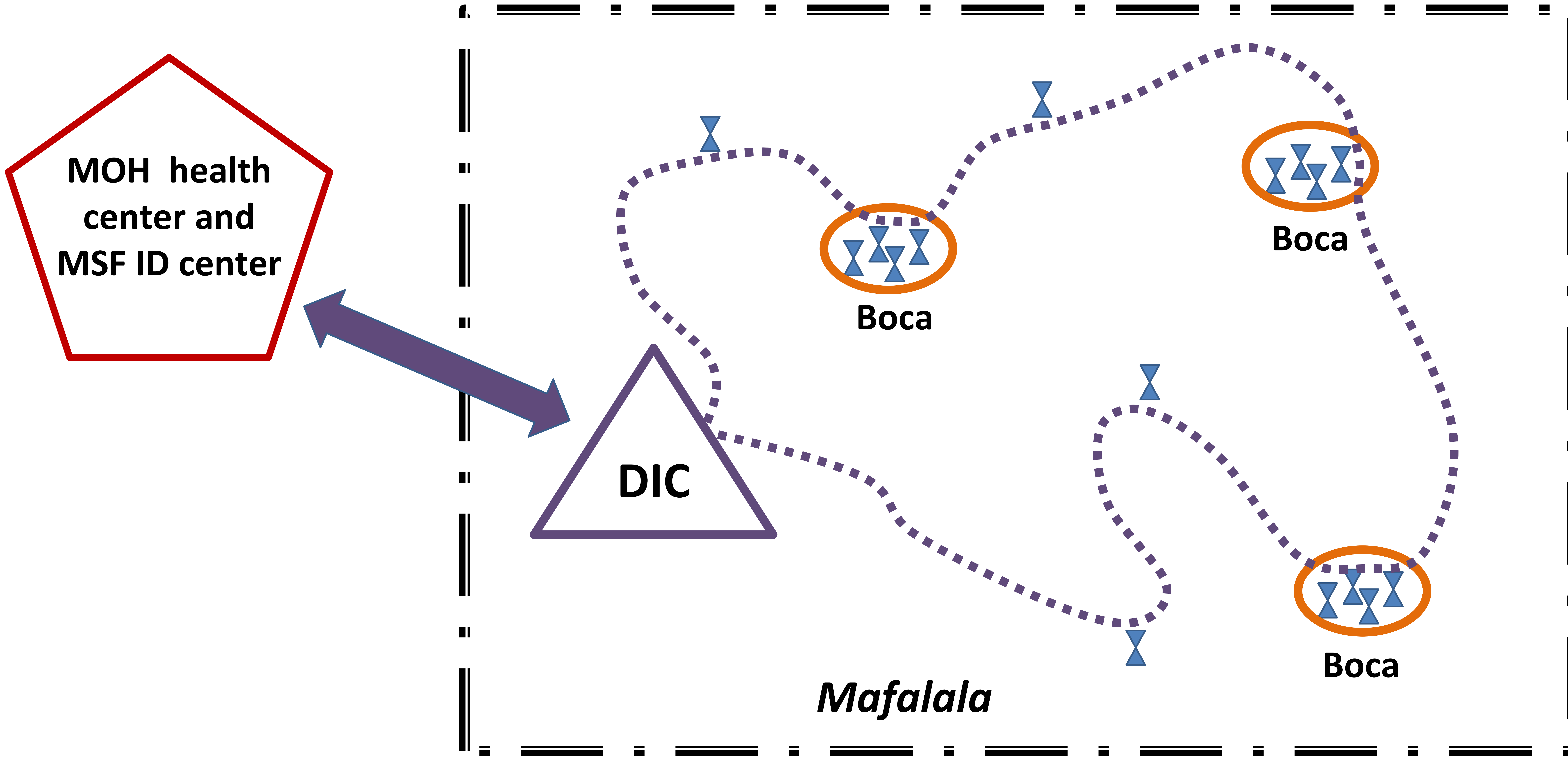
Snapshot: HIV, Hepatitis, and PWID in Maputo

- HIV prevalence in Mozambique is 13.2%[1]
  - 29% of new HIV infections by key populations including PWID
- Among PWID in Maputo:[1]
  - 50% HIV positive
  - 44% HCV ab positive (32% HBV ag positive)
  - Injection concentrated in several neighborhoods, including Mafalala
- Drug use is criminalized, syringe possession is treated the same
- No harm reduction in country prior to pilot
- Hepatitis C treatment unavailable except through MSF in Maputo (since 2016)

1. Baltazar 2019. High prevalence of HIV, Hbsag, and HCV positivity among PWID: results of the first bio-behavioral survey using respondent-driven sampling in two urban areas in Mozambique. *BMC Infectious Diseases*, 19:1022-1035.

The Mafalala Pilot: Layers of outreach



Health Center

Health Center

1. Treatment for HIV, HCV, TB
2. Sexual and reproductive health care
3. Mental health treatment
4. Counseling services
5. OST (started February 2020), with OD prevention onsite (naloxone)
6. General medical care

Drop in Center in Mafalala

Drop in Center in Mafalala

1. Mixed medical and peer led team, active participation with local community/neighbors
2. Hygeine services (laundry, shower) and tea/bread
3. Needle and syringe distribution and collection
4. STI testing and treatment
5. HIV/HBV/HCV testing, linkage to care, adherence support, active default tracing
6. Hepatitis B vaccination
7. Condoms and lubrication
8. TB diagnosis, treatment referral, DOT
9. Targeted information, education, communication activities (including OD/naloxone onsite)
10. Counseling services
11. Social work support, family reintegration
12. Basic nursing care
13. Occupational skills training

Outreach Environment

Outreach Environment

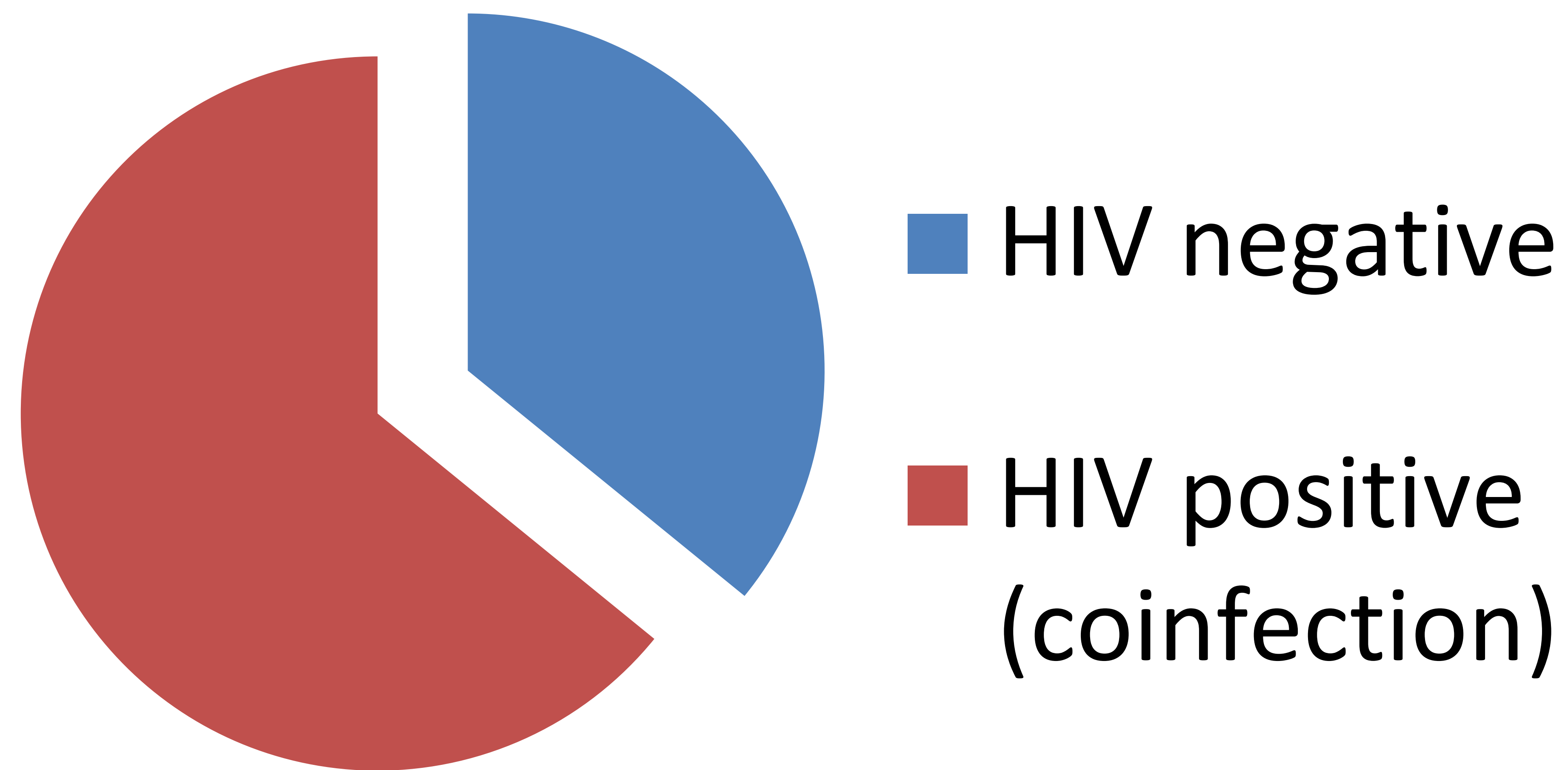
1. Peer led outreach engagement
2. Needle and syringe distribution and collection
3. HIV/HBV/HCV testing, linkage to care, adherence support, active default tracing
4. Condoms and lubrication
5. TB screening (campaigns) and DOT
6. Targeted information, education, communication activities
7. Referral to DIC and health center
8. Mobile phone platform for data collection

Results of testing activities

Test	N non-injectors tested	% pos among non-injectors	N injectors tested	% pos among injectors
HIV	1225	**17%**	247	**41%**
HCV	1209	**5%**	250	**26%**
HBV	1208	**5%**	241	**7%**
Syphilis	706	**4%**	131	**7%**

Hepatitis C treatment

92 patients linked to care



- Median age: 40, 91% male
- 68% prior incarceration
- 3/61 patients had F4 fibrosis
- 54 initiated treatment
- 1 HBV coinfection (78 screened)

Treatment outcomes to date (n=44)

64%
21%
14%

SVR 12
Treatment failure
Lost to follow up

Key strengths, challenges, and next steps

Key Strengths

- Collaboration of state, civil society, NGO
- Peer engagement and mixed team design
- Multiple national policy documents covering aspects of pilot and harm reduction

Key Challenges

- Linkage to care for HIV/HCV remains low
- Enforcement of syringe possession is limiting NSP reach

Next steps

- Naloxone distribution to key community members and PWID
- Improve linkage to care
- Continue rollout of OST
- Scale up from pilot

Overcoming challenges to implementation of the pilot

ACKNOWLEDGMENTS

For more information, please reach out to us:

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