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Addressing Viral Hepatitis among PWUD through Microplanning in Tanzania

Médecins du Monde “Temeke Model”, Dar es Salaam

Médecins du Monde (MdM) - *Doctors of the World*

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Tanzanian Drugs Context



- > A major drug-trafficking route in East Africa (*UNODC, 2019*)
- > Estimated **300,000 PWUD** including **30,000 PWID** in the country (*NACP, 2014*)
- > In Tanzania, **PWID inject 3 X / day** on average (*MdM, 2016*)
- > Most commonly injected drug: **Heroin**



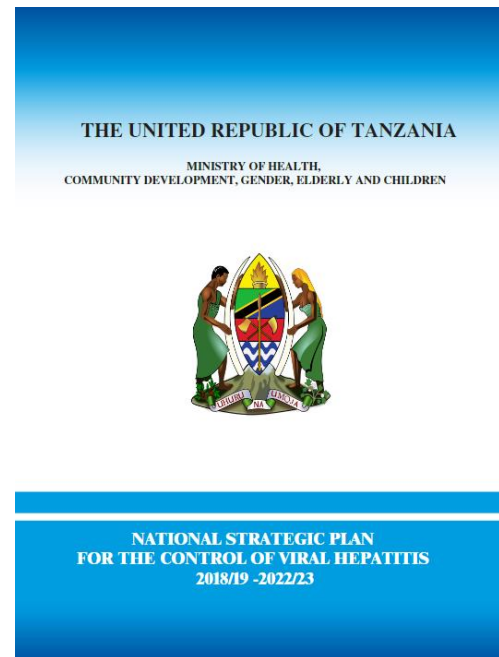
Tanzanian Hepatitis Context

- > **HCV prevalence amongst PWID in Dar es Salaam vary between 16,2-30,3%** (*Mohamed Z., 2018*)
- > **Limited coverage of comprehensive Harm Reduction services:**
 - MAT scale up in progress
 - NSP limited to only 1 district in the country, Temeke in Dar es Salaam; scale up planned for 2020
- > **Very problematic considering 23% of new HCV infections are due to sharing injecting equipment among PWID** (*WHO, 2017*)
- > **Limited access** to HBV testing and vaccination as well as HCV testing and treatment in the public health system
- > **Low level of knowledge among PWID about hepatitis** (*MdM data*)



Tanzanian Hepatitis Policy Context

- > **National Strategic Plan for the Control of Viral Hepatitis 2018/19-2022/23** adopted in July 2019, but not implemented so far
- > **Limited data available: no surveillance system of hepatitis among key populations**, not included in Integrated Biological and Behavioral Study (IBBS)
- > Ongoing collaboration between the WHO and Ministry of Health, Community Development, Gender, Elderly and Children to **review existing data systems and strategize on how to improve information for viral hepatitis in Tanzania**





Médecins du Monde (MdM)

- > MdM is an **international health organization** implementing 6 Harm Reduction (HR) programs across Europe, Africa, Asia and Eurasia.
- > **In Tanzania:** MdM and Temeke partners started implementing the **1st Comprehensive Harm Reduction Program in Mainland Africa in 2010**, through a Community Site and Outreach activities, based in Dar es Salaam, Temeke District.
- > In January 2019, **MdM transferred its program to a local organization**, Mukikute who now continues to provide HR services in Temeke district.
- > **MdM is now a national Technical Support Agency**, supporting the scale up of HR and ownership by local stakeholders.

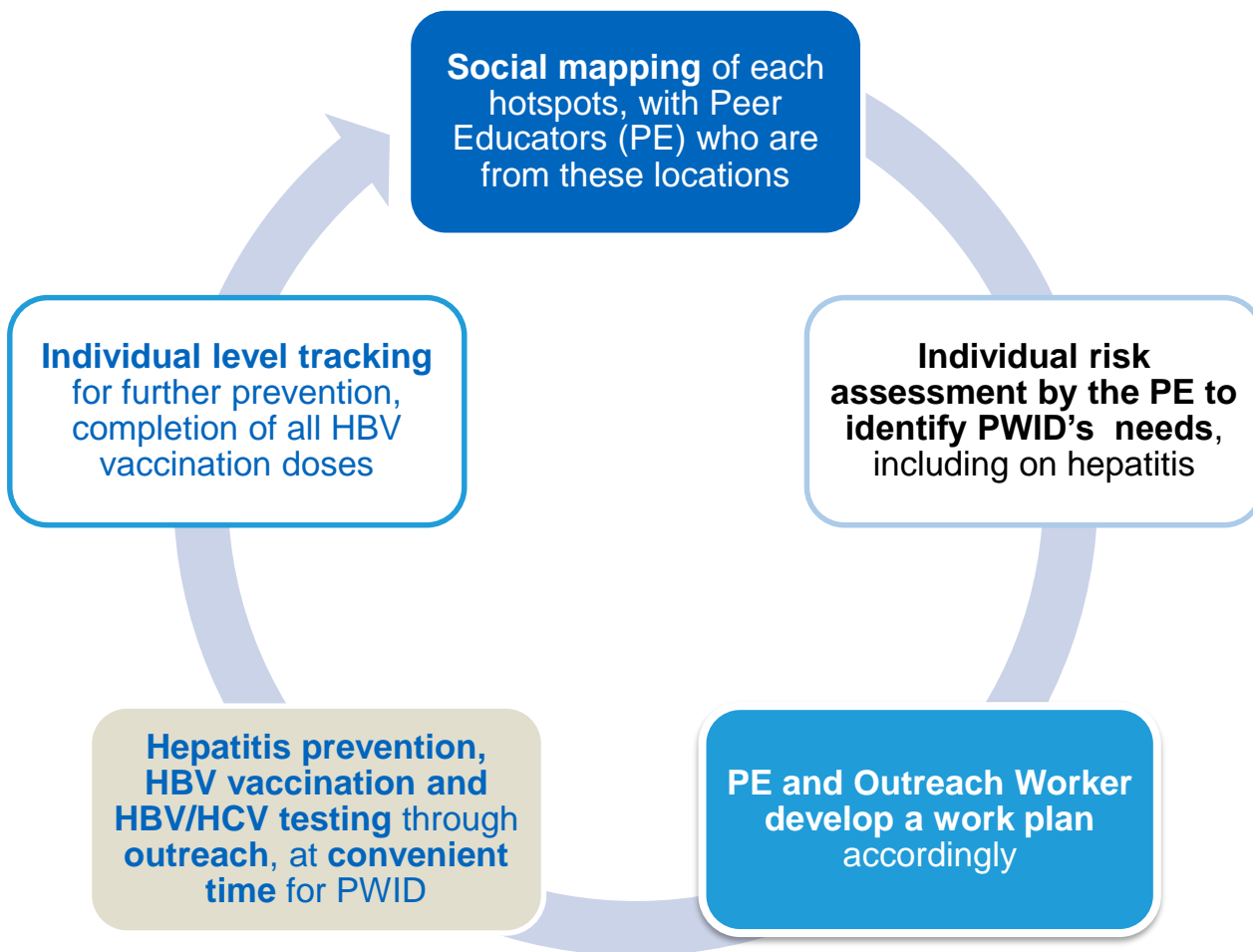


The « Temeke Model »

- > **A close partnership** between MdM, the Ministry of Health, the Temeke Municipal Council, the Drug Control and Enforcement agency (DCEA), PWUD CSOs and networks (CPHEO, TanPUD), local CSOs (Mukikute, Mefada, Yovaribe, etc.)
- > **Comprehensive package of services**, through community site and outreach: **HBV/HCV testing and HBV Vaccination**, NSP, condom distribution, MAT referral, OD management, psychosocial support, Care Referrals, Hygiene facility, Literacy classes.
- > **A Training and Resource Center, building the capacities of CSOs, and institutions** and sensitizing local leaders, law enforcement officers, public health workers, on Harm reduction



The micro-planning approach





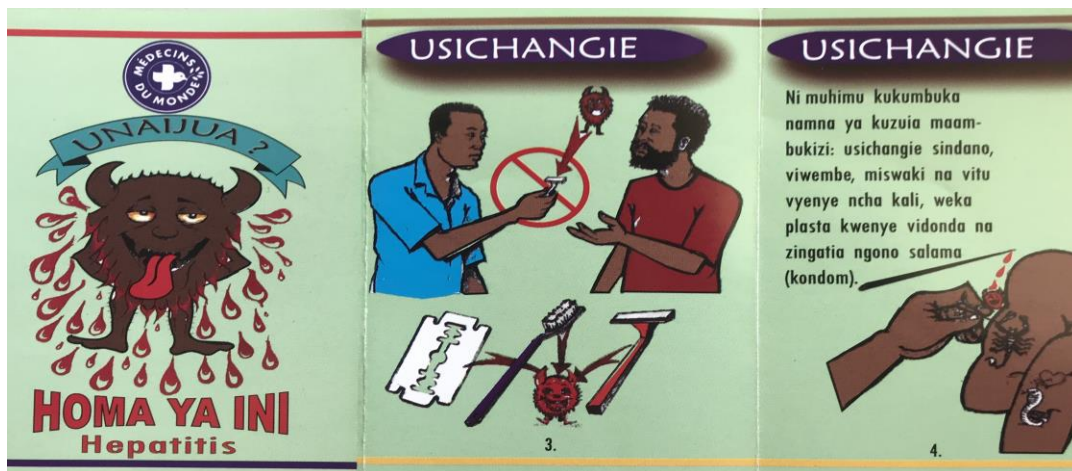
Results – 2017/2018

HCV Testing	550 / 78 HCV +
HBV Testing	550/ 15 HBV +
HBV Vaccination	(515 completed 3 rd dose)



Lessons learned

- > The micro-planning peer led model **contributed extensively in educating about safe injecting behavior, hepatitis B and C**
- > The individual tracking system through microplanning outreach **improves the completion of all three doses of HBV vaccination**
- > Access to hepatitis B/C testing and vaccination in a **‘user-friendly’ environment**, at time convenient to the PWID, is key





Key messages

- > Transferred in January 2019 to a local partner, the Temeke program is now mainly funded through the Global Fund. Unfortunately, **the hepatitis components implemented by MdM in Temeke did not continue after the transfer of the program**, as they were not part of the Global Fund grant.
- > **PWID are a priority group for the elimination of viral hepatitis**
- > **Yet, limited access to HBV/HCV testing and treatment in Tanzania**
- > **And small coverage of Harm Reduction services in the country**



Key messages

Urgent need for:

- > **Implementation of the Viral Hepatitis National Strategic Plan** that was adopted in 2019, to enable the roll-out of hepatitis testing, treatment and vaccination in the country
- > Increased external and domestic **funding for harm reduction** including testing, vaccination and treatment of viral hepatitis (e.g.: **the Global Fund**)
- > **National data** to address the HCV and HBV at the country level
- > Law enforcement and **key stakeholders more favorable of HR**
- > **Scale up, sustainable and comprehensive harm reduction services**, including a combination of OST and NSP – **could reduce HIV incidence by 60% and HCV incidence by 85%** (*Makyao N., Vickerman P. et al, 2020*)

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Asanteni sana!