OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΟΤΡΟΙ ΤΟυ Κόσμου DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS S 世界医生组织 MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD أمنظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO 「IOTPOI TOU Κόσμου DO 世界の医療団 ÄRZTE DER WELT 국음या ਨੇ ਤ੍ਰਾਹਟਾ MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄ ΚΟσμου Dokters Van DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界医療団 ÄRZTE DER WELT 국음या ਨੇ ਤ੍ਰਾਹਟਾ MÉDECINS DU MONDE 世界医 织 LÄKARE I VÄRLDEN MEDICI DEL MONDO 「IOTPOI TOU Κόσμου DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZ

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
Lina SAGUTI

Training and Resource Center Manager







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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: Heroine



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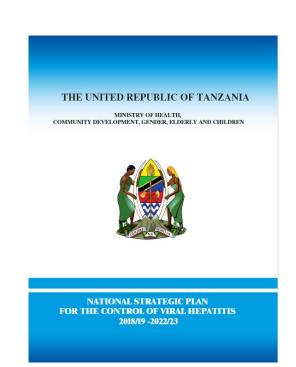
Tanzanian Hepatitis Context

- > 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)

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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.



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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

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The micro-planning approach

Social mapping of each hotspots, with Peer Educators (PE) who are from these locations

Individual level tracking for further prevention, completion of all HBV vaccination doses

Individual risk assessment by the PE to identify PWID's needs, including on hepatitis

Hepatitis prevention,
HBV vaccination and
HBV/HCV testing through
outreach, at convenient
time for PWID

PE and Outreach Worker develop a work plan accordingly





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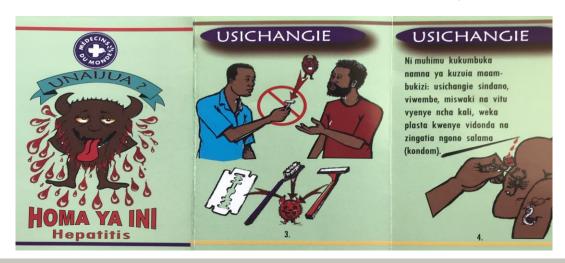
Results - 2017/2018

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

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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



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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



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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!