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FROM MODEL TO SCALE

THE HARM REDUCTION PROGRAM

Happiness MADUNDA
MUKIKUTE

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INSHU20



PWID & HIV



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- 15.9 million people inject drugs worldwide
- 3 million of them (18.9%) are HIV+
- HIV among PWID = fastest growing HIV epidemic in the world
- Despite worldwide prevention efforts, injection drug use remains a risk factor for HIV and Hep-C transmission
- Therefore drug use remains primarily as a public health problem.



Rationale For PWID Interventions in Tanzania

Generalized HIV epidemic in Tanzania but concentrated among PWID

- Urban Tz 5.0% (F 6.5%; M 3.5%) THIS 2017
- PWID samples from Dar es Salaam
 - 42% (F 62%; M 28%) 2006 Williams et al
 - 34.8% (F 66.7% M 29.9%) 2011 Bowring et al (MdM RaR Temeke)
 - 51.1% (F 71.4%; M 44.%) 2011 Nyandindi et al

Estimates in 2014 at least 10,000 PWID in Dar; 30,000 PWID country wide

Harm reduction; how?

- Implement the package recommended by WHO/UN
- Start early in the HIV epidemic & scale up fast
- PWUD have to be involved in design & implementation of services
- Collaborate with law enforcement institutions
- Implement outreach work & decentralised Harm Reduction services
- NSP and MAT are the cornerstone of HIV and HCV prevention
- Work with leaders, general community, family



Essential Interventions (Revised WHO, UN 2012)

- I. Needle and syringe programmes
- II. Drug dependence treatment and especially Medically Assisted Treatment (MAT) or Opioid substitution therapy (OST)
- III. HIV testing services
- IV. Antiretroviral therapy for HIV-positive IDUs,
- V. Prevention and treatment of sexually transmitted infections (STIs)
- VI. Condom programmes for IDUs and their sexual partners
- VII. Targeted information, education and communication (IEC) for IDUs and their sexual partners
- VIII. Vaccination, diagnosis and treatment of viral hepatitis
- IX. Prevention, diagnosis and treatment of tuberculosis
- X. Overdose Management and response



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Objectives of the project

General Objective

To enhance access to comprehensive harm reduction services for people who use drugs (PWUD) in Tanzania as per the revised national key populations' guidelines 2017

Specific Objective

To increase utilization of quality comprehensive low threshold harm reduction services for people who inject drugs (PWID) through NSP demonstration site in Dar es Salaam, Tanzania



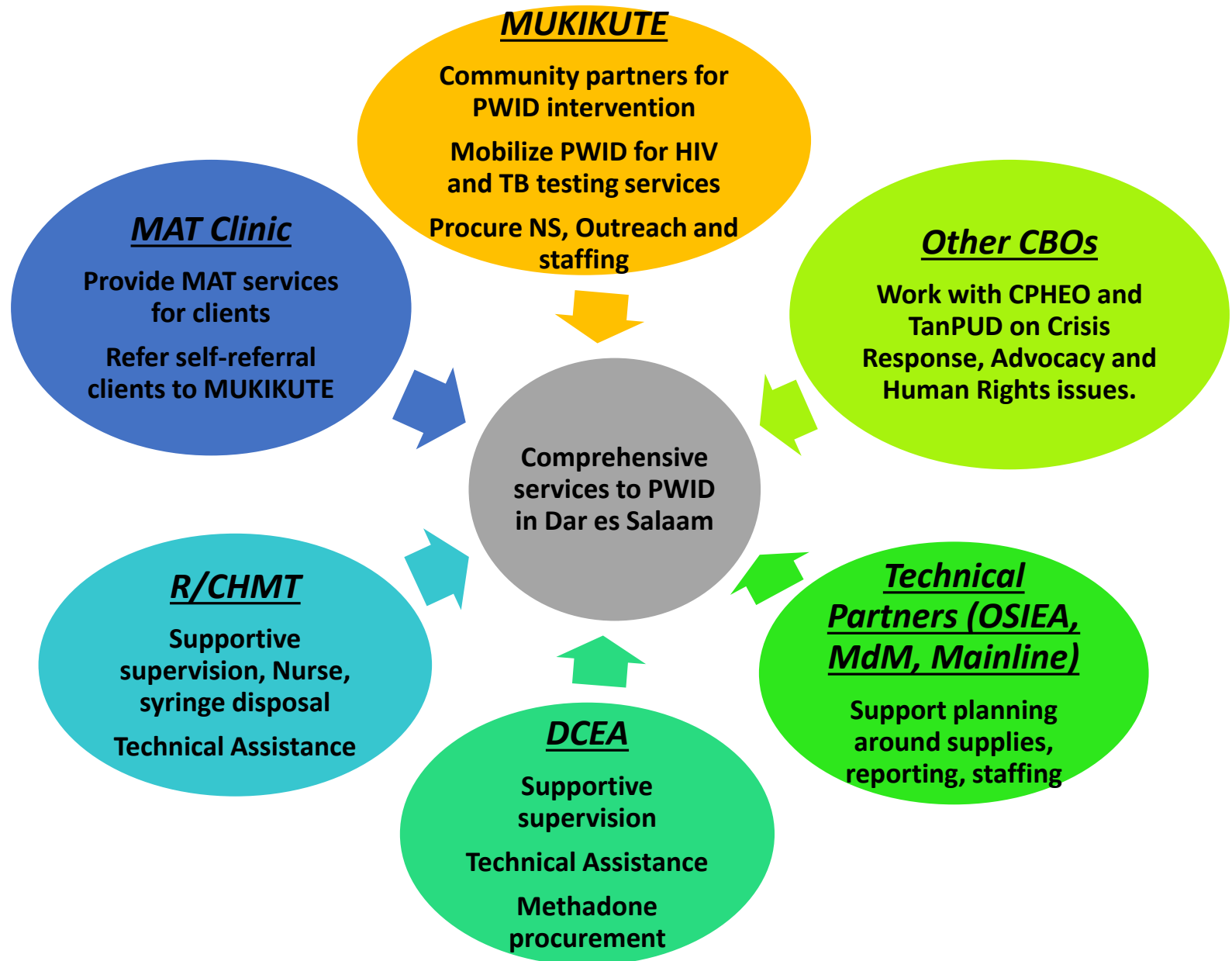
Expected Results of the Program

- I. Increase access of people who inject drugs to quality, comprehensive HIV prevention and harm reduction services in demonstration site in Dar es Salaam.
- II. Empower community of people who inject drugs to have a meaningful involvement in the project planning, design, implementation and evaluation of harm reduction program in Dar es Salaam.
- III. Establish strategic partnerships for the continued implementation, monitoring and evaluation of harm reduction services.

Critical Components for Sustainable HR Programing



Strategic Partnerships



Results

- Total **2,933** cumulative beneficiaries have been reached with services in both intervention areas during the implementation period.
- 38 out of 45 identified hotspots (80%) were reached with harm reduction services through outreach micro planning offering quality and uninterrupted services to PWUD.
- **204,992** sterile NS were distributed to PWID in all mapped hotspots in Temeke, an average of 2 sterile NS per IDU in a day

Syringe return rate

- Syringe return rate
- 35% (64,022 out of 204,992) of the used needles and syringes were collected and sent for incineration at Temeke hospital.
- Mukikute has provided additional fixed bins at the outreach sites and continue to orient fix bin care takers and peer educators on the importance of collection of used syringes for incineration.



ACHIEVEMENTS I

- I. Outreach work with Micro planning
 - 5 outreach workers (1 dedicated for women)
 - 32 PEs supported by ORW
- II. Community site.
 - Six days per week, five hours per day
 - Special room for women (and their children)
 - Every Wednesday 'ladies night' for female drug users
- III. Keko and Charambe distribution outlets
- IV. Syringe distribution & collection in field & DIC
- V. Distribution of male & female condoms
- VI. Referral for methadone and healthcare services
- VII. Psychosocial counselling

ACHIEVEMENT- II

- I. Routine meetings with IDUs & NIDUs
Safe injection, methadone, HIV, hepatitis A/B/C,
withdrawal, ...
- II. Supporting self-support groups for MAT
- III. Strong community component
Many volunteers in program including doctors
Open doors for (religious & administrative)
leaders and for neighbours
Informing community during outreach work
- IV. Beneficiaries have improved knowledge
- V. Beneficiaries are changing behaviour

ISSUES FOR CONSIDERATION

- I. Outreach coverage not saturated in Dar es Salaam. Revalidation of the hotspots and service provision to be intensified.
- II. Low used syringes return rate (40%). Fixed bins fixed and collection outlets prioritized, cleaning campaigns at host spot is planned.
- III. Women who inject drugs become more hidden- motivation to access services?
- IV. Wound dressing, abscess management and medical care.

CHALLENGES

- I. Police brutality at drug use hotspots forcing PWID to be hidden.
- II. Validation of essential standard operating procedures (SOPs) and guidelines including for needles and syringes programs (NSP)
- III. Funding gaps and limitations with Global Fund funding for quality implementation and for scale up.
- IV. Limited capacities with national key and vulnerable population (KVP) epidemiological databases and surveillance
- V. Methadone (MAT) defaulters. MAT clinic overwhelmed more than agreed capacity.

Mukikute outreach & DIC





Partners

- MOH - NACP



- Mainline
- MdM



ASANTE