

# Enhancing the Hepatitis C response for People who use Drugs



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# Presentation Outline

- **Background information**
- **Programme strategies**
- **Progress**
- **Challenges**
- **Conclusion**

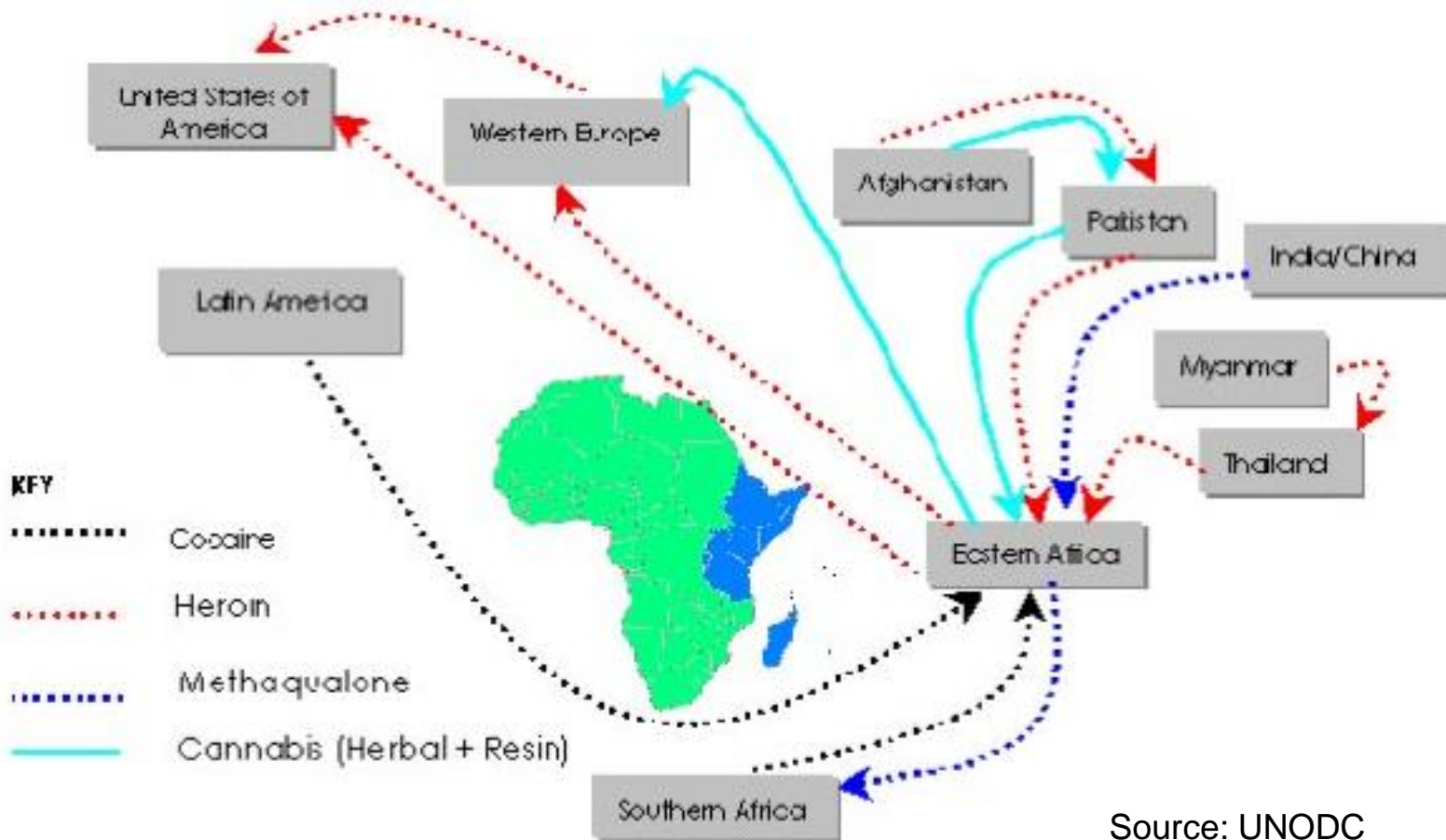


# Eastern Africa as a drug trafficking hub



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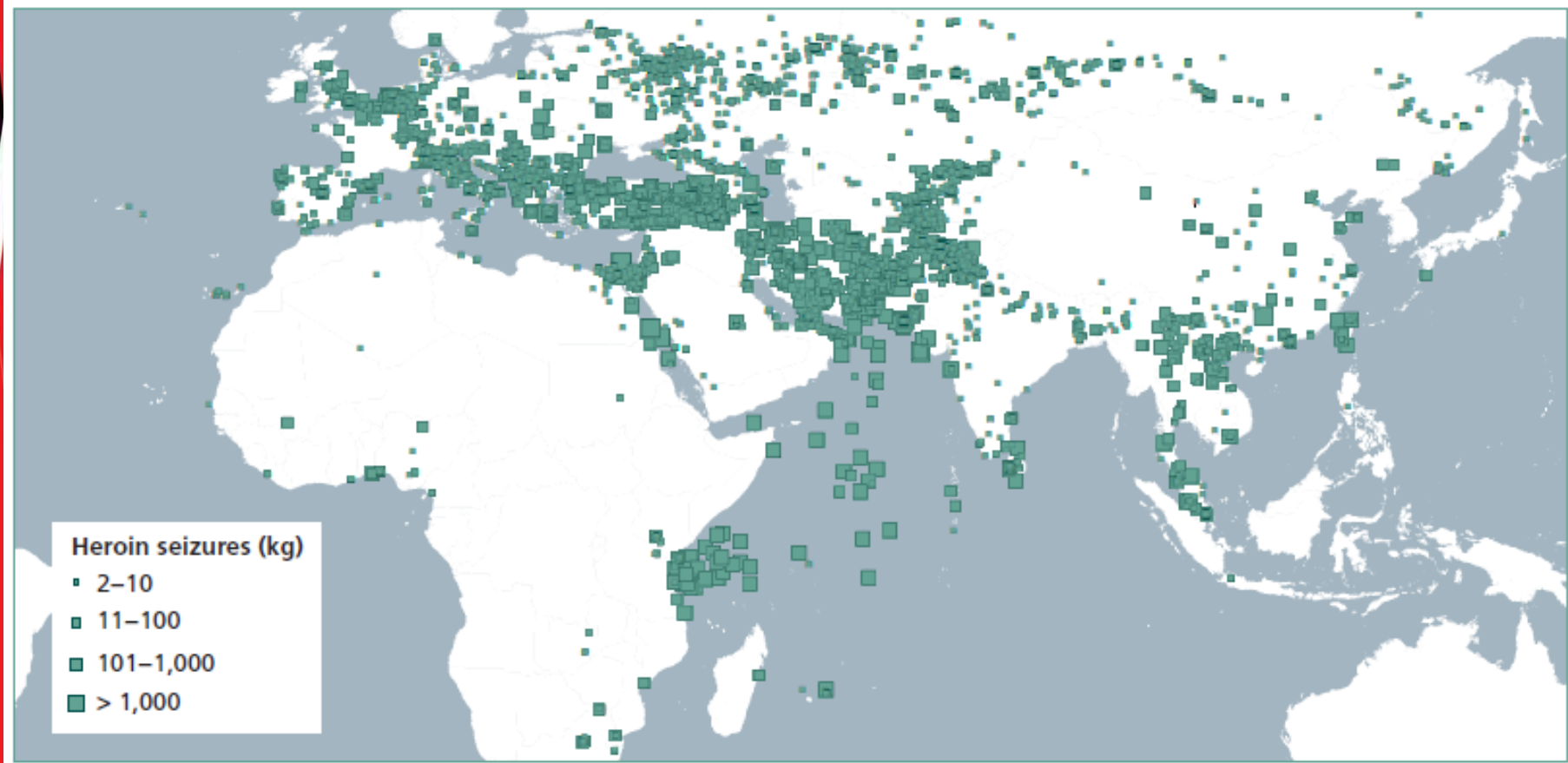
**FIGURE (1) MAJOR DRUG TRANSIT ROUTES IN THE East REGION**





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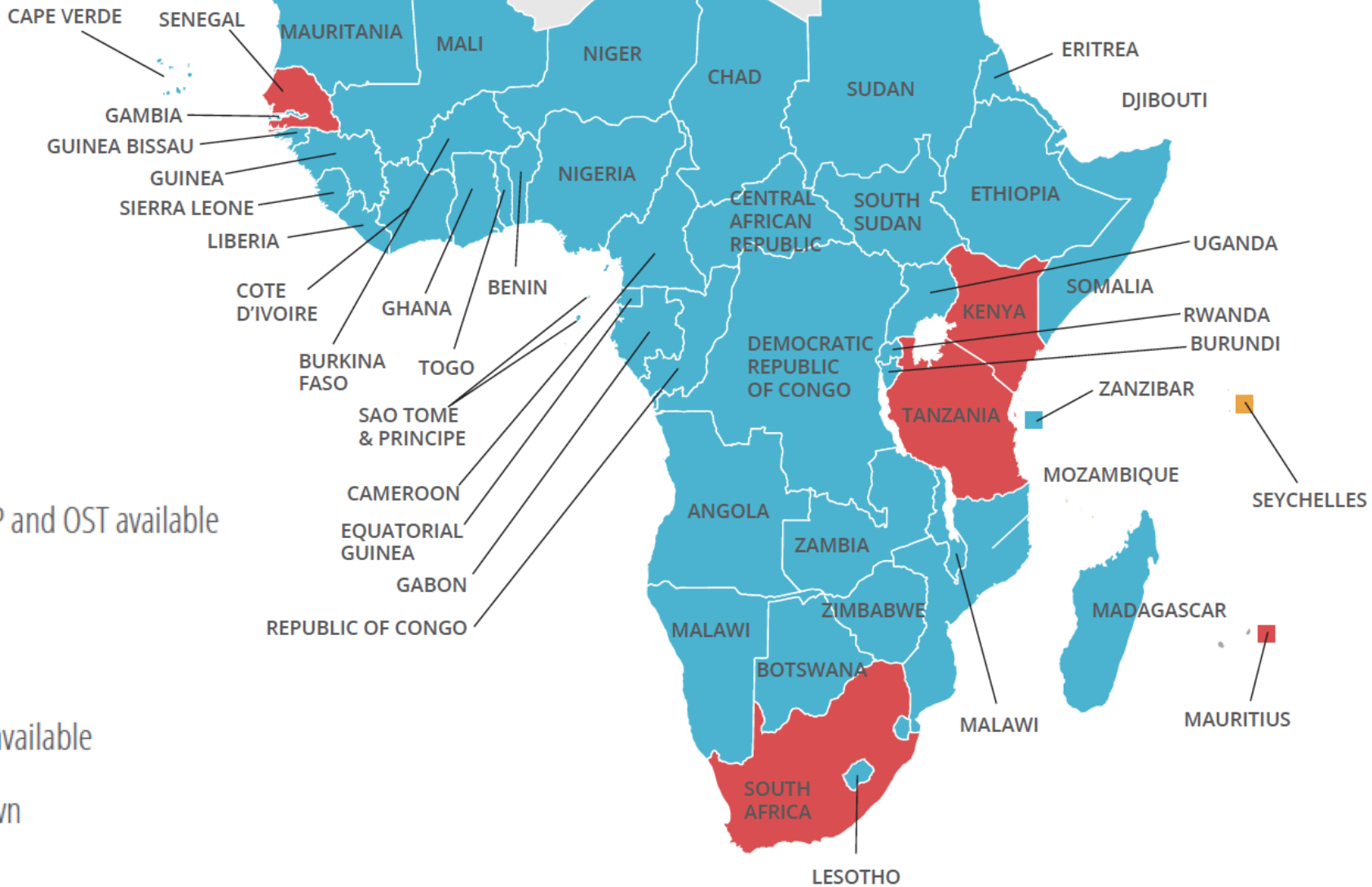
# Significant individual heroin seizures January 2013–April 2019



Source: UNODC and Paris Pact, Drugs Monitoring Platform.

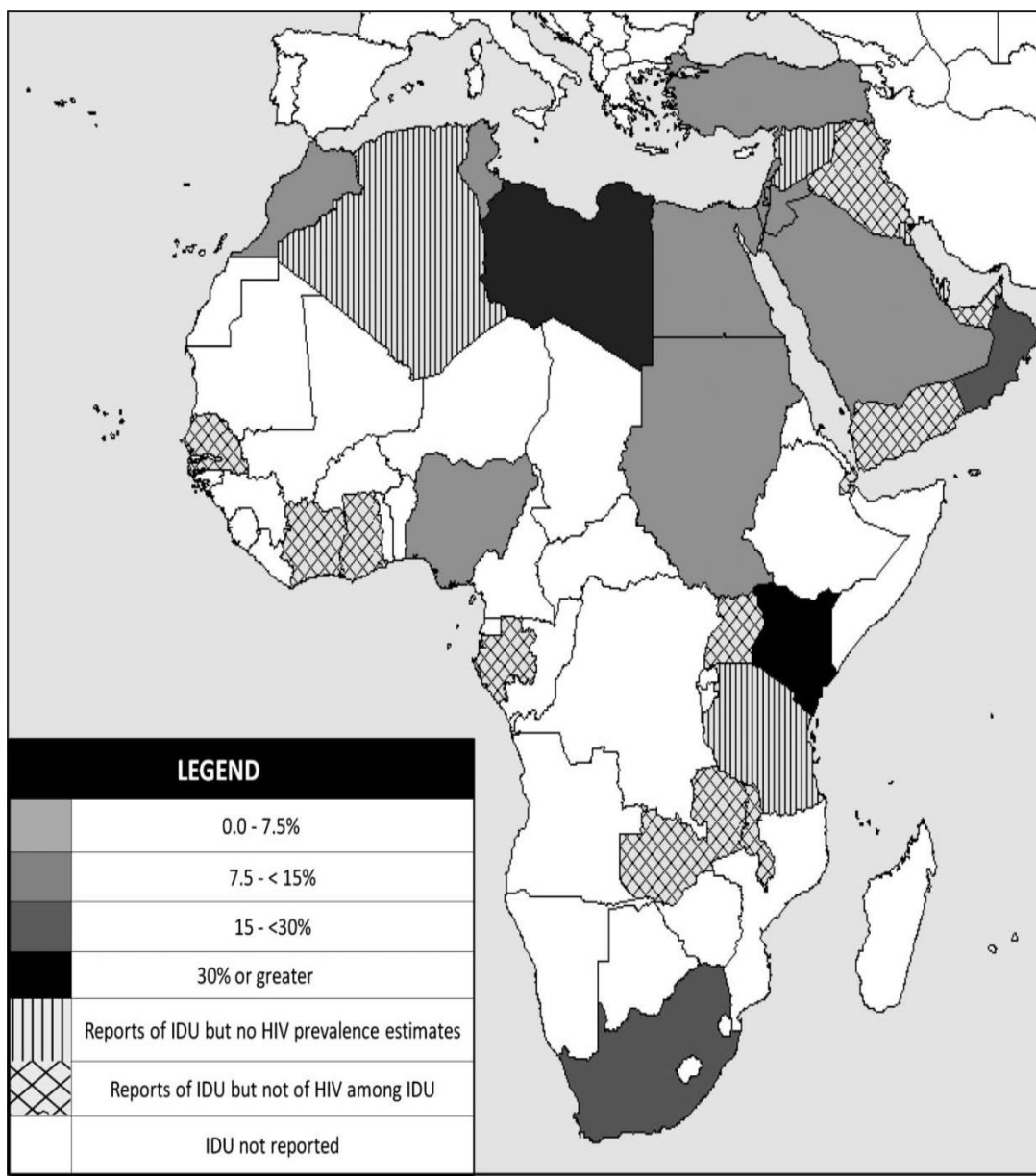


# Harm reduction interventions





# Background



## Kenya

- In East Africa
- Population – 48 million
- HIV prevalence of 4.9% among 15-49 years
- 1.6 million People Living with HIV
- 52,800 new infections annually





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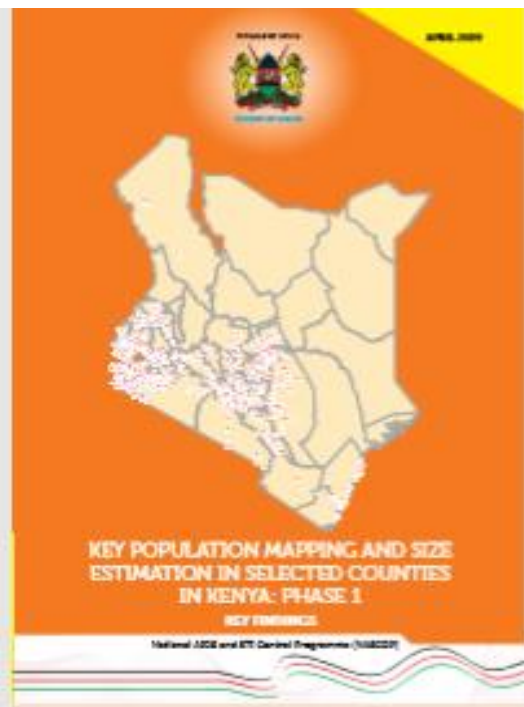
- Kenya's HIV epidemic is mixed (concentrated and generalized).
- HIV prevention programming among Key Populations (KPs) is critical in Kenya's response to HIV.
- Kenya's Key Populations Program is primarily a prevention program
- Anchored on the Kenya AIDS Strategic Framework





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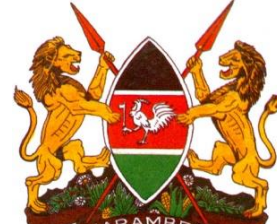
## Key Population Size Estimates 2018



- Total Estimates of People who use drugs 40,000
  - People who inject drugs 26,000
  - Non injectors 14,000
  - 12% are women who inject drugs (Prevalence 44%)
  - 10% are under 18

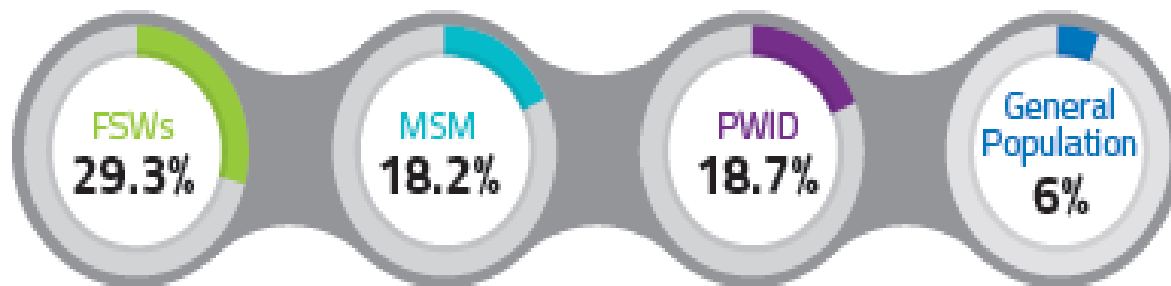






alth

## High HIV prevalence and new infections occur among key populations<sup>3,4,5</sup>



**What is the Burden of HIV among the Key populations ?**

### *New HIV Infections by Population*

<i>20.3% Casual heterosexual sex</i>	<i>14.1% Sex workers and Clients</i>
<i>2.5% Health Facility Related</i>	<i>3.8% People Who Inject Drugs</i>
<i>44.1% Heterosexual sex within union</i>	<i>15.2% MSM and Prison</i>

*33% of the new HIV infections occur in key populations*



# HEPATITIS C

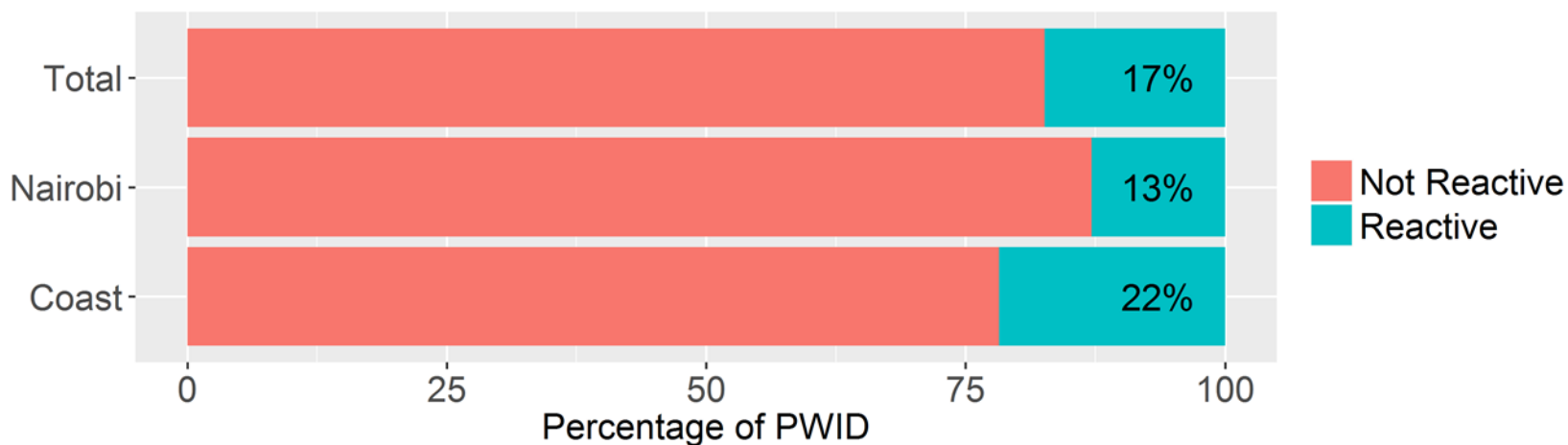


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- Many studies have been done
- 2 Latest studies were large scale and used Biometrics

## 1. Testing and Linkage to Care for Injecting Drug Users (TLC-IDU) Study

- **1658** participants were tested using SD Bioline rapid test for HCV
- Confirmatory test was done using Qualitative/Quantitative RNA
- Commonest Genotypes in Kenya is 1a and 4



# HEP C




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- **2.SHARP study**
- This is another study that is ongoing in Kenya that has provided vital data on HCV. Index clients
- One of its aim is to determine modes and risk factors for ongoing HCV transmission among PWID using phylogenetic analysis

<b>HIV Prevalence by region</b>	
Coast	36%
Nairobi	27%
<b>HCV Prevalence by region</b>	
Coast	37%
Nairobi	14%
<b>HIV Prevalence by partner type</b>	
Sexual	21%
Injecting	29%
Both	37%
<b>HCV Prevalence by partner type</b>	
Sexual	8%
Injecting	21%
Both	19%





## What do we know about PWIDs in Kenya ?



## Other characteristics IBBS 2011



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- Heroin commonly injected 96%
- Average injections per day 3 times
- 50% Overdose occurrence
- 60% Sharing injecting equipment
- 31% of IDUs ever been confronted by law enforcement:
- 81% IDUs ever been to prison
- 7% had ever injected drugs in while in prison
- 61% of these IDUs had shared needles/syringes in jail





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Cont.....

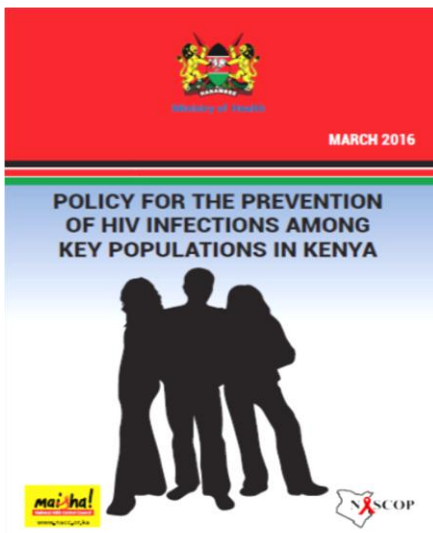


- KPs activities were regarded as illegal
- KPs were Stigmatized and stigmatized
- KPs could not access HIV services
- KPs activities were led by NGOs/CSOs
- There was no policy direction on KP Engagement

- Prior to year 2012, despite available evidence there was NSP or MAT
- **It is still illegal and criminal to inject drugs; carry paraphernalia for injecting drugs**



# The Response



- Establishment of National KP Program within **NASCOP ,2009**
- Formation of a Multi-sectoral Technical Working Group
- Prioritization of KP in National strategic Plan III and later in KASF
- Established a Coordination Structure(**TWGs**)
- Situation Analysis and gathered Strategic Information (**IBBS,SIZE ESTIMATES** )
- Developed Tools for Programming
- Established an enabling Policy and practice Environment
- Strategic involvement of KPs-PWIDs
- Established Service Delivery Models
- Capacity Building
- Mobilized resources from the government and donors
- Application of Program /implementation Science



# Events leading to implementation of NSP



- Development of KNASP Policy , 2009
- Release of the 1<sup>st</sup> Integrated Bio-Behavioral Survey, 2011
- Development of Program Guidelines, 2012
- Window of Opportunity through Global Fund
- Advocacy works by Civil Society
- Entry of a pilot NSP project by the Dutch
- Award of funds for NSP by Global Fund



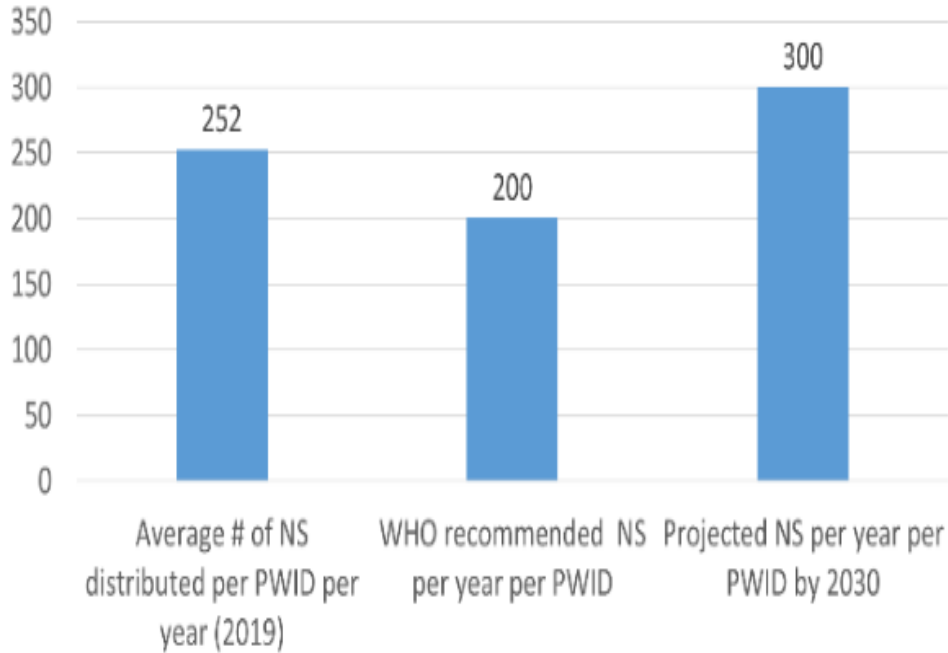
# Needle and Syringe program



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## Needles and syringes distribution







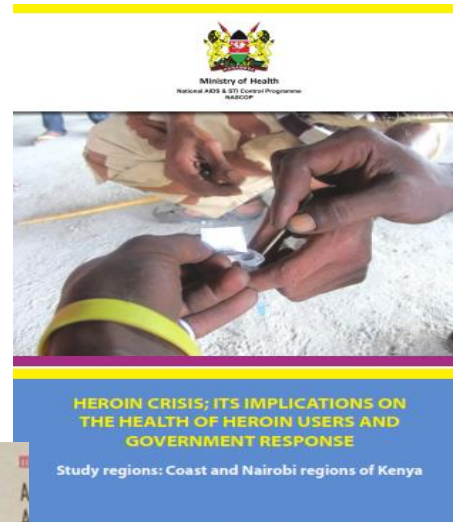
# Events leading to MAT implementation in Kenya

- Heroin Shortage
- Heightened Advocacy with communities and media
- Lessons from other countries
- Resource mobilization



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## When the Community Speaks:



## Medically assisted treatment offers hope for drug addicts

BY WINNIE ATIENO  
wattieno@nationmedia.com

Her world came tumbling down in 2006, when she was infected with hepatitis C and HIV through sharing needles at a drug den in Mairago, but in September 2015 Medically-Assisted Treatment (MAT) brought back Naima Said Nassir from her 'grave'.

"I was leading a carefree life injecting drugs. But when I found out I was HIV positive I decided to wait for death. I went to Mairago in search of more cheap drugs," says Naima.

The firstborn in a family of three decided to go back home after she heard her parents were looking for her.

She continued abusing drugs until 2015 when she met an old friend who had gone through successful rehabilitation.

By that time the government was about to roll out a new rehabilitation programme called medically assisted treatment targeting injecting drug users. It is the use of medications with counselling and behavioural therapies to treat substance abuse disorders.

The recovering addicts receive methadone syrup. It is primarily used for the treatment of addiction.



WINNIE ATIENO | NATION

Naima taking her methadone syrup at the clinic

MAT is financially supported the President's Emergency Plan for AIDS Relief (PEPFAR). Apart from providing the addicts with methadone they are also tested for HIV and those found infected enrolled in antiretroviral therapy programmes that include counselling.

Healthworkers have been visiting drug dens in Shimani, Kisumu, Likoni, Changamwe to screen addicts for tuberculosis.

"We want to know whom among them has TB so that we can immediately start administration medication. They never want to leave the drug dens so it is our duty to go and take the services nearer to them."

"We have some clients who are 50 years old receiving MAT. It has

**in numbers**  
700 drug users have benefitted from medically assisted treatment for drug addiction since it was launched at the Kisumu Health Centre in Mombasa in 2015.

...ove the methadone from Coast Provincial General Hospital MAT clinic, however due to the frequent health workers strike that affected rehab services, it was transferred to the health centre. Naima goes to the Kisumu

inmates from Shimo la Tewa Prison take a dose of methadone to help them deal with addiction

...counties with a high burden of HIV that is why we are collaborating with partners to reduce the infection rate among key population, including Intravenous Drug Users," he said.

MAT Programme In-charge Dr Anisa Baghazal said the war against drug addiction has been successful after 700 addicts were enrolled.

## Standard Newspaper, February 2011





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# Progress in implementation of MAT services



- MAT started on
- **8<sup>th</sup> December 2014:**
- **2015** ; 4 more sites
- **2016**; 5<sup>th</sup> site
  - 6<sup>th</sup>
- **2017**; 7<sup>th</sup>
- **2019**; 8<sup>th</sup>
- Others coming soon include Lamu, Prison and scale to 6 more dispensing sites
- Mobile vans
- Current numbers are **>6000** clients towards scale up to 11000 In the next 3 years
- Current criteria is all drug users
- Introducing Buprenorphine and Naltrexone this Quarter to complement methadone
- **Government now buying all the methadone**



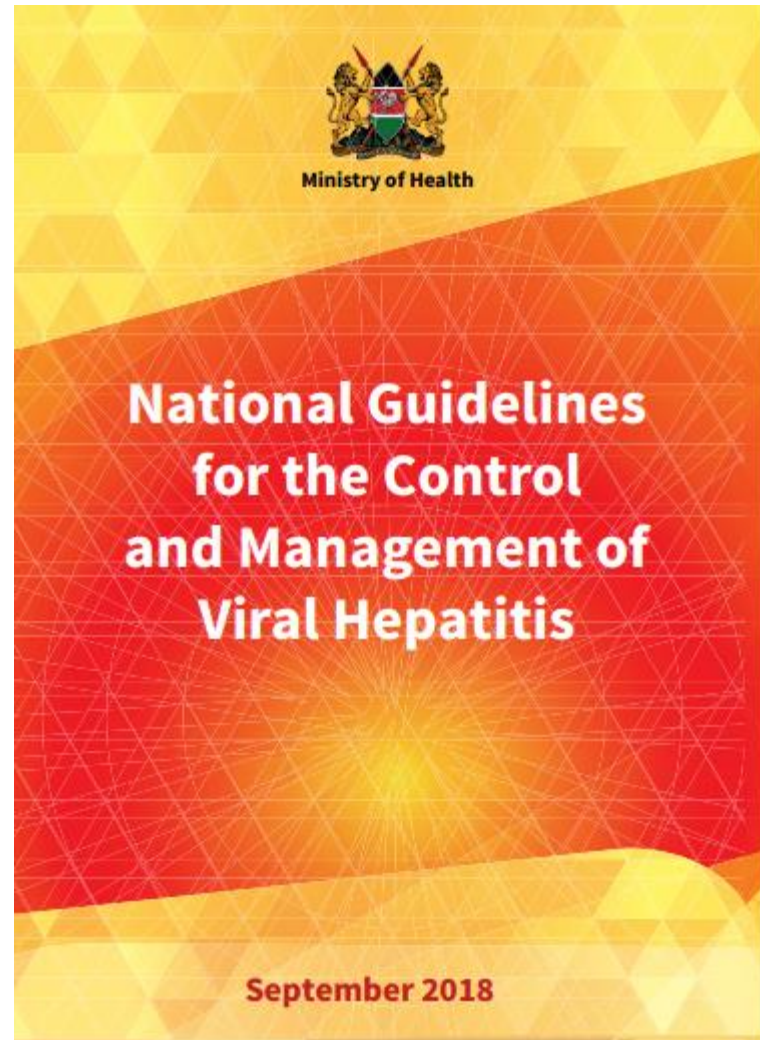
# Harm Reduction Services-9+ WHO Interventions



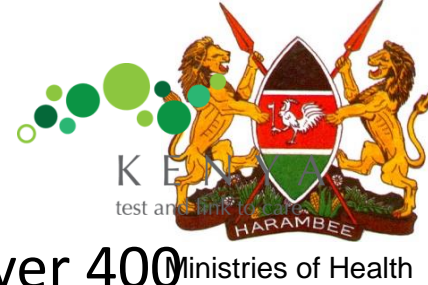
# Events leading to Hep C treatment implementation



- Roll out of TLC IDU study with Hep C screening
- Hep C outbreaks in one of the hot spots
- Treatment support by the Study and MDM/MSF project
- Development of Hep C guidelines
- Support from Global Fund to roll out massive program
- Negotiation of generics and price reductions yielding (86% reduction (1200 to 195USD )
- Development of IEC materials ,Job AIDs,SOPs....
- A workshop is going on to develop a country implementation framework for all affected populations



# Hep C Treatment



- Currently NASCOP has provided treatment to over 400 clients across Nairobi, Mombasa, Kwale and Kilifi counties through different short term projects namely TLC-IDU study and the MSF B/MDM projects With the use of Harvoni and another Treatment Regimen
- Treatment was done in MAT sites and in Drop in centres
- DOT was used as a strategy.
- 5 (5%) were lost to follow-up after initiating treatment (2 from MAT; 3 from DICE).
- 95% completed HCV treatment.
- Of those who completed HCV treatment and got SVR results , 97% achieved cure.
- The program plans to use the same models and explore other safe modalities during implementation.



# Progress made in Hepatitis C



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- Most of the Hepatitis C cases among PWIDs in Kenya were registered prior to the implementation of comprehensive harm reduction services among drug users in 2013.
- Viral Hepatitis National Guidelines (2018), launched and dissemination is ongoing
- Sustained efforts to screen for and treat against Hepatitis C need to be provided for Female Sex Workers, Men having Sex with Men, People inject Drugs, Hep C cases among blood donors and other exposed populations as per the National guidelines.
- Kenya secured a grant through Global Fund to support treatment of 1000 clients which will include screening with a rapid test kit and a follow up confirmatory test.
- With the price reductions, this support will benefit about 5000 more clients
- Planned support by the Egyptian government to scale up Hep C treatment



# Whom to treat



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- **Priority focus group due to overlapping risks**
  - PWID/PWUD (DICs and MAT Sites))
  - Focus on PWID and their index partners
  - PWID/PWUD saturated

**Modelling data shows that we should treat 3000 Hep C cases among PWIDs to achieve micro elimination.**

- **If treatment is available:**
  - MSM, Prisoners, General Population

### **3. If treatment is unavailable:**

- Intensify prevention interventions for other groups eg. MSM and Prisoners
- Start screening the MSM and prisoners to get the extent of the disease for planning purposes



# Who will treat



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- **Pre and Post test counseling**- Nurse Counselors, addiction Counselors and Psychologists
- **Who will test**-Lab technician for antibody test and follow with
  - -ve test result counseling
  - Drawing blood for positive person and send to respective centres for DNA in Kenya eg. KEMRI
  - +ve test from KEMRI, assess for treatment: Fibrosis & lab works
- **Who will treat**- Clinical Officers or Medical officers
- **Point of Service**
  - MAT centres this can be immediately integrated
  - DIC centres, need to determine minimum staffing needed for testing and treatment cascade ,this will assist to know where to start program from available capacities.





# Support Needed for Continued Hep c treatment roll out



## 1. MAT Centres and DIC

- **Peer navigators/ Social mobilizers**-Active case managers , conduct home visits, support with adherence to treatment
- **Support groups**, not more than 6 persons
- **Continuum of care** for clients in prison settings, use of peer educators/paralegal officers to know such clients
- Engage with external partners, eg clinical officers in remand facilities, magistrate etc
  1. Offer sensitization
  2. Training of key staff
  3. Follow up on treatment uptake through phone calls

## 2. DIC Only

- **Nutritional support** -Teas/lunch
- **Shelter houses** for critically ill and poor adherence , 3 months housing,

## 3. All other HR components



# Game changers



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## Demand Reduction

President Uhuru Kenyatta converts Miritini NYS centre into drug rehabilitation centre

By Simen Sanga | Updated Sat, August 23th 2014 at 09:00 GMT +3

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President Uhuru Kenyatta with State House Members, Friday. The leaders presented him with a memorandum of key issues affecting the region.  
/PHOTO: MAARUPU MOHAMED/STANDARD

Getfain Hotel	ETB2,292.24
Aljazeera Plasmaance Hotel	ETB1,837.85
Golden Tulip Addis Ababa Hotel	ETB2,324.55

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- Joho claims armed men broke into his home, records statement
- Vioageci wetwe hisia kufusu kupungu mshahara

## High level political support



Provision of Rehabilitation services



Health minister, Permanent secretary, US ambassador

Meeting the Vice provincial governor of Yunnan province



Sitting Member of parliament



## Stakeholder engagement



Sensitization of officers commanding police divisions.



• PWID engagement December 2014



County engagement December 2014

# Engaging the Police, Judiciary, Prison and Media



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## Working with the prison and Judiciary

## Public awareness and media engagement



Engagement with Women inmates & Prisons Department



Engag



Court Order for Prisoners to access MAT services

# Scale up Harm reduction services



First five PWIDs put on MAT in Nairobi on  
Dec 8<sup>th</sup> 2014



GALLERY



# Empower and work with communities



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## What Actions: Multi-Sectoral

<b>Pillar</b>	<b>Population segment</b>	<b>Target issue / behavior</b>
Prevention	Children and young people	Initiation
Harm reduction	People who use and inject drugs	Adverse consequences of drug use
Treatment	People dependent on drugs and problem drug users	Drug dependence
Law enforcement	Producers, traffickers and dealers	Production, distribution and trafficking

Combination interventions around:

- Demand reduction
- Harm reduction
- Supply suppression

# Supply Suppression



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Increased seizures of narcotic drugs



Kenyan police officers display bags of heroin at the Wilson airport in Nairobi after a heroin drug bust in the coastal town of Mombasa on March 25, 2011 (AFP Photo/Tony Karumba)



# Supply Suppression



Destruction of  
narcotic drugs

The Government destroys a ship with a load of cocaine in 2015





# Supply Suppression Efforts Cont.



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*Ndechumia Bilali Kimali fled the country in 2015 when he was linked to the 7.6 Kilograms of Heroin seized in MV Baby Iris—the ship that was blown up by Kenyan authorities in the Indian Ocean. Photo/JOSEPH MURAYA.*



# Drugs and substance addiction management Center.



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- Located in Hindi in Lamu County
- Level 4 facility as per the NACADA and ASAM classification of Rehab facilities – Provide both outpatient and inpatient services
- 100 bed capacity center with robust infrastructure to provide conducive environment for addiction management, recovery and reintegration to community
- The Center adopts a **Person - Centered community approach** in provision of services.





# Bee keeping

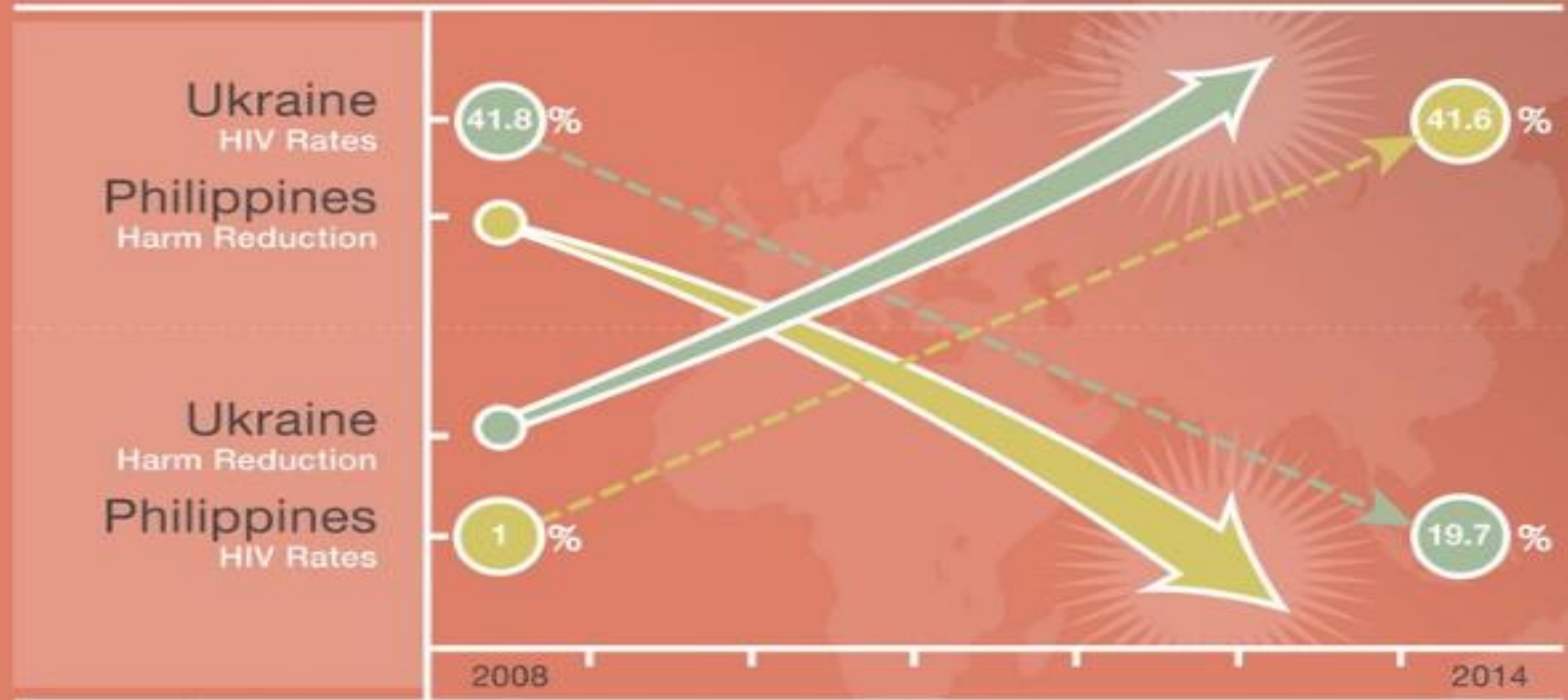


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# EVEN THOUGH HARM REDUCTION SAVES LIVES...

Where access to harm reduction services is limited: Philippines  
HIV prevalence among people who inject drugs has soared from 1% to 41.6%



Where access has increased: Ukraine  
HIV prevalence among people who inject drugs  
has more than halved from 41.8% to 19.7%

# Challenges



- Stigma and Discrimination
- Criminalization and Incarceration
- Crime due to lack of livelihood support after rehabilitation.
- Sharing of injecting equipment even with improved access
- Children of the drug users
- Inequitable access to Medically Assisted Treatment
- Alcohol addiction and mental health



# Opportunities



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- **East African Community alcohol ,drugs and substance use policy**
- Existing technical capacities in the region
- Existence of replicable programs in the African region that can be replicated.
- Although not equitable, there is political good will in line with the UHC agenda
- Strong CSOs and upcoming community led networks.



# Call to action



- We have all it takes to change the lives of the drug users
- Its time to act now before the situation gets out of hand.
- Start small and scale up
- Garner the necessary support from all stakeholders
- Do not wait to change all the laws
- Develop frameworks to guide implementation
- Continue with grassroot advocacy
- Generate more evidence to guide policy and practice
- Empower the PWID community to voice up their issues
- Human rights, gender and public health consideration must be at the center of drug and criminal justice laws, policies and practices to stop stigma and discrimination



# Acknowledgements

- NASCOP TEAM
- Ministry of Health-Mental Health department
- Nairobi ,Kwale, Malindi and Kisumu Counties
- Mathari , JOORTH,Mombasa and Malindi Hospitals
- University of Washington
- PEFPAR
- SAPTA
- NOSET
- GF-KRCS
- KENPUD
- KANCO
- MDM
- University of Maryland
- UNODC
- ICAP
- MSF
- Media
- REACHOUT
- MEWA
- TEENSWATCH
- LVCT
- OMARI PROJECT
- NYU
- YALE UNIVERSITY
- VOCAL
- NACADA



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