

Integration of Methadone Assisted treatment into a one stop shop: HIV and Health Interventions for People who Use Drugs-The Case Study of Tanzania

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Disposition

- The country Tanzania
- The background to the PWUDs and why the MUHAS TAPP programme
- The Community programme and how it links with the community program
- The Methadone Assisted Therapy Program
- Inclusion of HIV and Health Interventions
- Looking at newer low threshold interventions and how to integrate HIV and Health Interventions

Tanzania



- Eastern Africa
- 947,300 sq km
- Population: 45m
 - <15 years: 43%
 - Urban pop: 20%
- Ethnicity: 95%-Bantu
- Life expectancy: 53yrs
- HIV prevalence: 5.1%

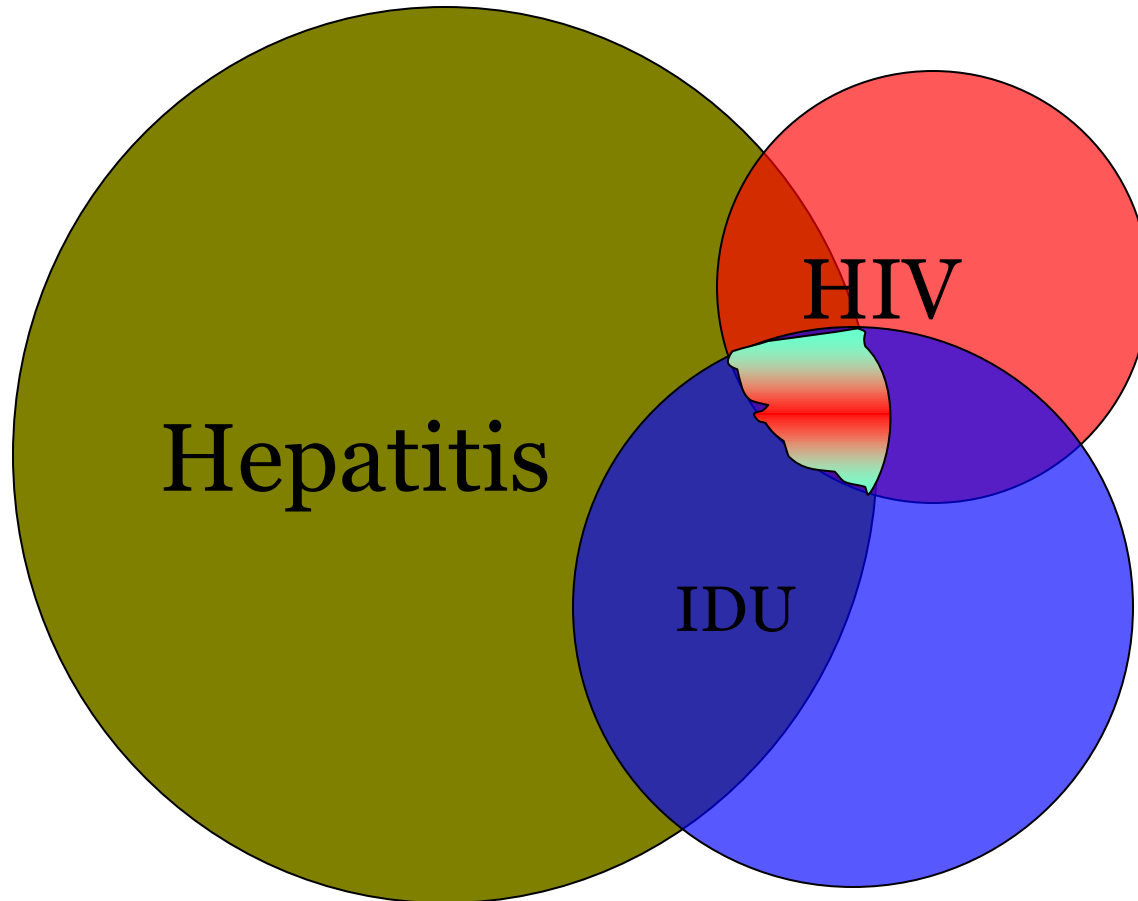
Statistics: HIV

- Rapid situational assessment in late 1990s suggested a worrisome heroin epidemic and that HIV was now an outcome especially among those injecting (Kilonzo et al, 2000)
- High HIV prevalence: 42% early 2000's (McCurdy et al)
- Repeat study using same methodology in the community: Nyandindi 2011 found 51% of PWIDs were HIV infected (unpublished dissertation)
- Data from utilization data from Muhimbili methadone clinic shows 30% of those accessing services are HIV infected.
- Over representation **of female** in all studies and service utilization (**over 55%**)

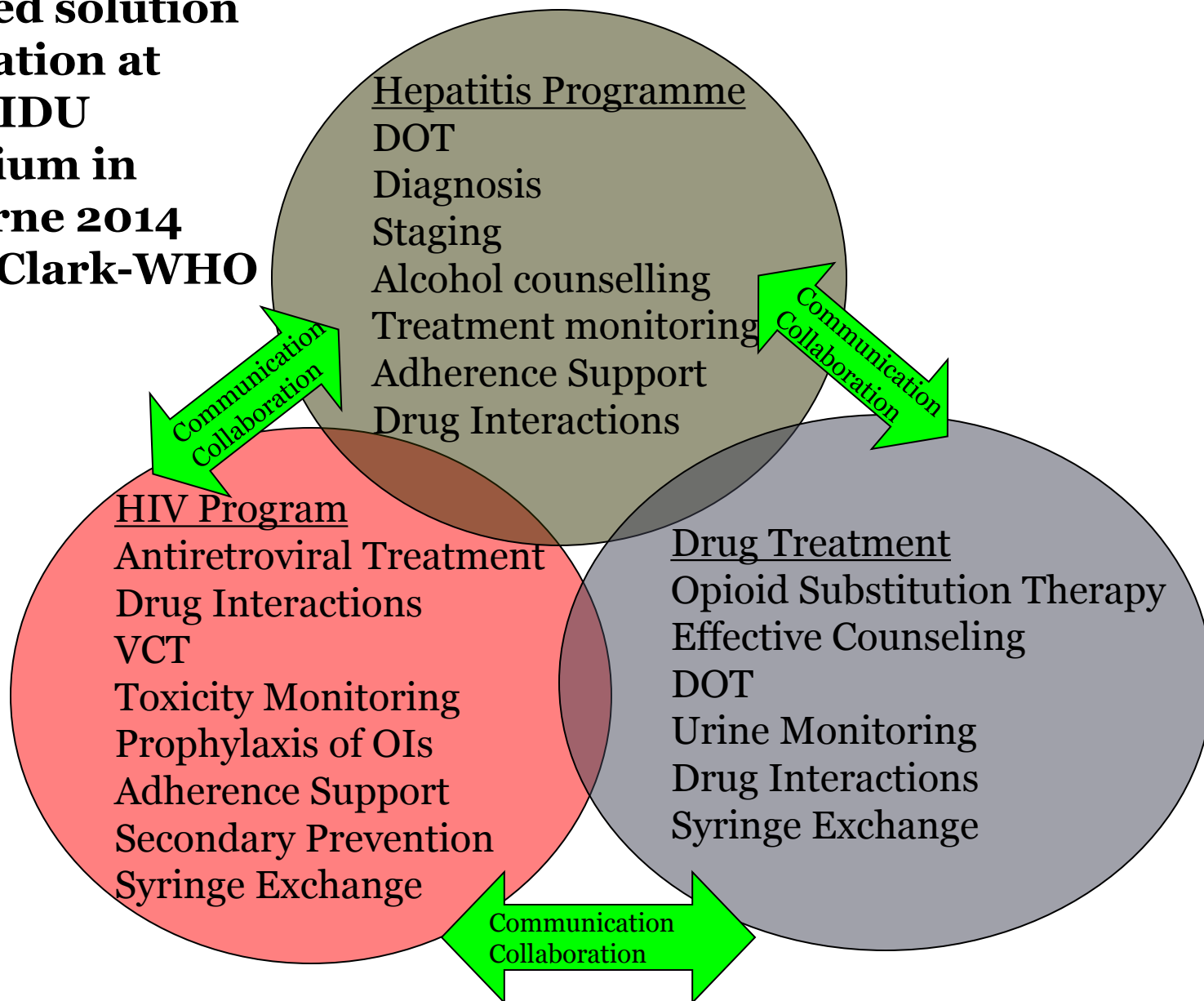
Statistics: Hepatitis

- **All studies as well as service data shows persons with**
 - **HCV antibodies above 50% female at 62%**
 - **HB antibodies is 30% female at 38%**
- **Majority of patient are HBV and HCV co-infected followed by HCV and HIV are co infected and female are over represented in**

Scenario in line with Overlapping Epidemics: Presentation at the CREIDU Colloquium in Melbourne 2014 by Nick Clark-WHO



**Suggested solution
Presentation at
the CREIDU
Colloquium in
Melbourne 2014
by Nick Clark-WHO**



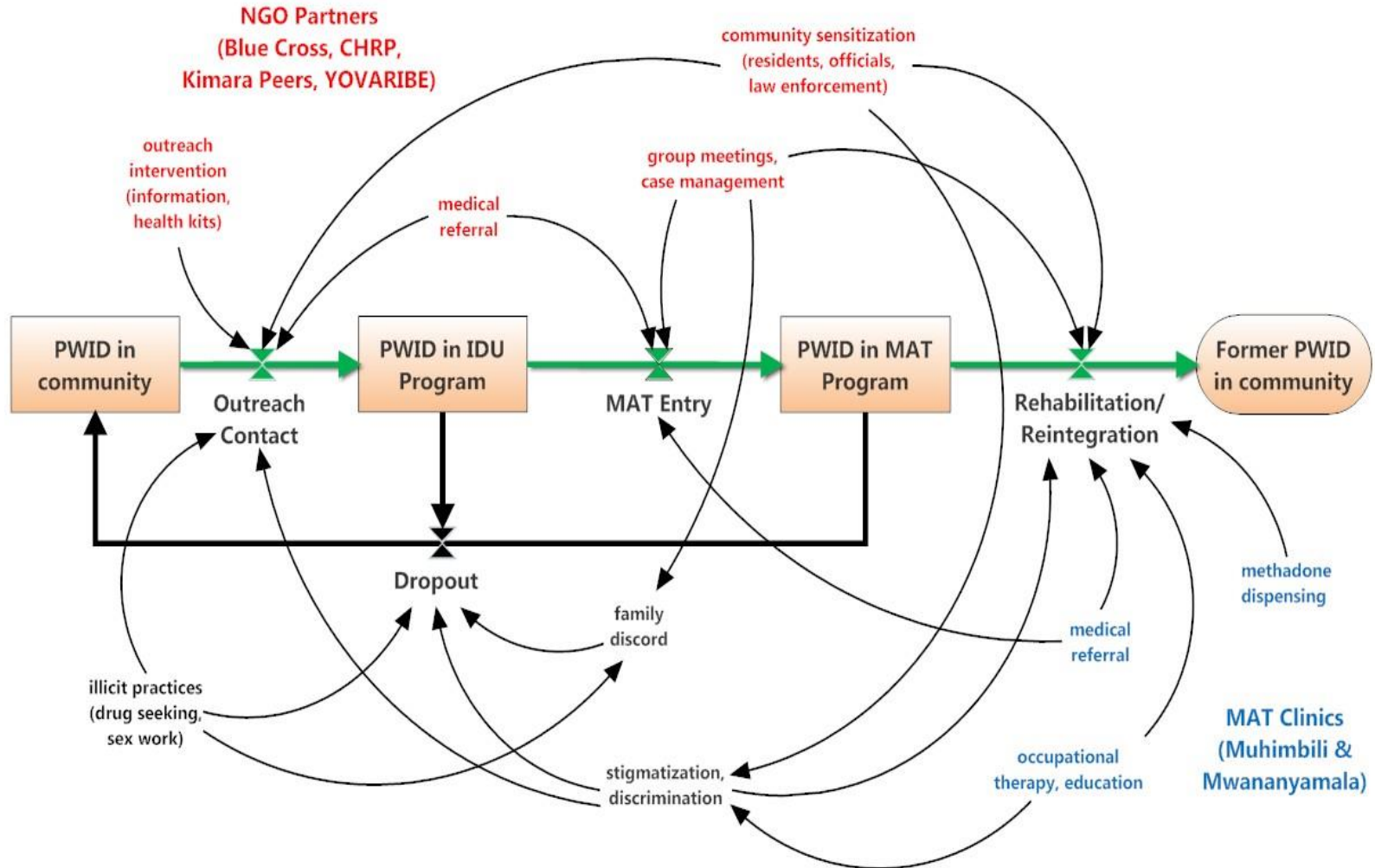
Statistics: TB

- TB rates 50 times more than national average of 0.2%
- TB also not easily identified unless using culture; missed
- Active screening a necessity, newer technologies more sensitive to screen and diagnose TB
- More worrisome is the rate of MDR Tb higher in PWUDs overall

Statistics other illnesses

- Dental care very high unmet need
- Wound care at the beginning concerning
- SRH care still an issue
- Managing TB and HIV in population believed to be non compliant to long term treatment

The program and why integration of services within an addiction treatment as necessary



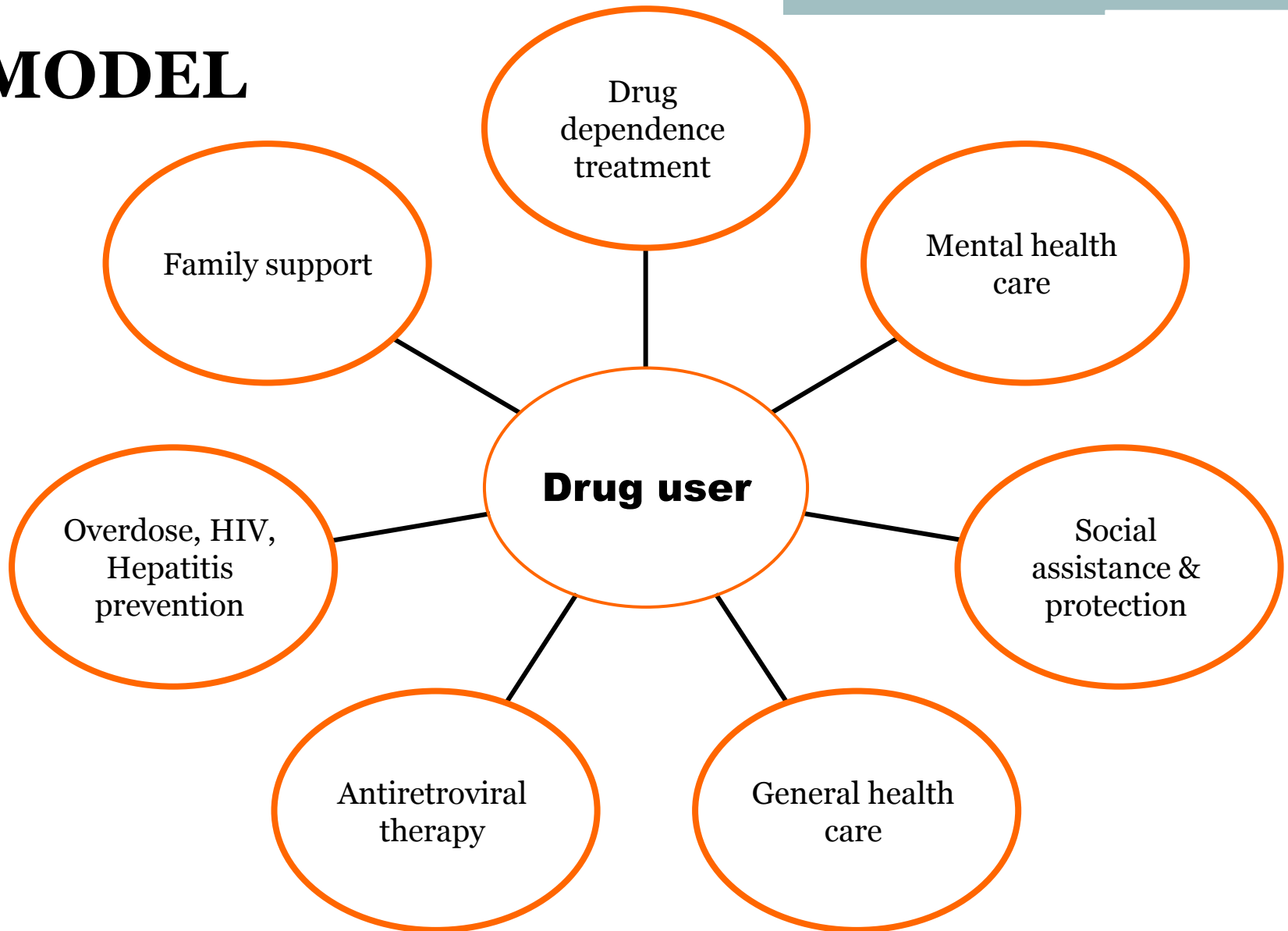
How program responded to the multitude of problems

- ESCORTED referrals from community to facility and within facility
 - Other facility staff members not tolerant to treatment of dug addicts.
- Created several models within the TAPP
 - Non integrated care
 - Integrated care non specialist
 - Integrated care specialist

Muhimbili National Hospital

- integrated treatment in an outbuilding of a national hospital
- developed by non infectious disease unit but included them in the development of the escorted referral and linkages within the super-speciality hospital
 - drug dependence
 - HIV
 - TB
 - other conditions
- daily dispensing:
 - Methadone
 - ARV
 - TB treatment

MODEL



Difficult model to replicate if you have to reach 40% in order to reduce HIV incidence: Way forward is KPIS

	Frequency of attendance	M	T	W	T	F	S	S	Total
1	Daily	X	X	X	X	X	X	X	1500
2	Three times a week Alternating with another group	X	Z	X	Z	X	Z		3000
3	Twice a week Alternating with 2 other groups	X	Z	C	X	Z	C		4500
4	Once a week	X	Z	C	A	B	D	E	10500

Questions?

- Will early identification of disease happen with the current volume;
- Will we lose the model created that responds to comprehensive HIV and health interventions for people who use drugs
- What are the trade offs
- What research questions can we generate to respond to some of these challenges