Preliminary Experience with Medically Assisted Therapy (MAT) for People Who Inject Drugs (PWID) in Mombasa County, Kenya

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⁵ United Nations Office on Drugs and Crime, Regional Office for Eastern Africa
Background

<table>
<thead>
<tr>
<th>Coast Region</th>
<th>Estimated number of PWID</th>
<th>8,500</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Female</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>HIV prevalence total</td>
<td>18-20%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>15%</td>
</tr>
<tr>
<td>Sexual Risk</td>
<td>Condom use</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Multiple partners</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Transactional sex</td>
<td>20%</td>
</tr>
<tr>
<td>Injection behavior</td>
<td>Daily injection+</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Any unsafe injection</td>
<td>&gt;47%</td>
</tr>
<tr>
<td></td>
<td>Shared needles</td>
<td>17%</td>
</tr>
</tbody>
</table>

Estimated number of PWID: 8,500

% Female: 9%

HIV prevalence total: 18-20%

Female: 49%

Male: 15%

Condom use: Low

Multiple partners: 15%

Transactional sex: 20%

Daily injection+: 100%

Any unsafe injection: >47%

Shared needles: 17%
Overview of Mombasa County AIDS Strategic Plan (MCASP 2016 to 2020)

1. **VISION:** A County free from New HIV Infection, Stigma and AIDS Related Deaths.

2. **GOAL:** To Provide Strategic Direction for comprehensive HIV Prevention, Care, Treatment and Mitigate Socio-Economic Impact in Mombasa County.

3. **OBJECTIVES:**
   - Reduce new HIV infections by 75%
   - Reduce AIDS related mortality by 25%
   - Reduce HIV related stigma and discrimination by 50%
   - Increase Mombasa County HIV financing by 50%
Improving policies, strategies, guidelines and coordination

National and County Government committed to HIV response among PWID

1. **Kenya HIV Prevention Revolution Road Map** prioritized comprehensive HIV service package for PWID which includes Medically Assisted Therapy (Opioid Substitution Therapy OST) with Methadone

2. **Kenya AIDS Strategic Framework** 2014/15 to 2018/19 recommends scale up of effective evidence based combination HIV prevention such as NSP, MAT, hepatitis screening;

3. **Key Populations HIV Prevention Policy**

4. **National Guidance documents for HIV Prevention among PWID.**

5. **Mombasa County AIDS Strategic Plan 2016/2020**

6. **Mombasa County Standard Operating Procedures for MAT developed & reviewed**
Increasing PWID access to comprehensive HIV prevention, care and support package

Increased capacity using multi-pronged approach:

- 2 MAT Clinics established and equipped; 1 fully operational
- 30 Members of County Assembly and health management team plus other technical and CSO went on study tour of Tanzania and Mathari MAT programs
- Governor went on study tour of Mauritius harm reduction program
- 58 health workers from county office and 5 public health facilities reached with Clinical MAT Training
- 50 clinical and CSO staff mentored at CGH MAT initiation
- 20 CHMT & 50 Health workers from referral facilities sensitized
- 90 Outreach workers, CHEWs & Social Workers sensitized to network and link clients with available health services
Strengthening policy makers & community support

- 20 policy makers sensitized on HIV and drug use burden
- 10 judiciary sensitized on human rights and alternative sentencing for petty offenders
- 50 religious leaders sensitized on health rights of PWUD
- 90 senior and mid-level law enforcement & county guards sensitized on HIV burden and health rights of PWUD
- 15 media personnel sensitized on humane PWUD reporting
Enhancing M&E Capacity for PWUD Interventions

- Pilot NASCOP M&E Tools
- Rolled out integrated MAT/HIV/TB Client Card
- Piloting paper-based and Excel service delivery registers
- Automated dispensing with Metha-measure
- Development of real-time monitoring system

National Consultation on Realtime Monitoring System (AFYA-PWID App)
## Baseline Profile

### 15\textsuperscript{th} Sep 2015 to 16\textsuperscript{th} March 2016,

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Enrolled</strong></td>
<td>45 (23%)</td>
<td>154 (77%)</td>
<td>189</td>
</tr>
<tr>
<td><strong>Median Age</strong></td>
<td>31 (IQR 25-34)</td>
<td>36 (IQR 31-43)</td>
<td>35 (IQR 29-40)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% In union</td>
<td>54%</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>% Poly-drug use</td>
<td>87%</td>
<td>95%</td>
<td>93%</td>
</tr>
<tr>
<td>% Injecting</td>
<td>53%</td>
<td>92%</td>
<td>82%</td>
</tr>
<tr>
<td>Prior drug treatment</td>
<td>60%</td>
<td>70%</td>
<td>68%</td>
</tr>
</tbody>
</table>

- **189** individuals initiated MAT:
  - All males who inject heroin,
  - All heroin-dependent females regardless of injecting status
  - Sexual partners of enrolled clients

**Baseline urine toxicology:**

100% opiates positive

- 30% only heroin,
- 2/3 combined cannabis and heroin,
- 5% used heroin, cannabis and benzodiazepine.
# MAT Client Health Profile

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV +ve</td>
<td>20 (44%)</td>
<td>28 (18%)</td>
<td>48 (25%)</td>
</tr>
<tr>
<td>HBV +ve</td>
<td>2 (4%)</td>
<td>4 (3%)</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>HCV +ve</td>
<td>7 (14%)</td>
<td>44 (24%)</td>
<td>51 (27%)</td>
</tr>
<tr>
<td>HIV/HCV +ve</td>
<td>3 (7%)</td>
<td>13 (8%)</td>
<td>16 (8%)</td>
</tr>
<tr>
<td>HIV/HBV/HCV +ve</td>
<td>0</td>
<td>3 (2%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>TB</td>
<td>1 (2%)</td>
<td>6 (4%)</td>
<td>7 (4%)</td>
</tr>
<tr>
<td>On ART</td>
<td>9 (45%)</td>
<td>15 (54%)</td>
<td>24 (50%)</td>
</tr>
<tr>
<td>On CTX alone</td>
<td>3 (15%)</td>
<td>3 (11%)</td>
<td>6 (13%)</td>
</tr>
<tr>
<td>Median Methadone Dose (mg)</td>
<td>80 (IQR 70-80)</td>
<td>80 (IQR 60-100)</td>
<td>80 (IQR 60-100)</td>
</tr>
</tbody>
</table>
MAT Outcomes March 2016 (6 months)

NOTE: Urine drug toxicology
-at 3 months: 50% opiates positive. Only 25% clean among MAT clients tested.
Lessons Learnt

• This is a major milestone for Mombasa County! Within 6 months of initiation, 189 highly marginalized and stigmatized clients accessing long overdue MAT services.

• Female MAT clients highly vulnerable to HIV – possibly due to associated sexual risk behaviour

• HCV prevalence high among male MAT clients

• MAT retention at 6 months relatively high - may be attributed to optimal methadone dosing & Community linkage
Challenges

• Human Resource Constraints
• Heavy & Demanding workload
• Burdensome documentation for rising numbers of clients per week
• Continued drug use while on MAT
• Security incidents – threats from clients
• Disposal of used cups and bottles pending
• Limited support for laboratory investigations and other medications
Conclusion/Next Steps

• Increase staffing
• Protocol on MAT waste disposal of used cups and bottles
• Enforce clinic rules and regulations via Amani (peace) committee
• Complimentary waivers for referral services
• Harmonized SOPs across all MAT programmes
• Limit the number of M&E tools
• Expand package of health services for MAT clients e.g. LFTs, CXR, U/S
Acknowledgement

• People who use drugs
• MEWA Drug program
• Reachout Trust Centre
Acknowledgements

MAT TEAM