

Helping **TANZANIA** Fight Injection Drug Use and HIV



Pangaea
GLOBAL AIDS



Pharmacist dispensing methadone at Mwananyamala Regional Hospital



Pangaea
GLOBAL AIDS

WHO WE ARE

MISSION

Pangaea Global AIDS Foundation builds partnerships that improve the lives of people living with and most at-risk for HIV to ensure equitable access to prevention, testing, treatment and care.

VISION

We envision a world where people affected by HIV lead healthy and productive lives — regardless of circumstances of birth, gender, sexual orientation or geography — in communities free from the threat of HIV.

APPROACHES

- **Technical Cooperation** — Collaborating with countries to build, strengthen and sustain locally managed programs, rooted in the communities they serve, and integrated into national health and development strategies
- **Research** — Assisting countries to evaluate the impact of, and improve interventions for people most affected by HIV, and to document best practices for adaptation in other settings
- **Policy and Advocacy** — Advocate for and support the implementation of national and international policy environments for improving HIV services, particularly for key populations



OUR WORK IN TANZANIA

In the mid-1980s and early 1990s, East Africa became an important stop along international drug trafficking routes thereby introducing heroin in the region. In 2009, 40-45 tons of opiates were trafficked into Africa, most entering through eastern countries by air and sea, and 34 of those tons were consumed in the region, highlighting it not only as a transiting hub but also as a place for consumption. Currently, an estimated 533,000 opiate users live in eastern Africa.

Since the late 1990s, injection drug use, primarily of heroin, has become widespread in Dar es Salaam, Tanzania, and threatens to become a driver of the HIV epidemic. An estimated 50,000 people in Tanzania inject drugs, and in Dar es Salaam, current estimates suggest that 42% are HIV-positive compared to 9% overall in the city. There are 1.4 million Tanzanians living with HIV, and people who inject drugs are a key population with a high risk for and burden of HIV that have specific needs to be met.

With support from the Centers for Disease Control and Prevention, the Tanzanian Drug Control Commission, the Ministry of Health and Social Welfare, Muhimbili University of Health and Allied Sciences, and the Zanzibar AIDS Control Program approached Pangaea to assist with developing a national response to Tanzania's HIV epidemic among people who inject drugs (PWID). Pangaea provides technical expertise to the government of the United Republic of Tanzania in the following areas:

POLICY & GUIDELINE DEVELOPMENT

Pangaea's strategy is to support community engagement in and ownership of HIV programs. Pangaea assisted in policy and guideline development for medication assisted treatment (MAT) delivery for opioid dependence in Tanzania, effectively establishing the standards for operating MAT services. In May 2010, the national and service provision guidelines were launched, and these guides enabled health care providers and other partners to deliver evidence-based, high quality and effective MAT services that respond to the needs of the drug using population in Tanzania. Pangaea continues to provide ongoing policy support toward establishing a national framework for monitoring and evaluation (M&E), developing M&E guidelines for service delivery outlets and implementing the comprehensive package of HIV prevention, treatment and care among people who inject drugs in Tanzania.

CLINICAL TRAINING & MENTORING

Pangaea provides training and ongoing support to clinicians, pharmacists and faculty with regards to the delivery of the comprehensive package of HIV prevention, treatment and care interventions for people who inject drugs. A major component of this work has included training and mentoring for MAT delivery, specifically with methadone. With these efforts, the methadone program for people who inject drugs was established in February 2011 at Muhimbili National Hospital in Dar es Salaam, the first of its kind in Tanzania. The MAT clinic provides methadone to patients and connects them to other care and treatment as part of a comprehensive package of services for PWIDs. In September 2012, Pangaea assisted the government with opening a second methadone clinic in Tanzania at Mwananyamala Regional Hospital. Two more clinics are expected to open in 2013 in Temeke and Illala districts. Plans to scale-up methadone to additional clinics on the mainland of Tanzania as well as Zanzibar are underway. Because of the high burden of HIV, tuberculosis (TB) and hepatitis among PWID in Tanzania, Pangaea assists in the design and translation of health care modalities to resource-constrained settings to address these common co-morbidities in this population. In doing so, Pangaea continues to provide clinical mentoring and training on evidence-based approaches to integrate additional healthcare services for HIV and TB into methadone programs. To improve adherence support for HIV and TB care, patients receive their HIV and/or TB medications at the time of methadone dosing — this evidence-based adherence intervention is the first of its kind in Tanzania.



US Ambassador to Tanzania (left) and the Minister of Health (center) opening the 2nd clinic at Mwananyamala Regional Hospital.

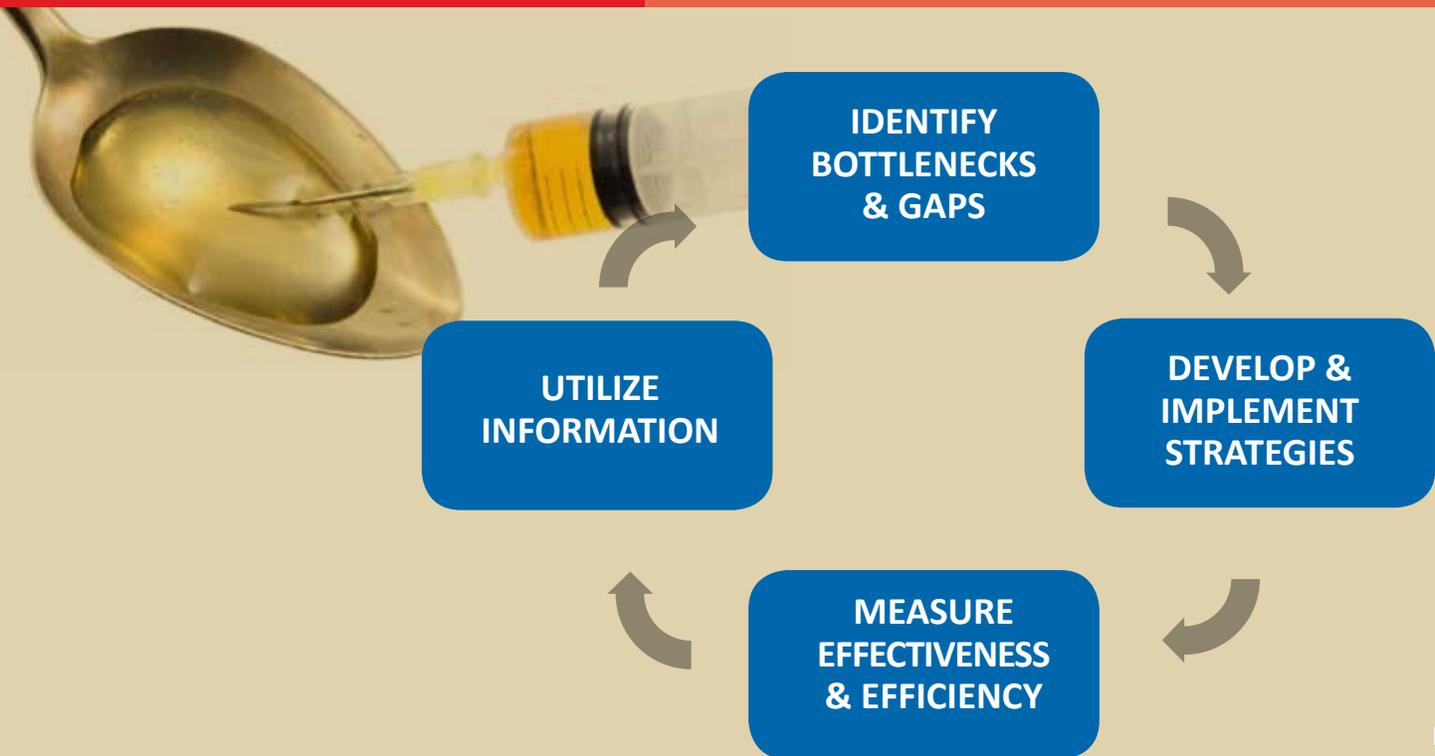


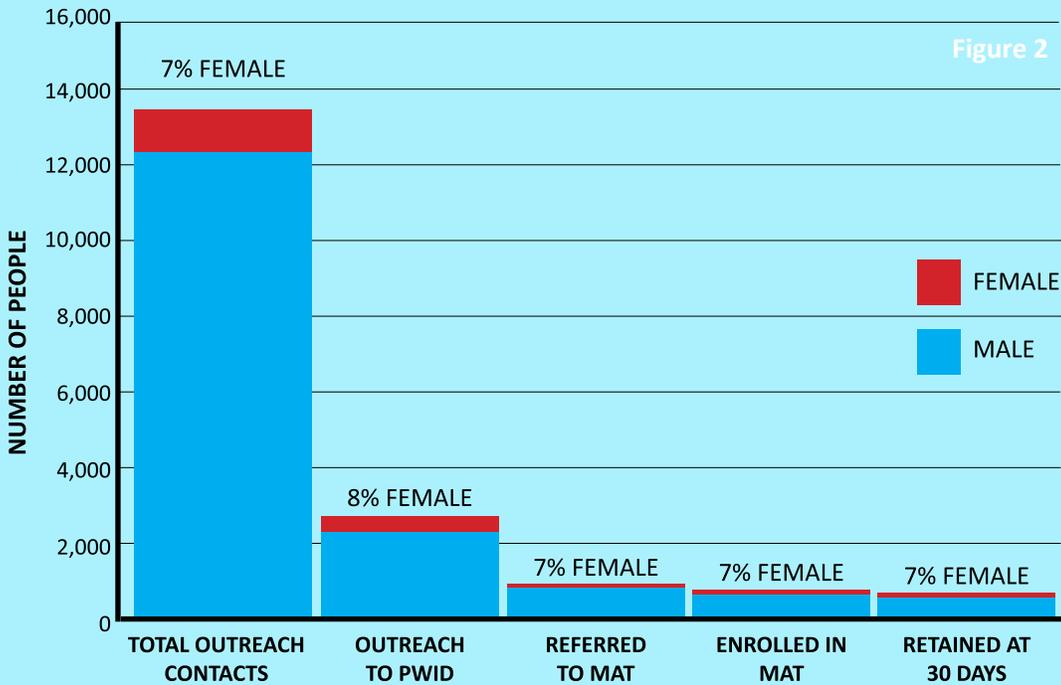
Figure 1

IMPLEMENTATION SCIENCE

Pangaea also assists the program by bringing an implementation science (IS) framework to support the work in Tanzania. Implementation science identifies, builds and measures the effectiveness and efficiency of approaches to improve service delivery, thereby strengthening the response to HIV. Outlined in Figure 1, Pangaea’s iterative IS approach is to identify bottlenecks and gaps in programs, develop and implement strategies to address those gaps, measure the effectiveness and efficiency of approaches to improve service delivery, thereby strengthening the response to HIV.

A core component of this approach is to conduct and strengthen program-based monitoring and evaluation. To that end, Pangaea conducted an assessment of the Tanzanian MAT and outreach program to identify bottlenecks in clients accessing services and make recommendations on how to improve the program to better serve those in need. The Pangaea team found that there was a lack of engagement between female injectors connecting with outreach services and beginning methadone treatment (see Figure 2). Following this analysis, Pangaea collaborated with in-country partners to engage in a participatory process with providers, outreach workers, drug users and program managers to develop new strategies that attempt to increase the number of female PWIDs who use these harm reduction services in Tanzania. Future efforts will assess the effectiveness of these different approaches.

Pangaea’s IS team is also evaluating the program’s effectiveness in keeping people engaged in methadone treatment and has found that retention of patients in the program is comparable to estimates reported from programs in North America, Europe, and Asia. Additionally, a more in-depth analysis has assessed which client characteristics and program strategies impact the likelihood of clients dropping out of methadone. Medication assisted treatment is most effective as a long-term, chronic care intervention, and retention in methadone is effective in not only reducing injection drug use, but also in decreasing HIV risk behavior and HIV seroconversion. Finding the strategies that optimize retention and providing additional support to those clients who are more likely to drop out is paramount to maximizing the benefits of methadone including its impact on improving access to other critical services such as HIV and TB treatment. As a result, the program has shifted to methadone delivery strategies that optimize retention in the program and has also initiated a ‘treatment buddy’ initiative where those clients who are at a higher risk of dropping out receive a treatment partner who encourages their engagement in the program.



Mobile vans for HIV testing



Methadone clinic at Muhimbili National Hospital.

Other initiatives that Pangaea’s IS team are pursuing include the impact of take-home doses on retention in methadone, linkages into HIV care and treatment as well as the pre-disposing, enabling and re-enforcing factors necessary for successful integration of HIV and TB care and treatment into the methadone program.

INFORMATION SYSTEMS

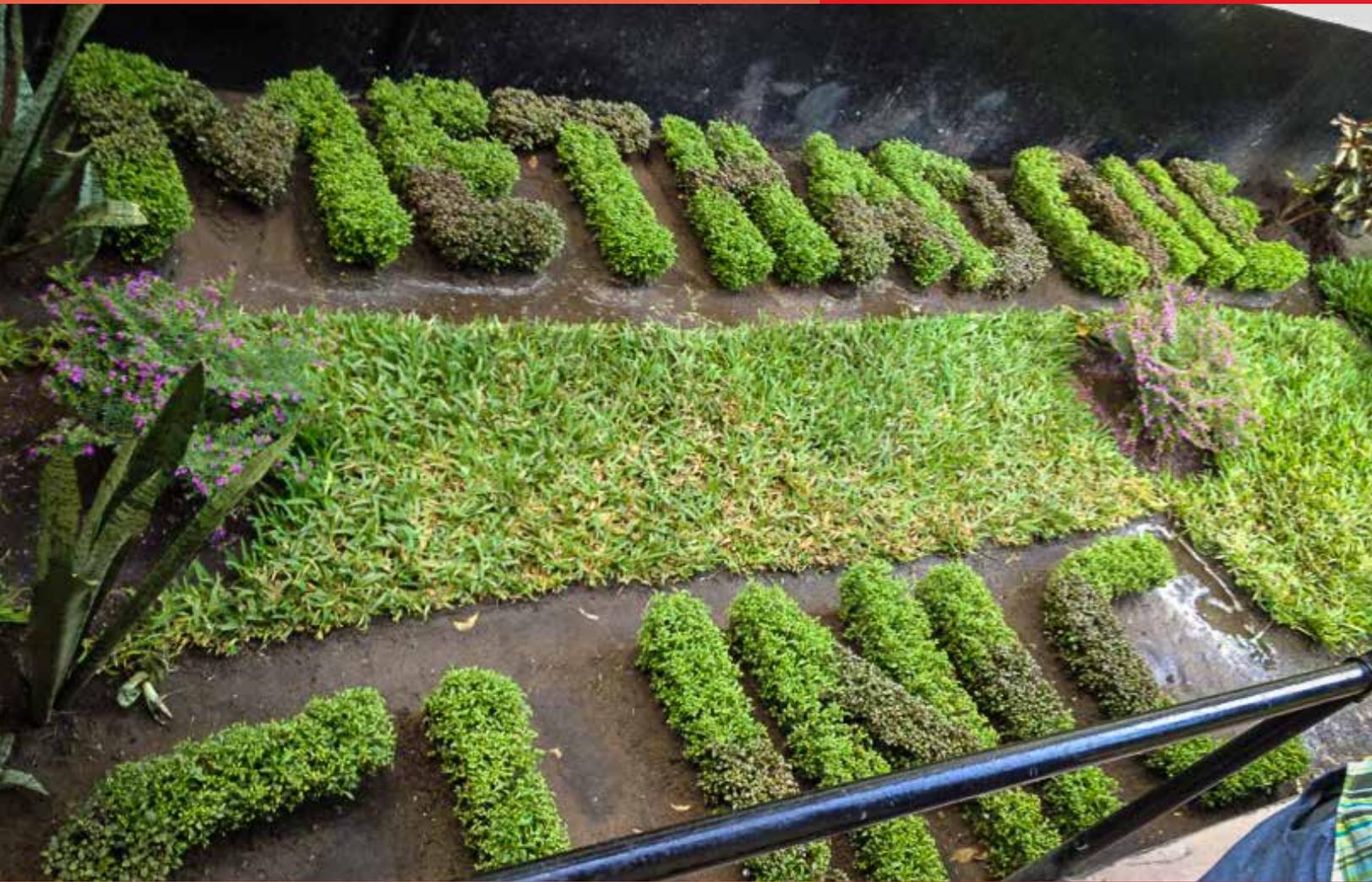
Pangaea also assists in the development of information systems to support the methadone program. Effective information systems that contain complete and reliable information are essential to respond to the growing demands of patient management and program reporting. Our approach in establishing these systems is to collaborate with a variety of stakeholders that are vital to their success. Pangaea’s team utilizes an agile development framework where we work in tandem with end-users and stakeholders, developing and adapting software to address the most important needs as they arise. As part of the design process, we are in constant dialogue with the users of information systems thereby engaging them in the evolution of their development. As a result, appropriate designs for end-users appear faster, as well as new and productive uses for different applications. In addition, we partner with software developers in Tanzania to build local capacity and ensure the appropriateness and sustainability of the systems we develop.

GOING FORWARD

Pangaea will continue to collaborate with the government of Tanzania to ensure the effective and efficient implementation of the comprehensive package of HIV prevention, treatment and care services for people who inject drugs. In addition, we are currently liaising with other partners and programs to establish the package of services for PWID within other countries in sub-Saharan Africa.



President Kikwete (center) visits the methadone clinic at Mwananyamala Regional Hospital



Landscaping designed and built by methadone clients at Muhimbili National Hospital



436 Fourteenth Street, Suite 920, Oakland, CA 94612
Phone 510.379.4003 | Fax 510.836.7325 | contact@pgaf.org