

MEDICALLY ASSISTED THERAPY CLINICS

Serving people who inject drugs in Kenya

HIV prevalence rates are elevated among people who inject drugs (PWID) in all parts of the world, and in Kenya the documented prevalence is 18.7%, even higher than regional estimates. Because of the stigma they encounter, this population is also often denied essential health services and support, including antiretroviral therapy (ART).

Expanding Treatment for People Who Inject Drugs

In Nairobi County, Kenya, health authorities have taken ground-breaking steps toward reducing the spread of HIV among PWID. The first medically assisted therapy (MAT) clinic in Kenya to support PWID was established in Nairobi in 2014 with the assistance of the University of Maryland, Baltimore (UMB). The clinic was established with funding from the U.S. Centers for Disease Control and Prevention under PEPFAR as part of Ciheb's PACT Endezeza Project in Kenya.

The Mathari National Teaching and Referral Hospital in Nairobi was selected by Kenyan health authorities to house this MAT clinic. Mathari is a national teaching and referral hospital that provides psychiatric services and has the resources and expertise in addiction management.

The Mathari MAT clinic offers free integrated services for PWID, including opioid substitution (methadone) therapy; HIV testing services; ART; condom distribution; vaccination, diagnosis and management of viral hepatitis; prevention and treatment of tuberculosis; and overdose prevention and treatment. The therapy centers on harm reduction, which comprises a range of services that mitigate the adverse consequences of drug use and protect public health. Harm reduction acknowledges that people face challenges in freeing themselves from drug use, and that abstinence should not be a precondition for support and treatment.

Opening a Second Clinic

The success of Mathari led to the opening of a second clinic in 2017 at the Ngara Health Centre in northern Nairobi, which has a maternity wing that could care for mothers who received treatment at the MAT clinics.

The Ngara clinic has since had 11 successful term deliveries since it opened (Mathari has had 31). Out of the 42, only four neonates had neonatal abstinence syndrome, and this low number can be attributed to the mothers being on methadone treatment at the time of delivery.

“Ladies coming into the program were expressing a desire to get pregnant,” explained Dr. Tina Masai, clinical psychologist and MAT specialist. “And because they are no longer using heroin regularly, they are more likely to get pregnant and carry the baby to term.”



MAT CLINICS BY THE NUMBERS

- The University of Maryland, Baltimore operates **2** MAT clinics in Kenya.
- As of January 2021, the two clinics have enrolled **2,262** clients.
- **1,150** of those were receiving daily treatment.
- **111** have been entirely weaned off treatment.
- **>95%** viral suppression rate of clients living with HIV.
- **98%** cure rate of hepatitis C.
- **42** successful term deliveries, **4** reported cases of neonatal abstinence syndrome, **all** successfully managed, **no** HIV seroconversion.

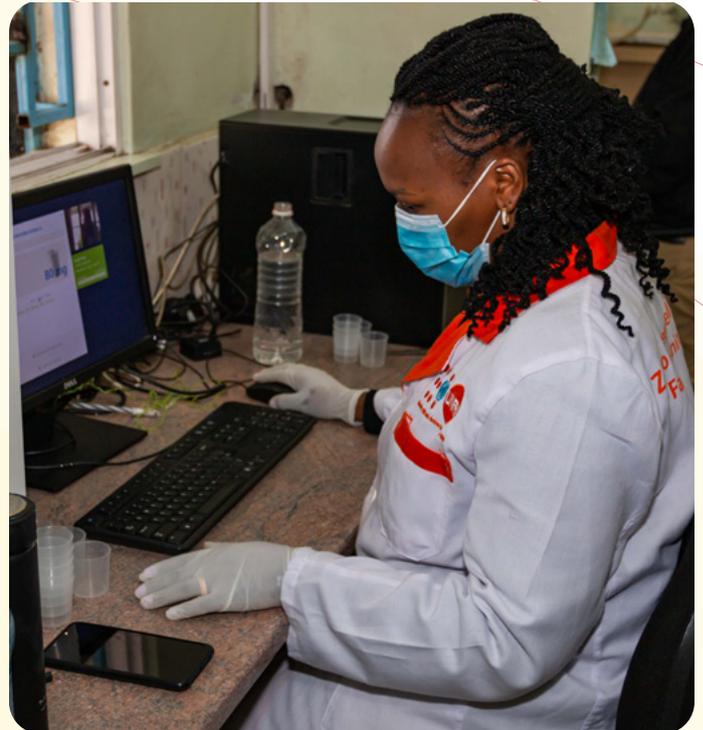


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ACHIEVEMENTS

- Methadone treatment has produced good treatment outcomes for ART.
- MAT has been shown to improve family and community reintegration, stable accommodation, and employment.
- Strong advocacy and support from civil society organizations has led to stakeholder engagement forums with government and law enforcement. This has led to the development of national guidelines and standard operating procedures for the clinics.
- MAT clinics actively work with law enforcement to implement harm reduction and maintain treatment for PWID. This led to fixed-site dispensing at prisons during the COVID-19 pandemic to continue treatment and enroll new eligible clients at the prison.
- Mathari clinic named a parastatal by the Government of Kenya.



Improved Outcomes

Improved psychosocial outcomes are key indicators for assessing the impact of MAT interventions. Of the key psychosocial indicators tracked, MAT has been shown to improve family and community reintegration, stable accommodation, and employment. MAT interventions have also seen a decrease in incidences of violence, as well as crime.

Of note is an increase in unemployment over time for those who have been on treatment for a longer duration. This highlights the need for sustainable livelihoods in order to further enhance client wellbeing.

