Best Practices: Identifying Approaches to Long-term and Effective Engagement in HIV Health and Support Services

Case Study: Case Study: Government of Mauritius Harm Reduction & Methadone Programs

Executive Summary

Mauritius, a small island nation in the Indian Ocean, is home to a concentrated HIV epidemic affecting primarily people who inject drugs, sex workers and men who have sex with men (MSM). The Mauritius government and its partners have sought to address the HIV epidemic in several different ways. A partnership of civil society and the government initiated harm reduction practices in 2006 that include access to free opioid substitution therapy (OST)—primarily through methadone maintenance—and needle and syringe exchange in conjunction with scale up of HIV testing and ART access. Following the introduction of the harm reduction strategies, a total of some 6,700 individuals have initiated methadone maintenance therapy (MMT) since 2006. This has contributed to a reduction in HIV incidence among people who inject drugs from 68.1% in 2011 to 47.2% in 2012; 38.1% in 2013; and 31.1% in 2014. The HIV response in Mauritius provides an evidence-informed best practice that should be considered by other countries that face persistent and disproportionate HIV transmission attributed primarily to injecting drug use.

Program Overview

Recognizing that Mauritius' HIV epidemic is largely concentrated among people who inject drugs, the Mauritian Ministry of Health and Quality of Life (MoHQL) began implementing various harm reduction strategies aimed at this population in 2006. These activities were formally established under the Harm Reduction Unit (HRU) within the MoHQL in 2010. The HRU aims to prevent the spread of HIV through implementation of two interventions: needle and syringe exchange and methadone maintenance therapy (MMT).

The MMT program's services are described in the table below.

Component of national harm reduction approach	Target groups	Service provision sites	Services
Methadone maintenance therapy (MMT)	People who inject opiates	– MMT drop-in-centers (MMT DICs) – Residential and day care induction sites (4 in number in 2014, reduced to 3 in 2015) – Distribution points at community level (18 in 2014, increased to 42 in 2015) – Prisons	Comprehensive package of services: Follow up of methadone beneficiaries Daily methadone dispensing Screening for drug use Counseling Psychosocial Counseling Hiv testing and counseling Provision of condoms IEC materials Referral to ART clinics
Needle and syringe exchange	People who inject drugs	– Fixed-site exchange in designated areas in community – Mobile vans/outreach services	Comprehensive package of services which include: – needle and syringe exchange – testing &counseling – condom distribution – Sterile Alcohol swabs – Referrals to MMT program – Referrals to drug treatment clinic if desired by clients
MMT and NEP clients voluntarily receive HIV counseling and testing. Those who test positive are referred to HIV clinics for ART and treatment of co-infections, and to other service providers for support			

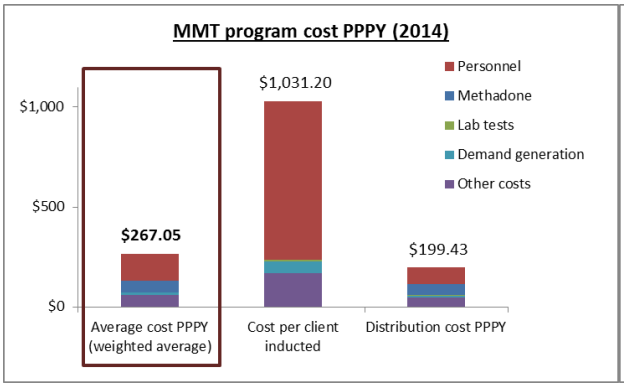
Program Statistics at a Glance

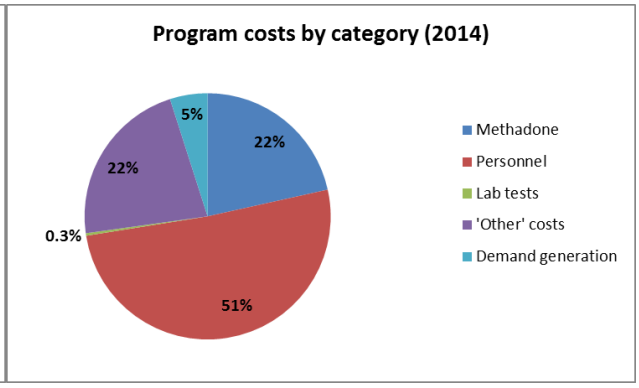
Key data points	2010	2011	2012	2013	2014
No. of people who inject drugs reached under the NEP	-	-	2,649	2,540	3,078
No. of people who inject drugs on methadone	3,279	4,728	5,442	5,692	5,571
No. of adults and children adherent to ART	646	1,349	1,527	1,830	1,900
% of HIV-positive pregnant women receiving PMTCT services	81%	96%	96%	96%	97%

Source: Ministry of Health and Quality of Life (MoH) 2015

Costing Overview

From a costing perspective, the MMT program consists of two main phases – a resource-intensive induction phase, and a lower-cost distribution phase. The team collected and analyzed the costs associated with the above-mentioned two phases of Mauritius' national MMT program for a 12-month period (January through December 2014), which showed a cost per patient per **year (PPPY) of $267**. This is a weighted average of the costs of the two programmatic phases: in 2014, it cost an average of $1,031 to induct a client and $199 PPPY year to maintain a client on daily methadone. For HIV-positive MMT clients, these costs are supplemental to the cost of ART or pre-ART care. Although this analysis did not cost HIV service delivery in Mauritius, the National AIDS Secretariat (NAS) estimates that antiretroviral drug costs alone are about $300 PPPY, without accounting for personnel time, lab tests and other costs.





Why this is a best practice

The following activities and associated impacts are among the main reasons the Government of Mauritius Harm Reduction & Methadone Programs has been identified as a best practice:

- Innovative: The collaboration between civil society and the government is an excellent example of partnership between the two key stakeholders.
- Creating demand: Using the harm reduction services as a gateway to people who inject drugs, the government has linked the methadone maintenance and needles and syringe exchange programs to its HIV testing and linkage to care programs.
- Demonstrating political will: No other African government has taken such a decisive step to engage PWID.
- Showing a decrease in HIV infections: The yearly number of newly diagnosed cases which was around 540 for several years has shown a downward trend a few years after the introduction of the harm reduction program—from 401 in 2011, to 320 in 2012, and to 260 in 2013.