



# ***Most-At-Risk Population Studies & Activities Zanzibar, Tanzania***

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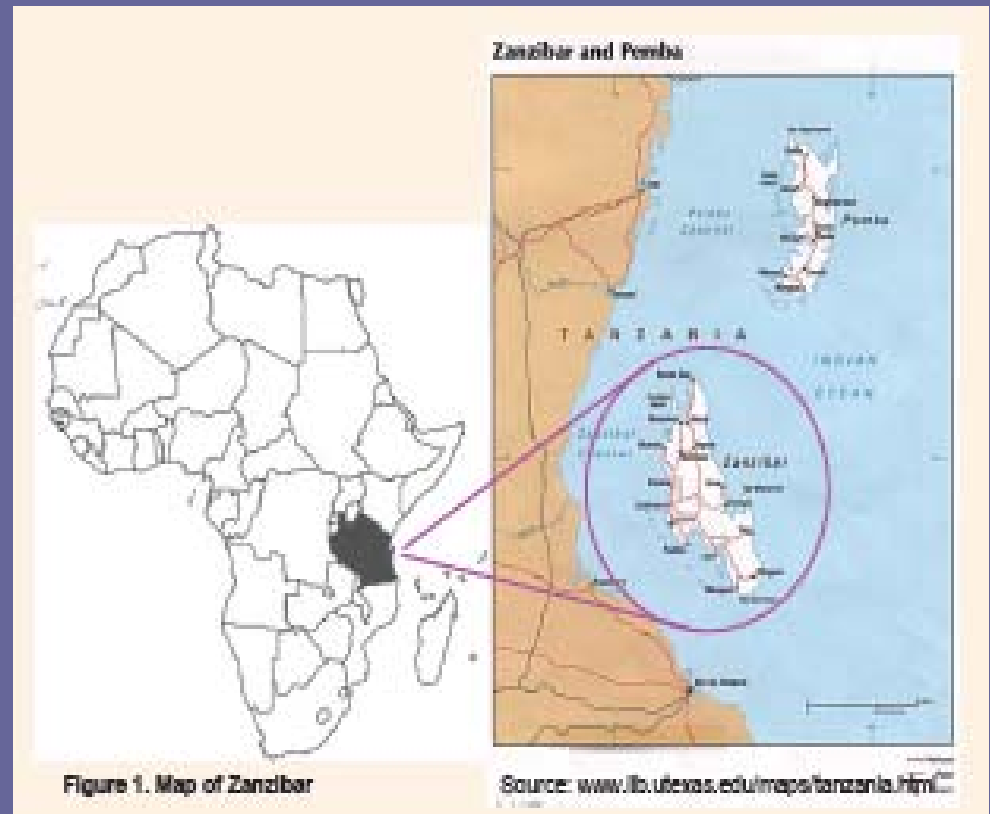
Chennai, India – PEPFAR MARPs Meeting  
18-20 February 2009

# Acknowledgements

- Dr Dahoma and the staff of the Zanzibar AIDS Control Program
- Dr Salim, Dr Ahmed, and the staff of the Department of Substance Abuse Prevention & Control
- Amy Cunningham and the Columbia University Team
- Zanzibar Partner NGOs & CBOs
- USG – past and present, Beverley Cummings and other colleagues

# Overview Zanzibar

- Semi-autonomous island territory; part of United Republic of Tanzania
- Population Size: 1.1 million (600,000 in Unguja)
- 99% Muslim
- HIV prevalence <1% in general population: 0.5% in men and 0.7% in women (THMIS 2007/08)



# MARPs: Biological and Behavioral Surveillance Surveys

- Objective: To assess HIV and STI prevalence, and associated risk behaviors among injection drug users (IDU), female sex workers (FSW), and men who have sex with men (MSM)
- Data collection from July – Sept 2007: Interviews and Testing for HIV, Hepatitis B & C, and Syphilis
- Respondent-driven sampling: Chain-referral sampling method adapted to attain a probability-based sample of 'hidden' populations based on social network theory

# MARPs Studies: Injection Drug Users (IDUs)

- Eligibility:  $\geq 15$  years, living in Unguja, injected drugs in past 3 months
- Sample size: 499; Mean age: 32.2 years
- **HIV prevalence: 16.1%; HCV prevalence: 26%**

## **In the past month...**

- 53.1% reported sharing needles
- 44% had non-paid sex: 71.8% of those did not use a condom
- 20.7% paid for sex in past month: 73.8% of these never used condoms
- 62.5% reported  $>2$  sexual partners in past month

# MARPs Studies: Female Sex Workers (FSWs)

- Eligibility:  $\geq 15$  years, living in Unguja, exchanged sex for money in past month
- Sample size: 379; Mean age: 26.7 years
- **Prevalence: HIV: 10.9%; HBV: 5.1%; HCV: 1.9%; Syphilis: 1.3%**
- 36.3% entered sex work  $\leq 19$  years of age
- 52% report  $\geq 3$  clients on last day of work
- 55.7% used a condom at last sex with a client
- Consistent condom use varies with type of partner from 26% (steady partners) to 51.1% (tourists/foreigners)
- 2.8% injected drugs in last 3 months; 14.1% suspected steady partner of injecting drugs

# MARPs Studies:

## Men having Sex with Men (MSM)

- Eligibility: Men aged  $\geq 15$  years, living in Unguja, engaging in anal sex with another man within last 3 months
- Sample size: 509; Mean age: 28 years
- **HIV prevalence: 12.3%; HCV prevalence: 14.7%; 43% of HIV-positive participants co-infected with HCV**
- 42% currently or formerly married; 58% never married
- 71% reported sex with both male and female partners in the previous month
- 87.1% reported multiple male or female partners in last month
- 71.2% did not use condoms with last male partner; 72.9 % did not use condoms with last female partner
- 77% were paid for sex in the past year
- 13.9% used injection drugs in last 3 months
- HIV infection significantly associated with lower education, injecting drugs in the past 3 months, and HCV infection

# Linking Data to Activities

- Studies have confirmed MARPs as being highly vulnerable and key within the concentrated epidemic in Zanzibar
- Introduction of MARPs surveillance as routine to allow monitoring trends in epidemic in Znz as well as the future impact of MARPs programs and activities
- Studies have built capacity and confidence among govt staff and partners involved
  - To utilize RDS as a study and research method
  - To approach and work with MARPs
  - To use data to inform program design and decisions

# Activities – Ministry of Health

## Zanzibar AIDS Control Program (ZACP):

- Leadership for MARPs surveillance and studies on Zanzibar
- Advocacy within Govt for MARPs activities and services
- Funded to set up a community service center for IDUs and MARPs on Zanzibar

# Activities – Ministry of Health (2)

## Department of Substance Abuse Prevention & Rehabilitation (DSAPR):

- Five full-time staff dedicated to work on substance abuse issues
- Coordination of govt and civil society and potential role in future M&E of these efforts
- Interim service provision for MARPs referred to DSAPR through outreach activities in their premises

# Activities - NGOs

## Columbia University and Zanzibar NGOs/CBOs:

- Sub-grants to 3 NGOs/CBOs and training of NGO and DSAPR staff on substance abuse, peer education, outreach, rehabilitation and detoxification
- Development of tools and database for monitoring of MARPS outreach activities and referrals
- Activities started over the past two months and include outreach and peer education, condom promotion and distribution, mobile CT, referral to STI and care and treatment services

# Exchange Opportunities

## American International Health Alliance (AIHA):

- US partnership with the Great Lakes Addiction Transfer & Technology Center: Exchange visit to Detroit Recovery Service and training of DSAPR staff
- South-South Partnerships with Kenya: Transition to more South-to-South collaboration with IDU programs in Nairobi and Mombasa for both Zanzibar and Tanzania mainland

# Challenges

- Strong legal, cultural and religious barriers to openly working with and providing services for MARPs impeding condom promotion & distribution, work with IDUs and MSM, rehabilitation work planned
- Tremendous need for capacity building for local partners – low starting point
- Govt role and shift to coordination vs implementation
- Different settings requiring different methods for MARPs surveillance (Znz, Pemba and mainland)

# Way Forward

- Clear task distribution and coordination between MARPs partners on Znz
- Knowledge transfer and facilitation of linkages with mainland
- Fast roll-out of outreach activities
- Urgent need for actual service provision & referral center
- Advocacy and community leader sensitization at all levels and all times
- Exploring activities regarding HIV & Hepatitis co-infection