

**REGIONAL  
NETWORK ON  
HARM REDUCTION  
AND OST IN WEST  
AFRICA**

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# **INTERNATIONAL CONTEXT**

## Countries have committed to making key changes by 2030 including for people who use drugs

UN 2030 Agenda for Sustainable Development

- UN member states, including this country, agreed on goals to be achieved by 2030
- To achieve these goals, changes are needed to:
  - Protect the rights of people who use drugs
  - Ensure their access to prevention, treatment and social services



To end AIDS and TB and combat hepatitis... and achieve universal health coverage



To empower all women and girls, including those in prisons and other closed settings



To reduce inequalities, eliminate discriminatory laws and policies and promote social protection policies



To promote the rule of law, ensure equal access to justice, and develop effective, accountable, transparent institutions at all levels



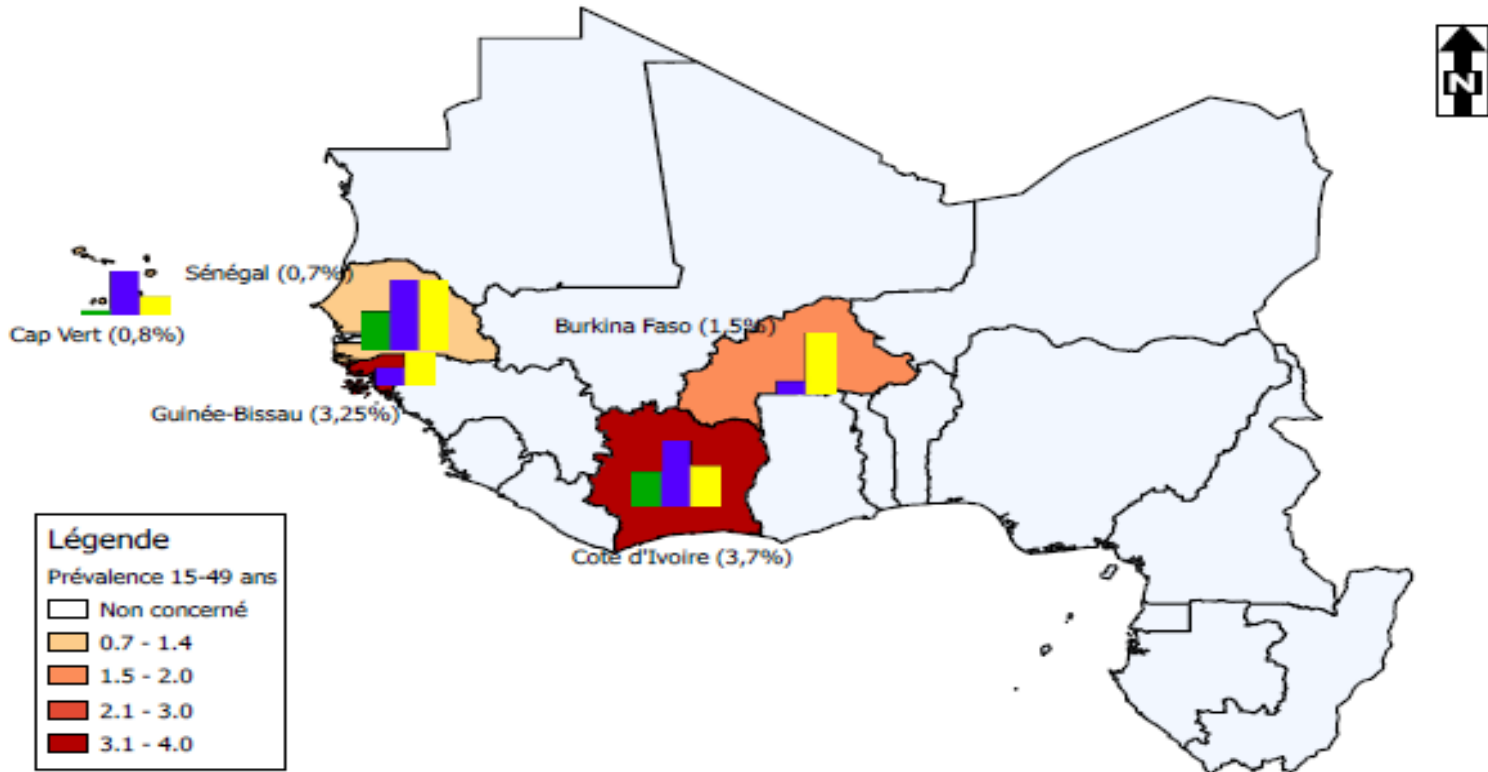
Decentralisation and strengthened integration of HIV-related services

**WHATS HAPPENS IN WEST AFRICA FOR  
OST AND HR ?**

# Context in 2016: Do we have data ?

Yes, but partial and fragmented data

Prévalence du VIH chez les adultes, les CDI, les HSH et les PS dans les 5 pays de la note



- Disproportionate impact of HIV among Pop-Keys / outbreaks of the epidemic
- Hep C: 23.3% according to UDSEN 2011
- Data on TB was also partial (WHO Ivory Coast reports 10 times higher rate among DUs in CI / General pop)
- Stigma, discrimination, non-compliance

# REGIONAL NETWORK ON HARM REDUCTION

- In January 2013: *The West African Commission on Drugs* (set up by former UN Secretary-General Koffi Annan and chaired by Olesegun Obasanjo) made recommendations (05) for the effectiveness of HR in Africa

# OST: EXAMPLE OF SÉNÉGAL (1/2)

- **UDSEN** funded by the National Agency for Research on AIDS and viral hepatitis in France (ANRS) and the Institute of Medicine and Epidemiology Applied (IMEA) has shown that drug use injections is a reality in Senegal and risks of infection exist due to the modes of use and an unfavorable social and legal context.
- April-July 2011 in the Dakar region associated with a study of prevalence and practices in risk of HIV, HBV and HCV infection has been achieved (Study ANRS 122432).

HIV prevalence: 5.2%; HBC : 23,4 %

# OST: EXAMPLE OF SÉNÉGAL (3/3)

- After This investigation outreach team have started in 4 areas of Dakar in order to distribute and collect syringes



# A political decision is taken : Create a Reference center for the management of the UDI's



- Integrate IDUs as a key population in the National Strategic Plan to Fight AIDS 2014-2017
- Mobilize resources
- Bring medical, scientific and social skills together in one place
- Strengthen the capacities of medical staff
- Establish a Steering Committee and a Management Committee for Governance

# December 1st, 2014, the CEPIAD was born ...



- Dakar Integrated center of drugs and addiction management: **Prevention, care, training and research**
- Unit of the Department of Psychiatry located within the Fann National University Hospital.

# ACTIVITIES



# CEPIAD'S RESULTS 2019

- ❑ 1881 consultations (addictionnal, medical, social and psychosocial);
- ❑ 277 IDU including in OST program;
- ❑ 198 field team outings :

# OUT OF DAKAR

- Opening of other centers, especially at the decentralized level : Mbour where 14 IDU are including at the OST program,
- Thiaroye Dakar suburbs start .
- Outreach team to Kaolack

# STRENGTHS

## □ Institutional Network

- Political will: the first advance lies in the fact that addiction is now assimilated to a public health problem: Council of Ministers of July 13, 2016:
- Existence of a national strategic plan to fight against drugs (2016-2020);
- Registration of drug users as a vulnerable group in the CNLS strategic plan since 2014
- Sensitization of the security forces, judicial authorities, parlement
- Legal framework review (in progress)

# STRENGTHS

## □ capacity building network :

- Capacity building: North - South and South - South partnership
- Personal and institutional study trips
- Regional level training in 2017 and 2018
- Implementation of an addictology DU in Dakar
- Development of a reference guide (care guide, trainer's guide, participant guide)
- Training of trainers
- Trainees from countries in the sub-region (Mali, Guinea Bissau, Comoros, Benin, etc.)

**AND THE OTHERS COUNTRIES ?**



# HARM REDUCTION IN WEST AND CENTRAL AFRICA

- **ANCS** made a program on Harm reduction (PARECO) 2016-2019 in 5 countries : Sénégal, Guinée Bissau, Cap-Vert, Burkina Faso and Ivory Coast with a lot of models (outreach, carceral...).
- It's important to precize for us that only Sénégal have a OST program for the IDU's.
- All the countries West and Central Africa made a Harm reduction activities : Ivory coast, Burkina Faso, Cap-Vert, Guinee Bissau

# **SIGNIFICANT ACHIEVEMENTS OF THE PARECO PROGRAM**

- High-level meeting with the WACD on the Dakar appeal and the model drug law

# PARECO : KEY RESULTS

## SOCIAL AND LEGAL ENVIRONMENT

High-level meeting with WACD (The

Dakar call & the model law)

Analysis of socio-legal barriers and

obstacles to Harm Reduction

Development of administrative tools to

remove barriers and obstacles

5 country taskforces set up

Round tables for the adoption of

administrative tools (draft decree and

decree aimed at institutionalizing the

package of 12 interventions of the Harm

Reduction)



PANEL



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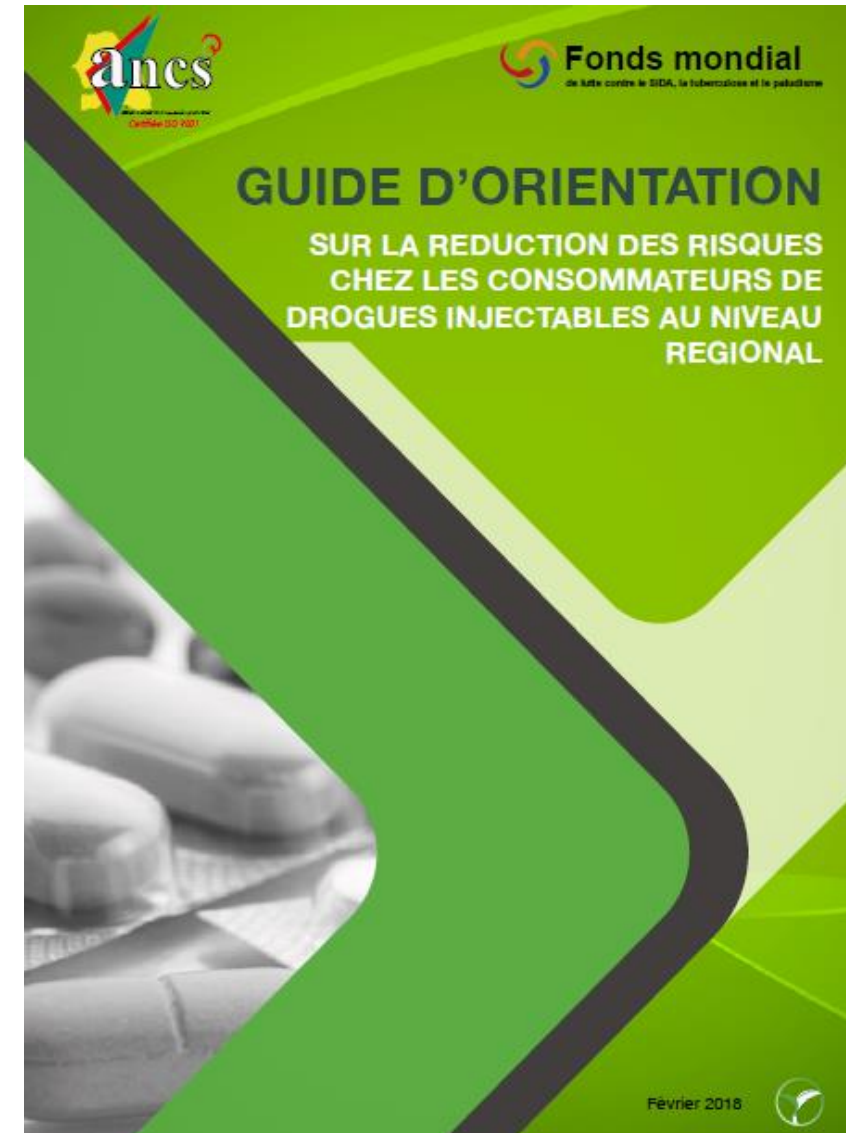
LANCEMENT APPEL DE DAKAR

# SIGNIFICANT ACHIEVEMENTS OF THE PARECO PROGRAM

- Availability data in 5 countries
  - o Size estimation
    - Cartography,
  - o Bio behavioral surveys,
- Integration harm reduction in national strategic plan Cabo Verde, Guinea Bissau

# PARECO : KEY RESULTS (1)

## STRATEGIC INFORMATION Guide Harm Reduction



# RESULTS FROM PARECO COUNTRIES (1/3)

## GUINEA BISSAU

- Round table with 102 deputies on the harm reduction and signing of a commitment on the harm reduction
- Set up a out reach Team
- Revision of the Operational plan to fight against Drugs & Revision of the national list of essential drugs in the country to integrate harm reduction.

## CABO VERDE

- Decision of the Minister of Administration to introduce harm reduction in the training curriculum of the national police
- integration inputs from civil society engaged in the harm reduction in the new drug law

# RESULTS FROM PARECO COUNTRIES (2/3)

## SENEGAL

- Training of OCRTIS on harm reduction and support for the establishment of a specialized police unit on harm reduction (Nidiaye)
- Start of Acceptance of harm reduction interventions and referral of CDIs to support structures by security force agents and harm reduction started in Prison

## IVORY COAST

- Support for the establishment of CASA (Center for Support in Addictology)
- Harm reduction training for heads of anti-tuberculosis centers and Abidjan teaching hospitals facilitating the acceptance of CDIs who were previously not admitted
  - Set up a out reach Team

# RESULTS FROM PARECO COUNTRIES (3/3)

## BURKINA FASO

- Opening of the first addictology unit at the CHU Yalgado
- Training of security forces on Harm reduction and delivery of certificates by CDI mediators
- Set up a out reach Team



# PARECO : KEY RESULTS (2)

**CAPACITY BUILDING**  
+1500 actors affected



# LAUNCH OF THE REGIONAL PLATFORM ON HARM REDUCTION

- **The regional platform on Harm reduction** was officially launched at the international ICASA conference in Rwanda in 2019, bringing together all the countries whose Pareco program is implemented.
- However, other countries wish to integrate the platform, notably Benin, Togo, Guinea Conakry and Mali.
- With the platform, the countries are committed to federating their strenght



# NEXT STEPS

- Develop the regional Platform on Harm reduction in West and Central Africa
- Promote the Harm Reduction in all countries West and Central Africa
- Expand care OST in all West and Central African countries
- To enhance access for treatment HIV, HBV and HCV
- Promote exchange with other regions in Africa for elimination hepatitis C

**THANK YOU FOR YOUR KIND ATTENTION**  
**MERCI**  
**OBRIGADO**