

East African Network on Harm Reduction

The meeting on an Eastern African Harm Reduction Network was organised by KANCO, and held in Sarova White Sands Hotel, Mombasa on the 27th of March 2013.

The aim of meeting was to discuss how networks operate in each country and discuss relevancy of a regional network within East Africa.

The different countries that were represented were:

- Kenya
- Tanzania
- Zanzibar
- Uganda
- Mauritius

Representatives of these countries included Harm Reduction networks and Users organisations. Representatives of INPUD (Mick Webb), UNODC (Dr. Reychad Abdool), Medecins du Monde (Ancella Voets), as well as representatives of Kenyan Governmental bodies like the National AIDS Control Council (NACC), National Authority for Campaign against Alcohol and Drug Abuse (NACADA) and National AIDS & STI Control Programme (NAS COP) were also part of the delegates.

The meeting started with a presentation from Dr. Reychad Abdool who talked about the HIV resolutions that emanated from the recent CND meeting in Vienna, and stressed on 3 aspects of these resolutions: the recognition of civil society's role and the space given to them in the global drug debate, the new Hepatitis treatment guidelines for PWIDs by the World Health Organisation, and the push for Drug Policy reform in terms of access to Harm Reduction services for PWUDs.

Mick Webb then presented that work that had been achieved by INPUD in the region, namely in Tanzania and Kenya in terms of creation of Drug Users Organisations, which led to the creation of KENPUD and TANPUD.

Kenyan Governmental representatives also presented the situation in their country and Governmental plans with regards to drugs, Harm Reduction and HIV/Aids.

The rest of the day was dedicated to presentations from different delegates:

Kenya and Tanzania presented the Harm Reduction networks of the country, as well as the drug users organisations.

Zanzibar and Uganda presented the Harm Reduction network of their country

Mauritius presented Harm Reduction interventions of the country.

The end of the meeting was dedicated to analysing the common issues with regards to Harm Reduction in the different countries of the region.

It has been suggested that the constitution of the former SAHRN (Sub Saharan Harm Reduction Network) be revisited by a group of 5 people who would come up with recommendations to the wider group in a delay of 15 days. The bigger group would then have 2 weeks to react to this, before a plan of action is proposed. These 5 people are:

1. Taib Abdulrahman Ahmed, Kenya Harm Reduction Network
2. Dickens Bwana, Tanzanian Harm Reduction Network
3. Nathalie Rose, CUT Mauritius
4. Fayzal Sulleiman, Mauritius
5. Wamala Twaibu, Uganda Harm Reduction Network

The following day was dedicated to site visits of pilot Harm Needle and Syringe Programme around Mombasa. The delegates were thus divided into 3 groups and each group visited a Syringe and Exchange Programme. The visit lasted the whole day, and on the way back, a debrief meeting was organised by a limited number of participants.

Challenges observed:

There has been a resurgence of interest in reviving national and regional networks focused on harm reduction. This meeting was organised to address the question of the need for regional harm reduction network in East Africa. This raised a number of issues:

- The understanding of the philosophy of harm reduction
- Is the network a user network, a harm reduction network or a drug policy network
- How the selection of the organisations represented was made,
- How representative of networks are the delegates present.

UNODC representative questioned whether delegates were legitimately representing the networks of their respective country. In the same line of thought, the process set up by the host organisation to choose a country representative was seen, in some cases, as relying on out of date data. It was observed that the formation of a new network would require up to date information on each country and the utilisation of a “democratic or representational” process within each country to select future representatives

Whereas most country representatives seemed to be understanding the philosophy of Harm Reduction, some, namely Zanzibar seemed to need some additional guidance on what harm reduction is and what it is not. This is especially true as people who use drugs and have been successful in abstinence based treatment programmes join the harm reduction movement. There is always some issue around harm reduction being an intake for abstinence based treatment programmes.

There needs to be clarification as the purpose of the regional network as some seemed to be pushing for a regional users organisation, whereas some seemed to be rather pushing for a regional Harm Reduction network.

Countries like Mauritius, Uganda and Zanzibar lagged behind in terms of representativeness of People who Use drugs. This may be addressed by external capacity building to help people who use drugs to organise themselves into user networks. If the planned Users Conference in late 2013 is to have a meaningful geographical representation of PWUD, technical assistance and support must be given to users groups to be established in these countries.

It seems like there are no available budget for the creation and sustainability of this network.

It was encouraging to visit Needle and Syringe Pilot project. However, some challenges in this implementation include lack of proper protocol, as well as the goal that abstinence is the outcome of harm reduction interventions in the service delivery of the programme.

Opportunities

Every country present agreed that the difficulties faced regarding Harm Reduction were more or less the same in the different countries of the region. Even though access to services like OST and sterile needle and syringe programmes (NSP) might be less of a challenge in Mauritius, there are still other major common challenges that created an ownership of this project.

Harm Reduction networks appear to be very supportive of the peer led drug user networks activities and initiatives. However, this needs to be balanced with the underlying goal of abstinence.

The meeting has given opportunities of networking and sharing of experiences among stakeholders of the region that could potentially give rise to projects done in collaboration within different countries of the region.

There is a users Conference in November 2012 in Kenya, and this will be yet another opportunity for users' organisations to meet and strengthen their network and role as Harm Reduction stakeholders.

Way Forward

The small committee noted above will review the SAHRN constitution, and come up with recommendations on whether it is possible to adapt the SAHRN platform to a more focused East African context. The larger group will then review the recommendations and form a plan of action. Funding will need to be obtained to conduct additional meeting opportunities to make the regional network a reality.

International events like the coming Harm Reduction Conference could be an opportunity for the network to meet since there are no available funds for travelling and regional meetings for the moment.

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