**CONFERENCE THEME: LEADERSHIP AND INNOVATION IN HARM REDUCTION**

The first Regional Eastern Africa Harm Reduction Conference (1REAHRC) will be 2017 largest regional harm reduction event. It will bring together all those at the heart of HR in the Region.

For three days there will be presentations, workshops, panel discussions, community village networking events and many more.

Being the first of its Kind in the region, the Conference in being hosted by KNCO and Partners at the Kenya School of Monetary Studies

East Africa is beginning to wake up to a forward looking approach in Harm reduction and rug policies, the progress is slow, in response the REAHRC will help build a movement that will learn, share and benefit form policies based on human rights and dignity

**NAME: 1st Eastern Africa Regional Harm Reduction Conference**

**Dates: November -15-17 2017 (3 days)**

**Venue: Kenya school of Monetary Studies Nairobi Kenya (KSMS)**

**Organized by: KANCO, EAHRN,OSIEA, MOH-KENYA,NACADA,UNODC**

**Hosted by: KANCO**

**Participants**:

People who inject drugs (PWID), implementers, supporters, advocates, researchers in harm reduction, International participants including Drug Authorities in Eastern Africa and high-level ministry and county officials, representatives of UN agencies and international organizations, eminent researchers, institutions of higher learning and national drug authorities, Ministries of health.

**Working languages**: English, French

**Objectives**

* To share knowledge and experience in Harm reduction
* Inter-sectorial debate to define the value of harm reduction policies in the region and Africa
* To share different strategies in harm reduction programing
* Creation of action plans to follow-up on outcomes of the conference and reinforce partnerships
* To mainstream harm reduction discussion among policy makers and institutions

**Expected outputs**

* A high-level statement from the Ministries Represented
* Following-up action plans on Harm reduction programming in the Countries represented
* Partnership for following-up initiatives
* Regional partnership and networking for harm reduction advocacy

**BACKGROUND**

The lack of information and related programming, coupled by stigma and discrimination, criminalization and punitive laws and policies, gender violence especially amongst WWID, limitations within existing health and community systems cumulatively have resulted to a “hidden” population that is rarely seen, heard and listened to by key stakeholders. The “hidden” population has over time been unable to access prevention, treatment and support services, which conventionally were and still are more responsive towards the general population than to PWID.

In the context of a lack of accurate data, there is compelling evidence that the Eastern Africa region is experiencing growing and complex forms of drug use. Community based organizations and local journalists report increasing trends in drug use in the region. UNODC reports have suggested that the East Africa region is a focus for heroin transit, and increasing local consumption. In particular, such areas as East Coast of Africa (Mombasa, Zanzibar, Dar es Salaam, Seychelles, Mauritius) increasingly play the role as entry points of heroin which further gets transported to Europe through Nairobi and Addis Ababa). Whilst the sea trade is potentially the most significant, air and land routes are also influential. In combination this creates a volatile and ever shifting supply of drugs. Heroin is also now in use, reportedly alongside the use of cocaine (as confirmed by recent pharmacological analysis in Western Kenya, unpublished data), and potentially in combination. High rates of alcohol, cannabis and Miraa (*khat*) use alongside heroin also`` accentuate the patterns of risk and vulnerabilities PWID face.

Female using and injecting drugs in most cases are even more vulnerable as they are more frequently involved in receptive sharing (using paraphernalia for injection after male partner), more likely to have a high risk partner (older and with longer history of drug use) they may also have multiple partners and frequently are involvement in sex work and transactional sex to receive money or drugs.

Very little data exists on the gender differences in HIV prevalence, risk practices and vulnerabilities amongst PWID in eastern Africa. The absence of this data undermines the potential to create harm reduction services tailored to the specific needs of women who inject drugs.

People who inject drugs (PWID) are not widely recognized as a vulnerable group in need of accessing HIV and TB services within national health responses. Eastern African Governments have been slow to adopt responses to problematic drug use from a public health issue/human rights perspective which has resulted in drug policies that violate the human rights of people that use drugs. There is overwhelming evidence that the criminalization of drug use has been unable to reduce the supply and demand of illicit drugs. Instead, the criminalization of drug use has made it difficult for people who use drugs to access services and additionally reduce the risk of HIV and Hepatitis C transmission.

As a way of taking forward this agenda and to promote dialogue about drug policy reform and harm reduction, KANCO will convene a Regional Conference on Harm Reduction

**AIM**

The Conference seeks to create an interface between programing in Harm reduction and policy reform and to debate on how partners can support scale up of harm reduction services in the region.

**Conference outputs**

A high-level Statement to provide EA states with policy recommendations about how to support harm reduction in their countries and in the region

To address current policy challenges in the region around service delivery for PWID and their families

It will also forge partnerships that are aimed to help Member States to develop policy recommendations for harm reduction in the region.

**TARGET COUNTRIES AND PARTICIPANTS**

Uganda, Ethiopia, Mauritius, Seychelles, Burundi, Kenya, Tanzania, Zanzibar, Rwanda with opportunities for other countries in the larger region

1. Ministries of Health- a significant number of representatives are expected to join the Conference.
2. Participants from the countries and heads of programs where effective harm reduction strategies are being implemented or leaders who have demonstrated vision in human rights for PWID will be invited to join the debate as well as countries planning to implement harm reduction
3. Delegates from Internal Security: Law enforcement officers
4. Delegates from the Drug Authorities and anti-narcotics police
5. Delegates from The EAC and other regional bodies like IOC and IGAD,AU
6. Implementers of MAT and NSP in different countries industry leaders of international organizations which support harm reduction (Alliance counties)
7. Researchers to maximize the spectrum of experiences and knowledge to be shared during the Conference,
8. Experts who have conducted rigorous studies on harm reduction, or implemented effective harm reduction project, will be invited to join the plenary and breakout sessions.

(9) International Participants, representatives of other UN agencies, intergovernmental organizations, regional players and NGOs will be invited as well.

(10) University Departments concerned with and psychological and socio- economic research in drug use and harm reduction

(11) Countries in the Global fund regional grant

(12) Communities of people who Inject drugs

**THEME AND SUBTHEMES**

**Conference theme: Leadership and innovation in access to healthcare**

Under the core theme of leadership and innovation in accessing healthcare for PWID, the achievement of programs on targets, forward-looking debates, sharing of cutting-edge knowledge and research, deliberation on sector strategies will be organized around the following subthemes:

1. **Evidence based approaches in Harm reduction**: This session is to convene forward-looking debates between research and evidence in HR. Reshape key aspects of the program and how policy enablers and stakeholders should be intertwined in national and institutional policies in order to achieve HIV prevention targets. The debate will act as the overarching architecture to frame the following-up thematic debates.

While forward-looking views are encouraged, the foresight should be anchored in questions on empowering women PWID, envision a scale up of programs, sharing insights on regional trends and their impacts on harm reduction. Case studies on PWID, to include women.

1. **DRUG policies and the global war on drugs**: the legal environment, Planning human rights based policies and strategies that are needed to achieve the conducive environment, to ensure universal access to health services for PWID living with HIV, online content, training to equip advocates in policy issues and human rights. Re-define core roles of the constitution in supporting PWID and families.
2. **Implementation of Harm reduction programs** and Supporting effective harm reduction principles in PWID to ensure comprehensive service delivery. This session aims to share effective policies and innovative practices on. Specific issues to be addressed under this sub-theme include: -SOPs on MAT and NSP in East Africa, buprenorphine and naloxone, hepatitis C and overdose treatment. This debate is focused on dialogue for support of ministries of health for future domestic funding for HR
3. **Evaluating and monitoring the impacts of Harm reduction:** this session aims to share success from countries like Mauritius and Ukraine. With the implementation of Harm Reduction projects in Mauritius, the incidence rate of HIV declined **by more than 50%** among people who inject drugs, **from 92% in 2005 to 44% in 2013.**  This session will also aims to examine the indicators and methodologies that can be used to monitor the impacts Harm reduction
4. **Community Systems Strengthening:** The session will aim to enhance the capacity of countries to successfully adopt and implement harm reduction interventions in a manner that is responsive to their contexts. Countries with significant investments in harm reduction will share their experiences of implementation The session will also focus on resource mobilization for harm reduction with an emphasis on domestic resource mobilization in the region

**ABSTARCT SUBMISSION GUIDELINES**

**What you need to know:**

• **Language**: Abstract should be written in English.

• **Length**: Your abstract’s Main body should not be more than one a page (300words).

• **Formatting**: Font: Times New Roman, Font Size: 12, Spacing: Single line space, Page Margin: 0.5 all round.

• **Tables and Figures**: tables and figures will not be allowed during the abstract submission period

• **Submission**: All abstracts should be emailed to [hhreaconference@kanco.org](mailto:hhreaconference@kanco.org)

• **Deadline**: All abstracts should be submitted online on www. [hhreaconference@kanco.org](mailto:hhreaconference@kanco.org) or emailed by the end of day June 29th , 2017 for review.

• Errors: Authors are advised to cross check their abstracts for any spelling, grammar and statistical fact errors. All errors will be considered as the author’s sole responsibility.

**Abstract format**

Two formats will be acceptable for abstract submission- programmatic and research.

Abstract title and the author’s details (e.g. name, title, organization etc.) The first author will be deemed to be the presenting author

**Programmatic Abstracts**

• Introduction and Background.

• Objectives.

• Program description and methodologies.

• Lessons and/or recommendations/way forward.

**Research Abstract**

Introduction and background

Methods

Results/Findings

Conclusions/ recommendations

**Abstract review and feedback**

All abstracts will be reviewed through a blind peer-review process which will be done by an independent review panel.

Each abstract will be reviewed by at least three (3) reviewers. The abstract selection process will be done by members of the Conference Technical Committee.

The Conference Secretariat will give its feedback 21 days after the submission deadline date (June 30th 2017 ). All the accepted abstracts will appear in their full form in the 7 Conference Abstracts Book which will be availed during the conference. The abstracts will also be hosted on the conference website upon approval from the submitters

**Sessions**

1. Plenary with guest speakers and experts on key technical areas.
2. Parallel sessions on different topics. Delegates will have the option of attending sessions they consider most relevant to their program.
3. Moderated panel presentations and discussions (15 minutes per presentation).
4. Community dialogue sessions discussing various approaches of community based interventions.
5. Poster presentation