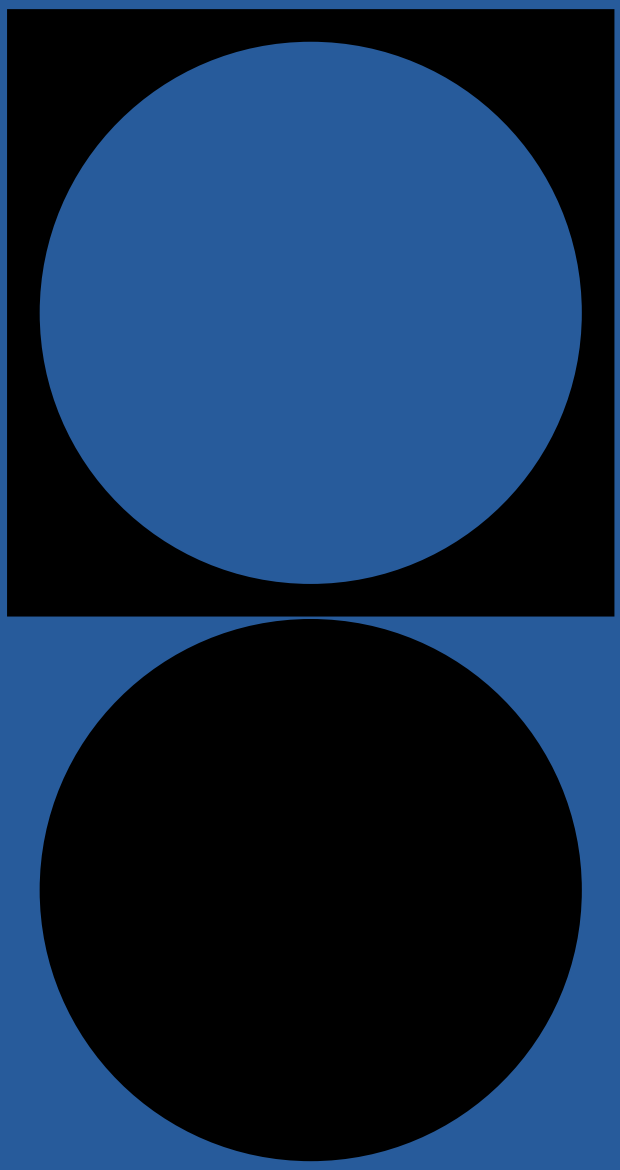
REGIONAL OVERVIEW: WEST AND CENTRAL AFRICA



THE GLOBAL STATE
OF HARM REDUCTION 2024

HARM REDUCTION INTERNATIONAL

AUTHORS OF WEST AND CENTRAL AFRICA REGIONAL OVERVIEW: **Aniedi Akpan** and **Prince Bull Luseni**

Aniedi Akpan is a drug user community advocate with lived experience of drug use. He is the Chairperson of the Drug Harm Reduction Advocacy Network Nigeria (DHRAN), Team Lead of Drug Free and Preventive Healthcare organisation and a member of the Global Fund Communities Delegations representing the Key Populations constituency. He also serves as a member of the National Technical Working Group for Drug Demand Reduction and Harm Reduction at the Federal Ministry of Health where he is an active voice in advocating for harm reduction programmes for people who use drugs.

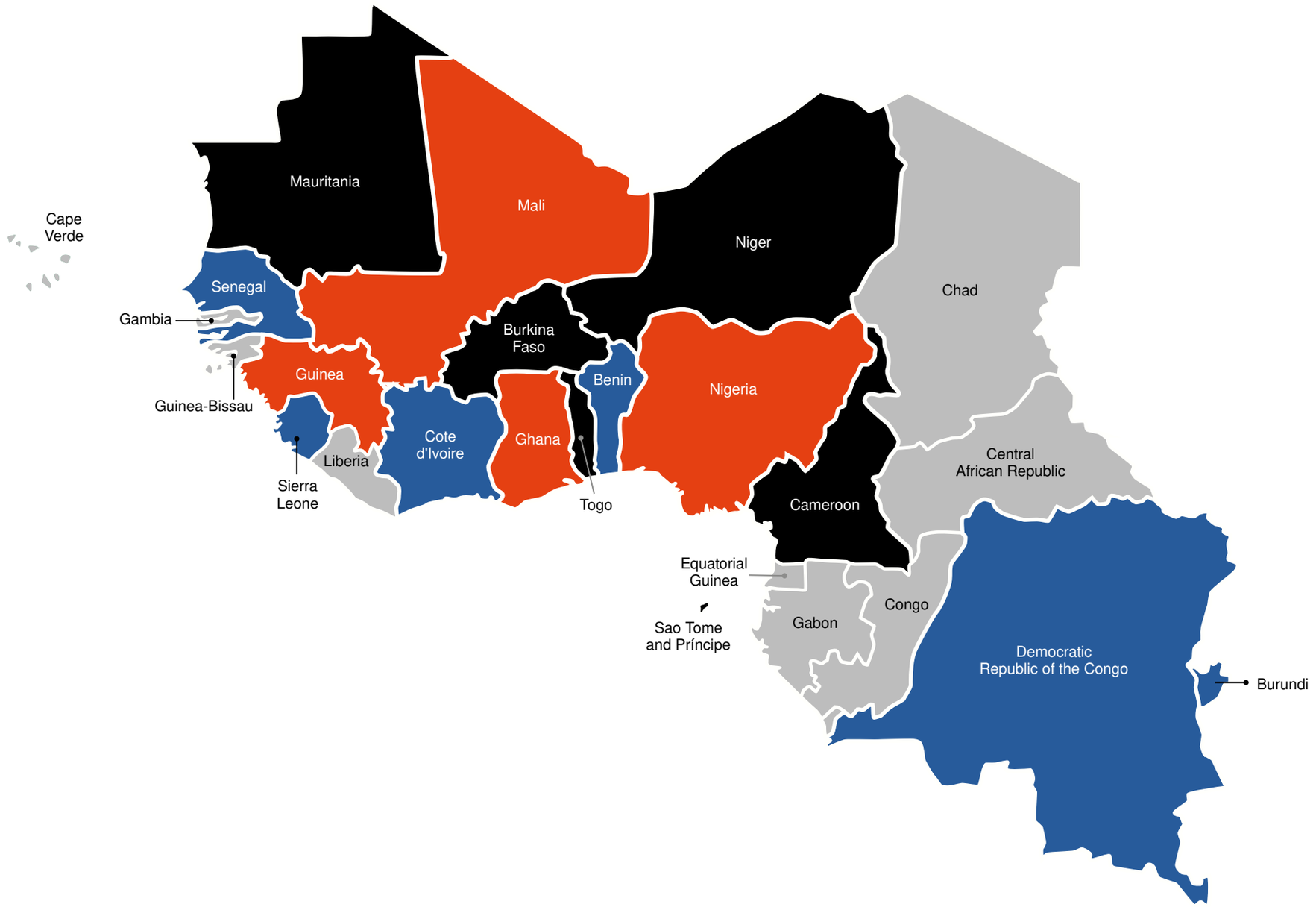
Prince Bull Luseni is the Executive Director of the West Africa Drug Policy Network (WADPN). Prince is also the President and Founder of the Institute for Drug Control and Human Security (IDCHS), a Sierra Leone based not-for-profit civil society organisation which promotes evidence-based advocacy for drug law reform.

TABLE EPIDEMIOLOGY OF HIV AND VIRAL HEPATITIS, AND HARM REDUCTION RESPONSES IN WEST AND CENTRAL AFRICA

Country/territory	People who inject drugs	HIV prevalence among people who inject drugs (%)	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)	Harm reduction responses				
					NSP[a]	OAT[b]	Peer distribution of naloxone[c]	DCR[d]	Safer smoking equipment[e]
Benin	800	2.1	nd[f]	nd	✓ 1	✓ M	×	×	×
Burkina Faso	90	nd	nd	nd	×	×	×	×	×
Burundi	nd	10.2	5.5	9.4	✓ 4	✓ M	×	×	×
Cameroon	3,500	nd	nd	nd	×	×	×	×	×
Cape Verde	nd	nd	nd	nd	nd	nd	nd	nd	nd
Central African Republic	nd	nd	nd	nd	nd	nd	nd	nd	nd
Chad	700	nd	nd	nd	nd	nd	nd	nd	nd
Congo	2,500	nd	nd	nd	nd	nd	nd	nd	nd
Côte d'Ivoire	2,600	3.4	1.8	10.5	✓ 3	✓	×	×	×
Democratic Republic of the Congo	168,000	3.9	nd	nd	✓	✓	nd	nd	nd
Equatorial Guinea	nd	nd	nd	nd	nd	nd	nd	nd	nd
Gabon	nd	nd	nd	nd	nd	nd	nd	nd	nd
Gambia	nd	nd	nd	nd	nd	nd	nd	nd	nd
Ghana	20,000	2.7	2.3	nd	✓ 1	nd	nd	nd	nd
Guinea	600	nd	nd	nd	✓	nd	nd	nd	nd
Guinea-Bissau	3,500	nd	nd	nd	nd	nd	nd	nd	nd
Liberia	4,100	3.9	nd	nd	nd	nd	nd	nd	nd
Mali	5,600	nd	nd	nd	✓ 6	×	nd	nd	nd
Mauritania	nd	nd	nd	nd	×	nd	nd	nd	nd
Niger	nd	nd	nd	nd	×	nd	nd	nd	nd
Nigeria	177,500	10.9	5.8	6.7	✓ 7	×	nd	nd	nd
Sao Tome and Principe	nd	nd	nd	nd	×	nd	nd	nd	nd
Senegal	1,000	3.7	39.3	nd	✓	✓	nd	nd	nd
Sierra Leone	7,600	4.2	nd	nd	✓ 1	✓ S	nd	✓ 1	nd
Togo	2,700	3.4	nd	nd	×	×	nd	nd	nd

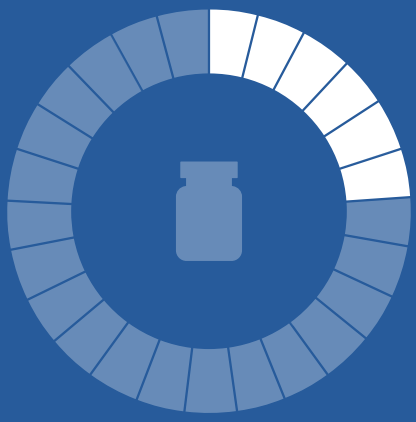
a At least one needle and syringe programme operational in the country or territory, and the number of programmes (where data is available).
b At least one opioid agonist therapy programme operational in the country or territory, and the medications available for therapy. B=buprenorphine, H=heroin, M=methadone, N=Naloxone, S=Suboxone
c At least one naloxone distribution programme that engages people who use drugs (peers) in the distribution of naloxone and naloxone training, and facilitates secondary distribution of naloxone between peers.
d At least one drug consumption room (also known as safe consumption sites among other names) operational in the country or territory, and the number of facilities.
e At least one programme in the country or territory distributing safer smoking equipment to people who use drugs.
f nd = no data

AVAILABILITY OF HARM REDUCTION SERVICES

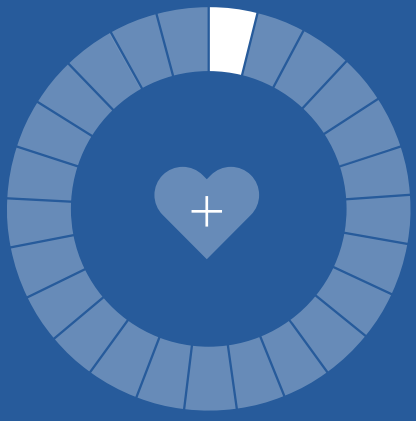


NSP, OAT, DCRs AND SAFER SMOKING KITS

10 countries (25%) in West and Central Africa provide **needle and syringe programmes** (+1 from 2022, Ghana)



6 countries (20%) in West and Central Africa provide **opioid agonist therapy** (+1 from 2022, Benin)



1 country in West and Central Africa provides **drug consumptions rooms** (+ Sierra Leone from 2022)

There is no country in West and Central Africa that provides **safer smoking kits**

KEY ISSUE

INADEQUATE COVERAGE OF HARM REDUCTION SERVICES

Out of the 25 countries[1] that make up West and Central Africa,[2] 10 offer needle and syringe programmes (NSP): Benin, Burkina Faso, Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Guinea, Mali, Nigeria, Senegal and Sierra Leone. Six countries provide opioid agonist therapy (OAT): Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Senegal, Benin and Sierra Leone. Sierra Leone also offers take-home naloxone, peer distribution of naloxone, and has one drug consumption room (DCR), and Côte d'Ivoire and Sierra Leone both provide safer smoking kits.

Since 2022, some countries in the region have reported an increase in the number of people who inject drugs, including Côte d'Ivoire (82% to 2,100 people),[3] Sierra Leone (74% to 5,600 people)[4] and Nigeria (60% to 268,500 people)[5].

Although Côte d'Ivoire offers two critical harm reduction services – NSP and OAT – a large proportion of people who inject drugs in the country do not have access to these services.[6] Among all the countries that offer NSPs, Nigeria has made great efforts to expand its interventions to other locations.[a7] However, this implementation has not been without challenges, as is the case for other countries, including Sierra Leone,[8] Côte d'Ivoire and Senegal.[9]

Major and persistent challenges that hinder healthcare for people who use drugs include the criminalisation of people who use drugs and the stigmatisation of drug use, the preference for law enforcement for drug control over harm reduction, the lack of adequate training and support for peer workers, exclusionary attitudes and policies and the failure to ground interventions in the lived experiences of people who use drugs.[10]

Peer-delivered health services play a crucial role in bridging the gap between people and the health system, particularly for those from marginalised and under-represented communities.[11]

Globally, peer-delivered harm reduction services were introduced by some countries as far back as the 1980s in response to the AIDS crisis among people who inject drugs. With the right training, peer workers can engage in diverse harm reduction activities, including outreach, risk-reduction education, policy advocacy and community-based research. There is hardly any data in the region to show that peers have received specialised training and certification to provide such support and assistance.

a NSP has been scaled up from the initial 3 pilot states to 10 (Abia, Akwa Ibom, Cross River, Federal Capital Territory , Gombe, Kano, Lagos, Oyo, Plateau and Rivers). The number of people who inject drugs enrolled has increased from 2,731 to 70,738.

There is a lack of naloxone peer distribution in most countries in West and Central Africa

Peer networks in Sierra Leone and Senegal distributed injecting equipment during the COVID-19 pandemic, enabling vital NSPs to continue.[12] In Burkina Faso, a country without a harm reduction programme, civil society organisations have made significant strides in peer involvement for people who use drugs, primarily through peer-led dissemination of information about risks and law reform and the development of specific services relating to community needs.[13] But there remains a huge gap in engaging people who use drugs as peer workers in the region, particularly when it comes to harm reduction.[14]

Another major challenge is the lack of services that seek to address the specific needs of women who inject drugs,[15] including the provision of sexual and reproductive health services.[16] Women who inject drugs face more serious consequences from co-infection such as HIV, hepatitis C (HCV) and hepatitis B (HBV) and other sexually transmitted infections compared to their male counterparts. Services also do not respond to the intersectionalities that women who use drugs experience.[b][17] Due to the punitive legal framework in the region, women who use drugs are usually separated from their children and tend to avoid healthcare, including giving birth at facilities, to avoid punishment. While services such as psychosocial support and legal assistance may be available to other marginalised women, they rarely target or are adapted to the needs of women who use drugs.[18] Investment in holistic harm reduction programmes with specific gender-sensitive services and interventions to meet the needs of women who use and inject drugs are needed. Such programmes must consider creating safe spaces where women feel secure and respected, free from judgement or discrimination. Involving female peers in the programmes is an effective way to foster trust and encourage participation.

The region's lack of adequate harm reduction interventions poses challenges to the health and wellbeing of people who use drugs. Drug use trends in the region have shifted from domestically sourced cannabis to substances such as cocaine, heroin and methamphetamine,[19] and there is a 1.3% prevalence of pharmaceutical opioid use. Drug mixtures, such as kush, khadafi and monkey tail, are emerging as regional public health threats.[20] In countries like Guinea, Liberia and Sierra Leone,[21] kush is impacting the lives and health of young people.[22]

Due to the lack of adequate life-saving harm reduction interventions to prevent overdose deaths, countries are ill-prepared to tackle any increases in opioid use or a toxic drug supply that may emerge. For instance, while there is no official mortality data in Sierra Leone for overdose deaths relating to kush, one doctor told the BBC that "in recent months" hundreds of young men in the capital, Freetown have died from organ failure caused by kush.[23] In Nigeria, the National Drug Law Enforcement Agency announced in November 2022 that it had uncovered plans for fentanyl to be introduced into the country's illicit drugs market.[24] Given Nigeria's growing population and strained healthcare infrastructure, coupled with the lack of adequate overdose intervention programmes, there are concerns that the country could be particularly vulnerable if fentanyl becomes more common in the market.[25]

Despite the increasing number of people who inject drugs, and the high prevalence rates of HIV, HBV and HBC among this population, harm reduction interventions such as NSP, OAT and take-home naloxone remain inadequate, even in countries where these interventions are provided. This is largely due to punitive drug control laws, limited funding[26] and the false perception among policymakers and the public that harm reduction encourages drug use,[27] for which there is no evidence. More governments in the region must consider adopting legislation that is explicitly supportive of harm reduction and provide the resources to implement a full range of services.

b UNAIDS considers gay men and other men who have sex with men, sex workers, trans and gender diverse people, people who inject drugs, and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

Encouragingly, Ghana and Liberia are already taking this direction. This is in large part due to the West Africa Drug Policy Network (WADPN) and its partners, which spearheaded advocacy efforts in the region for human rights and public health-focused drug policies, leading Ghana[28] and Liberia[29] to enact laws explicitly supporting harm reduction. These laws mandated the establishment of a trust fund, with a specific portion dedicated to the financing of harm reduction programmes.

“Investment in holistic harm reduction programmes with specific gender-sensitive services and interventions to meet the needs of women who use and inject drugs are needed. Such programmes must consider creating safe spaces where women feel secure and respected, free from judgement or discrimination. Involving female peers in the programmes can be an effective way to foster trust and encourage participation.”

KEY ISSUE

LONG-TERM SUSTAINABILITY OF SERVICES

Adequate, long-term funding is critical to the sustainability and scale up of harm reduction programmes in the region. Appropriate levels of funding, based on accurate and up-to-date data on population sizes, results in adequate programming to meet needs and public health goals. Funding for the rapid expansion of HIV prevention, testing and treatment in areas with high HIV prevalence has resulted in strong and steady reductions in HIV infections and AIDS-related deaths. We need to learn from this example and scale up harm reduction services.[30] However, there is a substantial funding gap in the region's HIV response. An additional major concern is the decline in domestic HIV funding, which was 7% lower in 2022 than 2018.[31]

Total HIV resources were 8% lower in 2022 than 2021, and the region's response remains heavily reliant on external donors. This has had a significant impact on harm reduction, as international donors primarily fund these services as part of HIV prevention activities.

The Global Fund to Fight AIDS, Tuberculosis and Malaria,[32,33] United States' Aid (USAID),[34] the Robert Carr Fund,[35] and the United States President's Emergency Plan for AIDS Relief (PEPFAR) are the main international organisations that fund harm reduction programmes in West and Central Africa. However, this funding is falling and is inadequate to meet need. While PEPFAR and USAID increased their contributions to 23% and 85%, respectively, between 2010 and 2020, contributions from other international donors reduced by 79%.[36] The total number of international donors investing in harm reduction remains small, and the total funds invested by international donors is shrinking.[37] Securing domestic funding is a more sustainable approach. Low- and middle-income countries' underinvestment in their HIV responses has contributed significantly to the failure to meet global targets for 2020.[38] This partly explains why the region has not scaled up existing NSPs, and why other lifesaving interventions such as OAT, take-home naloxone and DCRs remain non-existent or inadequate.[39] In addition to the COVID-19 pandemic and the accompanying economic downturn, the lack of government or other domestic resources has caused a difficult funding environment to become even more challenging.[40] Globally, governments spend 750 times more resources to enforce punitive and ineffective drug control laws than they spend on harm reduction programmes.[41]

This funding gap does not only hinder the scaling up of harm reduction programmes, it also restricts advocacy for harm reduction and human rights. It also places a financial burden on people who use drugs and their families, requiring them to pay out-of-pocket for access to harm reduction services.[42] This economic burden varies between countries. For instance, in Ghana, private residential rehabilitation centres charge as much as Ghc 3,000 (USD 200) per month, while a non-residential centre costs an average of Ghc 1,500 (USD 100) per month.

Over-reliance on external funding for public health programmes can result in poor programming. For example, the Federal Ministry of Health in Nigeria procured a large supply of methadone under the Drug Revolving Fund scheme. However, while the Ministry was seeking donor investment to support the implementation of an OAT programme, the treatments expired.[43] In another example, the Economic Community of West African States (ECOWAS) Commission agreed with the Sierra Leone government to establish the first drug treatment, rehabilitation and harm reduction centre in the country. The government designated its only psychiatric teaching hospital, which receives most drug referrals, as the location and renovated it in 2020 with support from Partners in Health and Handicap International so that it would be able to offer these services. However, these services are yet to commence due to ECOWAS funding delays.[44]

In Senegal, while drug use is still criminalised, the government supports the Centre de Prise en Charge Intégrée des Addictions de Dakar (the Integrated Addictions Management Centre of Dakar), a drop-in clinic that aims to curb the spread of HIV. The fact that the centre does not solely depend on external donors for funding[45] partially explains its sustainability since 2014 and the expansion of its services. The centre has gone from providing methadone as the first harm reduction centre in West and Central Africa to becoming a testing and diagnostic centre for HIV, tuberculosis and hepatitis and also implements condom distribution.[46]

In July 2024, Ghana launched its first harm reduction (drop-in) centre for people who inject drugs and people living with HIV with support from the Global Fund. This is a timely opportunity for the government to invest domestic resources in the programme to ensure its sustainability.

Mobilising both external and in-country resources, as well as increasing national health budgets and prioritising HIV, key population programming and harm reduction services within those budges, will be critical to the sustainability of harm reduction programmes in the region.

1 Harm Reduction International, (2022), *Regional Overview: West and Central Africa: The Global State of Harm Reduction 2022*, HRI, London.
2 Harm Reduction International, (2022), *The Global State of Harm Reduction 2022*, HRI, London.
3 Yomi, T.F., (2024), 'The Global State of Harm Reduction 2024 survey response'.
4 Habib, K.T., (2024) 'The Global State of Harm Reduction 2024 survey response'.
5 Aniedi, A.E., (2024), 'The Global State of Harm Reduction 2024 survey response'.
6 Yomi, T.F., (2024), 'The Global State of Harm Reduction 2024 survey response'.
7 Ediomo-Ubong, N., (2024), *Policy Brief 20: Harm reduction programmes for people who inject drugs in Nigeria: Challenges in implementation and sustainability*, Global Drug Policy Observatory, Swansea.
8 Global Fund to Fight AIDS, Tuberculosis and Malaria, (2020), *SIERRA LEONE Mid-term Assessment Global Fund Breaking Down Barriers Initiative*, Global Fund, Geneva.
9 Global Fund to Fight AIDS, Tuberculosis and Malaria, (2022),*Global Fund - Mid-term Assessment Summary Report Global Fund Breaking Down Barriers Initiative*, Global Fund, Geneva.
10 Marshall, Z., et al., (2015), 'Peering into the literature: a systematic review of the roles of people who inject drugs in harm reduction initiatives', *Drug and Alcohol Dependence*, vol. 151, 1-14.
11 National Council for Mental Wellbeing, (2024), *Integrating Peer Programs for People Who Use Drugs*, NCMW, Washington DC.
12 Harm Reduction International, (2022), *Regional Overview: West and Central Africa: The Global State of Harm Reduction 2022*, HRI. London.
13 Aidsfonds, (2022), *Policy brief Burkina Faso*, Aidsfonds, Amsterdam.
14 Harm Reduction International, (2023*), The Global State of Harm Reduction (2023) Update to Key Data*, HRI, London.
15 Harm Reduction International, (2022), *Regional Overview: West and Central Africa: The Global State of Harm Reduction 2022*, HRI, London.
16 Ediomo-Ubong, N., (2024), *Policy Brief 20: Harm reduction programmes for people who inject drugs in Nigeria: Challenges in implementation and sustainability*, Global Drug Policy Observatory, Swansea.
17 Harm Reduction International, (2020), *Regional Overview Middle East and North Africa: The Global State of Harm Reduction 2020*, HRI, London.
18 Aidsfonds, (2022), *Policy brief Burkina Faso*, Aidsfonds, Amsterdam.
19 United Nations Office on Drugs and Crime, (26 June 2024), 'UNODC's World Drug Report 2024: Alarming diversification of local drug markets in Africa poses a growing public health crisis' [online media release, accessed September 2024], UNODC, Accra.
20 Ibid.
21 Bull-Luseni, P., (24 August 2023), 'KUSH: A Potential Threat to Sierra Leone's Human Capital Development Effort' [online article, accessed September 2024], WADPN, Ghana. Available from www.wadpn.org/post/kush-a-potential-threat-to-sierra-leone-s-human-capital-development-effort.
22 Cole, M., (15 January 2024), 'Kush: what is this dangerous new west African drug that supposedly contains human bones?' [online article, accessed September 2024], The Conversation, London. Available from https://theconversation.com/kush-what-is-this-dangerous-new-west-african-drug-that-supposedly-contains-human-bones-220608.
23 Umaru, F., (April 2024), 'Sierra Leone declares emergency over drug kush - made from human bones' [online article, accessed September 2024], BBC News, Freetown. Available from www.bbc.co.uk/news/world-africa-68742694.
24 Babafemi, F., (November 2022), 'Some Drugs Cartels Making Efforts to Introduce Fentanyl To Nigeria, Cause Mass Deaths- Anti-Narcotics Agency, NDLEA Warns' [online article, accessed September 2024], Sahara Reporters, New York. Available from https://saharareporters.com/2022/11/08/some-drugs-cartels-making-efforts-introduce-fentanyl-nigeria-cause-mass-deaths-anti-0.
25 Temidayo, A., (9 August 2023), 'Opinion: Bracing for a Fentanyl Crisis in Nigeria' [online article, accessed September 2024], Undark, Boston, MA. Available from https://undark.org/2023/09/08/bracing-for-a-fentanyl-crisis-in-nigeria/.
26 Economic Community of West African States, (2020), *Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations*, ECOWAS, Lagos.
27 Harm Reduction International, (2022), *The Global State of Harm Reduction 2022*, HRI, London.
28 Maria-Goretti, A., (3 April 2020), 'Parliament of Ghana passes historic new drug law, paving the way for a West African approach' [online article, accessed September 2024], IDPC, London. Available from https://idpc.net/blog/2020/04/parliament-of-ghana-passes-historic-new-drug-law-paving-the-way-for-a-west-african-approach.
29 Front Page Africa, (17 July 2023), 'Liberia: President Weah Signs Controlled Drugs and Substances Bill into Law' [online article, accessed September 2024], Front Page Africa, Monrovia, Liberia. Available from https://frontpageafricaonline.com/news/liberia-president-weah-signs-controlled-drugs-and-substances-bill-into-law/.
30 UNAIDS, (2021), *DATA 2021*, UNAIDS, Geneva.
31 UNAIDS, (2023*), Regional Fact Sheet: West and Central Africa*, UNAIDS, Geneva.
32 The Global Fund Office of the Inspector General, (2019), *Global Fund – Advisory Report: Grant Implementation in Western and Central Africa*, Global Fund, Geneva.
33 AIDSPAN, (2024), *Undue influence, Harm reduction, Supreme Audit Institutions, Elderly living with HIV, Pandemics*, AIDSPAN, Nairobi.
34 UNAIDS, 'West and Central Africa' [web page, accessed September 2024], UNAIDS, Geneva. Available from www.unaids.org/en/keywords/west-and-central-africa.
35 Robert Carr Fund, 'West and Central Africa' [web page, accessed September 2024], RCF, Amsterdam. Available from https://robertcarrfund.org/networks/regions/west-and-central-africa.
36 UNAIDS, (2021), *DATA 2021*, UNAIDS, Geneva.
37 Harm Reduction International, (2024), *Failure to Fund: The Continued Crisis for Harm Reduction Funding,* HRI, London.
38 UNAIDS, (2021), *DATA 2021*, UNAIDS, Geneva.
39 Ediomo-Ubong, N., (2024), *Policy Brief 20: Harm reduction programmes for people who inject drugs in Nigeria: Challenges in implementation and sustainability*, Global Drug Policy Observatory, Swansea.
40 Harm Reduction International, (2024), *Failure to Fund: The Continued Crisis for Harm Reduction Funding,* HRI, London.
41 Harm Reduction International, (2021), *Failure to Fund: The Continuing Crisis for Harm Reduction in Low- and Middle-Income Countries,* HRI, London.
42 Ibid.
43 Lyes, T. et al., (2023), *West Africa organised crime framework deep dive: New approaches to regulating drugs in West Africa: Exploring the impact of Ghana's drug policy reform,* Organised Crime: West African Response to Trafficking, UNDP Sub-Regional Hub for West and Central Africa, Dakar.
44 Ediomo-Ubong, N., (2024), *Policy Brief 20: Harm reduction programmes for people who inject drugs in Nigeria: Challenges in implementation and sustainability,* Global Drug Policy Observatory, Swansea.
45 The State House Senegal, (June 2020), 'President Julius Maada Bio explains why massive investment in mental matters in present-day Sierra Leone' [online news article, accessed September 2024], The State House, Freetown. Available from https://statehouse.gov.sl/president-julius-maada-bio-explains-why-massive-investment-in-mental-health-matters-in-present-day-sierra-leone/.
46 Lyes, T. et al., (2023), *West Africa organised crime framework deep dive: New approaches to regulating drugs in West Africa: Exploring the impact of Ghana's drug policy reform,* Organised Crime: West African Response to Trafficking, UNDP Sub-Regional Hub for West and Central Africa, Dakar.
47 UNAIDS ,(4 May 2023), 'Leave no one behind and that includes people who use drugs' [online news article, accessed September 2024], UNAIDS, Geneva. Available from www.unaids.org/en/resources/presscentre/featurestories/2023/may/20230504_senegal-cepiad.
48 Kumordzi Tetteh, M., (11 July 2024), 'Ghana Gets its First Harm Reduction Centre (Drop-in Centre) for PWUD/PLHIV' [online news article, accessed September 2024], WADPN, Accra. Available from www.wadpn.org/post/ghana-gets-its-first-harm-reduction-centre-drop-in-centre-for-pwud.