

REPORT FROM THE HIGH-LEVEL PANEL ON HIV, DRUG POLICY AND PUBLIC HEALTH IN AFRICA

Saturday 7 December 2013, Strand Tower Hotel, Cape Town, South Africa

To coincide with the [17th International Conference on AIDS and STIs in Africa \(ICASA\)](#), the [International AIDS Society](#), [Médecins du Monde \(Mdm\)](#), the [International Drug Policy Consortium \(IDPC\)](#), and the [United Nations Office on Drugs and Crime \(UNODC\)](#) hosted this High Level Panel for around 50 participants including policy makers, journalists and programme managers. The High Level Panel was expertly chaired by **Anso Thom**, a leading health journalist from [SECTION27](#) in South Africa – who reminded participants that this was the first event of its kind in Africa, following similarly themed meetings in Asia and elsewhere.

Michel Sidibé – the Executive Director of the [Joint United Nations Programme on HIV/AIDS \(UNAIDS\)](#) – delivered the opening keynote speech. He told participants that the HIV response in Africa has to move on from only focusing on sexual transmission, and must “break the conspiracy of silence” on the issue of drugs. The continent needs to generate better data and knowledge about its drug problems and the required responses. At the same time, civil society needs to be politically smarter to mobilize the required leadership in Africa – linking HIV and drug policy to broader issues such as economic development and poverty, rather than allowing them to be seen in isolation. In order to reduce stigma and discrimination among people who use drugs, countries need to work hard to break down the walls between their public health and law enforcement agencies.



Michel Sidibé, Executive Director of UNAIDS, delivering his keynote speech

Professor Nkandu Luo – Zambia’s Minister of Chiefs and Traditional Affairs – then talked about how the relevant health and law enforcement ministries in her country are working together to take a public health approach to drug policy. The National Drug Enforcement Commission provides treatment, but people are too afraid to access it, and so Professor Luo advocated for the removal of criminal sanctions for people who use drugs. The [National AIDS Council](#) is looking closely at HIV and drug use, as well as HIV in prisons. In order to succeed, countries must build strong partnerships across government – and UNODC must play a pivotal role in reaching out to ministries of justice and foreign affairs to promote a public health and rights-based approach to drugs.

Dr Rey Chad Abdool – Senior HIV and AIDS Adviser for the [UNODC Regional Office for Eastern Africa](#) – then presented an epidemiological overview of drug use and drug-related harms in Africa. Even in countries that have recorded significant reductions in HIV transmission among the general population, concentrated epidemics are quickly emerging among people who use drugs. The evidence clearly shows that injecting drug use is an issue that cannot be ignored in Africa. High rates of HIV and hepatitis C prevalence among this population threaten to undermine all that has been achieved to date in the continent’s HIV response, and action is urgently needed now.

Dr Faustine Ndugulile – a Member of the Tanzanian Parliament – reiterated the need to act now in Africa. The United Republic of Tanzania is one of the few countries in Africa to have started implementing harm reduction services such as needle and syringe programmes (through [Mdm](#)) and opioid substitution therapy (through government-run hospitals) – albeit just in Dar es Salaam at present. Dr Ndugulile stressed that it is important for parliamentarians to engage in this issue on behalf of the people that they represent, and in order to overcome the stigma and discrimination experienced by people who use drugs.

Dr Idrissa Ba – a member of the newly-formed [West Africa Commission on Drugs](#) – spoke of the repressive environment in which people who use drugs (and those who work to support them) currently face across Africa. In many countries, small-scale drug possession offences are punishable by 5 to 10 years of imprisonment. This is why the West Africa Commission was formed to assess the situation, make recommendations to governments, and then to follow these recommendations up with country visits, media work and outreach. The Commission’s report will be released in early 2014.

Loide Lungameni – the Regional Representative for the [UNODC Regional Office for Eastern Africa](#) – said that there had been a traditional emphasis on drug law enforcement at the expense of treatment and care, but that UNODC were working hard to train and sensitise law enforcement personnel about the more appropriate health and rights-based approaches instead. UNODC has been advocating for the decriminalisation of drug possession across the region, and for the removal of laws prohibiting drug paraphernalia (which impede access to services such as needle and syringe programmes). At the same time, they are working to improve access to services and to engage people who inject drugs in the decision making processes. But greater investment – both of money and time – is needed to make this a reality.

Olivier Maguet – the Senior Advisor at [Médecins du Monde \(Mdm\)](#) – highlighted the disparities in the HIV response for people who inject drugs compared to the general population: whereas around half of those in need of antiretroviral therapy are receiving it in Sub-Saharan Africa, there is virtually zero access for people who inject drugs. Yet the experiences of Tanzania, Kenya and elsewhere show that harm reduction approaches do work in Africa, and should be rolled-out. Civil society will have an important role to play in making this happen, as they did for the scale-up of antiretroviral therapy itself in such a short space of time.



Ann Fordham from IDPC addresses the participants

Ann Fordham – Executive Director of the [International Drug Policy Consortium \(IDPC\)](#) – spoke of the evidence from around the world that demonstrates the benefits of adopting a harm reduction approach early in an epidemic (as in many Western European countries) rather than waiting too long and allowing an epidemiological crisis to set in (as in most of Eastern Europe and Central Asia). The traditional ‘tough’ approach on drugs (through law enforcement, mass incarceration, etc) has no bearing on levels of drug use – but it does have a direct and negative impact on levels of drug-related harm. By removing criminal sanctions against people who use drugs, and treating them more humanely, we can encourage them to engage with services and treatment, as well as preventing new infections and overdose deaths. The international drug policy debates scheduled for 2014 and 2016 within the United Nations are key moments. We have spent in excess of US\$ 100 billion on the global ‘war on drugs’ – we need just a fraction of this in order to effectively tackle HIV/AIDS and other harms in Africa.

The last speaker on the panel was **Very Kunambi**, one of the founders and currently the Vice-Chair of the Tanzanian Network of People who Use Drugs (TaNPUD) – which was created in January 2013. Very spoke of the importance of meaningful engagement with people who use drugs when making decisions about policies and programmes that affect them. He told participants “We are not bad people needing punishment, or even sick people needing treatment. We are normal people who need support”. When affected populations are involved in policy making, services will be better and people will better understand their needs and perspectives.

The subsequent discussion with comments and questions then covered the need to develop our drug policy and harm reduction advocacy for the HIV field in Africa – emphasising the impact that has been, and can be, achieved. At the same time, it is important to better define what is meant by terminology such as decriminalisation – limiting this to people who use drugs, rather than those who profit from organised crime associated with drug supply.