Harm Reduction in Nigeria

Needs, gaps, and responses to ensure access to effective HIV prevention, treatment and care for people who inject drugs

February 2018

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Heartland Alliance International and do not necessarily reflect the views of USAID or the United States Government.
## List of Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>IMHIPP</td>
<td>Integrated Most-At-Risk Population HIV/AIDS Prevention Program</td>
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<td>OSIWA</td>
<td>Open Society Initiative for West Africa</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>INL</td>
<td>State Department Bureau of International Narcotics and Law Enforcement Affairs</td>
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<td>OSF</td>
<td>Open Society Foundation</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>KP</td>
<td>Key population</td>
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<td>OSS</td>
<td>One Stop Shop</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>OST</td>
<td>Opioid Substitution Therapy</td>
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<td>FSW</td>
<td>Female sex worker</td>
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<td>MdM</td>
<td>Médecins du Monde</td>
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<td>PWID</td>
<td>People who inject drugs</td>
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<td>HAI</td>
<td>Heartland Alliance International</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>STI</td>
<td>Sexually transmitted infections</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>MSW</td>
<td>Male sex worker</td>
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<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<td>HCV</td>
<td>Hepatitis C</td>
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<td>NIDA</td>
<td>National Institute on Drug Abuse</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>IEC</td>
<td>Information, Education, Communication</td>
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<td>NSP</td>
<td>Needle and Syringe Program</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Introduction

- Since 2009, IMHIPP operating in seven states providing HIV prevention, treatment and care, STI and HCV diagnosis and management to KPs and their partners
- Delivered via a two-pronged and integrated approach at OSSs and through assertive outreach reliant on behavioral change approaches
- CSO delivered, peer-led and community driven
Most At Risk Populations

- KPs consist of FSWs, MSWs, MSM and PWID
- Injecting drugs directly into a vein with a contaminated needle and syringe more efficient way of transmitting HIV than through unprotected sex
- PWID among the most marginalized experiencing widespread discrimination, vulnerability to premature death and a range of poor health outcomes
- Commonly hidden, hard-to-reach and deeply entrenched sub-group who use drugs within tight networks in unsafe, unsanitary surroundings
- Often have little or no contact with existing support services
Evidence Base for Harm Reduction

• Overwhelming body of evidence on the effectiveness of HR in the community (as well as in prisons / closed settings)
• Forms the basis of the comprehensive package of interventions recommended by WHO, UNAIDS, UNODC for preventing the spread of HIV and reducing associated harms
• Individual HR approaches successful in reducing drug related harm BUT even more effective when delivered as a package together AND combined with other prevention services such as condom programs and HIV treatment
Comprehensive Package for HIV and Reducing Other Harms Associated with Drug Use

(Recommended by WHO, UNODC, UNAIDS from 2009)

- NSP
- OST
- ART
- HIV testing and counselling
- Prevention and treatment of STIs
- Condom provision
- Targeted IEC
- Prevention and management of viral Hepatitis and Tuberculosis
- Community distribution of Naloxone

- Provided in combination and at high coverage levels, can reduce up to 50% of new infections in PWID and significantly increase adherence to ART

Recommended by WHO, UNODC, UNAIDS from 2009
The Global State of Harm Reduction
HIV and the Regional Response

- HIV has significant implications for individual and public health and can undermine socioeconomic development
- 2016 Political Declaration on ending AIDS
- Called on an urgent response to support countries in W. and C. Africa to meet the Fast-Track Targets by 2020
- July 2016: An African Union Summit backs AIDS Watch Africa
- 2017 at least ten countries including Nigeria begin the implementation of a catch-up plan to address insufficient progress in reducing new HIV infections and AIDS related deaths as well as elimination of mother-to-child HIV transmission
- But where is harm reduction?
HIV and PWID in Nigeria:
Epidemiology

- Latest IBBSS (2014) reveals 3.4% PWID live with HIV in Nigeria indicative of a downward trend (in 2007 5.6% and in 2010 4.2%)
- One third of PWID sharing injecting equipment (IBBSS 2014)
- 68% HIV negative PWID sharing (IBBSS 2014)
- 1 in 10 Nigerians contracting HIV are PWID (GARPR 2015)
- 53% share injecting equipment and almost half these PWID share frequently or occasionally
- Female PWID are 7x more at risk of transmitting HIV compared to men (UNAIDS 2016)
- High burden of HBV 11-13.7% and HCV 2.2% (FMoH 2013) among general population
- WHO (2012) remarks at alarming levels of tuberculosis in Nigeria (fourth highest prevalence with an estimated incidence of 338 cases of TB per 100,000 general population)
HIV and PWID in Nigeria: policy

- Repressive drug policy with heavy penalties for possession of drugs and drug paraphernalia mean PWID face additional barriers in accessing HIV and health services
- Three national guidelines highlight a degree of policy level commitment to improving health related outcomes specifically for PWID
- Inter-ministerial steering group on drug demand reduction, whilst still nascent, has formed to move the agenda forward and in rhetoric agree that harm reduction is effective and dependent on civil society involvement at all levels
- Operational guidelines do not exist for harm reduction interventions such as NSP, OST, overdose management with Naloxone
- FMoH have procured methadone yet the development of guidelines, policy and staff training are still pending
Harm Reduction Implementation

- Rhetoric is in support of harm reduction yet there is still no provision
- No NSP, OST, overdose prevention with Naloxone means only safer injecting advice is provided
2017 Harm Reduction Exercise

- Needs assessment held November – December 2017: informed by literature review, policy and legal assessment and focus group discussions, site visits to OSSs, meetings with HAI, partner CSOs, government officials, UNODC, service users and community members, cascade treatment results
- Harm reduction ToT training to 38 HAI and CSO staff: on evidence-based approaches including safer injecting, NSP, overdose management with Naloxone, OST, integrated care-planning, PWID responsive behavior change, M&E
- Research study development in order to effectively measure impact and outcomes of a future scale up
- Development of operational guidelines for harm reduction
Mapping Harm Reduction Activities Across HAI’s IMHIPP States
Key Findings

Alarming indicators consistently found across all 7 states and often in areas where concentrated HIV epidemics exist, include:

- Widespread sharing of injections due to unavailable or very limited needles / syringes
- Bloodsharing / flashblood by males and females
- Drugs, commonly opioid-based painkillers, sold by dealers in pre-prepared syringes
- Pharmacies restricting sales of needles / syringes to known PWID
- High rates of opioid overdose and inadequate access to emergency medical treatment and life-saving support
Key Findings

While the IBBS 2014 reports a prevalence of 3.4% of PWID living with HIV in Nigeria, HAI’s treatment cascade report significantly high levels of HIV among PWID

- Oct 2016-Dec 2017: of 13,310 PWID tested for HIV, 11% (n=1,511) were HIV positive thus HIV positive yield was 3x higher compared to the 2014 IBBSS

- HAI posits that there is every possibility that Nigeria is facing a concentrated HIV epidemic among PWID, likely due to the absence of harm reduction interventions
HAI and Harm Reduction: Current Developments and Next Steps

- Advocacy and sensitization at the central and local levels placing civil society at the center
- Development of robust M&E systems and research studies reliant on PWID health and risk-reduction driven indicators
- Training of Trainers in evidence-based harm reduction interventions and cascading evidence-based practice
- Needs assessment and gap analysis at the policy, implementation, structural levels
- Development of operational guidelines for safer injecting, NSP, OST, overdose management with Naloxone and behavior change
- Services to emphasise index case and network testing, mobile enrollment and ART commencement, psychosocial and legal support and improved access to VL testing

Scale up of harm reduction services for PWID
Summary of Recommendations

- **Policy and legal:** increased political will among decision-makers is required as well as media and other key institutions through civil society-driven advocacy and sensitization

- **Stepped-approach for harm reduction scale up:** development of project plans for components under the comprehensive package ensuring robust M&E and research plans are in place along with clinical management and quality assurance

- **Resource mobilization:** development of project proposals and explore new funding streams nationally, regionally and internationally for NSP, OST, overdose management, commodities, capacity building, research and M&E (UNODC, WHO, OSIWA / OSF, NIDA, INL / Colombo Plan, MdM)

- **Workforce development and continued capacity building:** support new harm reduction leads within HAI and CSOs to ensure they have resources available to deliver ongoing harm reduction training using cascade methods

- **Monitoring, evaluation and research:** equally strengthened through the introduction of routine and robust collection of data as it relates to high-risk drug related health and against relevant indicators
References

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• Federal Ministry of Health (2013) National HIV/AIDS and Reproductive Health Survey, Author: Abuja
• Heartland Alliance International (2018) Treatment cascade data 2016-2017, Author: Chicago