Differentiated Service Delivery for Key Populations

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Lessons learnt, gaps and challenges in implementing DSD programs for PWUD in East Africa

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Outline

- Voices of Community Action & Leadership (VOCAL)-Kenya’s approach and work
- Implementation considerations and lessons learnt
- Gaps and challenges
- Recommendations

VOCAL-Kenya

- VOCAL-Kenya is a health and human rights NGO committed to transforming the current prohibition on drugs and punitive drug control laws by moving towards drug policies based on balanced, evidence-based approaches.
- This means prioritizing human rights, public health, safety and the needs of affected communities, while performing high level advocacy, research and direct action.
- Work aims at improving access to health, human rights and social justice for all.
- Programs focus on:
  - Harm reduction
  - Law enforcement
  - Controlled medicines
  - Drug policy
  - Reproductive health

VOCAL-Kenya's Principles

- **Pragmatism**: Accept that the use of mind-altering substances, while carrying risks, has existed throughout human history and provides users with coping benefits that should not be discounted. The ambition to have a drug free society may be unrealistic if we strive to be a free society.
- **Humanistic Values:** Drug use does not diminish a person's value. The drug user's decision to use drugs is a reality we must accept and avoid passing moral judgements that condemn or support the use of drugs. The dignity and rights of the drug user should always respected
- **Focus on Harms**: Our first priority is to decrease the negative consequences of drug use, on both the users and non-users, as opposed to just focusing on decreasing drug use itself. *Harm reduction* neither excludes nor presumes the long-term treatment goal of abstinence.
- **Balancing Costs and Benefits**: How much have the punitive measures and abstinence focused interventions accomplished compared to harm reduction focused interventions? This framework of analysis extends beyond the immediate interests of users in order to include broader community and societal interests
- **Prioritization of Immediate Goals:** Most *harm reduction* programs have a hierarchy of goals, with the immediate focus on proactively engaging individuals, target groups, and communities to address their most pressing needs.

Lessons Learnt in Implementation -1

- Behavior is an overlooked driver of healthcare.
  - HIV and harm reduction programs in Africa due to scarce resources, do not implement the full package as recommended by WHO/UNODC. This has led to stagnated impact, for example, drug users on methadone go back to active drug use to manage stressful situations. Many PWUD in Kenya combine methadone with heroin, cocaine or bhang, negating the treatment mandate of the program.
  - The COVID pandemic has complicated healthcare access for PWUD and the general KP continuum:
    - Loss of income –PWUDs cannot afford to buy masks and sanitizers
    - Cannot afford transport to visit clinic daily
    - GBV cases and peer violence cases have risen
    - Clinics are inaccessible due to lock downs, curfews and controlled numbers.
    - WWUD have resorted to sex work and sex workers to drug use, LGBT use drugs. This has exposed the groups to higher risks of contracting HIV.

Lessons Learnt in Implementation -2

- Policy reforms must be addressed for HIV prevention programs to be properly implemented
  - In African counties, program implementation preceded policy change, for example criminalizing laws are still a major hurdle in access to care for PWUD.
  - Implementation needs to factor in various government sectors like police, prisons and institutions of learning.
  - The criminal justice systems need to be brought on board in implementation
  - More advocacy work to drive policy change
  - In many African countries, policies that affect service delivery to KP groups are scattered across several government departments, making advocacy very expensive.

Lessons Learnt in Implementation -3

- Services are often too narrowly focused
  - 10 years of programming yet women are less that 30% of PWUD in the programs.
    - In the study conducted by KANCO in 2017, barriers to healthcare for women who use drugs (WWUD), include intimate partner violence, gender bases violence and cultural expectations
  - The SRH and family planning components in HIV and harm reduction needs to be upgraded to take care of the women's needs
  - Psychosocial support, counselling, and group therapy need to be upgraded to support recovering drug users to reintegrate into society
  - Intersectionality: inter-KP stigma is a factor to consider in service delivery
  - The mental health aspect in service delivery for PWUD need to be upgraded improve access - as it is now MH is expensive and inaccessible.

Gaps and Challenges in Healthcare Service Delivery

- Most high level policy makers expected to make laws in East Africa do not understand harm reduction and human rights and how its related to universal health coverage and SDGs
- Ministries of health implementing harm reduction want to be distanced with criminalization aspect of drug users
- Over reliance on donor funds and corruption in government that stifles implementation of community projects
- Criminalizing environment in the laws for PWUD leading to unrelenting stigma and discrimination among general population
- Relevant policies are scattered in different departments making advocacy very expensive

Recommendations

- Need for impact studies to validate evidence-based programs
- Need for research for learning and exchange among countries
- Policy reforms must be addressed for effective HIV programing