The context
In Nigeria, the prevalence of drug use has been estimated at 14.4% of the population, in 2018 according to the report on “Drug Use in Nigeria” (UNODC 2018). The same study reported that around 80,000 drug users reported having injected drugs, and nearly half of the people who injected drugs people who inject drugs reported that they had used a needle already used by someone else. The HIV prevalence amongst people who inject drugs is 3.4%, higher than the national average of 1.4%. These numbers could be decreased with the implementation of a comprehensive harm reduction approach to public health, recommended by WHO as the most effective means of HIV prevention and care services for people who inject drugs. Harm reduction is a public health approach and a movement for social justice that aims to minimise the negative health, social, legal, and economic consequences of substance use. For instance, needle and syringe programmes (NSP) aim to prevent the transmission of HIV and other infectious diseases by providing sterile injection equipment, information, and education.

The problem
Comprehensive harm reduction services have always been opposed by the government in Nigeria, especially needle and syringe programmes (NSP), opioid agonist treatment (OAT) and the use of Naloxone for overdose management.

“In Nigeria the government wasn’t comfortable allowing the distribution of needles to people who use drugs because they still had this traditional view that if you give people needles you are encouraging drug use.” (country focal point (CFP) Nigeria)

The rejection of harm reduction methods was so strong that in 2014 the federal government refused to request funding for harm reduction from the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund) as part of the 2014–2019 grant cycle, which subsequently led to the Global Fund refusing to disburse any funds for Nigeria’s HIV grant. The Global Fund required that funding encompass harm reduction programmes and because the Nigerian Government refused to implement NSP and OAT, and to make Naloxone available, the release of funding was unable to proceed. A huge stock of Naloxone was imported and has remained locked away to this day. Many civil society organizations have advocated for the implementation of NSP and OAT, to make Naloxone available, but their efforts have been fragmented.

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2 https://www.who.int/hiv/pub/idu/IDUIT_2017.pdf?ua=1
The change process

In 2017, efforts to realize a harm reduction programme intensified and became more coordinated.

“I think what really pushed the conversation around harm reduction was when PITCH came. At that time, I knew SFH (Society for Family Health) was doing some work around harm reduction, but it wasn’t part of the narrative at that point. We were still very much not talking about it. We saw it as something that wouldn’t work in Nigeria. But I think with the funding and the support and the level of technical expertise that was supported for the partners, the conversation around harm reduction was able to change.” (PITCH Implementing Partner)

The PITCH programme started supporting partner organizations through technical trainings on harm reduction and capacity strengthening for the generation and use of evidence in advocacy strategies. Funding was also made available to help partners to organize and host meetings between organizations and external stakeholders.

For instance, in 2018 a training as part of the PhotoVoice project was organised with a focus on using photography as an advocacy tool. “We have learned the use of photovoice, which I always say is one of the greatest tools that can be used in advocacy,” said one of the PITCH Implementing Partners in Nigeria. PITCH partners used the PhotoVoice training to produce advocacy materials together with people who inject drugs community members, exploring the importance of harm reduction and the need for a public health response to drug use in Nigeria. “Photovoice is a very critical activity that generated a lot of ideas and strategies for partners during the advocacy work,” the Nigerian CFP added.

By using the visual material produced using the photovoice technique, PITCH harm reduction partners were able to secure time with stakeholders like the Federal Ministry of Health (FMoH), the National Agency for the Control of AIDS (NACA), and federal law enforcement agencies. Bringing the images to the attention of key members of the FMoH allowed them to see the experience of people who use and inject drugs and how comprehensive harm reduction could inform the national plan. In 2017 and 2019, two members of PITCH partner organization YouthRise (Youth Research Information Support and Education) and CIND (Community Intervention on Drugs) also attended the “Harm Reduction Academy,” gaining technical knowledge and skills to implement in their advocacy work.

Partnerships and collaboration have been additional ingredients fundamental to the success of the advocacy work. Since the beginning of the PITCH programme in Nigeria, in 2017, YouthRISE, DHRAN (Drug Harm Reduction Alliance Network), and CIND started working together on common actions and goals to push for the approval by the federal government of a government funded harm reduction programme. During PITCH implementation, the three PITCH partners also established contacts with important external stakeholders such as NACA, FMoH, the Global Fund, and the Society for Family and Health (SFH) (a primary recipient of the Global Fund’s support). During 2018, PITCH partners YouthRise, DHRAN, and CIND conducted advocacy to push forward a harm reduction programme. From August to November 2018, PITCH funded a series of consultation meetings with members of NACA, the Federal Ministry of Health, law enforcement agencies, the Global Fund and people who use and inject drugs, which resulted in the development of a concept note. The concept note, developed by the stakeholders mentioned above, provided evidence about the life threatening situation of people who inject drugs.

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3 Harm Reduction Academy is a global learning, dialogue and skills building course established with the vision to end AIDS and Hepatitis C among people who inject drugs.
inject drugs in Nigeria, showing the relevance of a comprehensive harm reduction programme in order to fight the HIV pandemic. It outlined a clear timeline and the steps that would need to be taken in order to build up stakeholder consensus, develop a strategic plan and mobilize resources, with the objective of facilitating the implementation of a comprehensive harm reduction programme.

“YouthRISE has been instrumental in ensuring that decision-makers have a good understanding of the situation moving the conversation and policy-making decisions on the criminalization of drug users towards providing the required medical support.” (Federal Ministry of Health)

On the 17th of May 2019, Minister for Health Dr. Isaac Adewole approved the concept note and the inauguration of a National Technical Working Group (NTWG) on Drug Demand and Harm Reduction. The NTWG is a multi-stakeholder technical working group headed by the Federal Ministry of Health with CSOs (including PITCH partners), representatives of academia, and drug user representatives. As a consequence of the commitment to develop a comprehensive harm reduction programme, in September 2019, a mixed delegation, including government officials, CSOs, and drug user networks, conducted a study tour to Kenya to gain knowledge on harm reduction practices and strategies. The PITCH partners YouthRise, DHRAN, and CIND were part of the delegation, with funding provided by PITCH and the Global Fund. During the tour, the delegates visited NSP and OAT program sites and held strategic meetings with key government officials, political leaders, NGOs implementing the harm reduction programmes, and service beneficiaries, in Nairobi (16th &17th) and Mombasa (18th -20th). Key lessons from the study visit included the importance of strong collaboration between all stakeholders, the necessity of an enabling legal environment, as well as the importance of integrating
harm reduction programmes with already existing programmes such as on HIV/drug dependence management.

By the end of 2019, PITCH partners had already received needles and syringes while Frontline AIDS funded a consultant who designed and implemented a training package on NSP and opioid overdose management. Training was carried out in four locations in Nigeria. However, the COVID-19 pandemic in caused delays in implementation in 2020. The FMOH also agreed on a research protocol to support the Global Fund funded NSP pilot in three sites, which was launched in the second half of 2020.

Significance
The approval of the concept note and the creation of the NTWG were two milestones in Nigeria, and an important step in the global state of Harm Reduction. Nigeria is the tenth country in Sub-Saharan Africa to implement NSP, after Benin, Kenya, Mali, Mauritius, Mozambique, Senegal, Sierra Leone, South Africa and Tanzania Mainland (Global State of Harm Reduction 2020), and its government NSP programme is the first that will be entirely drug user led in the world. Additionally, for the first time in Nigeria, a multi-stakeholder technical working group has been established headed by the Federal Ministry of Health with representatives of CSOs (including PITCH partners), and drug user networks, all serving as members, to discuss issues related to drug use and HIV.

Lessons learned
PITCH partners worked closely with multiple partners in order to succeed in securing government approval and support for implementing comprehensive harm reduction in Nigeria. The story of this important success is one of collaboration, commitment, and unity. “Changing mindset requires a lot of effort” (PITCH implementing partner), and without unifying and coordinating strategies and goals, it would have not been possible to be heard by the government or to achieve a change as major as implementing a comprehensive harm reduction programme in Nigeria.

Additionally, all partners acknowledged that the technical capacities they gained in the field of harm reduction, as well as increased ability of generate and use strong evidence through the Photovoice, played a key role in the process.

“I learned that capacity is very important in advocacy. You need to have the technical knowledge of the field in which you are doing advocacy to explain why it is important” (PITCH implementing partner).

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The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by Results in Health team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, and Oluwatoyin Oyekenu (national consultant).

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* Report of Nigeria Study Tour to Kenya on Harm Reduction Program (2019)