



AHPPN

African HIV in Prisons Partnership Network
Réseau Africain de Partenariat sur le VIH dans les lieux de détention
Fórum Africano de Parcerias na Resposta ao HIV em Ambientes Prisionais

Newsletter
Volume 06
April 2012



Promoting collaborative, inclusive, and intersectoral cooperation and action

Promouvoir une coopération et une action collaboratives, inclusives et intersectorielles

Promoção de cooperação e ações integradas, inclusivas e intersectoriais

Editorial | AHPPN Steering Committee Meeting IV and V | Interview | Lessons learnt from Mauritius

Editorial

Dear AHPPN Members,

Some time has passed since our last Newsletter, for which we would like to apologise, while also calling on you, our members, to continue to share stories, events and pictures from your countries or regions in Africa. (More on this on the last page of the Newsletter) You also may have also noticed the new design of the Newsletter and we hope you like it (email us your feedback). Several exciting events and activities have taken place since we sent the last Newsletter, which we would like to share with you: from the AHPPN Steering Committee Meeting in Pretoria, South Africa, where a new member of the Steering Committee was elected, to Africa's principal forum on HIV/AIDS & STIs in Africa, The International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA), which took place in Addis Ababa, Ethiopia, in December, as well as the 5th AHPPN Steering Committee Meeting in Mauritius in March, combined with a study tour of the country.

In the past, this Editorial was often written by one of the people most instrumental for starting and bringing forward the AHPPN, Brian Tkachuk. To our great regret, Brian has left UNODC Southern Africa for his native Canada and has resigned as an AHPPN Steering Committee Member. The good news is however that the Steering Committee has decided to co-opt him back onto the Committee so that the Network can continue to benefit from his wealth of experience and passion, as well as to honour his contribution to the Network's objectives.

We hope you will enjoy this Volume 06 of the AHPPN Newsletter.

Sincerely,
The AHPPN Secretariat and Newsletter Team

Upcoming Events

African Commission on Human & Peoples' Rights - 51st Ordinary Session

Where: Banjul, The Gambia

18 April
02 May | 2012

XIX International AIDS Conference

Where: Washington DC, USA
Theme: Turning the tide together

Further information:

www.aids2012.org

22-27
June | 2012

Conference of the African Coorectional Service Association

Where: Kampala, Uganda

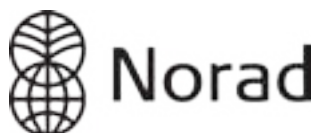
8-12
Oct | 2012

14th International Corrections and Prisons Association Conference

Where: Mexico

28
Oct | 2012

This Initiative has been made possible through the financial and technical support of





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AHPN Steering Committee Meeting IV and V - Three new and one old Steering Committee Member

Two Steering Committee (SC) meetings have been held since the last Electronic Newsletter. In November 2011, the SC members convened in Pretoria, South Africa, and in March 2012 on Mauritius.

Pretoria

The 4th SC meeting in Pretoria was dominated by the process of reviewing applications for a vacant position on the SC and electing the new SC Member of the AHPN. The SC Members had the difficult task to choose from a number of highly qualified applicants and discussed the different applications in detail. In the end, the majority of SC Members cast their vote for Dr Badou Roger N'Guessan, from Côte d'Ivoire (see Interview on next page), who we would like to congratulate one more time to his appointment.

Shortly after the 4th SC meeting, SC Member Dupe Atoki, the Special Rapporteur on Prisons and Places of Detention to the African Commission on Human and Peoples' Rights, was appointed as Chairperson of the African Commission and informed the SC that she would no longer be able to serve on the SC of the AHPN.

After consultations, the SC decided to co-opt her successor as Special Rapporteur, Mr Med Kagwa from Uganda as AHPN SC member, who gladly accepted the position.

Mauritius

From 5 - 9 March, the SC Members and the Members of the Secretariat came together for the 5th SC Meeting and a Study Tour (see article).

The Meeting was officially opened by the Commissioner of Prisons of Mauritius, Mr Jean Bruneau, who emphasised the seriousness of the threat of HIV/AIDS for prison populations and the importance of human rights-based approaches such as advocated by the AHPN.

Commissioner Med Kagwa

Commissioner Kagwa, a lawyer by training, served as a Member of Parliament in Uganda from 1996-2001 and also held the portfolio for Minister of State in the Office of the President from 1996-1998. In 2006 he joined the Ugandan Human Rights Commission from private legal practice and was appointed as a Commissioner of the African Commission on Human Peoples' Rights and Special Rapporteur in November 2011.



For the first time, the two new SC Members, Commissioner Kagwa and Dr N'Guessan participated in a SC Meeting. However, one SC Member who had been instrumental in starting the Network and passionate about its cause and its role in the fight against HIV and AIDS in prison settings, Mr Brian Tkachuk, retired from his

position as Regional Advisor for HIV/AIDS in Prisons for Africa at the United Nations Office on Drugs and Crime (UNODC) Regional Office for Southern Africa and also stepped down as SC Member. In order to retain his wealth of experience, and to honour his commitment, the Members of the SC unanimously decided to co-opt Mr Tkachuk back onto the SC. Moreover, as Mr Tkachuk was representing the Secretariat on the SC, Dr Ehab Salah, Project Coordinator for HIV/AIDS in Prison Settings with UNODC South-

ern Africa, was elected as a new SC Member. Discussions and Resolutions During the SC Meeting, the Members reported on initiatives, developments and issues in their constituencies. Many Members were actively involved in commemorating the World AIDS Day in prisons in their country; for example, in Zimbabwe World AIDS Day was for the first time commemorated in a prison, supported by UNODC. Additionally, most SC Member from

Southern Africa attended the Regional Consultations on the Development of Regional Minimum Standards for Prevention, Treatment, Care and Support of HIV/AIDS and other Communicable Diseases, organised by UNODC and the Southern African Development Community (SADC). Currently, these Minimum Standards are under final consideration for signature by the SADC Ministers of Justice.

Several of the Members also reported that studies on prison conditions and/or HIV prevalence in prisons are underway and have been completed, which will be shared with all members once they are cleared by the respective governments.

Dr N'Guessan reported that after the long political crisis, efforts to improve health in prisons are still in their infancy in Côte d'Ivoire, but several initiatives, including a prison reform, and a joint programme to improve health in prisons, by the Government of France and the Ministry of Foreign Affairs, are underway.

2012 Activities

In order to further the operationalisation of the Network, the SC has formed 3 Thematic Task Teams: (1) Fundraising; (2) Advocacy; (3) Strategic Information. These task teams, under the leadership of a designated chair person, will be responsible for the development of the Network and planning of specific activities.

Introducing Dr. N'Guessan - New AHPN Steering Committee Member



Q: Dear Dr. N'Guessan, first of all, I would like to congratulate you on your election as the newest member of the AHPN Steering Committee and welcome you.

A: Thank you, it is an honour for me to be in this working group. Q: I would like to introduce you to the members of AHPN.

A: With pleasure and I thank you for giving me the opportunity to do so, given that I am a new member.

Q: Can you tell us a little bit about yourself, where you come from, what your background is and what you do?

A: I am from Ivory Coast. I am a Doctor/physician. After obtaining my doctorate in general Medicine, I specialized in infectious and tropical diseases. Nowadays, I am a civil servant working within the Interdepartmental Committee for Drug Control in Ivory Coast which coordinates the fight against drugs in Ivory Coast (both drug demand and supply reduction). In this committee I am in charge of everything concerning drug dependence treatment and epidemiological studies. One of my missions is to integrate the HIV component into drug abuse prevention and treatment efforts, and to reinforce the collaboration between the Committee and the national and international agencies fighting against

HIV/AIDS.

Q: You have a very unique background. How did you get from being a medical doctor specialised in infectious and tropical diseases to work in the Drug Control and Drug abuse treatment?

A: It is a long story and I will just recount the highlights here. In 2003, when I was in training at the Infectious and Tropical Diseases Service of the University hospital in Abidjan, the head of service chose me to conduct a study commissioned by UNODC and to be coordinate by the Interdepartmental Committee. This study was entitled "Drug abuse and HIV/AIDS: scope and management in Abidjan". It was the first study that addressed the issue Drugs -HIV/AIDS in my country. This study was well received by UNODC and marked the beginning of the collaboration between UNODC, the Interdepartmental Committee and me. In early the 2000s, I was one of the first persons in my country to address the links between drugs and HIV/AIDS. So I was asked several times to be part of projects to train medical doctors, nurses, social workers, NGOs and journalists on these links. Subsequently, at the end of my training in infectious diseases, the (now former) head of the Interdepartmental Committee suggested me to join the committee and I accepted. This allowed me to take part in the first and second country-consultations on HIV prevention, care and support among injecting drug users and in prison settings

(Vienna), as well as theoretical and practical trainings on drug abuse prevention and treatment organized in Italy by UNODC and an Italian NGO called Casa Famiglia.

Q: How did you get interested in prison settings?

A: Already in 2003, as part of the study I mentioned above, I carried out investigations in the prisons of my country to know what HIV prevention and care was provided to prisoners who are drug users. I found out that at the time that drugs circulated in the prisons and the prison medical service lacked the staff and equipment to meet the needs of drug users and people living with HIV. In addition, prisons are places where drug users are very likely to be for drug related convictions. That is why I am interested in what happens in prisons in general and specifically with drug users, from a medical point of view.

Q: When and where did you first hear about AHPN?

A: I heard of the AHPN in December 2009 at the first regional consultation on HIV prevention and treatment among drug users.

Q: What made you decide to join AHPN?

A: For me AHPN is a platform that brings together people with a wide variety of skills, who work closely together to find solution to problems (institutional, health, structural...) prisons are facing in Africa. It is a forum for exchanging experiences and for discussions that can enrich the knowl-

edge and consequently solutions to these problems of each member.

Q: And why did you decide to apply for the Steering Committee?

A: At first, I was just curious to know how the steering committee works. In my opinion, the Steering Committee is the body that provides the key guidelines for action for the network in order to improve prison conditions and I wanted to be part of it.

Q: With your unique background, particularly in drug control, do you have a specific vision of what you would like to achieve with the AHPN, or a topic that is particularly important to you?

A: Drug abuse prevention and care being my field of action, I would be happy to contribute to issues related to this subject. But I want us to think about how to get our governments to effectively implement our recommendations for addressing prisons problems.

Q: Is there anything else you would like to tell the AHPN members?

A: I would like to ask them to make this network a reference group on issues relating to prisons in Africa for our governments, national and international organisations. This can be done by our membership and our multidisciplinary contributions to AHPN initiatives.

Q: Thank you very much.



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Delegates from AHPPN and Mozambique - 5 March 2012



AHPPN SC + Chief Hospital Officer Mauritius Prison Service - Motah Sagar



AHPPN Steering Committee - November 2011



Special Equipment allows Prisoners "to attend" their parole meetings via videoling to court

Warning, Exception and Example - Lessons to be learned from HIV in Mauritius



uring a Study Tour organised by UNODC Southern Africa, prison officials from Mozambique and the Steering Committee of the African HIV in Prisons Partnership Network (AHPPN) gained insight into the policy and programmatic initiatives undertaken by the Mauritian Government to reduce HIV among drug users in the community and in prisons.

In 2005, Mauritius - a small island nation in the Indian Ocean, a prime holiday destination for tourists from all over the world and renowned for its beautiful beaches, was confronted with a dramatic increase in HIV infections. Nearly twice as many infections than in 2004 were reported in 2005 and nearly ten times more than in 2002. However, even more dramatic than the HIV prevalence rate in the general population, was the rate among prison inmates - in 2006 almost 50 times higher.

Worldwide, the HIV prevalence rate is generally higher among prison populations than in the general population, due to several contributing factors, e.g. practices such as sharing of needles and syringes for drug use, tattooing, unsafe sex (consensual and forced), violence, malnutrition, poor sanitation and poor access to health care. While Mauritius shares many of the challenges and socio-economic issues of its neighbouring countries on the African continent, the HIV epidemic in the country is to a large extent driven by injecting drug users (IDU) and not by unsafe sex practices, as in most other countries. In

87% of the new HIV cases reported in 2004, the transmission of the virus was due to sharing of needles and syringes amongst IDUs. As in most countries, drug use is a criminal offence in Mauritius, which quickly translated into a high number of prisoners living with HIV.

Even though the sheer existence of HIV infections in the country should have prompted policy and programmatic initiatives to fight the epidemic, these were only implemented when the infection rate reached a dramatic peak in 2005. One Mauritian prison official asked the delegates from Mozambique and the AHPPN to use Mauritius as an example: Firstly, as a bad example of the severe consequences of remaining inactive for too long; and secondly, as a good example of how a comprehensive approach, consisting of prevention, treatment, care and support measures, can help to significantly reduce the number of new infections and improve the quality of life of persons living with the virus.

It was particularly the latter - the good practices and their impact, demonstrated in Mauritius - that motivated UNODC Southern Africa to organise a Study Tour for a high-level delegation from Mozambique and the Steering Committee of the AHPPN to Mauritius. The tour should enhance awareness, knowledge and understanding of drug-prevention and harm reduction programmes and activities with the principal aim of preventing the transmission of HIV both in prisons and in the community.

Since 2008, UNODC has been implementing a regional programme of support entitled "HIV Prevention, Treatment, Care and Support in Prisons in Sub-Saharan Africa". Through this programme, UNODC aims to support national responses in prisons that are both human rights- and evidence-based, and which are tailored to the epidemiological situation and national priorities. Mozambique is one of several countries in the region to benefit from this programme.

During the course of UNODC's work with national partners and other stakeholders in Mozambique, it has been found that Mozambique is in fact experiencing increased drug use, including Injecting Drug Use (IDU).

Prior to the peak in HIV infections in 2005, the government of Mauritius had taken some measures to fight the HIV epidemic: Mother-to-Child-Transmission (MTCT) prophylaxis had been offered since 1999, as well as Voluntary Counselling and Testing (VCT), and free Anti-Retroviral Treatment (ART) had been made available from 2002. In spite of these efforts, it was not until 2006 that an HIV/AIDS Act was passed, introducing a number of important measures, such as the decentralisation of VCT services in all Health Centres, including mobile screening and close cooperation with NGOs, especially for psycho-social support and follow-up. Most relevant with regards to the particular nature of the epidemic in Mauritius, however, was the adaptation of several so called harm reduction strategies for IDUs in the general population and in prisons: (1) A Needle-Syringe Exchange Programme (NEP) and (2) an Opioid Substitution Therapy Programme (OSTP) (see box). The NEP was originally introduced by NGOs with support from the Government in 2006. By 2010, the NEP was reaching nearly 6000 clients on 45 sites, including mobile caravans, and by now almost all regions of the island are being covered. Mauritius was also one of the first countries in Africa and the only one in the region to start an OSTP in 2008. To date, a total of 5153 IDUs have been induced on Methadone, and the programme is recognized as best-practice by the Southern African Development Community (SADC) and as a "ray of hope". The OST programme works in three stages: (1) selection and recruitment; (2) induction and (3) follow-up. In addition to tackling the addic-

tion itself it also emphasises the systematic integration of HIV/AIDS responses.

Since OST is also being carried out in Mauritian prisons, the delegation from Mozambique, which included the Commissioner of Prisons, could observe the induction facilities and practices first-hand, as well as the strong focus on VCT for HIV and measures for re-integration of prisoners.

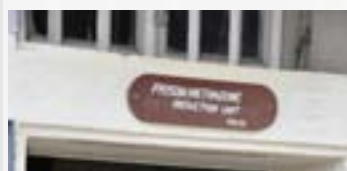
The delegation from Mozambique strongly confirmed that they gained much valuable experience, which would be very helpful in future efforts in their home country, to tackle HIV and substance abuse in prisons and the general population.

The Commissioner of Prisons of Mauritius, Mr. Jean Bruneau, also expressed his gratitude for the support of UNODC with introducing harm reduction strategies, and emphasised the value and need for sharing experiences and information, when he stated:

"In order to develop an effective and Human Rights- based approach to address the abovementioned threats, it is imperative that we develop and implement coordinated international, national and multi-sectoral action."



AHPPN SC Motah Sagar demonstrates Methadone Induction



Harm Reduction

One of the aims of the Harm Reduction interventions is to reduce the risk of contracting or transmitting HIV and other infectious diseases by substituting non-injecting drugs for the injected substance. Drug substitution also switches users from "black market" drugs to legal drugs dispensed under the care of a health professional, so the risk of overdose and other medical complications is minimised. Drug substitution helps to reduce crime and high risk behaviours among drug users since it reduces the urgency of acquiring the drug. Drug sub-

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