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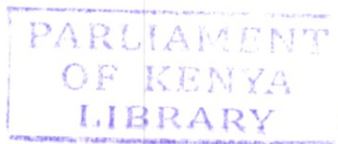
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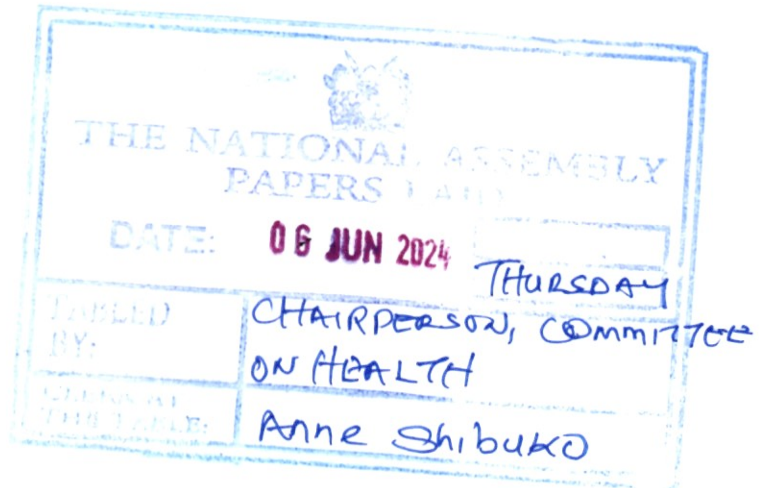
THE NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT - THIRD SESSION

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE EXPERIENTIAL LEARNING VISIT ON THE HARM REDUCTION PROGRAMME FOR PERSONS WHO USE AND INJECT DRUGS IN MAURITIUS FROM 20TH TO 24TH NOVEMBER 2023

Directorate of Committee Services
Clerk's Chambers
National Assembly
NAIROBI
JUNE 2024



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ABBREVIATIONS AND ACRONYMS

ADSU-	Anti-Drug Smuggling Unit
AIDS-	Acquired Immunodeficiency Syndrome
ART-	Antiretroviral Therapy
CUT-	Collectif Urgence Toxida
DDA-	Dangerous Drugs Act
DSU-	Drugs and Substance Use
DUAP-	Drug User Administrative Panel
DSA-	Drug and Substance Abuse
FIU-	Financial Intelligence Unit
HIV-	Human Immunodeficiency Virus
HRU-	Harm Reduction Unit
ICAC-	Independent Commission Against Corruption
MDCC-	Methadone Day Care Centers
MPs-	Members of Parliament
MST-	Methadone Substitution Therapy
NSDCC -	National Syndemic Disease Control Council
PWUIDs-	People Who Use and Inject Drugs
NACADA-	National Authority for the Campaign Against Alcohol and Drug Abuse
NAS-	National AIDS Secretariat
NDCMP-	National Drug Control Master Plan
NDO-	National Drug Observatory
NDS-	National Drugs Secretariat
NEP-	Needle Exchange Program
NGOs-	Non-Governmental Organizations
NPS -	New Psychoactive Substances
PMO-	Prime Minister's Office
SDG-	Sustainable Development Goals
UHC-	Universal Health Coverage
UN-	United Nations
UNODC-	United Nations Office on Drugs and Crime

CHAIRPERSON'S FOREWORD

The Government of Kenya recognizes drugs and substance abuse (DSA) as a major threat to the well-being of its citizens and national development. Their abuse has increased in magnitude and threatens to undermine the social, economic, and political transformation achieved over the years. According to NACADA, one in every six Kenyans is affected by DSA (NACADA, 2023). Persons aged 25 – 35 years, who represent the most productive population segment, were most affected, (NACADA, 2022), while a higher proportion of men (30.7%) are affected compared to women (6.4%).

The rate of substance use disorders (addiction) among current users of alcohol is 42.4%, while that of other substances of abuse is 38.8%. This has impacted negatively on school retention with at least 18.2% of the population having abused a drug (11.7% boys; 5.4% girls). A contributing factor is that, over time, Kenya has changed from being a transit route for illicit drugs to a destination market (NACADA, 2021). In addition, there is the increasing use of synthetic drugs, New Psychoactive Substances (NPS) and abuse of prescription drugs.

The aim of the Committee's visit was to study the prevention and control of DSA, which is critical for national development and the realization of the Kenya Vision 2030 Universal Health Coverage (UHC) as committed to by the UN Member States in the Sustainable Development Goals (SDG). The delegation had a productive visit through site visits, expert presentations, field experiences interactions and reflection, and de-brief.

We acknowledge the Committee Members who participated in the learning tour, appreciate the role played by the Office of the Clerk of the National Assembly in facilitating the visit, and commend the National Syndemic Disease Control Council (NSDCC) for providing technical and logistical support to the Committee.

On behalf of the Departmental Committee on Health Committee, I am pleased to table in the House the Report of the Committee on the experiential learning visit to the Republic of Mauritius on the harm reduction programmes for persons who use and inject drugs.

HON. DR. ROBERT PUKOSE, CBS, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

CHAPTER ONE

1.0 PREFACE

1.1 ESTABLISHMENT OF THE COMMITTEE

1. Article 124 of the Constitution of Kenya provides for the establishment of Committees by Parliament The Departmental Committee on Health is established pursuant to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution

1.2 FUNCTIONS OF THE COMMITTEE

2. Standing Order 216 (5) of the National Assembly Standing Orders provides that the functions of a Departmental Committee include

   a) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments,
   b) To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation,
   ba) on a quarterly basis, to monitor and report on the implementation of the national budget in respect of its mandate
   c) To study and review all legislation referred to it,
   d) To study, assess and analyze the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives,
   e) To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House,
   f) Vet and report on all appointments where the constitution or any other law requires the national Assembly to approve, except those understanding Order 204 (Committee on appointments)
   g) To examine treaties, agreements and conventions,
   h) To make reports and recommendations to the House as often as possible, including recommendation of proposed legislation,
   i) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution, and
   j) To examine any questions raised by Members on a matter within its mandate

1.2.1 Committee mandate and Oversight institutions

3. In accordance with the Second Schedule of the National Assembly Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage

4. In executing its mandate, the Departmental Committee on Health oversights the State Departments in the Ministry of Health as delineated in Executive Order No 1 of 2023 namely

   a) The State Department for Medical Services, and
   b) The State Department for Public Health and Professional Standards

5. Accordingly, in terms of oversight, the Committee focuses on the Ministry of Health, its two State Departments and the SAGAs falling under the purview of the two State Departments.

	The State Department for Medical Services		The State Department for Public Health and Professional Standards
i.	National Health Insurance Fund (NHIF)	i.	Kenya Medical Training College (KMTC)
ii.	Kenya Medical Research Institute (KEMRI)	ii.	Kenya Nuclear Regulatory Authority (KENRA)
iii.	Kenya Medical Supplies Authority (KEMSA)	iii.	Kenya Medical Practitioners and Dentist Council (KMPDC)
iv.	Kenya Biovax Institute Limited	iv.	The Nursing Council of Kenya (NCK)
v.	Kenyatta National Hospital	v.	Kenya National Public Health Institute (NPHI)
vi.	Moi Teaching and Referral Hospital	vi.	Kenya Health Professionals Oversight Authority (KHPOA)
vii.	Kenyatta University Teaching, Referral and Research Hospital	vii.	Kenya Health Human Resource Advisory Council (KHHRAC)
viii.	Mathari National Teaching and Referral Mental Hospital	viii.	Tobacco Control Board (TCB)
ix.	Spinal Injury Hospital	ix.	National Quality Control Laboratories (NQCL)
x.	The National Cancer Institute of Kenya	x.	Institute of Primate Research (IPR)
xi.	Kenya Tissue and Transplant Authority		
xii.	National Syndemic Diseases Control Council		

1.3 COMMITTEE MEMBERSHIP

6. The Departmental Committee on Health was constituted by the House on 27th October 2022 and comprises of the following Members:

Chairperson
Hon. (Dr) Robert Pukose, MP
Endebess Constituency
UDA Party

Vice-Chairperson
Hon. Ntwiga, Patrick Munene MP
Chuka/Igambang'ombe Constituency
UDA Party

Members

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

Hon. Muge Cynthia Jepkosgei, MP
Nandi (CWR)
UDA Party

Hon. Wanyonyi Martin Pepela, MP
Webuye East Constituency
Ford Kenya Party

Hon. Kipng'ok Reuben Kiborek, MP
Mogotio Constituency
UDA Party

Hon. (Dr) Nyikal James Wambura, MP
Seme Constituency
ODM Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency
ODM Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency,
KANU Party

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

Hon. Mathenge Duncan Maina, MP
Nyeri Town Constituency
UDA Party

Hon. Lenguris Pauline, MP
Samburu (CWR)
UDA Party

Hon. Oron Joshua Odongo, MP
Kisumu Central Constituency
ODM Party

Hon. (Prof.) Jaldesa GuyoWaqo, MP
Moyale Constituency
UPIA Party

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ODM Party

1.4 COMMITTEE SECRETARIAT

7 The Committee is supported by the following secretariat

Mr. Hassan Abdullahi Arale
Clerk Assistant I/Head of Secretariat

Ms Gladys Jepkoech Kiprotich
Clerk Assistant III

Ms Abigael Muinde
Research Officer III

Ms Faith Chepkemoi
Legal Counsel II

Mr Hillary Mageka
Media Relations Officer

Ms Rahab Chepkilim
Audio Recording Officer II

Ms Angela Jepkemboi Cheror
Public Communications Officer

Mr Hiram Kimuhu
Fiscal Analyst III

Mr Sheila Chebotibin
Senior Serjeant-At-Arms

Mr Eric Lungai
Hansard Officer III

CHAPTER TWO

2.1. INTRODUCTORY AND BACKGROUND

8. The NSDCC, jointly with NACADA, invited the National Assembly's Departmental Committee on Health to an experiential learning visit to the Mauritius harm reduction programme, which has been recognised for its progressive and successful initiatives. These programs have yielded positive results in reducing new HIV infections, drug-related harm and improving the overall well-being of individuals. The county has an estimated national HIV prevalence of 1%. There are an estimated 12,000 people who inject drugs in the country, with 52% receiving ART as of 2022. There is an explicit reference to harm reduction in national policy in Mauritius with the availability of needle and syringe programmes in the community permitted by the HIV and AIDS Act of 2006.

9. Mauritius has a Drug User Administrative Panel (DUAP) whose main objective is to divert people who use drugs from the criminal system towards healthcare systems. This ensures that, rather than facing incarceration, an individual can access drug treatment and harm reduction. These successes are largely credited to an enabling legal and policy environment.

10. The firsthand experiences of the harm reduction initiatives in Mauritius were invaluable to the National Assembly's Health Committee in shaping legislation, policymaking and enhancing strategies to address this issue effectively in Kenya.

11. The Government of Kenya recognizes drugs and substance abuse (DSA) as a major threat to the well-being of its citizens and national development. Drugs and substance abuse have increased in magnitude and threaten to undermine the social, economic, and political transformation achieved over the years. According to NACADA, one in every six Kenyans is affected by drug and substance abuse (NACADA, 2023). Persons aged 25 – 35 years, which represents the most productive population segment, were most affected by drug and substance use (NACADA, 2022). A higher proportion of men are affected by drug and substance use (30.7%) compared to women (6.4%).

12. The rate of substance use disorders (addiction) among current users of alcohol is 42.4%, while that of other substances of abuse is 38.8%. This has impacted negatively on school retention with at least 18.2% of the population having abused a drug (11.7% boys; 5.4% girls). A contributing factor is that, over time, Kenya has changed from being a transit route for illicit drugs to a destination market (NACADA, 2021). In addition, there is the increasing use of synthetic drugs, New Psychoactive Substances (NPS) and abuse of prescription drugs.

13. Prevention and control of DSA is critical for national development and the realization of the Kenya Vision 2030.

People who inject drugs in Kenya

14. Drug and substance abuse is directly correlated with HIV in Kenya. Kenya has an estimated 26,673 people who use & inject drugs (PWUIDs) with an HIV prevalence rate that is six (6) times

higher (18.3%) than that of the general population (3.7%). The PWUIDs contributed an estimated 0.9% of new HIV infections in 2020, down from 3.8% in 2009. PWUIDs suffer a high burden of viral hepatitis (Hep B and C) and tuberculosis with a prevalence of Hep C among them being at 21%. Geographically, Nairobi, Kilifi, Mombasa, Kwale and Kiambu are home to 43% of all injectors.

15. PWUIDs in Kenya face stigma, discrimination and violence. These negative attitudes and behaviors have severe consequences for the health, well-being, and human rights of individuals involved in drug use, including limited access to services. 31% of PWUIDs have ever been confronted by law enforcement; 81% have ever been to prison; 7% have ever injected drugs while in prison and 61% have shared needles/syringes in jail.

16. Addressing drug and substance abuse in Kenya requires a comprehensive approach involving policy reform, public awareness campaigns, education, and the promotion of evidence-based harm reduction strategies. It's crucial to involve affected communities in the development and implementation of interventions to ensure they are effective and culturally sensitive. Additionally, promoting a shift from a punitive approach to a public health approach in drug policy can contribute to reducing stigma and improving the overall well-being of individuals who inject drugs.

17. The Kenya AIDS Strategic Framework II, 2020/21-2024/25(KASF II), recognizes the people who use and inject drugs as a key population and emphasizes the vital role they play in HIV response. Hence, an urgent need for comprehensive measures and interventions to address the issue of drug and substance abuse in Kenya.

The Harm Reduction Program in Kenya

18. It is on this background that the Kenyan government established harm reduction programs to focus on the interventions of drug and substance abuse. This has been supported by Subsidiary Legislation, 2022 (LN173_2022) that enshrined the essential harm reduction package. 14 counties in the country have harm reduction programs for PWUIDs, which have since covered 85% of the total population of PWIDs. Seven of these counties have established medically assisted therapy clinics (11 clinics) and serve at least 8,000 clients daily.

19. The investment in a harm reduction program is immense. A typical program needs at least $344 per PWUID annually for a comprehensive harm reduction intervention package. The estimated cost of methadone treatment per client is approximately $32 per month. The PWUID program aims to rapidly expand its coverage beyond the existing 73% of the estimated population, which requires a financial commitment of $277 per person annually to provide an essential intervention package.

20. Rehabilitation and integration for PWUIDs in Kenya, as in many other countries, face a range of complex challenges. These challenges stem from social, economic, cultural, and political factors that impact the effectiveness of rehabilitation programs and the successful reintegration of PWUIDs into society.

21. Sustaining these gains in HIV response in Kenya requires a comprehensive multifaceted and integrated approach that addresses prevention, treatment, care, community engagement, and partnerships. With this, it is crucial to engage stakeholders including law and policy makers, and implementers who play a pivotal role in enacting legislation, formulating policies, allocating resources, and overseeing the implementation of programs.

22. The Health Committee participated in an experiential learning session on Kenya's harm reduction programme for PWUIDs in Mombasa County in August 2023. These sessions were jointly organized by the NSDCC, NACADA and the County Government of Mombasa. While acknowledging the importance of the program, the Members of Parliament identified the following gaps:

    a) The demand for rehabilitation services exceeded the capacity of available facilities.
    b) Addressing the issue of alcohol and drug abuse has become a national crisis.
    c) The model required a holistic government approach committed to prevention, treatment, and reintegration.
    d) There were significant gaps in legal and policy frameworks needed to support prevention, treatment, and reintegration efforts for individuals using drugs.
    e) The funding model was predominantly reliant on donor contributions, making it largely unsustainable.
    f) There was a lack of effective coordination among various agencies responsible for providing comprehensive services, including health, NHIF, security, registration of births and identities, housing, social protection, and nutrition.
    g) An immediate initiative for economic empowerment was essential for individuals in recovery from drug and substance abuse.

23. The Members of Parliament committed to:

    1. Support a whole-government approach to boost the effectiveness and sustainability of the programme;
    2. Encourage the expansion of the programme to other parts of the country to ensure no region is left behind;
    3. Enhance domestic funding for the multi-sectoral response to ending AIDS in Kenya; and
    4. Pursue a legislative agenda for a strengthening legal and policy framework that is necessary for the programme's success.

24. To support the implementation of these commitments, representatives of the Health Committee were encouraged to make a learning visit to Mauritius to learn more about the country's harm reduction program.

Justification: Why Mauritius

25. Mauritius is recognized for its progressive and successful harm reduction programs. These programs have yielded positive results in reducing new HIV infections, drug-related harm and improving the overall well-being of individuals. The country has an estimated national HIV prevalence of 1%. There are an estimated 12,000 people who inject drugs in the country with 52% receiving ART as of 2022. There is an explicit reference to harm reduction in Mauritius' national policy, with the availability of needle and syringe programmes in the community permitted by the HIV and AIDS Act of 2006.

26. Mauritius has a Drug User Administrative Panel (DUAP) whose main objective is to divert people who use drugs from the criminal system towards healthcare systems. This ensures that, rather than facing incarceration, an individual can access drug treatment and harm reduction. These successes are largely credited to an enabling legal and policy environment.

27. The firsthand experience of the harm reduction initiatives in Mauritius would be invaluable in shaping legislation, policymaking and enhancing strategies to address this issue effectively in Kenya.

Objectives

28. The primary objective of the experiential visit was to enhance policymakers' understanding of HIV and harm reduction programming from a global, regional, and national perspective to enable informed decision-making. Specific objectives included:
    a) Sharing experiences on sustaining HIV prevention and harm reduction programs with domestic resources following donor transition.
    b) Learning on leveraging sustainable community-led HIV interventions, especially among key and vulnerable populations in resource-constrained environments.
    c) Understanding the legal and policy frameworks that promote successful harm reduction programmes.
    d) Interrogate the Mauritius government's actions to ensure commodity security for essential HIV and harm reduction commodities.
    e) Exploring the role of private and public stakeholders in a successful public-private mix program for the HIV and harm reduction response.

29. The Committee's delegation comprised of the following –

    i. Hon. Dr. Pukose Robert Member of Parliament and Leader of Delegation
    ii. Hon. Patrick Ntwiga Munene Member of Parliament
    iii. Hon. Dr Nyika James Wambura Member of Parliament
    iv. Hon. Duncan Maina Mathenge Member of Parliament
    v. Hon. Martin Pepela Wanyonyi Member of Parliament
    vi. Hon. Rindikiri Mugambi Murwithania Member of Parliament
    vii. Ms. Angela Jepkemboi Cheror Public Communications officer
    viii. Ms. Abigael Mukeli Muinde Research Officer

CHAPTER THREE

3.1 MEETINGS AND FIELD VISITS IN MAURITIUS

1. Implementation Approach

30. The experiential visit entailed the following:
(The discussions focused on sharing experiences, addressing challenges, exploring policy solutions, and fostering collaborations to strengthen the harm reduction interventions in Kenya. This was to understand the legal and policy environment regarding harm reduction programs.)

a) **Site Visits:** The delegation visited a Methadone Substitution Therapy (MST) dispensing site; male and female daycare and boarding rehabilitation facilities, and the Prisons Harm Reduction program. These visits provided the delegation with an opportunity to understand service delivery, interact with healthcare providers, and engage with people affected by HIV/AIDS, drugs and substance abuse.

b) **Expert Presentations**: The delegation engaged the HRU under the Ministry of Health and Wellness. Herein, the delegation was taken through a presentation on the harm reduction program in the country. This helped the delegation understand and have a picture of what the program entails, its leadership and coordination. The presentations facilitated knowledge sharing and promoted discussions on effective policy development and implementation.

c) **Field Experiences**: The delegation visited a Needle and Syringe Exchange Program run by the government. The experience provided firsthand exposure to the realities of living with HIV/AIDS, drugs and substance abuse and the challenges faced by communities in accessing HIV and harm reduction services.

d) **Reflection and de-brief**: The experiential visit concluded with a reflective session where the delegates analyzed their experiences, identified key lessons learned, and collectively developed policy recommendations to strengthen harm reduction programming in Kenya. These recommendations will be compiled into a policy brief for dissemination to relevant stakeholders.

1.1 Courtesy visits and Panel Discussions:

a. Office of the Speaker of the National Assembly, Mauritius:

31. The delegates paid a courtesy call to the Hon. Sooroojdev PHOKEER, G.C.S.K, G.O.S.K, Speaker of the National Assembly, on the first day, Monday 20 November 2023. In welcoming the members of the delegation, the Hon. Speaker emphasized the importance of combating the drug scourge and the impact of drug abuse, a challenge being confronted by many countries across the world. The Speaker further pointed out that the bench-marking visit would undoubtedly serve as an opportunity for Kenya and Mauritius to learn and share best practices on drug abuse harm reduction policies and programmes.

32. The delegates also expressed the wish for parliamentary collaboration between the National Assembly of Mauritius and the National Assembly of Kenya especially in developing legislative proposals to combat drug abuse in the country. One of the proposals includes introducing amnesty for drug users instead of criminalization and imprisonment. From the courtesy visit, the delegates were impressed by the country's comprehensive approach to drug addiction. They appreciated Mauritius' strategies in securing its airspace and funding rehabilitation services. The MPs also highlighted the importance of making addiction rehabilitation services more accessible

in Kenya. The Speaker of the National Assembly of Mauritius acknowledged the global challenge of drug abuse and emphasized the opportunity for Kenya and Mauritius to exchange best practices in harm reduction.

Figure 1:Picture of the delegation with the speaker of the Speaker of the National Assembly, Mauritius

b. The Ministry of Health and Wellness, Mauritius

33. The courtesy visit to the Ministry of Health and Wellness aimed at understanding the whole spectrum of Harm Reduction implementation in the country. This included understanding the role and responsibility of the office, coordination, collaboration and service delivery concerning harm reduction. The MoH is a pivotal entity responsible for shaping and implementing the national health policy in the quest for a healthier nation and an improved quality of life. It envisions a modern, patient-centered, accessible, equitable, efficient, and innovative health system that prevents diseases, promotes healthy lifestyles, and fosters an environment conducive to well-being.

34. The delegates learnt that the national harm reduction response was a critical component of the health strategy that is guided by successive National Strategic Frameworks and informed by the HIV and AIDS Act of 2006. Regarding coordination, various departments within the ministry play integral roles in tackling drug-related issues. The Brown Sequard Mental Healthcare Hospital, a 660-bed psychiatric hospital, offers treatment for individuals with co-morbid conditions related to drug use. The ministry has also established Addiction Units to enhance the accessibility of addiction treatment.

35. The Pharmaceutical Division contributes significantly by formulating legislation governing the import, manufacture, sale, and distribution of pharmaceutical products. It also regulates pharmacy practices and plays a role in amending dangerous drug legislation. The HRU focuses on the prevention, harm reduction, treatment, and rehabilitation of PWUIDs, while hospital services cater to PWUIDs in the acute phase of substance use disorders.

36. Medical Officers from the HRU collaborate with NGOs, providing harm reduction services to individuals using drugs. The Health Information Education and Communication Unit engages in extensive prevention campaigns, addressing various health matters, including substance use. Simultaneously, the Statistics Unit contributes to the National Drug Observatory (NDO) report, facilitating evidence-based decision-making.

37. The delegates understood the ministry's comprehensive approach to health, with a specific focus on harm reduction, treatment, and rehabilitation that reflects a commitment to improving the well-being of the population. The integration of various departments and the collaboration with NGOs underscore the multifaceted nature of addressing drug-related issues, demonstrating a holistic strategy to achieve better health outcomes and foster a healthier nation.

Figure 2: Picture of the delegation with The Ministry of Health and Wellness, Mauritius

c. The Harm Reduction Unit (HRU)

38. The visit herein was a learning visit to the HRU, which is a department established under the Ministry of Health and Wellness in Mauritius. In understanding the unit, it is responsible for implementing programs and initiatives aimed at preventing HIV transmission and reducing harm related to drug use. This includes harm reduction coordination, implementation, resource mobilization, advocacy and monitoring and evaluation. The unit compiles all the data related to harm reduction services that are used to make decisions, including budgets.

39. The Unit's implementation is guided by the National Drug Control Master Plan 2019 – 2023. The plan proffers an integrated approach that addresses a range of drug-related issues. These include illicit drug supply and drug demand reduction, harm reduction as well as coordination mechanism, implementation framework, monitoring and evaluation and strategic information based on International Drug Control Conventions.

40. Among the services offered are the Needle Exchange Program (NEP) and Methadone Substitution Therapy (MST). These services are offered through differentiated service delivery points. There are 47 mobile dispensing sites for needles and syringes. MST is inducted in four (4) public health facilities and dispensed in 48 dispensing sites, all owned by the government and covering the whole country. Four of these dispensing sites are within prison settings for the purposes of decentralization. The MST program houses Methadone Day Care Centers (MDCC) which also act as induction centers. Opioid detoxification using Suboxone and Naltrexone for relapse prevention is also offered at the dispensing sites. At the MDCC, clients can spend the whole day at the site undertaking various activities and duties including psychosocial support, and counselling. This was effective in reducing relapse and supported reintegration into society. The MST facilities also offer ART.

41. There exist five (5) rehabilitation facilities (spread all over the districts) which offer both day and boarding with consideration of male and female boarding facilities. The rehabilitation facilities are housed under existing public health hospitals and offer harm reduction services including MST.

42. The harm reduction services are offered through a multi-sectoral coordinated strategy and client-centered approach. The unit has created a robust linkage and referral mechanism. Each ministry and department in the country is aware of the harm reduction program and understands the referral mechanisms therein. This can be alluded to by DUAP that supports the aspect of rehabilitation of the PWUIDs as compared to incarceration.

43. The unit is funded under the HIV program and the services therein are fully offered and supported by the Government, which has set up a National Social Inclusion Fund – a kitty funded by taxpayers. The kitty funds all the NGOs supporting Harm Reduction within the country among other institutions. The NGOs facilitate reintegration of PWUIDs weaned in the program back to society including skills development for economic empowerment and placement in the job market.

Figure 3: Picture of the delegation at office of Harm Reduction Unit (HRU)

d. The Prime Minister's Office:

44. The courtesy visit to the Prime Minister's Office (PMO) highlighted the government's coordination and policy framework regarding harm reduction. The PMO provides the overall leadership for all drug control activities in the country, oversees the implementation framework of the NDCMP and monitors progress. This is undertaken through the High-Level Drug and HIV Council, under the aegis of the Prime Minister's Office. The Council, among other things, proposes, formulates, reviews and validates national policies on Drugs and HIV; makes recommendations, as appropriate, and provides guidelines on issues related to Drugs and HIV to the National Drugs Secretariat and the National AIDS Secretariat, respectively. The Council is chaired by the Honorable Prime Minister and comprises representatives of relevant Ministries/Departments/NGOs/Civil Society Organizations and the Private Sector.

e. The Anti-Drug and Smuggling Unit (Mauritius Police Force)

45. The visit to the Anti-Drug Smuggling Unit (ADSU) aimed at enabling the legislators to understand the functions of the Unit and their roles and responsibilities in curbing the drug challenge. The Unit was established under the Dangerous Drugs Act (DDA) 2000, operates under the leadership of a Deputy Commissioner of Police, and is tasked with preventing and detecting offenses related to dangerous drugs. It enforces the DDA 2000 and associated laws, focusing on arresting and prosecuting drug offenders (mostly traffickers), disrupting drug trafficking organizations, locating and destroying cannabis plantations, and conducting crackdown operations in drug-prone areas. This is majorly the supply side of the illicit drugs. ADSU supports harm reduction by being one of the multi-agency teams that identifies and differentiates between a trafficker and a user. For the users, they ensure they are referred to prevention and treatment centers including MST and rehabilitation facilities.

46. ADSU works very closely with the HRU under the Ministry of Health and Wellness, while also creating awareness in the public through dialogue at learning institutions and with other government departments. They advocate for treatment as an alternative to incarceration for drug users. The Unit also works to prevent the entry of illicit drugs at key points such as airports, seaports, and Postal Services. Its Intelligence Cell analyzes and disseminates data on drug networks, collaborating with other units of the Mauritius Police Force, foreign law enforcement counterparts, Customs, the public and private sectors, and communities to dismantle drug networks.

47. The ADSU addresses the financial infrastructure of drug trafficking organizations, and tracks down money tainted with fraud, by working in close collaboration with the Independent Commission Against Corruption (ICAC) and the Financial Intelligence Unit (FIU). It liaises with specialized agencies of the United Nations, Interpol, and other organizations on matters relating to international drug control programmes. It operates on a 24/7 basis, on the evidence of intelligence inputs gathered on the ground, from crime mapping, informers, complaints, preventive patrols, especially in hot spots and through 'Stop and Search' of vehicles and persons. Some of the proceeds obtained are used to support the harm reduction program.

Figure 4: Picture of the delegation with the head of Anti-Drug & Smuggling Unit Headquarters

f. The Mauritius Prison Service.

48. The visit to the Mauritius Prison Service was to provide valuable insights and strategies for the delegation to improve their approach to harm reduction and rehabilitation in the Kenyan prison system. Through this, the delegation learned various best practices that can help the legislators develop effective policies to reduce recidivism, promote human rights and dignity, and support community integration programs. The delegation herein understood the elements and aspects needed to develop more effective and context-specific policies for the Kenyan prison system, ultimately enhancing the overall criminal justice system in Kenya. The focus on human rights and dignity in Mauritius' prison system was an eye-opener and can inspire similar values in Kenya. The delegation also gained insights into community integration programs and public health considerations. Learning from Mauritius' experience can help identify cost-effective solutions and facilitate policy development.

49. The Mauritius Prisons Service manages eight (8) prisons for men including a Correctional Youth Centre for boys and four (4) for women, a Rehabilitation Youth Centre and a Correctional Youth Centre for girls. In Rodrigues, there is an adult prison for men and one for women.

g. The UN Resident Coordinator

50. The visit to the UN Resident Coordinator was aimed at building relationships with the United Nations and international organizations on supporting Kenya with access to resources, funding, and technical assistance for implementing harm reduction programs. The meeting herein was coordinated by the Kenyan representative from the United Nations Office on Drugs and Crime (UNODC).

51. The Resident Coordinator highlighted the UNODC's role in supporting the harm reduction program in Mauritius. These include contribution to policy development, capacity building, advocacy and awareness, research and data collection, technical assistance, international collaboration, and monitoring and evaluation in harm reduction initiatives. The legislators

requested support from UNODC on supporting components of recidivism, rehabilitation and reintegration programs in Kenya. It was herein agreed that UNODC Kenya will plan for a sensitization session with the legislators for them to understand the whole spectrum of harm reduction.

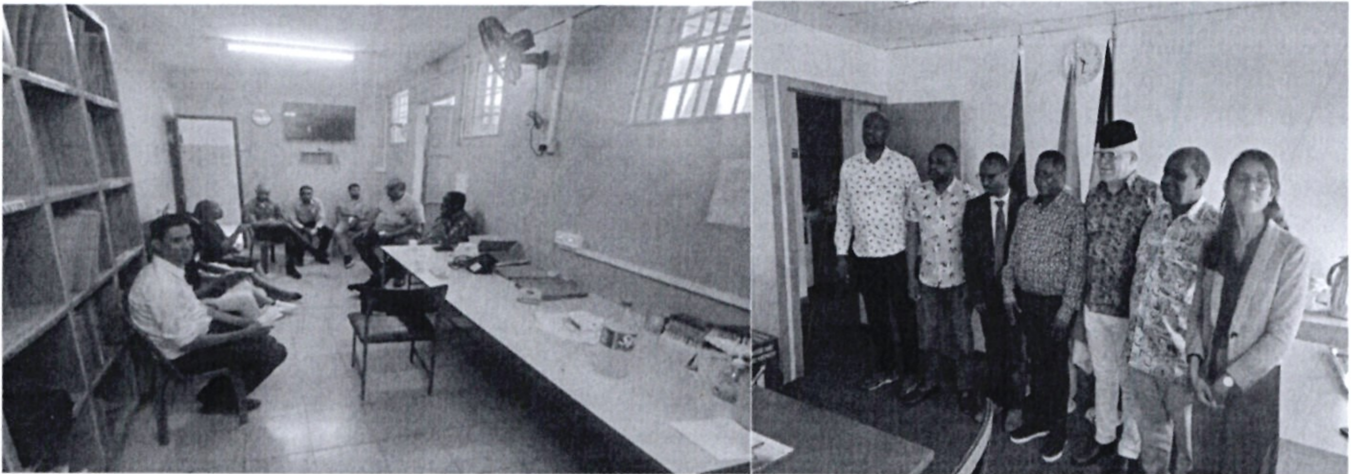


Figure 5: The delegation at the UNODC Resident

h. Site visits

i. Needle and Syringe Program

52. This was a site visit to the needle and syringe program within Port Louis, Mauritius. There is a total of 47 NSP distribution sites (36 owned by the Government through the HRU and 11 by an NGO – Collectif Urgence Toxida (CUT)). Needle and syringe programs are public health initiatives designed to reduce the transmission of blood-borne diseases, such as HIV and Hepatitis C, among people who inject drugs.

53. These programs provide sterile needles and syringes to individuals who use injectable drugs and offer education, counseling, and other support services. The HRU prepares a distribution schedule that is shared with the clients and stakeholders. The PWUIDs, through their peers, access the needles and syringes and exchange the same with the used ones. To ensure proper use and efficacy, the program undertakes monthly bio-behavioral surveys which inform them of the best practices, challenges and areas of improvement.

Figure 6: Needle and Syringe Program

ii. The Centre de Solidarité

54. This visit was to understand the whole approach of reintegration of the PWID community back into society. It has both male and female rehabilitation facilities. The Centre de Solidarité in Rose-Hill serves as a therapeutic unit for the male clients. The Reinsertion unit at the Centre de Solidarité helps former PWIDs transition back into the community and their homes. The approach herein includes three therapeutic units:

- Family Therapy / First contact: the client and their accompanying party are welcomed and listened to before being orientated.
- L'Accueil: here, residents follow the early stages of the programme.
- Reinsertion: the reintegration unit helps the ex-resident to cope with returning to the community and home.

55. It is here that the residents fully engage in the rehabilitation programme for 4-6 months. This facility also acts as an MST dispensing site.

CHAPTER FOUR

4.1 COMMITTEE'S OBSERVATIONS

The Committee made the following observations:

A. Legal and Policy Framework

56. Mauritius has a legal and policy framework in place for harm reduction initiatives. The following are some of the key legislation and policies that the delegation was taken through for programming on harm reduction:

a. **The Dangerous Drugs (Amendment) Act of 2022:** This Act is an amendment from the mother Act, The Dangerous Drugs Act of 2000. It provides for the control of dangerous drugs and the treatment and rehabilitation of drug addicts in Mauritius. The Act deals with the challenging issues of supply and demand of illicit drugs by introducing a clear distinction between a **trafficker** and a **user**. The Act gives clear directions in terms of the rehabilitation of drug users and defines the procedures of resourcing for the rehabilitation centers through the proceeds of drug trafficking. The Act has also established a **Drug Users Administrative Panel,** which is housed under the Ministry of Health, and comprises a multisectoral panel of members. Among the roles of the panel is to direct a drug user to undergo rehabilitation such as education, counselling, treatment, aftercare, social reintegration or any other therapy required.

b. **The HIV and AIDS Act of 2006:** This Act provides a legal framework for HIV screening and harm reduction in the country. This Act has allowed the establishment and implementation of harm-reduction services in Mauritius. The needle and syringe program is embedded within this Act and it is worth noting that the government funds and runs the programs.

c. **The Mauritius National Strategic Framework for HIV and AIDS**: The national response to harm reduction is guided by the Mauritius National Strategic Framework for HIV and AIDS. The framework provides for access to combination prevention options, including harm reduction to key populations that include people who use drugs.

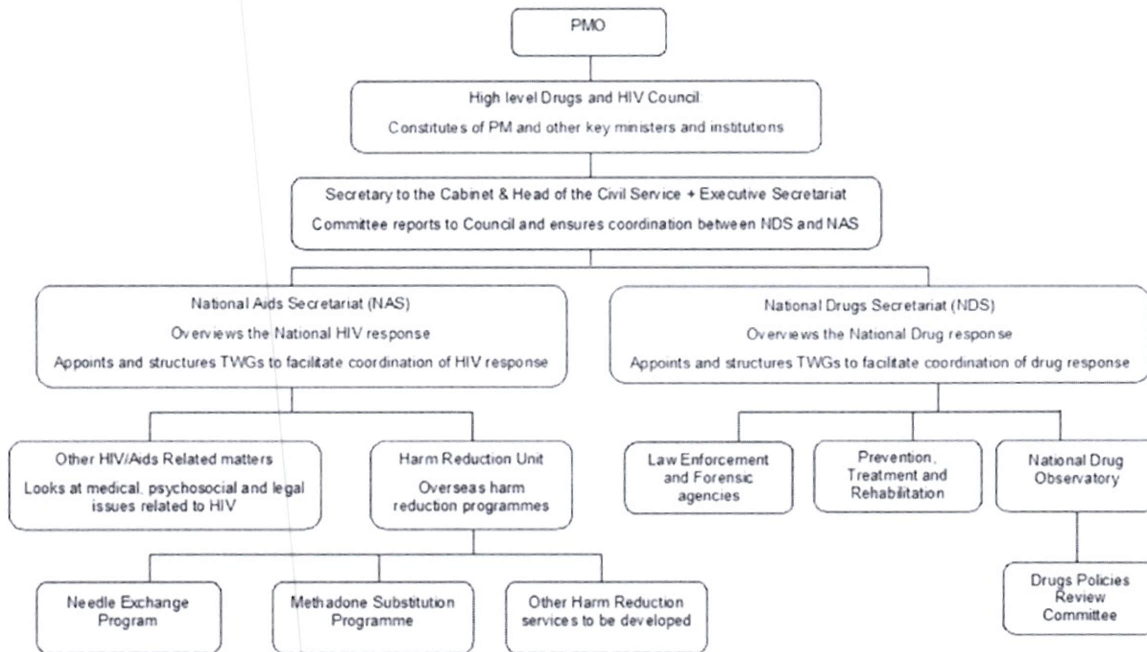
d. **National Drug Control Master Plan 2019-2023:** This is a comprehensive framework developed by the Government of Mauritius to address drug trafficking, provide prevention measures, and offer effective treatment to the population. The implementation is undertaken by several lead Ministries and collaborating agencies and partners, including NGOs. It provides for a wholesome approach that includes the involvement of families. The NDCMP is supported by national surveys and other relevant materials and is premised on three critical cross-cutting issues: capacity building, respect and observance of human rights, and gender mainstreaming.

B. Leadership and Coordination

57. Harm reduction in Mauritius is led and coordinated by the government through the Office of the Prime Minister. It is implemented through an established HRU under the Ministry of Health and Wellness. With regard to coordination, the government established a High-Level Drugs and HIV Council under the Chairmanship of the Prime Minister. The Council is composed of 28 members which include several key Ministries, institutions, departments, two NGOs and the private sector, which are leading the drug and HIV response in the country. Within the council is a secretariat comprised of the Secretary to the Cabinet and the Head of Civil Service; the Executive Secretariat Committee and coordinated by the National Drug Secretariat (NDS) and the National AIDS

Secretariat (NAS). This secretariat is responsible for the data collection, analysis, reporting and preparation of the annual National Drug Observatory Report.

58. The NAS herein is responsible for the HIV response in the country and herein houses the HRU, which oversees the implementation of harm reduction programs. On the other hand, the NDS coordinates the drug and substance response in the country. It entails law enforcement agencies, prevention and treatment, rehabilitation and the National Drug Observatory, which houses the drug policy review committee. Below is an illustration of the leadership and coordination structure of harm reduction in Mauritius:



C. The Establishment of a HRU.

59. It's a specialized unit within the Ministry of Health and Wellness that coordinates service delivery for harm reduction. This is a good platform in that, it ensures efficacy and accountability to all stakeholders within the harm reduction program. The units coordinate advocacy and creation of awareness of harm reduction to the society and hence reducing stigma related to the same. It coordinates quarterly meetings of all stakeholders where they discuss the best practices and challenges of the program.

D. Budget

60. Harm reduction in Mauritius is fully funded by the Government through the HIV program. The HIV program receives funds from the Exchequer (82%), of which 8% is dedicated to the harm reduction program. There exists a National Social Inclusion Fund, which is a kitty where all harm reduction NGOs get funding for community advocacy programmes. The funding landscape ensures continuity and ownership of the programs. A particular percentage of the fines and monies recovered from trafficking (assets and proceeds) is also used to support the harm reduction project. This has been anchored under the DDA.

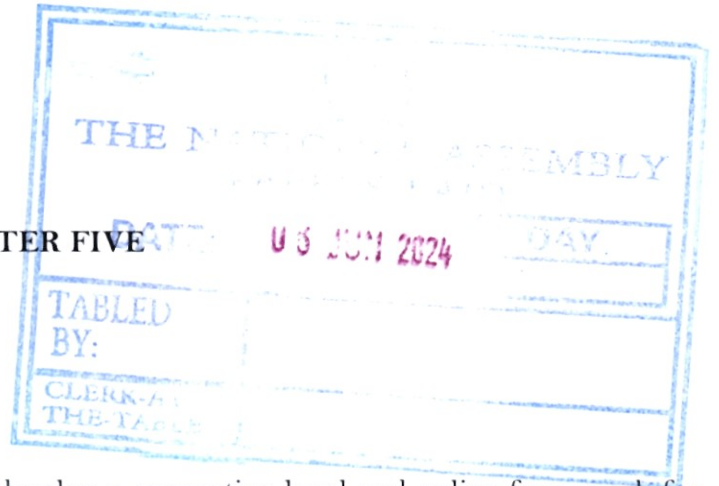
E. Recidivism and Reintegration of the PWUIDs

61. The prison program works closely with the Judiciary and law enforcement agencies through the DUAP to ensure challenges of recidivism regarding drug crime have been eliminated. Through the panel, diversion of drug use challenges has been viewed as a health challenge from criminality. The diversion strategies have supported the harm reduction program to achieve its goals and objectives.

62. The client-centered approach has seen a multi-sectoral engagement in reintegrating PWUIDs back into society. Working with the families, the HRU and NGOs has made this possible, thereby validating this approach as one to be emulated (noting that Kenya has struggled with the challenge).

F. Advocacy and creation of awareness

63. Through the HRU and due to proper coordination and leadership, the creation of awareness to the public has been at the forefront of eliminating stigma related to drug and substance use. Through the Office of the Prime Minister, the harm reduction programs have created public awareness forums including learning institutions. These forums have seen the commitment of various intuitions to supporting the harm reduction program, especially in creating string referral and linkage pathways.



CHAPTER FIVE

5.1 COMMITTEE'S RECOMMENDATIONS

64. The Committee recommends as follows:

1. **Policy and Legal Framework**

The cabinet secretary Ministry of Health to develop a supportive legal and policy framework for harm reduction interventions. This includes ensuring that harm reduction is recognized and integrated into National laws and drug policies. For instance, the inclusion of harm reduction into the Primary Health Act of 2023; the Needle and Syringe Program under the HIV and AIDS Prevention and Control Act 2006; and the establishment of a drug users administrative panel. This will also include ensuring drug and substance use has been focused as a health issue rather than a criminality.

2. **Community Engagement:**

In the development of the harm reduction program, the Cabinet Secretary Ministry should ensure family and community involvement and engagement in the design, implementation, and evaluation of harm reduction programs. Community input can enhance program effectiveness and sustainability. The harm reduction strategies should be specific to our cultural, social, and economic context.

3. **Healthcare Integration:**

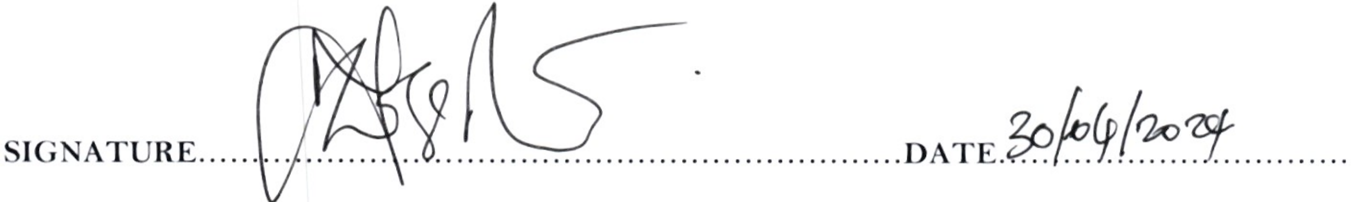
The Cabinet Secretary Ministry of Health ensures that the Harm Reduction treatment options are integrated in the existing healthcare systems to ensure better coordination, accessibility, and effectiveness of services.

4. **Capacity Building:**

The Ministry of Health in collaboration with KMTC and other institutions training healthcare professionals develops training programmes for healthcare professionals and service providers to enhance their skills in delivering harm reduction services, including the management of substance use disorders.

5. **Stigma Reduction:**

The Cabinet Secretary develops and promotes strategies to reduce the stigma associated with substance use and individuals accessing harm reduction services. The strategies should provide a holistic approach to harm reduction that addresses not only drug use but also related health issues, mental health, and social determinants of substance use.



SIGNATURE...DATE 30/06/2024..........................

HON. DR. ROBERT PUKOSE, CBS, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

Annex 1:

Minutes of the Committee sittings

MINUTES OF THE 38TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 3RD FLOOR, BUNGE TOWERS, PARLIAMENT BUILDINGS, ON TUESDAY, 30TH APRIL 2024 AT 10.30 A.M.

PRESENT

1. The Hon. Dr. Pukose Robert, CBS, M.P – **Chairperson**
2. The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson
3. The Hon. Dr. Nyikal James Wambura, M.P
4. The Hon. Owino Martin Peters, M.P
5. The Hon. Mary Maingi, MP
6. The Hon. Prof. Jaldesa Guyo Waqo, M.P
7. The Hon. Oron Joshua Odongo, M.P
8. The Hon. Lenguris Pauline, M.P
9. The Hon. Muge Cynthia Jepkosgei, M.P
10. The Hon. Wanyonyi Martin Pepela, M.P
11. The Hon. Kibagendi Antony, M.P

ABSENT WITH APOLOGY

1. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
2. The Hon. Titus Khamala, M.P
3. The Hon. Mathenge Duncan Maina, M.P
4. The Hon. Kipng'ok Reuben Kiborek, M.P

COMMITTEE SECRETARIAT

1. Mr. Hassan A. Arale - Clerk Assistant I
2. Ms. Gladys Kiprotich -Clerk Assistant III
3. Mr. Hiram Kimuhu -Fiscal analyst III
4. Ms. Abigel Muinde - Research Officer III
5. Ms. Faith Chepkemoi -Legal Counsel II
6. Mr. Eric Lungai -Hansard Reporter III
7. Mr. Hillary Mageka -Media Relations Officer III
8. Ms. Sheila Chebotibin - Senior Serjeant At Arms
9. Ms. Eunice Akai - Intern

MIN. NO. NA/DC-H/2024/156: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 10 .30 a.m with a word of prayer by the Chairperson Hon. Dr. Pukose Robert, CBS, M.P. Thereafter, a round of introductions was made.

MIN.NO.NA/DC-H/2024/157: ADOPTION OF THE AGENDA

The agenda of the meeting was adopted having been proposed by the Hon. Kibagendi Antony, M.P and seconded by the Hon. Dr. Nyikal James Wambura, M.P.

MIN.NO.NA/DC-H/2024/158: CONFIRMATION OF MINUTES

1) Minutes of the 26th sitting were confirmed as a true record of the deliberations having been proposed by, the Hon. Dr. Nyikal James Wambura, M.P and seconded by the Hon. Oron Joshua Odongo, M.P.

2) Minutes of the 27th sitting were confirmed as a true record of the deliberations having been proposed by, the Hon. Owino Martin Peters, M.P and seconded by the Hon. Mary Maingi, MP

3) Minutes of the 28th sitting were confirmed as a true record of the deliberations having been proposed by, the Hon. Mary Maingi, M.P and seconded by the Hon. Oron Joshua Odongo, M.P.

4) Minutes of the 29th sitting were confirmed as a true record of the deliberations having been proposed by the Hon. Mary Maingi, M.P and seconded by the Hon. Owino Martin Peters, M.P.

5) Minutes of the 30th sitting were confirmed as a true record of the deliberations having been proposed by the Hon. Kibagendi Antony, M.P and seconded by the Hon. Oron Joshua Odongo, M.P

MIN.NO.NA/DC-H/2024/159: CONSIDERATION AND ADOPTION OF REPORT ON THE LEGISLATIVE PROPOSAL ON THE HEALTH (AMENDMENT) BILL, 2023 BY HON. JANE NJERI MAINA, MP

Upon consideration of the report on the Legislative Proposal of the Health (Amendment) Bill, 2023 the The Committee recommends that the honourable member to add a schedule of emmergency. Committee adopted the report after it was proposed by Hon. Oron Joshua Odongo, M.P and seconded by the Hon. Kibagendi Antony, M.P.

MIN.NO.NA/DC-H/2024/160: CONSIDERATION AND ADOPTION OF THE REPORT ON THE INQUIRY INTO THE ALLEGED FRAUDULENT PAYMENTS OF MEDICAL CLAIMS AND CAPITATION TO HEALTH FACILITIES BY THE NATIONAL HEALTH INSURANCE FUND (NHIF).

The agenda was deferred for consideration by the Committee in a retreat to be held from 30th May, to 2nd June, 2024.

MIN.NO.NA/DC-H/2024/161:CONSIDERATION AND ADOPTION OF THE FOREIGN TRAVEL REPORTS.

The following foreign reports were adopted;

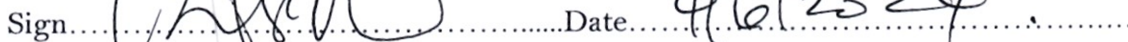
1) The Committee adopted the report on the Experiential Learning Visit On The Harm Reduction Programme For Persons Who Use And Inject Drugs In Mauritius after it was proposed by the Hon. Ntwiga Patrick Munene, M.P and seconded the Hon. Dr. Nyikal James Wambura, M.P

2) The Committee adopted the report on the Participation In the Afro Regional Preparatory Meeting On The World Health Organization Framework Convention On Tobacco Control In Uganda after it was proposed by the Hon. Antoney Kibagendi, MP and seconded the Hon. Pauline Lenguris, MP.

3) The Committee adopted the report on The Xxiv Figo World Congress Of Gynaecology And Obstetrics In Paris Convention Centre, France after it was proposed by the Hon. Prof. Jaldesa Guyo Waqo, M.P and seconded the Hon. Mary Maingi, MP

MIN. NO. NADC-H/2024/162: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 12.25 p.m. The next meeting will be held on Thursday, 2nd May, 2024.



Sign..Date....4/6/2024..........................

HON. DR. ROBERT PUKOSE, CBS, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

Annex 2:

Adoption List

THE NATIONAL ASSEMBLY

13TH PARLIAMENT – THIRD SESSION (2024)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ADOPTION LIST OF THE CONSIDEDRATION OF THE REPORT ON THE EXPERIENTIAL LEARNING VISIT ON THE HARM REDUCTION PROGRAMME FOR PERSONS WHO USE AND INJECT DRUGS IN MAURITIUS FROM 20TH TO 24TH NOVEMBER 2023

We, the undersigned Members of the Departmental Committee on Health do hereby append our signatures to adopt this Report **Date:** 30/04/2024

NO	NAME	SIGNATURE
1.	The Hon. Dr. Pukose Robert, CBS ,M.P -**Chairperson**	[signature]
2.	The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson**.	[signature]
3.	The Hon. Dr. Nyikal James Wambura, M.P.	[signature]
4.	The Hon. Titus Khamala, M.P	[signature]
5.	The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS,M.P.	[signature]
6.	The Hon. Prof. Jaldesa Guyo Waqo, M.P.	[signature]
7.	The Hon. Owino Martin Peters, M.P.	[signature]
8.	The Hon. Wanyonyi Martin Pepela, M.P	[signature]
9.	The Hon. Lenguris Pauline, M.P	[signature]
10.	The Hon. Mary Maingi, MP	[signature]
11.	The Hon. Muge Cynthia Jepkosgei, M.P	[signature]
12.	The Hon. Oron Joshua Odongo, M.P.	[signature]
13.	The Hon. Kibagendi Antony, M.P.	[signature]
14.	The Hon. Mathenge Duncan Maina, M.P	[signature]
15.	The Hon. Kipngor Reuben Kiborek, M.P	[signature]