

June 2017



## SAG Intervention at PCB Thematic Session on Prevention

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To be delivered by Judy Chang, INPUD

“Thank you for giving me the floor.

Excellencies, ladies and gentlemen.

I am speaking today on behalf of the Strategic Advisory Group to the United Nations on HIV and Drug Use, or the “SAG” as it is more commonly known.<sup>1</sup> The SAG was established in 2014, and is comprised of representatives from UN agencies, donor governments, networks of people who use drugs, and civil society networks from around the world, all with a specific interest and focus on ensuring a scaled up and sustainable harm reduction response that is effective in preventing HIV transmission among people who inject drugs and is firmly rooted in the principles of human rights. As such, we welcome this thematic session on prevention, and want to highlight three main issues today.

Firstly, the SAG notes with grave concern the continued increase in HIV transmission amongst people who inject drugs. The 2011 Political Declaration on HIV and AIDS committed to reducing transmission of HIV among people who inject drugs by 50 percent by 2015.<sup>2</sup> Yet, UNAIDS now estimate that the number of new cases amongst our community has risen from 114,000 in 2011 to 152,000 in 2015.<sup>3</sup>

This is a 33% increase, during a period when governments committed to cut transmission in half.

The 2016 Political Declaration on HIV and AIDS notes the lack of global progress made in reducing HIV transmission among PWID but makes no reference to this target being so disastrously missed. We call on the Joint Programme and member states to ensure adequate discussion of this alarming rise and how to respond to it at this PCB thematic, at the Prevention Coalition meeting this October and in other relevant global fora. We also support calls for an accountability framework with specific indicators to hold UN agencies and member states accountable for commitments made in the 2016 Political Declaration and UNAIDS Strategy, but these must include the strongest possible indicators on harm reduction.

My second point today concerns funding. The 2016 Political Declaration on HIV/AIDS calls attention to the insufficient coverage of harm reduction programmes. Figures recently published in Harm Reduction International’s Global State of Harm Reduction 2016 report show that no new countries have implemented needle and syringe programmes (NSP) since 2014 and only three have introduced opioid substitution therapy (OST). Bilateral and multilateral donors are reducing their funding to middle-income countries, and yet this is where around three-quarters of all people who inject drugs live. With national governments unable or unwilling to pick up the bill, harm reduction services are being closed or cut back with disastrous consequences.

<sup>1</sup> <http://www.unodc.org/unodc/en/hiv-aids/new/strategic-advisory-group.html>

<sup>2</sup> <http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids>

<sup>3</sup> <http://www.unaids.org/en/resources/documents/2016/get-on-the-fast-track>

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While significant resources are directed towards new prevention technologies and the “90-90-90” targets, much more needs to be done at UN level to ensure sufficient funding for long-established, effective and comprehensively proven prevention tools such as needle and syringe programmes and opiate substitution therapy. Any fundraising strategy should include the recommendation, set out in UNAIDS’ 2015 report “Do No Harm: Health, Human Rights and People Who Use Drugs” to undertake a rebalancing of investments in drug control to ensure that the resources needed for public health services, including harm reduction, are fully funded.

Finally, the UN targets to reduce the numbers of people newly infected with HIV and dying from AIDS-related causes to fewer than 500,000 per annum, and to eliminate HIV-related stigma and discrimination<sup>4</sup> will fail if due attention is not given towards addressing the social and structural barriers caused by the criminalization, mass incarceration and human rights abuses routinely experienced by people who use drugs. As long as we continue to criminalise people who use drugs and other key populations, and fail to value the critical role of communities as central to the HIV response, we will not end the epidemics of AIDS, tuberculosis, and combat hepatitis and other communicable diseases by 2030, as enshrined in the Sustainable Development Goals.<sup>5</sup>

The SAG remains committed to bringing attention to these concerning issues, and asks that appropriate and concrete action is taken within the PCB outcomes, and is integrated into the agenda of the upcoming Prevention Coalition Meeting to ensure that people who use drugs are not left behind.

Thank you for your attention.”

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<sup>4</sup> 2016 Political Declaration on HIV/AIDS [http://www.hlm2016aids.unaids.org/wp-content/uploads/2016/06/2016-political-declaration-HIV-AIDS\\_en.pdf](http://www.hlm2016aids.unaids.org/wp-content/uploads/2016/06/2016-political-declaration-HIV-AIDS_en.pdf)

<sup>5</sup> <http://www.un.org/sustainabledevelopment/health/>