Dear UNAIDS Strategy Team,

Firstly, we as community-led networks, drug policy and harm reduction organizations and networks commend the UNAIDS Strategy Team for facilitating a complex and consultative process leading to an ambitious and comprehensive Annotated Outline of the Global AIDS Strategy 2021 – 2026 that highlights under-prioritized strategic priorities such as prevention, human rights, decriminalization and community-led responses. We believe that a sharpened focus on these key areas, with accompanying actionable results, commitments and targets, so often perceived as peripheral rather than central to the Global AIDS response, will be the catalysts needed to re-invigorate a successful and effective future HIV response. We understand that development of the Global AIDS Strategy is now under review and we strongly urge that the following is taken into consideration and reflected in the final document.

Key Populations and HIV Prevention:

Key populations make up a significant majority of new HIV cases globally, with the UNAIDS Global AIDS Update (2020) showing people who inject drugs account for 48% of new HIV cases in Eastern Europe and Central Asia and 43% in Middle East and Northern Africa; two regions in which globally HIV cases are alarmingly increasing rather than decreasing. People who inject drugs, particularly women and young people do not have equitable access to HIV prevention, diagnostic and treatment services, with a 2017 Lancet systematic review reporting less than 1% of people who inject drugs live in countries with high coverage of both needle and syringe programmes and opiate agonist treatment, both of which are 'gold-standard' interventions for HIV prevention amongst people who inject drugs.[1]

The Global AIDS Strategy must protect the most marginalized and those most affected by HIV. With this in mind, we strongly recommend the following be reflected and protected in the final document:

- The needs of key populations, including people who inject drugs, should be integrated across all areas of the Strategy by elevating the focus on key populations from SRA4 in the Annotated Strategy Outline across all results areas, in order to address a wider range of needs.
- Harm reduction as **the** evidence-based response for people who inject drugs should explicitly be stated throughout the Strategy, including harm reduction education for adolescent and young people.
- Reaching people who inject drugs, including people in prisons, and key populations more broadly, should be prioritized with major increases in sustainable investment for evidence-informed programming for inclusive services, including use of normative guidance, specifically the *UNODC/INPUD Implementing Comprehensive HIV and HCV programmes with People who Inject Drugs* (IDUIT), *WHO Consolidated Guidelines on HIV prevention, diagnostic, treatment and care for key populations* and *UNODC/WHO/UNAIDS HIV prevention, treatment care and support for people who use stimulant drugs to guide and prioritise actions for people who inject drugs* (Stimulant Guide).[2]

[1] Larney et al. (2017). Global, regional and country-level coverage of interventions to prevent and manage HIV and Hepatitis C among people who inject drugs: a systematic review. Volume 5, Issue 12, E1208 – E1220. DOI:https://doi.org/10.1016/S2214-109X(17)30373-X

[2] Stimulants describe a broad range of drugs, but we refer primarily to methamphetamine, crack, cocaine and new psychoactive substances. These are linked to HIV transmission and are also used amongst some key population groups

- As a first step to reaching women and young people who use drugs gender and age-disaggregated data is required and community-led research and data collection must be included and adequately resourced
- Women who use drugs must have the same level of access to sexual and reproductive health and family planning services, intimate partner violence, sexual and gender-based violence programmes including psychological first aid as all other populations
- All interventions proposed for key populations should align with rights-based principles of consent, privacy and confidentiality, including assisted partner notification services.[3]
- Whilst welcoming more inclusive language on people who use drugs, as proposed by member states, we ask that this is managed in such ways as not to lead to veering off-track on the focus of improving the quality and expansion of life-saving interventions such as needle and syringe interventions and opiate agonist treatment. Rather, we propose a differentiation of approaches for people who inject drugs and people who use drugs depending on regional or country contexts, whilst recognising that structural change must apply broadly to all. We recommend referring to normative guidance such as the IDUIT and Stimulants Guide for reference on approach to language and differentiated interventions (referenced above).

Decriminalization and human rights:

The world cannot reduce new infections globally unless we first ensure that key populations have not just equitable, but increased access to HIV prevention, treatment care and support services that requires meaningfully addressing all legal and structural barriers. We actively welcome the call for decriminalization of same sex relations, expression of gender identity, sex work, drug use and HIV non-disclosure, transmission and exposure. Modelling shows that decriminalization of drug use could help avert 21% of new HIV cases amongst people who inject drugs.[4] This is because removing the fear of punitive law enforcement will lead to increased uptake of HIV prevention, testing and treatment and remove barriers to the participation and empowerment of people who use drugs to take charge of their own health and rights, partner with government to contribute to the delivery of HIV services and hold governments accountable for how inclusive and equitable health systems are.

We welcome the specific focus on decriminalization, bolstered by the UNAIDS 10-10-10 social enabler targets that include removing punitive legal and policy environments that limit access to services, and urge that decriminalization and removal of all punitive and discrimination laws, policies and regulations remain prominent in the final Strategy.

Following from this we also ask that the Strategy provides a framework for operationalizing the following:

- Ensures UNAIDS, its co-sponsors and the Global Fund work with countries to re-orient national AIDS responses, legal frameworks, and health systems towards decriminalization of drug use and by removing age-related or other discriminatory legal barriers to access HIV and other health and social services.

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[3] Please refer to Ayala et al. (2019) Partner Notification: A Community Viewpoint. Journal of International AIDS Society. Volume 22, Issue S3 DOI: https://doi.org/10.1002/jia2.25291

[4] Borquez et al. (2018). The effect of public-oriented drug law reform on HIV incidence in people who inject drugs in Tijuana, Mexico: an epidemic modelling study. Volume 3, Issue 9, E429-E437. DOI:https://doi.org/10.1016/S2468-2667(18)30097-5

- Establishes operational and accountability mechanisms for the 10-10-10 social enabler targets that are as strong as those for the six 95's for HIV services and secure adequate political and financial commitments to realise these ambitions
- Promotes investment in policy, law and health systems reform and commit to ensure at least 6% of available resources are allocated to addressing social enablers, including ensuring the right to health and justice for people who use drugs

Community-led responses:

The Global HIV response has failed people who use drugs as a marginalized and stigmatized group. Communities continue to ask for attention to their needs, including a desire to remain respectfully and equitably engaged. Addressing this issue has been long overdue. We endorse SRA6 on community-led responses in the Annotated Strategy and strongly emphasise the need to retain this pillar in the final draft of the Global AIDS Strategy. It is only through the meaningful involvement of communities, including people who use drugs in research, advocacy, services and programming, as well as the accompanied commitment to sustainably resource community-led responses, that social and political inequalities will be reduced.

The next Global AIDS Strategy must include priority actions and strategies that stress the need for:

- Investment in harm reduction to fill the disproportionate gap in financing, ensuring the allocation of at least 30% of funding to community-led service delivery. Peer-led harm reduction services have proven to be incredibly effective and efficient in reaching people who use drugs.
- Promotion and investment in community-systems strengthening, where the critical role of communities in service delivery, research and advocacy is recognized and communities are adequately funded and enabled to act as critical actors in introducing and maintaining inclusive, equitable and human rights-based health systems
- Securing political and financial commitment for communities to be recognized as experts within the response, whose networks and organisations provide critically needed peer-to-peer technical assistance.

In order to end AIDS, there needs to be a global commitment to increase investment in harm reduction, end criminalization and discriminatory laws and practices and provide political and financial impetus towards embedding community-led responses and human rights within the HIV response. Leadership on these elements will be critical for charting the way forward, which starts with the protection and expansion of these areas within the full Global AIDS Strategy.

Yours sincerely,

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