INPUD International Network *of* People *who* Use Drugs

2021 Political Declaration on HIV and AIDS Technical Brief

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Background

Member States at the United Nations High-Level Meeting (HLM) on HIV and AIDS held in June 2021 adopted a Political Declaration to end inequalities and get on track to end AIDS as a public health threat by 2030.

The International Network of People who Use Drugs (INPUD) was actively engaged throughout the process of the HLM, as the Executive Director sat on the HLM Multi-stakeholder Task Force, coordinated by AIDSFONDS and GNP+ and worked collectively on the speaker selection for the HLM Multi-stakeholder Hearing. This is to ensure a diversity of community voices and perspectives were heard and fed into the 2021 Political Declaration. In the lead up to the HLM, where the Declaration was to be adopted, INPUD engaged with people who use drugs, civil society delegates, and member state representatives around the world to shape and influence the various iterations of the 2021 Political Declaration.

The Political Declaration that was adopted reflected gains made in some key relevant areas for our communities. Key populations, HIV prevention, and harm reduction were more prominent as compared to the 2016 Political Declaration, and the 10-10-10 targets on societal enablers and community-led responses were included. All these areas can bolster our future advocacy on harm reduction, drug law reform, stigma and discrimination, and peer leadership.

However, it was not an easy process to reach consensus, as there was aggressive opposition on issues related to human rights, harm reduction, and law reform. Many critical areas, including specific language on decriminalisation, were diluted, but there are still important entry points and targets for our advocacy.

For the first time in history, the resolution was adopted by voting. This may create a precedence to future decision-making processes. Therefore, the global community and civil society groups must be alert for future pushbacks that may lead to exclusion of the community and civil space. Ultimately, of all the votes, 165 Member States voted in favour while 4 (the Russian Federation, Belarus, Nicaragua, and the Syrian Arab Republic) voted against passing the resolution. The Political Declaration eventually did not go as far as the Global AIDS Strategy (GAS) in regard to key populations and human rights. This does not prevent us from stepping up advocacy on the gains and commitments that were made by the vast majority of governments in the 2021 Political Declaration, and to ensure that the signatories are held accountable for their commitments.

The link the full 2021 Political Declaration on HIV/AIDS can be accessed here.

Objectives of the technical brief

This technical brief has been developed for and by people who use drugs to have a better understanding of the 2021 Political Declaration on HIV and AIDS, identify the areas of relevance in the document, and consider on how it can be used at global, regional, country, and state levels to enhance the chances that commitments in the Political Declaration are met over the next five years.

This brief should be read in parallel with INPUD's briefing note on the Global AIDS Strategy (GAS) 2021-2026 available here.

The 2021 Political Declaration on HIV and AIDS: At a Glance

The 2021 Political Declaration is separated into two parts — a preamble followed by a section on commitments. In the preamble, the Member States commit to end inequalities and get on track to end AIDS by 2030 (see **Paragraph 1**). This includes commitments to put an end to restrictive laws, HIV-related stigma and discrimination, and human rights violations. The need for greater leadership and increased investments in research, development, science, and innovations is underlined; as well as the commitment to work together to reduce new HIV infections and AIDS-related deaths by 2025. The Declaration also acknowledges the crucial role played by communities during the COVID-19 pandemic in reaching people with services and stresses the need to leverage these experiences to improve public health systems.

Paragraphs 2 to 14 contain reaffirmations of commitments and declarations made over the years including the Sustainable Development Goal (SDG) target 3.3 to end the AIDS epidemic by 2030; the earlier three political declarations on HIV and AIDS; and those related to antimicrobial resistance, tuberculosis, non-communicable diseases, universal health coverage, sexual and reproductive health (SRH), and human rights.

Paragraphs 15 to 55 reflect the progress and gaps made so far. In discussing the need for differentiated responses to address the epidemic in different regions of the world, each country is given leeway to define the specific populations that are central to their epidemic based on local epidemiological contexts. This move has the potential to undermine the centrality of key populations, including people who inject drugs. Some positive text on key concerns includes the need to protect the sexual and reproductive health and rights (SRHR) of women and girls, as well as to address the specific challenges faced by young people and older persons living with HIV. The importance of combination HIV prevention, of which harm reduction is a central pillar, as being essential to effective HIV response is underlined; as is the potential of 'Undetectable = Untransmittable (U = U)' to achieve the goal of zero stigma and discrimination. The right to access safe, effective, equitable, and affordable medicines and commodities for all is also reaffirmed.

Emphasis has also been placed on the need to finance new tools for tuberculosis (TB) prevention, diagnosis, and treatment including multi-drug resistant TB for people living with HIV (PLHIV) and in the context of COVID-19. The prevalence of viral hepatitis coinfection with HIV especially among people who inject drugs is also noted. The importance of international public finance to complement domestic HIV investment is reaffirmed in this Declaration, and developed countries have been reminded of their commitment to increase the percentage of development aid and funding for the HIV response.

The next section of the Declaration moves into the 'Commitments' section (Paragraphs 56 to 70). This section is key as these are the areas in which Member States have pledged to act on. The Commitments are categorised under the following sub-headings:

- Ending inequalities and engaging stakeholders to end AIDS
- Effective implementation of combination HIV prevention
- HIV testing, treatment, and viral suppression
- Vertical transmission of HIV and paediatric AIDS
- Gender equality and empowerment of women and girls
- Community leadership
- Realising human rights and eliminating stigma and discrimination
- Investments and resources
- Universal health coverage and integration
- Data, science, and innovations
- Joint United Nations Programme on HIV/AIDS

[Commitments in this section specific to the community of people who use drugs are discussed in a later section of this document under the heading 'Commitments on Key Areas']

Targets for 2025:
Member States committed to urgent action by 2025, and agreed to the following targets:

- Reduce annual new HIV infections to under 370 000 and annual AIDS-related deaths to under 250 000 by 2025, ending paediatric AIDS, and eliminating all forms of HIV-related stigma and discrimination.
- Achieve the 95–95–95 testing, treatment, and viral suppression targets within all demographics, groups, and geographic settings, including children and adolescents living with HIV, and ensuring that by 2025, at least 34 million people living with HIV have access to medicines, treatment, and diagnostics.
- Ensure that 95% of people at risk of HIV infection are protected against pandemics, including COVID-19, and have access to HIV prevention options by 2025.
- Eliminate all forms of sexual and gender-based violence, including intimate partner violence, by adopting and enforcing laws that address multiple forms of discrimination and violence faced by women living with, at risk of, and affected by HIV.
- Ensure that 90% of people living with HIV receive preventive treatment for TB and reduce AIDS-related TB deaths by 80% by 2025.
- Increase the proportion of HIV services delivered by communities including ensuring that, by 2025, community-led organisations deliver 30% of testing and treatment services; 80% of HIV prevention services; and 60% of programmes to support the achievement of societal enablers
- Less than 10 per cent of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025
- Working towards the vision of zero stigma toward and discrimination against people living with, at risk of and affected by HIV, by ensuring that less than 10 per cent experience stigma and discrimination by 2025
- Increase and fully fund the AIDS response by investing 29 billion US dollars annually by 2025 in low- and middle-income countries. This includes investing 3.1 billion US dollars towards societal enablers, including protection of human rights, reduction of stigma and discrimination, and law reform by 2025.

Significance of the 2021 Political Declaration in the context of people who use drugs

The 2021 Political Declaration contains significant commitments on specific areas that are relevant to the community of people who use drugs. It is crucial for the community to build on the opportunities that the Political Declaration offers, hold governments accountable, and strengthen advocacy initiatives at various levels in their respective countries and regions.

The section below highlights some of the commitments made in the document with regard to key areas of importance to the community. It also contains suggested ways in which we can use the commitments to take our work forward as well as to continue our role in monitoring the accountability of governments and other relevant stakeholders.

Commitments on key areas:

Harm reduction

This document talks about harm reduction in stronger terms as compared to earlier HIV/AIDS Declarations. References that can be used in your advocacy include the following:

- Definition of the comprehensive package of nine interventions included as a footnote to **paragraph 36** (This is the first time that any Political Declaration has specifically listed harm reduction interventions, and in doing so, given them due recognition)
- Note that the majority of countries and regions have not made significant progress in expanding harm reduction programmes and relevant interventions that prevent HIV, viral hepatitis, and other blood-borne diseases associated with drug use (**Para 37**)

Though the Declaration does not include specific targets on harm reduction interventions, these can be found on page 132 of the Global AIDS Strategy (GAS) 2021-2026. These are 90% needles and syringe programmes (NSP) and 50% of opiate agonist treatment by 2025.

What we can do:

- All local, state, country, or regional level networks should advocate with respective governments to scale up harm reduction services, using the 90% NSP and 50% OST targets.
- In situations where harm reduction services are not yet initiated, we should call on governments and donors to start harm reduction services and ensure that the prescribed WHO and UNAIDS comprehensive harm reduction guidelines (available here) are adhered to.
- Advocate for meaningful community involvement in design, implementation, monitoring, and evaluation of harm reduction services, using the Injecting Drug User Implementation Tool (IDUIT) co-developed by INPUD as reference (available here). This includes services for different age groups and gender-sensitive services.

Community leadership

The Political Declaration contains several references to community leadership, community-led responses, and community-led monitoring that can be referred to in your advocacy:

- Commitment to reinforce global, regional, national, and sub-national HIV responses through enhanced engagement with stakeholders including community-led organisations **(Para 58**)

- Commitment to community-led and community-based services for testing and treatment (**Para 61b**)
- Ensuring that relevant global, regional, national, and subnational networks and other affected communities are included in decision-making, planning, implementing, and monitoring; and are provided with sufficient technical and financial support (**Para 64a**)
- Creating and maintaining a safe, open, and enabling environment in which civil society can fully contribute to the implementation of the present declaration (**Para 64b**)
- Adopting and implementing laws and policies that enable the sustainable financing of people-centred and integrated community responses, including peer-led HIV service delivery, including through social contracting and other public funding mechanisms (**Para 64c**)
- Supporting monitoring and research by communities, including the scientific community, and ensuring that community-generated data are used to tailor HIV responses to protect the rights and meet the needs of people living with, at risk of, and affected by HIV; (**Para 64d**)
- Commitment to increasing the proportion of HIV services delivered by communities including ensuring that, by 2025, community-led organisations deliver:
  - 30% of testing and treatment services
  - 80% of HIV prevention services
  - 60% of programmes to support the achievement of societal enablers (**Para 64e**)
- Commitment to encouraging the strengthening of peer-led responses and expanding community-based health education and training (**Para 64f**)
- Commitment to expanding the delivery of primary health care including through community-based services (**Para 67h**)
- Commitment to investing in community-based emergency response infrastructure and providing strengthened community ownership during health emergencies (**para 67i**)
- Establish community and participatory monitoring and evaluation systems (**Para 69b**)

The Global AIDS Strategy (GAS) 2021-2026 also reflects clear targets on community leadership and it is now possible to measure progress on these targets.

What we can do:

- Develop among ourselves a thorough understanding of how community leadership and community-led monitoring can be strengthened. This may include developing consensus on what kind of approach would work best in local contexts; identifying appropriate advocacy strategies and targets; as well as initiating meetings between community-led networks and local governments or donors
- Develop and implement capacity building plans for the community based on specific areas that need strengthening
- Collectively engage with national and local governments and donors to develop realistic plans and actions for creating and maintaining spaces, forums, and platforms for the community to be directly involved in policymaking and programme implementation
- Advocate for and monitor investment of funding and resources for community-led responses and organisations, including strongly pushing for dedicated funding streams for drug user-led networks covering core funding, programmes, and advocacy for drug policy reform
- Ensure clear understanding of the difference between community-based organisations and community-led organisations (Please see box below)

Community-led and community-based organisations

It is crucial to note that community-led organisations (i.e. those led by and for people who inject drugs) are not the same as generic community-based organisations (CBOs). In community-led organisations, power and decision-making lie in the hands of community members—i.e. people who inject drugs—whereas in a CBO (which may be a local affiliate of a national or international NGO), power may reside only with some members of the community, or more commonly, with administrators who are not community members. It is the self-determining and self-governing nature of an organisation, and its commitment to pursue the goals that its own members have agreed upon, that makes it a genuinely community-led organisation.

Please refer to Page 14 of the IDUIT, available here*.*

UNAIDS further defines community-led organisations as entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. They are self-determining and autonomous, and not influenced by government, commercial, or donor agendas.

Human Rights

The Political Declaration contains multiple references to human rights and rights-based approaches throughout the document. This includes:

- Commitment to ensuring that less than 10% of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025 (**Para 65a**)
- Commitment to adopt and enforce legislation, policies, and practices that prevent violence and other rights violations against people living with, at risk of, and affected by HIV and protect their rights (**Para 65b**)
- Secure access to justice for people living with, at risk of, and affected by HIV through establishment of legal literacy programmes, increase access to legal support and representation, expand sensitisation training for judges, law enforcement, healthcare workers, social workers, and other duty bearers (**Para 65d**)

Member States committed to reform discriminatory laws against people at risk of and living with HIV, including:

- Commitment to creating an enabling legal environment by reviewing and reforming, as needed, restrictive legal and policy frameworks including discriminatory laws and practices (**Para 65a**)
    - Includes the significant, specific target for creating enabling legal environments “with the aim of ensuring that less than 10% of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025” (**Para 65a**)

Even though the language on decriminalisation has been watered down in the final Political

Declaration, the framework that the references above provide can still be used to advocate for decriminalisation and the removal of punitive policies against people who use drugs.

What we can do:

- Develop clear and consistent advocacy strategies based on the commitments made and signed by our governments
- Consider using human rights mechanisms to advance the rights mentioned in this Declaration and build a stronger case to take forward advocacy efforts
- Work with other key affected communities and allies to advocate for the protection of our human rights, including through lobbying and campaigning
- Continue to advocate and lobby for the reform of laws that criminalise and punish people who use drugs and other key populations
- Advocate for use of drugs for personal consumption and possession of small amounts to not be considered as either a criminal or administrative offence. It is a challenging task, but we need to work collectively on this and push for full decriminalisation, as defined by INPUD here
- Work, if possible, with law enforcement agencies to make them understand that people who use drugs may need health services and not punitive action/punishment. Examples of good outcomes of working closely with law enforcement agencies include instances of police personnel referring people who use drugs voluntarily to harm reduction services, or of seeking opiate agonist treatment or overdose (OD) management services for people who use drugs in their custody
- Advocate with law enforcement agencies not to arrest community members for carrying injecting equipment availed from drop-in-centers/outreach services delivery
- Strongly argue and advocate that people who inject drugs, regardless of HIV status and those in prison and other closed settings, must be able to access harm reduction services, most importantly Needle Syringe Programmes (NSP) and Opioid Agonist Treatment (OAT) to prevent and halt further transmission of HIV

Stigma and discrimination

The Declaration contains multiple references to stigma and discrimination, and commits to:

- Eliminate HIV-related stigma and discrimination through concrete resource investment and development of guidelines and training for healthcare workers (**Para 65**)
- Expand investment in societal enablers (including protection of human rights, reduction of stigma and discrimination, and law reform) in low- and middle-income countries to 3.1 billion US dollars by 2025 (**Para 65c**)
- Achieving target for working towards zero stigma: “Commitment to working towards the vision of zero stigma and discrimination against people living with, at risk of and affected by HIV, by ensuring that less than 10% experience stigma and discrimination by 2025” (**Para 65e**)

What we can do:

- Hold governments accountable for fulfilling their commitment towards eliminating stigma and discrimination
- Advocate with governments to sign up to the Global Partnership for Action to end all forms of HIV-related stigma and discrimination as part of their commitment to achieve zero discrimination
- Regularly conduct research, including Stigma Index for people who use drugs, ensuring community engagement in the processes
- Collaborate with governments and stakeholders to develop effective strategies

to ensure that less than 2025 targets on reduction of stigma and discrimination are met

Prevention, Testing and Treatment

The 2021 Political Declaration addresses various aspects of prevention and treatment, including:

- Commitment to harm reduction as part of combination HIV prevention
    - 95% people at risk of HIV have access to and use appropriate, prioritised, person-centred, and effective combination prevention by 2025 (Para 60a).

Note: UNAIDS defines combination prevention as "rights-based, evidence-informed, and community-owned programmes that use a mix of biomedical, behavioural, and structural interventions, prioritized to meet the current HIV prevention needs of particular individuals and communities, so as to have the greatest sustained impact on reducing new infection."" Harm reduction services are also included as an essential part of combination HIV prevention packages.

- Commitment to tailor combination prevention approaches to meet the diverse needs of key populations, including people who inject drugs (**para 60b**)
- Commitment to achieve the 95–95–95 testing, treatment, and viral suppression targets within all demographics and groups and geographic settings, ensuring that, by 2025, at least 34 million people living with HIV have access to medicines, treatment, and diagnostics (**para 61**)
- Provide 90% of people living with, at risk of, and affected by HIV with people-centred and context-specific integrated services for HIV and other communicable diseases, non-communicable diseases, sexual and reproductive health (SRH) care and gender-based violence, mental health, palliative care, treatment of alcohol dependence and drug use, legal services, and other services they need for their overall health and well-being by 2025 (**para 67b**)
- Reduce the high rates of HIV coinfection with tuberculosis, hepatitis C, and sexually transmitted infections, including the human papillomavirus and hepatitis B (**para 67c**)

What we can do:

- Lobby and dialogue with governments on making progress on meeting the 2025 HIV prevention and treatment targets
- Build up awareness on the 2025 harm reduction, testing, and treatment targets amongst the community of people who use drugs
- Advocate for involvement of community in developing, delivering, and monitoring and evaluation of combination prevention approaches for countries
- Scale up advocacy and education on hepatitis C prevention, testing, and treatment
- Advocate for greater discussion, education, and training within drug user-led networks about the available evidence in relation to pre-exposure prophylaxis (PrEP) and people who inject drugs, to identify what is known where further research is needed and what constitutes best practice in relation to PrEP and people who inject drugs

Women who use drugs

Commitments related to protecting the rights of women in this Declaration are also absolutely relevant to women who use drugs. These include:

- Commitment to put gender equality and the human rights of all women and girls in diverse situations and conditions at the

forefront of efforts to mitigate the risk and impact of HIV (**para 63**)
- Eliminating sexual and gender-based violence, including intimate partner violence by adopting and enforcing laws, changing harmful gender stereotypes and norms, and providing services to address multiple forms of discrimination and violence against women living with, at risk of, and affected by HIV (**para 63d**)
- Reducing the number of people who experience gender-based inequalities and sexual and gender-based violence to no more than 10% by 2025 (**para 63e**)
- Ensuring that 95% of women and girls have HIV and sexual and reproductive health (SRH) service needs met by 2025 (**para 63f)**

What we can do:
- Ensure that women in all their diversity (that is women who use drugs, sex workers, and transgender women) are included in definitions and targets related to women
- Create opportunities for women who use drugs to be more actively engaged in SRH education and addressing gender-based violence
- Advocate to establish more gender-sensitive harm reduction programming including for pregnant women who use drugs to have access to much needed OAT programmes
- Ensure that mechanisms to address gender-based violence are in place and accessible by women who use drugs, including prevention, response, and protection mechanisms
- Collaborate with communities and agencies working on women's rights to ensure that women who use drugs are part of the larger feminist movement to protect their rights
- Advocate for greater investment in women-led responses and organisations to support and build capacity and leadership
- Advocate to remove all policies and laws that discriminate against women and put them at greater risk and vulnerability of HIV

COVID-19

The response to COVID-19 in the context of HIV and AIDS was reflected in the Political Declaration. References included the following:

- Recognition of the resilience and innovation demonstrated by communities during the COVID-19 pandemic in reaching people with safe, affordable, and effective services (**Para 47**)
- Noted that many national responses to COVID-19 demonstrated the potential and urgency for greater investment in pandemic responses, stressing on the need to increase investments for public health systems, including HIV responses (**Para 49**)
- Commitment to building on the resilience and innovation of community-based health systems during the COVID-19 pandemic (**Para 67f**)

What we can do:
- Build on community-friendly strategies employed during the COVID-19 pandemic to reach key populations with essential HIV-related services
- Advocate for continuation and institutionalisation of good practices demonstrated by the community of people who used drugs during the COVID-19 pandemic
- Advocate for realisation of commitment to increase investment in strengthening community-based health systems and direct funding for drug user-led networks
- Ensure that funding for HIV and harm reduction activities is kept separate from specific funds made available for the COVID-19 response

Accountability

Member States are committed to mutual accountability mechanisms that are transparent

and inclusive, with active involvement of people living with, at risk of, and affected by HIV; and other relevant civil society, academia, and private sector stakeholders, to support the implementation and monitoring of progress on the commitments in this political declaration [**see para 59**]

What we can do:

- Keep track of accountability and transparency, particularly in terms of budgets committed by co-sponsors, in our case UNODC. Until we have clear indication from co-sponsors it will be an uphill task to track the funds spent-on HIV programme in line with the GAS and Political Declaration to cover the ambitious target by 2025.

Conclusion and way forward

Although the 2021 Political Declaration on HIV and AIDS has made some ground-breaking commitments, there is an urgent need for solidarity and action if we are to ensure that these commitments translate into actual progress. Towards this end, INPUD is in the process of developing advocacy trainings on the current Political Declaration and the Global AIDS Strategy that will be undertaken in the near future.

The Political Declaration in itself has immense value in terms of commitments and targets agreed upon by Member States that can be effectively used to take forward our advocacy efforts. However, these targets and commitments will only be meaningful if we are able to interpret and communicate them clearly to community members, decision-makers, and programme managers, and effectively advocate for their transformation from rhetoric into reality.

References

1. Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf

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3. International Network of People who Use Drugs, 2021. Briefing Note: Global AIDS Strategy 2021-2026

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5. United Nations Office on Drugs and Crime, International Network of People Who Use Drugs, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, World Health Organization, United States Agency for International Development, 2017. Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions. Vienna: United Nations Office on Drugs and Crime.

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs, and their impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels.

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