



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (36)/15.10  
Issue date: 12 June 2015

### THIRTY-SIXTH MEETING

**Date:** 30 June – 2 July 2015

**Venue:** Executive Board Room, WHO, Geneva

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#### Agenda item 5

**Follow-up to the thematic segment from the 35th PCB meeting:  
Halving HIV transmission among people who inject drugs**

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**Additional documents for this item:** *none*

**Action required at this meeting - the Programme Coordinating Board is invited to:**

*See decisions in paragraphs below*

47. *Take note* with appreciation of the summary report of the Programme Coordinating Board thematic session on halving HIV transmission among people who inject drugs;
48. *Recognize* the need to strengthen action to address transmission of HIV among people who use drugs by adopting and implementing comprehensive drug policies that are based on respect for human rights including the right to health care and preventive health care based on harm reduction principles and that HIV services for people who inject drugs should be planned, implemented, monitored and evaluated with inclusion of people who use drugs;
49. Encourage the Joint Programme to:
  - a. *Inform* of the existing evidence and guidelines relevant to HIV prevention treatment and care for injecting drugs users;
  - b. Within the framework of efforts to advocate for sufficient resources to end the AIDS epidemic by 2030, *work* with member states to ensure that funding is allocated to implement effective, evidence-based programmes to address HIV and injecting drug use, including through the work of civil society networks.
50. *Encourage* the Joint Programme and relevant partners to fully engage in the 2016 Special Session of the UNGASS on the World Drug Problem in order to promote public health outcomes such as reducing HIV transmission and ending AIDS as a public health threat by 2030, including in the framework of the International Drug Control System and further encourages that issues impacting on HIV among PWID features prominently in the 2016 High Level Meeting on HIV.

**Cost implications for decisions:** none

## BACKGROUND

1. The 33rd UNAIDS Programme Coordinating Board (PCB) meeting agreed that the theme for the Thematic Segment of the 35th meeting to be held in December 2014 would be *Halving HIV transmission among people who inject drugs*. The objectives of this thematic focus were to:
  - Consider the progress made and efforts still needed to reach the commitment *to work towards reducing transmission of HIV among people who inject drugs by 50% by 2015* made by United Nations Member States through the 2011 UN Political Declaration on HIV and AIDS;
  - Provide a forum to inform and prepare participants for the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem that will take place in early 2016, as well as the High Level Meeting on HIV and AIDS planned for 2016, towards helping frame the analysis of drug policy around HIV, public health and human rights based outcomes;
  - Identify and examine potential strategies and actions for change, drawing from good practices from around the world to help articulate measures that should be taken in the context of the HIV retargeting process.
2. In July 2014, at the request of the Programme Coordinating Board Bureau, UNAIDS Secretariat initiated preparations for the thematic session of the 35th meeting of the Programme Coordinating Board thematic session by inviting Member States, Cosponsors, and civil society organizations to participate in the thematic Working Group (WG). Designated members of the WG included representatives from Member States, Cosponsors, PCB NGOs, people living with HIV and members of the UNAIDS Human Rights Reference Group. The Programme Coordinating Board WG met four times from September 2014 - December 2014.
3. In September 2014, the UNAIDS Secretariat issued a call for contributions of country-focused good practice examples on programming to reduce HIV infection among people who inject drugs. A template was provided, requesting information on the activities, implementers, content, scope, scale funding sources, and evaluation results. A total of 37 submissions were received from all the geographical regions of UNAIDS: six from Africa, eleven from Asia and the Pacific, fourteen from Europe, two from Latin America and the Caribbean, one from North Africa and three representing multi country submissions. The submissions detailed a wide variety of effective harm reduction programmes at national, city, district and other local levels and in various settings, including closed settings. The collection of submissions give concrete examples of the evidence that harm reduction works for reducing HIV transmission among people who inject drugs and increasing access to and impact of HIV prevention, treatment, care and support. They also show how many of the most successful programmes are those that are 'low-threshold' interventions that involve people who inject drugs and people living with HIV at all levels from initiation to service delivery. These submissions helped the Secretariat and the Working Group enrich the Background Note and contributed to shaping the agenda and speakers for the thematic session.

## PROGRAMME COORDINATING BOARD THEMATIC SEGMENT

### INTRODUCTION AND KEYNOTE SPEECH

4. The UNAIDS Executive Director, Mr Michel Sidibé, opened the 35th Programme Coordinating Board thematic segment on 'Halving HIV Transmission Among People Who Inject Drugs', stressing that a thematic session devoted to HIV among people who inject drugs would have been difficult to have only a few years ago. Noting that the world will fall short of its goal of halving HIV transmission among people who inject drugs by 2015—infections have fallen only 10% since 2010—he encouraged reflection on why efforts have failed in this area. Science clearly demonstrates the effectiveness of a harm reduction package, and countries that have pursued evidence-based harm reduction strategies have experienced significant declines in new HIV infections in this population. Mr Sidibé emphasized that reaching people who inject drugs is critical for achievement of the 90-90-90 treatment target—90% of all people living with HIV knowing their HIV status, 90% of all people with diagnosed HIV infection receiving sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy having viral suppression by 2020. He urged that urgent and significant investment is needed to scale up coverage of the core interventions that are known to reduce transmission among this group.
5. In looking towards 2020, Mr Sidibé said a bold, courageous target of reducing new infections among people who inject drugs by 75% is needed. He urged decision-makers to recognize people who inject drugs not as a 'problem' but as part of the solution to the AIDS epidemic. Mr Sidibé urged particularly forceful action to address the HIV-related needs of prisoners, applauding the progressive policies and programmes of Iran in implementing harm reduction and other HIV prevention programmes in prisons. He stressed that it is now necessary to have a reality check and take stock of the situation before UNGASS on the World Drug Problem in 2016. In particular he stressed there needs to be a positive commitment to better engage with people who inject drugs in order to reach realistic and viable solutions.
6. The Executive Director gave an example of progress made in the development of harm reduction interventions to reduce HIV transmission among people who inject drugs. In Iran, he noted, had witnessed Opioid Substitution Therapy programmes and condom distribution operating in prisons and stressed that such interventions should be applied elsewhere among incarcerated populations. He emphasized that changes needed to be made to international and national legislation and policy to keep people who inject drugs out of prison, uphold their human rights and close compulsory detention centres for drug users.
7. The first keynote speech of the thematic segment was given by Ms Ruth Dreifuss, Commissioner on the Global Commission on Drug Policy and former President of Switzerland. She emphasised that in addition to not reaching the target of 50% by 2015, global drug policy had failed over the last three decades leading to 'an explosion' of states wracked by drug-related crime, corruption and HIV and Hepatitis C (HCV). She said the 'war on drugs' should be replaced with pragmatic solutions that respect human rights and empower people who inject drugs. She stressed the need for easy access to clean needles and syringes, sites for safer injecting and broad-based treatment options for people who inject drugs including Opioid Substitution Treatment and prescription of medical heroin where other treatments have failed. Emphasizing the fundamental importance of trust and dignity in any therapeutic approach, Ms Dreifuss urged the removal of all sanctions or prosecution associated with accessing services for people

who use drugs. Ms Dreifuss expressed particular concern regarding the impact of drug laws on access to medications for the treatment of pain, as more than 150 countries limit or preclude altogether access to opiate drugs. She called for decriminalization of drug consumption and related acts, citing the 2016 Special Session of the United Nations General Assembly (UNGASS) on the World Drug Problem as an opportunity to rethink the international regime for the control of narcotics. She welcomed the Joint Programme's adoption of a public health strategy to the drug problem and stated that the Global Commission supported decriminalisation of drugs and the need for systems of regulated drug markets.

8. The second keynote speaker was Ms Effie Kokkini, co-founder and chair of the Greek Drug & Substitution Users Union and a member of the International Network of People who Use Drugs. Ms Kokkini gave a powerful personal account of her experiences and how people like her are neglected and excluded from society. Drug users, she said are often seen as little more than "a dirty spot" on the social landscape and if they are also HIV positive they constitute "a double dirty spot" with very limited access to the medical and social services that they desperately need. She noted that current efforts are not working, as the world will fail to reach its target of reducing new infections among people who inject drugs by 50% by 2015. She described how stigma, discrimination, ostracism and abuse undermine efforts to address the health needs of people who inject drugs, providing several examples of challenges faced by people who inject drugs including night time police sweeps of drugs users, forced testing for HIV, public exposure of female drug users in the media, and lack of Needle and Syringe Programming in prisons.

## SETTING THE SCENE: DATA, EVIDENCE, BARRIERS AND OPPORTUNITIES

9. To help frame the discussions of the thematic segment, presentations were given by representatives from UNAIDS Cosponsors, UNODC, the World Bank and the World Health Organization, to provide a comprehensive background on data and evidence as well as key barriers and opportunities for efforts to reduce HIV among people who inject drugs.
10. Mr Aldo Lale-Dèmoz, Deputy Executive Director of UNODC noted that HIV transmission among people who inject drugs affects all regions of the world. Estimates suggest that there are around 12.7 million people who inject drugs with around 1.7 million (13%) also estimated to be living with HIV. Significantly, 30% of new infections outside sub-Saharan Africa are among people who inject drugs. People who inject drugs also have higher rates of hepatitis C (HCV) and tuberculosis (TB) with a possible 10 million having HCV. Targets set to reduce HIV among this population are not on track to be met. Participants stressed that 'business as usual' approaches cannot continue and that investment is urgently needed to scale up harm reduction programmes.
11. The majority of people who inject drugs are men, with data on women who inject drugs being particularly sparse. However the pooled HIV prevalence rates from 30 countries showed women who inject drugs at 13% prevalence compared with 9% for men from the same countries. Surveys from several countries found high rates of sex work among injecting

respondents and high rates of injecting drug use among sex-worker respondents.<sup>1</sup> Women who inject drugs are an often hard-to-reach and highly vulnerable population with specific challenges and needs that may go unrecognized or unmet in gender-neutral or male-focused harm reduction policies and programmes.

12. It is estimated that over 50% of people who inject drugs will be incarcerated during their lifetime which helps to spread HIV as in many countries drugs are injected in prison. Many will continue to use drugs inside prison sharing injecting equipment where there is no or inadequate access to sterile injecting equipment. Mr Lale-Dèmoz emphasized that addressing human rights issues, including eliminating the estimated 1 000 drug detention centres that still operate, will be vital to progress towards ambitious post-2015 targets.
13. Amphetamine Type Substances (ATS) are becoming more prevalent in the spread of HIV, with HIV rates among crack cocaine users higher than the general population. Few harm reduction services are targeted at this group and there is no Opioid Substitution Therapy (OST) equivalent for such drug users. New psychoactive substances, such as methadone, and non-opioid injecting drug use also present additional challenges for harm reduction services.
14. Emphasis was placed by presenters on the fact that there has long been significant evidence showing harm reduction interventions are both effective treatment options and cost effective. The WHO/UNAIDS/UNODC Technical Guide<sup>2</sup> to reduce HIV infection among people who inject drugs sets out nine interventions that have proven effective in reducing HIV transmission among this population. Universal access to the comprehensive package of nine interventions is a priority, however, without adequate resources; scale up of quality services is not possible.
15. Mr David Wilson, Director Global HIV/AIDS Programme, World Bank described the economic case for harm reduction, focusing on the core programmatic components of needle and syringe programmes (NSP), opioid substitution therapy (OST) and antiretroviral therapy. Data indicate that OST is six times as effective and at least 12 times as cost-effective as compulsory detention. Economic analyses also demonstrate that amounts invested in harm reduction programmes are amply paid for in health and economic returns. Roughly US\$150 million is currently spent on harm reduction programmes, most of it from the Global Fund, but resources need to be scaled up to US\$2.5 billion to achieve recommended scale for harm reduction interventions.
16. Malaysia was cited as an example of how community-based OST programmes are significantly more cost effective than compulsory detention centres. Although more expensive, they provide a wide range of health and social benefits for the drug user, the family and the community such as income, employment and closer familial ties. OST was seen as “a global best buy in health care”. Australia, where A\$240 million has been invested in harm reduction, has averted 32,000 new infections at an

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<sup>1</sup> UNAIDS, The Gap Report, *op. cit*; p175.

<sup>2</sup> WHO, UNODC, UNAIDS Technical Guide for countries to set universal access to HIV prevention, treatment and care for injecting drug users. WHO, UNODC, UNAIDS; 2012 ([http://www.unodc.org/documents/hiv-aids/publications/People\\_who\\_use\\_drugs/Target\\_setting\\_guide2012\\_eng.pdf](http://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/Target_setting_guide2012_eng.pdf), accessed 17 November 2014).

estimated saving of A\$1.28 billion, shows that social benefits exceed treatment costs.

17. Mr Gottfried Hirschall, Director Department of HIV/AIDS, WHO, emphasized the scientific basis of current recommendations for harm reduction programmes, stressing that new WHO guidance on key populations, underlines the importance of a comprehensive package that includes an enabling environment. In the case of people who inject drugs, he said that efforts to address their health needs must take account of hepatitis C, TB and Sexually Transmitted Infections (STIs) treatment, as well as HIV.
18. It was stressed there is a need to address structural barriers to the scaling up of harm reduction services for people who inject drugs with a review of current legislation that criminalizes drug users. To this end, presenters urged that the UNGASS on the World Drug Problem 2016 integrates a public health perspective on people who inject drugs and HIV transmission.
19. Presenters noted that currently, harm reduction is characterised by a lack of resources, accurate and comprehensive data and quality of services. They underlined the need to maintain a broader perspective that sees HIV transmission among people who inject drugs, not only as a health issue but also as legal, human rights and policy issues.
20. In response to presentations, Board members highlighted examples of harm reduction experiences and leadership from different parts of the world including from Brazil, China, India, Morocco, Senegal, Ukraine and other countries.
21. In follow up interventions, participants commented that globally there is now a social movement that is uniting civil society and government in partnership to advocate for more progressive drug policies and current political leaders, particularly in Latin America, are pushing for changes to drug policy and a review of UN drug conventions.
22. Several participants noted the positive harm reduction interventions that had helped to reduce rates of HIV among people who inject drugs in their country, in particular OST programmes, peer led Needle and Syringe Programmes, provision of primary healthcare, condom distribution and better collaboration and cooperation between stakeholders.

### **GOING LOCAL: ADDRESSING HIV AND INJECTING DRUG USE THROUGH PARTNERSHIPS**

23. Following the scene setting session, the proceedings moved into panel-based discussions on various areas. The panel sessions were moderated by Ms Susie McClean, Senior Advisor on Harm Reduction at the International HIV/AIDS Alliance.
24. Emphasizing that the panel sessions aimed to build on and take further the dialogue from the morning sessions, Ms Mclean emphasised that the Thematic Segment 'day' is the culmination of many months of preparation and work to bring the issue to the table. In addition to noting the work of the Working Group to develop the Background Note and the Thematic day's proceedings, she stressed how, in response to the call for submissions of interesting programmes that speak to this issue, a total of



37 submissions were received from all the geographical regions of UNAIDS.

25. Emphasizing that the panel sessions drew on many of the submissions, the moderator introduced the first session focusing on local responses and addressing HIV among people who inject drugs through partnerships. She noted that there are a number of examples of where the HIV epidemic among people who inject drugs has been halted and reversed in certain locations and settings, even in countries with remaining policy, legislative and programming challenges, through focused, local responses.
26. Particular stress was placed on the need to create a dialogue between drug users and key stakeholder partners including the police, as well as with healthcare staff and NGOs. From Kyrgyzstan, Major Gairat Rakhmanov, Deputy Head of the Public Security Service of the Chini region, and a community leader Mr Sergei Bessonov, Director of the NGO Ranar, gave the example of developing a handbook together, to better enable law enforcement officers to work with people who inject drugs, and better understand the type of care they need and how to refer them to appropriate services. Mr Bessonov noted that NGOs were involved from the outset in the development of the police handbook. Civil society advocacy helped ensure that the handbook was integrated into the mandatory police training and made available in pharmacies. The speakers stressed that developing such an essential tool had taken a long time and included many roundtable discussions and meetings with police, government officials and NGOs. The handbook has now enabled a greater dialogue between police and people who inject drugs: "We have created an atmosphere of trust and now police are helping to prevent crime, they are slowly changing their views and see that people who inject drugs can positively contribute to society". In carrying forward its programme of activities, the NGO has had to work with police officers to avoid potential conflicts or service disruptions. It was also stated that the work on the handbook should be built upon and expanded to ensure law enforcement work cooperatively with harm reduction programmes. Training of police and integration of the handbook police academy training programmes were highlighted as critical ongoing actions.
27. The history of the development and impact of partnership-based harm reduction programmes in New York State in the US was also presented. Mr Sharon Stancliff, of the New York State AIDS Coalition and the Harm Reduction Coalition, reported that after a rapid rise in HIV infections among people who inject drugs, New York State health authorities began working with community activists in an effort to locate and assist people who inject drugs and who were not receiving medical care. This resulted in State policy changing to enable the development of a wide range of Needle and Syringe Programmes (NSP), including storefront, pharmacy, mobile (by foot or van), special arrangements for rural areas and peer-delivered secondary exchange. Through partnerships with community groups and law enforcement, 60 sites provide needle and syringe programming across New York State, distributing 55 million syringes. Health services started working with the community, as one doctor said "I can save more lives on the street than in my clinic", and began to build bridges with government. Since the creation of NSPs in the early 1990s, the share of new HIV infections among people who inject drugs in New York State has declined from 50% to 3%, and people who inject drugs and are living with HIV have rates of viral suppression that are equivalent to those reported for other



people living with HIV in New York State. New York State now has officially approved harm reduction services and a Governor-led blueprint for eliminating HIV among people who inject drugs. It was subsequently observed during interventions by Board members that New York State has launched a process to develop a strategy to end the epidemic, inspired in part by the State's substantial progress in reducing new infections among people who inject drugs.

28. Mr Robert Suarez, of the New York City Needle and Syringe Programme, described his own experience becoming a peer worker for a local NSP. He provided a personal testimony to the effectiveness of harm reduction and how it saves lives. He was homeless with a chaotic lifestyle before he was introduced to an NSP in the Washington Heights District of New York City. "They embraced me and gave me an opportunity to join their peer programme. When the fog lifted I could see how important harm reduction was, I am a product of that harm reduction programme." From his early peer work, he has over time become involved in advocacy, working collaboratively with partners to urge New York State to end mass incarceration and the war on drugs. Advocacy by Mr Suarez and his partners led to passage of State legislation for the provision of naloxone and for screening for hepatitis C. Mr Suarez emphasized that peer workers can go where public health authorities often cannot, helping link people who inject drugs with the services and support they need.
29. Following presentations, several participants then made interventions from the floor regarding issues raised in the session. Challenges, including increased stigmatization of people who inject drugs through the media, poverty and its impact on injecting drug use, were highlighted. Good relations with local police was stressed as critical to avoiding illegal searches, pressure for people who inject drugs to inform on friends and bribed or forced confessions. The importance of sustained financial and human resources, and strong networks were underlined as fundamental to the achievement of universal access to services.
30. Participants urged that efforts must be refocused with renewed leadership on harm reduction increasing political support and funding. Harm reduction leadership must mean ending the criminalization of people who use drugs, and the punitive legal frameworks that fuel HIV transmission, overdose, mass incarceration and human rights violations worldwide. Greater attention and action is needed to address donor restrictions for harm reduction initiatives in middle-income countries, where more than 75% of people who inject drugs live.

### **SCALING-UP: THE NATIONAL RESPONSE**

31. Panel discussion was then broadened to focus on the response to HIV and injecting drug use at the national level. Noting that the session was again informed by case study submissions, the moderator Ms McClean introduced the national response focus panel, emphasizing that even in countries where the policy and legislative environment may still need strengthening, progress is possible and can result in fast, effective national programming.
32. Presentations were made by representatives from Tanzania, Malaysia and Iran focusing on scaling up national high quality low threshold services, ensuring community-centred responses and harm reduction in prisons and closed settings.

33. Ms Fatma Mrisho, Executive Chair of the Tanzanian Commission on AIDS, reported on Tanzania's progress in expanding access to harm reduction services, which has been considerable, despite the fact that drug use remains illegal in the country. After evidence indicated that HIV prevalence among people who inject drugs was 6-7 times higher than in the general population, Tanzania developed a strategic framework for harm reduction programming. Ms Mrisho reported that Tanzania was among the first African countries to establish medically assisted therapy programmes, with 3 programmes currently reaching 1600 of the estimated 30 000 people who inject drugs and are living with HIV. Harm reduction services were enabled by close cooperation and collaboration between government, civil society and academics, with support from international donors and UN agencies. Ms Mrisho noted the need to further expand medically assisted therapy to reach those currently without access, and she said a study was currently underway to explore takeaway options for medically assisted therapy.
34. Ms Happy Assan, Executive Director of the Tanzanian Network of People Who Use Drugs provided a "perspective from the street" stressing that the comprehensive package is not enough on its own. She emphasized the importance of integrating psychosocial services in harm reduction packages, noting the lack of housing and food security among many people who inject drugs in Tanzania. Ms Assan stated that many in her community are homeless, have no money or jobs and suffer from depression. Some cannot reach the clinic as they have no money for transport and women who inject drugs feel they have no choice but to sell sex even if they do not want to. She feared that harm reduction in her country is too dependent on foreign funding and when it ends there may be no national funding resulting in closure of harm reduction services and the deaths of many people who inject drugs.
35. Ms Fifa Rahman, of the Malaysian AIDS Council, reported on the introduction of a harm reduction strategy and services in Malaysia, despite the existence of punitive drug-related laws. In response to evidence of a serious HIV epidemic among people who inject drugs, Malaysia introduced free, publicly funded OST in 2005 and launched the first NSP in 2006. OST, established before NSP through a national harm reduction task force, has helped to reduce a 70.4% rate of HIV among people who inject drugs in 2004 to 17.9% in 2014. Additionally, she noted, Malaysia operates Cure and Care Centres for people who inject drugs; some of these are voluntary but some are compulsory, she said. Ms Rahman reported that a study found that Malaysia's centres had averted 12 600 new HIV infections and gained 51 000 quality adjusted life-years. However, she cautioned that recent changes in national policy, such as the withdrawal of OST from Cure and Care Centres, and reports of police arrests and detention of people who inject drugs within compulsory centres, suggested a possible backtracking on the country's commitment to harm reduction.
36. Mr Mohammed Mehdi Gouya, advisor to the Islamic Republic of Iran's health deputy and Director of the Centre for Communicable Disease and Control of the Health and Medical Education Iran, described the country's provision of harm reduction services both inside and outside prison settings. Nearly half (45%) of inmates in Iran have been incarcerated for drug-related offenses, Mr Gouya said. In addition to a broad range of other health services, the country introduced OST in prisons in 2003. Currently 133 prisons clinics and after-release care centres are in operation, with a follow-up system in place to ensure continuity of care post-discharge. Mr Gouya reported that more than 40 000 inmates are currently receiving OST. As OST provision has increased in prison so HIV transmission has decreased among prisoners. Ms Gouya noted that the National Strategic Plan for HIV/AIDS includes a range of harm reduction services both inside and outside prison.

## SHAPING THE POLITICAL ENVIRONMENT

37. Moving into the final panel discussion, the moderator Ms McClean emphasized that focus would now turn to forward-looking opportunities to shape the political environment on the issue of HIV and injecting drug use. She reaffirmed the key opportunity presented by the UNGASS on the World Drug Problem in 2016, which will offer Member States an opportunity to put public health firmly on the agenda of the international drug control system and encourage a move away from policies that can be harmful and restrict access to services. Noting this is critical for drug policy, she reaffirmed the statements of the UNAIDS Executive Director and others that the UNGASS on drugs in 2016 can also help frame and lead into the High Level Meeting on AIDS in 2016.
38. Ambassador Shamaa, Chair of the Board of the Commission on Narcotic Drugs (CND) and tasked with the preparation of the UNGASS 2016 addressed the segment through a video message. Thanking UNAIDS for participating in the last CND special segment on UNGASS preparation, he emphasized the important role health will play in the UNGASS discussions. He also explained that the Joint Ministerial Statement adopted by the meeting on the mid-term review of the 2009 political declaration and plan of action reiterated commitment to reduce transmission among people who inject drugs by 50% by 2015 and encouraged member states to implement interventions described in the WHO/UNODC/UNAIDS Technical guidance for HIV among people who inject drugs. Urging the support of UNAIDS for the 2016 UNGASS, Ambassador Shaama underlined that the CND is encouraging all UN entities, specialized agencies and non-governmental agencies to provide their contribution and brief the commission on the contributions they can make to the preparation of the UNGASS. A specific website, hosting all contributions, has been established to enable a global and transparent dialogue in the preparation of the Special Session.
39. Mr Lale-Dèmoz reported that substantial changes have occurred since the earlier 1998 UNGASS on drugs, with preparatory efforts for the upcoming UNGASS reflecting a stress on inclusiveness, a commitment to a comprehensive response, and extensive discussions regarding criminal justice reform and alternatives to incarceration.
40. Particular focus, he stressed, needs to be made regarding compulsory detention centres, a search for alternatives to prison and a more human health oriented interpretation of the UN Conventions on Drugs, with a stress on gender, women and young people and the growing evidence base for harm reduction policies and practices.
41. Mr Eliot Albers, the Executive Director of INPUD stressed that for the community of people who inject drugs, the 2016 UNGASS on drugs represents “a crucial, once-in-a-generation opportunity to see the issues that impact so destructively upon our lives, health, and rights discussed with rigour and open mindedness upon the global stage.” It provides an opportunity to strongly advocate for dismantling global drug policy based on prohibition, for enabling legal environments, for community empowerment, for an end to institutionalised stigma, discrimination and criminalisation of people who inject drugs. He emphasised that an enabling legal environment is critical to the success of community based harm reduction programmes and that no public health oriented or human rights compliant response to the epidemic can be effectively mounted under conditions of the war on drugs and the people who use them.

42. In response to the many presentations, Board members emphasized the importance of the 2016 UNGASS on drugs as an opportunity to rethink international approaches to drug use. Grounding approaches to drug use in human rights principles was emphasized. Board members and observers said that civil society has a critical role to play as full and equal partners in preparing for the UNGASS.
43. Several interventions focused on the need to have an honest dialogue at UNGASS based on the evidence of what has been learned during the past decades with health and wellbeing the principle of work on HIV prevention and harm reduction focused on people who inject drugs. Mr Michel Kazatchine, United Nations Special Envoy for HIV/AIDS in Eastern Europe and Central Asia, said, “UNGASS presents a crucial and unique opportunity to review national drug policies and redirect them towards a public health approach with a need to be guided by the scientific evidence.” Mr Kazatchine also emphasised that there is a significant distance between the evidence on harm reduction and what is happening on the ground. Board Members emphasised the need to continue the dialogue to ensure that UNGASS moved towards a human rights, public health and harm reduction approach and to end punitive laws and the criminalisation of drug users.
44. Board members expressed concern about the future of harm reduction programming in many middle-income countries. Appreciation was noted for the Global Fund’s financial support for harm reduction programmes in the Eastern Europe region, although worries were articulated that the transition away from international assistance might imperil the sustainability of many of these efforts.

#### **CLOSING AND CONCLUSIONS OF THE 35th PROGRAMME COORDINATING BOARD THEMATIC SEGMENT**

45. The meeting was closed by Mr Luiz Loures, Deputy Director of UNAIDS, who emphasised that there was still a significant gap between existing harm reduction services and what is needed for HIV prevention for people who inject drugs. He explained that it is how we deal with the drug problem that defines the risk, not the drugs themselves, we have to go beyond bringing HIV down by 50% among people who inject drugs. Mr Loures emphasized that progress is dependent on action far beyond the health arena. The 2016 UNGASS on the World Drug Problem, as well as the 2016 High-Level Meeting on AIDS, need to acknowledge the scientific knowledge base for harm reduction and how this can best be applied in terms of decriminalisation of drugs and concomitant human rights approaches. Emphasizing communities of people who inject drugs as the “prime allies” in an accelerated response, he concluded: “There is a need to reframe the debate in terms of the human suffering related to people who inject drugs and what can be done to alleviate this”.
46. Former President of Switzerland and member of the Global Commission on Drug Policy, Ms Ruth Dreifuss closed the session stating that the thematic segment had left deep impressions upon her—more than any other UN meeting she had attended: “This session has provoked a feeling of [both] great sadness and ... great hope. She welcomed the format of listening to those who are most affected, those who live on the street, on the edge of crime and fear, the people on the margins, as a positive model of what needs to happen at UNGASS in 2016. Her sadness came from the fact that despite proven evidence-based and cost-effective solutions, there is insufficient funding for implementation and scale up. She warned of a risk of slipping back in the efforts to provide essential harm reduction measures She cited work of the Global Commission on Drugs, and the

East African Commission, where political men and women have come together to listen and relay what they have learned, learning from people on the front line who take drugs, those who implement progress and from science. She emphasized that for accelerated progress, it is essential to keep listening to these critical interlocutors. Underlining “enormous efforts in front of us”, she urged greater action for lasting change. Citing former Secretary-General Kofi Annan, she concluded: “Drugs have destroyed many people – but wrong government policies have destroyed many more.”

## RECOMMENDATIONS

Based on the discussions from the thematic segment of the 35th Programme Coordinating Board meeting, the Board is invited to:

47. *Take note* with appreciation of the summary report of the Programme Coordinating Board thematic session on halving HIV transmission among people who inject drugs;
48. *Recognize* the need to strengthen action to address transmission of HIV among people who use drugs by adopting and implementing comprehensive drug policies that are based on respect for human rights including the right to health care and preventive health care based on harm reduction principles and that HIV services for people who inject drugs should be planned, implemented, monitored and evaluated with inclusion of people who use drugs;
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  - a. *Inform* of the existing evidence and guidelines relevant to HIV prevention treatment and care for injecting drugs users;
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