

UNAIDS Statement

60th CND Session

Agenda item 6

Madam Chair, Excellencies, members of civil society organisations and colleagues

- Thank you for this opportunity to address the CND.
- UNAIDS is also thankful for the opportunity to support the UNGASS on Drugs and High Level Meeting (HLM) on AIDS in 2016. The Outcome Document and the Political Declaration on AIDS provide us with the path to meet the needs of key populations, including people who use drugs and prisoners.
- The Fast-Track Strategy to End the AIDS epidemic by 2030 is at a pivotal time. We have the opportunity to learn from our successes and failures, and apply what we learn to reach bold and inclusive targets that leave no one behind.

- Around the world, 14% of the 12 million people worldwide who inject drugs are living with HIV. An estimated 10 million people who inject drugs have hepatitis C infection.
- People who use drugs are 24 times more likely to be living with HIV than people in the general population, and among prisoners the prevalence may be up to 50 times higher.
- The world has **missed the target** set in the 2011 High Level Meeting Political Declaration on AIDS to reduce HIV transmission among people who inject drugs by 50% by 2015.
- Globally, there was **no decline** in new HIV infections among people who inject drugs between 2010 and 2014. In fact, new HIV infections among people who inject drugs globally climbed from an estimated 114 000 in 2011 to 152 000 in 2015 (per year).
- **The coverage of harm reduction programmes is insufficient and policies that criminalize and marginalize people who inject drugs are failing to reduce new HIV infections.**
 - Of 158 countries where injecting drug use is reported, over half (78) do not offer OST and more than a third (68) still do not provide NSP.
 - Between 2010 and 2014 only 3.3% of HIV prevention funds went to programmes for people who inject drugs.

- This **in spite of the fact that we know that harm reduction approaches** that prioritize people's health and human rights **work** and are cost-effective.
- Countries that have introduced harm reduction and do not criminalize or imprison people for drug use and minor possession or sale have greatly reduced HIV linked to drug injection.

- The UNGASS on the World Drug Problem Outcome Document and the High-Level Meeting on Ending AIDS Political Declaration outline important commitments from Member States and provide critical opportunities:
- One of the targets set is to ensure 90% of key populations have access to HIV combination prevention services. This includes, people who inject drugs and prisoners.

- UNAIDS supports people-centred, public health approaches to reduce HIV and other vulnerabilities among people who inject drugs.
- A comprehensive package of interventions, including needle and syringe programmes and opioid substitution therapy, provided in a legal and policy environment that enables access to services, prevents infection and reduces deaths from AIDS-related illnesses, TB, viral hepatitis and STIs.
- People centred programmes are also cost effective. They deliver wider social benefits, such as **lower levels of drug-related crime** and **reduced pressure on health-care systems**.
- The **social benefits** exceed treatment and prevention costs.

- To apply a people-centred, public health approach, **change** is needed.
- **Scientific evidence about what works** and our concern for health and human rights must shape drug policy.
- **Ending punitive and repressive approaches** and **protecting health and human rights** will guarantee **greater access to services** for those most in need. It will also greatly reduce the harms of drug use.

- In addition to supportive policies, we need investments in services. Combination prevention services must be adequately resourced and available, tailored to populations, locations and interventions with maximum impact.
- If annual investment in harm reduction in low and middle income countries increases to US\$1.5 billion by 2020, just a fraction of the estimated US\$ 100 billion already spent each year to reduce the supply of and demand for narcotic drugs, we would be able to reach 90% of people who inject drugs with HIV prevention and harm reduction services.
- And while domestic investments in harm reduction in low and middle-income countries need to be increased, international solidarity will remain key to be able to end the AIDS epidemic by 2030.

-----Madam Chair

- We have a collective responsibility to fulfil our commitments to end the AIDS epidemic by 2030.
- If we do not fast-track our response we risk a rebound of the epidemic.
- To **end the AIDS epidemic and achieve the SDGs, we need approaches** that put people at the centre and **restore dignity** to people who use drugs
- Ending the AIDS epidemic is only possible if no one is left behind.

[I Thank you]