

23<sup>rd</sup> June 2016

Dear Mr Sidibe,

We the undersigned harm reduction, drug user, HIV and human rights organisations welcome the UNAIDS call for governments to redirect spending on drug enforcement towards health and harm reduction in your recent report, 'Do No Harm', and your recent speech at the UNGASS on drugs. We also welcome the call for harm reduction investment by 2020 in order to ensure that people who inject drugs (PWID) are not left behind and to reach the goal of ending AIDS by 2030.

However, we want to express our concern regarding UNAIDS leadership around harm reduction, and in particular to an underestimation of resource needs required to prevent and treat HIV among PWID.

As you are well aware, the 2011 United Nations Political Declaration on HIV and AIDS target to halve transmission of HIV among people who inject drugs by 2015 has been missed by an estimated 80%. This can come as no surprise given the fragility of support for harm reduction policy and programming around the globe, both political and financial. Harm reduction programmes are grossly underfunded in many countries and recent shifts in donor priorities away from middle income countries with concentrated epidemics among PWID are further threatening harm reduction programmes. If scale up continues at current pace, we estimate it will be 2026 before every country which reports injecting drug use has at least one programme in place or has endorsed harm reduction in policy. With projections such as this, it will be impossible to end AIDS by 2030 as outlined in the sustainable development goals.

Your recent report, 'Do no harm,' states that a figure of USD 1.5 billion is required to "fast track" the HIV response among PWID. We believe this figure is an underestimate and we cannot endorse it.

The UNAIDS strategy considers resources and action required only in low- and middle-income countries. 42 % of people who inject drugs reside in high-income countries. The strategy requires upper middle-income countries, where 37 % of people who inject drugs live, to cover their harm reduction costs domestically. There is no evidence to suggest countries in this income bracket will step in and fund programmes for PWID, and significant evidence to the contrary.

In excluding high and upper-middle-income countries from the needs estimates, UNAIDS has neglected your global remit, compromising the goal to end AIDS by 2030.

UNAIDS has excluded ART from service package for PWID resource needs calculations. This omission represents a missed opportunity to call for a concerted effort to increase treatment access among this stigmatised population.

Recent research conducted by Harm Reduction International and the Burnet Institute found that an annual investment of USD 2.5 billion until 2030 (covering NSP, OST and ART worldwide, including coverage in upper middle-income countries and high-income countries) could reduce new infections among PWID by 78% by 2030. An annual investment of USD 7.6 billion over the same time period would effectively end HIV globally among PWID by 2030.

It is imperative that the message from UNAIDS is one that is based on sound, inclusive calculations and realistic funding models, and one that galvanises action PWID in all parts of the world. The current estimate leaves the three quarters of people who inject drugs in high-income and upper middle-income countries behind. This three quarters includes people living in countries like the US, Russia, Greece, Hungary, Bulgaria, Thailand, China, Mauritius and Belarus. These are all countries in which harm reduction programmes are either non-existent or severely limited, whether due to national political constraints, the exit of international donors, or government reluctance to fund some or all harm reduction services. The new UNAIDS Fast-Track strategy does not call on these governments to act – and by failing to do so, absolves governments from accountability.

We also note with concern that UNAIDS does not currently have a designated focal point with expertise on people who inject drugs, a lack that seems to further indicate neglect of a key affected population.

We call upon UNAIDS to ensure that the Fast-Track strategy does not leave the majority of people who inject drugs behind, and instead acts as catalyst and advocate for increased access to harm reduction around the world.

Mr Sidibe, we the undersigned are calling on you to commit to:

- Joining Harm Reduction International and other concerned civil society organisations in a meeting to respond to the concerns.
- Develop a clear and robust strategy and roadmap for scaling up harm reduction programmes in high and upper middle income countries in collaboration with civil society.
- Appoint a dedicated staff member with expertise and time to focus on people who inject drugs and harm reduction within the UNAIDS Secretariat.
- Reinststate the UN Reference Group on HIV and Drug Use that can ensure access to the crucial independent, peer-reviewed data necessary to produce accurate projections on resource needs and progress towards ending the HIV epidemic among PWID.
- Ensure improved coordination between UN agencies and civil society working closely on these issues, via the Strategic Advisory Group (SAG) or directly, to ensure that we can best complement each other's work.

Yours sincerely,

Rick Lines  
Executive Director

On behalf of

Alliance India  
Asian Network of People who Use Drugs  
Canadian HIV/AIDS Legal Network  
Espolea  
Eurasian Harm Reduction Network (EHRN)  
Harm Reduction Coalition  
Indian Drug Users Forum (IDUF)  
Intercambios Puerto Rico  
International HIV/AIDS Alliance  
International Network of People who Use Drugs  
John Mordaunt Trust, UK  
Kenyan AIDS NGOs Consortium (KANCO)  
Médecins du Monde France  
Middle East and North African Harm Reduction Network  
North American Network of People who Use Drugs  
PKNI, Indonesia  
TB/HIV Care Association, South Africa  
The International Drug Policy Consortium  
The International Harm Reduction Programme of the Open Society Foundations  
The International Network of Women who Use Drugs  
USA Drug Users Union  
YouthRISE