

# EGYPT

Submission to The Working Group for The Universal Periodic Review – Third cycle

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## Reporting Organisation:



**Harm Reduction International (HRI)** is a leading non-governmental organisation dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. We promote the rights of people who use drugs and their communities through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies.

The organisation is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

## Introduction

Harm Reduction International welcomes the opportunity of reporting to the Working Group for the Universal Periodic Review on the implementation of key recommendations accepted by Egypt in 2014, during the second cycle of Universal Periodic Review (UPR).

This submission focuses specifically on the recommendations relevant to **Egyptian drug policy and its impact on the enjoyment of human rights**, in particular: the death penalty for drug offences; and the right to health of people who use drugs.

During the latest UPR cycle, Egypt accepted several recommendations directly relevant to the rights of people who use drugs or are involved in the drug market. Among others, **Egypt accepted recommendations to:** “Continue to take measures to strengthen the institutional and legal framework for the protection of human rights”<sup>1</sup> and “intensify its efforts towards the realization of economic, social and cultural rights, including in relation to the right to health.”<sup>2</sup>

Egypt received several recommendations on the death penalty, of which it accepted two.<sup>3</sup> Notably, the recommendation was accepted to “take measures to ensure due process and fair trials, particularly in any proceeding that could entail the application of the death penalty.”<sup>4</sup> The many recommendations to establish a moratorium on executions were only noted.<sup>5</sup>

Egypt also accepted recommendations related to the rights of people sentenced to death, among others: “Ensure that all detained persons are protected by law and physically against torture and all other ill-treatment in accordance with its obligations under the Convention against Torture”;<sup>6</sup> “Ensure that all detainees are protected from torture or other ill-treatment and that detention conditions meet the Standard Minimum Rules for the Treatment of Prisoners and the Basic Principles for the Treatment of Prisoners”<sup>7</sup>; “Ensure compliance with its international obligations on the right to a fair and timely trial based on clear charges and independent investigations, respecting the right of access and contact to lawyers and family”;<sup>8</sup>

### 1) The death penalty for drug offences

Drug offences do not meet the threshold of ‘most serious crimes’ to which Article 6(2) of the International Covenant on Civil and Political Rights (ICCPR) mandates that the death penalty be restricted in retentionist countries. As such, the death penalty for drug offences is prohibited by international law.<sup>9</sup>

Notwithstanding, Egypt retains the death penalty for drug offences. For specific offences the death penalty is prescribed as the mandatory punishment, in contrast with international human rights standards.<sup>10</sup>

#### i. The domestic legal framework

Decree-Law No. 182 of 1960, Concerning the Control of Narcotic Drugs and Regulation of their Utilization and Trade in them, as amended by Law No. 122 (1989), prescribes the death penalty for any person who:

- a) Exports or imports any narcotic substance before having obtained the licence stipulated in article 3;<sup>11</sup>
- b) Produces, extracts, separates or manufactures any narcotic substance with the intention of trading in it;<sup>12</sup>
- c) Cultivates certain plants or exports, imports, possesses, acquires, purchases, sells, delivers or transports any of these plants in any stage of its growth, or its seeds, with the intention of trading or by way of trade, in any way whatsoever, in any case other than those authorized by law;<sup>13</sup>
- d) Even abroad, forms or manages a gang, or engages in the management or organization, joins or has complicity in such a gang, the objectives of which include trading in narcotic substances or provision of such substances, for personal use, or commission, inside the country, of any of the offences stipulated in this article.<sup>14</sup>

- e) Possesses, acquires, purchases, sells, delivers, transports or provides for use any narcotic substance, with the intention of trading or by way of trade, in any way whatsoever, in any case other than those authorized by law;<sup>15</sup>
- f) Is licensed to be in possession of a narcotic substance for use for a particular purpose, and disposes of it in any way for any other purpose whatever;<sup>16</sup>
- g) Manages or prepares any premises for the use of narcotic substances, for a consideration. The punishment imposed for the offences referred to by this article shall be both the death penalty and a fine of not less than 100,000 pounds and not more than 500,000 pounds in the following cases:
- h) Anyone who, by whatever means of force or deceit, induces any other person to take any narcotic substance, whether cocaine, heroin or any of the substances included in part I of Schedule No. 1<sup>17</sup>

The death penalty is mandatory for the cases indicated at paragraphs (a), (b), (c), (d) as well as for cases in paragraphs e), (f), and (g) if certain aggravating circumstances exist.<sup>18</sup>

## ii. Recent developments

The government of Egypt does not provide official figures on the use of capital punishment. However, consistent reports from both UN mechanisms<sup>19</sup> and civil society<sup>20</sup> indicate a prolific use of the death penalty. At least 63 individuals were executed and hundreds were sentenced in 2018, mostly for murder and terrorism,<sup>21</sup> sometimes as a result of mass trials.<sup>22</sup> Both sentences and executions dramatically increased since the change in Government in 2014.

The Egyptian Initiative for Personal Rights has been able to confirm at least 23 **death sentences pronounced for drug offences** in 2018 (although more were likely pronounced)<sup>23</sup> including at least one against a foreign national.<sup>24</sup>

In contrast with the recommendation, accepted by Egypt, to take measures to ensure **fair trials** (particularly in capital trials), human rights violations have been denounced by non-governmental organisations in the course of investigations and trials leading to death sentences. These include: civilians being judged in military courts;<sup>25</sup> enforced disappearances and incommunicado detention;<sup>26</sup> denial of legal representation during the investigation phase; various forms of torture including beatings and electrocution, also used with the aim of extorting confessions.<sup>27</sup>

Egypt has thus failed to implement the recommendation to take measures to ensure due process and fair trials.

The protracted use of the death penalty in the country was denounced in 2018 by international mechanisms, including Special Procedures of the UN Human Rights Council,<sup>28</sup> the UN High Commissioner for Human Rights - who denounced the ongoing mass trials as “a gross and irreversible miscarriage of justice”<sup>29</sup> - and the European Parliament.<sup>30</sup>

In January 2019, news emerged about the approval, by the Egyptian Cabinet, of an amendment to Law 182 of 1960, prescribing the death penalty for “those who import or export synthetic substances that cause harm to the body, mind or the nervous system.”<sup>31</sup> While detailed information concerning this amendment is not available, Harm Reduction International notes that any **expansion in the potential use of the death penalty** runs contrary Article 6 ICCPR. The Human Rights Committee, in General Comment 36, stressed that “States parties may not transform an offence, which upon ratification of the Covenant, or at any time thereafter, did not entail the death penalty, into a capital offence.”<sup>32</sup>

## iii. Conditions of detention on death row

Although death row prisoners should be granted the same protection and conditions as the general prison population, individuals on death row in Egypt suffer inhuman and degrading treatment. In at least five prisons, individual convicted to death are kept in solitary confinement for over 23 hours a day, sometimes until the day of execution.<sup>33</sup> Prison cells reserved to death row prisoners often lack adequate lighting, ventilation, and/or sanitation.<sup>34</sup>

Death row prisoners endure beatings and other forms of physical and psychological violence<sup>35</sup> and are frequently unaware of the date of execution, which is communicated to families either at the last minute or after the execution has taken place.<sup>36</sup>

## 2) The right to health of people who use drugs

An estimated 93,000 people inject drugs in Egypt, and non-injecting drug use is also reported. Injecting drug use is the main route of transmission for hepatitis C in Egypt, with prison population and those in closed settings particularly at risk.<sup>37</sup> Although a low HIV prevalence is reported in Egypt, there are “concentrated HIV epidemics”, including among people who inject drugs: while HIV prevalence among the general population is <0.1%, among people who inject drugs it is 2.4%.<sup>38</sup> A 2015 report identified injecting drug use as the predominant route of HIV transmission in the country.<sup>39</sup>

UN human rights and drug control bodies agree that people who use drugs retain their fundamental rights to the highest attainable standard of health. During the latest cycle of UPR in 2014, Egypt accepted a recommendation to “intensify its efforts towards the realization of economic, social and cultural rights, including in relation to the right to health.”<sup>40</sup>

### i. Harm reduction as a fundamental component of the right to health

The right to health requires all States to provide comprehensive harm reduction services for people who use drugs.<sup>41</sup> Harm reduction services and interventions are life-saving, evidence-based, and cost effective. On this basis, the World Health Organization (WHO) recommends harm reduction as an essential part of a comprehensive package of interventions to prevent HIV.<sup>42</sup> WHO also identifies harm reduction as one of the five core interventions necessary to achieve hepatitis B and C elimination by 2030.<sup>43</sup>

Essential harm reduction interventions include Needle and Syringe Programmes (NSPs) and Opioid Substitution Therapy (OST).<sup>44</sup>

OST is not provided in Egypt, while NSPs were available since 2014, provided by non-governmental organisations.<sup>45</sup> Because of lack of funding and government support, these programmes stopped in 2017. Against this backdrop, the government failed to intervene and ensure the availability of NSPs, leaving people who inject drugs without this essential means of HIV and hepatitis prevention.

Opioid overdose prevention programmes are being carried out in Egypt; however, access to these lifesaving programmes is reportedly minimal, and often limited to information-sharing and education programmes – while no medical assistance is provided.<sup>46</sup>

### ii. Stigma and discrimination in accessing health services

Discrimination in healthcare settings violates fundamental rights and constitutes a barrier to achieving the Sustainable Development Goal 3. In 2017, 12 UN Agencies – including OHCHR and WHO – produced a Joint Statement acknowledging that discrimination in healthcare setting is widespread across the world, and disproportionately impacts the most marginalised and stigmatised populations.<sup>47</sup> The signatory Agencies recommended States to review and repeal “punitive laws that have been proven to have negative health outcomes and that counter established public health evidence”; including laws criminalising drug use or possession for personal use.<sup>48</sup>

In its jurisprudence, the UN Committee on Economic, Social and Cultural Rights recognised that criminalisation of drug use drives people away from seeking medical attention when needed;<sup>49</sup> and consistently recommended that States consider decriminalising drug possession for personal consumption,<sup>50</sup> and adopt a health-centred approach to drug use and drug dependence, including by implementing harm reduction programmes.<sup>51</sup>

In contrast, Egypt follows a punitive approach to drugs. Drug use and possession are criminalised under Law 122 of 1989 and punished with lengthy sentences. A survey carried out in the Middle East and North Africa in 2017 identified Egypt, together with Pakistan, as the countries with the highest rate of incarceration for drug possession in the region.<sup>52</sup>

People who use drugs in Egypt identified experienced or anticipated stigma as barriers to accessing health care.<sup>53</sup>

In a 2017 survey conducted in Egypt among people who use drugs accessing anti-retroviral treatment and other harm reduction services, 73.7% of the participants believed that services in public healthcare settings were not stigma-free; and that they were subjected to discrimination and mistreatment in public hospitals.<sup>54</sup> In particular,

“Seventy-six per cent of participants were not satisfied with services in fewer hospitals. This is because of the high levels of stigma, discrimination and mistreatment from HCP [health-care professionals]; lack of services HIV infected children; lack of respect for privacy and anonymity, breach of confidentiality; gossiped about; lack of information about HIV treatment and services; [...]; lack of political and financial support from the government to HR [harm reduction] projects; and lack of collaboration and communication among service providers.”<sup>55</sup>

Egypt has thus failed to implement the recommendation to intensify its efforts towards the realization of economic, social and cultural rights, including the right to health, with specific regards to people who use drugs.

## Conclusions and recommendations

In light of the above findings, Harm Reduction International calls upon Member States to recommend that the government of Egypt:

- 1) Consider establishing a moratorium on the death penalty, as a first step towards abolition;
- 2) Implement the accepted recommendation to “ensure that all detainees are protected from torture or other ill-treatment and that detention conditions meet the Standard Minimum Rules for the Treatment of Prisoners and the Basic Principles for the Treatment of Prisoners”;
- 3) Provide updated, reliable and disaggregated information on the use of capital punishment in the country, and ensure access of local as well as international monitoring mechanisms to individuals on death row;
- 4) Implement the accepted recommendation to “take measures to ensure due process and fair trials, particularly in any proceeding that could entail the application of the death penalty”, including by limiting the jurisdiction of military courts to exclude civilians, and meaningfully investigating and prosecuting allegations of torture in all phases of the investigation and trial;
- 5) Adopt a national strategy, adequately funded, aimed at provide essential harm reduction services throughout Egypt, including in public hospitals, and involve local civil society in the development of said strategy;
- 6) By the next cycle of review, adopt legislative as well as practical measures – including training for medical professional – to address stigma and discrimination against people who use drugs in healthcare settings; and
- 7) Consider decriminalising drug use and drug possession for personal use.

<sup>1</sup> Human Rights Council, Report of the Working Group on the Universal Periodic Review (24 December 2014). UN Doc. A/HRC/28/16. Rec. 166.126

<sup>2</sup> *Ibid.*, 166.267

<sup>3</sup> **“Continue to reduce offences subjected to the death penalty” (Belgium C2 - Accepted); “Continue to work towards reducing the number of crimes subject to the death penalty” (Namibia C2 - Accepted); “Reduce the number of crimes punishable by death by December 2014” (United Kingdom C2 - Noted); “Reduce the list of crimes punishable by death penalty, in particular economic crimes and those linked to drugs, and examine the possibility of introducing a moratorium” (Switzerland C2 - Accepted); “Further reduce the number of crimes carrying the death penalty and publish figures on death verdicts” (Germany C2 - Noted); “Consider at least further restricting the use of the death penalty only for the most serious crimes, as stated in article 6 of ICCPR with a view to soon adopting a de facto moratorium on executions” (Italy C2 - Accepted); “Continue reform towards eventual abolition of the death penalty, including greater transparency around its use” (New Zealand C2 - Accepted); “Consider abolition of the death penalty in the near future” (Greece C2 - Noted); “Consider establishing a moratorium on the death penalty” (Ecuador C2 - Noted); “Consider a moratorium on the death penalty with a view to its eventual abolition” (Slovenia C2 - Noted); “Consider a moratorium on the use of the death penalty with a view to its abolition” (Namibia C2 - Noted); “Consider imposing a moratorium on execution of death penalties while assessing the possibility of adopting the Second Optional Protocol to ICCPR aimed at the abolition of the death penalty” (Brazil C2 - Noted); “Continue to work towards abolition of the death penalty and consider adopting an immediate de facto moratorium” (Portugal C2 - Noted); “Reintroduce a moratorium on executions with a view to abolition of the death penalty” (Czech Republic C2 - Noted); “Establish a moratorium on executions with a view to removing the death penalty from its criminal statutes and ratify the Second Optional Protocol to ICCPR” (Australia C2 - Noted); “Establish a moratorium on the death penalty with a view to becoming a party to the second Optional Protocol to ICCPR, and continue with efforts to uphold all international human rights standards, including civil and political rights” (Estonia C2 - Noted); “Establish a moratorium on the use of the death penalty with a view to its abolition, and, in the meantime, ensure full compliance in all death penalty cases with international fair trial standards” (Lithuania C2 - Noted); “Establish a moratorium on executions with a view to abolishing the death penalty” (France C2 - Noted); “Establish an official moratorium on the use of the death penalty with a view to abolition” (Montenegro C2 - Noted); “Establish a moratorium on executions with a view to the total abolition of capital punishment” (Belgium C2 - Noted); “Institute a moratorium on the application of the death penalty” (Togo C2 - Noted); “Immediately adopt a moratorium on the death penalty as a first step towards its abolition” (Austria C2 - Noted); “Adopt an indefinite moratorium on the death penalty and commute current convictions to achieve its total abolition” (Spain C2 - Noted); “Declare a moratorium on the capital punishment; until that, promptly reduce the number of offences subject to death penalty and publish statistics about the use of death penalty in Viet Nam” (Sweden C2 - Noted); “Publish precise information on the identity and number of convicted persons currently on death row” (Belgium C2 – Noted); **Continue using its sovereign right to apply the death penalty as a tool of criminal justice in accordance with the proper safeguards specified under international human rights law (Egypt C2 – Accepted);****

<sup>4</sup> Human Rights Council, Report of the Working Group on the Universal Periodic Review (24 December 2014). UN Doc. A/HRC/28/16. Rec. 116.184

<sup>5</sup> 166.1 Sign the Second Optional Protocol to ICCPR (ICCPR-OP2) (Turkey). 166.2 Consider ratifying the Second Optional Protocol to ICCPR, aiming at the abolition of the death penalty (Rwanda). 166.3 Ratify ICCPR-OP2 and abolish the death penalty (Portugal). 166.4 Ratify ICCPR-OP2 (Sierra Leone). **166.100 Abolish the death penalty for those under 18 years (Paraguay) – accepted.** 166.101 Consider establishing a formal moratorium on executions of persons sentenced to death (Argentina). 166.102 Consider the introduction of a moratorium on the application of the death penalty (Romania). 166.103 Take the necessary measures to establish a moratorium on executions (Spain). 166.104 Impose an immediate moratorium on all death sentences (Turkey); Establish a moratorium on the application of the death penalty with a view to its abolition (Togo); Establish a moratorium on the use of the death penalty in view of its abolition (France); Announce a moratorium on the death penalty with a view to its eventual abolition. Pending abolition, its application should be limited (Germany); Reinstatement a moratorium on executions with a view of abolishing the death penalty (Hungary). 166.105 Establish a moratorium on the death penalty (Australia). 166.106 Establish a moratorium on the death penalty (Luxembourg). 166.107 Establish a moratorium on executions (Italy). 166.108 Establish an official moratorium on executions with the view to abolishing the death penalty (Switzerland). 166.109 Declare a moratorium on the death penalty until its complete abolition (Uruguay). 166.110 Issue an immediate moratorium on the use of the death penalty, particularly in instances of mass trials (Montenegro). 166.111 Commute the sentences of persons sentenced to death and establish a moratorium on executions (Portugal). **166.184 Take measures to ensure due process and fair trials, particularly in any proceeding that could entail the application of the death penalty (Mexico) – accepted.**

<sup>6</sup> Human Rights Council, Report of the Working Group on the Universal Periodic Review (24 December 2014). UN Doc. A/HRC/28/16. Rec. 116.117

<sup>7</sup> *Ibid.*, 116.118

<sup>8</sup> *Ibid.*, 116.180

<sup>9</sup> Among others, see Human Rights Committee, “General Comment No. 36 on Article 6 of the International Covenant on Civil and Political Rights, on the Right to Life” (United Nations, 2018), [https://www.ohchr.org/Documents/HRBodies/CCPR/GCArticle6/GCArticle6\\_EN.pdf](https://www.ohchr.org/Documents/HRBodies/CCPR/GCArticle6/GCArticle6_EN.pdf).

<sup>10</sup> *Ibid.*

<sup>11</sup> Egypt, “Control of Narcotic Drugs and Regulation of Their Utilization and Trade in Them,” Pub. L. No. Law No. 122. Article 33

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

<sup>14</sup> *Ibid.*

<sup>15</sup> *Ibid.*, Article 34

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*, Article 34bis

<sup>18</sup> *Ibid.*, Article 34 i-vii

<sup>19</sup> Office for the High Commissioner on Human Rights [OHCHR], “Egyptian Death Sentences Result from Unfair Trial, Should Be Reversed – Bachelet,” *United Nations*, September 9, 2018, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23517&LangID=E>.

- <sup>20</sup> Among others, see: Amnesty International, “Crushing Humanity: The Abuse of Solitary Confinement in Egypt Prisons” (London, 2018); Egyptian Initiative for Personal Right [EIPR], “‘In the Name of the People’ The Annual Report on the Death Penalty in Egypt 2017,” January 2018, [https://eipr.org/sites/default/files/reports/pdf/in\\_the\\_name\\_of\\_the\\_people.pdf](https://eipr.org/sites/default/files/reports/pdf/in_the_name_of_the_people.pdf).
- <sup>21</sup> EIPR (2018) *‘In the Name of the People’: The Annual Report on the Death Penalty in Egypt 2017*. Cairo: Egyptian Initiative for Personal Rights. Available from: [https://eipr.org/sites/default/files/reports/pdf/in\\_the\\_name\\_of\\_the\\_people.pdf](https://eipr.org/sites/default/files/reports/pdf/in_the_name_of_the_people.pdf).
- <sup>22</sup> The Arab Coalition Against the Death Penalty (2018) *Egypt Sentences 75 to Death in Grotesque Mass Trial*. Available from: [http://www.achrs.org/english/images/2018\\_09\\_10\\_PR\\_Egypt\\_sentences\\_75\\_to\\_death\\_in\\_grotesque\\_mass\\_trial\\_EN.pdf](http://www.achrs.org/english/images/2018_09_10_PR_Egypt_sentences_75_to_death_in_grotesque_mass_trial_EN.pdf).
- <sup>23</sup> Communication with Egyptian Initiative for Personal Rights. On file with the author.
- <sup>24</sup> Mu Xuequan (2018) ‘Egypt court seeks execution of 13 Egyptian, Yemeni drug dealers.’ *Xinhua*. Available from: [http://www.xinhuanet.com/english/2018-01/10/c\\_136883497.htm](http://www.xinhuanet.com/english/2018-01/10/c_136883497.htm).
- <sup>25</sup> Amnesty International (2018) *Death Sentences and Executions in 2017*, 9.
- <sup>26</sup> EIPR (2018) *‘In the Name of the People’*, 23.
- <sup>27</sup> *Ibid*, 8.
- <sup>28</sup> Office for the High Commissioner on Human Rights (2018) *Egypt Must Halt Executions, Say UN Human Rights Experts*. Available from: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22613>.
- <sup>29</sup> Office for the High Commissioner on Human Rights (2018) *Egyptian Death Sentences Result from Unfair Trial, Should Be Reversed – Bachelet*. Available from: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23517&LangID=E>.
- <sup>30</sup> European Parliament (2018) *Resolution of 8 February 2018 on Executions in Egypt, 2018/2561(RSP)*. Available from: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P8-TA-2018-0035+0+DOC+XML+V0//EN&language=EN>.
- <sup>31</sup> <http://www.egypttoday.com/Article/1/64077/Egypt-s-Cabinet-approves-bill-executing-narcotics-smugglers>
- <sup>32</sup> Human Rights Committee, “General Comment No. 36 on Article 6 of the International Covenant on Civil and Political Rights, on the Right to Life.” Para. 34
- <sup>33</sup> Amnesty International, “Death Sentences and Executions in 2017.”, 22
- <sup>34</sup> <https://eipr.org/en/publications/time-death-row-degrading-treatment>
- <sup>35</sup> EIPR (2018) *Time on Death Row - Degrading Treatment*. Cairo: Egyptian Initiative for Personal Rights. Available from: <https://eipr.org/en/publications/time-death-row-degrading-treatment>.
- <sup>36</sup> Hands Off Cain, *Database: Egypt*, accessed 21 December 2018. Available from: <http://www.handsoffcain.info/bancadati/africa/egypt-40000044>.
- <sup>37</sup> *Ibid*.
- <sup>38</sup> Katie Stone and Sam Shirley-Beavan, “The Global State of Harm Reduction” (Harm Reduction International [HRI], December 2018), <https://www.hri.global/files/2018/12/11/global-state-harm-reduction-2018.pdf>.+ [http://www.unaids.org/sites/default/files/media\\_asset/unaids-data-2018\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf)
- <sup>39</sup> Rahimi-Movaghar and et al., “Assessment of Situation and Response of Drug Use and Its Harms in The Middle East and North Africa 2017.”<sup>17</sup>
- <sup>40</sup> Human Rights Council, Report of the Working Group on the Universal Periodic Review (24 December 2014). UN Doc. A/HRC/28/16, 166.267
- <sup>41</sup> Paul Hunt, ‘Human rights, health, and harm reduction’, 8. Key human rights mechanisms have reiterated this principle, such as: Special Rapporteur on the right of everyone to the highest attainable standard of mental and physical health, Dainius Pūras, ‘Open Letter in the context of the preparations for the UN General Assembly Special Session on the Drug Problem (UNGASS), which will take place in New York in April 2016’ (7 December 2015)
- <sup>42</sup> <https://apps.who.int/iris/bitstream/handle/10665/246200/9789241511124-eng.pdf?sequence=1>
- <sup>43</sup> <https://apps.who.int/iris/bitstream/handle/10665/310912/9789241515191-eng.pdf?ua=1>
- <sup>44</sup> The “harm reduction comprehensive package” recommended in WHO guidelines includes: NSP; OST; anti-retroviral treatment; HIV, Tuberculosis & hepatitis testing, counselling and treatment; condoms for people who inject drugs; targeted information; and vaccination against hepatitis B. <https://apps.who.int/iris/bitstream/handle/10665/246200/9789241511124-eng.pdf?sequence=1>
- <sup>45</sup> Rahimi-Movaghar and et al., “Assessment of Situation and Response of Drug Use and Its Harms in The Middle East and North Africa 2017”, 17
- <sup>46</sup> *Ibid*.
- <sup>47</sup> UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, ILO, UNESCO, WHO, UN OHCHR, IOM, ‘Joint United Nations Statement on Ending Discrimination in Health Care Settings’ (27 June 2017). Available at: <https://www.who.int/gender-equity-rights/knowledge/ending-discrimination-healthcare-settings.pdf>
- <sup>48</sup> *Ibid*.
- <sup>49</sup> CESCR, Concluding Observations on the sixth periodic report of the Russian Federation, UN Doc. E/C.12/RUS/CO/6 (2018). Para. 50
- <sup>50</sup> CESCR, Concluding Observations on the sixth periodic report of the Russian Federation, UN Doc. E/C.12/RUS/CO/6 (2018). Para. 51(a)
- <sup>51</sup> Among others: CESCR, Concluding Observations on the combined fifth and sixth periodic reports of the Philippines, UN Doc. E/C.12/PHL/CO/5-6 (2016), para. 54; CESCR, Concluding Observations on the combined second to fourth periodic reports of the former Yugoslav Republic of Macedonia, UN Doc. E/C.12/MKD/CO/2-4 (2016), para. 52; CESCR, Concluding Observations, Canada, UN Doc. E/C.12/CAN/CO/6, para. 50 (2016); CESCR (2015).
- For more information, see: International Centre on Human Rights and Drug Policy/UNDP, International Guidelines on Human Rights and Drug Policy (Draft), Forthcoming, 32
- <sup>52</sup> Menhara, “Multicentre Operational Research on Drug Use & Harm Reduction among People Living with HIV/AIDS in the Middle East & North Africa Region,” 2017, 33
- <sup>53</sup> *Ibid.*, 150
- <sup>54</sup> *Ibid.*, 153
- <sup>55</sup> *Ibid.*, 74