

**International Network of People who Use Drugs (INPUD) and Harm Reduction International (HRI) Joint Statement  
Agenda item 1.4, Report by the NGO representative  
45<sup>th</sup> UNAIDS Programme Committee Board, 10 December 2019**

Excellencies, ladies and gentlemen, dear colleagues.

The International Network of People who Use Drugs and Harm Reduction International welcome the NGO Representative report focused on Universal Health Coverage. We fully support decision point 4.6 calling on the UNAIDS Joint Programme to continue supporting Member States in ensuring all elements of comprehensive HIV programming – such as harm reduction, sexual and reproductive health and rights, and community-led responses - remain or become available and accessible to people living with HIV, key populations, women and young people under Universal Health Care frameworks and policies.

An effective HIV response necessitates that we confront the fault-lines of political and social inequalities. In 2018 more than half of all new HIV infections were among key populations. Despite rising new infections among people who inject drugs, the global provision of harm reduction interventions remains critically low, with only one percent of people who inject drugs living in countries with high coverage. Moreover, Harm Reduction International research shows that in 2016, harm reduction funding in low- and middle-income countries was a mere 13 percent of the US\$1.5 billion that UNAIDS estimates is required to prevent HIV among people who use drugs.

What we are witnessing is a political and funding crisis for harm reduction. This crisis is not due to a lack of evidence, or a lack of money to invest in these life-saving interventions. It is due to criminalisation, stigma and discrimination. For too long, international and national drug policies have been shaped by deeply moralistic views, and policies which have prioritised punitive measures over protecting the health, human rights and dignity of people who use drugs.

If we are serious about ending AIDS by 2030 and making universal health coverage truly universal, we must commit to ‘putting the last mile first’ – that is currently criminalized and marginalized populations, such as people who use drugs. This will require:

- The removal of legal and policy barriers to inclusion and access to health services, including decriminalisation of key populations.
- The inclusion of harm reduction interventions, such as needle and syringe programmes, opioid substitution therapy and naloxone in UHC-driven national health benefit packages.
- Creating space for the involvement of key populations in health responses to improve quality of care and allow communities to monitor these and hold their governments to account.
- Ensuring that UHC brings access to quality, comprehensive health care services for all, regardless of ability to pay, and lastly,
- Investing in community and drug user-led organisations, building on what already exists and utilising community expertise on what works.

As the former United Nations High Commissioner for Human Rights said: ‘People who use drugs do not forfeit their human rights, including the right to the highest attainable standard of health’. We call on the Joint Programme to provide strong leadership in championing harm reduction and the human rights of people who use drugs. If we are serious about achieving the 2030 agenda, we can’t waste more time with a business as usual approach, but need to commit to shifting the paradigm and charting a pragmatic course towards realising principles of equality, non-discrimination and inclusion for all.

Thank you.