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UNAIDS EXECUTIVE DIRECTOR SPEECH

VIENNA, 14 MARCH 2022, STATEMENT AT THE 65TH SESSION OF
THE COMMISSION ON NARCOTIC DRUGS

Introduction

Thank you, Ambassador Ghislain, D'hoop and Belgium as the Chair of the 65th Commission on Narcotic Drugs, distinguished members of the Commission, Member States, Civil Society and networks of people who use drugs, UN agencies and all colleagues.

I thank very much my sister Ghada Waly for your strong leadership of United Nations Office on Drugs and Crime (UNODC) and your unequivocal support for the United Nations common position on drug policy.

I'd like to begin by expressing my solidarity for the people of Ukraine, who have suffered so much violence and injustice. For the last 15 years, Ukraine has had one of the largest and most successful HIV responses in Europe.

Now the entire HIV response is collapsing, and the lives of hundreds of thousands of Ukrainians living with HIV and the key groups are hanging by a thread.

I call on all partners to work to restore essential services for people living with and affected by HIV in Ukraine.

Last June, Member States adopted the 2021 Political Declaration on Ending AIDS. The resolution contains bold commitments, including new targets for 2025 to bring the response back on track to end AIDS by 2030.

Last year UNAIDS worked with all countries and partners to develop and adopt the Global AIDS Strategy. The golden thread of the strategy is on ending inequalities in an epidemic where 65% of all new infections are within particular groups—and these include people who use drugs and prison inmates.

We know that if we continue as we are, if we do not close the inequalities in the HIV response—the world could see 7.7 million AIDS deaths over the next ten years.

The global HIV response, which was already off track before COVID-19, is now under even greater strain as the COVID-19 crisis continues.

And people who use drugs and prisoners continue being among the most affected!

Globally, harm reduction services are not available at the level and scale that is required to end AIDS. And that's true in the community and in prisons. In too many countries, they are not available at all.

Without continued access to HIV and harm reduction services, we will not end AIDS among people who use drugs and prison inmates, and we will therefore not end AIDS at ALL.

Key barriers to access to HIV and harm reduction services for people who use drugs and prisoners are criminalisation, stigma and discrimination.

We will not end inequalities and end AIDS without addressing these barriers and removing punitive laws and policies.

In particular, women who use drugs face legal, policy and social barriers to accessing life-saving HIV and harm reduction services; we need to invest in non-judgmental harm reduction services tailored to the needs of women.

We have an ongoing funding crisis for harm reduction in low-and middle-income countries. Government and donors have invested just 5% of the funds needed for an effective response. We need to scale up investment now, with a focus on funding for community-led responses. They are the most effective.

Conclusion

Members of the Commission, I believe in your leadership.

We must value the health and human rights of every person who uses drugs and the dignity of every prisoner.

We must implement our commitments to create enabling legal environments. We must promote and scale-up harm reduction as a safe and effective approach essential to end AIDS.

We must remove punitive and discriminatory laws and policies. This includes laws that criminalize drug use and possession as set out in our new Global AIDS Strategy.

Our work to end the inequalities that drive AIDS must be based on science, evidence and human rights.

I urge you Commissioners to uphold these principles to get us back on track to end AIDS by 2030.

I thank you all for your attention.

