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UNAIDS STATEMENT AT THE OPENING PLENARY

64th session of the Commission on Narcotic Drugs,
13 April 2021

Thank you Madam Chair,

Excellencies, members of civil society organizations, colleagues, and friends. UNAIDS thanks you for the opportunity to address the 64th session of the CND. This year also marks 40 years of the first detected case of HIV and 25 years of the creation of UNAIDS.

Five years ago, the General Assembly committed to Fast-Track the HIV response by making bold commitments and setting ambitious targets. Global targets for 2020, agreed in the 2016 Political Declaration on HIV/AIDS, were missed.

Our progress towards ending AIDS as a public health threat by 2030 was already off track before the COVID-19 outbreak. Now this crisis has the potential to blow us even further off course.

Decades of experience in responding to HIV are being used in the response to the coronavirus. Community-led service delivery pioneered by the HIV response is helping to overcome the extraordinary impediments created by COVID-19.

Key populations continue to be left behind. Annual HIV infections among people who inject drugs have barely changed. Key populations and their sexual partners accounted for 62% of all new infections worldwide in 2019. To give one example, in eastern Europe and central Asia an estimated 48% of new infections occur among people who inject drugs.

On the 25th of March this year, the UNAIDS Programme Coordinating Board (PCB) after a wide consultation process adopted by consensus a new Global AIDS Strategy 2021–2026, End Inequalities, End AIDS. The UNAIDS Secretariat, its 11 Cosponsors and member states worked to develop this new strategy, which received inputs from more than 10 000 stakeholders from 160 countries.

The new Global AIDS Strategy calls to intensify and redouble efforts to scale up comprehensive harm reduction for people who inject drugs in all settings, including needle-syringe programmes, opioid substitution therapy, naloxone for treating opioid overdose, interventions for alcohol and noninjecting drug use, as well as prevention, diagnosis and treatment of TB and viral hepatitis, community-led outreach and psychosocial support.

Comprehensive harm reduction for people who use drugs is absent or insufficient in all but a handful of countries. Hepatitis C coinfection with HIV is reported across all key populations, especially among people who inject drugs. Just 53 countries reported that their national policies included an explicit reference to harm reduction.

The positive public health impact of comprehensive harm reduction is well established in the scientific literature. Legal and policy environments that eschew the punishment and criminalization of drug use and take a public health approach to drug dependence is critical to providing comprehensive harm reduction services that sharply reduce new HIV infections and enhance adherence to HIV treatment among people who use drugs.

Let me say again: **Harm reduction works. Harm reduction saves lives!**

The UN common position on drug policy that was released two years ago reflected the need to decriminalise drug use, and committed to taking actions to promote it.

Removal of punitive laws and policies facilitates HIV service delivery and reduces HIV risk. There is overwhelming evidence correlating the criminalization of drug use with increased risk of HIV transmission.

In 2019, 111 out of 134 countries reported they criminalise drug use or possession for personal use. Only 23 countries allowed for legal possession of a certain amount of drugs.

Integrating HIV in systems for health, social protection is a critical approach to providing people-centred, holistic and coordinated services that are convenient, respectful and efficient. The HIV prevention crisis must be tackled by granting everyone everywhere the right to health, tearing down the barriers that stop people receiving essential services.

UNAIDS wants to reiterate its commitment to promote and support **community-led responses**. Organizations of people who use drugs and their civil society partners are also instrumental in service planning and monitoring, as well as in advocacy and accountability. To be able to fulfil these roles, they need political, technical and financial support.

National AIDS leadership in many countries has facilitated successful and diverse models of differentiated HIV service delivery, including HIV self-testing, multimonth dispensing of antiretroviral regimens and key population-led health services that bridge gaps in traditional programming. It has also increased adoption of innovative approaches such as telehealth, take-home opioid substitution therapy, needle-syringe services and PrEP services, and it has built highly multisectoral response that capitalize on the strengths of civil society and other partners.

For the majority of key populations and other priority populations, including people who inject drugs the benefits of scientific advances and HIV-related social and legal protection remain beyond reach. Reducing these inequalities that drive HIV can be an entry point for transformation across the 2030 Agenda for Sustainable Development.

HIV must remain high on the international agenda. That is why UNAIDS is calling on all leaders to come together to support the United Nations General Assembly High-Level Meeting on Ending AIDS, 8-10 June 2021, to address with urgency the outstanding issues that are holding us back from ending the epidemic as a public health threat by 2030.

Madam Chair

The engagement of key populations, including people who inject drugs is critical to a successful HIV response everywhere—they are key to the epidemic and key to the response and our goal of ending AIDS by 2030.

I thank you.

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