

We, representatives and allies of the harm reduction community - a sector that includes people who use drugs, advocates, health care providers, programme managers, harm reduction experts, researchers, and policy-makers - are concerned over the lack of progress in the disease areas of HIV, viral hepatitis and sexually transmitted infections (STIs) for people who use drugs, largely attributable to the prioritisation of political agendas over science, evidence and the right to health.

UNAIDS recently estimated that over 60% of new HIV infections are among key populations with 1 out of 5 new HIV infections, being among people who inject drugs. (1) Similarly, 23-39% of new HCV infections occur among people who inject drugs. (2)

Despite WHO recommendations and clear evidence of their efficiency and cost-effectiveness, comprehensive harm reduction services remain inaccessible for most people who use drugs worldwide. (3) There is a severe disproportionate lack of progress towards meeting harm reduction targets set in the Global Health Sector Strategies (2016-2021) on HIV and Viral Hepatitis.

In 2020, only 40% of countries report having operational needle and syringe programmes, and 64% of countries reported having operational opioid agonist therapy programs. (3) Furthermore, regional and national coverage varies substantially and is most often below WHO indicators. It is estimated that less than 1% of people who inject drugs are living in countries with high coverage of essential harm reduction services. (4) The global progress report on HIV, viral hepatitis and sexually transmitted infections from 2021 reflects this by stating that *"Access to prevention, harm reduction and health-care services for these populations is largely insufficient"*.

We must be very clear; the lack of progress is not simply due to a shortage of commodities or resources; it is failing on political grounds. People who use drugs are marginalised, stigmatised, and criminalised, and the emphasis should be on alleviating these structural barriers to create sustainable change. The 2022-2030 strategy on the three disease areas can and must motivate progress in this area.

Still today, political agendas aim at discrediting or side-lining evidence-based harm reduction policies. Harm reduction must be a dedicated, prominent element of the global strategy and should not be minimised, weakened, or invalidated by abstinence agendas or morality-driven viewpoints. It is essential to use plain language and to leave no room for interpretation of what harm reduction stands for, and its place in global health policies.



In recent HIV-related strategy development processes, we have observed how political interests have clouded technical and evidence-based strategies. The upcoming strategy for the three disease areas should strongly reflect the well-known key barriers in the three disease areas of HIV, viral hepatitis, and STIs. The strategy should reflect a primary focus on key-populations that are left behind in most health systems. Due attention should be given to enabling and structural environments and interventions, including decriminalization and removal of discriminatory laws and policies, community-led responses, and person-centered services.

We strongly call upon the leadership of the WHO to let the evidence and science speak. Politics has no place in technical strategies and hinders progress towards attaining the highest possible standard of health for people who use drugs. **We call for brave and bold leadership to strongly challenge attempts of political interference that will only hold back equitable progress towards HIV, viral hepatitis, and STI elimination efforts.**

The Director-General's opening remarks at the World Health Assembly this year called for solidarity regarding COVID-19 *"If anyone is left behind, all are held back. But if the furthest behind is the first to be helped; if the weakest is first to be strengthened; if the most vulnerable is first to be protected - then we all win."* We call upon the WHO to mirror this assertion for all disease areas, including for HIV, viral hepatitis, and STIs and to address the following in the 2022-2030 strategy:

1. Support decriminalization and removal of discriminatory laws and practices as they impact people who use drugs access to health services
2. Ensure the centrality of harm reduction services
3. Enable, support and encourage community-led responses and person-centred service delivery

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2. Global HIV, Hepatitis and STIs Programmes [Internet]. [cited 2021 Jul 19]. Available from: <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs>
3. Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021 [Internet]. [cited 2021 Jul 19]. Available from: <https://www.who.int/publications/i/item/9789240027077>
4. Larney S, Peacock A, Leung J, Colledge S, Hickman M, Vickerman P, et al. Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. *The Lancet Global Health* [Internet]. 2017 Dec 1 [cited 2021 Jul 26];5(12):e1208-20. Available from: <http://www.thelancet.com/article/S2214109X1730373X/fulltext>

