

World Health Assembly (WHA) Inter-Ministerial Dialogue

Charting Paths: Strengthening the Present and Navigating the Future of Harm Reduction

Concept Note

- **Date:**

Monday, 27 May 2024

- **Time:**

13:00 – 14:30 – Lunchtime slot

- **Location (TBD):**

Hotel President Wilson, 47 Quai Wilson, Geneva

- **Co-organizers:**

Global Commission on Drug Policy (GCDP) and the World Health Organization (WHO)

- **Background and premise:**

In July 2022, the Director-General of World Health Organization (WHO) and the Global Commission on Drug Policy (GCDP) agreed to jointly create a space for ministerial dialogues within the World Health Assembly (WHA), to address items of concern with regard to drug policy and practice. Three topics have been selected 1. Access to and safe use of essential medicines under international control; 2. Harm reduction; and 3. The *United Nations System Common Position Paper on Drug Policy* of 2018.¹

The first dialogue, on “essential medicines under international control: ensuring equitable and affordable access” was held during the 76th session of the World Health Assembly in May 2023; the second, on harm reduction, will be conducted during the 77th WHA in May 2024.

In recent years we have witnessed progress in the alignment of drug policies with human rights across the United Nations (UN), particularly through the interventions of United Nations human rights treaty

¹ [The United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration](#) (2018)

bodies and special procedures, the involvement and contributions of the Office of the High Commissioner for Human Rights (OHCHR) and UNAIDS, as well as the leadership of the UN Secretary-General and the UN System Chief Executives Board for Coordination (CEB) which adopted the *United Nations System Common Position on Drug Policy* (2018).

- **Ministerial Dialogue 2024: “Harm reduction”**

The availability of harm reduction measures, crucial to an approach to drug policy that puts the health and safety of individuals and communities first², varies widely between countries, depending on the type of intervention. Furthermore, in many cases the legal availability of harm reduction interventions has not translated to coverage levels commensurate to needs on the ground, and many interventions remain completely unavailable in most countries.

The harm reduction interventions that have achieved the widest implementation are needle and syringe programmes (NSP) and the treatment of opioid dependence with opioid agonist maintenance therapy³ (OAMT), both of which - alongside naloxone for overdose management - are included in the WHO definition of harm reduction per the 2022 *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations*⁴.

Naloxone remains subject to barriers to access in many contexts, despite its effectiveness in reversing opioid overdoses and relative safety^{5,6}. Take-home naloxone programmes are only being implemented in 43 countries worldwide.⁷

There is a huge dearth of coverage of NSP and OAMT services. In many countries these services are limited in scope to pilot programmes or geographically major urban centres. As such, only 2% of the global population of people who inject drugs live in countries with high coverage (at or above the UN-recommended level) of both services.⁸ This is the result not just of legal, social and policy barriers, but

² <https://www.globalcommissionondrugs.org/the-five-pathways-to-drug-policies-that-work>

³ Also referred to in some contexts as opioid agonist therapy (OAT), opioid substitution therapy (OST), or medication-assisted treatment (MAT); WHO uses OAMT to stress that the treatment should be provided over the long-term, for as long as the patient needs, rather than just for rapid detoxification. This concept note will use OAT, as data on the availability and coverage of OAT does not necessarily take into account whether the therapy is being provided for maintenance in a given context.

⁴ <https://www.who.int/publications/i/item/9789240052390>

⁵ <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>

⁶ <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone/faqs>

⁷ <https://www.sciencedirect.com/science/article/pii/S2214109X2300058X?via%3Dihub>

⁸ *Ibid.*

also financial ones, as investment and prices of essential OAMT medicines can hinder uptake and scale up. Access to medicine and harm reduction are indeed interconnected public health efforts aimed at improving health outcomes, preventing disease transmission, and addressing health disparities, particularly among marginalized populations.

Harm reduction interventions also remain often not available in prisons, despite the fact that an estimated 2.2 million people, or about 1/5th of the global prison population, are incarcerated for drug-related offences⁹ - 22% of whom are imprisoned for drug possession for personal use.¹⁰ Only nine countries globally have at least one NSP programme in prison, while 59 countries have at least one OAT programme in prison settings.¹¹

Drug checking services are crucial to addressing harms caused by a poisoned illicit drug supply that has become increasingly unpredictable in many countries as synthetic drugs continue to proliferate.¹² Yet, these services are only being implemented in 26 countries across the globe.¹³ Overdose Prevention Centres (OPCs) are operating with government support in only 17 countries¹⁴, despite the fact that there has never been a fatal overdose recorded at one of these facilities in the decades since the first one opened in Berne, Switzerland in 1986.^{15,16}

There is a pressing need for robust implementation of a wider array of innovative harm reduction strategies beyond OAMT, NSP and naloxone, including overdose prevention centres, drug checking, safer smoking and snorting initiatives, heroin-assisted treatment, and safer supply initiatives.¹⁷

- **Goal**

The goal of this Inter-Ministerial Dialogue at WHA 2024 is to provide a space where Member States can present and discuss progress and shortfalls in their national policies, while providing examples and noting promising practices in the field of harm reduction.

⁹ https://cdn.penalreform.org/wp-content/uploads/2023/10/GPT-2023-Exec-Summary_EN.pdf

¹⁰ <https://www.penalreform.org/global-prison-trends-2023/drug-policies/>

¹¹ https://hri.global/wp-content/uploads/2023/11/HRI_global-overview_2023_FINAL.pdf

¹² https://www.globalcommissionondrugs.org/wp-content/uploads/2023/11/GCDP_Report2023_forweb.pdf

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00679-5>

¹⁶ https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en

¹⁷ https://www.globalcommissionondrugs.org/wp-content/uploads/2023/11/GCDP_Report2023_forweb.pdf

The dialogue will also provide a means to check in on global progress and problems and identify and discuss concrete and collaborative solutions.

- **Outcome(s)**

The outcomes of this Ministerial Dialogue will be an increased awareness of the need to expand harm reduction globally, the identification of promising practices, for national governments to gain insight from peers, and also for WHO and other UN entities to best calibrate support.

- **Objectives**

1. *Check-in on the global state of affairs with regard to the implementation of harm reduction.*
2. *Build understanding of effective ways to reduce the harms of drug use, by sharing examples of cost-effective, integrated programmes with strong public health outcomes from around the world; and offer insights into the wider array of innovative harm reduction strategies.*
3. *Identify and overcome domestic and international obstacles in the implementation of harm reduction measures, including legal, political, economic, social and cultural barriers; and share the latest data on the funding landscape for harm reduction in low- and middle-income countries.*

- **Timewise agenda (1.5hrs)**

Time	Speaker	Duration
13:00 - 13:05	Intro Moderator/GCDP – Commissioner Michel Kazatchkine, GCDP	5 minutes
13:05 - 13:12	Keynote speech – High-level representative, WHO TBC	7 minutes
13:12 - 13:19	Keynote speech – Christine Stegling, Deputy Executive Director, Policy, Advocacy and Knowledge, UNAIDS	7 minutes
13:19 - 13:26	Member State – Switzerland – Anne Lévy, Director General, Federal Office of Public Health	7 minutes
13:26 - 13:33	Member State – Colombia - Guillermo Alfonso Jaramillo Martínez, Minister of Health and Social Protection	7 minutes
13:33 - 13:40	Member State – Kenya – Patrick Amoth, Acting Director General, Ministry of Health	7 minutes
13:40 – 13:47	Member State – Malaysia – Dzulkefly Ahmad, Minister of Health	7 minutes
13:47 – 14:25	Open discussion with Member States and audience stakeholders	38 minutes
14:25 – 14:30	Closing remarks – Peter Sands, Executive Director, the Global Fund to Fight AIDS, Tuberculosis and Malaria	5 minutes