

## IDPC ADVOCACY NOTE

### THE HIV/AIDS HIGH LEVEL MEETING

**The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illegal drug use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organizations about particular drug-related matters, and offers expert consultancy services to policymakers and officials around the world.**

#### BACKGROUND

In 2001, at a Special Session of the UN General Assembly, the world community committed itself to a set of principles for the global response to the HIV pandemic. Concrete objectives were set, which included the commitment to expanded funding and enhanced access to HIV prevention, treatment, care and support. The General Assembly pledged to attain significant progress toward mitigating the impact and reducing the prevalence of the disease, and to establish regular high level reviews of progress. In 2006, at a High-Level meeting in New York, member states met to review these commitments, and concluded that while significant progress had been made toward the objectives of the 2001 Declaration of Commitment, the situation remained one which “constitutes a global emergency, and poses one of the most formidable challenges to the development, progress and stability of our respective societies and to the world at large...”

From 9<sup>th</sup> to 11th June 2008, political leaders and senior officials will be meeting at the United Nations Headquarters in New York to once again review these challenges, and discuss what actions are necessary to achieve the objective of universal access to effective prevention, treatment and care by the year 2010. This meeting has a packed and complex agenda, and there is a risk, therefore, that issues relating to the prevention and care needs of drug users may again receive insufficient attention, or that the meeting conclusions fail to include unequivocal support for effective public health and rights-based approaches to HIV prevention amongst injecting drug users.

An estimated 10% of all new infections worldwide (30% outside sub-Saharan Africa) are associated with injecting drug use. There are an estimated 13 million people who inject drugs daily, and in many countries (particularly in Asia and the Former Soviet Union), the HIV epidemic is largely driven by drug-related transmission. Despite this, political leadership on this issue is lukewarm at best and, although there are proven prevention strategies available, these continue to receive a disappointingly small proportion of the prevention resources available through UNAIDS, the Global Fund, and bilateral donors. This is partly due to the reluctance of some member states and international agencies to accept the effectiveness and value of harm reduction approaches to HIV prevention, making the issue politically controversial. Within the UN, there are signs that this sensitivity is receding, as all relevant agencies (UNAIDS, WHO, and UNODC) have now published papers explicitly endorsing comprehensive prevention strategies that include previously challenged interventions such as needle exchange and substitution treatment. The challenge now is to bed these principles of best practice in HIV prevention and care into all high level statements and documents, and to give higher priority to this issue in funding and delivery programmes.

## THE NEW YORK MEETING

The meeting will be attended by delegations from all UN member states, and several hundred NGO representatives. It will be chaired by the President of the UN General Assembly. The agenda consists of an opening plenary, followed by 5 'panels' in which short speeches (in each panel, two from governments, and one from an NGO) will be followed by interventions from delegates. The panels have the following themes:

- How do we build on results achieved and speed up progress toward universal access by 2010- moving on to reach the Millenium Development Goals by 2015?
- The challenges of providing leadership and political support in countries with concentrated epidemics.
- Making the Response to AIDS Work for Women and Girls- Gender Equality and AIDS
- AIDS- A Multi-generational Challenge- Providing a Robust and Long term Response
- Resources and Universal Access: Opportunities and Limitations

There will be a Civil Society Hearing on the first day, at which representatives of Civil Society make presentations, on the issues of most concern to them, to an audience of government delegates. This represents an opportunity for NGOs to influence the thinking of government delegates before they go in to the panel sessions. The High Level Meeting is not a decision-making forum – the final outcome will not be a political declaration or an action plan, but simply a report by the President of the General Assembly. However, the contents of that report will carry great weight with UN agencies and member states, so it is important that it contains positive and specific statements on drug related issues.

## WHAT TO ADVOCATE FOR

Some IDPC members and partners will be present at the meeting, and many more will be in a position to discuss the meeting with those who will be attending on behalf of governments or Civil Society. We would therefore urge you all to take any opportunity you have to promote a positive outcome for drug users by:

1. Encouraging government officials to include experts from NGOs on their official delegations to the meeting.
2. Encouraging delegates to attend the Civil Society Hearing, and the panels relevant to the drugs issue.
3. Encouraging delegates to make interventions, in both the plenary and panel sessions, that draw attention to the importance of HIV prevention amongst drug users, and that specifically:
  - Call for the international response to HIV transmission amongst drug users to be implemented with full respect to human rights.
  - Emphasise that effective HIV prevention is undermined by actions that stigmatise or marginalise drug users. In particular, the criminalisation and widespread imprisonment of drug users can be counterproductive – accelerating the spread of infection, driving people away from services, and eroding social supports.
  - State that effective HIV prevention amongst injecting drug users should be based on comprehensive public health strategies that include widespread access to substitution treatment and needle exchange (as stated in the UNAIDS Prevention Strategy published in 2005).
  - Call for unequivocal support from all parts of the UN system for the scaling up of needle exchange and opiate substitution treatment in affected countries.
  - Call for a greater proportion of available resources to be dedicated to prevention amongst IDUs, commensurate with the proportion of new transmissions amongst this group, and the availability of proven responses.
  - Call for the prevention of HIV to be given higher prominence within the UN drug control system, through the 10-year review currently being conducted under the auspices of the Commission on Narcotic Drugs (CND).
  - Call for barriers to access to anti-retroviral treatment for drug users to be removed - these patients can achieve the same adherence and clinical benefit as other patients but are often formally or informally excluded from treatment by clinical practices.
4. Encouraging the UNAIDS secretariat, and the office of the President of the General Assembly, to ensure that drug issues are given appropriate and constructive prominence within the report of the meeting.

Further details of the preparations for the meeting can be obtained from the website of UNAIDS ([www.unaids.org](http://www.unaids.org)) or the Civil Society Task Force that is organising the NGO aspects of the event ([www.icaso.org](http://www.icaso.org)). Any enquiries regarding this advocacy note should be submitted to IDPC, at [mt@internationaldrugpolicy.net](mailto:mt@internationaldrugpolicy.net).