

# UNAIDS EXECUTIVE DIRECTOR REMARKS

WINNIE BYANYIMA

---

UNAIDS | 2024



26 JUNE 2024, GENEVA, SWITZERLAND

BREAKFAST DISCUSSION IN THE MARGIN OF THE 56<sup>TH</sup> SESSION OF THE HUMAN RIGHTS COUNCIL



## Drug use, harm reduction and the right to health

Thank you, Carrie, and thank you to Bolivia, Colombia, Mexico, Panama, South Africa, Switzerland, Global Commission on Drug Policy, Sexual Rights Initiative and Switzerland for organizing this important event. I am really happy to be in this space with all of you.

Your Excellency Madam Dreifuss, Excellencies, member states, civil society partners, UN colleagues, friends, good morning.

I would like to congratulate very much Special Rapporteur on the Highest Attainable Standard of Physical and Mental Health, my sister, Dr T on an excellent report.

Your examination on harm reduction legislations, policies and programmes and their impact on people's right to health provides a clear and compelling analysis on the importance of having a human rights-based approach to drug use.

The road from a punitive war on drugs to an approach based on human rights, health and empowerment has been, and continues to be, a long one.

It's one where the communities at the forefront of the HIV response are heavily involved.

While all the recommendations in this report are important, I want to highlight three recommendations in particular:

1. The decriminalization of the possession of drugs for personal use.
2. Ensuring the availability, accessibility, acceptability and quality of harm reduction services
3. Ensuring that peer-led, or as we say in our work community-led, initiatives are at the forefront, with political and policy support and stable and sufficient resourcing and funding.

For those of us working in the HIV response we know we that will not end AIDS as a public health threat without these three elements in particular.

Our data still show that people who inject drugs continue to be left behind in the HIV response.

In 2022 the risk of acquiring HIV was 14 times higher than for the adult population generally.

Comprehensive harm reduction services are effective and critical services for realising the right to health. Countries that have successfully scaled up harm reduction services have seen significant declines in HIV infections among people who use drugs.

Harm reduction services must be designed to work for those they are intended for. We see, for example, higher prevalence of HIV among women who use drugs than men, yet harm reduction services are often not designed with women's particular needs in mind. As this report states, we must design harm reduction services so that they provide suitable environments for women who use drugs, including providing or integrating sexual and reproductive health care, information and services, and childcare. A woman is a woman. It is important that harm reduction services combine our other needs and meet her as a whole human being.

Even where services are available and appropriate, criminal laws are preventing their use. Criminalization of drug use is associated with needle sharing, HIV infection, and avoiding harm reduction programmes.

These barriers can change, if communities lead. If we do not put communities in the lead, both in service delivery and law reform, we will continue to fail on all fronts. Services are more effective and reach more people if designed and implemented in collaboration with communities.

The global approach to drug policies is starting to change, and this excellent report will help accelerate this small but growing wave of changes.

This year the Commission on Narcotic Drugs adopted, for the first time, a resolution recognizing harm reduction. The Human Rights Council passed a strong resolution on drug policy last year, producing a strong report and recommendations.

At this 56<sup>th</sup> session of the Human Rights Council also, Brazil, along with Colombia, Portugal and Thailand, are leading on a resolution on HIV and Human Rights.

This new resolution comes at a critical point as we see funding for the HIV response, and particularly human rights, at critically low levels, and zero progress in preventing new infections outside of sub-Saharan Africa. I hope we can count on your support in ensuring this resolution is a success, especially given the increasing attacks on human rights, gender equality and democracy. All these are affecting the progress of the HIV response.

I want to finish by thanking very much, my sister the Special Rapporteur, for this report—for those of us in the HIV response, it's a crucial tool as we continue in our work to end AIDS as a public health threat for everyone by 2030.

Thank you so much.



