

**United Nations Regional Task Force
on Injecting Drug Use and HIV/AIDS in Asia and the Pacific**

**Statement by
Mr Geoff Manthey
OIC, Co-chair of UN Regional Task Force on Injecting Drug Use and
HIV/AIDS for Asia and the Pacific
UNAIDS Regional Support Team Asia Pacific**

- Good morning to all. Representatives of The Government Of Thailand; Development Partners; Members Of Civil Society, Representatives of people who use drugs; experts from member states, UN colleagues, ladies and gentlemen.
- As the interim UNAIDS Co-chair of the UN Regional Task Force on Injecting Drug Use and HIV, I am pleased to welcome you to the 2nd Asian Consultation on the Prevention of HIV Related to Drug Use.
- It has been two years since Mr Prasada Rao opened the 1st Asian Consultation on the Prevention of HIV Related to Drug Use in Goa, India. In his opening speech Mr Rao spelled out a “Call for Action” for the Goa Consultation to act as a platform from which to call on all those who are involved in the response to HIV to move forward on the following agenda of six points:
 1. To review and revise laws that criminalize drug use
 2. To tackle the stigma associated with drug use and HIV
 3. To ensure comprehensive coverage of IDUs with prevention, treatment and care interventions
 4. To involve networks of drug users and community based organisations in the delivery of prevention, treatment, care and support services
 5. To maximise financial and technical resources for prevention, treatment and care programmes for injecting drug users
 6. And finally to promote and facilitate organisations of people who use drugs

- Let me briefly touch on progress made on this agenda since the Goa Consultation so that we can assess where progress has been made and where additional effort is required.
- Regarding the first one, legal and policy review, I am pleased to note that multi-country reviews have been undertaken, including the legal and policy review by HAARP and the UN Regional Task Force, in six countries in East Asia. The challenge rests in making the findings widely available and following up on the recommendations of these reviews. However, most countries are yet to initiate national legal and policy reviews.
- Regarding stigma associated with drug use – I believe that there is a lot more that needs to be done on this front. There is a general lack of understanding of drug use as a chronically relapsing health condition, and far too often measures to address drug use punish the individual instead of treating the person who requires medical treatment and care.
- Concerning coverage: In 2009, three UN entities: WHO, UNODC and UNAIDS, proposed a comprehensive package of 9 prevention, treatment and care interventions for injecting drug users in the Technical Guide for Countries to Set Target for Prevention, Treatment and Care for Injecting Drug Users. These interventions are the most effective and need to be scaled-up. We also need to pay attention to monitoring and reporting on coverage of each of these interventions.
- I am afraid that we have not made enough progress in increasing coverage, with the exception of a few countries perhaps, since the Goa Consultation. Let me elaborate here.
- According to an analysis of programme data from 15 countries by the UN Regional Task Force on IDU and HIV/AIDS the number of interventions sites, such as needle and syringe programme sites and opioid substitution treatment sites has significantly increased in the region in the past couple of years.
- However, according to the same analysis by the UN Regional Task Force on IDU only 12% of people who inject drugs are being reached with needle and syringe programmes. The optimal level of coverage of needle and syringe programme would be at least 60% coverage. Further only 5% of people who inject drugs are benefiting from opioid substitution treatment while the ideal level of coverage would be in the region of 40%. Data on coverage of many of the interventions, such as diagnosis and treatment of Hepatitis C mostly unavailable. But, based on reports from the field, few, if any, men and women who need Hepatitis C treatment have access to it.

- To increase programme coverage we need to do much more, not only in terms of budgeting financial resources for these services, to continue the work with the member states but above all increase the involvement of networks of drug users and community based organisations in the planning and delivery of these prevention, treatment, care and support services.
- The Action Agenda in Goa also called for financial and technical resources for prevention, treatment and care programmes for injecting drug users to be maximized.
- Yet, a regional resource needs and gaps estimation by the UN Regional Task Force on IDU in 2009 unearthed a 90% resource gap of what is required for scaling-up a package of prevention and treatment interventions. The estimated resource need for harm reduction in Asia is in the region of \$ 500 million per year.
- In view of many competing international priorities, such as security, influenza pandemics and climate change, we have to be a lot smarter in using the available resources wisely for those interventions that have the maximum impact on preventing new HIV infections and to provide treatment and care for maximum number of people living with HIV or AIDS who need these services.
- I do believe that we have made progress in the final area of Call to Action – promoting and facilitating organizations of people who use drugs. UNAIDS, along with the UN Regional Task Force, WHO and AIVL, was pleased to support the October 2009 meeting of drug users from 9 countries to finalize the Constitution of the Asian Network of People Who Use Drugs (ANPUD) and to elect a Steering Committee.
- The constitution of ANPUD is a commendable step ahead in the region, but the hard work is yet to begin. I therefore look forward to hearing the latest from ANPUD members on the next steps, including the Strategic Plan for 2010 and beyond.
- Another significant development in the region is the commitment of Parliamentarians to harm reduction. The Goa Consultation culminated in a Statement of Commitment by the Parliamentarians, and since Goa, the Parliamentarians have convened in sub-regional workshops. Clearly the Parliamentarians have a leading role in the response to HIV and AIDS.
- This brings me to the key challenge that UNAIDS believes we all face, not only globally, but in the region, and where Parliamentarians can lead a sustainable change. It is the impact of the criminilisation of drug use which has several ramifications. On one hand, due to the fear of arrest, people who use drugs are driven under ground and away from life saving health services, such as voluntary counseling and testing among others. It also means that large numbers of drug users

are confined in prisons which are already overcrowded and that often have limited health services.

- The UN Secretary-General Ban Ki-moon has called on “*all countries to live up to their commitments to enact or enforce legislation outlawing discrimination against people living with HIV and members of vulnerable groups*”.
- This is why, the UNAIDS Programme Coordinating Board, the PCB, in its most recent meeting further *called upon members states to harmonise national laws governing HIV and drug use, in accordance with relevant national circumstances both from a public health and human rights perspective.*
- The Executive Director of UNAIDS, Michel Sidebe, is fully committed to face this challenge, among others, and for both the UNAIDS Secretariat and Cosponsors, to focus efforts on achieving results in the area of HIV and drug use. **Stopping drug users from becoming infected with HIV** is one of the 9 key results outcome areas for UNAIDS in 2009-2011.
- UNAIDS will respond through its Outcome Framework which will guide future investments and also hold the Secretariat and Cosponsors accountable for making the resources of the UN work for results in countries. You will hear more about the UNAIDS Outcome Framework and PCB recommendations from colleagues from UNAIDS during this consultation.
- Under the auspices of the UN Regional Task Force on IDU and HIV, UNAIDS Regional Support Team is also closely working with WHO and UNODC on the development of a Regional Strategy for Harm Reduction 2010-2015 for Asia Pacific. I hope to see the main outcomes and recommendations emerging from this Consultation featured in the Regional Strategy.
- However, no consultation or strategy document alone will suffice in reversing or controlling HIV among people who inject drugs. I strongly believe that now is time for the members states, civil society, ANPUD, Parliamentarians, and the UN family to take action towards making Universal Access a reality for men and women who inject drugs in Asia. I therefore hope that this 2nd Asian Consultation will provide a concrete action plan and a road map for each of the major constituencies present at the Consultation for the next couple of years.
- I wish the Consultation all the success and look forward to hearing the recommendations and outcomes of the deliberations here.

Thank you.