



*Improving health and protecting human rights
for individuals, communities, and society*

Access to health for people who inject drugs (PWIDs) and prisoners in Eastern Europe and Central Asia (EECA)

“Right to health, right to life”

High Level Meeting on HIV and Human Rights in the European Union and its
neighbouring countries

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Critical Disablers of Health and Human Rights

1. **Money:** Lack of strategic investments in harm reduction programs and critical enablers by EECA governments
1. **Drug policies:** Repressive drug policies and law enforcement, lack of priority for drug user health in EECA
1. **Discrimination:** Systematic human rights violations of people who inject drugs and lack of mechanisms to redress and/or prevent them



Consequences of the Critical Disablers

1. Discrimination in access to ART: **PWID comprise 62% of those living with HIV in the region, but only 22% of those receive ART**
 1. Denial of harm-reduction services and effective drug dependence treatment: **only 10% of people who inject drugs in Eastern Europe and 36% in Central Asia access NSPs**
- **Concurrent HIV, HCV and TB epidemics** significantly affecting PWID and their communities
 - **HIV epidemic in EECA continues to expand** while much of the world is seeing declines in new HIV infections
 - The European region is home to **the highest rates of MDR-TB** in the world and accounts for nearly 20 percent of the global burden

Sources: WHO, UNAIDS, EHRN



Money: Global Funding Gap

	2011	2015	2020
Basic programmes (total)	\$7.0	\$12.9	\$10.6
Prevention of mother-to-child transmission	\$0.9	\$1.5	\$1.3
Condom promotion	\$0.4	\$0.5	\$0.6
Sex work	\$0.2	\$0.2	\$0.2
Men who have sex with men	\$0.3	\$0.7	\$0.7
Injecting drug users	\$0.5	\$2.3	\$1.5
Treatment, care, and support (including provision of provider-initiated counselling and testing)	\$4.5	\$6.7	\$5.5
Male circumcision	\$0.1	\$0.2	\$0.1
Behaviour change programmes	\$0.2	\$0.7	\$0.7
Critical enablers	\$5.9	\$3.4	\$3.7
Synergies with development sectors	\$3.6	\$5.8	\$5.4
Total	\$16.6	\$22.0	\$19.8

Table 2: Resources required for the investment framework over time (billions of US\$)

There remains a **huge funding gap** for people who inject drugs that needs to be filled in line with the UNAIDS Investment Framework.

Source: *Schwartländer et al. Towards an improved investment approach for an effective response to HIV/AIDS. Lancet 2011; 377: 2031–41.*



Money: Current Investments in Harm Reduction are Low and on the Decline

- Only **15%** of financial resources directed at HIV prevention among people who inject drugs in EECA **come from public sources**

Source: UNAIDS. 2012 UNAIDS Report on the Global AIDS Epidemic. 2012.

- **Dependence** of harm reduction program implementers (*mostly non-state actors*) **on international donors'** financial support
- Most countries of the region are **becoming ineligible for donor funds** due to increasing income levels (*only Kyrgyzstan and Tajikistan are classified as low-income*).

Source: EHRN. Quitting While Not Ahead: The Global Fund's retrenchment and the looming crisis for harm reduction in Eastern Europe & Central Asia, 2012.

Money: Indispensible Role of the Global Fund in EECA

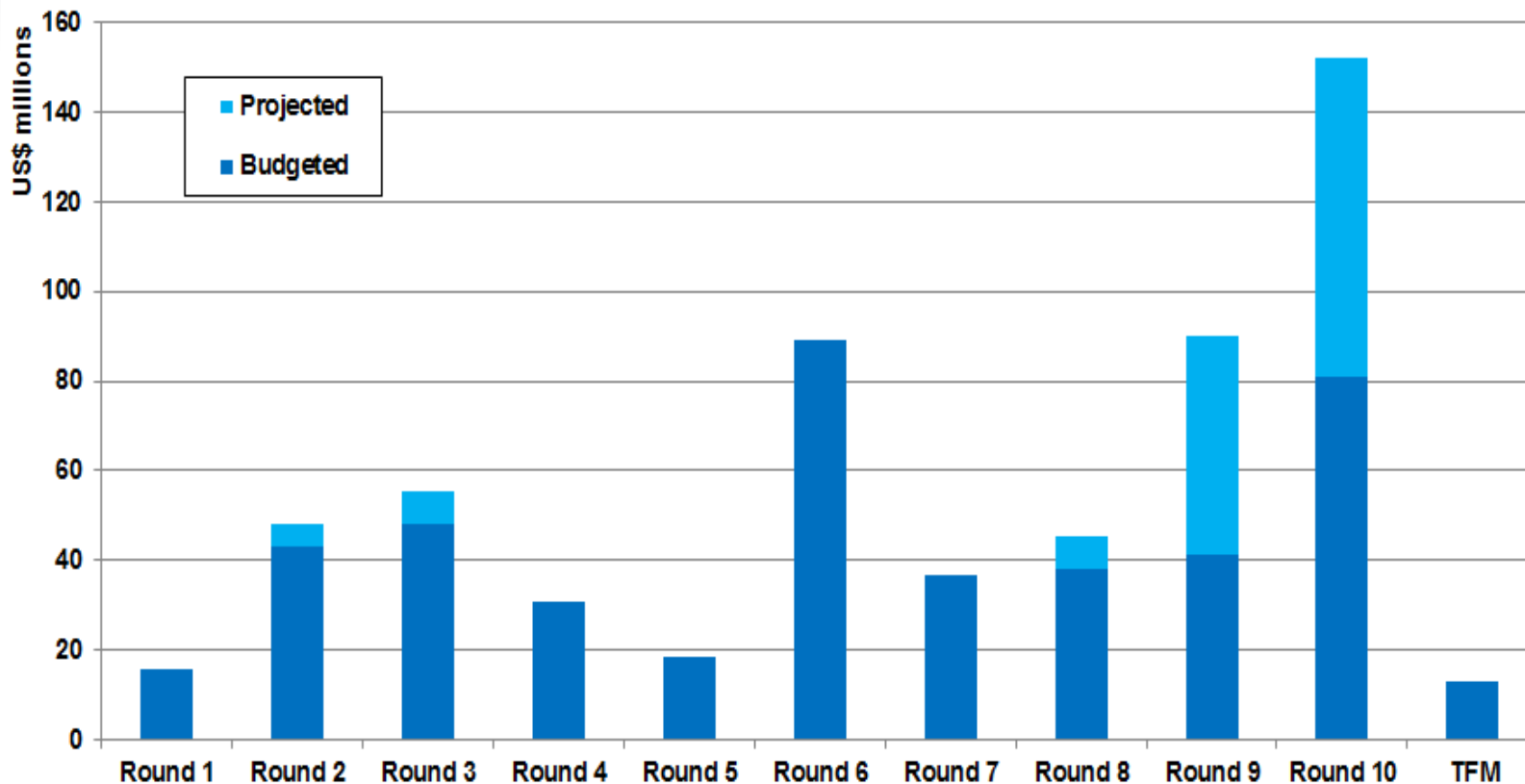
- 61% of the **Global Fund investments** in activities targeting PWID went to 22 countries from EECA between 2002 and 2009, i.e. \$263 million, which is **more than all other international sources combined.**
- In 2003, a total of 213 NSPs reportedly existed across 25 EECA countries, and just seven years later there were **more than eight times increase in Ukraine alone.**
- In several EECA countries (*e.g. Belarus, Kazakhstan and Tajikistan*), **OST pilots were first introduced** within the implementation of the HIV prevention programs supported by the Global Fund.

Sources:

Bridge J, et al, (2012) 'Global Fund investments in harm reduction from 2002 to 2009', International Journal of Drug Policy, 4:279-85.

EHRN. Quitting While Not Ahead: The Global Fund's retrenchment and the looming crisis for harm reduction in Eastern Europe & Central Asia, 2012.

Money: Global Fund Investments in Harm Reduction on the Decline



Source: Bridge et al. Global Fund Investments in harm reduction from 2002 to 2009. *International Journal of Drug Policy*, 2012; 23: 279-285 and Global Fund Disease Committee Presentation on April 30, 2013

Money: Impact of Sharp Reduction in Donor Support

Romania:

- Following the end of Round 6 grant from the Global Fund in 2010, **no adequate government funding** has been made available for harm reduction programmes run by NGOs.
- **Services scaled down:** while 76% of PWID reported being reached by harm reduction programs in 2009, in 2010 the proportion sank to 49%.
- **Increased number of newly reported HIV infections** among PWID in 2011 compared to previous years (their share i.e. 15%, in all new cases also increased).

Sources: *EHRN. Quitting While Not Ahead: The Global Fund's retrenchment and the looming crisis for harm reduction in Eastern Europe & Central Asia, 2012.*
EMCDDA, ECDC. HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania. Lisbon, 2011.

Drug policies: Effects on Health and Human Rights

- **Higher rates of incarceration** for petty drug offences, leading to overcrowding in prison system
- **Compromised quality of services and limited reach of PWID** by health and social services
- **Reduced capacity of the criminal justice system** to deal with more serious offences, and **increased spending on ineffective measures**
- **Police harassment, arbitrary detention, ill-treatment, and torture**

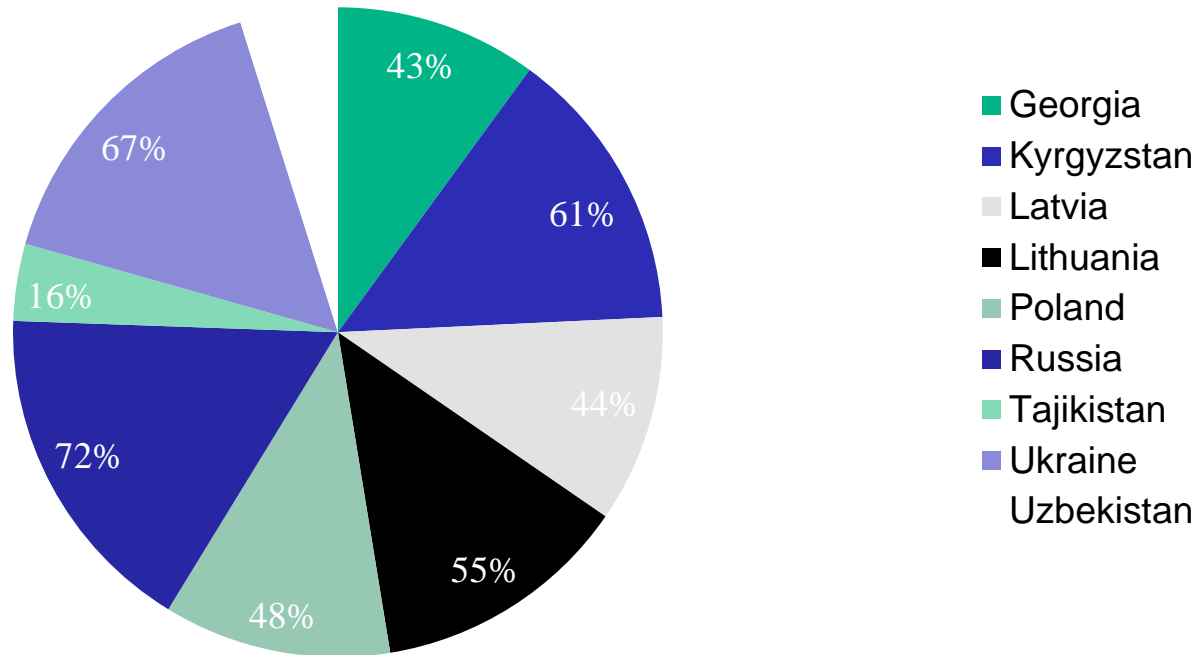
Sources: *Jürgens R et al, (2010) People who use drugs, HIV, and human rights. The Lancet, [Volume 376, Issue 9739](#), Pages 475 – 485.*

Wolfe D, Cohen J. (2010) “Human Rights and HIV Prevention, Treatment and Care for People Who Inject Drugs: Key Principles and Research Needs”, Journal of Acquired Immune Deficiency Syndrome. 55: S56-S62.



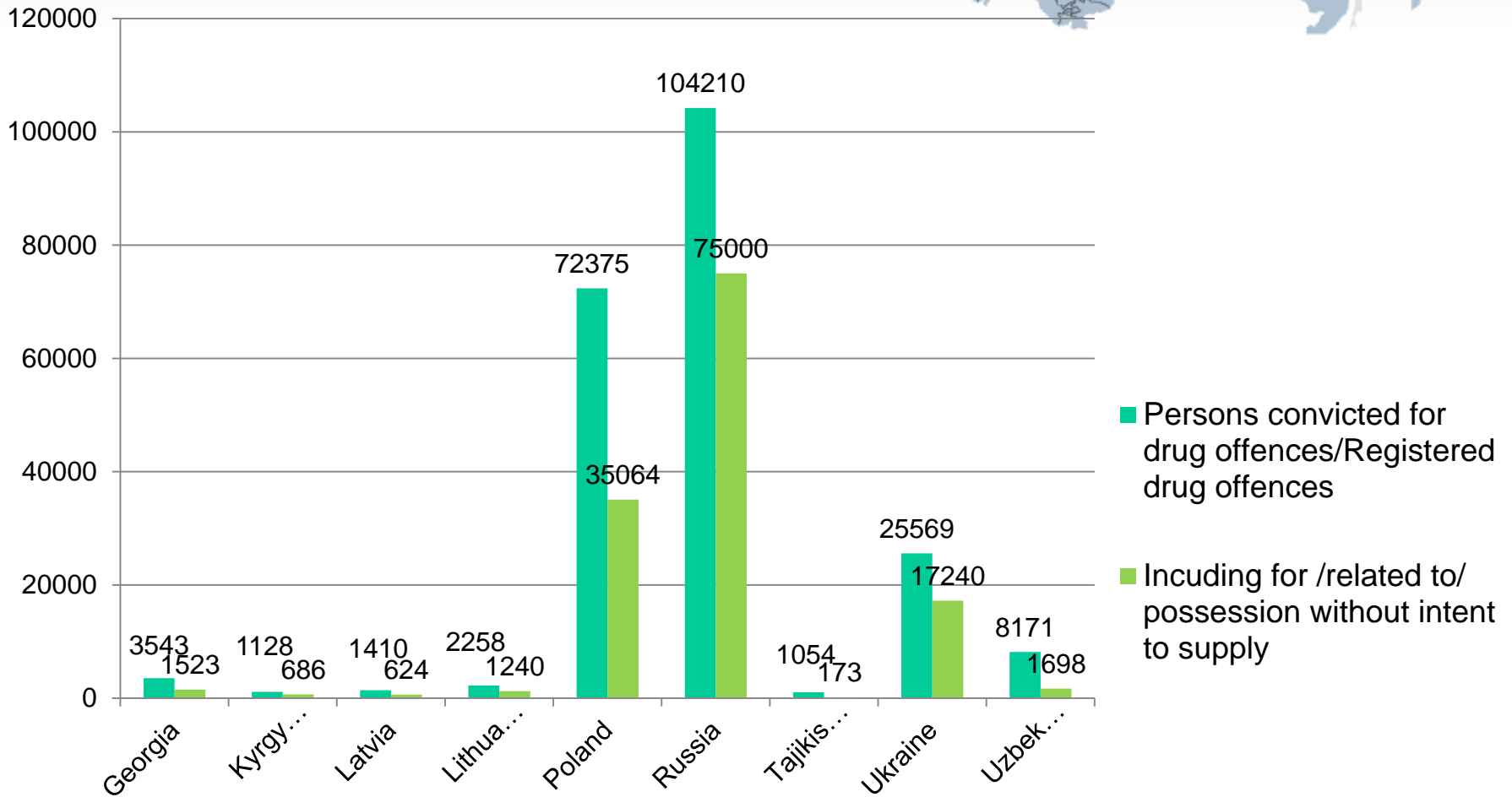
Drug policies: Higher Rates of Incarceration

% of people convicted for/or cases related to/ possession without intent to supply





Drug policies: Higher Rates of Incarceration



Drug policies: Effects on Health

“Before 2002 Lithuania had one of the lowest HIV prevalence rates in Europe, until it doubled following an HIV outbreak in a prison facility. Although today Lithuania is among the countries with the highest burden of HIV its Ministry of Justice still hinders implementation of needle and syringe programmes and substitution therapy in the penal system.”

Source: *International Harm reduction association, Human rights and drug policy. Harm reduction in places of detention. Briefing 3*

Drug policies: Limited Access and Compromised Quality

“Starting from 29 October 2010, criminal liability in Ukraine applies to the possession of acetylated opium or heroin in amounts higher than 0.005 gram (with a penalty of up to three years of incarceration or other restriction of freedom). A quantity of 0.005 gram is approximately the amount that can be found from residue in several used syringes. In the fourth quarter of 2010 and the first quarter of 2011, the International HIV/AIDS Alliance (an organisation that funds over 70 harm reduction projects in Ukraine) documented a continuous decrease in the number of used (exchanged) syringes, associated with fear of criminal prosecution for illegal drug possession.”

International HIV/AIDS Alliance’s suit in the Kyiv Administrative Court (Ukraine)



Drug policies: Ill-treatment and violence

“I will never forget one incident that happened in December 2010. We were standing as always near the belt line road, it was freezing and getting dark. A minibus drove up to us; several policemen from the Special Designation Police Department wearing uniforms grabbed me and the other three girls and pushed us into the minibus. They drove us to the suburbs, stopped by a lake, and despite it being very cold they ordered us to take off all our clothes. Then they poured gas over a pile of our clothes and burnt them. They forced us into oral sex with each of them and then with burning torches they started pushing us into the freezing lake. Then they left and we had to get back to the city with no clothes on. After this incident one of us had pneumonia and died, another girl’s feet was frost-bitten and was amputated. I stayed in the hospital with pleuritis that progressed into tuberculosis.”

- *Elana, a woman from Poltava, Ukraine, used opiates for almost 30 years, in OST program since 2012*

From EHRN’s submission to UN Special Rapporteur on violence against women: call for immediate action to stop violence against women who use drugs (October 2012)



The European Union institutions should

1. **Lead by example** on human rights and harm reduction
1. **Invest strategically** through the Global Fund and directly through its instruments
1. **Build capacity of non-state-actors** to advocate, deliver services, protect human rights and to mobilize/empower key populations