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Speech by Ganna Dovbakh, Executive Director, EHRA at the Pre-meeting at 6<sup>th</sup> GFATM Replenishment Conference

*'Funding the harm reduction response – stepping up the fight to end AIDS among people who use drugs', organized by HRI, GFAN, Developing countries NGO Delegation and EHRA*

## **The darkest night before sunrise for harm reduction in post-soviet countries**

In 1990, 29 years ago I supported my first revolution. Ukrainian students hunger strike for independence of Ukraine and de-communisation of political leadership called afterwards "Revolution on Granit". At the beginning of 90-th we, all society equally young and old were discovering repressed Ukrainian writers, history of hidden crises and different protests in Soviet Union, we were opening for ourselves social discussions from western world on feminism, equal rights, social justice. From that times I still believe in slogans of May 1968 *Soyez réalistes, demandez l'impossible* ("Be realistic, ask the impossible") and *Il est interdit d'interdire* ("It is forbidden to forbid"). We were discussing in University and in the same time were starting in practice new social services introducing unknown for post-soviet countries approach to solving social problems – such as fostering families instead of prison like orphanages, participatory care instead of repressive soviet psychiatry, protecting of violence victims, learning how to do outreach. We learned from European colleagues who happen to be participants of the 1968 strikes while being students what is community empowerment and how to organise social help with meaningful involvement of communities who need support.

Harm reduction for people using drugs came to post-soviet countries along with hope for tremendous changes in health and social care systems inherited from repressive and plan economy. In that era of first pilots and heroes of innovative harm reduction, we had hopes and saw signs of changes in social policy. Every new opened harm reduction site gave us a hope for fast start of the municipal support of it.

But changes allowing providing people using drugs comprehensive social and health care based on human rights were not introduced national wide in EECA countries before the Global Fund to fight AIDS, TB and malaria programs start in 2004. Few local pilots were still pilots. With GF support there was really tremendous grow in coverage: harm reduction now sounded in national programs and legislation, not as pilot anymore. In 2007 I was hoping that now when we have enough evidence to see the impact of harm reduction on HIV epidemic among people using drugs, we know how harm reduction works, we already established prevention-testing-treatment continuum, we have trained outreach workers – state will introduce it into the constant practice with domestic funding. But in 2014 we were still with the same slogan – harm reduction works – fund it!

What is wrong? to ban and to criminalize marginalized behavior seems more natural for authorities in post-totalitarian or even neo-totalitarian states of my region.

**(slide 2 criminalization cost map)** On this map you could see our members from 26 countries gathered simple data on how much states spending for keeping people imprisoned in comparison with cost of social support. Freedom costs calculated on its maximum including harm reduction as needle and syringe programs, opioid substitution therapy and unemployment wages. Analysis show that up to 1/3<sup>rd</sup> of all inmates are there for drug related crimes, which is in reality for possession of one dosage for personal use. Only one

populistic “war on drugs” legislative change in Lithuania in 2017 cost up to 25 mln euro to taxpayers. Unfortunately, there less and less pragmatism and humanism in social policies, but more and more populism in drug policy in EECA region.

We could see that states have more than enough resources to support harm reduction, there no proper political will. Luckily, even in our region there are programs which keep us hoping.

**(slide 3)** Some countries of the region really took responsibility for harm reduction. With active participation from civil society Czech Republic, Estonia, Croatia, Slovenia have really sustainable harm reduction programs. There are examples of funding of such programs from drug policy budget instead of imprisonment. Estonia transitioned from GF support more than 10 years ago now piloting innovation when police referring people using drugs to peer harm reduction councilors instead of bringing them to court. In much greater number of countries drugs for opioid substitution treatment are already procured from domestic resources, such as Ukraine, Georgia, Azerbaijan.

During last year or two there much hope raised in Kazakhstan, Kyrgyzstan, Ukraine, Moldova, Georgia, Macedonia – these countries using GF national and multi-country support to build proper national procurement mechanisms to support prevention and care services for key affected populations provided by NGOs.

**(Slide 4)** But in the same time much more countries even while becoming middle income countries are not prioritizing services for people using drugs in response to HIV and Hep C. They’d rather criminalize them, put into forced rehabilitation or into jail.

**(Slide 5)** Romania. This central European country is well known as example of disaster after not successful transitioning from GF funding. We see growing epidemic after all GF supported programs has stopped. After almost two years last national AIDS program is not approved. Harm reduction could survive only in few sides with low scale. A couple of week ago there was crises with access to OST drugs as methadone.

**(slide 6)** Russia is making the picture of AIDS situation in CEECA region. This country is the home to 70% of people living with HIV in the region. As on 1st November 2018 1 306 109 HIV cases registered there. Results of 2017 IBBS conducted in seven cities of Russia show HIV prevalence from 48,1 to 75,2% among people who inject drugs. About 70% of all HIV cases in Russia are associated with the use of injecting drugs. Coverage of people living with HIV in Russian Federation by HIV treatment is about 35%, but this programs usually are not accessible for people using drugs. OST as harm reduction service is banned in Russian federation, and coverage by other HIV or Hep C prevention for people using drugs is minimal, on the level of several projects. Global Fund has invested more than 250 million USD within the Round 3, Round 4 and Round 5 to support HIV and TB response in Russia, but successes of all these program are already almost lost as the last Global Fund’s 12 million USD 3-year HIV Program came to an end in summer 2018.

It is no secret that the Russian government openly emphasizes its opposition to effective evidence-based approaches to HIV prevention among key affected populations. This essentially replaces public health approaches with repression and criminalization, creating an atmosphere of intolerance and discrimination against KAPs, such as people who use drugs, sex workers, men who have sex with men, migrants, and p. Serious human rights violations and the lack of access for people from key affected populations to HIV prevention, treatment, and care in Russia has been well documented and noted by numerous UN Human Rights Treaty Bodies. Despite Federal Government’s commitment to HIV prevention among key affected populations when the Prime Minister endorsed the National

HIV Strategy to 2020 the majority of provinces fail to support programs for people using drugs or other affected populations, including because of the chilling effect of "anti-drug", "anti-gay", and "anti-prostitution" laws on HIV prevention activities.

I am quoting here the recent joint open letter from Russian community leaders and NGOs requesting to ensure the Russian Federation will receive an GF allocation for the next 3 years to strengthen the efforts of nongovernmental or civil society organizations to prevent the HIV epidemic among key affected populations in the country as they need essential costs to continue community-based monitoring to promote the Senior HIV Expert's recommendations, to expand community monitoring and support key populations' engagement in meaningful dialogue with the authorities on the federal and provincial levels.

(slide 7) Unfortunately this system of three main pillars of the sustainable services still could not be functioning without external donor's support. Together we are encouraging donors, private and bilateral to support advocacy effort for:

- strengthening country systems of budget transparency, open governments and e-health,
- civil society and community influence on state decisions,
- Supporting transition monitoring, oversight and broader efforts aimed at strengthening government accountability,
- Emergency bridging funds to address critical service gaps and/or support for re-establishment of services where they have collapsed to demonstrate what must eventually be supported domestically.

I believe that for majority of our countries not only financial support but also strong political position on harm reduction services and human rights from international community, donors of Global fund - is one of the most effective tools for changes on country level.

Sustainability of harm reduction quality – key issue for us now, as it is lowered during years – from comprehensive social support to limited number of procured and delivered syringes and condoms. We as regional professional networks and national communities have answers how to revitalize harm reduction which will respond to actual needs of people – such as community lead monitoring of services quality or peer review of it.

(slide 8) In CEECA region in face of stigmatization and closing all services we are as communities of people using drugs, LGBT, people living with HIV, sex workers are now united in one message – chase the viruses not people. This our campaign not only about urgent necessity of overcoming legal barriers to make HIV response effective on national level. It is also about not living effort of supporting programs for and by most stigmatized populations in our countries.

We all disappointed how long and not easy changes on social systems are going on. But we see, they are going. As it is in the night darkness, when first birds start singing. It is still very dark and cold. There not much of hope left, we hear about arrests and troubles for activists in countries every week. What could be done by ancestors of the May 1968 to support us – give us a warm blanket – it could work as catalyst, to keep fighting till the sunrise.