

Strategic Advisory Group to the United Nations on Injecting Drug Use and HIV

## **The future of the Strategic Advisory Group to the United Nations on Injecting Drug Use and HIV: an Options Paper**

Paper prepared by Susie McLean, SAG chair 2014 – 2016

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### **Introduction: the need for leadership on HIV and drug use**

The Strategic Advisory Group to the United Nations on Injecting Drug Use and HIV (SAG) was established by UNODC, WHO, the World Bank and UNAIDS in 2014 to advise UN agencies in their efforts to address HIV amongst people who use drugs.

The need for global leadership on HIV and drug use is increasingly compelling. Rises in new HIV infections amongst people who use drugs<sup>1</sup> and poor progress on the expansion of evidence-based harm reduction services<sup>2</sup>, including to HIV treatment, continue to drive the global HIV and HCV epidemics amongst people who use drugs.

A UN target to halve HIV transmission among people who inject drugs by 2015 was missed by more than 100%.<sup>3</sup>

The struggle to prevent HIV transmission amongst people who use drugs continues to be undermined by insufficient resources for harm reduction services, and widespread criminalization and incarceration of people who use drugs.

New UN targets for HIV and development address many of these problems, and are ambitious. The Strategic Development Goals that are most relevant to ending AIDS amongst people who use drugs are listed at Annex A.

In the context of the Strategic Development Goals, UNAIDS has set new targets for the global AIDS response for the period 2016 - 2021. UNAIDS targets that especially relate to people who use drugs address the need for dramatic rises in access to harm reduction services such as needle and syringe programmes, opioid substitution therapy, HIV treatment and all other interventions set out in the UN harm reduction 'package'.<sup>4</sup> The Strategic Development Goals also address relevant priorities such as the need for gender equity and ending gender-based violence, the need for social protection, ending discrimination and better financing for programmes for people who use drugs.

To make progress on these targets, greater leadership and commitment from governments, civil society, the scientific community and UN agencies is critical.

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<sup>1</sup> UNAIDS *Fact sheet November 2016 Global HIV statistics*  
[www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf)

<sup>2</sup> Harm Reduction International 2016 *Global State of Harm Reduction 2016* [www.hri.global/contents/1739](http://www.hri.global/contents/1739)

<sup>3</sup> UNADIS *Fact sheet November 2016 Global HIV statistics*

<sup>4</sup> World Health Organization 2016 *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 update* [www.who.int/hiv/pub/guidelines/keypopulations-2016/en/](http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/)

The SAG is the only existing body that brings together a range of stakeholders such as civil society organisations, including organisations of people who use drugs, implementers and UN agencies and donors, to bring specific attention to the targets that relate to people who use drugs. The need for UN and other leadership to prioritise people who use drugs is vital to ensure that people who use drugs are not de-prioritised in global efforts to end AIDS.

The progress made by the SAG in its first two years is modest. However, all members remain concerned with the need for progress, and committed to better coordination, shared priority setting and mutually supportive actions to strengthen the UN response to HIV and drug use. As the only existing body to focus its attention on the UN response to HIV and drug use, the need for a strategic group is evident.

The Terms of Reference for the SAG define the role and purpose of the group for the period 2014 to 2016, and are attached at Annex B.

### **The purpose of this paper**

As part of a process to reflect on the group's first two years, and to plan for its future, this paper was commissioned to inform the next phase of the group, from 2017 onwards.

Current group members plus a small number of key informants were interviewed and invited to reflect on the group's first two years and make suggestions for the future role and purpose of the group. The list of people interviewed is at Annex C.

The reflections and suggestions from group members are described below. Recommendations for options for the future of the SAG are made here, from ideas and suggestions provided by current group members and key informants.

### **1. Looking back: Strategic Advisory Group achievements**

- Current group members reflect that the SAG has acted as a network of concerned governments, UN agencies, academics and civil society organizations, to share information and act as a focal point for discussion on global issues relating to HIV and drug use.
- The SAG has sought to influence Global Fund policy on allocations and investment in harm reduction programmes. The degree to which the SAG has actually influenced investment levels is debated, however all members agree that the SAG has successfully drawn attention to the impact of allocations policy on harm reduction services and programmes. In addition, members point to the efforts by the Global Fund to monitor its spending on harm reduction, as a result of SAG dialogue with the Global Fund secretariat.
- The SAG has identified an important gap in the evidence base regarding access to harm reduction services. SAG members debated this important evidence gap and advised the UN to commission a study to investigate current coverage of harm reduction services. The results of this study will emerge in 2017. This will make a significant contribution to the global evidence base on HIV and drug use.
- The SAG acted as a focal point for UN and other agency policy development in the lead up to the UN General Assembly Special Session on Drugs. The platform of the SAG assisted in coordinating inputs and events relating to HIV and drug use, supporting the development of policy positions that were informed and shared.

Members also described frustrations with the low output of the group, and the group's low external profile. Members asserted that there were insufficient opportunities to

provide advice to UN agencies. In addition, there was a general sense that the group was not recognized or valued in a range of important policy spaces.

## **2. Looking forward: an expanded role and function?**

There was consensus amongst those interviewed that the SAG is valuable and should continue. Donors and UN agency members in particular value the group and are keen to see it continue. Civil society representatives are supportive, but less enthusiastic.

There is also consensus amongst current members for an expanded role and function for the group. The range of ideas for expanding the role and function of the group are summarised here:

**Option 1: Provide advice to UN agencies on HIV and drug use.** SAG members strongly support the existing core function, to provide advice to UN agencies. Though many argued for this advice to be provided more routinely and purposefully. Respondents described how the current arrangements meant that it was difficult to *actually provide advice*. Suggestions were made for an increase in opportunities to provide advice to regular UN processes and events that relate to HIV and drug use. Ideas for processes and events that would benefit from more direct input from the SAG include:

- UNAIDS World AIDS Day report
- Agencies plans relating to HIV and drug use
- World Drug Report

There was widespread support for an enhanced role for the SAG to bring attention to new global trends in drug use and HIV transmission, and to emerging HIV epidemics amongst people who use drugs.

There was also widespread support for a focus on drug use, as distinct from injecting drug use, to reflect changing patterns in drug use and HIV vulnerability, including non-injecting use of amphetamine-type substances in Asia.

**Option 2: Influence other HIV agendas.** In addition to the policy processes listed above, strong interest was expressed in the SAG directing its attention to other HIV processes and events to ensure that the needs of people who use drugs are addressed adequately in other HIV policy processes, including the following:

- The UNAIDS Programme Coordinating Board
- The UNAIDS fast track strategy
- Global Fund policy processes, particularly policy on allocations and eligibility
- International AIDS conferences.

## **Option 3: Influence wider policy agendas, beyond HIV/AIDS**

Some members expressed interest in the SAG having a wider sphere of influence, addressing larger policy developments that impact on people who use drugs and their HIV vulnerability. For example, Compulsory drug detention centres: Respondents noted the important joint UN statement on compulsory detention<sup>5</sup> and argued for further actions from UN agencies to address the problem of compulsory detention.

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<sup>5</sup> United Nations 2012 *Joint Statement on compulsory drug detention and rehabilitation centers*

There is widespread support for the first two options. Option three is more controversial, and there is no consensus amongst the group. Donor representatives and UN agencies in particular raise concerns. They assert that a more proactive advocacy agenda would make their representative role much more difficult to negotiate. A number of respondents had low expectations of the SAG being able to engage in proactive non UN-related advocacy without complicated and time-consuming efforts to get support from capitals/headquarters.

### **3. External profile and visibility**

Concern was repeatedly raised at the lack of an external profile for the group, and its poor external visibility. It was argued repeatedly that a lack of profile limits the possibility of the group's effectiveness. For the group to have greater impact, this needs to change.

Suggestions were made for increasing the visibility and profile of the group. They include the following:

- Establish a social media profile to highlight news on HIV and drug use
- Establish a web page with links to key documents and developments.
- Host events such as side meetings or symposia at key conferences or meetings to raise the profile of HIV and drug use. Suggested fora include international AIDS conferences, harm reduction conference, and Commission on Narcotic Drugs meetings.

### **4. Membership**

There is general support for the basic composition of the group, with some suggested changes.

There was a repeated suggestion from many members to invite UNDP to join the group given their expanding work on drug policy and development. This work is relevant to the SAG's interests. There were many suggestions about the value of coordinating UNDP's drug policy and human rights work with that of other UN agencies. This suggestion advances the key function of the SAG to promote a better co-ordinated UN response.

An earlier SAG decision to invite UN Women was debated. Many question whether this agency is sufficiently concerned with women who use drugs or the female partners of men who use drugs to warrant their participation. Conversely others argue that participation in the SAG would increase the attention of this agency on women drug users. This idea requires further attention to understand UN Women's interest in addressing the needs of women who use drugs.

Suggestions were made regarding the value of additional donor members. There is support for additional donor members. Suggested additional government members include Switzerland, Canada and the Czech Republic. There were additional suggestions for government representatives from priority countries.

Some members underlined the importance of ensuring the group's membership is global and inclusive in its character, and that it ensures representation from high priority countries or regions. Suggestions were made to invite additional members from representatives of high priority countries.

Some members referred to the Vienna group of Member States who convene a progressive drug policy agenda in Vienna drug policy processes. Suggestions were made to establish links between the SAG and this Vienna group in order to provide advice and to hear from them on their priorities.

There was a general sense that the input from academic members has not been optimal. However, there were different views on how to respond. Some academic members have not participated fully though it is argued also that academic members have not had sufficient opportunities to readily provide advice that reflects their expertise. The majority of members support the ongoing participation of academics. Some members suggest inviting specific academics to meetings and discussions on a case-by-case basis, depending on the group's agenda.

Some members suggest the need for more engagement from heads of agencies, especially UN agencies. Additional suggestions were for greater engagement from UN envoys and special representatives, especially the UN Special Envoy for AIDS in Eastern Europe and Central Asia, M Kazatchkine.

## **5. Ways of working**

Many suggestions were made about the operation of the group in order to strengthen its impact.

Some members argue that the SAG can decentralize some of its efforts. They suggest that different aspects of its functions could be delegated to different smaller sub-groups / committees whose work can expand on the agenda of the larger group.

Strong arguments are made about the insufficient capacity of the group to meet and work together. Most members suggest face-to-face meetings twice a year to maintain momentum, along with ad hoc meetings by phone as necessary. They point to the size and range of the group's agenda, and the interest in expanding the group's impact and profile.

Many members advise that the SAG needs increased resources in order to have greater impact. Many members propose a modest secretariat for the group, located either with a member UN agency or with another member organization. Many members described the example of the UNAIDS Human Rights Reference Group that sub-contracts its secretariat function to the Canadian HIV Legal Network whose director chairs the group.

The enhanced role and function for the SAG described above underlines the need for a stronger and more active effort to, for example, respond to opportunities to influence, increase visibility, and organise more regular opportunities to work together through meeting together, in person or electronically.

## **6. Recommendations**

Many ideas and suggestions to guide the future of the SAG have been described above. Priority suggestions or recommendations are listed here.

- 1. Expand the role of SAG to more routinely and actively provide advice to UN processes, as outlined in 2.1 and 2.2.**

1.1 Use SAG meetings to more directly elicit advice from members. UN agencies represented on SAG to proactively seek advice and input from members by setting out their agency's plans and priorities in relation to people who use drugs, or plans and priorities that might impact on people who use drugs.

1.2 In between meetings, UN agency members proactively seek the advice of the SAG to bring greater attention to the needs of people who use drugs. This requires that UN agency members identify opportunities to influence, and bring these to the attention of SAG members. Examples of opportunities include UNAIDS PCB meetings, and the development of agency policy positions and publications.

## **2. Increase the visibility and external profile of the SAG.**

2.1 Establish an electronic profile such as a web page and twitter feed.

2.2 Host events on HIV and drug use at key fora such as AIDS conferences and Commission on Narcotic Drugs meetings.

## **3. Identify and invite additional members to participate in the SAG.**

3.1 Identify and invite new members from prominent and priority countries, for example national HIV programme managers from priority countries.

3.2 Invite UNDP to participate in the SAG.

3.3 Explore the possibility of participation of UN Women.

3.4 Engage UN Special Envoy M Kazatchkine and heads of UNODC, UNAIDS, WB and WHO in the interests of the SAG.

3.5 Identify a chair for the 2017-2019 period.

3.6 Make the input of academics more strategic by inviting relevant academics to provide advice on an ad hoc basis on priority topics set by the SAG.

## **4. Strengthen systems for working together.**

4.1 Develop a workplan and set priorities for the group.

4.2 Establish working groups on priority topics to advance SAG priorities.

4.3 Consider, cost and raise funds for two meetings per year to bring greater consistency and unity to the group.

4.4 Organise quarterly teleconferences for greater consistency and unity.

4.5 Consider, cost and if relevant establish a stronger secretariat function to advance the policy and process aspects of the group's agenda and priorities.

## **Annex A**

### **Selected Strategic Development Goals and UNAIDS Fast Track Targets**

#### *Strategic Development Goals (people who use drugs)*

##### **GOOD HEALTH AND WELL-BEING (SDG 3)**

Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse

##### **REDUCED INEQUALITIES (SDG 10)**

Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.

Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants.

##### **GENDER EQUALITY (SDG 5)**

Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.

##### **PARTNERSHIPS FOR THE GOALS (SDG 17)**

AIDS response is fully funded and sufficiently implemented based on reliable strategic information.

#### *UNAIDS Fast Track targets 2016 – 2021 (people who use drugs)*

##### **Target 1**

90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment, and 90% of people on treatment have suppressed viral load.

##### **Target 4**

90% of women and men, especially young people and those in high-prevalence settings, have access to HIV combination prevention and sexual and reproductive health services

##### **Target 6**

90% of key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants, have access to combination prevention services.

##### **Target 7**

90% of women and girls live free from gender inequality and gender-based violence to mitigate the risk and impact of HIV.

**Target 8**

90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace settings.

**Target 9**

Overall financial investments for the AIDS response in low- and middle-income countries reach at least US\$ 30 billion, with continued increase from the current levels of domestic public sources.

## **Annex B**

### **Strategic Advisory Group to the United Nations on Injecting Drug Use and HIV 2014 – 2016 Final**

The overall objective of the Strategic Advisory Group (SAG) is to advise UNODC, WHO, World Bank (WB), and the UNAIDS Secretariat on overall global policies and strategies, research and development, in terms of the global AIDS response among people who inject drugs. The SAG will be established in April 2014 and work until 31 December 2016.

#### **• Core Functions of the Strategic Advisory Group:**

1. To provide UNODC, WHO, WB and the UNAIDS secretariat strategic advice on the global response towards the UNGASS target to reduce new HIV infections by 50% by 2015 among people who inject drugs and on new targets to be set;
2. To review the progress made towards ensuring access to prevention, and HIV treatment services for people who inject drugs, and to identify major issues and emerging challenges at national, regional or global levels;
3. To catalyze action with relevant partners to accelerate progress towards globally agreed targets;
4. To contribute to the review of strategic information regarding injecting drug use, HIV, and of HIV policies, programs and services for people who inject drugs and identify gaps in strategic information and agree solutions that will fill those gaps.

#### **II. Membership:**

The SAG will comprise of maximum 22 members (see Annex). Membership of the SAG will be only on the basis of joint invitation by UNODC, WHO, WB and the UNAIDS secretariat.

The Members will be leading advocates and experts on HIV prevention, treatment and care among people who inject drugs representing key civil society organizations (4), researchers (4), donors (4), implementers (2) and UNODC (2), WHO (2), WB (2) and UNAIDS Secretariat (2).

The SAG will be formed to ensure that there is gender balance and representation from all geographic regions, to the extent possible.

While UNODC will function as the Secretariat of the SAG, a new Chair will be chosen on nomination by the SAG members each year. The Chair will assist UNODC, WHO, WB, and UNAIDS with the coordination of the SAG.

#### **III. Roles and responsibilities of SAG members:**

The Members of SAG have a responsibility to provide UNODC, WHO, WB, and the

UNAIDS Secretariat with high quality, timely advice and expert recommendations on matters described in this terms of reference.

In keeping with SAG's mandate to provide strategic advice rather than technical input, the members will be committed to the development and improvement of policies and strategies with regard to HIV prevention, treatment, and care among people who inject drugs. Focused technical input will be solicited from identified experts on the specific issues to be decided by SAG.

The SAG has no executive or regulatory function. Its role is solely to provide advice and recommendations, including on urgent matters, as needed.

#### **IV. Working methods:**

The Members commit to active participation and engagement in carrying out its functions through regular participation in the SAG meetings via e-mail, conference calls and physical presence.

While the Members are not in any way constrained in terms of their activities and statements when acting in their *own professional capacity, independent of membership of the SAG*, the Members should not engage in public communication as *members of the SAG* unless there has been prior agreement with UNODC, WHO, WB, and the UNAIDS Secretariat.

#### **V. Work arrangements:**

The SAG will be established in April 2014 and its initial tenure will last until 31 December 2016.

It is anticipated that SAG will meet, budget permitting, face to face approximately once a year, and in conjunction with a relevant international meeting. Face to face meeting dates should be fixed not less than two months in advance.

The agenda will be developed by the Chair based on suggestions of the SAG Members and will be shared with the Members 2 weeks prior to the meeting for inputs.

The SAG conference calls will take place every 3/4 months.

The SAG Members may be requested to participate as observers in other relevant UNODC, WHO, WB, and the UNAIDS Secretariat meetings.

## **VI. Accountability and Transparency:**

The decisions made by the SAG shall be taken to the extent possible on the basis of consensus, and they will be recorded in minutes.

The draft minutes of SAG meetings/teleconferences will be shared by the Chair with all Members for their review and comments within one week, and the final minutes within two weeks after the meeting.

## **VII. Budget:**

The Members, including the Chair, of the SAG will serve on a voluntary basis and will not be compensated for their participation in the work of the SAG.

Travel and other costs associated with the face to face meetings of the SAG will be covered jointly by UNODC, WHO, WB, and the UNAIDS Secretariat in accordance with the UN rules. The travel costs of SAG Members who are UN staff, donors and implementers will be covered by their respective agencies.

Teleconference costs will be borne by UNODC, WHO, WB, and the UNAIDS Secretariat.

## Composition of the SAG

| <b>Composition of the SAG</b>               |                                       |
|---|---------------------------------------|
| <b>Civil Society Members</b>                |                                       |
|   | INPUD (1)                             |
|   | INWUD (1)                             |
|   | IDPC (1)                              |
|   | HRI (1)                               |
| <b>Scientific community representatives</b> |                                       |
| EE-CA                                       | Emilis Subata - Lithuania (1)         |
| S-E Asia                                    | Wiwat Peerapatanapokin - Thailand (1) |
| South Asia                                  | Atul Ambekar - India (1)              |
| MENA  | Afarin Rahimi - Iran (1)              |
| <b>Donors</b>                               |                                       |
|   | Netherlands (1)                       |
|   | Norway (1)                            |
|   | US (1)                                |
|   | Global Fund (1)                       |
| <b>Implementers</b>                         |                                       |
|   | OSF (1)                               |
|   | Alliance (1)                          |
| <b>UN</b>                                   |                                       |
|   | UNODC (2)                             |
|   | WHO (2)                               |
|   | WB (2)                                |
|   | UNAIDS (2)                            |

## **Annex C**

People interviewed for this paper:

Monica Beg and Fabienne Hariga, UNODC  
Rick Lines, Harm Reduction International  
Annette Verster, WHO  
Daniel Wolfe, Open Society Foundations  
Monique Middelhoff, Dutch Ministry of Foreign Affairs  
Anne Skjelmerud, NORAD  
Billy Pick, USAID  
Ann Fordham, International Drug Policy Consortium  
Atul Ambekar, All India Institute of Medical Sciences  
Ruth Birgin and Jay Levy, INPUD  
Mauro Guarinieri, Global Fund for AIDS, TB and Malaria  
Chris Mallouris, UNAIDS  
David Wilson, World Bank

Richard Elliot, chair, UNAIDS Human Rights Reference Group  
Wanjiku Kamau, co-chair, Regional Think Tank on HIV, Health and Social Justice

Susie McLean, SAG chair, interviewer and author of paper