
REPORT

World Health Assembly (WHA)

INTER-MINISTERIAL DIALOGUE

“Charting Paths: Strengthening the Present and Navigating the Future
of Harm Reduction”

27 May 2024, 13:00-14:30, Hotel President Wilson, Geneva (Switzerland)

*Co-organized by the Global Commission on Drug Policy and the World Health Organization (WHO)
and co-sponsored by Switzerland, Colombia, Kenya and Malaysia.*



Photo credit: Anna Tomasi, Global Commission on Drug Policy

Michel Kazatchkine, Commissioner of the Global Commission on Drug Policy, moderated this Inter-ministerial Dialogue, held on the margins of the 77th World Health Assembly. Speakers included **Meg Doherty**, Director, Department of Global HIV, Viral Hepatitis and STI Programmes, WHO; **Christine Stegling**, Deputy Executive Director, Policy, Advocacy and Knowledge, UNAIDS; **Anne Lévy**, Director General, Federal Office of Public Health (FOPH), Switzerland; **Gustavo Adolfo Gallón Giraldo**, Permanent Representative of Colombia to the United Nations Office at Geneva; **Dzulkefly Ahmad**, Minister of Health, Malaysia; **Ruth Laibon-Masha**, CEO, National Syndemic Disease Control Council, Kenya; and **Peter Sands**, Executive Director, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

As Moderator, **Michel Kazatchkine** opened the event, thanking the cosponsors and participants and explaining the background behind this three-part series co-hosted between the Global Commission and WHO. He highlighted the recent progress on getting harm reduction language into a resolution at the most recent Commission on Narcotic Drugs in March 2024, while stressing that access to harm reduction interventions remains severely limited in many contexts, with only 2% of people who inject drugs living in countries with high coverage of interventions such as needle and syringe programmes (NSP) and opioid agonist therapy (OAT). Meanwhile, more innovative interventions such as drug checking, peer



distribution of take-home naloxone, and overdose prevention centres (OPCs) remain even more scarce. He concluded by noting that the shift in the illicit drug supply in many countries from plant-based to synthetic drugs, evident in the fentanyl crisis in North America and an increasing emerging threat in other regions, provides a critical moment for us to reflect on and reevaluate our approaches to drugs and move towards a different paradigm, with stronger emphasis on public health.

Mr. Kazatchkine then gave the floor to the co-organizer WHO, represented by **Meg Doherty**, Director, Global HIV, Viral Hepatitis and STI Programmes. She highlighted WHO's strong support for harm reduction as part of a comprehensive public health-based approach to drugs, alongside drug use prevention, treatment of drug use disorders, access to controlled medicines, and scheduling of substances, working together with UNODC and supporting ministries of health. She noted that harm reduction aims to reduce the major public health and individual health harms that can be a consequence of drug use, in particular HIV, viral hepatitis, and overdose, without necessarily stopping drug use entirely, and that best-practice harm reduction programming must be people-centred and grounded in public health, equity, social justice, and scientific evidence. She welcomed that there is now much broader support for harm reduction both at the technical and political level, something that is now also evident at the UN level with the 2018 UN Common Position on Drugs, the 2024 Commission on Narcotic Drugs (CND) resolution explicitly mentioning harm reduction, and increased coordination and joint work on this topic among WHO, UNODC, UNAIDS, UNDP, and OCHA, among other actors. Part of this positive momentum streams from the clear public health benefits of a harm reduction approach, as many countries have realized that they need to implement and scale up harm reduction if they want to meet their goals of eliminating HIV and viral hepatitis. WHO recommends prioritizing the provision of sterile injecting equipment, opiate agonists and community distribution of naloxone as the core interventions of harm reduction-based response, and also recommends countries work towards the decriminalization of drug use and possession for personal use, shifting instead to pursue alternatives to punishment and incarceration. At its core, harm reduction is about accepting people for who they are, meeting them where they are at, and providing them with what they need most. Ms. Doherty concluded by reiterating that WHO wants to play a prominent role in the evidence-based policy, supporting evaluation and policy changes and providing normative guidance and encouraging and improving drug policy monitoring, to ensure that people who need harm reduction have access to harm reduction.

Following Ms. Doherty, **Christine Stegling**, Deputy Executive Director, Policy Advocacy and Knowledge, UNAIDS, took the floor. She began by noting that the context around this year's World Health Assembly, including the negotiations on the pandemic treaty, provide an opportune moment to remind ourselves that equitable access to prevention services remains far from being achieved, and that people who inject drugs in particular continue to be left behind. Although they represent only a small fraction of the global population, people who inject drugs make up 8% of all new HIV infections. Key drivers of this include stigma, discrimination, criminalization and a severe lack of coverage of harm reduction services, especially in low- and middle-income countries. On the other hand, countries that have invested heavily in these services, including countries represented here today such as Kenya and Switzerland, show they can make a big difference in drastically reducing the spread of HIV. Alongside harm reduction, the decriminalization of drug use and possession for personal use is associated with significant decreases in HIV as well. Ms. Stegling concluded by emphasizing that putting communities, including organizations of people who use drugs, in the lead in the design and delivery of HIV prevention and harm reduction



services is essential, not just for achieving better HIV outcomes but also for responding to the opioid overdose crisis and for achieving a people-centered, public health- and human rights-based approach to drugs.

After the opening remarks from representatives of international organizations, the event moved to discussions of best practice country examples, starting with the experience of Switzerland. **Anne Lévy**, Director-General of the Swiss Federal Office of Public Health (FOPH), described Switzerland's pioneering role as one of the first countries to pursue a harm reduction approach in the 1980s and 1990s, in response to a rapidly developing HIV epidemic in the country. At the time, Switzerland realized that a society free of drugs was a myth, and that a more pragmatic strategy was needed. As such, Switzerland began implementing needle and syringe programmes, drug checking services, and heroin assisted treatment (HAT), as well as the world's first drug consumption room, established in Bern on 17 June 1986. These measures achieved marked success in radically reducing HIV transmission and preventing drug-related deaths, and in fact reducing the number of new heroin users. Despite this, however, harm reduction measures still face considerable political resistance, and there are further challenges, also in Switzerland, in broadening access to these services for the entire population, including people living outside of major urban centers, minors, and those living in detention centers. There are signs, however, that the tide is beginning to shift, including at the international level – the importance of which should not be underestimated. In particular, the March 2024 resolution adopted at the Commission on Narcotic Drugs in Vienna on overdose prevention, which explicitly recognized harm reduction for the first time at this forum, presents a watershed moment that should inspire all states to incorporate harm reduction into their national drug policy strategies, including through supporting the work of civil society in this regard. The momentum on changing drug policies in Switzerland 30 years ago came out of the HIV crisis; today, crises of overdoses and synthetic drugs present another moment for reform to be achieved – one we must seize upon to build better drug policies grounded in human rights and public health.

Gustavo Adolfo Gallón Giraldo, Permanent Representative of Colombia to the United Nations Office at Geneva, was the next speaker to take the floor, providing insights into Colombia's efforts to uplift harm reduction and drug policy reform both domestically and at the international level. He noted that calls for pursuing such reforms from UN agencies and human rights mechanisms had thus far not necessarily translated into action within Member States, but that development such as those at the March 2024 CND show that this situation may be gradually starting to change. The 2023 UNODC World Drug Report and 2023 INCB reports include evidence that drug consumption and risks associated with drug use have increased in the past few years. We need to have a balance towards a human-centered approach and acknowledge the socio-economic difficulties and protect the dignity and freedoms of our societies. Colombia has taken the decision, and within the frame of its national development, to pursue such reforms, and is currently proposing an approach that includes the development of technical guidelines for the design, implementation and evaluation of community services. Colombia already has guidelines for methadone maintenance programs and overdose care in the community using naloxone. Community-led interventions are and have been at the forefront of harm reduction efforts. Colombia approached the 67th session of CND, to create a multistakeholder international network on harm reduction. It is paramount that we continue to dismantle the taboo and have a place for harm reduction at the international level.



Malaysia then took the floor, represented by Minister of Health **Dzulkefly Ahmad**. He presented Malaysia's approach as one that sees people with drug use disorders not as criminals, but as patients who deserve effective, evidence-based treatment. Malaysia's adoption of harm reduction policies primarily emerged out of the need to effectively respond to the HIV epidemic. To this end, Malaysia has adopted methadone maintenance therapy and needle and syringe programmes. As of December 2023, over 70,000 people in Malaysia were on methadone therapy, while 5,000 clients had accessed NSP services nationwide. This robust implementation of harm reduction services has changed the dynamic entirely, as new HIV infections have decreased tremendously – while proving to be a savvy and cost-effective investment. To build on this, successful participation and successful implementation of these policies must rely on smart partnership, with partners and persons living with HIV – partnerships that the government of Malaysia is committed to sustain and expand.

The final country example in the event came from Kenya, represented by **Ruth Laibon-Masha**, CEO of the National Syndemic Disease Control Council on behalf of the Minister of Health. She relayed Kenya's commitment to realizing the right to health, with a focus on establishing and expanding integrated services. Kenya has placed emphasis on peer education to reach unique sub-populations, such that harm reduction services now reach 85% of people who inject drugs, including in prison settings. Since 2014, about 10,000 people who inject drugs have also benefitted from Kenya's robust OAT programme, which is integrated into the public health framework and includes linkages to other health and social services such as HIV and overdose prevention). It has become an example in the region, with many partners across Africa having organized study visits to come to Kenya and learn from the model that it has put in place. We have learned that to succeed in this program, we need broad leadership and accountability to get a supportive legal and policy framework that also has to be implemented through a multi sector approach. We have also learned that most importantly is bringing the community and the people who inject drugs are the center of our response. Ms. Laibon-Masha also highlighted the need to tailor services specifically to women who use drugs, who often face barriers in accessing services that are designed primarily with men in mind. It is necessary to look at their particular needs, including the needs of children that may be under their care, and design spaces and services that can effectively support them and engage them in harm reduction and treatment.

The floor was then opened up for comments, questions and interventions. First to speak was **Judy Chang**, Executive Director of the International Network of People Who Use Drugs (INPUD). She emphasized the importance of harm reduction services being people-centered, non-punitive, and low-threshold. With OAT in particular, there have been plenty of good examples showing that liberalizing access, including through providing take-home doses (rather than requiring daily visits to the clinic). This speaks to how harm reduction goes beyond just health – there are also social and economic dimensions, such as family and employment responsibilities. What happens in one of these dimensions also significantly influences the other. She concluded by noting that we need to position harm reduction within the broader development framework, as we do not know how much health will feature in the post-2030 agenda – despite the fact that the COVID-19 pandemic broke out only four years ago, we already seem to be quickly forgetting the lessons that the pandemic should have taught us. In looking forward, we will need to see how to ensure that drug policy and harm reduction are not left behind in the development sector.

Karin Hechenleitner Schacht, from the Office of the Special Rapporteur on the Right to Health (OHCHR), then intervened, noting to participants that the Special Rapporteur will be



presenting her report, focusing on “Drug use, harm reduction and the right to health”, will be presented to the Human Rights Council at its 56th Session, on 24 June 2024, and that a second report will be delivered to the General Assembly in October, focusing on harm reduction for sustainable peace and development. [The report has since been published, and is available [here](#)]

Leigh Chapman from the Government of Canada then took the floor, noting that Canada now experiences 22 deaths per day from overdose, largely as a result of a toxic, unregulated illicit drug supply. Addressing this will require pursuing the decriminalization of drug use and possession for personal use, in combination with other elements of a public health-based response, including harm reduction, and Canada is looking to global examples as it pursues this path.

Finally, the event moved to its final portion, as **Peter Sands**, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, delivered closing remarks. He thanked WHO for making the evidence base for harm reduction clear, as well as UNAIDS and UNODC for advocating for better access and for laws and policies that support a public health and human rights-based approach. He was delighted to hear about the leadership being exhibited by Member States on this issue, as it shows that real progress can be made when political will is invested in harm reduction. Mr. Sands boiled down his remarks to three key points. Firstly, he highlighted that it is clear that harm reduction works – it works as a tool for reducing HIV and viral hepatitis infections, and it is a good value for money. The Global Fund is the largest funder of harm reduction services in low- and middle-income countries, and considers harm reduction to be a program essential in its grants. However, there is still a massive gap between what is currently being funded and needs on the ground – Member States should commit to comprehensive harm reduction programs and identify domestic resources for their sustainability. Secondly, he emphasized that drug policy and drug use is primarily a health issue, rather than one of criminal justice. He emphasized key barriers, including criminalization and policies that limit rights such as mandatory registration or imposing high thresholds to accessing services. Stigma and discrimination create huge barriers to effectively addressing issues – something that is especially true for addressing and reaching diverse and intersectional key populations. Countries have changed policies, and need to be prepared to identify the structural barriers to promote gender-responsive and human rights-based policies and practices. Finally, he emphasized that we can’t do this without communities: meaningful, sustained community engagement is essential and consistent with the “nothing about us, without us” message. It is important with regard to country coordinator mechanisms that communities are actively involved, so that programs that the Global Fund funds are designed with their input and delivered with their participation. Member States need to find a way to embrace communities.

Michel Kazatchkine then concluded the event by thanking the organizers, speakers, participants, and all of those that contributed to the coordination of the event.