

**3 July 2026 event: #RethinkRebuildRise: #PutPeopleFirst to deliver on #endAIDS and #endTB targets in next 54 months**

## **EHRA Talking Points: Responding to HIV among People Who Use Drugs in Eastern Europe and Central Asia**

### **EHRA:**

*Eurasian Harm Reduction Association (EHRA) is a non-for-profit public membership-based organization uniting harm reduction activists and organisations from Central and Eastern Europe and Central Asia (CEECA) with its mission to actively unite and support communities and civil societies to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances in the CEECA region.*

Eastern Europe and Central Asia remains the only region where the HIV epidemic continues to grow, with people who use drugs remaining disproportionately affected. This is not because we lack evidence. It is because we continue to lack political will to implement that evidence – in the country which bring 70% of all new HIV cases with the highest epidemic burden among people using drugs – OAT is banned in the law and harm reduction named as “western dangerous influence”. This country being ancient empire and authoritarian state not only killing their own criminalized and marginalized people, but pushing on all neighboring countries to stop providing harm reduction – sad and crazy reality.

I am from Ukraine, a post-Soviet country, and I remember repressive psychiatry and compulsory narcological services that functioned more like forced labour camps of the Gulag than healthcare.

Over the past 30 years, civil society, communities, and professionals have transformed these systems into evidence-based services responding to the real needs of people who use drugs. Unfortunately, not all policymakers have made this journey from totalitarian thinking. Some still claim that prisons and prohibition are the right response to drug use.

Today, most health systems in EECA region recognize harm reduction and increasingly integrate it into national health systems and budgets.

To reverse the epidemic, governments and international partners must prioritize five urgent actions.

### **1. Put human rights at the centre of the HIV response**

Punitive drug policies continue to undermine every aspect of HIV prevention, treatment and care. Criminalization, police violence, arbitrary detention, compulsory drug treatment, and stigma prevent people from accessing life-saving services.

Ending AIDS requires ending punitive approaches.

**10-10-10 targets are reaffirmed in the Political declaration** . and how we could achieve decriminalization is already in detailed described in the recently launched by UNAIDS, UNDP in co-athorship by INPUD **Guidance Note on Decriminalization of drug use in the context of HIV, developed in line with international human rights norms.**

Countries should move towards the decriminalization of drug use and possession for personal use, eliminate laws and practices that criminalize people who use drugs, and ensure meaningful legal protections against discrimination.

## **2. Scale up comprehensive harm reduction**

Harm reduction remains one of the most effective and cost-efficient HIV interventions, yet coverage across EECA remains critically inadequate.

Governments must urgently expand:

- Needle and syringe programmes;
- Opioid agonist therapy without unnecessary restrictions;
- Community-based HIV and hepatitis services;
- Overdose prevention, including widespread naloxone availability;
- Integrated services addressing HIV, viral hepatitis, tuberculosis and mental health.

Services must be low-threshold, community-led and accessible without fear of criminalization.

## **3. Invest in communities as equal partners**

Community-led organizations are not service contractors—they are essential partners in designing, delivering and monitoring effective HIV responses.

Governments and donors should ensure sustainable, direct and flexible financing for community-led organizations, including networks of people who use drugs, recognizing their unique role in reaching populations left behind.

Community-led monitoring should become a standard component of national HIV responses, informing policy reforms and improving service quality and accountability.

## **4. Protect sustainable financing and shared responsibility**

Across EECA, shrinking international funding, restrictive civic space and insufficient domestic investment threaten decades of progress.

Governments must increase domestic investment in evidence-based harm reduction and ensure these services are integrated into national health systems. International donors should maintain support during transitions and avoid funding gaps that disproportionately affect marginalized communities.

Investing in harm reduction is not only a public health imperative—it is fiscally responsible and essential for epidemic control.

### **5. Ensure meaningful involvement of people who use drugs**

Nothing about us without us – this is about advocacy funding!!

People who use drugs must participate meaningfully in all HIV-related decision-making processes—from national strategies and Global Fund governance to regional and global policy forums.

Participation should be adequately resourced, safe and influential, rather than symbolic.

### **Closing**

The science is clear. The evidence is overwhelming. Communities have demonstrated what works.

The **remaining barriers are political—not technical.**

If we are serious about ending AIDS, we must replace punishment with public health, stigma with dignity, and exclusion with meaningful partnership.

EHRA stands ready to work with governments, UN agencies, donors and communities to build an HIV response in Eastern Europe and Central Asia that is evidence-based, rights-based and community-led.