

Good afternoon from Delhi, Namaste!

Chairperson, honourable Minister of health Dr Lia Tadesse, respected Executive Director of UNAIDS and Global Fund, distinguish delegates, ladies and gentlemen and most importantly my peers of people who use drugs and other key population!

It is indeed a remarkable moment for the community of PWID to have the privilege and opportunity to share few words for this important meeting today – believe me this happens very rarely for a PWID member to be amongst the important personalities for an opening remark – truly and sincerely thank GPC for this.

Prevention strategies have evolved over the years as patterns and usage of drugs has change so as the need to address it. Besides the traditional program implementation social media is also playing an important role in an attempt reach the last mile – leave no one behind or achieving 90:90:90.

No doubt treatment as prevention is effective strategy and we are looking forward to community based test and treat, self-testing, sporadic increase in mobile van providing OST (Buprenorphine/Methadone), newer ways to increase access to ART and care. The NACO has done commendable efforts of reaching out to ensure care support treatment and harm reduction services are accessible and uninterrupted in controlling and bringing down the prevalence of HIV among PWID and other KPs. The community voice and participation has been key to the success of the response in India, and we need to continue to strengthen it.

Said that, let me share something interesting; number of PWID/PWUD are increasing so as the countries. 179 of 206 countries and territories reported of PWID estimate of 15.6 million (31 new compared to 2008 – so it was 148 about 12 years back). Of that 17.8% HIV & 52.3% HCV with 58% history of incarceration.

PWID, already stigmatized and discriminated population COVID19 added another layer compounding the existing situation more challenging. The community along with the National AIDS Control program, UNAIDS and other development partners ensured services are delivered to the community ART, OST, NSEP even at the door step. The State Drug User forums continued to provide essential harm reduction services during this period. With multi month dispensing of ART and take home doses of OST uninterrupted services were ensured. It is important to mention that the role of the community has been exemplary in these difficult times. Take home dosage of OST now must be recommended and include in WHO, UN, INPUD IDUIT comprehensive list of harm reduction services.

Widespread criminalization and punishment of people who use drugs continues. It's extremely difficult to get HIV and hepatitis C treatment to people when they are incarcerated, detained or hiding from services for fear of arrest – existing policies which hinders needs urgent detoxification for friendlier new regulated policies.

We need to urgently take a call to decriminalise drug use for personal consumption. How can we end AIDS or prevent Hep C when we can't get HIV and Hep C treatment to the people who need it most? We can't end HIV, Hep C until we scale up harm reduction and recognized community contribution. Without doubt, we witness drastic change when community is involved. The action, ownership, commitment, enthusiasm is explicitly evident that PWIDs are the frontline responders even before COVID 19, during COVID 19 and will continues to do so.

We need to seriously emphasize on meaningful engagement of PWID in programs at local, state, national, regional and global level to make more impact. Network/forum should be funded alongside with harm reduction program. Political commitment and domestic funding are crucial for HIV prevention program, we no longer can't only depend on GF or other donor institution. I would sincerely request and urge UNAIDS, GF, national HIV program to fund and support networks of PWID at local, state, national, regional and globally – lesson learnt during COVID. We are there to walk hand in hand government, UN, WHO to address the issues and concerns collectively and for this we need to draw a realistic plan for better corroboration & collaboration – with the result you will not be disappointed.

If we have to seriously follow the road map of 2021 – 2025, than we also need to seriously map the missing PWID. There is no debate required that harm reduction certainly saves lives. I rest my case to the learned audience to decide!

Thank you and appreciate for your time and listening to me.