

WHO and UNDP change in leadership: What views on drug policy and harm reduction?

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Abstract

The UN General Assembly Special Session on drugs held in April 2016 has been organized by the international drug control entities, but has confirmed the inclusion of other UN agencies in the global debates on drugs. Out of these, WHO and UNDP have played a major role in linking drug policy with the priorities of protecting human rights and promoting sustainable development. In May 2017, the leadership of both agencies will change. This letter reviews the aspiring leaders of these agencies' positions on drug policies through existing literature, providing more clarity on their past or current commitment to the issue of drug policy and harm reduction stakeholders.

Keywords

harm reduction, sustainable development, UNDP, UNGASS, UN system-wide coherence, WHO

The 2016 UN General Assembly special session on the world drug problem (UNGASS) significantly strengthened linkages between a shift from the traditional law enforcement-dominated approach to drug policy and the achievement of the global sustainable development agenda. The UNGASS outcome document clearly reinforces the centrality of health and human rights in the design and implementation of drug policies. Toward this end, the UNGASS process itself encouraged greater contributions from UN entities with mandates which intersect with drug control. In particular, the World Health Organization (WHO) and the United Nations Development Programme (UNDP) made important contributions highlighting that reforms are required to ensure drug policies do not undermine health and development objectives. In May 2017, the World Health Assembly will elect a new Director-General of WHO, and the UN Secretary-General will appoint an incoming UNDP Administrator. The changes in the leadership of these two UN agencies is highly relevant for ensuring greater UN system-wide coherence and a consequent and much needed recalibration of the international drug control system operating under the auspices of the UN.

In order to ascertain the positions of the candidates on different aspects of drug policies, we reviewed the

manifestos of Tedros Adhanom Ghebreyesus (Ethiopia), Sania Nishtar (Pakistan) and David Nabarro (UK) for the WHO Director-General role (World Health Organization, 2017), while for the UNDP Administrator post, we examined the past political careers at the national level of Ségolène Royal (France) and David Miliband (UK) (Enault, 2017).

With respect to candidates for the UNDP post, while Deputy Minister of Education in 1997, Royal stated her firm opposition to the decriminalization of drug use. As a candidate for the Presidency a decade later, she called for a health-based approach to illicit drugs, with a focus on information and prevention, harm reduction and care. She has since added that not only does she envision a drug-free society but she will work to achieve it (Royal, 2007). She restated her opposition to decriminalization in 2011. Miliband, in his never-to-be-delivered acceptance speech for Labour Party leader in 2011, stated that the UK had lost the war on drugs, and

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the Party needed to address the response to drugs in a comprehensive manner taking into account all its different aspects (Straton and Wintour, 2011).

For WHO, all three candidates commit to people-centered health policies, with Universal Health Coverage (UHC) as a priority. Adhanom and Nishtar commit to addressing the inequity in access to health services, while Nabarro insists on aligning health policies with the SDGs agenda and enhancing multidisciplinary approaches. Nishtar also addressed the need for quality care and services. Beyond financial protection, people who use drugs (PWUD) health needs are sensitive to the quality and equity dimensions of UHC.

While not addressing the harm reduction approach specifically, the candidates have discussed their response to HIV, which represent a major issues for PWUD, since only 14% living with HIV have access to antiretroviral therapy (Joint United Nations Programme on HIV/AIDS, 2016a), while new HIV infections have increased by 30% between 2011 and 2015 among those who inject drugs (Joint United Nations Programme on HIV/AIDS, 2016b). Adhanom has committed to keep a focus on HIV despite the increasing focus on non-communicable diseases (NCDs), and Nabarro commits to end AIDS by 2030 (Horton and Samarasekera, 2016). Regarding NCDs and access to controlled essential medicines, Adhanom recalled his work in establishing Ethiopia's Pharmaceutical Supply Fund Agency in his time as Minister of Health to tackle their stock-outs (Tedros, 2016), and Nishtar focuses on the response to NCDs as a major public health threat. It is important to recall that only 25% of controlled essential medicines are consumed in low- and middle-income countries (Berterame et al., 2016), widening the health inequity gap.

In the post-UNGASS period, the continued and sustained engagement of UN entities outside of the core drug control bodies (namely the Commission on Narcotic Drugs, the International Narcotics Control Board and the United Nations Office on Drugs and Crime) is crucial to ensure that the achievements made to shift the paradigm towards a greater focus on health, human rights and development outcomes are consolidated. The 70th World Health Assembly will discuss the health dimension of the drug issue again after failing to reach consensus in the last session (World Health Organization, 2016), while UNDP as a major contributor to UNGASS on drugs (United Nations Development Programme, 2016) has a key role in linking drug policy and the SDGs. In this context, the leadership change of both WHO and UNDP will influence the future outcomes of international negotiations on addressing the world drug problem. The response to illicit drug markets has a direct impact on public health (from HIV, hepatitis C,

tuberculosis, to mental health, access to essential medicines, or anesthesia) (Degenhardt et al., 2013) and on development (with the majority of those caught up in punitive drug policies are people who also face socioeconomic deprivation) (Health Poverty Action, 2016). As such, the commitment of the aspiring leaders to evidence-based policies must be one of the criteria taken into account by UN Member States and the Secretary-General when electing or appointing them.

Authors' contribution

KT, AF and DBT co-drafted this letter.

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