

personally
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HIV

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Dear ladies and gentlemen!

Today, I have the great honour and responsibility to speak at the opening of the High-Level Meeting.

I live in a country with the fastest-growing epidemic in the Eastern Europe, in a city with the highest HIV prevalence rate.

It was there, in my seaport city, that the HIV-infection epidemic began like an explosion among the people who use drugs. It was in my city that the first needle exchange programmes appeared in late 90th. And it was in my city that the first organisation of people living with HIV was established.

I am 32, almost of the same age as the epidemic. I have been living with HIV and using drugs for 13 years. I have had hepatitis C for almost 11 years. I have a family, a husband, and an eight-year-old son. They do not have HIV, and they give me great support.

Three years ago I took part in an opioid substitution therapy programme, which enabled me to live, work; be an active citizen of my country, take care of my son. It helped me to love and to be loved.

1. I think that you ought to know how people who use drugs survive in my city, in my country and in my region!

70% of people using drugs in Eastern Europe and Central Asia are HIV-positive. More than 90% of them have various types of viral hepatitis. Only one person out of five has access to ARV therapy.

Each day, only in my country 8 people die of AIDS and 56 people get infected with HIV.

Drug treatment services and rehabilitation programmes are neither accessible nor of good quality. Harm reduction programmes are being oppressed. Several countries of our regions have a ban on harm reduction programmes.

Drug dependency is considered a crime, not a disease. Due to that many people who use drugs get imprisoned. How many of them survive in prisons?!! How many of them manage not to get infected with tuberculosis?!! Not to die of AIDS, overdose, hepatitis, or sepsis?!!

Drug dependency and HIV-infection require treatment, not prosecution.

2. In case of women using drugs the situation gets more complicated.

For example, tell me, please, where a pregnant woman who uses drugs is to go if her husband has left her, if she has no home, if she is refused help by doctors and told to terminate pregnancy? If a woman decides to give birth, she cannot go to a drug treatment clinic, because she will get registered as a drug addict and will be deprived of her child. In most rehabilitation centres there are no suitable conditions for women with children! As to the so-called crisis centres HIV-infection is a ground for refusal in admission. As a result women often start to sell sex services, being often exposed to violence, without access to HIV and STI prevention services.

At the same time, programmes oriented towards women have already been developed. Whether such programmes and other prevention programmes will be continued and developed, depends on your decisions today.

3. As I have already said, I am lucky to have access to opioid substitution therapy.

Opioid substitution therapy – is a very powerful tool to the HIV epidemic. I am grateful to my country for this progressive decision, to start substitution therapy programme, which helped more than 6 thousand people to receive substitution therapy treatment. I would like to stress the word **treatment!** But at the same time more than 50 thousand people are waiting for such help just in my country.

Unfortunately, most countries of Eastern Europe do not have opioid substitution programmes. And even in those countries where these programmes function, they are still being pressurized by the law-enforcement authorities..

I take buprenorfin every day under the supervision of doctors. But I cannot visit certain neighbouring countries, because my treatment is illegal there, just like street drugs.

Over 5 years of provision of opioid substitution therapy in my home city, I see many lives change thanks to this programme. People have returned to their families, found jobs, stopped committing crimes, started HIV and tuberculosis treatment.

And it is time to stop refuse people who use drugs in initiation of ARV treatment. They are able to take the medicines the proper way. Particularly when HIV treatment is combined with drug dependency treatment, in combination with psychological and social support.

4. So, what do we need now? We need specific targets, ambitious Declaration and political will of our government to endorse it!

It has happened so that my life and my health as much as the health of millions of other people, today depend on your decisions. I am on ARV treatment now, but I already need hepatitis C treatment. Today, in my region, hepatitis C treatment is not available. Thousands of people are waiting for it. Thousands of people are waiting for ARV treatment. For many people, the waiting had been in vain – they died without treatment. And those who had received it –faced stock-outs. That is, why no compromises, like 80% of access, can be accepted. We, representatives of key populations, demand 100% access to HIV treatment, treatment of tuberculosis, hepatitis, opportunistic infections, drug dependency! We insist on active engagement of key communities in programme development, policy-making in epidemic response by member states. This is the only way we can achieve results and take the epidemic under control.

I pay taxes, I carry out social activities, and I take care of my son. I want my son, who is a second-grade pupil now, to see me free from criminal prosecution, healthy and full of strength and dignity when he is grown. I believe that you as leaders of your countries can achieve this by exerting your political will, which is so important for your citizens who are like me.