
2014-2015 UBRAF thematic report

Preventing HIV among people who use drugs

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ACHIEVEMENTS

According to UNAIDS estimates, there was no significant global decline in the annual number of new HIV infections among people who inject drugs (PWID) between 2010 and 2014. This is largely attributed to the grossly inadequate scale-up of evidence-based HIV strategies for people who inject drugs. In 2014, an estimated 140 000 (112 000 - 168 000) people who inject drugs were newly infected with HIV, with people who inject drugs and their sexual partners accounting for around 30% of people newly infected with HIV outside sub-Saharan Africa. The target of halving the number of people who inject drugs who become newly infected with HIV by the end of 2015 was missed. However, there are important distinctions between different countries and regions that demand closer analysis of these global figures. For example, whilst available evidence indicates that the number of new infections among people who inject drugs have risen in Eastern Europe and Central Asia, in western Europe, where many countries have expanded harm reduction programmes, there is evidence of a decline in new infections among people who inject drugs. In light of this limited progress, during 2014 and 2015, the Joint Programme has made significant efforts to address various gaps, including:

- Strengthening advocacy and technical support to countries to increase access to a comprehensive package of interventions for the prevention and treatment of HIV for PWID: In the UNODC 24 high priority countries for HIV and PWID, support has been intensified to address bottlenecks such as quality and availability of strategic information, increasing countries' capacity on harm reduction - with a specific focus on needle and syringe programmes (NSP), opioid substitution therapy (OST), HIV testing and counselling (HTC) and antiretroviral therapy (ART) - increasing the capacity of NGOs and CBOs to advocate for harm reduction, and increasing the capacity of law enforcement agencies to support access of PWID to HIV services both within the community and in prisons;
- Addressing the sexual reproductive health (SRH) needs of PWID: In Albania and Kyrgyzstan UNFPA have worked to reduce sexual transmission between PWID and their partners through supporting their SRH needs. In Ukraine UNICEF piloted model interventions for PMTCT among pregnant women using drugs through integration of MCH, HIV and drug dependence services. In Eritrea, Sierra Leone and Togo, UNFPA addressed the sexual reproductive health needs of prisoners, including through condom promotion;. UNESCO worked with the Government of Indonesia to improve the provision of CSE for young people living in prisons and other closed settings;
- Supporting in-country legal and policy reforms, towards ending compulsory detention for people who use drugs: In 2015, support by the UNAIDS Secretariat and UNODC resulted in legal and policy reforms on HIV and drugs in Myanmar, HIV in prisons in Ethiopia as well as on harm reduction and HIV prevention and treatment of prisoners in Nigeria;
- Empowering community based organizations (CBOs): Support to CBOs resulted in

the establishment of new networks of people who inject drugs and in participation of international, regional and country networks of PWIDs in debates at the High Level Session of the 57th Commission on Narcotic Drugs and the 35th Programme Coordinating Board. Financial support was provided by UNODC to 350 CSOs at country, regional and global levels, to enable them to provide adequate services to people who inject drugs, in prison settings and to enable the participation of PWID and harm reduction communities in strategic initiatives;

- Supporting human rights based policing: Workshops on “Enhancing Partnerships between Law Enforcement and Civil Society Organizations in the context of Drug Use and HIV” were conducted by UNODC in 30 cities and 21 countries, allowing the participation of around 2100 representatives from law enforcement agencies (LEAs) and CSOs. UNODC also developed a training manual for police on HIV services for PWID, which has been adapted and is being formalised as part of law enforcement officials’ training in several countries;
- Producing normative guidance, best practices documentation and improved strategic information: Technical briefs and guidance documents have been developed and disseminated by WHO, UNODC, UN Women and by the IATT on key populations, on the provision of services in both the community and prisons with a specific focus on, HIV and women who inject drugs, young people who inject drugs, NSP in prisons and integration of HIV services for key populations. Technical support has also been provided to adapt international guidance at the country level. UNODC additionally led joint efforts with the UNAIDS Secretariat, WHO, the World Bank and CSOs to improve global data on HIV and injecting drug use, as well as data on HIV and harm reduction services for people who inject drugs. The first ever joint UNODC, WHO, UNAIDS Secretariat and World Bank global estimates on injecting drug use and HIV among people who inject drugs were published in the 2014 World Drug Report.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Despite these achievements, major challenges remain, such as:

- Poor legal, policy and practice environments for people who inject drugs. A public health-centred, human rights-based and evidence-informed approach to drug use has still not been sufficiently implemented. Many national drug control systems over rely on sanctions and imprisonment, while stigma and discrimination against people who inject drugs remain common. In this regard, the UNAIDS Secretariat and cosponsors contributed to discussions towards the United Nations General Assembly Special Session (UNGASS) 2016 on the World Drug Problem, as well as publishing background documents on drug policies for the UNGASS 2016, together with UNDP, UNODC, UN Women and WHO. UNDP shared its perspectives on the impact of drugs and drug control on sustainable development at side events at the CND, the High Level GA Thematic Debate on UNGASS, UN University and the

International Peace Institute and by convening government, UN and civil society experts to strategize on advancing the recommendations of the Global Commission on HIV and the Law on people who use drugs. UNODC facilitated series of seven regional dialogues on HIV and drug policy with the participation of drug control authorities and CSOs from 70 countries. The UNAIDS Secretariat, UNODC, WHO, UNDP and UNFPA additionally contributed to a global consultation on Police and HIV and key populations organized by CLEPH (Centre for Law Enforcement & Public Health) and IDLO (International Development Law Organization) during the second International Conference on Law Enforcement and Public Health. The meeting published a joint statement on Police Partnerships for Harm Reduction;

- Lack of gender and age sensitive harm reduction services. In 30 countries surveyed by UNODC, HIV prevalence is higher among women who inject drugs than among men. Still, national efforts are not gender sensitive. To expand access to services for women who inject drugs, UNODC in partnership with WHO, UN Women and the International Network of People who Use Drugs (INPUD) developed a policy brief highlighting the specific HIV-related needs of women who inject drugs;
- Humanitarian emergencies in countries where there is high prevalence of injecting drug use and HIV among PWID. Several countries or regions with high prevalence of people who inject drugs and of HIV among people inject drugs (Libya, Nepal, and Ukraine) were experiencing serious humanitarian crises, which were responsible for disrupting harm reduction services. In Ukraine the Joint Programme has advocated and provided support for the continuation of OST in affected areas, including for Internally Displaced People (IDPs);
- A worrying lack of domestic investment in NSP, OST, and ART for people who inject drugs in many countries across the world. The World Bank supported several studies investigating the cost effectiveness, return on investment and impact of harm reduction programmes for people who inject drugs, in particular in Malaysia, the Philippines and Vietnam. Additionally, through its allocative efficiency studies, the World Bank provided evidence for the impact of well targeted prevention programmes for people who inject drugs. In Belarus, UNDP supported a study of the interventions' socio-economic benefits - the results of this study have led to increased support from national authorities.

KEY FUTURE INTERVENTIONS

In order to address these challenges, the UNAIDS Secretariat and cosponsors will undertake the following key future interventions:

- The Joint Programme will continue to provide support to countries to improve access of people who inject drugs to evidence based, human rights based and gender sensitive harm reduction services both in the community and in prison

settings;

- In preparation towards UNGASS 2016, the UNAIDS Secretariat will organize and support early 2016 multi-stakeholder dialogues in 12 countries and UNODC will facilitate a scientific consultation on HIV and drugs to update the findings developed in 2014;
- Following a UNDP convened meeting of experts from governments, UN agencies and civil society to strategize on advancing the recommendations of the Global Commission on HIV on drug law and policy, UNDP will develop human rights guidelines for drug policy;
- UNODC will provide support for the rolling-out of the INPUD, UNODC, UNFPA, WHO and UNAIDS Secretariat “Implementing comprehensive HIV/STI programmes with people who inject drugs: practical approaches for collaborative interventions” report (to be published in 2016);
- A systematic review on harm reduction coverage will be conducted to update the 2010 estimates;
- UNODC will develop guidance on HIV and stimulant users vulnerable to HIV, including PWID and non-injecting drug users (NIDU), to guide countries in their response to an emerging problem;
- UNODC will conduct a review of access to HIV prevention and treatment services in prisons.

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