

UNAIDS 2020

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# United Nations Office on Drugs and Crime (UNODC)

Unified Budget Results and Accountability Framework  
(UBRAF) 2016-2021

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Organizational report 2018-2019



# Contents

Key strategies and approaches to integrate HIV into the broader agency mandate	2
Contributing to progress towards the SDGs	4
Case study: Talking about HIV care for people who use stimulant drugs in Viet Nam	6
Knowledge products	7

## **Key strategies and approaches to integrate HIV into the broader agency mandate**

UNODC promotes human rights-based, public health-focused and gender-responsive HIV prevention, treatment and care for people who use drugs and people in prisons, and it provides HIV-related technical assistance to Member States. It does so in full compliance with the relevant declarations, resolutions and decisions adopted by the UN General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and Criminal Justice and the Programme Coordinating Board of UNAIDS.

UNODC implements the recommendations related to prevention, treatment and care of HIV contained in the outcome document of the 30th special session of the General Assembly on the world drug problem, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, and in the 2019 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem.

In the outcome document of the 30th Special Session of the General Assembly (Assembly resolution S-30/1), relevant national authorities were invited to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse.

Those measures include appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as ART and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use. The outcome document further invited countries to consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by WHO, UNODC and UNAIDS.

In its resolution [70/266](#), the UN General Assembly adopted the Political Declaration on Ending AIDS. The Political Declaration explicitly emphasizes the importance of promoting, protecting and fulfilling all human rights and the dignity of people living with, at risk of and affected by HIV as an objective and means to ending the AIDS epidemic. In the Political Declaration, Member States noted that many national HIV prevention, testing and treatment programmes provide insufficient access to services for key populations, including for people who inject drugs and people in prison.

The strategic approach of UNODC in high-priority countries is informed by consultation with national stakeholders, including with civil society organizations, following an analysis of epidemiological data, country readiness regarding the policy and legislative environments allowing essential services (such as needle and syringe programmes, opioid substitution therapy, condom programmes and ART) and the resource environment, including international and domestic funding and human resources.

UNODC's HIV-related work in 2018–2019 was undertaken with significantly reduced financial resources through core UBRAF funding (compared to levels prior to 2016). The HIV-related technical assistance provided by UNODC is aligned with the UNAIDS 2016–2021 Strategy.

In 2018–2019, UNODC supported 25 priority countries in the development and implementation of comprehensive evidence-informed and gender- and age-responsive strategies and programmes among people who inject drugs, based on the WHO/UNODC/UNAIDS comprehensive package of HIV prevention, treatment and care services. It also supported 35 priority countries in developing, adopting and implementing strategies and programmes on HIV prevention, treatment and care in prisons. That included support for improving linkages of prison health facilities with community health-care centres, based on the UN Standards Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and in line with the UNODCS policy brief on HIV prevention, treatment and care in prisons and other closed settings.

UNODC and its partners engaged national policymakers, drug control agencies, prison administrations, public health and justice authorities, civil society organizations (including representatives of people who use drugs) and the scientific community in an evidence-informed dialogue on HIV, drug policies and human rights. The aim was to identify ways in which drug policies could be strengthened to protect the right of people who use drugs to HIV-related health care, including in prisons and other closed settings.

UNODC provided targeted training and technical assistance for the review, adaptation, development and implementation of relevant legislation, national AIDS strategies, policies and programmes. It helped ensure that those actions were evidence-informed and human-rights focused and that they advanced public health approaches to HIV prevention, treatment and care for people who use drugs, and in prisons and other closed settings. UNODC advocated for the removal of legal barriers hindering access to HIV services (including needle and syringe programmes, opioid substitution therapy and condom distribution programmes in prisons) and it supported the adaptation of national standard operating procedures for HIV testing services in prison settings.

During the biennium, UNODC contributed to the review and revision of the UNAIDS Division of Labour between the UNAIDS Cosponsors. In accordance with the Division of Labour, UNODC is the convening agency of the UNAIDS family for prevention and treatment of HIV

among people who use drugs and ensuring access to comprehensive HIV services for people in prisons and other closed settings.<sup>1</sup>

Jointly with national and international partners, UNODC supported Member States in effectively addressing HIV at the 61st and 62nd sessions of the Commission on Narcotic Drugs, and the 27th and 28th sessions of the Commission on Crime Prevention and Criminal Justice. UNODC also supported stakeholders' contributions to the ministerial segment of the 62nd session of the Commission on Narcotic Drugs by helping them take stock of implementation of commitments to address the global drug problem, and by sharing their expertise and practical experiences from on-the-ground work on HIV prevention, treatment and care for people who use drugs.

UNODC contributed to the ongoing work of the Global HIV Prevention Coalition and implementation of the HIV Prevention 2020 Roadmap. This is providing a basis for country-led drives to scale up HIV prevention programmes as part of a comprehensive response to meet global and national prevention targets and commitments to end AIDS as a public health threat by 2030, including for people who inject drugs and for people in prisons.

## **Contributing to progress towards the SDGs**

UNODC is fast-tracking its global HIV responses across several SDG areas. The HIV work is aligned to the SDGs, in particular SDG 3.3, which was also emphasized in the 2016 UNGASS on Drugs Outcome Document. To that end,

- UNODC joined the drive to implement HIV services that are gender-responsive (SDG 5),
- advocated for equal access to HIV services for people who use drugs and people in prisons that are human rights- and public health-based (SDG 10),
- promoted the elimination of all forms of discrimination against people who use drugs and people in prisons (SDG 16), and
- teamed up with governments and communities to achieve major reductions in new HIV infections and HIV-related deaths among the key populations (SDG 17).

UNODC supported dissemination of the technical guide on HIV prevention treatment care and support among people who use stimulant drugs. It also developed a training programme addressing specific subcategories of stimulant drugs, namely amphetamine-type stimulants, cocaine and new psychoactive substances. Train-the-trainer workshops were held (for

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<sup>1</sup> UNAIDS, "UNAIDS joint programme division of labour: guidance note 2018" (Geneva, 2018).

250 people in Brazil, Dominican Republic and Viet Nam), as well as regional workshops in the Middle East and North Africa (covering Afghanistan, Bahrain, Egypt, Iran, Iraq, Morocco, Lebanon, Pakistan and Tunisia), eastern Europe (Belarus, Moldova and Ukraine) and South-East Asia (China, Cambodia, Myanmar, Indonesia, Thailand and Viet Nam).

In Nigeria, with technical support provided by headquarter staff, the first-ever national situation and needs assessment of HIV, hepatitis, TB and drug use in prisons was conducted, the results of which will inform the development of national policies, strategies and evidence-based interventions.

UNODC continued implementation of the HIV-in-prisons programme in sub-Saharan Africa, which has supported the development or revision of policies, strategies and laws, including to ensure compliance with national and international standards and guidelines in 4 countries. UNODC also assessed HIV and SRH programming in prisons to improve compliance with UN, regional and country-specific normative guidelines in the 10 programme implementing countries, generating recommendations for legal reforms.

UNODC advocated for human rights and public health-based, age and gender-responsive and evidence-informed strategies to address HIV, TB, viral hepatitis, sexually transmitted infections and drug dependence in prison at the WHO Health in Prison Programme Steering Committee Meeting (September 2019), the International Liver Congress Vienna, Austria (April 2019), the 2nd European Conference on Prison Health Lisbon, Portugal (October 2019) and the Lisbon Addiction Conference Lisbon, Portugal (October 2019).

In July 2018, the UNODC HIV/AIDS Section organized and participated in sessions on HIV, TB and drug use in prisons during the International AIDS Conference in Amsterdam. It presented updates on HIV, hepatitis C infection, TB and drug use epidemiological situation and service coverage in prisons and other closed settings. It also promoted human rights and evidence-based interventions regarding HIV and drug use in prisons, shared good practice examples of prison programmes for people who use drugs and/or are living with HIV in prisons, and advocated for uninterrupted access to health-care services for people in contact with criminal justice system.

In addition, UNODC supported Member States in effectively developing and implementing a comprehensive and gender-responsive response to people who use drugs in the context of the 62nd session of the Commission on Narcotic Drugs, and regarding HIV in prisons and other closed settings in the context of the 28th session of the Commission on Crime Prevention and Criminal Justice.

UNODC supported Member States in reviewing and revising UNODC's global data collection tool "Annual Report Questionnaire" with regard to data on injecting drug use and HIV, and regarding prisons. It also developed harmonized indicators and methodological guidance for

data collection, monitoring and evaluation of HIV services for people who inject drugs (jointly with WHO, the UNAIDS Secretariat, the Global Fund, PEPFAR and other partners).

## **Case study: Talking about HIV care for people who use stimulant drugs in Viet Nam**

In May 2019, UNODC hosted the first in a series of training workshops in Ho Chi Minh, Viet Nam, to address HIV prevention, treatment and care for people who use stimulant drugs. The 2.5-day training and dialogue, cosponsored by the Vietnam Addiction Technology Transfer Centre and the Vietnam Administration of HIV/AIDS Control, focused on improving access to HIV and viral hepatitis services for people who use amphetamine-type stimulants (ATS) in Viet Nam.



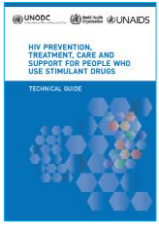

The past 20 years have seen a significant rise in the availability and use of ATS in several regions, including South-East Asia. Particularly troubling is the rapid growth of use by young drug users, many of whom live in large cities, border areas and industrial zones. Unsafe injection of ATS and unsafe sexual behaviours during ATS use is associated with increased risk of transmission of blood-borne viruses such as HIV and hepatitis. The lack of HIV guidelines for ATS users and shortages in clinical staff highlight the need for tailored interventions for this subpopulation.

UNODC's recently published implementation guide on "HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs", translated and adapted to the Vietnamese context, provided the basis for the training and dialogue. Policymakers, the workshop sponsors, service providers and outreach workers from eight provinces in Viet Nam shared their expertise and experience (330 years in total) in HIV and addiction.

This kick-off event improved awareness and engagement regarding the needs of people who use ATS, as well as commitments to create and strengthen linkages between policymakers and services providers for future support and cooperation.



## Knowledge products

	<p><b>Technical Guide on HIV prevention, treatment, care and support among people who use stimulant drugs.</b> In 2019, UNODC published this technical guide in collaboration with WHO and UNAIDS Secretariat which provides guidance on implementing HIV, hepatitis C and hepatitis B programmes for people who use stimulant drugs and who are at risk of contracting these viruses.</p>
	<p><b>Technical Guide on Prevention of Mother-to-Child Transmission (PMTCT) of HIV in Prisons.</b> UNODC developed this technical guide jointly with WHO, UNFPA, UN Women and the UNAIDS Secretariat which provides guidance on implementation of HIV services for women and their children in prisons towards ensuring access to high-quality HIV and SRHR services in prisons.</p>





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