

# United Nations Office on Drugs and Crime (UNODC)

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





# Contents

<b>Achievements</b>	2
Key achievements by Strategy Result Area	2
HIV services for key populations	2
Harm reduction package for people who inject drugs	3
Legal and policy reforms	4

# Achievements

## Key achievements by Strategy Result Area

**Strategy Result Area 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants**

### HIV services for key populations

In order to ensure continuity of HIV services for people in contact with the criminal justice system, in 2016-2017, UNODC advocated for strengthening collaboration between public health, criminal justice, prison administration and civil society organizations. This included advocacy at side events of the 25th and 26th sessions of the Commission on Crime Prevention and Criminal Justice held in 2016 and 2017.

UNODC also assisted in development, adoption and implementation of strategies and programmes on HIV in the criminal justice system, in line with the UNODC/ILO/UNDP/WHO/UNAIDS Policy Brief HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. For example, in Namibia a Prisons Health Policy was launched, in Vietnam the first methadone maintenance therapy service unit in prisons was opened and scaling up of OST in prisons was technically supported and in Nepal the 15 key interventions for HIV prevention, treatment and care in prisons were included in relevant HIV Standard Operating Procedures.

UNODC continued implementation of the HIV in prisons programme in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe). To date, the project has built the capacity of over 30 000 policy-makers and provided support and training to over 33 000 prison inmates and prison health staff. In 2017, UNODC initiated a new phase for the project for 2017–2020.

UNODC also implemented training for senior officials of various line ministries and directorates in Egypt, Morocco and Tunisia, as well as conducting three workshops on health in detention, in collaboration with International Committee of the Red Cross. UNODC also implemented training to address the health needs of women in prisons in Morocco and built the capacity of the staff of National Centre for Disease Control and civil society organizations in Libya.

In Ukraine, UNODC supported regular training of prison staff on HIV, human rights, stigma and discrimination, as part of existing staff training and development schemes. This included the development of an on-the-job training manual on HIV, as well as facilitating a training-of-trainers workshop. In cooperation with the National Police of Ukraine and the Ukraine

National Academy of Internal Affairs, UNODC additionally produced learning material (video), which has, to date, reached over 14 000 police officers in the country.

UNODC supported CSOs in the implementation and scaling up of evidence-based HIV services for people who use drugs as well as in prison settings, including in the context of 'UNODC-CSO Group on Drug Use and HIV'. For example, UNODC built the capacity of civil society and community-based organizations working among people who use drugs in 12 African countries and of women who use drugs in Indonesia.

Through the 2016 World Drug Report and at relevant high-level meetings of the UN Governing bodies organized in 2016 and 2017, UNODC also disseminated results of literature reviews on HIV and amphetamine-type stimulants use, HIV and cocaine use, and HIV and new psychoactive substances (NPS) use

### **Harm reduction package for people who inject drugs**

In March 2016, UNODC organized a scientific consultation 'Science addressing drugs and HIV: State of the Art: An update' in the margins of the Commission on Narcotic Drugs (CND) 59th session. The scientific statement was presented at the UNGASS on the World Drug Problem (April 2016) and at the High-Level Meeting on Ending AIDS (June 2016).

During the biennium, UNODC further strengthened partnerships between law enforcement, CSOs and CBOs, and disseminated the Practical Guide for Civil Society HIV Service Providers among People Who Use Drugs: Improving Cooperation and Interaction with Law Enforcement Officials. The guide was jointly produced with Law Enforcement and HIV Network (LEAHN) and International Network of People Who Use Drugs (INPUD) in 2016.

In 2016–2017, UNODC trained over 650 law enforcement officers, 200 representatives of CSO and CBOs, and nearly 200 members of parliament and representatives of health, education and social sectors on interacting with people who inject drugs, implementing police referral services as an alternative to incarceration, and addressing HIV at the workplace. Training was carried out in Afghanistan, Armenia, Belarus, Kazakhstan, Nigeria, the Republic of Moldova, South Africa, Tajikistan, Tanzania, Ukraine and Uzbekistan. UNODC also developed an e-learning tool for HIV training among law enforcement officials.

In Egypt, South Africa, the United Republic of Tanzania and Vietnam, UNODC also trained over 230 service providers to improve access to HIV services for people who inject drugs. In 2016-2017, the efforts of the UNODC-CSO Group on Drug Use and HIV were focused on implementation and scaling up of evidence-based HIV prevention, treatment and care for people who inject drugs.

UNODC supported over 80 CSOs worldwide and produced a guidance document Addressing the specific needs of women who inject drugs - Practical guide for service providers on gender-responsive HIV services in partnership with the International Network of Women Who Use Drugs (INWUD), Women Harm Reduction International Network (WHRIN) and the Eurasian Harm Reduction Network (EHRN).

In partnership with the International Network of Women Who Use Drugs, UNODC developed a training programme on addressing the specific needs of women who inject drugs and trained over 70 service providers, managers and outreach workers in Egypt, Indonesia and Vietnam. The training events were followed by policy-level dialogues with national stakeholders.

UNODC workshops and policy dialogues engaged people who inject drugs in the response to HIV and trained more than 120 representatives of Governments, civil society and community-based organizations in Egypt, South Africa, Tanzania and Vietnam.

UNODC also organized technical consultations on HIV and stimulant drug use in Brazil, Ukraine and Vietnam, bringing together over 100 representatives from national HIV/AIDS programmes, drug control and law enforcement agencies, and governmental and non-governmental organizations.

## **Strategy Result Area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed**

### **Legal and policy reforms**

UNODC contributed to the work of the UNAIDS Global HIV Prevention Coalition and the development of the UNAIDS HIV Prevention 2020 Roadmap as a basis for a country-led movement to scale up HIV prevention programmes as part of a comprehensive response to meet global and national prevention targets and commitments, including for prison inmates and people who inject drugs.

At the country level, UNODC backed efforts to update national drug policies. For example, in Myanmar, UNODC supported three rounds of drug policy consultations convened by the Ministry of Home Affairs, the Myanmar Police Force and the Central Committee for Drug Abuse Control. The consultations lay the foundation for a new drug policy and for related legal reforms. UNODC provided expert inputs to develop human-rights-centred and health-focused approaches, promoting the adoption of the comprehensive package of HIV prevention, treatment and care services for people who inject drugs and encouraging discontinuation of the compulsory registration of people who use drugs.

In Nigeria, UNODC supported the inclusion of evidence-based activities to address HIV among people who inject drugs in the national drug control master plan and the national policy for the control of viral hepatitis. Furthermore, UNODC contributed to the inclusion of such activities in the workplan of the Economic Community of West African States for 2016–2020. In addition, UNODC jointly facilitated access to legal services for people who inject drugs, with the Coalition of Lawyers for Human Rights.

In Afghanistan, UNODC provided technical assistance to the Ministry of Public Health as it developed a national strategic framework for the prevention and control of HIV for 2016–2020. In addition, UNODC advocated for the removal of legal barriers hindering access to HIV services, including needle and syringe programmes, opioid substitution therapy and condom programmes in prisons.

In Ukraine, UNODC and its partners successfully advocated for the introduction of opioid substitution therapy in prison settings, which the Government approved in 2016.

## **Legal and policy reforms**

2016

□ [http://www.unodc.org/documents/hiv-aids/2016/Addressing\\_the\\_specific\\_needs\\_of\\_women\\_who\\_inject\\_drugs\\_Practical\\_guide\\_for\\_service\\_providers\\_on\\_gender-responsive\\_HIV\\_services.pdf](http://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf).

□ [http://www.unodc.org/documents/hiv-aids/2016/Practical\\_Guide\\_for\\_Civil\\_Society\\_HIV\\_Service\\_Providers.pdf](http://www.unodc.org/documents/hiv-aids/2016/Practical_Guide_for_Civil_Society_HIV_Service_Providers.pdf)

2017

□ [http://www.unodc.org/documents/hiv-aids/2017/1\\_Stim\\_HIV\\_Syst\\_Lit\\_rev\\_Part\\_1\\_methodology\\_and\\_summary.pdf](http://www.unodc.org/documents/hiv-aids/2017/1_Stim_HIV_Syst_Lit_rev_Part_1_methodology_and_summary.pdf)

□ [http://www.unodc.org/documents/hiv-aids/2017/2\\_Stim\\_HIV\\_Syst\\_Lit\\_Rev\\_Part\\_2\\_ATS.pdf](http://www.unodc.org/documents/hiv-aids/2017/2_Stim_HIV_Syst_Lit_Rev_Part_2_ATS.pdf)

□ [http://www.unodc.org/documents/hiv-aids/2017/3\\_Stim\\_HIV\\_Syst\\_Lit\\_Rev\\_Part\\_3\\_Cocaine\\_and\\_Crack-Cocaine.pdf](http://www.unodc.org/documents/hiv-aids/2017/3_Stim_HIV_Syst_Lit_Rev_Part_3_Cocaine_and_Crack-Cocaine.pdf)

□ [http://www.unodc.org/documents/hiv-aids/2017/4\\_Stim\\_HIV\\_Syst\\_Lit\\_Rev\\_Part\\_4\\_-\\_New\\_Psychoactive\\_Substances.pdf](http://www.unodc.org/documents/hiv-aids/2017/4_Stim_HIV_Syst_Lit_Rev_Part_4_-_New_Psychoactive_Substances.pdf)

□ [http://www.unodc.org/documents/hiv-aids/2017/5\\_Stim\\_HIV\\_Syst\\_Lit\\_rev\\_Part\\_5\\_Prevention\\_and\\_treatment.pdf](http://www.unodc.org/documents/hiv-aids/2017/5_Stim_HIV_Syst_Lit_rev_Part_5_Prevention_and_treatment.pdf)





**UNAIDS**

20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)