

UNAIDS 2023

United Nations Office on Drugs and Crime (UNODC)

2022 Organizational Report

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HIV in UNODC's mandate

UNODC, UNAIDS's convening agency for HIV among people who use drugs and people in prison, implements its mandate in full compliance with the relevant declarations, resolutions and decisions from the UN General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and the Criminal Justice and the UNAIDS Programme Coordinating Board.

UNODC is a member of the Joint UN Team on AIDS in 48 of the 91 countries where the Joint Programme operates

UNODC's comparative advantage within the Joint Programme stems from its mandate and strong expertise in working with and between ministries of health, justice and interior, drug control agencies, law enforcement and prison authorities, and civil society and community-led organizations, including networks of people who use drugs. UNODC's role in reducing HIV among its mandated key populations is cross-cutting, involving technical guidance and assistance, capacity building, procurement and targeted advocacy for effective coordination and policy-making.

UNODC focuses its efforts and programme delivery on high-priority countries,¹ including in humanitarian settings. It does by working with partner UN agencies, Member States, civil society, academia and communities to support the reform, development and implementation of effective legislation and policies to ensure access to HIV services for people who use drugs and people in prisons. It promotes the elimination of stigma and discrimination, and the implementation of human rights, evidence-based, public health-centred approaches to drug use and HIV.

Based on compelling and comprehensive evidence that harm reduction² improves the health of people who inject drugs and is safe and cost-effective, UNODC works to expand and scale up the availability of these services. It also seeks to ensuring that services are tailored to the needs of women who use drugs and women in prisons, including the prevention of vertical transmission of HIV and of gender-based violence.

As part of its work to address HIV, viral hepatitis and TB in prisons and other closed settings, UNODC advocates for preventing the use of custodial sentences for minor offences, reducing prison overcrowding and implementing measures for alternatives to imprisonment for women and juveniles and for nonviolent offences, particularly for crimes not recognized under international law. UNODC also supports the integration of HIV services in prisons into public health systems, recognising that interventions provided in prison settings ultimately benefit the community as a whole.

¹ Twenty-four high-priority countries for drug use and HIV and 30 high-priority countries on prisons and HIV in Asia-Pacific, eastern Europe and central Asia, eastern and southern Africa, Latin America and the Caribbean, the Middle East and North Africa.

² Harm reduction is defined as a comprehensive package of evidence-based interventions, based on public health and human rights, including needle and syringe programmes, opioid agonist therapy and naloxone for overdose management.

UNODC values and support the unique expertise that community-led organizations and networks of people who use drugs and people in prisons bring in all aspects of the HIV response. It regularly convenes academia and the community of people who use drugs to review and discuss challenges and best practices—such as the UNODC civil society group on drug use and HIV, and the informal global network of civil society organizations working on HIV in prisons—to expand HIV services in prisons and in the community.

UNODC support to countries is based on the comprehensive package of HIV prevention, treatment and care services (WHO, UNODC and the UNAIDS Secretariat), the UN Standards Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and the [Technical Brief on HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions](#) (UNODC, UNDP, UNFPA, ILO, WHO and the UNAIDS Secretariat).

Key UNODC strategy for HIV

UNODC is committed to implementing the Global AIDS Strategy and the [UNODC Strategy \(2021–2025\)](#) in synergy to magnify their impact on the HIV response among people who use drugs and people in prisons. The Global AIDS Strategy and the 2021 Political Declaration outline the 10–10–10 targets,³ which aim to reduce restrictive legal and policy frameworks, gender-based inequalities and stigma and discrimination.

Top results in 2022

New technical guides developed to support high priority countries to address HIV among people who use drugs and people in prisons.

Implementation and scale up of evidence-based harm reduction programmes supported. Following sustained advocacy by UNODC with government agencies, opioid agonist therapy programmes are now being implemented in Algeria, Egypt, Pakistan and Uganda. In Tajikistan, opioid agonist therapy was recently extended to pre-detention centres, ensuring sustainability throughout all stages of the criminal justice process.

To increase stronger political commitment and a cooperative national approach on HIV and sharing of experiences, knowledge and best practices to scale up harm reduction interventions, UNODC, in partnership with the Global Fund and WHO, conducted a series of high-level advocacy meetings in Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe, followed by targeted technical support.

Issues related to availability and accessibility of opioid agonist therapy for people who use drugs, the inequalities that drive the HIV pandemic among people who use drugs and people in prisons, and country experiences with needle and syringe programmes in prisons and other closed settings were highlighted during the 2022 International AIDS Conference.

Capacity built for an evidence- and human rights-based response to HIV and drug use. UNODC implemented a large capacity-building programme in its high-priority countries, using technical guidance developed in collaboration with the UNAIDS Secretariat, WHO, the

International Network of People Who Use Drugs and Harm Reduction International:

- on HIV prevention, treatment and care among people who use stimulants in Afghanistan, Cambodia, India, Laos, Malaysia, Myanmar, Thailand and Viet Nam;
- on opioid agonist therapy in Egypt, Mozambique and Pakistan; and
- in partnership with Harm Reduction International and harm reduction civil society experts, virtual trainings in South-east Asia, south Asia and Africa on tailoring vaccination and COVID-19 services for people who use drugs.

Together with the Global Fund, WHO and the International Network of People Who Use Drugs, UNODC established a discussion platform to foster community-led organizations' engagement in the HIV response among people who use drugs and people in prisons in several African countries.

Strategic information collected to inform effective action. In collaboration with WHO, the UNAIDS Secretariat and the World Bank, UNODC led the compilation and joint review of estimates (published in the 2022 *World drug report*) of the number of people who inject drugs, and of HIV and hepatitis C prevalence among people who inject drugs.

Support provided to accelerate progress towards the 10–10–10 targets. UNODC further assisted countries to reach the societal enabler targets for 2025 and deliver on political and financial commitments needed to scale up interventions to address the structural, financial and economic inequalities, and gender-based inequalities driving the HIV epidemic among people who use drugs. A virtual, multistakeholder consultation took place between the academic community and civil society, with a focus on the impact of unequal HIV prevention, treatment, care and support among people who use drugs and its main outcomes were presented to the Commission on Narcotic Drugs.

UNODC supported the International Network of People Who Use Drugs to **build the capacity of community-led organizations** to evaluate the impact of criminalization of drug use on people who use drugs and develop new skills on evidence-informed advocacy for 10–10–10 targets. With UNODC support, the International Network of People Who Use Drugs collaborated with Persaudaraan Korban Napza Indonesia, the Drug Harm Reduction Advocacy Network and the South African Network of People who Use Drug to conduct three national capacity building fora of drug user advocates in Indonesia, Nigeria and South Africa. A five-year advocacy road map guides the national network advocacy for human rights for people who use drugs.

Actions taken to strengthen efforts to address HIV and prisons. As part of its work to address HIV, viral hepatitis and TB in prisons and other closed settings, UNODC conducted trainings in India, Nigeria, South Africa, Thailand and the United Republic of Tanzania to strengthen the capacities of policy-makers, prison administrations, staff and health-care providers in implementing the Nelson Mandela Rules and the Bangkok Rules to address stigma, discrimination and violence in prisons and other closed settings.

Jointly with civil society and other UN agencies, UNODC further advocated for gender-sensitive HIV services and built the capacity of service providers in prisons in the Islamic Republic of Iran, Morocco, Mozambique, Myanmar, Nepal and Thailand. In collaboration with relevant Cosponsors, the UNAIDS Secretariat and experts, UNODC developed and

launched a tool to monitor epidemiological trends in vertical HIV transmission in prisons and services to prevent such transmission, including by through tools for data collection.

UNODC provided technical support for the national guidelines and related standard operating procedures for health and HIV services in prison settings (Ethiopia and Indonesia), for opioid agonist therapy (Nigeria) and a national drug and HIV prevention, treatment and care strategy for both community and prison settings (Morocco and Tunisia).

Support provided to strengthen partnerships with law enforcement. UNODC strengthened partnerships between law enforcement and other relevant sectors, including public health, social welfare, civil society and community-based organizations, through several national and regional consultations with representatives from law enforcement agencies and civil society in Belarus, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. Some 1,100 police officers benefited from training on the role of the police in the national HIV response, including in Moldova, Tajikistan and Zambia.

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