

UNAIDS 2019

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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



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## **Key strategies and approaches**

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. UNODC delivers technical assistance to Member States, civil society organizations and other partners in developing, adopting and implementing strategies and programmes on HIV related to drug use, in particular for people who inject drugs, and policies and programmes for HIV prevention, treatment, care and support in prisons and other closed settings. HIV-related technical assistance provided by UNODC is fully aligned with the UNAIDS strategy for 2016–2021 seeking to achieve a set of ambitious, focused and people-centred goals and targets by 2020 in order to accelerate the delivery of results against the 2030 Agenda for Sustainable Development and reach the SDG target 3.3 of ending AIDS as a public health threat by 2030, leaving no one behind.

UNODC implements the recommendations related to prevention, treatment and care of HIV contained in the outcome document of the special session of the General Assembly on the world drug problem, held in 2016, entitled *Our Joint Commitment to Effectively Addressing and Countering the World Drug Problem*; and in the 2016 Political Declaration on HIV and AIDS: *On the Fast-Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030*. 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 people who inject drugs and people in prison.

UNODC is the convening Cosponsor for the UNAIDS Division of Labour area of harm reduction for people who use drugs and HIV in prisons. The UNAIDS Division of Labour is a critically important framework for UNODC work around HIV in accentuating the comparative advantages of UNODC and helping to leverage organizational mandates and resources to work collectively with other UNAIDS Cosponsors to deliver results, including by strengthening joint work and maximizing partnerships.

With significantly reduced financial resources available through the UBRAF to UNODC compared with pre-2016, UNODC strategically works to focus efforts and programme delivery in high-priority countries. Selection of high-priority countries is made in consultation with national stakeholders, including civil society organizations, following an analysis of epidemiological data, country readiness regarding the policy and legislative environments for essential services (e.g. needle–syringe programmes, opioid substitution therapy, condom programmes, antiretroviral therapy), and the resource environment, including international and domestic funding and human resources.

In 2018 UNODC supported 24 high-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 and UNAIDS comprehensive package of HIV prevention, treatment and care services. UNODC also supported 34 high-priority countries in developing, adopting and implementing strategies and programmes on HIV prevention, treatment and care in prisons, and in improving linkages of prison health facilities with community health-care centres, based on the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) and in line with the UNODC, ILO, UNDP, WHO and UNAIDS Policy Brief on HIV Prevention, Treatment and Care in Prisons and Other Closed Settings: A Comprehensive Package of Interventions.

## Highlights of results

UNODC disseminated guidance on HIV prevention, treatment and care among women who use drugs and provided training on gender mainstreaming of HIV services, including monitoring and evaluation, to over 1000 HIV service providers in Afghanistan, Belarus, Egypt, Indonesia, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Morocco, Myanmar, Nepal, the Republic of Moldova, Tajikistan, Thailand, Uzbekistan and Viet Nam.

UNODC continued to roll out the guide *Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance* at the country level and developed a training package to facilitate the introduction and uptake of this guide at the country level. UNODC finalized an implementation guide on HIV prevention, treatment, care and support for people who use stimulant drugs; rolled out a training module on gender mainstreaming the monitoring and evaluation of HIV services for women who use drugs; and prepared a technical guide on prevention of mother-to-child transmission of HIV in prisons in consultation with experts nominated by Member States and jointly with UNAIDS, UNFPA, UNICEF, UN Women and WHO.

UNODC strengthened partnerships between law enforcement, civil society and health sectors, and built capacity of over 2100 law enforcement officers, 200 members of civil society and community-based organizations, and 120 parliamentarians and representatives of health, education and social sectors in Belarus, Kazakhstan, Morocco, the Philippines, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

UNODC advocated for the alignment of prison health-sector plans with a comprehensive package of HIV prevention, treatment and care services. UNODC built capacity of senior government officials in Egypt, Morocco and Tunisia on HIV, viral hepatitis, sexually transmitted infections, and TB prevention, treatment and care; and supported, jointly with UNFPA, UNICEF and WHO, delivery of HIV and related health services in prisons in Angola,

Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe.

## **Key achievements by SRA**

### **SRA 2: New HIV infections among children are eliminated and the health and well-being of the children's mothers are sustained**

In response to the Commission on Crime Prevention and Criminal Justice Resolution 26/2, UNODC developed the Technical Guide on Prevention of Mother-to-child Transmission of HIV in Prisons in consultation with experts nominated by Member States and jointly with UNAIDS, UNFPA, UNICEF, UN Women and WHO. The purpose of the guide is to support countries in providing high-quality HIV and sexual and reproductive health services to women in prisons to ensure elimination of new HIV infections among women and their children in prisons. The guide provides operational guidance for implementation of prevention of mother-to-child transmission services for women and their children in prisons. The guide focuses on overcoming the specific challenges in providing services to prevent vertical transmission in prisons by providing recommendations from a public health perspective that prison services should strive to achieve, especially in countries with a high burden of coinfection with TB, HIV, hepatitis B and C, syphilis and other sexually transmitted infections. The intended audiences for this guide are policy-makers, prison commissioners, prison senior management and staff, health-care providers, practitioners, peer workers, communities and women in prisons.

### **SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants**

UNODC developed a training package for rolling out the guide Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance at the country level. UNODC strengthened partnerships between law enforcement, civil society and health sectors, and built capacity of over 2100 law enforcement officers, 200 members of civil society and community-based organizations, and 120 parliamentarians and representatives of health, education and social sectors in addressing HIV among people who inject drugs in Belarus, Kazakhstan, Morocco, the Philippines, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

UNODC and its partners engaged national policy-makers, drug control agencies, public health organizations, justice organizations, civil society organizations (including the scientific community), and organizations of people who use drugs in evidence-informed dialogues on HIV, drug policies and human rights. Over 800 representatives from civil society

organizations, community-based organizations and government and policy-makers participated in UNODC training workshops and policy dialogues on the engagement of the community of people who inject drugs in the HIV response in Afghanistan, Belarus, Egypt, Kenya, Pakistan, South Africa, Thailand, the United Republic of Tanzania and Viet Nam.

UNODC and its partners continued to advance global dialogue on and advocacy for gender-responsive HIV programmes and equitable access to HIV prevention, treatment and care services for women who use drugs, women in prisons, and female sexual partners of men who inject drugs. UNODC introduced a practical guide on the implementation of gender-responsive services, built capacity of country programme managers, and provided services for women who inject drugs in community-based sites, including in prisons, in Afghanistan, Belarus, Egypt, Indonesia, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Morocco, Myanmar, Nepal, the Republic of Moldova, South Africa, Tajikistan, Thailand, Uzbekistan and Viet Nam. Workshops on mainstreaming gender in monitoring and evaluation of HIV services for women who use drugs were delivered in 12 countries. The outcomes of these capacity-building efforts are expected to improve development, implementation, monitoring and evaluation of HIV harm-reduction services for an estimated 50 000 women who use drugs.

UNODC trained prison authorities and law enforcement agencies, strengthened their partnerships with civil society for scaling up HIV prevention, treatment and care in communities and prisons, and supported institutionalizing HIV training, including by mainstreaming gender, as part of the curricula of national police academies. For example, in eastern Europe and central Asia UNODC supported development of innovative police referral schemes to increase access to HIV harm-reduction services in 15 cities in Belarus, Kazakhstan, the Republic of Moldova and Ukraine. As a result of the strengthened partnerships between police, health and civil society organizations in Ukraine, the national police authority has requested UNODC to scale up rollout of the referral schemes in other cities.

UNODC strengthened collaboration between public health, criminal justice and prison administration, and civil society organizations, with the goal of increasing investments in public health and human rights-based responses to HIV in prisons. For example, in the Middle East and North Africa, advocacy and technical support by UNODC increased accessibility to and quality of HIV and TB services for over 10 000 people in prison in Egypt; for over 18 000 people (female and male) in prison in Morocco; and for over 10 000 people (female and male) in prison in Tunisia. Moreover, UNODC supported compliance with HIV, health and human rights principles for people in prison in sub-Saharan Africa and contributed to the alignment of HIV and sexual and reproductive health services with the United Nations standard minimum rules in prisons in Angola, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe. In addition, UNODC initiated assessments on the availability of comprehensive HIV services in 44 prisons

and 10 pre-trial detention centres in Ghana, India, Nigeria, the Philippines and the United Republic of Tanzania.

UNODC, jointly with national and international partners, supported Member States in effectively addressing HIV and helped bridge the gap between policy and science with regard to harm reduction for HIV prevention in the context of the 61st session of the Commission on Narcotic Drugs, and the 27th session of the Commission on Crime Prevention and Criminal Justice.

In collaboration with UNAIDS, WHO and the World Bank, UNODC generated and published strategic information on people who inject drugs and HIV among people who inject drugs, and enhanced coordination in global data collection, review, analysis and reporting on HIV and injecting drug use, with involvement of civil society and expert networks. Interagency collaboration has improved global understanding of the quality of current estimates on the prevalence of injecting drug use and the prevalence of HIV among people who inject drugs and helped to identify country-specific technical assistance needs. The joint estimates were published in the UNODC World Drug Report 2018. A global review commissioned and technically supported by UNODC—HIV, Viral Hepatitis and TB in Prison Populations: A Global Systematic Review and Survey of Infections and Mortality, and Provision of HIV Services in Prisons—was completed and its results disseminated at the 22nd International AIDS Conference in Amsterdam. In addition, the Strategic Advisory Group to the United Nations on Injecting Drug Use and HIV, involving the UNAIDS Secretariat, UNODC, WHO and the World Bank, contributed to the review and improvement of strategic information regarding the situation and responses to injecting drug use and HIV.

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

UNODC provided targeted training and technical assistance for the review, adaptation, development and implementation of relevant legislation, national AIDS strategies, policies and programmes that are evidence-informed and human rights-focused and that more effectively support public health approaches to HIV prevention, treatment and care for people who use drugs, and for people in prisons and other closed settings, in the Dominican Republic, Indonesia, Kyrgyzstan, Myanmar, the Philippines, Ukraine and Uzbekistan.

UNODC advocated for the removal of legal barriers hindering access to HIV services, including needle–syringe programmes, opioid substitution therapy and condom programmes in prisons, and supported adaptation of national standard operating procedures for HIV testing services in prison settings. UNODC trained prison health staff and community-based HIV service providers in HIV testing services in prison settings and in establishing linkages to care after release in India, Kenya and Viet Nam. Over 100 health-care providers were trained in these 3 countries on standard operating procedures and related medical ethics.

On Nelson Mandela International Day, UNODC facilitated the African Correctional Services Association Executive Committee meeting with the participation of the heads of the African Correctional Services. The meeting issued a call for action to foster the practical application of the Nelson Mandela Rules, including compliance with HIV, health and human rights principles for people in prisons in Africa, prioritizing prison populations as part of the national HIV and health strategies and responses, and with the goal of ensuring people in prisons have access to the same standards of human rights-based, evidence-informed and gender-responsive health-care services and support that are available in the community.

In May 2018 UNODC supported the African Correctional Services Association constitutional review in Kigali, Rwanda in setting up national legal and policy instruments that adhere to United Nations normative guidelines for HIV and sexual and reproductive health and rights for prison populations, and in developing and disseminating normative HIV and sexual and reproductive health and rights standards, tools and guidelines for prison settings. In addition, UNODC supported the organization of an extraordinary high-level session of African Correctional Services Association Member States and its Executive Committee in July 2018. The session generated a communiqué expressing the Association's full commitment to implementation of the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules). The communiqué called for improved coordination among all relevant stakeholders, including civil society, to support the development and implementation of HIV and sexual and reproductive health and rights services tailored to meet the needs of people in prisons, including women and adolescents.

## Financial information

**Table 1**  
**Funds available in 2018 (US\$)**

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	381,653
Sub-total	2,381,653
2018 country envelope	1,404,250
<b>Total</b>	<b>3,785,903</b>

**Table 2**  
**Expenditure and encumbrances by Strategy Result Area (US\$)**

Strategy Result Area (SRA)	Core *	Non-core	Total
SRA 1: HIV testing and treatment	-	181,468	181,468
SRA 2: eMTCT	50,665	191,060	241,725
SRA 4: HIV prevention and key populations	2,285,501	5,121,479	7,406,980
SRA 6: Stigma, discrimination and human rights	36,190	384,227	420,417
<b>TOTAL</b>	<b>2,372,356</b>	<b>5,878,234</b>	<b>8,250,590</b>

\* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

**Table 3**  
**Expenditure and encumbrances by region (US\$)**

Region	Core *		Non-core	TOTAL
	Core	Core-country envelope		
Asia and Pacific	588,195	400,916	212,022	1,201,132
Eastern Europe and central Asia	477,944	235,860	638,573	1,352,377
Eastern and southern Africa	362,126	267,843	3,735,310	4,365,279
Latin America and the Caribbean	-	27,600	21,451	49,051
Middle East and North Africa	184,497	133,316	779,269	1,097,082
Western and central Africa	35,802	49,881	-	85,683
Global	723,792	-	491,610	1,215,402
<b>TOTAL</b>	<b>2,372,356</b>	<b>1,115,416</b>	<b>5,878,234</b>	<b>9,366,006</b>

\* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

**Table 4****Core expenditure and encumbrances by category (US\$)**

<b>Cost Category</b>	<b>Core Global</b>	<b>Core Country Envelope</b>	<b>TOTAL</b>
Staff and other personnel costs	1,583,195	254,584	1,837,779
Contractual services	107,419	173,725	281,144
General operating expenses	132,169	211,894	344,063
Transfers and grants to counterparts	24,430	-	24,430
Equipment, furniture and vehicles	5,902	6,363	12,266
Travel	177,421	129,786	307,206
Programme Support cost	142,138	54,345	196,482
<b>Total Expenditure</b>	<b>2,172,674</b>	<b>830,696</b>	<b>3,003,370</b>
Encumbrances	199,682	284,720	484,402
<b>TOTAL</b>	<b>2,372,356</b>	<b>1,115,416</b>	<b>3,487,772</b>

## **Case study: enhancing partnerships between law enforcement agencies and community-based organizations in the Philippines to improve access to comprehensive HIV services for people who inject drugs**

HIV prevalence among the adult population in the Philippines is estimated to be 0.1%, but an estimated 29% of all people who inject drugs in the country are living with HIV. In an effort to improve access to HIV combination prevention and treatment for people who inject drugs, UNODC provided training to law enforcement agencies and supported community-based organizations providing comprehensive HIV services to people who inject drugs through the 2018 UNAIDS country envelope in the Philippines. Specifically, 281 law enforcement specialists participated in interactive training on enhancing partnerships between law enforcement agencies and community-based organizations to establish effective referral mechanisms to comprehensive HIV services for people who inject drugs.

The training is estimated to have benefited 48 000 law enforcement officers in local community settings. The national authorities have requested that the training become institutionalized as a component of standard police academy training and the national HIV and AIDS plan of action.

UNODC supported a nongovernmental organization to develop a practical guide for community-based organizations to identify barriers, including root causes of stigma and discrimination, that prevent people who use drugs from accessing HIV services. The guide was developed through a series of collaborative workshop discussions with over 50 participants from community-based organizations and government agencies to address barriers preventing people who use drugs from accessing comprehensive HIV services. The guide was disseminated at workshops aimed at strengthening partnerships with law enforcement and other government agencies and community-based organizations.

UNODC will continue to provide technical assistance and training for law enforcement agencies with the support of the 2019 country envelope in the Philippines.

## **Knowledge products**

- **Training Package to Facilitate the Rolling Out of the “I-DUIT” Guide at Country Level**
- **Implementation Guide on HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs**
- **Technical guide on Prevention of Mother-to-Child Transmission of HIV in prisons**
- **Training Module on Gender Mainstreaming Monitoring and Evaluation of HIV Services for Women Who Use Drugs**



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