

United Nations Office on Drugs and Crime (UNODC)

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



the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion (United Nations 1998).

There are a number of reasons why the number of children in the world is increasing. One of the main reasons is that the number of children who are surviving to the age of 5 has increased significantly in the past few decades. This is due to a number of factors, including improved medical care, better nutrition, and a decrease in the number of children who are dying from preventable diseases.

Another reason why the number of children in the world is increasing is that the number of children who are being born is increasing. This is due to a number of factors, including a decrease in the number of children who are being aborted, a decrease in the number of children who are being adopted, and a decrease in the number of children who are being placed in orphanages.

There are a number of challenges that are associated with the increasing number of children in the world. One of the main challenges is that there are not enough resources to care for all of the children. This is particularly true in developing countries, where there is a lack of money, food, and shelter. Another challenge is that there are not enough people to care for all of the children. This is particularly true in developing countries, where there is a shortage of teachers and health care workers.

There are a number of ways that we can help to address these challenges. One way is to provide more resources to developing countries. This can be done through a number of ways, including providing money, food, and shelter. Another way is to provide more people to care for the children. This can be done through a number of ways, including providing more teachers and health care workers.

It is important that we take action to address these challenges. If we do not, the number of children in the world who are living in poverty and suffering from preventable diseases will continue to increase. This is a tragedy that we must not allow to happen.

There are a number of organizations that are working to address these challenges. One of the most well-known is UNICEF. UNICEF is a United Nations agency that is dedicated to the well-being of children. It provides a number of services, including providing money, food, and shelter, and providing more people to care for the children.

There are also a number of other organizations that are working to address these challenges. These include the World Bank, the World Health Organization, and the International Labour Organization. Each of these organizations has a different focus, but they all share the goal of improving the lives of children in the world.

It is important that we all work together to address these challenges. We can make a difference in the lives of children in the world if we all do our part. We can provide more resources, we can provide more people to care for the children, and we can make sure that every child in the world has a chance to live a better life.

There are a number of things that we can do to help. We can donate money to organizations like UNICEF. We can volunteer our time to help care for children. We can also make sure that we are all doing our part to make the world a better place for children. If we all do our part, we can make a difference in the lives of children in the world.

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Achievements

Introduction

UNODC is committed to promoting health, justice and security by being a global leader in the response to illicit drugs, transnational organized crime and terrorism, which have emerged as major threats to individuals, communities and countries. Using its many years of experience, and its technical and political credibility, UNODC strives to ensure that such initiatives are designed and implemented in a proactive, focused and effective manner.

As a Cosponsor of UNAIDS, UNODC is the convening organization for HIV prevention, treatment, care and support among people who use drugs and people in prisons and other closed settings. UNODC collaborates with national and international partners, including civil society and other UNAIDS Cosponsors, to support countries in developing and implementing interventions designed to guarantee that vulnerable and often left-behind populations can access optimum HIV services. In addition, it works to ensure that people who use drugs, including young people, women and people living with HIV, are meaningfully involved in programme design and implementation.

HIV services for key populations

In 2016, UNODC advocated for increased investment in prison health care and better collaboration between public health, criminal justice, prison administration and civil society organizations to ensure public health and human rights-based approaches to HIV in prisons, and engaged with national and international partners; for example, at the 25th Commission on Crime Prevention and Criminal Justice and the International AIDS Conference (AIDS 2016).

Member States, civil society organizations (CSOs) and other partners received assistance to develop and adopt HIV strategies and programmes in line with the joint UNDP, UNODC, ILO, WHO and UNAIDS policy brief on HIV prevention, treatment and care in prisons and other closed settings. With UNODC support, Namibia launched a health policy for prisoners, in Viet Nam the first prison methadone maintenance therapy service unit was opened, and the policy brief's 15 key interventions were included in Nepal's standard operating procedures on HIV in prisons.

UNODC provided technical input for Harm Reduction International's human rights-based tool to prevent ill treatment in prisons, and in collaboration with the African Correctional Services Association and the African HIV in Prisons Partnership Network, helped countries use the revised United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).

In line with international recommendations, UNODC built the capacity of health-care providers to supply quality HIV services in prisons. For example, working with the International Committee of the Red Cross in the Middle East and North Africa, UNODC co-facilitated two regional workshops on health in detention for senior prison managers and doctors.

UNODC helped CSOs provide technical assistance for implementing and scaling up evidence-based HIV prevention, treatment and care for people who use drugs and in prison settings. Within its work through the UNODC-CSO Group on Drug Use and HIV, UNODC supported further expansion by engaging regional networks of people who use drugs in Central and Eastern Europe and Central Asia (Eurasian network), Europe, Asia, North America, South Africa and East Africa.

UNODC disseminated the results of literature reviews on HIV and the use of amphetamine-type stimulants, HIV and cocaine use, and HIV and new psychoactive substance use, including through the *World drug report 2016*, and presentations at the 59th session of the Commission on Narcotic Drugs (March 2016), the UN General Assembly special session (UNGASS) on the world drug problem (April 2016) and the UN General Assembly high-level meeting on ending AIDS (June 2016).

Harm reduction package for people who inject drugs

UNODC promoted opportunities for stakeholders to contribute to the preparatory process for UNGASS 2016 by sharing practical expertise and experiences from their work among people who inject drugs as an input for consideration in the negotiations of the UNGASS outcome document.

The second consultation on science addressing drugs and HIV was organized by UNODC in the margins of the 59th Commission on Narcotic Drugs. A statement, summarizing the latest scientific evidence, was presented at UNGASS 2016 and at the high-level meeting.

In 2016, UNODC continued strengthening partnerships between law enforcement and other sectors, CSOs and community-based organizations (CBOs) in UNODC high-priority countries (selected to maximize the impact of UNODC investments on HIV among people who inject drugs). Some 400 law enforcement officers, more than 100 CSO and CBO representatives and 50 professionals from health, education and social sectors from six countries – Armenia, Belarus, Kazakhstan, Tajikistan, Ukraine and Uzbekistan – received training to build knowledge and skills, helping them to interact with people who inject drugs, use police referral services as an alternative to incarceration, and understand the workplace risk of HIV faced by law enforcement officials.

Working with the Law Enforcement and HIV Network and the International Network of People Who Use Drugs, UNODC produced a [guide](#) to promote cooperation between CSOs working among people who use drugs and law enforcement officials. The guide will help CSOs and other partners work with the police and law enforcement authorities and increase their advocacy skills to enhance access and uptake of services by people who inject drugs/people who use drugs.

Through the joint UNODC-CSO Group on Drug Use and HIV, efforts were focused on implementing and scaling up evidence-based HIV prevention, treatment and care for people who inject drugs. Despite the unexpected shortfall in core UBRAF funding as of mid-2016, UNODC supported more than 80 CSOs worldwide. In Viet Nam, for example, workshops on partnership building and community/home-based care for people who use drugs were held, and in South Africa, CSOs were engaged in developing a national drug control master plan.

UNODC produced a [guidance document](#) on the specific needs of women who inject drugs, working in partnership with the International Network of Women Who Use Drugs, Women Harm Reduction International Network and the Eurasian Harm Reduction Network. The document, offering practical help for service providers on gender-responsive HIV services, was officially launched at the International AIDS Conference. Also at AIDS 2016, UNODC, with the International Network of Women Who Use Drugs, organized a capacity-building workshop on mainstreaming gender into services for people who inject drugs, which was attended by more than 100 participants.

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