

UNAIDS 2024

United Nations Office on Drugs and Crime (UNODC)

2022-2023 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 Criminal Justice and the UNAIDS PCB.

UNODC's comparative advantage within the Joint Programme lies in its mandate and expertise in working with ministries of health, justice and the interior, as well as with drug control and law enforcement agencies, prison authorities and civil society, including networks of people who use drugs. Its role in addressing HIV among key populations includes the provision of technical guidance, capacity building support, procurement and targeted advocacy to ensure effective coordination and policy-making.

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

UNODC works to scale up comprehensive harm reduction for people who use drugs in all settings, including needle-syringe programmes, opioid agonist therapy and medication for blocking the effects of opioid overdose. UNODC seeks to ensure that harm reduction interventions are tailored to the needs of people who inject drugs, people who use synthetic stimulant drugs, women and gender-diverse people who use drugs, including young people. UNODC supports efforts to ensure that community-led organizations deliver services for HIV and hepatitis prevention programmes for people who use drugs.

In its efforts to address HIV, viral hepatitis and TB within prisons and other closed environments, UNODC promotes measures to reduce prison overcrowding, alternatives to incarceration and non-custodial measures, particularly for minor, non-violent offenses involving women, juveniles and drug use. It also supports the integration of HIV services within prison systems into broader public health frameworks, acknowledging the inherent benefits to prisons and the wider community. In addition, UNODC supports community-led organizations and networks of people who use drugs and people in prisons in shaping the HIV response. Through platforms like the UNODC civil society groups on drug use and HIV and prison and HIV, UNODC facilitates dialogue, sharing of challenges and best practices for expansion of HIV services in both prison and community settings.

UNODC served as the Chair of the UNAIDS Committee of Cosponsoring Organizations in 2023 and supported the Joint Programme, towards achieving the SDGs and meeting the 2025 targets outlined in the 2021–2026 Global AIDS Strategy.

Key UNODC strategy for HIV

UNODC is committed to implementing the 2021–2026 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. 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](#).

Top results in 2022-2023

Technical briefs were developed. UNODC developed a paper titled [“Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs”](#) to support countries to implement effective interventions, as well as a technical brief, [“Transgender people and HIV in prisons and other closed settings”](#), to support countries in reducing HIV risk and transmission and ensuring adequate health care for transgender people in prisons.

Evidence-based harm reduction programmes were implemented and scaled up. UNODC sustained technical support and advocacy efforts contributed to the initiation of opioid agonist therapy programmes in Algeria, Egypt, Jordan, Libya, Pakistan, Tunisia and Uganda. In Tajikistan, opioid agonist therapy was extended to pre-trial centres, ensuring uninterrupted services throughout all stages of the criminal justice process. To increase political commitment and foster national cooperation to implement harm reduction interventions, UNODC partnered with the Global Fund and WHO to conduct high-level advocacy meetings in Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe, followed by targeted technical support.

Capacity was enhanced 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 which had been developed in collaboration with the UNAIDS Secretariat, WHO, the International Network of People Who Use Drugs and Harm Reduction International. Capacity-building assistance on HIV prevention, treatment and care among people who use stimulants was provided to over 700 state service providers and community-led organizations in Afghanistan, Bangladesh, Cambodia, India, Indonesia, Malaysia, Myanmar, the Philippines, South Africa, Thailand and Viet Nam, and in the eastern Africa region. With respect to opioid agonist therapy, UNODC strengthened the capacity of 350 service providers and community-led organizations in Egypt, Mozambique, Pakistan, India, Kenya, Nigeria and South Africa.

Capacities of community-led organizations were enhanced. UNODC supported the International Network of People Who Use Drugs to evaluate the impact of criminalization of drug use on people who use drugs and enhance evidence-informed advocacy skills for achieving the 10–10–10 targets in the 2021–2026 Global AIDS Strategy. With UNODC support, the network collaborated with “*Persaudaraan Korban Napza Indonesia*”, the Drug Harm Reduction Advocacy Network and the South African Network of People who Use Drugs to conduct three national capacity-building events in Indonesia, Nigeria and South

Africa. This resulted in the development of a five-year advocacy roadmap to guide national network advocacy for the human rights of people who use drugs.

Actions were taken to strengthen efforts to address HIV in prisons. As part of its work to address HIV, viral hepatitis and TB in prisons and other closed settings, UNODC conducted regional trainings in south and southeast Asia, eastern and southern Africa, the Middle East and North Africa and central Asia. National trainings by UNODC in Egypt, Islamic Republic of Iran, Kazakhstan, Morocco, Mozambique, Myanmar, Nepal and Thailand built the capacity of over 500 policy-makers, prison administrations, staff and health-care providers to develop and implement national strategies addressing HIV among incarcerated populations, emphasizing gender-responsive interventions and evidence-based services for preventing vertical HIV transmission.

UNODC led the development of a monitoring tool, "Prevention of mother-to-child transmission of HIV in prisons", in collaboration with experts, Cosponsors and the UNAIDS Secretariat. The tool supports the collection of data and monitoring of the incidence of mother-to-child HIV transmission within prison facilities and the availability of associated services. It has been rolled out in selected countries in the southern and eastern Africa region.

UNODC delivered targeted technical support to several high-priority countries in 2022–2023. This support focused on: reviewing, adapting, developing and implementing evidence-informed and human rights-based legislation, national strategies, guidelines and related standard operating procedures for health and HIV services in prison settings (Ethiopia, Indonesia, Nigeria, Morocco, Sudan); opioid agonist therapy (Algeria, Egypt, Nigeria, Viet Nam); and HIV prevention, treatment, care, and harm reduction for people who use drugs (Afghanistan, Algeria, Libya, Tunisia, South Africa, South Sudan, Sudan), including new psychoactive substances and stimulants (Moldova, Uzbekistan).

Support was provided to strengthen the capacities of and partnerships with law enforcement agencies. UNODC strengthened the capacities of law enforcement officials and developed partnerships between law enforcement and other relevant sectors, including public health, social welfare, civil society and community-based organizations, by organizing trainings and consultations in Afghanistan, Bangladesh, Belarus, India, Kyrgyzstan, Philippines, Uzbekistan and Zambia.

Continuity of HIV services in humanitarian settings was ensured. UNODC supported 13 civil society organizations in Ukraine, Moldova, Montenegro, Serbia and Ukraine to ensure uninterrupted provision of HIV services during the humanitarian crisis. The support benefited more than 200 000 people, including key populations, refugees and internally displaced persons. The project mobilized national and region-wide civil society, service providers, policy-makers and other stakeholders to achieve a coordinated, comprehensive and community-led consultative process that addresses the needs of key populations for human rights- and evidence-based services during the ongoing humanitarian crisis.

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