UNODC Global HIV Programme

Commission on Narcotic Drugs, 3rd intersessional meeting

25 September, 2018

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UNODC is the UNAIDS Convening Agency for:
- Drugs & HIV
- Prisons & HIV
Global Commitments

- Sustainable Development Goals

- Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030

- UNAIDS 2016 – 2021 Strategy on the Fast-Track to end AIDS

- UNGASS 2016 Outcome Document
“We reiterate our commitment to end by 2030 the epidemics of AIDS and tuberculosis, as well as combat viral hepatitis, other communicable diseases, inter alia, among people who use drugs, including people who inject drugs”

[In line with SDG target 3.3]

“(b) Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pre-trial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy;”

[In line with SDG 5 & 10]
Almost 11 million people inject drugs

1.3 million people who inject drugs are living with HIV
5.5 million are living with Hepatitis C
1.0 million are living with both HIV and Hepatitis C

Source: UNODC, World Drug Report 2018
1.3 million people who inject drugs are living with HIV

33% increase in **new HIV infections** among people who inject drugs between 2011 to 2015

**People who inject drugs** are around **22 times** more likely to be living with HIV than the general population (2017)

SOURCE:
UNAIDS, MILES TO GO - CLOSING GAPS, BREAKING BARRIERS, RIGHTING INJUSTICES 2018,
UNAIDS, HARM REDUCTION SAVES LIVES 2017
1.3 million people who inject drugs are living with HIV

47% of new HIV infections globally in 2017 were among key populations and their sexual partners.

PWID account for more than one third of new HIV infections in Eastern Europe and Central Asia.
1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis

And overdose prevention and management
- NSP available in 93 of 179 countries/territories
- Only 33 needles-syringes per PWID per year – against the high coverage target of >200
- OST available in 86 of 179 countries/territories
- Only 16% PWID are receiving OST – against the high coverage target of >40%
NSP & OST coverage insufficient to effectively prevent HIV and HCV!

Less than 1% of PWID live in countries with high coverage of both NSP & OST

SOURCE: SARAH LARNEY AND OTHERS, THE LANCET GLOBAL HEALTH, 2017
Prisons are characterized by higher risks for the transmission of infectious diseases including HIV

- 3.8% living with HIV
- 15.1% have HCV
- 4.8% have chronic HBV
- 5 times more likely to be living with HIV than adults in general population
Promoting access to HIV services for people who use drugs and people in prisons

**GUIDANCE:** development and dissemination of normative guidance on HIV

**ADVOCACY:** promoting human rights-based, gender responsive, public health-centered and evidence-based approaches, elimination of stigma, discrimination & violence

**POLICY:** supporting the revision, adaptation, development and implementation of effective legislation, policies and strategies

**TECHNICAL ASSISTANCE:** supporting the development and implementation of comprehensive evidence-based interventions for HIV prevention, treatment and care

**CAPACITY-BUILDING:** strengthening the capacity of national partners including civil society organizations and supporting the meaningful engagement of the community based organizations
Activities and Main Achievements:
HIV services among people who use drugs

For example, in 2017-2018:
Over 1000 service providers trained in Afghanistan, Belarus, Egypt, Indonesia, Republic of Moldova, Nepal, Thailand, Viet Nam, Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, South Africa, United Republic of Tanzania

OST scaled up in community settings in Kenya and in prisons in Viet Nam,

Kenya: First OST opened in Kwale for over 1500 PWIDs in the county;
• Delivery of HIV-related services to 1556 PWUD/PWID at the Coast;
• Over 6788 PWU/ID in Mombasa (23.5%), Kilifi (46.8%) and Kwale (29.7%) had access to harm reduction services.
Activities and Main Achievements:

Addressing the specific needs of women who use drugs

Development and dissemination of normative guidance on HIV prevention treatment and care among women who use drugs

Training package on addressing specific needs of women who inject drugs

Capacity-building programmes rolled-out in Afghanistan, Belarus, Egypt, Indonesia, Republic of Moldova, Nepal, Thailand, Viet Nam, Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan
Activities and Main Achievements:
Supportive law enforcement & building bridges

Strengthened partnerships between law enforcement and health sectors

Produced an e-learning tool for law enforcement officials

Trained in 2017-2018 over 250 law enforcement officers, 100 members of civil society and community-based organizations, 120 parliamentarians and representatives of health, education and social sectors
Activities and Main Achievements:
HIV services in prisons

For example:

Rolling out of Guidelines and SOPs on continuity of HIV, TB and HCV services for people in prisons, including for people who use drugs

Rolling out of Monitoring and Evaluation tool for HIV services in prison (for OST in Vietnam)
Way forward: Policy and programming implications
(#EndAIDS = Harmonize, Prioritise, Engage, Invest & Scale up)

• Harmonization of drug control, law enforcement, criminal justice & health policies

• Consideration and use of alternatives to incarceration for drug use and other minor non-violent offenses

• Focusing on priority populations, priority interventions, priority locations

• Engaging with civil society org, including communities of people who use drugs

• HIV Harm reduction interventions are value for money: Investing now to avoid paying a lot more later

• Scaling up, scaling up, scaling up!
Thank You!

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