Implementing for Results in UNODC High Priority Countries

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Responding to unmet needs
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Prevalence of people who inject drugs
12.7 million PWID (0.27 %)
Prevalence of HIV among people who inject drugs

1.7 million PWID living with HIV (13.1% of PWID)

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UNODC strategy 2013 - 2015

- Focus on high priority countries for HIV and PWID
- Optimise support to countries to reach 2011 target of 50% reduction of new HIV infections by 2015
- Promote access for PWID to 9 interventions of WHO/UNODC/UNAIDS comprehensive package with a priority on:
  - Needle and syringe programmes
  - Opioid substitution therapy
  - HIV testing and counselling
  - Antiretroviral therapy
- Focus on the main bottlenecks
- Promote country ownership
- Strengthen partnership with civil society organizations
24 HPCs selected for maximum impact on the epidemic

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Focus on High Priority Countries

- Concentrating **efforts and resources** in 24 HPCs
- Engaging key **in-country stakeholders**

- Law enforcement agencies
- National drug control agencies
- National AIDS Programmes
- Ministries of Justice, Interior and Health
- Prison administrations
- Civil society organizations
- UN partners
- Donors

- Identifying **key bottle-necks/challenges** in scaling up
- Developing **prioritized work plan** for each HPC
Common challenges identified in all HPCs

1. Lack of accurate estimates of PWIDs and service coverage
   - Provision of technical support to generate strategic information and also strengthen in-country capacity

2. Poor access to and quality of harm reduction services
   - Advocate for scaling-up of services
   - Build capacity of Govt. agencies
   - Build capacity of CBOs and CSOs

3. Lack of supporting policy and legislative environments (i.e. repressive law enforcement practices)
   - Review of laws and policies
   - Advocate for enabling policy and legislative environments
   - Capacity building

4. Lack of financial resources and extremely low (or nonexistent) domestic investment in harm reduction service provision threatening sustainability of these programmes
   - Mobilisation of funds
   - High level advocacy for greater domestic investments in harm reduction response – applying the principles of the investment framework.
   - Advocate for greater predictability of funding for the harm reduction response
1 Generate strategic information

Size estimation of people who inject drugs and HIV prevalence – UNODC & World Bank

Two phases:

1. Review of available data; data quality and identify data gaps; Assess resources and needs for improving data
2. Based on phase 1 results: Build capacity in selected countries (ongoing: Oct 2014)

10 countries (9 HPCs)
China, India, Philippines, Myanmar, Tajikistan, Kyrgyzstan, Uzbekistan, Kazakhstan, and Belarus + Libya
Advocacy and capacity building

New publications:

• Police, HIV and PWID: a training manual

• Policy brief on HIV and women who inject drugs

• Handbook on needle and syringe programmes in prisons
Supportive legal and policy environment and law enforcement practices

A strong multi-sectoral partnership and collaboration is critical, particularly involving:

- Law/policy makers
- Law Enforcement Agencies (LEA),
- Health Sector,
- Social Services,
- Community Based Organizations (CBO)
- Civil Society Organizations (CSO)
Partnership between LEA and CBO/CSO

LE officials intersect with key populations in situations that often challenges the boundaries of how police are meant to respond.

LEA and CSOs are the ones working on ground – they are the ones with access, the ones that can make a difference.

Building bridges, enhancing capacities and creating healthy space for dialogue between LEA and CBO/CSO are key here.
Dialogue between CBO/CSO and LEA on HIV and people who use drugs

In 2013/14, UNODC conducted 21 CBO/CSOs/LEA workshops in 18 HPC:

1. Sensitised 500+ law enforcement officials about harm reduction and on their role in facilitating service provision

2. Built capacity of the CSOs to advocate with LEAs

3. Created a space for LEAs and CSOs to share their concerns

4. Facilitated strategic partnership between CSOs and LEA
Training manual for LE officials on HIV services provision for PWID

- Focus on evidence-based and current best practice

- To assist law enforcement and other uniformed services build their capacity and enhance their role as part of the national HIV response.
4 Resources mobilisation

High level advocacy for greater domestic investments in harm reduction response

*Example:* Vilnius High-Level Consultation on Economics and Financing of Effective Harm Reduction Strategies in the context of HIV

92% of harm reduction programme are funded by international funding
Partnership with Civil society organizations

February 2013 – Established UNODC-CSO Group on HIV and People who Use Drugs

- Regional /Global representation of all harm reduction and drug user networks
- CSO Secretariat
- Annual face to face meeting
- Annual joint work plan

First meeting of the UNODC/CSO Group, February 2013
Unfortunately, many national drug control systems rely on sanctions and imprisonment, rather than evidence-based health care in full compliance with human rights standards...

... These are major barriers to HIV and to harm reduction services, including in prisons and other closed settings...

UNAIDS Programme Coordinating Board, 1 July 2014
Thank You!

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