**“The right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the implementation of the 2030 Agenda for Sustainable Development”**

*UNODC and HIV/AIDS*

UNODC is mandated to prevent HIV among people who use drugs in prisons. In that capacity, UNODC provided support to high priority countries for HIV and drug use and HIV in prisons to ensure access to human rights based, evidence-informed and gender responsive HIV services.

In coordination with partners, UNODC advanced global dialogue and advocacy for gender-responsive and equitable HIV programmes for women who use drugs, women in prisons and female sexual partners of men who inject drugs. UNODC, with the International Network of People Who Use Drugs (INPUD), published a guide on gender responsive services[[1]](#footnote-1), built capacity of country programme managers, including community and prison-based training of services for women who inject drugs in Afghanistan, Pakistan and Nepal. In 2017, UNODC developed a trainer manual to support the rolling-out of the guide on gender responsive services in Egypt, Indonesia and Vietnam.

Law enforcement agencies were sensitised and civil society partnerships built to support HIV services for People Who Inject Drugs, including institutionalizing HIV training within national police academies in Belarus, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan[[2]](#footnote-2). Partnerships were established between law enforcement and civil society, allowing for the establishment of referrals from police to HIV services for people who use drugs as alternatives to incarceration (example: Ukraine).

To promote the effective, full and meaningful participation of people who use drugs, UNODC co-led with the INPUD the development of a guide “Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions (the "IDUIT")[[3]](#footnote-3). In 2017 the guide will be rolled-out in Belarus, Egypt, Kenya, Tanzania, Thailand, South Africa and Vietnam.

UNODC organized a scientific consultation on drugs and HIV during 59th Commission on Narcotic Drugs (CND) session. A scientific statement was presented at UNGASS (April 2016) and at the High Level Meeting on ending AIDS (June 2016)

In the Philippines, UNODC, as part of the joint UN Country team on punitive approaches and violations of human rights developed a Guidance for Community-based Assessment, Treatment, and Care for People Affected by Drug Use and Dependence, adopted by the Dangerous Drugs Board.

UNODC supported countries to increase access to the comprehensive package of 15 interventions for HIV in prisons including their monitoring and evaluation, for example in Ukraine, Moldova, Vietnam, Tajikistan and Kyrgyzstan[[4]](#footnote-4).

UNODC assisted countries in improving sexual and reproductive health care services for women in prisons, for example through an ongoing project on “Supporting Minimum Standards for HIV, Health and Rights in Prison Populations of sub-Saharan Africa” in Angola, Malawi, Mozambique, Zambia, Zimbabwe, Namibia, Swaziland, South Africa, Lesotho and Tanzania. UNODC also supported Pakistan and Nepal to build the capacities of health care providers in prevention of mother-to-child transmission of HIV in prisons (with additional capacity building activities planned in Afghanistan in November 2017). In addition, UNODC supported Indonesia, Kenya, Morocco and Egypt to identify gaps in health services among women in prisons and build their capacities to address the specific health needs of women in prisons in line with the international standards.

**Challenges**

Effective implementation of HIV prevention, treatment and care among people who use drugs is severely undermined by social marginalization, violations of human rights, stigma and discrimination. National laws, policies and practices remain, in many countries, high barriers for ensuring access to evidence-based HIV services for people who use drugs in the community and in prisons. Low levels of support, including financial, to community-based organizations limit their meaningful engagement in programme development and implementations and reduce their efficacy.

Stigma and discrimination for people in prisons and other settings is a major barrier for reaching equivalence of health care in the community. Isolation of health services from general public health programmes and poor funding for health care in prisons result in poor quality of health care. Poor prison conditions, such as overcrowding, poor nutrition, and violence are additional challenges.

*UNODC Prevention, Treatment & Rehabilitation*

All activities of UNODC-- with regard to prevention of drug use and the provision of treatment, care and rehabilitation services for people with drug use disorders--help Member States to meet their commitments to the right to health in the context of achieving SDG target 3.5: strengthening substance abuse prevention and treatment.

In this regard, recent highlights include: the development and the dissemination of the standards on prevention and those on treatment (jointly with WHO); the successful piloting of evidence-based prevention programmes in families and schools in 20 countries; and the building of capacity and provision of innovative services on treatment, in more than 20 countries.

These activities also contribute to SDG 5 on gender equality by providing guidance and capacity building on drug prevention and treatment strategies that respond to the specific needs of girls, women, including pregnant women and the most marginalised. Activities on family-based prevention have been found to be effective to prevent violence, particularly youth violence and child maltreatment. Therefore, these activities also contribute to the achievement of SDG 16.

In addition, UNODC supports the right to health by promoting access to controlled drugs for medical purposes through a global programme in collaboration with WHO and the Union for International Cancer Control (UICC) and through the country programmes in Mexico and Nigeria. The programme supports Member States in achieving SDG 3.b and 3.8 on access to medicines for all. In this respect, UNODC supports the development of national capacities and structures to ensure access in addition to prevention diversion and abuse in five countries and is developing new guidance with the participation of experts, Member States and civil society.

1. UNODC INPUD Addressing the specific needs of women who inject drugs Practical guide for service providers on gender-responsive HIV services <http://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf> [↑](#footnote-ref-1)
2. UNODC Training manual for law enforcement officials on HIV service provision for people who inject drugs <http://www.unodc.org/documents/hiv-aids/Lemanual/LE_Manual_on_HIV_services_for_people_who_use_drugs.pdf>

   UNODC Practical Guide for Civil Society HIV Service Providers among People who Use Drugs: Improving Cooperation and Interaction with Law Enforcement Officials http://www.unodc.org/documents/hiv-aids/2016/Practical\_Guide\_for\_Civil\_Society\_HIV\_Service\_Providers.pdf [↑](#footnote-ref-2)
3. http://www.unodc.org/documents/hiv-aids/publications/Implementing\_Comprehensive\_HIV\_and\_HCV\_Programmes\_with\_People\_Who\_Inject\_Drugs\_PRACTICAL\_GUIDANCE\_FOR\_COLLABORATIVE\_INTERVENTIONS.pdf [↑](#footnote-ref-3)
4. Policy brief. HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. UNODC,ILO,UNDP,WHO,UNAIDS 2013 http://www.unodc.org/documents/hiv-aids/HIV\_comprehensive\_package\_prison\_2013\_eBook.pdf [↑](#footnote-ref-4)