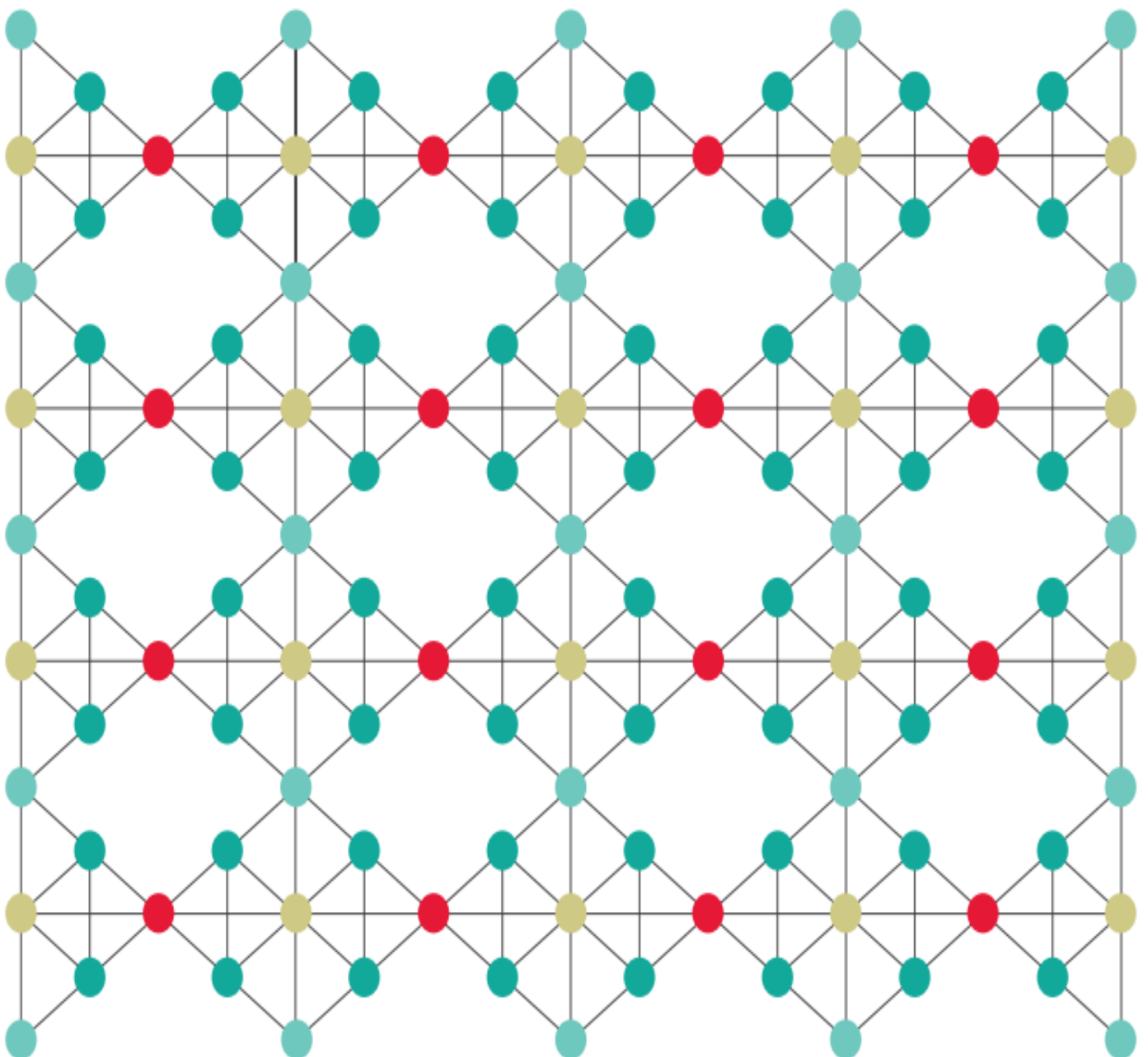


STAYING FREE: Reducing HIV among people who inject drugs



“There is no such thing as a single-issue struggle because we do not live single issue lives.” Audre Lorde

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Eastern Europe and Central Asia: Staying Free

In 2017, 95% of new infections in eastern Europe and central Asia were among key populations¹ (globally it is 47%). Half of these were among people who inject drugs (PWID).

The HIV epidemic in this region is concentrated among people who inject drugs largely due to lack of access to evidence-based HIV harm reduction services, especially opioid substitution therapy (OST) and needle and syringe programmes (NSP).

People who inject drugs are consistently driven underground due to stigma and discrimination. Advocacy is also compromised due to harmful laws, policies and practices.

Strategies to reduce HIV transmission that disproportionately affects key populations include improving availability, accessibility, coverage and quality of human rights-based HIV prevention.

Specific outreach will include advocacy actions, technical assistance and partnership-building in these seven countries: **Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan.**

¹ Key populations: sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people and prisoners

1. Why this initiative?

The HIV epidemic in eastern Europe and central Asia has grown by 30% since 2010. There are a number of reasons for this including:

- insufficient political commitment and domestic investment in national AIDS responses across much of the region.
- Stigma and discrimination
- Apathy towards those who inject drugs.

HIV transmission among people who inject drugs and their sexual partners account for the majority of HIV infections in the region.

Access of injecting drug users HIV harm reduction services is often severely compromised due to national drug control, criminal justice and law enforcement policies and practices, which may not be based on human rights and public health principals. Wide spread stigma, discrimination and violence against people who use drugs also play a role in driving them further underground.

The coverage of opioid substitution therapy (OST) services, which is one of the two most efficient and cost-effective interventions for prevention of HIV among PWID, remains suboptimal throughout the region. Many countries in the region are witnessing a renewed opposition to OST from the drug control sector and law enforcement agencies.

Even when OST is available, the services are very fragile and are in danger of being discontinued e.g. in Kazakhstan and Belarus. In Kyrgyzstan, Moldova and Tajikistan, the OST services in community and in prisons are not meeting needs. In Ukraine, the Administration of the State Penitentiary Service, local penitentiary authorities and prison personnel are yet to agree to introduce OST throughout the criminal justice system. It is not available **at all** in Uzbekistan.

From an estimated USD 121 million invested by international donors in harm reduction worldwide in 2016 (64% of total harm reduction funding), about 34% was allocated to countries in EECA.

International funding has unfortunately declined in this region and domestic funding has not compensated for the increasing shortfall.

2. What aspects make this project unique?

The approach of this project is motivated by compassion and the desire to restore dignity to those who inject drugs as well as the family members who are affected. In many cases people who inject drugs are at high risk of HIV transmission and reaching them requires advocacy efforts—specifically the creation of an enabling environment.

Staying free is has a four-pronged approach:

1. building and fortifying much-needed partnerships between law enforcement agencies, the public health sector and civil society and community-based organizations
2. increasing access to HIV prevention and treatment services including opioid substitution therapy for injecting drug users in community and in prison settings;
3. Reducing stigma and discrimination against PWID;
4. Protecting the human rights of PWID.

The last two points while less “quantifiable” are an intrinsic part of this endeavor. The tendency has been to dismiss this as a systemic or societal issue. The aim here is to move away from viewing this as a “problem” but to see each of these individuals as people--and to restore their dignity via a holistic approach.

3. Collaboration

The project will support countries to: integrate human rights and public health-based approaches in the national legislative frameworks related to drug use and criminal justice; improve the engagement of the drug control, law enforcement and criminal justice sectors in the national AIDS response; ensure the full integration of OST into the national health care system including the allocation of sufficient funding from the national budget.

UNODC - Civil Society Organizations Group on Drug Use and HIV is an active platform, operational since 2013 -- allows the meaningful contribution of civil society and community-based organizations in development, implementation and monitoring of the UNODC's HIV work through an annual joint work plan at global level. Similar arrangements will be made at the country level ensuring the participation of the relevant CSO and CBO members.

Contributing partners will include UNODC, WHO and UNAIDS.

4. The project approach and timeline

1. National and sub-national drug control, law enforcement, criminal justice and prison policies and/or practices that encourage a human rights and public health approach including “alternatives to coercive sanctions” associated with drug use, are in place.
2. Meaningful collaboration between the drug control, law enforcement, justice, prison and public health sectors and civil society and community-based organizations at the country level established.
3. The police academy training curricula includes a comprehensive harm reduction training for police officers in all countries.
4. Increased access to HIV prevention, treatment and care services for people who inject drugs in community and in prison settings of all countries.
5. Reduced new HIV infections among people who inject drugs in EECA.

Timeline: 2019-2021

5. Indicators: How will we measure success?

There is a Monitoring, Evaluation and Learning Plan in place and can be viewed on request. It includes data collection, baseline and annual targets set. Indicators will be selected with the goal of striking a balance between the costs of collecting data and the indicator's usefulness for the project management throughout.

6. Questions and Answers

How many people will be reached?	100,000
How will success be monitored? What are the indicators?	<p>The project will adopt an inclusive monitoring, evaluation and learning approach with close involvement of its key partners and stakeholders. The performance of the project and the context in which it will be implemented will be comprehensively monitored on a quarterly basis.</p> <p>The results of the project will be reported semi-annually and annually, and a final independent project evaluation will be conducted. (See Annex I for a detailed description of UNODC's Investment Book Funding Opportunity proposal's Monitoring, Evaluation and Learning Plan).</p>
Who are the contributing partners?	UNODC, WHO, UNAIDS

7. The budget

Cost for this three-year initiative reaching 100 000 individuals (plus those affected) is 10.5 million. A detailed budget is available on request.

