

**We cannot end AIDS without investing in harm reduction, community-led responses and the rights of people who use drugs**

Harm Reduction International (HRI) and the International Network of People who Use Drugs urge international (INPUD) donors, philanthropic organisations and national governments to commit to increasing funding allocations for harm reduction, community-led responses and rights of people who use drugs. We express concern amidst the backdrop of recent news that the United Kingdom has reduced its funding commitment for UNAIDS by 80%, which will have important knock-on effects for harm reduction. Now is the time for donors to reinvigorate their commitments, rather than retreat from HIV and people who use drugs.

Resources for an effective HIV response in low-and middle-income (LMI) countries are already insufficient. In 2019, US \$19.8 billion was available for the HIV response in LMI countries – nearly 30 per cent short of the US \$26 billion per annum that Member States agreed to mobilise by 2020<sup>1</sup>. New research from HRI<sup>2</sup>, identified US\$131 million in funding for harm reduction in LMI countries in 2019 – just **5% of the US\$ 2.7 billion UNAIDS estimates is required annually by 2025** for an effective HIV response among people who inject drugs<sup>3</sup>. This represents a staggering 95% funding gap.

**The funding gap for harm reduction is widening.** Identified overall funding for harm reduction in 2019 was one-third lower than in 2016, after having remained unchanged for the previous decade.<sup>4</sup> The resources required to end AIDS among people who inject drugs have increased, in part due to this lack of investment.

**The split between donor and domestic funding for harm reduction is almost equal.** Domestic funding for harm reduction was identified in 38 countries in 2019, but in most, funding levels were very low. Given that overall funding for harm reduction is one-third lower than in 2016, this may be suggestive of reductions in donor funds outpacing increases in domestic contributions. Overall, two-thirds of LMI countries do not yet provide resources to cover essential harm reduction interventions. With a 95% estimated funding gap for harm reduction and donors transitioning from middle-income countries, it is essential that harm reduction services receive sustainable funding from overall domestic health resources. Additionally, international donors must communicate and coordinate at the global, regional and national levels to ensure investments are strategic and complementary.

**Global Fund remains the largest donor.** The number of international harm reduction donors continues to be limited. In 2019, HRI identified just US\$68.1 million of funding from international donors. The Global Fund accounted for 60% of total donor funding, and the US bilateral funding programme PEPFAR accounted for 12%<sup>5</sup>.

From 2017 to 2019, the Global Fund supported programmes for people who use drugs in 53 countries across Africa, Asia and Eastern Europe. However, 46 countries where injecting drug use is reported do not include harm reduction in their HIV funding proposals, which is a missed opportunity to provide funding for harm reduction services and an enabling environment.

**International donor funding remains crucial, especially for advocacy.** Donors continue to provide crucial support for harm reduction and the protection of human rights for people who use drugs in LMI countries,

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<sup>1</sup> United Nations General Assembly (2021), Report of the Secretary-General: Addressing inequalities and getting back on track to end AIDS by 2030. New York. Available from: <https://hlm2021aids.unaids.org/wp-content/uploads/2021/04/en-N2108064.pdf>

<sup>2</sup> Harm Reduction International (2021), Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. London. To be published on 17 May 2021.

<sup>3</sup> UNAIDS (2021), Global AIDS Strategy 2021-2026: End Inequalities. End AIDS. Geneva. Available from: <https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>

<sup>4</sup> Harm Reduction International (2018) The Lost Decade: Neglect for harm reduction funding and the health crisis among people who use drugs. London. Available from: <https://www.hri.global/harm-reduction-funding>

<sup>5</sup> Harm Reduction International (2021), Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. London. To be published on 17 May 2021.

particularly in hostile environments. In a number of countries around the world, punitive and ideological approaches mean transition is unlikely to be feasible in the next ten years, therefore it is critical that donors continue to support community-led organisations and civil society.

**Impact of the COVID-19 pandemic is dire.** Wide disruptions in services have been reported globally in HIV prevention and care as the result of national responses to COVID-19, such as lockdowns, transformation of service delivery points and even more limited access to services by key populations. A Global Fund survey assessing COVID-19-related disruptions in 38 countries found that services for sex workers and people who inject drugs had been reduced by approximately 20%<sup>6</sup>. We are alarmed at the diversion of focus and funds towards COVID-19 at the expense of the three diseases, including HIV. The new Global Fund strategy must not give in to mission creep and elevate pandemic preparedness and response towards a level which risks inevitably divesting resources from responses in countering the three diseases, including harm reduction. The evidence above makes abundantly clear that harm reduction funding is in crisis.

**Funding for community-led organisations is urgently needed.** The new UNAIDS Global AIDS Strategy 2021-2026 includes targets that aim to increase the role of community-led organisations in the delivery of services. HRI research found that less than 7% of the total international donor funding goes to community-led organisations<sup>7</sup>. The upcoming Global Fund strategy must facilitate the resourcing of these targets. We strongly urge that the strategy places community systems strengthening, community engagement and community-led responses at the front and centre of the strategy and frames them as both a 'what' and 'how' of the revised strategy framework.

INPUD and HRI acknowledge and strongly value the work of the Community, Rights and Gender Department, whose portfolio is critical to amplify community needs, as well as address the bottlenecks to community involvement within the wider Global Fund Secretariat.

Finally, the Global Fund must commit to establishing a dedicated funding stream for key populations and grassroots organisations, with representatives from networks and communities involved in the discussions and considerations at all steps. Such a key population-specific funding stream would allow people who use drugs' organisations and networks to control how funds are used for community-led programming while strengthening community leadership and ownership in Global Fund processes. Funds could be facilitated through global key population networks, existing smaller funding mechanisms, or other means – as long as key populations are fully involved in the design and implementation of this funding stream.

As the COVID-19 pandemic has brought global health to centre stage, it has never been clearer that ensuring access to health care for all is paramount. Governments have committed to ending AIDS and tuberculosis, eliminating viral hepatitis and providing universal access to health care by 2030. We will not reach these goals without the leadership of people who use drugs and a fully funded harm reduction response. **We urgently need an additional US\$2.5 billion per year in order to fully fund harm reduction and reach global goals.** Donor and domestic funding for harm reduction must be urgently and dramatically increased. Any further withdrawals or reductions in international donor funding would mean an effective abandonment of people who use drugs in LMI countries.

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<sup>6</sup> Harm Reduction International (2021), Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. London. To be published on 17 May 2021.

<sup>7</sup> Ibid