Summing it up:

Building evidence to inform advocacy for harm reduction funding in Asia

JULY 2020

HARM REDUCTION
INTERNATIONAL

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Building evidence to inform advocacy for harm reduction funding in Asia

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ISBN 978-1-8380910-2-6

Copy-edited by Hester Phillips

Designed by Corinne Welch

Published by Harm Reduction International,
61 Mansell Street, London, E1 8AN, United Kingdom

Harm Reduction International (HRI) is a leading non-governmental organisation dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. We promote the rights of people who use drugs and their communities through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies. The organisation is an NGO with Special Consultative Status with the Economic and Social Council of the United Nations.

This report has been produced within the Harm Reduction Advocacy in Asia (HRAsia) project (2017-2020). The project is funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to enable access to HIV and harm reduction services for people who inject drugs in Cambodia, India, Indonesia, Nepal, Philippines, Thailand and Vietnam. The views described herein are the views of HRI and do not represent the views or opinions of the Global Fund, nor is there any approval or authorisation of this material, express or implied, by the Global Fund.

Acknowledgements

This report was made possible by the collaborative input of harm reduction organisations networks, drug user organisations, researchers, academics and advocates. Harm Reduction International (HRI) would also like to acknowledge and thank the following consultants for their research, which forms the basis of the country sections of this report: Arie Rahadi, Pascal Tanguay, Sourabh Chakraborty, Very Kamil, Sreang Chheat, Anjay Kumar KC, Nguyen Thi Minh Tam and Patrick Angeles.

HRI would like to acknowledge the invaluable support of the following individuals and organisations in reviewing country-level information: Ira Madan, Charanjit Sharma at Alliance India, Verapun Ngammee at OZONE Foundation Thailand, Aditia Taslim, Ardhany Suryadarma, and Subhan Panjaitan at Rumah Cemara Indonesia, Nguyen Minh Trang at SCDI Vietnam, Bishnu Fueal Sharma at Recovering Nepal, Ma. Inez Feria at NoBox Transitions Foundation Philippines, and Choub Sok Chamruen and Heng Kiry at KHANA Cambodia.

We would also like to thank Kunal Kishore, Hemant Thakkar, Gloria Lai, Rajiv Kafle, Bikash Gurung, Panki Nadela, Palani Narayanan and Nicole Delaney. The author would also like to acknowledge input and guidance from Catherine Cook, Olga Szubert, Colleen Daniels, Suchitra Rajagopalan and Naomi Burke-Shyne from HRI.

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Executive Summary

In 2019, UNAIDS reported that at least three quarters of new HIV infections in Asia and the Pacific are among key populations and their sexual partners.[1] People who inject drugs in Asia are disproportionately affected, with 13% of new HIV infections occurring among this population group.[2] An estimated 12% of people who inject drugs in Asian countries are living with viral hepatitis, one of the highest rates of any region in the world.[3] Considerable advocacy efforts to promote cost-free access to hepatitis C treatment in Asia have resulted in success in India[4] and Indonesia[5]. However, despite such advocacy, many Asian countries continue to offer inadequate hepatitis C treatment services. Direct-acting antiviral (DAA) medicines, which can cure hepatitis C in over 95% of cases,[6] remain prohibitively expensive in many countries.

The coverage of harm reduction services, such as needle and syringe programmes (NSP) and opioid substitution therapy (OST)[7], which are proven to stop the transmission of blood-borne viruses, including hepatitis C and B, remains inadequate. Harm reduction programmes in Asia are overly reliant on international donors, with few governments investing in the health of their citizens who use drugs. By contrast, vast amounts of public expenditure goes towards punitive drug responses, including mass incarceration, compulsory drug detention and rehabilitation centres – and in the most extreme cases – the death penalty or extrajudicial killings.[8,9] Punitive drug responses often lead to violations of human rights, significantly heighten the risk of HIV among people who use drugs and impede access to health services, including harm reduction.

Harm reduction programmes in Asia are overly reliant on international donors, with few governments investing in the health of their citizens who use drugs. By contrast, vast amounts of public expenditure goes towards punitive drug responses, including mass incarceration, compulsory drug detention and rehabilitation centres – and in the most extreme cases – the death penalty or extrajudicial killings

Governments in Asia have committed to ending AIDS, eliminating hepatitis C and providing universal health care by 2030, as part of the Sustainable Development Goals. Meeting these targets is achievable, but all will require scaled up and sustainably-financed harm reduction for people who use drugs. Meeting these goals will also require governments to make budget allocations that promote health rather than the punishment of people who use drugs. Strong and informed advocacy from civil society and communities will be crucial to garner support and hold governments accountable for their commitments.

1. UNAIDS (2019) Communities at the Centre. Available from www.unaids.org/en/20190716_GR2019_communities.

2. Ibid.

3. United Nations Office on Drugs and Crime (2017) World Drug Report 2017. Available from www.unodc.org/wdr2017/index.html.

4. Imphal Free Press (date not given) Free Hep-C treatment initiated to Sajiwa jail inmates (internet article, accessed October 2018). Available from www.ifp.co.in/page/items/43154/free-hep-c-treatment-initiated-to-sajiwa-jail-inmates/.

5. Perkumpulan Korban Napza Indonesia (26 January, 2018) Pengobatan Hepatitis C Gratis dan Kelanjutan Pendanaannya di Indonesia (internet article, accessed October 2018). Available from www.humas.id/pengobatan-hepatitis-c-gratis-kelanjutan-pendanaannya-di-indonesia/.

6. Walsh, N. et al. (2015) The hepatitis C treatment revolution: how to avoid Asia missing out. J Virus Erad, 1(4):272–5.

7. Although the acronym OAT (opioid agonist therapy) is used in literature in some contexts, OST is more commonly used among civil society and community organisations in Asia. Therefore, for the purposes of resonating with understandings from the region, OST has been used throughout.

8. UNAIDS (2016) AIDS Data Hub, HIV and AIDS Data Hub for Asia-Pacific Review in Slides: People who Inject Drugs. Available from www.aidsdatahub.org/snapshot-2016-people-who-inject-drugs-asia-and-pacific-unaids-regional-support-team-asia-and-pacific.

9. UNAIDS (2017) UNAIDS Data 2017. Available from www.unaids.org/en/resources/documents/2017/2017_data_book.

Civil society and community advocates can play a watchdog role by monitoring the extent to which governments and donors are investing in harm reduction programmes. It can also be useful to assess government spending on drug law enforcement in order to inform advocacy for the strategic allocation of funds towards cost-effective and human rights-based responses to drugs. In 2015, UNAIDS joined civil society in recommending that governments rebalance their drug control investments to 'ensure that the resources needed for public health services are fully funded, including harm reduction for HIV infection, antiretroviral therapy, drug dependence treatment and treatment for hepatitis, tuberculosis and other health conditions.'[10]

To support these efforts, HRI developed tools for assessing national harm reduction investment and spending on drug law enforcement.[11] This report presents the research findings generated by these tools in seven Asian countries. It provides insights on the state of harm reduction financing, informed by donor and government stakeholders, civil society and community representatives. It outlines evidence that can be used to inform advocacy for increased domestic and donor support for harm reduction, covering factors that underpin sustainability and those that pose challenges. It also explores spending on drug law enforcement in two countries, which can be used to inform advocacy for rebalancing drug policy investments towards health and harm reduction.

Criteria for establishing a country's harm reduction funding situation

HRI has developed simple criteria to categorise the state of harm reduction funding in a country. This uses a traffic light system for each criterion, marking it either **1)** green, **2)** amber or **3)** red. This traffic light system is useful as it provides an at-a-glance indication of the health of harm reduction funding in a country, based on the research undertaken. Detailed justifications for each ranking decision can be referred to for further insight into the national context.

Table 1: **Criteria for establishing national harm reduction funding situation**

Factor	Green	Amber	Red
Harm reduction coverage	Both NSP and OST operating at recommended coverage levels	Either NSP or OST operating at recommended coverage levels	Neither NSP or OST operating at recommended coverage levels
Availability of expenditure data	Spending information routinely collected and made available in a transparent manner	Partial spending information available	Spending information unavailable
Government investment in harm reduction	Overall government investment is high and government provides over 90% of harm reduction funding	Government investment is moderate, either proportionally (e.g. government provides between 50% – 90% of HR funding) or as an overall amount	Government investment is low, either proportionally (e.g. government provides less than 50% of harm reduction funding) or as an overall amount
Civil society representatives' view on sustainability of funding	Funding judged to be secure for next 5 years	Some uncertainty around funding levels and anticipated reductions in the next 5 years	Funding for harm reduction extremely low, or serious funding cuts anticipated in the next 5 years

10. UNAIDS (2015) A public health and rights approach to drugs. Available from www.unaids.org/sites/default/files/media_asset/JC2803_drugs_en.pdf.

11. Please see www.hri.global/tools-for-advocates for more information on HRI's tools to assess harm reduction investment and drug law enforcement spending.

Harm reduction investment in seven Asian countries: a summary of findings

HARM REDUCTION FUNDING IN SEVEN COUNTRIES IN ASIA AT A GLANCE

Country	Harm Reduction Coverage	Availability of Spending Data	Government Investment in Harm Reduction	Civil Society view on the Sustainability of Funding
Cambodia				
India				
Indonesia				
Nepal				
Thailand				
The Philippines				
Vietnam				

Harm reduction funding is an area of concern in all seven countries. All countries except Vietnam ranked red on two or more criteria, indicating a poor state of funding for harm reduction. The findings highlight three factors that underpin the funding challenges: international donor retreat, predominance of punitive responses to drugs, and poor political support for harm reduction.

There is a lack of political and financial support for harm reduction from most governments in Asia, with initiatives relying heavily on international donor funding. In Indonesia, for example, international donors wholly fund the country's NSP and these funds have been steadily reducing in recent years. Across the region, there is minimal government investment in NSP; any support is mainly targeted to OST or antiretroviral therapy (ART). There is also a lack of funding for harm reduction programmes to support people who use amphetamine-type drugs and new psychoactive substances. In the Philippines, there is no government investment in OST and NSP from domestic sources, nor is there government investment in HIV services specifically targeted towards people who use drugs. In India, while the government is investing in both NSP and OST, civil society reports that the restrictive legal environment is impeding the potential of this investment, with harm reduction programme staff facing risk of prosecution for aiding drug use.[12] Figure 1 outlines the extent to which governments invest in priority harm reduction interventions.

Making the harm reduction funding crisis in Asia worse is a lack of readiness among governments to move away from international donor support. The sustainability of harm reduction in Asia will be largely dependent on the willingness of governments to bear financial responsibility for these programmes in the future and to remove political and legal frameworks that are constraining this work. In the Philippines, harm reduction is seen politically as 'condoning' drug use and philosophically inconsistent with the present government's brutal 'war on drugs', which has claimed thousands of lives through extrajudicial killings.

12. Chakraborty, S. for Harm Reduction International (2018) Harm reduction funding situation in India: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

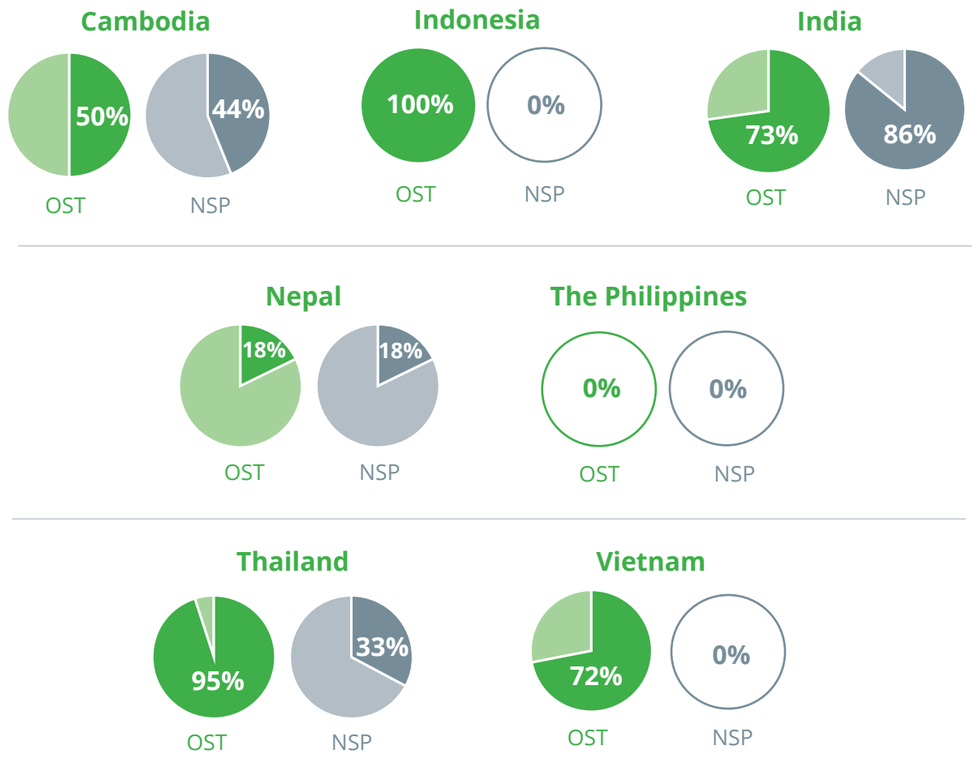


Figure 1 – *Domestic investment in NSP and OST as a proportion of total harm reduction investment (2018-2019)* [13]

In contrast, since 2015 the Vietnamese government has increased domestic support for OST and committed to fully funding these programmes in 2018. In Thailand, the government has also taken positive steps to address funding shortfalls for harm reduction in the form of funding pledges. However, in both countries, NSP provision is still heavily reliant on international donors, and civil society concerns remain as to whether plans and allocations will be realised as government priorities continue to shift.[14]

Harm reduction coverage levels in the countries studied ranged from medium to low. In Thailand, services were distributing just 14 needles and syringes per person per year across 12 sites, well below the UN-recommended coverage level of 200[15] to 300 needles per person per year.[16] In the Philippines the situation is even worse, with no government-funded NSP or OST services available. Indonesia was found to have the highest coverage of harm reduction among the countries assessed, with evidence suggesting around half the population of people who inject drugs is being reached

13. The information presented here was obtained through further consultation with civil society organisations.

14. Tanguay, P. for Harm Reduction International (2018) Harm reduction funding situation in Thailand: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project; Thi Minh Tam, N. for Harm Reduction International (2018) Harm reduction funding situation in Vietnam: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

15. WHO et al (2012) WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision. Available from https://apps.who.int/iris/handle/10665/77969.

16. WHO (2016) Global health sector strategy on viral hepatitis 2016–2021. Available from https://apps.who.int/iris/bitstream/handle/10665/246177/WHO-HIV-2016.06-eng.pdf. Please note, these are population-level targets based on a denominator of people who have injected at least once in the last 12 months.

by NSP and OST services. However, it is important to recognise that the harm reduction needs of people who use drugs regularly changes, for instance, in Indonesia the number of people injecting opioids is declining as the number of people smoking and injecting amphetamine-type substances increases.[17]

It is difficult to access comprehensive data relating to harm reduction investment in the region – no country in Asia has easily available, transparent, routinely collected, and disaggregated data. This is either due to a lack of effective tracking systems, such as in Thailand and Cambodia, or governments only being able to give crude estimates of their harm reduction spend, as in India. In Vietnam it was difficult to obtain data on harm reduction investments as both government and donor agencies were reluctant to share information on budgets or expenditure. This lack of either transparency or effective dissemination of information on harm reduction spending impedes effective harm reduction programme planning.

OUT OF POCKET COSTS FOR PEOPLE WHO USE DRUGS IN ASIA: A SNAPSHOT

Many people who use drugs in low- and middle-income countries regularly use their own money to cover their harm reduction needs, despite health budgets generally increasing.[18] In Indonesia, in order to access OST, people who use drugs must pay between US$0.05-0.20 per visit to a service provider, equivalent to food for one person for a whole day. In the Philippines, the individual incurs all costs connected to harm reduction. Needles can be purchased from a pharmacy for 15 pesos (US$0.30) for one exchange, unless provided in secret by peers distributing NSP packages in Cebu City.[19] Using more than three needles a day equate to the cost of feeding a small family.

People who use drugs encounter structural barriers to accessing services, which can also result in out-of-pocket expenses. For instance, a lack of required citizenship documents can prevent people who use drugs from gaining access to the existing healthcare system.[20] In Cambodia this means people must pay US$1.00 per OST dose, equivalent to half a day's salary for many.[21]

The punitive drug policy environment in which people who use drugs live can also lead to substantial out-of-pocket expenses. In Indonesia, people who use drugs who are diverted away from prison to rehabilitation by the courts must purchase costly urine test kits to prove they have no drugs in their system.[22] If someone in Indonesia is facing prison for drug-related charges, they or their families must find funds to pay for the settlement of cases in the event of arrests, charges to facilitate legal proceedings, transportation costs, and personal maintenance costs during detention.[23]

17. Nevendorff, L. and Praptoraharjo, I. for the AIDS Research Center, Atma Jaya Catholic University of Indonesia (2015) Chrystal-Meth in Indonesia: Chrystal-meth use and hiv-related risk behavior in Indonesia. Available from https://media.neliti.com/media/publications/45307-EN-crystal-meth-use-and-hiv-related-risk-behaviors-in-indonesia.pdf.

18. Xu, K. et al., ed. WHO (2018) Public Spending on Health: A Closer Look at Global Trends: WHO/HIS/HGF/HFWorkingPaper/18.3. Available from www.who.int/health_financing/documents/health-expenditure-report-2018/en/.

19. In Cebu City there is a very small grassroots network that is distributing needles sourced from the remaining supplies of a previous internationally-funded research project, which inevitably will soon run out.

20. In order to gain membership to the national healthcare systems in place in the countries covered in the study, individuals must be in possession of a number of official documents, such as birth certificates and identity cards. The reality is that many people who use drugs do not possess such documents and are therefore not eligible to gain membership. Civil society organisations across the region are currently advocating for a change in policy to make allowances for those who are disenfranchised so that the process of registering is simplified.

21. Personal communications with civil society representative from KHANA, Cambodia.

22. Rahadi, A. for Harm Reduction International (2019) Law Enforcement Expenditure in Indonesia: Consultant findings from the Law Enforcement Expenditure Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

23. Perkumpulan Korban Napza Indonesia (2016) The War on Drugs In Indonesia: A Documentation.

Recommendations

1. **Governments must safeguard funding for harm reduction** by both including and mainstreaming support for harm reduction interventions within their health budgets, and by ensuring that services are of a high standard and align with international guidelines.

2. **Governments must ensure civil society and people who use drugs remain central to the design, delivery and monitoring of domestically-supported harm reduction programmes.** This will require mechanisms for both the social contracting of non-governmental organisations (NGOs) and the meaningful involvement of people who use drugs in all aspects of policy and programme implementation and the budget cycle.

3. **Governments should critically evaluate their drug policy spending**, undertake cost-effectiveness studies and redirect funds away from ineffective drug law enforcement to harm reduction initiatives.

4. **Governments should ensure the availability of reliable and recent data** on population-size estimates, shifting drug-use trends, and information on the coverage of harm reduction services. Where necessary, UN agencies and international donors should support this work.

5. **Governments should also ensure that harm reduction budgets and expenditure information are transparent**, that involved stakeholders are accountable, and that the processes involved with budgetary decision-making are monitored systematically and carefully.

6. **International donors must not reduce or withdraw funding for harm reduction programmes unless domestic funding is secured.** In addition, international donors must hold governments accountable to agreements and mechanisms put in place to ensure funding sustainability.

7. **Both government and international donors must ensure funds and programmes are targeted towards a harm-reduction response** for the increasing numbers of people using amphetamine-type substances and new psychoactive substances, and other cohorts of people who use drugs.

8. **Community-based harm reduction and treatment must be prioritised as an alternative to incarceration for people who use drugs.**

9. **Civil society organisations should develop technical working groups** to act as watchdogs on budgetary processes, understand the budget cycle, and build skills in health budget advocacy. Alternative funding options should be actively explored via support from philanthropic bodies and through studies looking into funding opportunities at the sub-national level.

10. **Governments should ensure that people who use drugs are able to access membership to any existing healthcare system and ensure no one is left behind.**

11. **Donors should be more flexible with budgetary commitments** and include 'force majeure' contractual clauses to make allowances for unforeseen events, such as civil unrest, natural disasters and pandemics, which can delay deliverables and outputs.

Cambodia:
a snapshot of harm reduction funding

Harm Reduction coverage

People who inject drugs	4,136[24]
NSP	5 providers;[25] 457 needles per person annually[26]
OST	2 providers[27,28]
Prison harm reduction	No OST or NSP available in prison contexts
Take-home naloxone	Not available[29]

Availability of expenditure data

Data on harm reduction investment in Cambodia is difficult to obtain, and robust data on actual government investment in harm reduction is not available. According to civil society representatives, no systematic data collection procedure has been put in place. The National Strategic Plan for Harm Reduction Related to Drug Use (2016-2020) provides a budgeted plan and targets to be achieved for OST and NSP.[30,31] The plan stipulates the Cambodian government's commitment and the budgetary gaps that need to be filled by international development partners to finance harm reduction services in full. However, data on actual spending in relation to this budget is not available. Obtaining access to budget-allocation information is challenging for a number of reasons. Firstly, the agency in charge of harm reduction financing, the Ministry of Health's Department of Mental Health and Substance Abuse (DMHSA), is reluctant to share such data. In addition, NGOs do not have to follow

24. KHANA, National Centre for HIV/AIDS, Dermatology and STDs, National Authority for Combatting Drugs (2017) Integrated Biological and Behavioral Survey, HCV and Size Estimation among People who Use Drugs in Cambodia.

25. UNAIDS (2016) Global AIDS Response Progress Reporting: Cambodia.

26. UNAIDS (2019) Global AIDS Response Progress Reporting: Cambodia.

27. Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) Global State of Harm Reduction 2018. Available from www.hri.global/global-state-of-harm-reduction-reports.

28. OST is provided at the Khmer-Russian Hospital, located in Phnom Penh and the Meanchey Referral Hospital.

29. However, naloxone has now been listed by the Ministry of Health as an essential medicine.

30. Ministry of Health Cambodia (2016) National Strategic Plan on Harm Reduction (2016-2020).

31. For a budgeted plan and targets on OST and NSP post-2020, Cambodia's Department of Mental Health and Substance Abuse is currently drafting the National Strategic Plan on Prevention, Treatment and Psycho Rehabilitation in Drug Use Disorders, which covers the period 2021-2025.

a streamlined reporting framework, which means there is no singular source of accessible data on harm reduction investment. In addition, data sharing between government agencies is not common practice, and government coordination with NGOs has been uneven at best.

In Cambodia, NSPs are solely implemented by NGOs with funding from international partners; no government agency is involved. There is a pressing need for a public agency, such as the DMHSA, to coordinate data collection and sharing so that it can be analysed and useful for programming and advocacy work in Cambodia. The Cambodian government should improve budget transparency and accountability in order to strengthen its funding track record, and therefore ensure future funding opportunities.

Government investment in harm reduction

The 2016-2020 National Strategic Plan on Harm Reduction (implementation of which began towards the end of 2016) is the only source of information concerning the Cambodian government's commitment to financing HIV prevention and treatment, including harm reduction (specifically antiretrovirals and opioid agonist therapy). For the five-year period covered by the plan the total cost is estimated to be around US$6.9 million, of which $3.3million (33% of total) is funded by the government and covers medications only. For the period of 2016-2018, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) contributed around US$555,560 for harm reduction work. In addition, and although not specifically for harm reduction but for all key populations, the Global Fund has pledged US$41.5 million for HIV work in Cambodia for the period of 2020-2022.[32] Under the 2016-2020 plan, civil society organisations (KHANA, Friends International, Kalyan Mit, and Korsang) were allocated US$2 million for activity implementation and to supplement diminishing contributions from the Global Fund. However, given that output has so far lagged behind set targets, actual spending could be much lower than estimated in the plan.[33]

> The Cambodian government should improve budget transparency and accountability in order to strengthen its funding track record, and therefore ensure future funding opportunities.

A turning point for Cambodia came in 2015 when domestic funding for HIV prevention and treatment increased to 24% of the total investment, from 16% in 2014. This increase in government funding was the result of a contribution of US$1 million for 2015, US$1.2 million for 2016 and US$1.5 million for 2017 to cover antiretroviral (ARV) procurement, amid a 33% reduction in external investments.[34] Although the government has increased domestic funding for HIV prevention and treatment, the budget estimated in the 2016-2020 plan does not include HIV services, such as outreach work and ancillary services, and there are also no specific programmes for women who use drugs.

32. The Global Fund to Fight AIDS, Tuberculosis and Malaria, (2019) 2020-2022 Allocations. Available from www.theglobalfund.org/media/9227/fundingmodel_2020-2022allocations_table_en.xlsx?u=637182418500000000

33. Ministry of Health Cambodia (2016) National Strategic Plan on Harm Reduction (2016-2020).

34. USAID (2017) PEPFAR Strategy: Strategic Direction Summary, Cambodia's Country's Operational Plan 2017. Available from www.state.gov/wp-content/uploads/2019/08/Cambodia.pdf; Allinder, SM. and Dattilo, L. for the Center for Strategic and International Studies (2017) U.S. HIV Investment in Cambodia: Small Program, Big Opportunity. Available from https://csis-prod.s3.amazonaws.com/s3fs-public/publication/170912_Allinder_HIVInvestmentCambodia_Web.pdf.

Civil society representatives' views on the sustainability of funding[35]

Sustaining funding for harm reduction is a real concern for civil society organisations in Cambodia. This is due to the country's upgraded economic status, the fragile relationship between civil society organisations and the government, and because most of the funding these organisations receive is time-limited and project-based.

NSPs are mainly implemented by civil society organisations that also run programmes, such as counselling, distribution services, drop-in centres and outreach work. OST is provided on site at two state hospitals and is accessible through referral from NGOs.[36] Funding for civil society operations comes mainly from international development partners and donor agencies. If donor agencies reduce funding it will have a real impact on the interventions and operations of harm reduction programmes.

With its economic status upgraded to lower middle-income, Cambodia has experienced a decline in international funding over the last few years. Fortunately, funding from the Global Fund – the biggest funder of HIV and harm reduction programmes in the country – has remained relatively stable (US$40.7 million for 2018-2020 and US$41.6 million allocated for 2020-2022).[37, 38] However, as of 2018 USAID – another major supporter of harm reduction in Cambodia – has limited its intervention to technical assistance only.[39]

There are no government funds to support the overall work of civil society, which is only funded for specific work predetermined by the government. Government institutions are underfunded, so it is unlikely that any public funds will be allocated to civil society programmes in the near future. As drug use is a politically sensitive, crosscutting issue, arguably the government will be disinclined to fund civil society programmes amid already stretched resources.[40] In this context, funding sustainability is reliant on the ability of harm reduction advocates to sway public opinion and glean political support.[41] But as social stigma and discrimination towards drug use remains high, there are few opportunities or safe spaces for harm reduction service providers in Cambodia to sustain services, let alone increase them.[42]

35. Civil Society Representatives for Harm Reduction International (2018) Harm reduction funding situation in Cambodia: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

36. Chheat, S. for Harm Reduction International (2018) Harm reduction funding situation in Cambodia: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

37. Kolsear, R. for Health Policy Plus (2018) Analysis of Fund Disbursement Bottlenecks: Affecting the Cambodia Global Fund KHM-C-MEF Grant. Available from www.healthpolicyplus.com/ns/pubs/11283-11506_GFFundsFlowAnalysis.pdf.

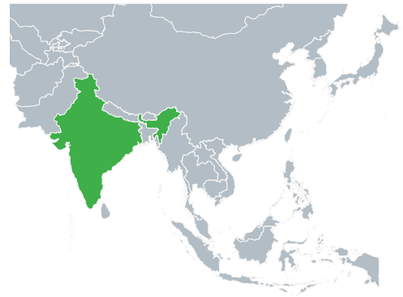
38. The Global Fund to Fight AIDS, Tuberculosis and Malaria (2019) 2020-2022 Allocations. Available from www.theglobalfund.org/media/9227/fundingmodel_2020-2022allocations_table_en.xlsx?u=637182418500000000.

39. Chheat, S. (2018) Harm Reduction International. Harm reduction funding situation in Cambodia: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

40. Ibid.

41. Ibid.

42. Ibid.



India:
a snapshot of harm reduction funding

Harm Reduction coverage

People who inject drugs	850,000[43,44]
NSP	247 providers;[45] 366 needles per person annually[46]
OST	407 sites[47]
Prison harm reduction	OST available in the majority of prison contexts[48]
Take-home naloxone	Not available; 4 outlets provide naloxone[49]

Availability of expenditure data

There is a lack of available data on actual harm reduction expenditure in India. Although the National AIDS Control Organisation (NACO) has published unit-cost data for NSP and OST programmes, which are useful for planning and budgeting purposes, these figures are indicative and actual investment may vary considerably between sites. In addition, it is important to note that the effective allocation of budget for harm reduction work is dependent on the availability of accurate population estimates. Until early 2019, the population estimate in India grossly underrepresented the number of people who use drugs, which meant existing services were unable to meet the harm reduction needs of the population. Following prolonged advocacy by civil society and human rights organisations between December 2017 and October 2018, the Indian government conducted a nationwide survey to estimate the number of people who use drugs, including those

43. Ministry of Social Justice and Empowerment, Government of India (2018) Magnitude of Substance Use in India, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi.

44. Nevertheless, the National AIDS Control Organisation's programme continues to use 177,000 as the denominator and is not planning to cover the needs of 850,000, as estimated by the latest mapping.

45. Nelson, PK. et al (2011) Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews. The Lancet, 378 (9791):571–83.

46. UNAIDS (2019) Global AIDS Response Progress Reporting: India.

47. Harm Reduction International (2019) Alliance India Community Consultations.

48. Chakraborty, S. for Harm Reduction International (2018) Harm reduction funding situation in India: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

49. Naloxone peer distribution is limited to the state of Manipur.

who inject drugs. This led to the size estimate of people who inject drugs being revised from between 170,000-180,000 to approximately 850,000.[50] Previous population-size underestimations have had a negative impact, both upon coverage of services and the budget allocated to harm reduction. To date, there has been no budget increase or service scale-up to respond to this new population estimate.[51] The Indian government should acknowledge and accommodate for the latest population estimate, noting that the service coverage currently reflects the previous, greatly underestimated, figure.

Government investment in harm reduction

Since 2017, decentralisation in India has seen central government cut the budgets of HIV and AIDS programmes and require state governments to fill these funding gaps. This has resulted in less spending for targeted interventions[52] than what is prescribed by NACO's costing document for targeted interventions.[53]

In the absence of actual expenditure data on harm reduction, a crude calculation has been made to estimate indicative spending on harm reduction. The following figures have been calculated by using NACO's costing guidelines for NSP and OST then multiplying these figures by the number of operational sites in the country. Using this method, it is estimated that in 2016 total expenditure for OST was US$4.5 million, of which US$3.3 million was sourced from domestic funding, totalling 73% of actual budget allocated.[54] In the same year, it is estimated that US$8.9 million was spent on NSP service provision, of which 14% was derived from international funding sources, including the Global Fund.[55] As it was previously estimated that NSP provision only covered 68% of people who inject drugs in India,[56] which was itself based on an underestimation of population size, the amount of US$13.6 million – the total for both NSP and OST expenditure in 2016 – is demonstrably inadequate to cover and provide uninterrupted and quality services for people who inject drugs.[57] In order to reach the UN-recommended threshold for high coverage, stakeholders would need to invest five times the allocated US$13.6 million.

50. Ministry of Social Justice and Empowerment, Government of India, (2018) Magnitude of Substance Use in India, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi.

51. Harm Reduction International (2019) Alliance India Community Consultations.

52. Targeted interventions include NSP, OST and ART.

53. NACO (2017) National AIDS Control Organisation: Annual Report 2016-17.

54. Chakraborty, S. for Harm Reduction International (2018) Harm reduction funding situation in India: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

55. Ibid.

56. Ibid.

57. Ibid.

Civil society representatives' views on the sustainability of funding

A major issue impacting upon the sustainability of future funding is that India is now considered a middle-income country. Many donors are looking to invest elsewhere, having provided financial support for HIV-related activities in the country for some time.[58] Civil society organisations working on HIV report that funding made available for India's National AIDS Control Programme (NACP IV) was below expected levels.[59] A major impediment for attracting national funding is the restrictive legal environment for people who use drugs.[60] Networks of people who use drugs in India recommend that key stakeholders, including government, harm reduction advocates and international funders, play a more proactive role in mainstreaming harm reduction work into national public health policy. Government agencies need to adopt harm reduction principles that address the health issues of people who use drugs, instead of relying on punitive actions based on the Narcotic Drugs and Psychotropic Substances Act.[61,62] State government should also learn from best practice states, such as Manipur, and revise the Narcotic Drugs and Psychotropic Substances Act to allow for (and prioritise) evidence-based harm reduction.

58. Ibid.

59. National AIDS Control Organisation (2017) National Strategic Plan for HIV/AIDS and STI: 2017-24.

60. International Drug Policy Consortium (2015) Tripti Tandon; Drug Policy in India.

61. Civil Society Representatives for Harm Reduction International (2018) Harm reduction funding situation in India: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

62. The Narcotic Drugs and Psychotropic Substances Act, 1985, commonly referred to as the NDPS Act, is an Act of the Parliament of India that prohibits a person to produce/manufacture/cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or psychotropic substance. Available from https://indiacode.nic.in/bitstream/123456789/10483/1/the_narcotic_drugs_and_psychotropic_substances%2C_act%2C_1985.pdf.

Indonesia:
a snapshot of harm reduction funding

Harm Reduction coverage

People who inject drugs	33,492[63]
NSP	194 providers;[64] 3 needles per person annually[65]
OST	92 sites[66]
Prison harm reduction	OST available in 11 prison contexts[67]
Take-home naloxone	Not available

Availability of expenditure data

Since the start of harm reduction work in 2001 to date, the majority of harm reduction programmes in Indonesia have relied on international donors. Until 2009, harm reduction programmes were supported by USAID and Australian AID and worked in cities and provinces with the highest estimated number of people who inject drugs. After 2009, the largest proportion of harm reduction funding was provided by the Global Fund.[68] Financial reports on donor investments are easily accessible, however, it is difficult to find details of year-to-year funding for all provinces/cities implementing harm reduction work[69] as priorities change when the funding cycle is completed. For example, when funding in a province runs out, the programme ceases service delivery, and in some instances organisations have folded altogether. In addition, in the last eight years the actors

63. Directorate General of Disease Prevention and Control Indonesia (2017)HIV Epidemiology Review Indonesia.

64. UNAIDS (2012) Global AIDS Response Progress Reporting: Indonesia.

65. UNAIDS (2019) Global AIDS Response Progress Reporting: Indonesia.

66. Ministry of Health Indonesia (2017) Laporan Perkembangan HIV di Indonesia.

67. Praptoraharjo, I. (2018) Global State of Harm Reduction survey response 2018.

68. Kamil, V. for Harm Reduction International (2018) Harm reduction funding situation in Indonesia: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

69. In Indonesia, harm reduction work is restricted to priority areas where funding support is found, referred to as 'working areas'. When funding has stopped in one area and/or is channeled into another location, more often than not harm reduction interventions in that 'working area' also cease, and this includes outreach work and peer support programmes.

working on harm reduction across the Indonesian archipelago have changed, and with such change important data has been lost. Although harm reduction service providers and involved institutions can provide information on the total amount of funds they manage, no official report or publication can be used to confirm the information provided.

Government investment in harm reduction

Harm reduction programmes in Indonesia were first developed as an HIV prevention intervention among people who inject drugs. The programme was led by civil society for more than five years. In 2006, the Ministry of Health issued national guidance on harm reduction programme implementation, and the following year the National AIDS Commission issued a National Harm Reduction policy.[70] The Ministry of Health's policy on harm reduction was then updated in 2015 and set out specific support for the implementation of the nine harm reduction components recommended by the World Health Organization.[71]

In practice, the government is supportive of harm reduction via a number of policies, and this is reflected in the allocation of some budget for programme implementation. The Indonesian government's financial support for harm reduction includes the provision of methadone syrup for OST (however, no investment in naloxone). Since 2016, the Indonesian government has provided approximately US$43 million of the required US$63 million spent on ARV procurement for all people living with HIV (the remaining US$20 million is covered by the Global Fund).[72] Beyond these two components, the government does not contribute funding for harm reduction work.

A number of local governments at the district and provincial level have expressed their willingness to fund certain components of harm reduction programmes (e.g. the procurement of syringes or methadone) through district or provincial budgets. Nevertheless, to date, all components remain financed by the central government's budget as part of the national programme.[73] Rehabilitation and abstinence remain the primary approaches to drug use in Indonesia, and these programmes are implemented and managed by the Ministry of Health, through hospital facilities; the Ministry of Social Affairs, through a number of government-owned and private/public-owned facilities, and through the Indonesian Narcotics Control Board in five provinces.[74] In 2011, to increase the number of people who use drugs accessing rehabilitation services, the government issued a mandatory self-reporting policy,[75] in which it invested US$3.5 million.[76] This programme has been met with a mixed response, and some resistance, from harm reduction advocates and civil society, as the initiative is not responsive to the health needs of people who use drugs, nor is it implemented in conjunction with other evidence-based interventions, such as the provision of OST.

70. Mesquita, F. et al (2007) Public health the leading force of the Indonesian response to the HIV/AIDS crisis among people who inject drugs, Harm Reduction Journal, 4 (9), doi:10.1186/1477-7517-4-9.

71. These are: LASS (Sterile Syringe Service), opiate substitution therapy; HIV testing and counseling; ART, prevention and care of sexually transmitted infections (STIs); condom programmes for people who use drugs and people who use drugs' sexual partners; IEC (information, education, communication) programmes for people who use drugs and their partners; vaccination, diagnosis, and treatment of hepatitis; and the prevention, diagnosis, and treatment of tuberculosis, as noted by Suharni, M. for Kebijakan AIDS Indonesia (2015) Pendekatan Penanggulangan Narkoba dan Kebijakan, Harm Reduction.

72. Kamil, V. for Harm Reduction International (2018) Harm reduction funding situation in Indonesia: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

73. Ibid.

74. Perkumpulan Korban Napza Indonesia (2016) The War on Drugs In Indonesia: A Documentation.

75. Peraturan Pemerintah tentang Pelaksanaan Wajib Lapor Pecandu Narkotika. PP No. 25 Tahun 2011..

76. Perkumpulan Korban Napza Indonesia (2016) The War on Drugs In Indonesia: A Documentation.

The Mandatory Reporting System (IPWL or *Institusi Penerima Wajib Lapor*) requires people who use drugs to proactively present themselves at a registered IPWL centre, for example, a participating NGO or police station. When people register themselves, theoretically they become exempt from prosecution for drug-related offences. But, in reality, whether or not an individual who self-reports is placed in compulsory rehabilitation or detained for further criminal investigation depends upon the decision of the person receiving the report. This predicament places people who use drugs in a precarious position and deters many from reporting themselves, further indication that this system is less than constructive.

Despite the implementation of IPWL, and the existing joint regulation issued by the supreme court that focuses on diversion to medical/social rehabilitation, imprisonment of people who use drugs remains very high. It is important to note that harm reduction services are only available in a small number of prisons and only cover OST. This also applies to harm reduction in other closed-settings, such as rehabilitation centres. In addition, the Indonesian Narcotics Control Board, which holds the main mandate on drug demand and supply reduction, focuses on punitive responses and the eradication of drug use and does not work on harm reduction. Civil society organisations continue to question the efficacy of this costly approach.[77] The Indonesian government, in collaboration with civil society organisations, should conduct a thorough evaluation of the IPWL programme, including assessing its cost-effectiveness.

The Indonesian government, in collaboration with civil society organisations, should conduct a thorough evaluation of the IPWL programme, including assessing its cost-effectiveness.

Civil society representatives' views on the sustainability of funding[78]

In Indonesia, as with many neighbouring countries, harm reduction was introduced to prevent HIV and was not designed to be a holistic service for people who use drugs. As a result, the availability of harm reduction services in the country is highly affected by HIV incidence and national prevalence. Due to changing drug-use trends and a shortage of heroin, the number of new HIV infections among people who inject drugs has decreased and stabilised in Indonesia. This decline has led to a decline in apparent demand for NSP. But heroin use began to increase again at the end of 2019 and civil society organisations, Rumah Cemara and Karisma in particular, are becoming increasingly concerned that many clinics and services lack needles and syringes.

In 2019, international donors funded the majority of harm reduction programmes in Indonesia, and the impact of donor withdrawal is being felt. In 2010, when USAID completed its programme-funding cycle, 10 NGOs that had worked for more than five years in various cities and provinces were forced to stop operating due to a lack of funds. In 2015, when Australian AID ceased funding harm reduction programmes run by NGOs, many organisations reduced services or stopped altogether.[79] The Global Fund provided US$4.4 million for harm reduction for 2014-2016 and 2017-2019 (with a view to extension, up to the end of 2020).[80] Due to the country's dependence on foreign assistance, the sustainability of harm reduction programme service provision remains vulnerable.

77. Civil Society Representatives for Harm Reduction International (2018) Harm reduction funding situation in Indonesia: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

78. Ibid.

79. Ibid.

80. Ibid.

ASSESSING LAW ENFORCEMENT EXPENDITURE IN INDONESIA: A CASE STUDY

Although harm reduction interventions are lifesaving and evidence-based, the Indonesian government's focus is on drug control. The government can afford to fund much-needed harm reduction services but chooses to spend its money on drug law enforcement and a 'war on drugs'. This punitive approach aims to dissuade people from the purchase, sale, and use of illicit substances but evidence indicates that it has had little impact.

In Indonesia, the government has branded the war on drugs a success, using the increasing number of drug seizures as evidence. For example, marijuana seizures increased from 29.3 million kilograms in 2015 to 151.5 million kilograms in 2017, and seizures of amphetamine-type substances have doubled in the same two years.[81] This approach is driven by aggressive targeting of people who use drugs.

The number of individuals in pre-trial detention due to drug-related offences has also increased gradually, with the time spent in detention before trial typically ranging from 20 to 200 days after arrest.[82] Average legal fees, court processing charges, and bail accrued to individuals and their family cost around US$450, US$56 and US$20,665, respectively.[83] To put these figures in a meaningful context, the average monthly income in Indonesia is below US$400. The estimated adult population in the penitentiary system has increased by more than one third since 2017.[84] The government's punitive approach to drugs is further exemplified in its support for the death penalty, with 63 people awaiting execution for drug-related offences in 2018.[85]

Although the government has mechanisms in place to provide rehabilitation options for people arrested for drug possession, rarely are these utilised. Every year, the government spends up to US$250 million on punitive drug control and allocates approximately US$25 million to rehabilitation as an alternative to incarceration. The estimated annual cost of keeping people in prison for drug-related convictions was US$74 million in 2015, increasing to US$87 million in 2016 and US$81 million in 2017.[86]

This indicates that drug law enforcement expenditures that support the punitive treatment of drug use will continue to take up a disproportionate share of the country's total 'drug budget'. The Indonesian government spends up to US$250 million annually on punitive drug control and allocates approximately US$400,000 on harm reduction initiatives. Due to a reduction in funding for harm reduction services, there are fewer prevention, care and treatment options available in the public sector for people who use drugs. In light of this, civil society organisations are advocating for the government to respond to alternatives to punitive drug control and for initiatives to be more responsive to the health and human rights needs of people who use drugs. In the province of West Java, local NGO Rumah Cemara has been campaigning for the redirection of funding from drug law enforcement to harm reduction at both local and national level, including by creatively engaging communities in public dialogue and through social media.

81. BNN (2018) Bab I Pendahuluan, Jurnal Data Puslidat, 4, 119-120. Available from https://bit.ly/2O64DHF.

82. Domingo, P. and Sudaryono, L. (2015, p. 26). Ekonomi Politik dari Penahanan Pra-Persidangan di Indonesia.

83. Ibid.

84. Direktorat Jenderal Pemasyarakatan (2018) Sistem Database Pemasyarakatan (online, accessed March 2018). Available from http://smslap.ditjenpas.go.id/public/krl/current/monthly.

85. Ibid.

86. Ibid.

Nepal:
a snapshot of harm reduction funding

Harm Reduction coverage

People who inject drugs	34,887[87]
NSP	27 providers;[88] 85 needles and syringes per person annually[89]
OST	15 sites[90]
Prison harm reduction	Not available
Take-home naloxone	Not available

Availability of expenditure data

Gaining insight into harm reduction investment in Nepal is difficult. Access to expenditure data is hindered by various systemic and structural factors, including a lack of information on resource allocation for individual harm reduction services.[91] There is also a lack of adequate dialogue and deliberation between stakeholders about budget cycles, and ineffective dissemination of budget information in the public domain.[92] There is some information within the Nepal National AIDS Spending Assessment about funding for key populations from various sources, including multilateral, bilateral, international NGOs, and government.[93] However, major information gaps exist, with an apparent lack of clarity between allocation and expenditure.[94]

87. Central Bureau of Statistics Nepal (2013) Survey Report on Current Hard Drug Users in Nepal.

88. Harm Reduction International (2020) Communications with civil society representatives.

89. UNAIDS (2019) Global AIDS Response Progress Reporting: Nepal.

90. Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) Global State of Harm Reduction 2018. Available from www.hri.global/global-state-of-harm-reduction-reports.

91. Sharma, M. and Paudyal, P. for the National Centre for AIDS and STD Control (2016), Nepal National AIDS Spending Assessment (NASA), for the year 2013 and 2014. Available from www.unaids.org/sites/default/files/media/documents/Nepal_NASA_2015.pdf.

92. Ibid.

93. Government of Nepal Ministry of Health and Population National Centre for AIDS and STD Control (2018) Nepal National AIDS Spending Assessment (NASA)

94. Sharma, M. and Paudyal, P. for the National Centre for AIDS and STD Control (2016), Nepal National AIDS Spending Assessment (NASA), for the year 2013 and 2014. Available from www.unaids.org/sites/default/files/media/documents/Nepal_NASA_2015.pdf.

Government investment in harm reduction

A great proportion of investment into harm reduction work in Nepal is absorbed by human resource expenses, particularly to cover internal organisational management costs, rather than service provision. Delays experienced with funding distribution through the Ministry of Health and the National Centre for AIDS and STD Control (NCASC) impacts negatively on timely harm reduction service provision for those most in need.[95]

Nepal's HIV response is notably dependent on financial assistance from international donors, accounting for 85% of overall investment, with 8% funded by domestic efforts and the remainder by out-of-pocket costs.[96] In 2016, the largest sources for HIV financing in Nepal were from multilateral (including the Global Fund and USAID) and bilateral donors. The second largest amount of HIV funds came from a domestic source called the Pooled Fund plus out of pocket expenses.[97] In 2016, the total spending for HIV in Nepal was US$18.8 million, in 2017 this increased to US$20 million. The total anticipated budget available for 2019 onwards, through regular Global Fund resources and the Pooled Fund, was projected to grow by 10% annually. However, this has not happened.[98] In early 2020 there was a suggestion that the government was considering taking over the costs of procuring methadone and buprenorphine, but for OST services to continue uninterrupted other development partners would need to take over operating costs for the country's Medical Units and Social Support Units.[99] The Nepalese government should also consider the need for investment in harm reduction within prison settings.

Civil society representatives' views on the sustainability of funding[100]

Through a series of technical cooperation projects focusing on harm reduction, the Deutsche Gesellschaft für Internationale Zusammenarbeit, on behalf of Germany's Federal Ministry for Economic Cooperation and Development, has worked with national and international partners to expand the availability of OST in Nepal. OST has been elevated to the status of a national programme under the Ministry of Health and is implemented in cooperation with the Ministry of Home Affairs. Despite this, the question of OST's long-term sustainability looms large; considerable advocacy is still required to garner support for OST. Towards the end of 2019, the Global Fund announced the HIV allocation figures for 2020-2022. This saw Nepal's allocation increase by 15%, compared to 2017-2019. Although this does not necessarily mean harm reduction funding will be prioritised, it is unquestionably a positive development.[101]

95. Ibid.

96. Government of Nepal Ministry of Health and Population National Centre for AIDS and STD Control (2018) Nepal National AIDS Spending Assessment (NASA)

97. Kumar, A. for Harm Reduction International (2018) Harm reduction funding situation in Nepal: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

98. Government of Nepal Ministry of Health and Population National Centre for AIDS and STD Control (2018) Nepal National AIDS Spending Assessment (NASA)

99. Kumar, A. (2018) Harm reduction funding situation in Nepal: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

100. Civil Society Representatives for Harm Reduction International (2018) Harm reduction funding situation in Nepal: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

101. The Global Fund to Fight AIDS, Tuberculosis and Malaria, (2019) 2020-2022 Allocations. Available from www.theglobalfund.org/media/9227/fundingmodel_2020-2022allocations_table_en.xlsx?u=637182418500000000 and www.theglobalfund.org/en/funding-model/before-applying/allocation/.

Civil society representatives continue to share concerns that the Nepalese government lacks the political will to increase its investment in harm reduction over the next five years. So far, there have been no concrete commitments from the government that would guarantee harm reduction programme sustainability.[102] In 2019, Nepal went through a federal restructuring and began shifting towards an increasingly punitive policy environment wherein drug use, and inevitably people who use drugs, will become more criminalised and pushed further to the margins.[103] The impact of federal restructuring upon drug policy and harm reduction investment should be monitored.

102. Kumar, A. (2018) Harm reduction funding situation in Nepal: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

103. Civil Society Representatives for Harm Reduction International (2018) Harm reduction funding situation in Nepal: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

Philippines:
a snapshot of harm reduction funding

Harm Reduction coverage

People who inject drugs	25,500[104]
NSP	Not available
OST	Not available
Prison harm reduction	Not available
Take-home naloxone	Not available

Availability of expenditure data

Spending data on HIV and drug use services in the Philippines is relatively accessible. Agencies working on the response, such as the Department of Health, the Philippine National AIDS Council and UNAIDS, are able to facilitate access to such information. General budget allocation is a transparent process in the country, whereby any citizen can observe the deliberations in Congress to oversee how the national budget is allocated. Spending data can be gathered from relevant agencies' financial reports, which they are required by law to provide. In 2016, the President of the Philippines signed Executive Order No. 2, also known as the Freedom of Information Order, which established the country's first freedom of information law. This covers all government agencies under the executive branch.[105] Although this study did not make use of this platform to request data, conceivably this could be used for future spending tracking.

104. Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) Global State of Harm Reduction 2018. Available from www.hri.global/global-state-of-harm-reduction-reports.

105. Executive Order No. 2, s. 2016. Available from http://www.officialgazette.gov.ph/2016/07/23/executive-order-no-02-s-2016/.

Despite evident transparency, significant data gaps remain. Neither spending nor budget allocation data is disaggregated by key affected populations. Data on spending for people who inject drugs, in particular, only occurs incidentally to general HIV services. Another challenge is the delay in releasing financial reports, with some agencies taking several months to publish their reports after the end of the financial year.

Government investment in harm reduction

It is of value to contextualise the state of investment in HIV services for people who use drugs against the background of the Philippines' national drug strategies and HIV policies. As of 2017, all responses to illicit drugs – including law enforcement, drug treatment, and any other health and social service for people who use drugs – rely on the current drug law (Republic Act 9165, The Comprehensive Dangerous Drugs Act of 2002), and various regulations and resolutions issued by the Dangerous Drugs Board, the country's chief policy-making body with regards to illegal drugs.

The Philippine Anti-Drug Strategy 2017-2022, which was passed in November 2018, recognises the link between rising rates of HIV and injecting drug use, although it makes no explicit provision for harm reduction. The strategy lists reducing drug use among people living with HIV and AIDS as a target, and it also has an intermediate target of providing drug prevention services that enable access to a 'broad range of available services and modalities at the community level, including HIV/AIDS prevention and other comorbidities'.[106]

Although it does not explicitly state the possibility of NSPs or OSTs, a new HIV law (Republic Act 11166, The Philippines HIV and AIDS Policy Act) was passed in July 2018. Under Section 24 of the act, the presence of used or unused prophylactics, such as needles and syringes, cannot be used as a basis to conduct raids or similar police operations in HIV prevention sites. Further operationalisation of the law will be done by the Department of Interior and Local Government, the Department of Health, the Commission on Human Rights, and local government units.[107] Advocating for harm reduction services in the Philippines may continue to be enormously challenging. But under the Republic Act 11166 a reconsideration of the approach, particularly in relation to HIV prevention safe spaces, may be possible.

Advocating for harm reduction services in the Philippines may continue to be enormously challenging. But under the Republic Act 11166 a reconsideration of the approach, particularly in relation to HIV prevention safe spaces, may be possible.

HIV in prisons and other places of detention are also an area for concern as the provision of HIV and drug treatment services in these sites are currently limited. As of 2017, Philippine prisons have suffered a congestion rate of 600%. The vast majority of prisoners are charged with drug-related offences, half of which are for use and possession.[108]

106. Republic of the Philippines, Office of the President, Dangerous Drugs Board (2018) Philippine Anti-Illegal Drug Strategy. Available from www.ddb.gov.ph/images/downloads/Revised_PADS_as_of_Nov_9_2018.pdf.

107. Republic of the Philippines, Senate of the Philippines, Republic Act 11166. Available from www.senate.gov.ph/republic_acts/ra%2011166.pdf.

108. Directorate of Program Development – Bureau of Jail Management and Penology. Data as of September 2017.

Funding sources for the Philippine's HIV response have changed in recent years. The response has gone from being primarily funded by international donors and grants, to being 73% domestically financed by the government in 2017.[109] Of the total amount, 59% is allocated for care and HIV treatment, 31% allocated for prevention, and 10% allocated for other AIDS expenditures. However, the total amount available is still inadequate to cover resource needs.[110]

In regards to harm reduction, previously all financing came from international sources, with the only domestic funding occurring through incidental institutional support. Funding for an NSP in Cebu City came from the Asian Development Bank under the Big Cities Project. This finished at the end of 2015,[111] although leftover syringes from previous projects were then used as additional resources. There is also funding for HIV prevention and care work delivered by faith-based organisations. This comes from both domestic and international sources, such as the Vatican City and other church organisations across the world.[112]

In regards to drug treatment, funding is limited and allocated through various government agencies. The Dangerous Drugs Board has allocated US$1.52 million to support compulsory rehabilitation centres. The Department of Interior and Local Government has allocated US$9.8 million for the development of community-based drug treatment programmes. In 2018, the Department of Health originally had a budget of US$39.5 million for drug treatment services, but a large portion of this has reportedly been realigned to fund barangay (village level) and rural health units.[113]

Civil society representatives' views on the sustainability of funding[114]

Harm reduction has yet to be accepted in the Philippines. While it has been introduced in the field of HIV prevention due to high HIV prevalence among people who inject drugs, its application in relation to wider drug use is still largely unexplored and contested. Civil society organisations working on HIV and drug-related responses primarily associate harm reduction with needle and syringe programmes. This makes the term and services unpopular due to persisting negative views on drug use and the perception that harm reduction services 'condone' this activity. Merely using the term harm reduction remains a contentious political issue. In the context of the current administration's populist crime and punishment approach, public awareness and acceptability of harm reduction strategies remain a challenge. The policy framework for illegal drugs is still heavily focused on criminal justice rather than a public health approach. This is often reflected in budget allocations, where drug-related law enforcement activities are reportedly greater than those for other responses, such as education, prevention and treatment.[115] One of the primary reasons for the difficulty in establishing NSPs is the Republic Act 9165 (the Comprehensive Dangerous Drugs Act of 2002), which specifically prohibits and penalises the possession and delivery of equipment intended for the use of illicit drugs, including injecting equipment.

109. UNAIDS (2017) Global AIDS Monitoring (GAM) Report. Available from www.unaids.org/sites/default/files/country/documents/BHS_2017_countryreport.pdf.

110. Angeles, P. (2018) Harm reduction funding situation in the Philippines: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

111. Tanguay, P. for The World Bank (2016) Evaluation of Harm Reduction Service Delivery in Cebu City, Philippines (2013 –2015).

112. Angeles, P. for Harm Reduction International (2018) Harm reduction funding situation in the Philippines: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

113. Rey, A. for Rappler (2017) Drug rehab to get P2 billion cut under 2018 nat'l budget (internet article, accessed June 2020). Available from www.rappler.com/move-ph/issues/budget-watch/181636-drug-rehabilitation-budget-cut-2018.

114. Civil Society Representatives for Harm Reduction International (2018) Harm reduction funding situation in the Philippines: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

115. Angeles, P. for Harm Reduction International (2018) Harm reduction funding situation in the Philippines: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

President Rodrigo Duterte's bid for the presidency was premised on a populist message of ending criminality, illegal drugs and corruption, cemented by an audacious promise to do so within six months and to use brute force if necessary.[116] Shortly after he took office in June 2016, Duterte launched an intensified 'war on drugs' with a nationwide campaign called *Oplan Tokhang* – a combination of two words, meaning 'to knock' and 'to plead'. As of December 2018, 27,000 people are estimated to have been killed by the police, a number in stark contrast to the officially reported 5,552 deaths.[117] More than a million people suspected of illegal drug use, or involvement with the illegal drug trade, have submitted themselves to local law enforcement officials, and are known as 'surrenderees'.[118] In prisons, overcrowding and a limited budget mean prison officials and health teams need to focus on basic issues, such as food, hygiene, and the transmission of common infections. HIV is reportedly near the bottom of penal institutions' priority list.

In regards to general health financing, there are competing interests to consider. Basic health services, such as family health and immunisation, already suffer from inadequate funding, making it difficult to convince Philippine authorities to domestically finance yet another intervention, particularly when harm reduction is met with an increasingly inhospitable policy environment.[119]

116. President Duterte (2016) Speech delivered at the 2016 State of the Nation Address, Session Hall of the House of Representatives, the Philippines.

117. Al Jazeera (12 December, 2019) Philippine authorities 'getting away with murder' in drug war (internet article, accessed May 2020). Available from www.aljazeera.com/news/2019/12/philippine-authorities-murder-drug-war-191212062152474.html.

118. Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) Global State of Harm Reduction 2018. Available from www.hri.global/global-state-of-harm-reduction-reports.

119. Ibid.

Thailand:
a snapshot of harm reduction funding

Harm Reduction coverage

People who inject drugs	71,000[120]
NSP	12 providers[121]; 10 needles per person annually[122]
OST	147 sites[123]
Prison harm reduction	OST available in 1 prison context[124]
Take-home naloxone	Not available

Availability of expenditure data

There is currently no mechanism to track investment in harm reduction in Thailand. But, while no central authority compiles this information, a combination of published materials, project reports, institutional communications and key stakeholder interviews can be used to collect and analyse data to generate estimates. For this study, data from government sources was extremely challenging to obtain, indicating limited transparency, and a number of informants asked to remain anonymous for fear of reprisals from government agencies and officials. Data relating to Global Fund expenditure in Thailand was also particularly difficult to obtain, despite donor policies that promote transparency.

120. National AIDS Management Centre (2015) National consensus meeting: size estimation on PWID, September 2015.

121. Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) Global State of Harm Reduction 2018. Available from www.hri.global/global-state-of-harm-reduction-reports

122. UNAIDS (2019) Global AIDS Response Progress Reporting: Thailand.

123. Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) Global State of Harm Reduction 2018. Available from www.hri.global/global-state-of-harm-reduction-reports

124. Ibid.

Government investment in harm reduction

In Thailand, OST with methadone was initiated for detoxification purposes in 1979 and for long-term maintenance in 2000, and has mainly relied on national budget allocations from the Ministry of Health.[125] Specifically, around US$449,660 was spent on OST in Thailand in 2015,[126] while around US$472,930 and US$876,830 was allocated from national budgets for the years 2016 and 2017, respectively.[127] External donor contributions accounted for 4.2% and 4.8% of the annual investment in OST in Thailand for 2015 and 2016.[128] In contrast, national government investment for NSP began in 2016 with the first ever budget allocation worth US$581,950 plus an additional US$603,500 in 2017, both from the National Health Security Office, operating under the Ministry of Health.[129] Despite some domestic allocations for NSP, national authorities continue to oppose the implementation of NSP as well as the purchase of sterile injecting equipment with government funds, leaving international donors to support the provision of NSPs.[130] International donor support remains crucial for supporting strong civil society and community advocacy to call on Thai authorities to support NSP.

Despite some domestic allocations for NSP, national authorities continue to oppose the implementation of NSP as well as the purchase of sterile injecting equipment with government funds, leaving international donors to support the provision of NSPs. International donor support remains crucial for supporting strong civil society and community advocacy to call on Thai authorities to support NSP.

Investments in HIV prevention supporting people who inject drugs represented 1.87% of the total national investment in HIV prevention, and 0.32% of the total spend on HIV in 2015,[131] while in 2016 up to US$1.3 million was spent on ARVs for people who inject drugs who are living with HIV.[132] It is important to note that around 89% of funds for Thailand's national HIV response is sourced from domestic mechanisms.[133] Investments from international donors for harm reduction have been limited in Thailand. The first significant investment came from the Global Fund in the context of HIV prevention for people who inject drugs.[134] This was channelled through the HIV Prevention, Care and Support for Injecting Drug Users project, which operated between 2004 and 2007 with a total budget of around US$1.2 million.[135] Between 2008 and 2012, the Mitsampan Harm Reduction Centre project received a total of US$230,187.40 from the University of British Columbia's Centre for Excellence in HIV to support harm reduction service delivery and research activities.[136] From 2009 to 2014, the Global Fund invested US$16.2 million to support HIV prevention for people who inject drugs, channelled through the civil society-led CHAMPION-IDU project. Between 2015 and 2017, the Global Fund continued to support harm reduction although expenditure dropped significantly to a total of US$3.9 million for a 33-month period.[137] In December 2017, the Global Fund approved additional funding for Thailand for a three-year period (2018-2020) worth US$37.6 million, of which 20% (US$7.6 million) was earmarked for HIV prevention for people who inject drugs. The Global Fund's allocation to Thailand for 2020-2022 is 39% higher than it was for 2017-2019,[138] however, it remains to be seen whether this leads to an increase in funding specifically for harm reduction.

Civil society stakeholders in Thailand continue to express their concern that funding for harm reduction in the country is insufficient. For example, in 2015 – when harm reduction services in Thailand received the largest amount of financial support – combined domestic and external spending on harm reduction provided for only US$83 per person who uses drugs per year, which is not enough to meet the minimum coverage requirements recommended by international guidelines.[139]

Further compounding the situation is the absence of an enabling legal and policy environment, poor integration of harm reduction into national health systems, and the cost of criminalising people who use drugs.[140] Essentially, overcoming the structural barriers and obstacles created by the criminalisation of people who use drugs has artificially inflated the cost of such public health interventions.

125. MacDonald, V. and Nacapew, S. for International Drug Policy Consortium / PSI Thailand Foundation (2013) IDPC Briefing Paper: Drug control and harm reduction in Thailand. Available from https://idpc.net/publications/2013/11/idpc-briefing-paper-drug-control-and-harm-reduction-in-thailand.

126. Tanguay, P. for Harm Reduction International (2019) Law Enforcement Expenditure in Thailand: Consultant findings from Law Enforcement expenditure Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

127. Tanguay, P. for Harm Reduction International (2018) Harm reduction funding situation in Thailand: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

128. Ozone Foundation (2015-2017) STAR project expenditure reports.

129. Tanguay, P. for Harm Reduction International (2018) Harm reduction funding situation in Thailand: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

130. Bangkok Post (5 December, 2017) Govt urged to permit needle exchanges (internet article, accessed June 2020). Available from https://www.bangkokpost.com/thailand/general/1372375/govt-urged-to-permit-needle-exchanges

131. Tanguay, P. for the Australian Federation of AIDS Organisations (2017) Baseline Assessment of Sustainable HIV Financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand: Evaluation Report. Available from www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf.

132. Tanguay, P. for Harm Reduction International (2018) Harm reduction funding situation in Thailand: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

133. Thai Working Group on National AIDS Spending Assessment (2015) Thailand's National AIDS Spending Assessment (NASA) 2014-2015. Available from www.researchgate.net/publication/312091575_Thailand%27s_National_AIDS_Spending_NASA_2014-2015.

134. Tanguay, P. (2015) Civil Society and Harm Reduction in Thailand – Lessons Not Learned. Available from www.mei.edu/content/map/civil-society-and-harm-reduction-thailand---lessons-not-learned.

135. The Global Fund to Fight AIDS, Tuberculosis and Malaria (2017) THA-304-G06-H: Preventing HIV/AIDS and Increasing Care and Support for Injection Drug Users in Thailand. Available from www.theglobalfund.org/en/portfolio/country/grant/?k=71ca87d7-aa1f-49fc-9a59-84aba8f6c428&grant=THA-304-G06-H.

136. Tanguay, P. for Harm Reduction International (2018) Harm reduction funding situation in Thailand: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

137. Ibid.

138. The Global Fund to Fight AIDS, Tuberculosis and Malaria 2020-2022 Funding Allocations table. Available from www.theglobalfund.org/media/9227/fundingmodel_2020-2022allocations_table_en.xlsx?u=637153279110000000.

139. UNAIDS, UNODC and WHO (2012) Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users. Available from http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf

140. Tanguay, P. and Ngammee, V. for PSI Thailand (2015) CHAMPION-PEOPLE WHO USE DRUGS: Innovations, best practices and lessons learned: Implementation of the national response to HIV among people who inject drugs in Thailand 2009-2014. Available from www.psi.org/wp-content/uploads/2020/02/Small-CHAMPION-IDU-INNOVATIONS-BEST-PRACTICE-AND-LESSONS-LEARNED.pdf

Civil society representatives' views on the sustainability of funding[141]

Since 2015, Thailand has been 'transitioning' away from Global Fund support and becoming more reliant on domestic resources for its national HIV response. However, evidence shows this move has negatively impacted the scope and coverage of harm reduction services, policy advocacy, and the workload of peer outreach workers.[142] This process has not been planned transparently and with the meaningful participation of key populations,[143] and domestic funding mechanisms have been unable to channel resources to the main implementers of harm reduction services.[144]

In Thailand, four mechanisms are either in place or being developed to finance civil society organisations involved in the HIV response. The Thai Fund was established in 1997 with a ceiling of THB 50 million (US$1.7 million) per year, awarding multiple small grants through the Department of Disease Control under the Ministry of Health, which is the principle recipient. In 2016, the National Health Security Office, also under the Ministry of Health, established a new mechanism offering THB 200 million (US$7 million) per year, exclusively for organisations officially registered as health service providers. However, due to a lack of enabling laws and policies, funds from the National Health Security Office could not be awarded to civil society organisations and instead were granted to community hospitals. Between 2017 and 2018, the Civil Society Resource Mobilisation (CRM) platform was established and raised THB 50 million (US$1.7 million) to support HIV prevention activities implemented by local organisations. In parallel, the Three Diseases Fund was established by the Global Fund's Principal Recipient, the Department of Disease Control, with a budget of THB 1.5 billion (US$49.6 million). Both the CRM and the Three Disease Fund plan to mobilise their resources by targeting corporate social responsibility programmes. However, at the time of the 2017 baseline assessment, the combined efforts of both mechanisms had raised less than US$1 million, and the amount allocated directly for harm reduction is unclear.[145]

Despite some positive developments, significant concerns remain, particularly regarding the ongoing meaningful engagement of civil society in Thailand's national HIV response for people who inject drugs.

141. Civil Society Representatives for Harm Reduction International (2018) Harm reduction funding situation in Thailand: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

142. Open Society Foundations (2015) Ready, willing and able? Challenges faced by countries losing Global Fund support. Available from www.opensocietyfoundations.org/sites/default/files/ready-willing-and-able-20160403.pdf.

143. Tanguay, P. for the Australian Federation of AIDS Organisations (2017) Baseline Assessment of Sustainable HIV Financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand: Evaluation Report. Available from www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf.

144. Tanguay, P. (2015) Civil Society and Harm Reduction in Thailand – Lessons Not Learned. Available from www.mei.edu/content/map/civil-society-and-harm-reduction-thailand-—-lessons-not-learned.

145. Tanguay, P. for the Australian Federation of AIDS Organisations (2017) Baseline Assessment of Sustainable HIV Financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand: Evaluation Report. Available from www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf.

ASSESSING LAW ENFORCEMENT EXPENDITURE IN THAILAND: A CASE STUDY

While publicly acknowledging the failure of the 'war on drugs',[146] the Thai government has continued to pour massive amounts of funding into drug law enforcement, despite its systematic failures and devastating shortcomings. In Thailand, sentencing laws are ambiguous. Quantity thresholds, which are supposed to assist the judicial system, are often not adhered to. For example, someone caught with a small quantity of drugs within a certain distance of a border will automatically be charged with trafficking, irrespective of the quantity possessed. Similar exceptions apply when someone is within a certain distance of a school, and there are other exceptions that make the quantity thresholds irrelevant in many instances.[147]

Thailand is located at a junction of rivers where a number of countries meet, known as the Golden Triangle. This location facilitates drug trafficking. In order to address this, the Thai government not only receives technical support from outside donors but also provides financial and technical support for drug control to Cambodia, Vietnam, Thailand, Myanmar and Lao PDR on a bilateral basis. Thailand supports these neighbours through bilateral agreements, making annual financial contributions of up to US$650,000.[148]

It is important to compare the funds allocated to harm reduction against those for drug control. In 2015, the total budget for core harm reduction services was estimated at US$1.4 million, of which US$235,000 came from domestic sources, well below that required to cover the health needs of people who use drugs.[149] In contrast, in the same year the Thai government allocated around 7,550 times this amount to drug law enforcement activities. For the years 2015 to 2017,[150] total allocations for drug law enforcement was equivalent to 0.32% to 0.44% of national gross domestic product.

In Thailand, if caught, people who use drugs often have to pay high fines, which leave them out of pocket. In total, people who use drugs pay US$615 if they are caught by the police, arrested, confirmed as a drug user, sentenced, jailed and put on probation. In contrast, people who use drugs who undertake voluntary inpatient drug dependence treatment can expect to pay US$1,350 for a course of treatment (lasting from three months to three years), while voluntary outpatient treatment costs US$310 for a full course.[151] Compulsory detention in the name of 'treatment' costs clients US$2,450 for custodial inpatient services, US$1,315 for non-custodial inpatient services, and US$440 for outpatient services.[152] Understandably, if given the choice of going to prison or registering at a treatment centre, regardless of the 'quality' of treatment provided and the high costs incurred, people more often than not choose rehabilitation.

146. Marshall, A. and Slodkowski, A. for Reuters (10 September, 2016) Bullets trump rehab as Asia quickens 'failing' war on drugs (internet article, accessed June 2020). Available from https://www.reuters.com/article/us-asia-drugs-idUSKCN11H01K

147. IDPC (15 February, 2017) Thailand amends drug law to reduce penalties and ensure more proportionate sentencing (internet article, accessed June 2020). Available from https://idpc.net/blog/2017/02/thailand-amends-drug-law-to-reduce-penalties-and-ensure-more-proportionate-sentencing.

148. Stakeholder Survey, Respondent from OZONE Foundation, Thailand.

149. Ibid.

150. World Bank Open Data. Available from https://data.worldbank.org.

151. Putthasiraapakorn, S. for the Thailand National AIDS Foundation (2019) The Study on Cost Criminalization against People Who Use Drugs in Thailand (in print).

152. Stakeholder Survey, Respondent from OZONE Foundation, Thailand.

Just 1% of Thailand's total drug law enforcement budget for 2019 equates to an estimated US$17.6 million. Redirecting this to harm reduction would represent a more than five-fold increase on the 2015 allocation, which was when harm reduction funding in the country was at its highest. Redirecting 10% of Thailand's drug law enforcement budget for 2019 to support harm reduction would represent US$176 million, which could finance more than 10% of the financial gap for harm reduction across the world for a full year.[153] In support of this, civil society organisation the OZONE Foundation has been campaigning at the local and city levels, engaging policy-makers and stakeholders in discussions about opportunities for the redirection of money away from drug control towards more health-focused initiatives for people who use drugs. Although this advocacy is in its infancy, OZONE reports that such dialogue is being welcomed, with promising commitments for further such forums in Thailand. Nevertheless, against overwhelming resistance, up-scaled and ongoing advocacy will be needed to bring about such a paradigm shift.

153. Cook, C. and Davies, C. for Harm Reduction International (2018) The lost decade: Neglect for harm reduction funding and the health crisis among people who use drugs. Available from www.hri.global/harm-reduction-funding.

Vietnam:
a snapshot of harm reduction funding

Harm Reduction coverage

People who inject drugs	226,860[154]
NSP	53 providers[155]; 117 needles per person annually[156]
OST	285 sites[157]
Prison harm reduction	OST available in prison contexts[158]
Take-home naloxone	Not available

Availability of expenditure data

Both the Vietnamese government and international donors report investing in harm reduction in the country. However, as each budgeting system is framed by varying expenditure categories with no explicit stipulation regarding harm reduction funds, it is difficult to collect and assess data on actual harm reduction spend.[159] During the periods 2010–2015 and 2016-2020, the Vietnamese government allocated budget for HIV and AIDS prevention and treatment, and this allocation included funds for harm reduction.[160] Overall, estimates indicate that public spending on the HIV response accounted for 35% of total health expenditure in Vietnam, with this increasing from 36% in 2016 to approximately 47% in 2018.[161] Nevertheless, budgeting information and data is not disaggregated to identify monies for harm reduction in relation to other specific HIV-related initiatives. Annual HIV and AIDS expenditure reports are available in the public domain, and this

154. Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) Global State of Harm Reduction 2018. Available from www.hri.global/global-state-of-harm-reduction-reports

155. Ibid.

156. UNAIDS (2019) Global AIDS Response Progress Reporting: Vietnam.

157. Stone, K. and Shirley-Beavan, S. for Harm Reduction International (2018) Global State of Harm Reduction 2018. Available from www.hri.global/global-state-of-harm-reduction-reports

158. Ibid.

159. Thi Minh Tam, N. for Harm Reduction International (2018) Harm reduction funding situation in Vietnam: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

160. Ministry of Health (2015) National 5 years plan for HIV/AIDS program, period 2016-2020.

161. PEPFAR (2019) Country Operational Plan Vietnam, COP 2019, Strategic Direction Summary.

data is reported to the Ministry of Finance annually, which then undergoes a fiscal audit. Projects implemented by international donors work within their own reporting frameworks. Both donors and the Vietnamese government then audit budget data.[162] However, data on actual spend is not disseminated widely or shared between agencies.

Government investment in harm reduction

The Vietnamese government's investment in harm reduction predominately goes towards supporting nationwide OST provision. Government budget funded 66.5% and 72.4% of OST services in 2015 and 2016, respectively. The central government has invested largely in the procurement of methadone, while local government bodies have invested in the remainder of OST service provision. International donors, such as the Global Fund and PEPFAR, have also invested in OST provision (accounting for 33.5% in 2015 and 27.6% in 2016, respectively) and in the provision of technical assistance.[163,164] In 2019, when funds from international sources for OST provision ceased, the Vietnamese government stepped in to cover the funding shortfall. Significant government investment and support to sustain the OST programme between 2016 and 2020 has been estimated, at approximately US$30 million.[165] Cost sharing has been carried out in 23 out of 57 provinces. People enrolled on the OST programme pay for the first examination when they start treatment, along with out-of-pocket costs of approximately US$0.44 per day to cover service provision fees.[166] Support from the Global Fund has ensured buprenorphine will be supplied between 2018 and 2020, with the government promising to fund this once the project is phased out.[167] The Vietnamese government invests very little in NSP programmes, which are mainly supported by the Global Fund and PEPFAR.[168,169,170] Ancillary HIV and AIDS services, such as HIV testing, are provided for free to people who inject drugs through funds from international donors. In 2018, the central budget contributed US$2.8 million to procure ARVs for approximately 30,000 people.[171] HIV treatment is also available through the public system, in public hospitals, and is covered by health insurance or provided for free through Vietnam's national HIV/AIDS programme.[172]

162. Thi Minh Tam, N. (2018) Harm reduction funding situation in Vietnam: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

163. Vietnam Authority for HIV/AIDS Control (2015) National HIV/AIDS Program Report 2015.

164. Vietnam Authority for HIV/AIDS Control (2016) National HIV/AIDS Program Report 2016.

165. Vietnamese Government (2016) Decree 90/2016/ND-CP on Substitution Treatment Therapy.

166. Vietnam Authority for HIV/AIDS Control (2016) National HIV/AIDS Program Report 2016.

167. Ministry of Health (2017) HIV/AIDS Concept Note period 2018-2020, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

168. Vietnam Authority for HIV/AIDS Control (2016) National HIV/AIDS Program Report 2016.

169. Ibid.

170. Vietnam Authority for HIV/AIDS Control (2017) HIV/AIDS in Vietnam: Context and Responses.

171. PEPFAR (2019) Country Operational Plan Vietnam, COP 2019, Strategic Direction Summary.

172. Vietnam Authority for HIV/AIDS Control (2015) National HIV/AIDS Program Report 2015.

Civil society representatives' views on the sustainability of funding[173]

Civil society contributes mainly to the delivery of NSP, social support activities, ART referrals, and progress towards UNAIDS' 90-90-90 strategy through international projects supported by the Global Fund and PEPFAR.[174] Civil society representatives in Vietnam echo the funding sustainability concerns of colleagues in other study sties. Advocates are calling for continued support from international donors, increased and sustained domestic investment, and support from the private sector (for example, through corporate social responsibility initiatives). In addition, civil society is advocating for reduced out-of-pocket costs for those accessing harm reduction services.[175] Although the Global Fund continued to support harm reduction between 2018 and 2020, with a minor 3% increase in allocation to cover the period 2020-2022,[176] civil society continues to call on the government to urgently prepare for the withdrawal of funds for harm reduction by international donors in the future.[177]

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173. Civil Society Representatives for Harm Reduction International (2018) Harm reduction funding situation in Vietnam: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

174. Thi Minh Tam, N. (2018) Harm reduction funding situation in Vietnam: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

175. Ibid.

176. The Global Fund 2020-2022 Allocations. Available from www.theglobalfund.org/en/funding-model/before-applying/allocation/.

177. Thi Minh Tam, N. (2018) Harm reduction funding situation in Vietnam: Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project.

HARM REDUCTION INTERNATIONAL

Harm Reduction International is an international non-governmental organisation that works to reduce drug-related harms by promoting evidence-based public health policy and practices, and human rights-based approaches to drug policy through an integrated programme of research, analysis, advocacy and partnerships. Our vision is a world in which individuals and communities benefit from drug laws, policies and practices that promote health, dignity and human rights.

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The Global Fund

HR Asia
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