Harm Reduction International inputs on PEPFAR Strategy Draft Overview Version 2.0

Overall comment:
Harm Reduction International (HRI) welcomes the PEPFAR Strategy Draft Overview Version 2.0 and the opportunity to input. PEPFAR is the second largest funder of harm reduction programmes for people who use drugs, after the Global Fund, to which the US Government is the largest donor. As such, it is critical that the PEPFAR strategy makes a strong commitment to ensuring progress on ending AIDS among people who use drugs by 2030.

Currently, we are facing a 95% funding gap for harm reduction in LMI countries, rising new HIV infections among key populations, including among people who use drugs, ongoing stigma, discrimination, criminalisation and human rights abuses that prevent people from accessing services, alongside shrinking civil society space and political pushback. For key populations, already left far behind in the global HIV response, there has been a devastating roll-back in service access due to COVID-19 and related lockdowns. Combined with an economic downturn caused by the pandemic and uncertainty around the impact of this on donor and government investments within the HIV response, we face an unprecedented challenge to meet the 2030 goal to end AIDS. It is essential that PEPFAR's strategy reflect the crucial work that must be prioritised in order to avoid further roll-backs and to address inequities in the HIV response for key populations to date.

Constraints on federal funding for needle and syringe programmes have severely impinged upon PEPFAR's ability to prevent HIV among people who inject drugs to date. It is crucial that under this strategy PEPFAR's impact on the epidemic is maximised, including through strategic investments in cost-effective, evidence-based programming for people who use drugs and the procurement and provision of sterile needles and syringes.

1. Feedback on PEPFAR Strategy Vision and Intro

We commend PEPFAR for the valuable role it has played across the countries where it provides support for HIV programming. We are pleased to see the clear articulation of close coordination between the PEPFAR strategy and the GAS 2021-2026 and the post-2022 Global Fund Strategy. The alignment of these interlinked processes and entities will be crucial to their collective impact.

In 2019, UNAIDS reported that 65% of new HIV infections were among key populations and their sexual partners. We recommend that PEPFAR's strategy makes specific reference to the key population groups that PEPFAR will reach with its programming and clearly articulates its commitment to HIV prevention among key populations, making specific reference to the reduction in new HIV infections that it aims to achieve.

We welcome the inclusion of community-led approaches to monitor and address new HIV infections and the objective to strengthen capacity and leadership of communities. We recommend that PEPFAR's strategy articulates its role in ensuring that community-led organisations are funded to carry out this necessary work. We also propose that the UNAIDS definition of community-led and key population-led responses are proactively included within the PEPFAR Strategy.

Funding for civil society and community-led advocacy remains extremely limited and yet the 10-10-10 targets are highly dependent on this work. PEPFAR's strategy should clearly articulate its role in funding civil society and community-led advocacy, including for the decriminalisation of drug use and personal possession and the removal of laws and policies that impede harm reduction service delivery and access for people who use drugs.

It is important that PEPFAR highlights in the vision a new commitment to enhance efforts to achieve epidemic control by focusing on HIV among key populations with clear policy and program benchmarks.

We therefore urge PEPFAR to add the following paragraph after paragraph 2 of the vision and before the list of the PEPFAR aims: "PEPFAR commits to not only sustaining its achievements, but enhancing its efforts to achieve epidemic control by focusing on HIV among key populations and their partners, now driving the global HIV epidemic. The PEPFAR strategy supports efforts to address the unique challenges and barriers they face from punitive policies, discrimination, stigma, and criminalization, as well as programs that provide comprehensive services and treat co-infections to help key populations access prevention and treatment."

2. Feedback on Goal 1 and Related Objectives

Specific comments related to objectives under goal 1:

- We recommend that Objective 1.1 explicitly includes key populations.

- We recommend that Objective 1.3 clearly outlines the extent to which PEPFAR aims to reduce new HIV infections, particularly among key populations.

- We urge PEPFAR to include harm reduction in Objective 1.3 – "(including PrEP expansion and harm reduction)."

- We recommend that PEPFAR's strategy clearly states intent to fund and support programmes led by communities, as well as those 'grounded in communities'.

- Similarly, Objective 1.4 could go further and indicate an expansion in funding and support for community-led *programming* as well as monitoring.

- It is recommended that depersonalising language such as 'driving down infections' and 'containing new cases' be avoided and replaced with language that is people-centred.

There is no mention of viral hepatitis in the draft strategy. HIV among key populations and their partners is now driving the global HIV epidemic, and viral hepatitis is the highest co-infection burden among key populations. Viral hepatitis prevention, diagnosis, and linkage to treatment and care in people living with HIV (PLHIV) are fundamental to PEPFAR's commitment to "meeting patients where they are with what they need." Integrating HBV and HCV in HIV services and prioritizing key affected communities, particularly people who inject and use drugs in PEPFAR programs are opportunities to meet its commitments, leverage other funders' support, and fast-track elimination.

We are at a critical moment to eliminate hepatitis C (HCV) in PLHIV. Worldwide, there are an estimated 2.3 million people who are HIV/HCV coinfected. According to the WHO African region scorecard, "[d]ying of viral hepatitis in Africa is becoming a bigger threat than dying of AIDS, malaria or tuberculosis." The HBV birth dose and expansion of all-oral, affordable, pangenotypic direct-acting antiviral (DAA) treatment for HCV, and HBV/HCV diagnostics that utilize the same platforms as HIV tests, offer tremendous opportunities. With modest investment, we can leverage HIV health infrastructure for addressing viral hepatitis and healthcare needs of key affected communities. We look forward to your leadership, and to supporting you, to integrate a viral hepatitis coinfection response into PEPFAR's Vision 2025.

We therefore urge PEPFAR:

- To integrate a viral hepatitis co-infection response under Goal 1 because integrating HBV and HCV in HIV services and prioritizing key affected communities, particularly people who inject and use drugs in PEPFAR programs are opportunities to meet its commitments, leverage other funders' support, and fast-track elimination.

3. Feedback on Goal 2 and Related Objectives

Specific comments related to objectives under goal 2:

- Objective 2.1 is welcome but could go further by articulating that this includes strengthening the core capabilities of community-led and key population-led organisations to lead, manage, and monitor the HIV response in an effective, equitable and enduring manner.

- Domestic investment in harm reduction remains limited to few LMI countries and where there is investment, it is very limited. Domestic resource mobilisation and budget advocacy for harm reduction requires sustained donor investment in civil society and community-led organisations. It also requires data on harm reduction expenditure to be transparent and accessible, which is rare in most countries. PEPFAR has a key role to play in ensuring robust, granular and transparent data systems are in place, both for monitoring the epidemic *and* the investments made in prevention, treatment and care at country-level. The PEPFAR strategy (under objective 2.2) should also prioritise the monitoring and availability of expenditure data on key population programming, including disaggregated data on funds for community-led programming. This will be important in order to monitor both PEPFARs and country progress towards the 80-60-30 community-led responses targets within the UNAIDS Global AIDS Strategy (GAS) 2021-2026.

- For Objective 2.3, we urge PEPFAR to use the following language:
"Bolster the resilience of health systems serviced by partner governments and communities, including laboratories to avoid HIV resurgence, leverage existing diagnostic and care infrastructure for tuberculosis and viral hepatitis, tackle other health challenges, expand overall access to health care, and adapt to adversity".

- Objective 2.7 is welcome. We recommend that the PEPFAR strategy clearly articulates the funding mechanisms and partnerships it will use to achieve this objective, including the role of civil society and community-led organisations advocating at the local and national level.

- For Objective 2.7, we urge PEPFAR to use the following language:
"Strengthen an enabling environment for improved health by addressing critical policy, programmatic, and structural barriers (e.g., stigma, punitive laws, and gender-based violence) and inequities in HIV service access, uptake, and continuity, particularly for children, adolescent girls and young women, and key populations including people who use drugs, sex workers, and LGBTQ+, supporting the 10-10-10 global goals".

4. Feedback on Goal 3 and Related Objectives

Specific comments related to objectives under goal 3:

- Under Objective 3.1, we recommend that PEPFAR's strategy clearly define mechanisms for coordination and accountability to ensure strategic alignment and complementarity is achieved across investments made by PEPFAR, Global Fund, partner country and other donor investments. Particular attention should be paid to the investments made in HIV

prevention and in key population programming, which fall far behind investments in other areas of the HIV response and for which UNAIDS emphasises an urgent increase in resources is required in order to reach 2025 targets.

- Under objective 3.4, we recommend including language that indicates communities not only 'drive' but also deliver 'meaningful, people-centred, and sustained impact'.

- Under objective 3.6, strengthening coordination between PEPFAR and US government global health and development programs for viral hepatitis would also be welcome.

- For Objective 3.6, we urge PEPFAR to use the following language:
"Strengthen coordination between PEPFAR and other U.S. government global health and development programs, including for tuberculosis, viral hepatitis, malaria, sexual and reproductive health and rights, gender equality, LGBTQI+, and human rights."

- Objective 3.7 – Constraints on federal funding for needle and syringe programmes severely impinge on PEPFAR's ability to prevent HIV among people who inject drugs. Maximising the potential of PEPFAR's investments depends upon reformed policy that allows for strategic investment in cost-effective, evidence-based programming for people who use drugs, including funding the procurement and provision of sterile needles and syringes.

- We urge PEPFAR to add another objective – Objective 3.8 – using the following language:
"Objective 3.8 Decriminalization of key populations, including LGBTQI+, people who use and inject drugs, and sex workers, is understood as a viable and effective public health strategy."

- We recommend that PEPFAR introduce a further objective under Goal 3 which relates to the role of PEPFAR in responsible transition away from donor funding towards domestic investment in HIV responses. This should include working with national governments in PEPFAR supported countries to ensure that mechanisms are in place to provide funding to civil society and community-based and community-led organisations that are integral to people-centred, evidence-based HIV prevention and treatment, particularly for key populations.

5. Feedback on Leveraging the PEPFAR Platform for Broader Health Impact, While Focusing on HIV

In line with the rationale detailed above, it is critical that PEPFAR articulates its commitment to harm reduction and viral hepatitis prevention, diagnosis, and treatment in this section on "leveraging the PEPFAR platform for broader health impact."

Between the paragraphs beginning with "Under the PEPFAR Strategy: Vision 2025…" and "In the context of the HIV epidemic…", we urge PEPFAR to add the following paragraph:
"It is imperative that partner countries find and engage those individuals at highest risk of acquiring and transmitting HIV and viral hepatitis infections, and enable referrals to hepatitis C testing and treatment, access to harm reduction materials and services including sterile injection equipment, linkage to HBV vaccination, viral hepatitis prevention education, and opioid agonist therapy."