HARM REDUCTION INTERNATIONAL

INPUD
International Network of People who Use Drugs

Calling for a Global Fund Strategy that can end AIDS among people who use drugs by 2030

As the largest donor for harm reduction in low and middle-income countries, the Global Fund is pivotal to efforts to end AIDS among people who use drugs by 2030. Harm Reduction International and the International Network of People who Use Drugs urge Global Fund Board members to put communities at the front and centre of the Global Fund 2023-2030 Strategy; to increase investment in life-saving harm reduction programming in line with a country's epidemiological need; and to continue funding for harm reduction and the rights of people who use drugs through multi-country grants.

Put communities at the front and centre of the Global Fund 2023-2030 Strategy

The risk of acquiring HIV for people who inject drugs is 29 times higher than for people who do not. While the incidence of HIV infection globally declined by 23% between 2010 and 2019, HIV infections among people who inject drugs increased in some regions[1]. In 2019, only 62% of people who inject drugs were aware of their HIV status - far below the ambitious 90-90-90 target.

Meaningful community involvement at the international, regional, national and local level is crucial if we are serious about achieving SDG3. The Global Fund must commit to putting communities at the front and centre of its 2023-2030 Strategy. **This will require**:

- Building the capacity of key populations and providing technical assistance for effective engagement and representation within Country Coordinating Mechanisms (CCMs)
- Ensuring that key populations represented on the CCMs are meaningfully engaged in critical decision making, can contribute to effective oversight of programmes for people who use drugs and provide community feedback on implementation of Global Fund programmes.
- Fully funding key populations-led services and fulfilling the global commitment that at least 30% of all service delivery is community-led by 2030. There also should be specifically allocated funding for key population-led programming, outside of the CCM structures. Involving people who use drugs in service delivery recognises their unique experiences, knowledge and contacts and will ensure that services are effective, evidence-based and deliver the greatest impact.
- Increased investment in key populations and civil society advocacy under transition grant applications and more broadly. This is crucial to driving domestic investment in high quality, human-rights based harm reduction approaches.
- Expanding support to key population-led programming and civil society working within challenging political environments by increasing technical assistance, adapting implementation and financing approaches (e.g. boosting use of non-CCM applications), and supporting capacity development initiatives with a greater focus on community systems strengthening.

Increase investment in life-saving harm reduction programming

Harm reduction interventions— such as needle and syringe programmes (NSP), opioid agonist therapy (OAT) and naloxone— are proven to be cost-effective and cost-saving, protect against HIV, viral hepatitis and TB, save lives and contribute to healthier communities. Yet, the coverage of harm reduction interventions is critically low and funding for harm reduction is in crisis. According to the latest research, between 2016 and 2018 funding for programmes addressing HIV among people who inject drugs in low- and middle-income countries (LMICs) totalled $243.5 million, just 0.4% of total HIV expenditure.

We are also deeply concerned by Technical Review Panel reflections on Window 2, which highlighted a lack of ambition and investment for an impactful scale of harm reduction in the community and prisons, despite criminalisation of drug use.

[1] People who inject drugs account for an estimated 10% of global infections, including 48% of new HIV infections in Eastern Europe and Central Asia, 43% in the Middle East and North Africa, and 17% in Asia and the Pacific

It is therefore crucial that the Global Fund 2023-2030 Strategy uses all mechanisms possible to ensure that harm reduction receives due priority within country grants and includes dedicated funding for key-population-led programming. **This will require**:

- Strengthening the collection, availability and use of disaggregated data for people who use drugs. This involves formally acknowledging that existing data from governments often underestimates the size and needs of people who use drugs. If governments cannot provide accurate, disaggregated data, other sources of data (civil society/community/academia) must be used and supported financially.
- Ensuring strong key population representation within CCMs and that key population-led organisations are grant recipients.
- Tailoring programme delivery to different key populations based on epidemiological data and needs.
- Urgently improving the Global Fund's ability to track its own investment and expenditure in all aspects of key population funding, including tracking progress in funding community-led programming.

Continue to fund multi-country advocacy grants for key populations

Low harm reduction coverage and the chronic funding crisis is often driven by a lack of political will and commitment due to stigma, discrimination and criminalisation. Multi-country grants are proven to catalyse change on national and regional level and play a crucial role in increasing the potential of country-led programming within Global Fund country grants, for example:

- Through supporting **community-led strategic advocacy,** which rarely prioritised by CCMs in country proposals.
- By providing a unique and trusted context for governments to engage in region-wide discussions on **decriminalisation.**
- By providing funding for community-led initiatives to address **gender, human rights and stigma-related** barriers to service access.
- By supporting communities to be the driving force of resilience in **the face of the crisis caused by COVID-19.**

Multi-country advocacy grants are a relatively small investment within the Global Fund Portfolio but make substantial impact and must continue to support civil society and community-led advocacy to reach 90-90-90 treatment targets for people who use drugs. Policy and legal change often require sustained advocacy over a longer period than the length of one grant. To ensure that the momentum built within multi-country grants is not lost at grant closure, there must be continued Global Fund support or alternative funding leveraged during the life of the grant.

Additionally, multi-country advocacy grants must be subject to a monitoring and evaluation framework appropriate for measuring the success of advocacy in bringing about change, to increase understanding of their value and to enable the sharing of lessons learnt.

Lastly, currently UNAIDS is developing its next Global AIDS Strategy. The Strategy will aim to accelerate the pace of action to reach SDG3. It is crucial that the goals and targets from the new Strategy relating to key populations, including people who inject drugs, are fully implemented. This will require the Global Fund to work closely and coordinate efforts with UNAIDS, other multilateral and bilateral donors and governments to fund harm reduction services and rights of people who use drugs in all countries that require support. In order to achieve this, it is pivotal that the Global Fund and international donors do not withdraw from countries without concrete and sustainable domestic plans for continuation of funding for harm reduction or a bridging funding in place. Regions and countries with highest burden of the epidemic need to be prioritised. **In short, an effective and grounded response needs to follow the epidemic, not the income status of the country**.