

# Leaders Convening

## Meeting Notes

17 May 2021



### Introduction, opening remarks and the path forward

**Jane Batte**, Community Mobilisation and Networking Adviser, UNAIDS

**The objective of the meeting is to catalyse interest and engagement on funding for harm reduction, strengthening shared ambition within the global funding community.**

**Winnie Byanyima**, Executive Director, UNAIDS – Opening remarks

- People who use drugs, including women and young people who use drugs, are a population left far behind in the HIV response. Key populations and their sexual partners, including people who inject drugs, comprise 62% of new HIV infections.
- The new HRI report states that the overall harm reduction funding amounts to just 5% of the estimated resource need.
- This is not only a tragedy, it's a moral failing. It speaks to stigma, discrimination, inequalities and injustice.
- The Global AIDS Strategy adopted in March 2021 includes three crucial targets for people who use drugs:
  - Less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services;
  - 90% have access to comprehensive harm reduction services integrating or linked to hepatitis C, HIV and mental health services, and
  - 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organisations.
- I am calling on international donors to ensure funding allocations for health and rights responses led by people who use drugs. This is critical to reach the new global targets for harm reduction.
- Advocacy for enabling environment, including for decriminalisation of drug use and drug possession, and sustainable financing also must be funded. I am a passionate champion of decriminalisation.

**Naomi Burke-Shyne**, Executive Director, Harm Reduction International - Summary of new research on funding for harm reduction in low- and middle-income countries; and the path forward for harm reduction funding:

- The main headline from our research is that the funding crisis for harm reduction in low- and middle-income (LMI) countries appears to be more pronounced than ever. Our latest analysis reveal we are 95% short of where we need to be in 2025.
- The latest data shows a considerable drop in international donor funding from the levels we recorded in 2016. It is difficult to understand the exact extent of this reduction due to changes and upgrades in the way some donors record funding data.
- The data shows an almost equal split between international donors and domestic funding for harm reduction. We identified small amounts of domestic funding in 38 countries in 2019. It is not apparent whether this is a real increase in domestic funding or the data simply wasn't

available three years ago. Given that overall funding for harm reduction is one-third lower than in 2016, this may be suggestive of reductions in international donor funds outpacing increases in domestic contributions.

- Harm reduction in LMI countries is still very reliant on funding from international donors. Among the ten international donors providing support, the largest shares were provided by the Global Fund (60%), PEPFAR (12%) and Open Society Foundations (10%).

*Going forward:*

- Existing funds must really work for us, this includes stronger communication and coordination between international donors, and better monitoring of budgets and expenditure.
- We need to focus more on the details of transition. Domestic resource mobilisation for harm reduction is challenging and will require strong community and civil society advocates in medium to long term engagement with their governments. This budget advocacy work will need support from international donors.
- We must explicitly recognise that in particularly hostile national contexts, the need for long term commitment from international donors is even more acute.
- We need big new ideas – we have to stop spending billions on ineffective drug law enforcement annually and invest these funds in community health and safety; we need to connect harm reduction to broader justice, gender and health movements and the related funding infrastructure; and we need international donors funding in this space to join us in calling for new funders in this area.

## Panel 1

**Judy Chang**, Executive Director, International Network of People who Use Drugs (INPUD) , moderator; with:

- **Marijke Wijnroks**, Chief of Staff, Global Fund to Fight AIDS, TB and Malaria (Global Fund)
- **Dr William Paul**, Deputy Coordination, President's Emergency Plan for AIDS Relief (PEPFAR)
- **Lord Mark Malloch-Brown**, President, Open Society Foundations (OSF)
- **Maria Phelan**, Executive Director, Robert Carr Fund (RCF)

**INPUD's priority points:**

- Our key priorities are centred around self-determination.
- We work to catalyse processes of peer leadership, research and advocacy for drug policy reform, and to hold decision makers accountable.
- We seek the full implementation of the Global AIDS Strategy, including funding commitments.
- We seek an ambitious and forward-looking Political Declaration on HIV and AIDS and a Global Fund strategy that puts the role of communities at the centre.

### Question 1:

As some of the largest donors on harm reduction, what do you see as the opportunities for addressing the shortfall in harm reduction funding? In particular, considering the potential of this convening and this group of donors

**Marijke Wijnroks:**

- Donor funding alone is never going to be enough to fund harm reduction in LMI countries.
- Governments need to increase domestic funding and ownership of harm reduction programmes, as was done Viet Nam, China and Malaysia.
- Policy changes are required in order to catalyse change on national level.

- Global Fund supported the introduction of evidence-based harm reduction interventions in many countries. We support countries with the processes, systems and policies to enable rapid scale up of harm reduction services.
- Global Fund invests in capacity building of both governments and communities to implement harm reduction programmes and is supporting countries to remove laws that criminalise people who use drugs.
- Strong community systems are needed on national and local level.
- Global Fund can better coordinate and collaborate with other donors by sharing priorities and areas of added value, investment data and by identifying funding gaps.
- Advocacy for increased domestic funding for harm reduction, especially in transitioning countries, is another crucial area for collaborative work. It is critical that donors withdraw from countries with a responsible exit strategy, ensuring increase in domestic commitments to harm reduction programmes both financially and through better laws and policies that will allow such programmes to continue even after donors leave.

**Dr William Paul:**

- To have impact, PEPFAR's work is driven by data and community engagement.
- Strong communication and collaboration with other donors, partners, governments and communities is essential for closing programmatic gaps and addressing funding shortfalls in harm reduction services for people who inject drugs.
- Models of this kind of collaboration exist in a number of countries and settings, e.g. in Ukraine, Global Fund and PEPFAR worked together with the government, civil society leaders and advocates to support the country's national OAT scale up plan. Global Fund has supported methadone procurement and PEPFAR has supported innovative models of OAT implementation.
- Similarly, PEPFAR has worked with the Government of Ukraine, local civil society and Global Fund partners to scale up innovative and effective HIV testing strategies for people who inject drugs such as social network testing, which has been proven successful in reaching previously undiagnosed people who inject drugs.
- In Viet Nam PEPFAR worked to introduce OAT and to change punitive approach to drugs to a public health one. Through collaborative advocacy with the Global Fund, the government now finances the vast majority of methadone procurement. This financing allows approximately 55,000 individuals to receive it. PEPFAR continues its programmatic work in specific regions of the country, and will continue to work with the government, Global Fund, civil society and other partners to scale up harm reduction.
- Over the past year PEPFAR worked with the Government of Nigeria and the Global Fund to secure policy environment more supportive of harm reduction interventions, including needle and syringe programmes. PEPFAR team also worked with partners to expand antiretroviral treatment and linkage. As a result, over 120,000 people who inject drugs were reached with HIV testing and prevention services. The number of people who inject drugs on HIV treatment grew to over 18,000 and over 2000 people been enrolled in PrEP.
- In Democratic Republic of Congo, along with several partners, private donors highlighted opportunities for public private partnerships to offer services.

**Lord Mark Malloch-Brown:**

- George Soros was the only major donor to have the courage and imagination to fund harm reduction and drug policy reform.
- In 2003 the Global Fund picked up funding for the Thai Network of People who Use Drugs at a time when the Thai Government was waging a horrible war on drugs.

- OSF have copied this model of collaboration in other parts of the world – partnering with USAID in Central Asia, with the Global Fund in Eastern Europe and with other private foundations elsewhere.
- OSF wants to mainstream harm reduction and drug policy reform into international public health funding as this is a much bigger funding envelope.
- One of the barriers to achieving this is a lack of universal alignment in the international public health community about harm reduction strategies, with some still preferring punitive approaches to drugs. It is crucial that the public health approach becomes the dominant one.
- Currently we are witnessing renewed focus on international public health funding as a consequence of the COVID pandemic. It is crucial that funding for HIV response, especially among key populations, becomes part of these discussions.

**Maria Phelan:**

- Increase in investments is critical and it is crucial that we focus on how we distribute those funds.
- It is critical to improve the funding environment for harm reduction by investing in community-led advocacy and by increasing the availability of catalytic funds, especially in underfunded regions.
- Funding for programming is critical and so is investing in the enabling environment. Community-led advocacy and monitoring is effective, well documented and included in the Global AIDS Strategy.
- Investment in the enabling environment for harm reduction may require funding advocacy, community mobilisation and policy development. Such investments will require increased timeframes beyond short-term funding in order to see impact.
- Investing in learning exchanges across both communities and regions, similarly impacted by funding shortfalls, is another area of opportunity. Eastern Europe, Central Asia, Latin America, the Caribbean and Middle East and North Africa are already chronically underfunded.
- Given that there is a limited number of donors currently investing in creating the enabling environment for harm reduction funding, it will be incredibly valuable to increase our collective understanding of what works.
- RCF welcomes further discussions on lessons learnt, how our individual efforts can contribute to wider results, transparency, better understanding of what is being funded and what works.
- From RCF's perspective, communities have clearly indicated that catalytic grants for advocacy require more funding. Regional and global networks can and should play a role in helping us extend our reach and flexibility to direct funding where it's most needed. There is an opportunity to work with those groups to fill that gap to make sure that the funds are getting to where they're most needed, as quickly as possible.

**Question 2:**

What are the Global Fund/PEPFAR's ambitions for connecting their institutional strategies with the goals of the Global AIDS Strategy? What are the opportunities for increasing the funding available for harm reduction services and advocacy?

**Marijke Wijnroks:**

- Global Fund's focus is clearly aligned with the strategies of our technical partners.
- Global Fund is currently developing new strategy. It is crucial that we urgently scale up evidence-based, comprehensive services for key populations, including people who use drugs, invest in community-led and community-based services, advocacy monitoring and work to address human rights and gender related areas.
- Global Fund is committed to do the best in reaching the Global AIDS Strategy targets and is committed to monitoring how it is progressing.

- However, we won't be able to meet global targets without political will to implement harm reduction at a country level. Political will is critical. Many countries still oppose harm reduction or pilot these interventions for decades, instead of scaling them up.
- Additionally, local capacity to run harm reduction programmes is still low in many LMI countries, so the absorption capacity of the country to spend more funding is limited.
- It is therefore crucial to address both the capacity on the ground and a commitment of governments to adopt these programmes. This can be done by working with communities, governments, Country Coordinating Mechanisms (CCMs) and ministers to advocate for harm reduction programmes, not just to be piloted but expanded nationwide using Global Fund's funding.

**Dr William Paul:**

- PEPFAR is supportive of the Global AIDS Strategy and looks forward to working with partners and stakeholders to implement it.
- PEPFAR is in the process of updating its own strategy, which will be refined and articulated when the new Global AIDS Coordinator is appointed. In the meantime, PEPFAR will follow the data and focus its efforts on key populations.
- Services for key populations, including people who inject drugs, will continue to be a priority for PEPFAR regardless of politics or priorities within a country.
- PEPFAR will continue to ensure direct line of support for community-led organisations to provide critical peer-led services.
- PEPFAR's global work is connected to Biden's administration. Recently released national drug policy priorities focus on racial equity and drug policy, and on promoting harm reduction efforts.

**Question 3:**

OSF leads from a position of three decades of leadership funding policy, campaigns and advocacy for harm reduction and drug policy reform – what are the Foundation's lessons learned about creating change in complex area?

**Lord Mark Malloch-Brown:**

- OSF is a foundation that helps most marginalised groups all over the world. Legitimacy and trust built between institutions and communities are two crucial ingredients. Change occurs when communities know that instead of being prosecuted, they will receive health services without stigma and discrimination.
- We've seen this across everything we do, we are a foundation that helps marginalised groups all over the world and these lessons come through time and time again about inclusive solutions that bring people in.

**Question 4:**

The Robert Carr Fund holds unique space as a donor for community and civil-society led organisations; what is needed going forward to support these community and civil society organisations to continue to increase their impact for harm reduction?

**Maria Phelan:**

- RCF supports community and civil society organisations and community-led networks through flexible and core funding.
- RCF's data shows that flexible core funding contributes more to programmatic outcomes than activity funding within our portfolio. It supports the grantees to undertake work for which grant opportunities may not yet exist, and adds value to work that is funded through other sources. It also enables our grantees to invest sufficient resources in monitoring and learning, which

allows a continuous improvement of advocacy efforts, and also allows organisations to pivot at a time of crisis.

- RCF prioritise funding community-led networks. In our recent call for proposals we adopted the UNAIDS definition of community-led responses. This will allow us to track our investments in this area and to understand how much of our funding is going to such groups as well as the attribution of results. By tracking our support, we aim to further strengthen community-led responses, including for harm reduction.

**Question 5:**

In light of your institution's specific role in this space, what commitments can you offer to continue to drive better health and human rights outcomes for people who use drugs?

**Maria Phelan:**

- RCF commits to funding global and regional networks including community-led approaches.
- We will commit to track expenditure so that we can measure our own contribution in that area and we hope that we can work with others to do the same and to standardise that tracking.
- RCF is also very committed to sharing our results, experience and methodology around the enabling environment and the results which RCF grantees are achieving in this area, both within harm reduction and across many of the communities that face funding shortfalls. This increased collaboration and hopefully optimisation of results will be really helpful in our approach collectively.
- Finally, RCF will continue to provide flexible core funding which will allow communities to invest where it is needed most. We will continue to document the impact of that investment and share those results beyond this forum in order to help understand our collective efforts in this area.

**Dr William Paul:**

- PEPFAR is committed to funding client-centred, free of stigma and discrimination, health services, community engagement, resilient and adaptive approaches and building sustainable capacity.
- Ongoing engagement with community-led monitoring is something that PEPFAR also continues to be committed to.

**Lord Mark Malloch-Brown:**

- OSF will continue to do more work on harm reduction through regional offices.
- OSF is also committed to keeping a strong central programme on this issue, which will continue to look for new areas of engagement that other donors are not ready to invest in.
- OSF will keep its focus on aligning international public health community around shared approach to harm reduction.
- Finally, both George Soros and Alex Soros have very high personal commitments to harm reduction and drug policy reform. We are going to be there in the trenches, there are lots of fights still to win.

**Marijke Wijnroks:**

- Global Fund will continue to expand Breaking Down the Barriers programme to reduce human rights barriers to services, including for people who use drugs. As part of the programme, Global Fund is working with writers to train journalists in LMI countries to document human rights abuses relating to key populations.
- Global Fund will support the development of community-led monitoring in some countries.
- Global Fund is also in the process of developing a stronger partnership with UNODC to work with law enforcement agencies, including police and prisons authorities.

Intervention by **Dr Miwa Kato**, Deputy Director, UNODC:

- The new United Nations System Common Position on Incarceration was launched today at the margins of the 30th session of the Commission on Crime Prevention and Criminal Justice.
- UNODC thanks everybody and especially Winnie and UNAIDS for helping us to get stronger on harm reduction. We are excited about this in the context of Global AIDS Strategy.
- We also like to thank the Global Fund for the interesting developments in collaboration with UNODC.
- UNODC is committed to promoting and supporting community led-responses. We strongly believe that greater involvement of the community, people who use drugs, including women who use drugs, in all aspects of the HIV response is critical to increase availability, accessibility, and retention in services. Adequate resources must be allocated to support peer-led interventions.
- UN Common Position on Drug Policy reflects the need to remove the punitive laws and focus on policies that facilitate reduction of HIV risk among people who use drugs and increase their access to HIV services.
- We are grateful to be joining this conversation. We hope to follow up with concrete discussions to advance our partnership and to learn from the discussions coming out from today.

Intervention by **Anton Basenko**, International Network of People who Use Drugs:

- Stigma and discrimination against people who use drugs are rife in Eastern Europe and Central Asia and respect for human rights is minimal. Propaganda laws are being introduced in many countries and punitive approaches take precedence over harm reduction services.
- Despite the fact that many countries in the region are transitioning from international donors funding, many governments lack political will to fund programmes for people who use drugs. Even in exemplary countries where the transition is actively taking place, like Ukraine, people who use drugs still face challenges relating to quality of medicines since they started to be procured from domestic budget.
- The role of communities, including people who use drugs, is critical. Though it seems very unlikely that governments will fund community-led organisations once donors transition out from a country.
- We are specifically concerned about the place and role of communities in the new Global Fund strategy and in PEPFAR's country operational plans.
- I would like to hear how international donors are planning to ensure funding for community-led responses and specifically, how this funding will reach communities.

Intervention by **Mandeep Dhaliwal**, Director of UNDP's HIV, Health and Development Group:

- The UN Common Position on Drug Policy calls for increased investment in harm reduction and for the decriminalisation of drug possession for personal use. UNDP have been working with many of the partners on this call, governments and civil society, to help countries remove legal and structural barriers that impede HIV responses including on the issue of drugs.
- We are also working with UN partners and the University of Essex on the implementation of the International Guidelines on Human Rights and Drug Policy and are critically addressing the issue of criminalisation.
- It's really critical that we find a way to coordinate better, to be better aligned and to strengthen coherence. There is a 95% gap in the funding for harm reduction that will not be solved by business as usual. We need new approaches, we need stronger alignment, stronger coherence, we need the existing donors and partners to stay at the table and do more.
- We also need to think about the UN response to COVID-19. For example, through the socio-economic response, we find a way to ensure that harm reduction services for drug users are maintained in the context of COVID-19 responses.

- At UNDP we remain committed to working in partnership with UNODC, UNAIDS family, the Global Fund and others to ensure that we can scale up rights-based, evidence-based and development-oriented drug control policies in line with the 2030 agenda and the pledge to leave no one behind.

## Panel 2

**Ernesto Cortes**, Secretary, Latin American Network of People Who Use Drugs (LANPUD), moderator; with:

1. **Pascalie Grotenhuis**, Director Social Development; Ambassador for Women’s Rights & Gender Equality, Ministry of Foreign Affairs, Kingdom of the Netherlands
2. **Anne Aslett**, Chief Executive Officer, Elton John AIDS Foundation (EJAF)
3. **Cathy Ferrier**, Head of Positive Action, ViiV Healthcare

### LANPUD’s priorities:

- LANPUD has representatives from 18 countries in Latin America and the Caribbean and since 2019 is a part of a Global Fund multi-country grant.
- People who use drugs are still not recognised as a key population in Latin America, nor are included in any of the country CCMs.
- There is almost no harm reduction in the region and this is mainly due to pervasive stigma, discrimination and criminalisation.
- There is an urgent need to broaden the spectrum for harm reduction and to reform drug policy, including decriminalisation and legal regulation that empowers communities.

### Question 1:

How has the Dutch Ministry of Foreign Affairs positioned itself in this funding space to create change?

### Pascalie Grotenhuis:

- We remain focused on key populations, including people who use drugs and harm reduction, through Love Alliance.
- Through other programmes, we focus on intersectionality and apply an inequality lens for women and girls, including young women who use drugs.
- At international and national level, we use diplomacy to advocate for harm reduction and rights of key populations, as we did for example at the last UN Commission on Narcotic Drugs.
- Embassies have also a key role to play, for example, by funding programmes and talking to national governments about domestic policies and law reforms.

### Question 2:

How have Elton John AIDS Fund and Positive Action, respectively, positioned themselves in this funding space to create change?

### Anne Aslett:

- Over the last five years, EJAF predominantly funded directly services on the ground.
- Under EJAF’s new strategy all of our work centres on the most vulnerable populations, including people who use drugs and we shifted from service delivery to advocacy.
- Funding advocacy is crucial for changing the attitude towards criminalisation, more humane approach to drug policy, to highlight that the war on drugs has failed and to give voice to affected communities.



- We want to use our platform and our voice to elevate and promote messaging around stigma and discrimination, criminalisation of drug use, funding gap for harm reduction and the lack of data. We are well positioned to add the most value in this context.
- EJAF will continue to fund service delivery programmes on the ground while at the same time we are going to amplify our work in terms of advocacy at a community level, national and global level.

**Cathy Ferrier:**

- Harm reduction is a relatively new area of investment for Positive Action.
- Under our new strategy, we look for new and innovative approaches to service delivery for harm reduction services and we launched a call for proposals in high risk countries.
- We aim to learn from and empower community organisations and be flexible and responsive to the changing needs of the communities together with the changing landscape of the epidemic itself. For example, few organisations from South East Asia submitted proposals focused on stimulant use. While this was not the focus of the funding round, we were keen to explore, learn and understand new trends in South East Asia, particularly as it relates to HIV prevention. Our intention is to support learning and evidence generation in the area of stimulant use.

**Question 3:**

Recognising that philanthropic foundations have the capacity to be a little more dynamic, what are your organisations' specific ambitions or commitments for meaningfully contributing to funding landscape for harm reduction?

**Cathy Ferrier:**

- Positive Action is a small donor in this space and it is crucial for us to understand how we can best work in partnership with others.
- Positive Action's investment could be used to bring partners together to fund innovation and generate evidence to inform larger investments and to replicate successful interventions.
- Recently we started to engage with the Global Fund in Morocco and we are also looking at the response in Nigeria, working alongside other donors while focusing on community action and community support.

**Anne Aslett:**

- EJAF will continue to support harm reduction service delivery and advocacy in Eastern Europe and Central Asia – it is needed because of the political landscape.
- Through our Eastern Europe and Central Asia Key Populations Fund we worked with the Dutch Government and are deeply grateful for their support.
- In collaboration with Gilead Science, EJAF set up a fund called Radian, which aims to meaningfully address new HIV infections and deaths from AIDS related illnesses in EECA through focussed action, investment and resourcing to improve the quality of prevention and care for people at risk of or living with HIV.
- As a result, there is some movement from the Global Fund back into the region supporting organisations that EJAF have capacitated and empowered.
- It is crucial to be brave and smart about where to place investments, where you can work and where you can achieve change without being shut down.

**Question 4:**

We'd like to hear more about your vision of the funding landscape for harm reduction and opportunities for the future; what is the agency/ organisation you are representing uniquely positioned to do next? Big new ideas for the sector are also most welcome.

**Pascal Grotenhuis:**

- The Dutch we will continue to use our influence through our embassies and participation in the Global Fund Board.
- We directly support RCF and supported AIDSFONDS and Frontline AIDS in the past.
- On international level we will continue to push for support for key populations.
- Due to the COVID-19 pandemic, we will focus on investing more in international health crisis and I do not foresee contribution towards ending AIDS increasing.
- Including harm reduction in national and international strategies relating to COVID-19 response is crucial.

**Cathy Ferrier:**

- Harm reduction is a top focus area in Positive Action's new strategy and we are trying to use funding in a catalytic way.
- Some of our strengths lie in bringing partners together and supporting and empowering communities through meaningful engagement, especially on local level.
- In our work we look to identify gaps at community level to complement efforts of other donors and to avoid duplication.
- Evidence generation and sharing is critical to showcase best interventions and attract further support.

**Anne Aslett:**

- EJAF will continue to support and empower communities to create change at a local level and will use the evidence of what works to influence the change at city, county, state and international level.
- We will continue to promote and support the message of redirecting funding from punitive responses to harm reduction. It is crucial that governments invest funding in health and rights of people who use drugs instead of law enforcement, especially in the context of funding crisis for harm reduction.
- We are looking at how harm reduction and rights of people who use drugs can be pulled into the universal health coverage debate.

Intervention from **Dr Andrew Ball**, Senior Advisor, Director-General's Office, World Health Organization (WHO):

Four major areas WHO is working on in relation to funding harm reduction:

- Providing evidence that harm reduction is one of the most cost-effective interventions, not only in relation to HIV prevention and care, but for a broad range of health conditions. This evidence should be used to develop the right investment cases to convince donors and governments to invest in harm reduction.
- WHO recommends that the comprehensive package of harm reduction interventions is an essential element to public health programmes. WHO produced multiple guidelines on all aspects of harm reduction and integrated harm reduction into many guidelines, including those for HIV testing and treatment, for tuberculosis management and for overdose prevention. WHO also incorporated all harm reduction interventions in the Universal Health Coverage Compendium.
- WHO will continue to advocate for inclusion of harm reduction in national programmes. Delivery and implementation of services must involve community and civil society and must be funded from national budgets, though in many LMI countries service delivery will still need to be funded by external donors.

- WHO recommends a people-centred approach to service delivery where all needs of an individual are met, not just issues related to drug use. We see that harm reduction is the perfect entry point into a much more comprehensive provision of care and support to some of the most marginalised and vulnerable populations, including people who use drugs, their families and communities.

Intervention from **Pashang Waiba**, Recovering Nepal (Women):

- Many countries in South East Asia have no services designed for woman, despite the evidence that peer-led services are most attuned to women needs. My question to the donor community is how can donors can better coordinate and work together to address this issue?

Intervention from **Christine Stegling**, Frontline AIDS:

- Domestic funding for community-led and community-based harm reduction responses is crucial. How can we all ensure that this funding is prioritised and leveraged on national level taking under consideration economic strain put on governments by the COVID-19 pandemic?

Intervention from **Karin Timmermans**, Unitaid:

- Unitaid supported the diagnosis and treatment of hepatitis C in the context of harm reduction settings in LMI countries. It is feasible and simple to diagnose, treat and cure people and in many countries the cost of it is quite modest. I want to plea to not forget hepatitis C because the benefits are enormous and we can have an impact on reduction and elimination of hepatitis C.

## Closing and Synopsis

Naomi Burke-Shyne thanked Ernesto Cortes, panellists and participants for their contributions.

I am delighted to hear such interest and engagement in stronger coordination and in commitment to investment in community-led organisations.

Going forward we hope to convene LMI country governments showing strength/potential growth in their domestic investment in harm reduction.

More broadly, this work will be continued via the Strategic Advisory Group to the UN on Drug Use and HIV (the SAG) – a convening point and platform focused on strategic information exchange between UN, governments, donors, community and civil society. Funding for harm reduction has been a component of the SAG work plan for a number of years, making this the logical convening point for ongoing work. The SAG also offers a useful connection between these questions of data, political will and global advocacy – matters that have come up throughout today’s discussion.

Thank you to the core organising group for this event: Jane Batte, Palani Narayanan, Judy Chang, Ann Fordham and Ancella Voets; as well as colleagues at Harm Reduction International – Colleen Daniels, Catherine Cook, Olga Szubert, Maddie O’Hare, Lucy O’Hare, Suchitra Rajagopalan.

### **Winnie Byanyima, Executive Director, UNAIDS**

Winnie Byanyima is the Executive Director of UNAIDS and an Under-Secretary-General of the United Nations. A passionate and longstanding champion of social justice and gender equality, Ms Byanyima leads the United Nations' efforts to end the AIDS epidemic by 2030. Ms Byanyima believes that health care is a human right and was an early champion of a People's Vaccine against the coronavirus that is available and free of charge to everyone, everywhere.

Before joining UNAIDS, Ms Byanyima served as the Executive Director of Oxfam International, a confederation of 20 civil society organisations working in more than 90 countries worldwide, empowering people to create a future that is secure, just and free from poverty.

Ms Byanyima was elected for three terms and served 11 years in the parliament of her country, Uganda. She led Uganda's first parliamentary women's caucus, championing ground-breaking gender equality provisions in the country's 1995 post-conflict constitution.

Ms Byanyima led the establishment of the African Union Commission's Directorate of Gender and Development and also served as Director of Gender and Development at the United Nations Development Programme. She founded the Forum for Women in Democracy, an influential Ugandan non-governmental organisation, and has been deeply involved in building global and African coalitions on social justice issues. A global leader on inequality, Ms Byanyima has co-chaired the World Economic Forum and served on the World Bank's Advisory Council on Gender and Development, the International Labour Organisation's Global Commission on the Future of Work and the Global Commission on Adaptation.

Ms Byanyima is a recipient of several awards, including an honorary doctorate from the University of Manchester, United Kingdom, an honorary doctorate from Mount Saint Vincent University, Canada, and the 2018 Human Rights and Solidarity among Peoples Prize, awarded by the Latin American Council of Social Sciences.

She holds a master of science degree in mechanical engineering from Cranfield University and an undergraduate degree in aeronautical engineering from the University of Manchester.

Ms Byanyima is married and has one son. She loves birds, gardening and hiking. Ms Byanyima has seven given names, one of which is Kyegiragire, which means "I can make myself whatever I want to be". Ms Byanyima says this has shaped her attitude to life!

### **Naomi Burke-Shyne, Executive Director, Harm Reduction International**

Naomi is the Executive Director of Harm Reduction International. She brings more than 15 years of international experience at the intersection of law, harm reduction, HIV and human rights.

From 2014-2017, Naomi worked for the Open Society Foundations' Public Health Program, leading a portfolio of funding and policy engagement that supported civil society to challenge the negative impact of drug policy on access to controlled medicines, and strengthen access to justice for people who use drugs.

Between 2009 and 2014, Naomi worked in a regional capacity for the HIV and Health Law Program at the International Development Law Organization (IDLO); posted in Jakarta, Kathmandu, then Kampala.

In partnership with local organisations in Bangladesh, India, Indonesia, Nepal, Pakistan and Papua New Guinea, Naomi implemented programs advancing the rights of populations vulnerable to HIV via legal services and national human rights mechanisms. Naomi spent the first five years of her career practising law in Australia, in the private sector and as a pro bono legal adviser at community centres.

Naomi is a member of the Strategic Advisory Group to the UN on HIV and Drug Use, a member of the Global Fund Technical Review Panel for Human Rights and Gender, and a member of the World Health Organization Guidelines Group on 'Ensuring Balance in National Policies on Controlled Substances.'

### **Judy Chang, Executive Director, International Network of People who Use Drugs**

Judy is the Executive Director of the International Network of People who use Drugs. Judy has 15 years' experience in HIV, community health and development; is leading the sector in advocacy for the UN High Level Meeting on HIV; and has championed coalition building throughout her career.

Prior to joining INPUD, Judy has worked in the HIV and community health and development field for eight years, across areas of programme management, resource mobilisation, and communications. She has been increasingly involved in harm reduction, community mobilisation and drug policy work, particularly in regards to women who use drugs. She has worked across India, China, and Thailand. She holds a Master's in International Development and a Bachelor of Arts in Writing and Contemporary Cultures.

### **Marijke Wijnroks, Chief of Staff, Global Fund to Fight AIDS, Tuberculosis and Malaria**

Marijke Wijnroks became Chief of Staff at the Global Fund in 2013. From June 2017 through February 2018, she served as Interim Executive Director. In her position she has a broad responsibility and a particular focus on gender and human rights and on engaging with all partners in the cause of global health.

Before joining the Global Fund, Marijke Wijnroks was Ambassador for HIV/AIDS and Sexual and Reproductive Health and Rights, and also Deputy Director of the Social Development Department, in the Ministry of Foreign Affairs in the Netherlands. In that position she has overseen policy and strategy development in areas related to HIV and AIDS, sexual and reproductive health and rights, gender, education and civil society.

She earned a medical degree from Maastricht University in the Netherlands and a degree in tropical health and medicine from the Institute for Tropical Medicine in Antwerp, Belgium.

### **Dr William Paul, Deputy Coordination, President's Emergency Plan for AIDS Relief**

Dr Bill Paul joined the State Department's Office of the Global AIDS Coordinator in 2019 as Deputy Coordinator for Program Quality. He also serves as Chair for the Nigeria, Haiti and Dominican Republic PEPFAR programs.

Dr Paul has more than 27 years of experience in public health practice and leadership. He most recently served as director of the Metro Nashville Public Health Department, leading 500 staff serving a population of over 600,000. During his tenure, he led responses to H1N1, Ebola, and Zika, and supported multisector efforts to advance community health and health equity. Before that, Dr Paul served in the Chicago Department of Public Health where he strengthened core capacities in communicable disease control, TB, environmental health, and epidemiology. A physician trained in internal medicine and infectious disease, Dr Paul served as an Epidemic Intelligence Service (EIS) officer with CDC at the Division of Vector Borne Infectious Diseases.

### **Lord Mark Malloch-Brown, President, Open Society Foundations**

Mark Malloch-Brown is president of the Open Society Foundations, the world's largest private funder of independent groups working for justice, democratic governance, and human rights. He has served on Open Society's global board since 2009. In his career of service, Malloch-Brown has worked to advance human rights, justice, and development in a variety of roles: serving as deputy secretary general of the United Nations under Kofi Annan; heading the United Nations Development Programme; directing external affairs at the World Bank; and working as a British government minister. He also co-founded Crisis Group, an NGO focused on preventing and averting violent conflict.

### **Maria Phelan, Executive Director, Robert Carr Fund**

Maria Phelan works as the Fund Director of the Robert Carr Fund, designing and implementing participatory grant making strategies to sustain and strengthen civil society and communities' roles in the global HIV response.

Maria holds a Master's degree in Understanding and Securing Human Rights from the University of London and has been working in the HIV sector for over a decade. Maria came to the Robert Carr Fund from Harm Reduction International where she worked in a variety of roles including Deputy Director. She also served as Chair of the Board of STOPAIDS and the EU Civil Society Forum on Drugs as well as Vice Treasurer of the Vienna NGO Committee on Drugs. In 2016 she was part of the United Kingdom's delegation to the UN High Level Meeting on HIV. Her previous work also includes a variety of roles in the UK including Children and Young People's HIV Network Coordinator and Youth Outreach Coordinator at the Terrence Higgins Trust.

### **Miwa Kato, Director, Division for Operations, United Nations Office on Drugs and Crime**

Miwa Kato is the Director of the Division for Operations in UNODC. Prior to the current assignment, she served as Regional Director for Asia Pacific of the United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN) based in Bangkok covering 42 countries of the region, preceded by an assignment as Country Director for Egypt of UNWOMEN based in Cairo.

She previously served for over a decade with UNODC from 2003, as Chief, Regional Section for South Asia, East Asia and the Pacific and as Senior Programme Coordinator for the Afghanistan and Neighbouring Countries Regional Programme based in Kabul.

Before joining the United Nations in 2003, she served with the Japanese foreign service at its Permanent Mission to the UN in New York and Embassy in Vienna, as well as with the Organisation for the Prohibition of Chemical Weapons (OPCW) in The Hague.

She holds a Master's and a Bachelor's degree in International Politics from Sophia University in Tokyo and has earned a Ph.D. in Political Sciences from the University of Vienna.

### **Ernesto Cortes, Secretary of the Latin American Network of People Who Use Drugs**

Ernesto is a Secretary of the Latin American Network of People Who Use Drugs (LANPUD), the Executive Director of the Costa Rican Association on Drug Studies and Interventions (ACEID), Vice Chair of the New York NGO Committee and a professor of Anthropology in the University of Costa Rica. Ernesto has a degree in social anthropology, a Master's Degrees in criminology and mental health.

**Pascalie Grotenhuis, Director Social Development; Ambassador for Women's Rights & Gender Equality, Ministry of Foreign Affairs, Kingdom of the Netherlands**

Pascalie is Director for Social Development and Ambassador for Women's rights and Gender Equality since 2020. Before that she was Director of Protocol and Host Country Affairs. From 2015 until 2018 Pascalie was the Netherlands Ambassador to Mozambique. Before that she was heading the division for the Private Sector and Corporate Social Responsibility within the Ministry for Foreign Affairs of the Netherlands.

She joined the Ministry 17 years ago and held various positions, amongst others at the Africa Department, a secondment to the Africa Department of the Foreign and Commonwealth Office, at the Royal Netherlands Embassy in London, as private secretary to the DG for International Development and as coordinator for the MDGs and Public Private Partnerships. Before that she worked at a political institute and for two Dutch NGO's.

Pascalie is married to Sjoerd Lemm and has a daughter Sophie who is 14 and a son Olivier who is 11 years old.

**Anne Aslett, Chief Executive Officer, Elton John AIDS Foundation**

Anne Aslett is the global Chief Executive Officer of EJAF which she has served for almost 20 years. As International Development Director to EJAF UK, she managed more than £60m in grants to programmes in Europe, Africa and Asia, before taking over the UK Foundation as its Executive Director in 2008. When the US and UK Foundations merged their operations in 2018, Anne assumed her current role.

During Anne's tenure Foundation has become the 6<sup>th</sup> largest AIDS funder globally; has saved the lives of over 5m of the most marginalised people in the world and raised awareness of HIV amongst more than 100m people.

Anne joined the Foundation from the commercial sector, where she managed a news information service for the UK leading print and electronic media, following over five years in print journalism and documentary film making on health and current affairs issues. She has served on a number of boards including for Comic Relief, the European Funders Group and most recently the UK's HIV Commission.

**Cathy Ferrier, Head of Positive Action, ViiV Healthcare**

Cathy is Head of Positive Action, Global, at ViiV Healthcare and leads the team delivering strategic partnerships and grants to community organisations supporting people living with HIV. In addition, Cathy is Chair of The CIRCLE NGO, founded by Annie Lennox, the Circle works to tackle gender inequality, and provide support to disempowered women and girls across the world.

Prior to joining ViiV Healthcare, Cathy was CEO at Sentebale, Prince Harry's Foundation for Children in Africa; and established the organisation as a leader in providing psychosocial support for adolescents living with HIV, in Lesotho, Botswana and Malawi.

**Dr Andrew Ball, Senior Advisor, Director-General's Office, World Health Organization (WHO)**

Andrew Ball, MB, BS, FChAM, is a physician trained in addiction medicine. A national of Australia, he has over 25 years of clinical and public health experience in HIV/AIDS, substance dependence and adolescent health, including almost 20 years of international experience. His work has focused on HIV/AIDS prevention, treatment and care for most-at-risk and vulnerable populations; national strategic

planning; innovative models for HIV capacity building in low- and middle-income countries; and HIV policy analysis and development.

During the “3 by 5” initiative, he managed the Department’s Regional and Country Support team which assisted countries to scale up access to HIV/AIDS treatment. His HIV work has taken him to over 70 countries and he has acted as a consultant to various international organisations including UNAIDS, the World Bank, UNICEF, UNODC, the Commonwealth Secretariat and the Arab Council for Childhood and Development.

Dr Ball has published extensively on HIV/AIDS, substance use and sexual and adolescent health and is a member of the editorial boards for a range of journals.