TOWARDS DOMESTIC PUBLIC FINANCING AND SOCIAL CONTRACTING FOR HARM REDUCTION

HARM REDUCTION INTERNATIONAL

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HARM REDUCTION INTERNATIONAL

Harm Reduction International (HRI) na one big non-govmental organisation (NGO) wey dey work to reduce di bad health, social, and legal wahala wey dey inside drug use and drug policy mata. We dey to see say rights of people wey dey use drugs and di communities dey beta as we dey do research and advocacy to make sure say drug policies and laws dey help make people dey Kampe and our society no go get kasala.

We be NGO wey get level and special experience for United National Mata wen dem dey call Special Consultative Status with di Economic and Social Council for inside United Nations.

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EXECUTIVE SUMMARY

For 2019, harm reduction moni for low- and middle-income (LMI) - Kontris (kontris wey no too get moni) be US$131 million,[1] na only 5% of di US$2.7 billion wey UNAIDS dey reason as di moni wen dem go need to fight HIV, viral hepatitis, and sexually transmitted infections (STIs -wey be yama yama disease) every year for di whole world till 2025.[2,3] Di moni wey dey available no dey enof as di needs dey increase, and supot from oyibo people don reduce. Dis one dey affect Middle-income Kontris, wey get plenty people wey dey inject drugs, as as oyibo dey reduce moni base as di kontri carry get moni.

Anyway, e no mean say kontris wey get moni well well go fit put am inside harm reduction mata. Di way dem dey increase supot from our own kontri to fight against HIV and odir health wahala, dem no dey consider s people wey dey use drugs. Instead, dem dey use plenty moni from our kontri drug control budget to do law enforcement wey dey punish people wey dey use drugs, instead to dey put moni for harm reduction.[4]

To get di correct informate about how our kontri dey put moni for harm reduction mata dey hard becos di data wey we get no too correct, and di system wey govment use dey monitor di moni wey dey for our kontri, weda for national, state, or local levels, no too dey ok. Harm Reduction International global research wey dey monitor d mata show say govment supot fit don increase, as e be like say dem don dey put more moni for harm reduction for 2019 pass as e dey for 2016, but dis one fit be becos dem don dey collect beta data.[5] Di total moni wey dey available for harm reduction don reduce, as international donors no too dey supot us like before, and di moni wey our own govment dey put for harm reduction no too dey enough. We still dey depend well well on oyibo people moni for our harm reduction mata.

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Di2022 World Health Organization Consolidated Guidelines on HIV, viral hepatitis, and STI prevention, diagnosis, treatment, and care for key populations (group of people wey HIV dey affect pass) talk say community power make sense for di work to dey beta, and

1 Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. London: Harm Reduction International.
2 UNAIDS (2021) Global AIDS Strategy, End Inequalities. End AIDS. Geneva: UNAIDS.
3 World Health Organization (2022) Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. Geneva: World Health Organization.
4 Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. London: Harm Reduction International.
5 Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. London: Harm Reduction International.

key population-led networks and organizations get important role to plan, to do, and check health servis.[6]

Di Global AIDS Strategy 2021-2026 vision talk say we nid to empower communities, give dem beta moni and supot health serviss well-well. Dis one go make sure say we fit fight HIV wella and make di last very well, with big goals (see Box 1).[7] Di wahala wey dey follow dis target big well-well, especially as we need to make sure say we get enof moni wey go last well well, to remove shame and to gada beta supot from govments and people wey dey make law. If we join hand and dey committed to human rights and public health, we go fit move forward to make dis world a place wey harm reduction go get di supot wey we nid to create society where everybodi dey safe and dey kampe. For networks and organizations wey don get small resources, and dey work for areas wia dem dey treat dem as criminals, e dey hard for dem to succeed. Plenty kasala dey g for dem to get enof supot and moni to do di work, especially as dem dey work area wia govment dey see di work as crime. But with strong mind and collabo, dem fit still make some progress and make their work beta.

To avoid wahala and protect di gains (di achievements) we don make so far, kontris suppose involve community people, organizations, and groups for their plans to change as we dey carry dey depend on oyinbo moni and to use our own moni. Dem suppose make sure say structures and systems dey in place to channel our own public moni give dise groups, so dem go fit provide beta, human rights-based harm reduction s. Dem also suppose supot community people to dey watch and put mouth for our matter, and make we no compromise our independence to dey question govment and hold dem accountable. This kind work to protect our community system as we dey change suppose start early, so dem go fit change di laws and policies wey need change, and put new ways and system, or fix di ones wey dey ground.

Social contracting mechanisms and moni dey make us see one important way to sustain harm reduction community systems, protect di HIV prevention work wey we don do so far, and make sure say people wey dey inject drugs no lose access to harm reduction servis as dem dey change things. Based on data wey dem gada from different obodo oyibo Kontris, and di informate dem get wen dem review many book on dis mata, this report dey look into how govment carry put moni inside harm reduction now. E highlight key things and principles wey dey important for social contracting to dey successful, and e talk about di things wey fit make sense for community-led programs for groups wey dem dey criminalize and people wey dem dey push away, including people wey dey use drugs. E summarize how ready six Kontris across East and Southern Africa, West and Central Africa, and Asia dey for public financing inside harm reduction mata, and e give details on how social contracting carry dey work for HIV and harm reduction.

6 World Health Organization (2022) Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization.

7 UNAIDS (2021) Global AIDS Strategy, End Inequalities. End AIDS. Available at https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026-summary_en.pdf

Box 1:

Key global targets wey relate to People Who Use Drugs (naa people wey dey use medicine wey dey high) and community-led programs

Global AIDS Strategy 2021-2026

For di Global AIDS Strategy 2021-2026 wey dem call 'End Inequalities. End AIDS,' dem put serious attention inside HIV prevention mata for key populations (naa people wen HIV mata dey affect pass). Dem say make Kontris use all di tools wey dey available, including for People Who Inject Drugs - PWID (naa people wey dey shook drugs to get high) and those wey dey inside prison.

Di strategy still get 30:60:80 targets wey concern community-led programs, and e mean say by 2025:

- 30% of testing and treatment serviss – e suppose be community-led organizations wey go dey provide am
- 80% of servis delivery for HIV prevention mata for key populations and women suppose be community-led organizations wey go dey provide am and na dem go dey represent women and key populations
- 60% of di s wey go help achieve societal enablers (oda mata wey make things work well) dey suppose be community-led organizations wey go dey provide am.

Dey wan still make sure say by 2025, say:

- Less than 10% of Kontris get law wey dey punish, wey dey deny or reduce how dis people carry dey receive servis

Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections for di period 2022-2030

For di Global Health Sector Strategies, dem talk say people wey dey inject and use drugs suppose dem go dey treat dem special inside our national for inside HIV, viral hepatitis, and sexually transmitted infections mata. Dem recognize harm reduction and treatment mata for people wey dey inject drugs as actions wey everybodi go supot make sure our HIV, viral hepatitis, and sexually transmitted infections dey beta.

Di strategies still include one shared target to:

- Reduce di number of new HIV and viral hepatitis cases every year to less than 1.5 million by 2025

Inside di viral hepatitis strategy, dem get one target to:

- Reduce di number of new hepatitis C infections among persons wey dey inject drugs to 3 per 100 by 2025

Di Strategies still talk say to involve community people for di mata dey important as one of di five strategic directions to end AIDS and di epidemics of viral hepatitis and sexually transmitted infections by 2030. Dem talk am well well say, di role wey community and civil society dey play for advocacy, policy making, servis delivery, to address stigma and discrimination, and to fight social and structural wahala mata,naa to see say we join bodi for our action for HIV, viral hepatitis, and sexually transmitted infections mata.

RECOMMENDATIONS

For govment agencies and national mechanisms on HIV, viral hepatitis, and drug policy:

- **Make sure say social contracting mechanisms dey ground to supot how community and civil society organisations go carry dey get moni.** If dise mechanisms don dey ground, make sure say dem dey work well. If dem no dey ground yet, make govment involve community and civil society, people wey dey provide servis, and consult people wey ova sabi for health financing mata to decide which social contracting model go work well for we Kontri.
- **To standa gidigba to see say di change to domestic moni inside national HIV, hepatitis, and drug policy strategies.** How we go carry do di work and measure our success wen dem dey call - roadmap and to put mechanisms wey go monitor and report on progress dey inside di mata.
- **Create beta conect and open talk with partners wey sabi and international donors on how dem for fit shift to domestic moni.** And locate supot wey dem need and plan how international donors go supot di move to domestic moni through social contracting.

For international donors and technical agencies:

- **Arrange platforms wey people fit learn for social contracting.** As people carry understand social contracting mata dey different from one place to anoda. Make dem make sure say govment and community and civil society organisations get di opportunity to share their experiences from different settings. Dis one go help us understand wetin dey supot and scatter plan to make social contracting for harm reduction dey successful, including community-led programs.
- **Talk am well well why e make sense to start social contracting mechanisms early and to involve communities well.** Wen we wan develop dis mechanisms e fit take time, so e better make we start early and no wait until di Kontri begin to dey move from international donor moni. To make sure say dis mechanisms work well for community-led programs mata, e good make we involve communities from di beginning.
- **Provide betta supot and moni to govments to bring social contracting for harm reduction.** Different Kontris get different needs, but international donors and technical agencies fit supot govments make dem learn from examples wey don dey ground and to develop their own context-specific mechanisms, policies, and regulations for social contracting.
- **Supot and encourage govments and national mechanisms on HIV, hepatitis, and drug policy mata to standa gidigba as we change to domestic moni inside**

national strategies. To make sure people wey sabi provide moni and supot to make sure say dem fit implement di plan and monitor di work.

- **To make sure people wey ova sabi for di mata supot and help for mata wey pass govment wen dem dey do di transition.** Di time wey Kontri dey move from international moni to domestic moni, dem fit need technical supot and/or moni wey dem fit use solve problem dis time to make sure say serviss dey run continuously and no gap dey.
- **Make dem provide moni wey make sense and dey easy to manage, wey go allow us do advocacy wey carry action inside our law or policy within environment.** Social contracting for harm reduction go work well if govment dey readi to put moni inside for people wey dey use drugs. For dis one to happen, community and civil society nid to do advocacy for legal and policy reform, including decriminalization wey dey strong always.
- **Build capacity of community and civil society organisations.** Social contracting go need community and civil society sector wey strong and dey vibrant. Make we build capacity to make sure say dem dey ready and dey qualify to receive domestic public moni. Make dem also sabi how dem dey carry make budget and how to make budget for advocacy work so dem go fit participate for budget decision-making.
- **Collect and share data on social contracting.** International donors and technical agencies already dey collect data. E go good make dem put indicators on social contracting, how well e dey work for harm reduction and oda key population s, and inside community-led programs mata.

For community-led, community-based, and civil society organisations:

- **Prepare for domestic moni for harm reduction.** To receive moni from govment, e fit require make we learn new things to get new skills and capacity, as e concern training for budget advocacy nata to help us to understand, make things work as we want am, and help monitor govment budgets. Make una learn how govment carry dey do costing and moni practices, even as we go carry met de requirement for contracting and reporting. This go help find out any capacity wen no dey and know di technical supot wey we need.
- **Do Assessment to know as e dey be, di scope, and appetite for social contracting.** If social contracting no dey ground yet, e fit require long process like to develop policy and implement am. Make Una start to dey gada evidence on current practices, including di practices for oda mata wey fit be health sectors, supotive policies, and challenges. This go help una with advocacy for social contracting.
- **E good to do research, advocacy, and monitoring activities on social contracting for harm reduction inside moni mata and technical assistance requests.** International donors and UN agencies don dey focus more on social contracting, so dis na opportunity to receive supot for work for this area. If social contracting dey ground, community and civil society organizations fit play role wey dey important to monitor and advocate for practices wey dey beta.

- **Advocate for social contracting wey go work well for harm reduction and for community-led, community-based, and civil society organisations.** Some Kontris get policies for social contracting and regulations, but dem no use am for harm reduction. If na your case, make una advocate to change di policy regulations and make dem start to use am. For di kontris, una fit advocate to see dey improve oda aspect of social contracting wey dey strict and di ones wey get wahala.
- **Form collabo with oda community-led, community-based, or civil society organisations.** If una dey bring or improve social contracting mechanisms wey go work for harm reduction, e go also work for odir areas. To advocate with allies from key population networks and for oda plenty areas go add strength as we call for change. We need collabo wey dey broad (big Collabo) and wey go dey consistent to monitor domestic budget even as advocacy don achieve positive results for some Kontris like Georgia.

1. DI CURRENT STATE OF DOMESTIC FINANCING FOR HARM REDUCTION IN LOW AND MIDDLE-INCOME KONTRIS

Domestic financing naa public moni wey govment dey put from national or local budgets, social insurance or oda protection schemes, and even moni wey individuals dey spend directly. How much moni people dey spend on harm reduction na important thing to look into, but e dey hard to put am inside studies or system wen dem dey use to do report.

To know how much govment on their own dey put inside harm reduction mata dey very difficult. We never get proper system wey fit monitor domestic harm reduction moni well well and di data wey dey available no too dey ok, e get quality issues, and sometimes e even dey contradict.[8] For example, some kontri reports wey dem send give UNAIDS Global AIDS Monitoring and Moni Landscape Requests wey dem give to Global Moni fit contain some informate, but dem no dey check well or confirm am. Sometimes, dem fit even dey give incentives for people to give data wen di estimate dey high or low inside domestic invest or moni mata. Becos of plenty things wey no balance/ we no dey clear, and becos of data wey no dey available, we no fit make clear conclusions on how domestic moni for harm reduction carry be for low- and middle-income (LMI) Kontris. Dis one dey affect how we dey understand di situation and dey affect how communities and civil society fit hold govment accountable.

For 2021, Harm Reduction International (HRI) use data wey dey available and wey make sense to know how harm reduction moni mata carry be for LMI Kontris.[9] Informate

8 In HRI research, we have utilised country reports to UNAIDS via Global AIDS Monitoring (GAM) and information provided by countries to the Global Fund during the grant application process, contained in national Funding Landscape Reports (FLRs).

9 Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. London: Harm Reduction International

Table 1:

Top 10 Kontris with di highest level of identified domestic moni for harm reduction, 2019

	Country	Income Status	Identified domestic funding US$	Identified donor funding US$	Total identified funding US$	Share of domestic funding	Number of people who inject drugs (GSHR 2020/ UNAIDS)	Total funding per person who inject drugs, 2019 US$
1	Malaysia	UM	1,708,624	-	1,708,624	100%	75,000	23
2	Serbia	UM	2,225,063	17,834	2,242,897	99%	20,500	109
3	Iran	UM	14,222,829	481,417	14,704,246	97%	186,686	79
4	India	LM	11,000,000	963,273	11,963,273	92%	850,000	14
5	Kazakhstan	UM	2,255,590	459,600	2,715,189	83%	120,500	23
6	Indonesia	LM	2,806,375	622,148	3,428,523	82%	33,492	102
7	Vietnam	LM	12,531,341	3,846,275	16,377,616	77%	189,000	87
8	Georgia	LM	3,877,889	1,455,822	5,333,711	73%	52,500	102
9	Belarus	UM	1,438,426	906,510	2,344,936	61%	66,500	35
10	Thailand	UM	1,334,711	2,524,532	3,859,243	35%	51,000	76

from domestic harm reduction moni for 38 LMI Kontris for 2019, show say di total moni wen dey spend na US$ 63.2 million, dis one increase from US$ 48 million for 2016. Dis increase for domestic moni no reach anywhere, becos dey increase d data wey dey available during dat period. Domestic moni for harm reduction reach about 48% of di total amount wey dem find for 2019.

E dey sweet our belle say som govments don dey put moni inside harm reduction, for wey make sense like needle and syringe mes (NSP), opioid agonist dirapy (OAT), and peer naloxone distribution dey available, di quality wey dey inside di and how dem carry put moni for to community-led, community-based, and civil society organisations. E dey important to torch-light well well di s wey govment dey put moni, especially if di same govment dey punish and push away di people wey dem dey try to help.

In general, wen di mata don reach for domestic moni for harm reduction and oda health, govment dey manage di moni directly as dem dey use their department wey dey responsible for health, and dem dey implement am through hospitals or dem fit give am as contract to non-govmental organizations, including civil society, community-based, and community-led organizations - wey dem sometimes dey call social contracting. When international donors dey moni harm reduction, dem dey direct their moni to civil society and community-based organizations. But e get as e becos moni for community-led organizations dey very scarce, even though di Global AIDS Strategy 2021-2026 and some international donors deys on fixing shook eye for di matter to fix dis issue.

We no get enof data to compare how much community and civil society organizations dey get from domestic budgets for harm reduction, but e go likely be small portion of di total invest or moniment wey dem dey report. HPP+ find out say, inside within PEPFAR Kontris, di level of domestic moni wey dey go to civil society organizations dey “dangerously low,” and naa less than 10% of those wey dey work on HIV dey receive domestic financing.[10] We nid more research to know di koko as di moni mata carry be for harm reduction mata for LMI Kontris, but one thing wey dey common say wen govment put moni inside Opioid Agonist Dirapy (OAT), e dey often say naa govment go implement di. Dem go give out wey dey less-medicalized ming like harm reduction outreach, counseling, and condom distribution to to community and civil society organizations as contract.

To encourage our local moni from di govment go to community and civil society organizations, govment suppose understand and appreciate their role for health, and supot their work by making sure say laws and policies wey dey supot social contracting.

10 Health Policy Plus presentation on supporting sustainability for national HIV programs. Available from https://onusida-lac.org/1/images/2017/10LACIII-Forum-HP-Presentation.pdf

Box 2:

Harm reduction for low- and middle-income Kontris dey depend on international donor moni

Naa International donors dey provide di majority of moni for harm reduction for low- and middle-income (LMI) Kontris, and dem make up 52% of resources for harm reduction wey dey available for 2019. Dis moni dey supot harm reduction for 50 low- and middle-income Kontris, di total moni be US$ 68.1 million, dis one com reduce from US$ 121 million wey dem provide for 2016. Di moni wey plenty pass for international donor moni for harm reduction dey inside Asia, Eastern Europe and Central Asia, and Sub-Saharan Africa. Di Global Moni be di largest donor for harm reduction (60%), followed by PEPFAR (12%), Open Society Foundations (10%), Dutch MOFA (7%), Elton John Foundation (4%), Robert Carr Fund and UNODC (3%), and Frontline AIDS, GiZ, and ViiV Health Care Positive Action (more than 1%).

International donor dey give their moni through long-term grants, short-term projects, and short-term technical assistance. Less than 7% of di moni wey international donor dey put for harm reduction in 2019 go to community-based organizations. We no get enough information to know di amount wey community-led organizations dey collect becos donors no dey track that well, but we know say di figure dey very low.[11] Information for di moni wey international donor use dey supot advocacy, legal, and policy reform, and human rights – (all dey important to make sure say people fit access harm reduction serviss) - no dey well-organized. We dey worry say opportunities to use advocate for moni don reduce in recent years becos di things wey dey important to donor and their structure don change.

11 Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. Harm Reduction International, London

2. SOCIAL CONTRACTING - WETIN E BE AND HOW E TAKE WORK?

Social contracting na word wey dem use for international discussions on how to put moni fo health mata while health financing dey be practices on how govment and non-govment actors dey work togeda to achieve shared goals. As e relate to health, social contracting na di process wey govment use to put moni for non-govmental organizations to provide health serviss wey govment suppose provide, so as to take care of di health of di citizens.[12] Dem sometimes call am public financing for s and servis wey civil society or social provision of serviss dey implement. Even though this paper go use di term social contracting, we sabi say some plpo no go understand am well for everywhere and dem no too use am for national or local regulations, laws, or policies wey dey supot di implementation.

In general, Kontris wey dey use social contracting practices don put regulations, laws, and policies wey supot di implementation. Di most common regulation wey include social contracting na di public procurement act or regulation. For example, for Indonesia, di Presidential Regulation No. 16 of 2018 on di Procurement of Govment Goods and Serviss dey consist of four types of self-management grant. Di third type say naa community organizations go be di ones to implement and receive govment monis, so e dey allow a form of social contracting practice. Procurement regulations wey dey similar dey allow govment to provide moni to non-state organizations (like civil society, community-based, or community-led organizations, even profit-making enterprises) wey dey provide moni for organizations for Kenya, Nigeria, and South Africa, but how dem dey implement am dey different. Di main difference na di way dem dey select partners, like bidding process (some use competitive process, some govment go select); payment method (capitation, reimbursement, or advance payment); monitoring and oversight (some get process wey dey ok, some just dey do am anyhow); and di govment department wey dey manage di moni (their ministry of health, social development, or finance). Some Kontris dey where govment dey provide moni to non-profit organizations without using any formal mechanisms. For example, di Govment of Nepal do not provide conditional grants or prioritize moni to civil society organizations without any social contracting regulations wey make sense.

12 Open Society Foundations, UNDP and the Global Fund (2017) A global consultation on social contracting: working toward sustainable responses to HIV, TB, and malaria through government financing of programmes implemented by civil society. A meeting report. Available from http://shifthivfinancing.org/wp-content/uploads/2018/06/Social_Contracting_Report_English.pdf

Box 3:

Distinctions and Definitions for Community-Led, Community-Based, and Civil Society Organisations[13]

Community-led organisations (CLOs), naa groups, and networks, no matter wetin dem say registered with govment or not, na entities wey di majority of their governance, leadership, staff, spokespeople, members, and volunteers show and represent di experiences, perspectives, and voices of their people wey dem dey serve, and dem get clear ways to dey accountable to their people. E no be all community-based organizations wey dey community led.

Community-based organisations (CBOs) na organizations wey start from within a community address to di needs or wahala wey dem face, and dem dey locally organized by members of di community.

Civil society organisations (CSOs) or non-govmental organizations (NGOs) na any non-profit, voluntary groups of citizens wey organize dimselves for local, national, or international levels.

13 Adapted from UNAIDS 2020 progress report of the multi-stakeholder task team on community-led aids responses retrieved from https://www.unaids.org/sites/default/files/media_asset/Report_Task_Team_Community_led_AIDS_Responses_EN.pdf and UN webpage retrieved from https://www.un.org/en/civil-society/page/about-us

2.1 Wetin be di moni models wey dem dey use for social contracting?[14]

Di three main moni models wey govments dey use to finance community and civil society organizations through social contracting:

Results-based financing: Govment go make payments once di contractor don achieve di agreed results for di servis wey dem provide. Dis model fit work for big organizations wey get enof core moni and savings to finance their activities upfront, but e fit exclude smaller organizations wey get limited monis. Govments also dey use this model to give conditional grants to community and civil society organizations, meaning say dem go withhold moni if dem no achieve di result wey dem agree.

Procurement and contracting: Govment go pay moni for particular times based on contract wey dem agree on and for di level of servis dem go provide and di time frame. Moni wey dem go pay back or remoni (Reimbursements) from insurance mata for servis wey dem provide fit also fall into dis category. Many Kontris wey dey use social contracting mechanisms dey use dis model, including India, South Africa, and Thailand.

Grants: Govment go provide moni in advance to community or civil society organization wey go use am to provide servies and write report give di moni about di activities dem carry out. For dis advance payment mata, dem fit follow 2 ways do am. First, where govment wan provide a grant wey dey flexible, to show say dem trust di organizations. Second, na wen outpatient serviss wey community or civil society organizations dey provide get enof data on di number of people wey dem go fit reach for any particular time. Dis onena im dem dey call capitation model.

2.2 Wetin be di requirements and steps wey govment dey consider before di put hand for social contracting?

Where dem no dey do social contracting at all, dem dey consider some factors wey fit increase readiness to practice social contracting. Dis one include political will to give community and civil society organizations moni; to make sure say policies dey wey dey supot, di work, laws, and regulations dey to provide dis moni; community and civil society sector wey stand gidigba wey fit receive govment moni and deliver s; and dedicated international donor moni wey dey kampe to provide technical supot.

Wen we all dey ready to implement social contracting, effective implementation go require a strong govment body wey go supervise, staff wey sabi, and make sure say system and process dey ground. Dis one include how dem do buy market or do business wen mago mago no go dey inside, policies wey dey go favour community and civil society, payment process wey dey ok and no dey waste time, monitoring and evaluation wey di processes dey ok, and system to use send report wey dey straight forward. E no be all Kontris wey don

14 Adapted from FH360 presentation on sustainable funding models - funding diversification for long-term sustainability, presented on August 30, 2022 in Bangkok.

initiate social contracting wey come end up with smooth implementation wey dey optimal or wey favor community and civil society organizations.[15]

Di principles wey dey here dey important for social contracting to dey successful:[16]

1. Arrangements suppose dey meaning well well.
2. Competition suppose dey free and fair.
3. Di process to carry make selection suppose dey transparent and fair.
4. Govmental people or organizations suppose dey accountable.
5. People wey dey Implement suppose get independence from govments and get freedom to flex.
6. Di system for monitoring and evaluation no suppose get too much wahala.
7. Fast payment systems suppose dey to make sure say work no go stop – dis one dey important well well for community-led and community-based organizations wey no to sabi handle costs becos of moni wen dey get and dey one wen dem safe no too plenty.

Kontris wey don start social contracting get wetin dem dey use know dem, get legal structures, and processes for ground. Here na some of di elements wey play part for successful social contracting for harm reduction and HIV s for different Kontris wey dem identify through consultation for di world:[17]

1. Laws and policies for public procurement wey dey consistently evolve; grants/ moni wey dem dey give organizations naa through process wey dey competitive and di bidding process dey transparent, instead of closed selection process; system wen dem dey use pay moni wey make sense; system to use manage moni wey dey clear and efficient from time to time till wen dem go over time until dem institutionalize am with proper law; Staff dey enof to manage social contracting processes (for many Kontris).
2. Clear guidance wey dem define and fit give informate about wetin dem fit use di public moni do and how e go work (e.g., Croatia).
3. Domestic moni wey dey tanda gidigba and wey demfit predict for HIV s wey dem get steady allocation of moni every year wey get national law to back am up (e.g., Macedonia) and for state budgets (e.g., Ukraine).
4. Commitment to achieve Universal Health Coverage (UHC). For example, for Thailand, dis one push dem to do domestic financing and social contracting for HIV and harm

15 Open Society Foundations, UNDP and the Global Fund (2017) A global consultation on social contracting: working toward sustainable responses to HIV, TB, and malaria through government financing of programmes implemented by civil society. A meeting report. Available from http://shifthivfinancing.org/wp-content/uploads/2018/06/Social_Contracting_Report_English.pdf

16 Open Society Foundations, UNDP and the Global Fund (2017) A global consultation on social contracting: working toward sustainable responses to HIV, TB, and malaria through government financing of programmes implemented by civil society. A meeting report. Available from http://shifthivfinancing.org/wp-content/uploads/2018/06/Social_Contracting_Report_English.pdf

17 Open Society Foundations, UNDP and the Global Fund (2017) A global consultation on social contracting: working toward sustainable responses to HIV, TB, and malaria through government financing of programmes implemented by civil society. A meeting report. Available from http://shifthivfinancing.org/wp-content/uploads/2018/06/Social_Contracting_Report_English.pdf

reduction s so dem go reach people wey dey marginalize (wey no too get help) inside communities.

5. Moni wey Global Moni put inside Kontri transition plans (e.g., Mexico, Georgia, Montenegro). For instance, Montenegro retain di main structure and systems wen dem dey carry dey receive Global Moni moni, including di kontri coordinating mechanism (CCM), for social contracting inside their kontri.
6. Implementation of pilot projects, like di social contracting diagnostic tool, wey show opportunities, challenges, and things to consider for public moni of civil society wey dey provide servis for key and vulnerable populations (e.g., Guyana).

Even though dem get dis elements wey help dem start social contracting, dem still get many challenges for social contracting mata for dis Kontris and oda places too.

3. SOCIAL CONTRACTING AND HARM REDUCTION

3.1 Why e dey important for harm reduction?

Community-led, community-based, and civil society organizations na important part of health systems for many Kontris. Community systems wey dey strong[18] dey very important to make sure say poor, marginalized, and people wey dem dey punish and see as criminals get access to health servis. E show say social contracting na mechanism wey make sense to sustain and scale up roles wey community and civil society organizations and govment dey play, instead of international donors, dey provide monis.

Community organizations led by people who use drugs - people wey dey use drug wey dey high get very beta role to play to provide servis, outreach, leadership, advocacy, and activism for inside HIV and dem don contribute help reduce new HIV infection for people wey dey use drugs for many places. Dem dey help build connections, trust and understanding wey community-led organizations get with their communities, dey make dem dey effective to provide servis wey make sense and help carry community members to make sure dem reach everybody.[19]

3.2 Di global state of social contracting for harm reduction – As e carry be

Domestic public financing for harm reduction suppose include process wey go allow community-led, community-based, and civil society organizations to get moni Book wey dey talk or focus only about on social contracting for harm reduction no too plenty. Oda report wen dem write on social contracting for HIV mata eidir describe harm reduction as part of HIV s (like for India and Thailand), or dem no talk anything about harm reduction at all (for example, Brazil). To dey suggest say becos di laws dey punish people wey dey use drugs, n aim make social contracting for harm reduction s no plenty and make govment dey

18 Community systems are the processes, structures, and mechanisms that communities use to coordinate and deliver responses to their health-related and broader social needs. They are essential to strengthening health systems and ensuring that services are designed and delivered to be people-centred, accessible, equitable, cost effective, and accountable. Strengthening the community systems involves development of informed, capable and coordinated communities, and community-based organisations, groups, and structures through capacity building, sustained funding, meaningful engagement, and other enabling factors. (adapted from the Global Fund Community System Strengthening Framework, available at https://www.theglobalfund.org/media/6428/core_css_framework_en.pdf)

19 International Network of People who Use Drugs. Surviving and thriving: lessons in successful advocacy from drug-user led networks [Internet]. 2022; Available from https://inpud.net/surviving-and-thriving-lessons-in-successful-advocacy-from-drug-user-led-networks/

harsh for di mata no good. Di small number of kontis wey get social contracting for harm reduction dey put moni inside prevention to change people behaviour like drop-in centers, needle and syringe s (Thailand), behavioral communication and change (BCC) programs like counseling, awareness, IEC materials, outreach, and HIV testing. Well, for plenty l Kontris, OAT (Opioid Agonist Treatment) dem dey strict for how dem dey manage am dey and naa for govment hand d mata dey, govment, even if naa international donor mon idem dey carry supot di (e.g., Cambodia), or e fit be people or agencies wen govment give license managed by like hospitals, clinics, etc wey fit run di. One study wen dem do for Thailand talk say OAT sites wen govment dey mange get low enrollment and show say pilot community-led OAT sites dey successful to reach people wey dey use drug for inside ghetto areas.[20]

20 Schardt S and Kramarz P (2017) Assessment to improve the Harm Reduction Program in Thailand, 2017. Available from https://www.careevaluations.org/wp-content/uploads/PWID_RTF-Final-Report_S.pdf

Box 4:

Social contracting for harm reduction for Kontris wey dey inside middle-income – Summary of things wen dem find out from Global State of Harm Reduction 2022[21]

Community and organizations wey dey work with people for Global State of Harm Reduction 2022 give us some informate wey show usthings wey dey happen for different parts of di world. We get data for 29 middle-income Kontris, and di main people wey dey give moni for harm reduction na Global Moni, PEPFAR, and USAID. For di Kontris wey talk about how govment dey give moni for harm reduction, most times na di moni wey govment set aside (national govment budgets), and small number of Kontris wey get middle-level moni like South Africa, wey talk say govment for their provinces dey also give moni for harm reduction.

Ten Kontris like South Africa, Sierra Leone, Mauritius, Botswana, Bangladesh, and Thailand, talk say govment dey give moni for harm reduction through social contracting, We no get data on which particular parts of harm reduction di moni dey cover through social contracting. Around 23 people (52%) talk say dem no sabi about social contracting for harm reduction for their Kontris. Total of five Kontris (South Africa, Sierra Leone, Mauritius, Kenya, and Botswana) include harm reduction, mostly treatment for people wey dey use drugs (OAT), as part of Universal Health Coverage (UHC) essential packages of health wey dem dey provide or insurance packages. Wetin surprise me na say people from four of dise five Kontris, except Kenya, still talk say dem dey use social contracting to give moni for harm reduction. Plenty of di people wey talk (93%) say di moni wey govment dey give for harm reduction for their Kontris no dey enof- ne no dey reach or e dey very small, and e no go fit last. Many talk say di main problem na say govment no dey iput moni inside harm reduction, and once di people wey dey give mon- from obodo oyibo stop to give dem moni, harm reduction fit stop for di Kontri.

> One person talk say ***"… for dis kontri, wdon get long time when dem do harm reduction s, but govment never put one penny give di serviss, and e dey very dangerous. Once di people wey dey give moni from outside stop, harm reduction s go just stop for di Kontri."*** — One person from Asia.

> ***"[….] we no get laws wey dey make govment put moni for harm reduction, becos harm reduction never dey inside di law."*** — One person from Africa.

21 This draws upon analysis of 44 responses from harm reduction organisations and networks, drug user organisations, researchers, academics and advocates in 29 low and middle-income countries, gathered through the Global State of Harm Reduction 2022 data collection process.

Di things wey we need to increase social contracting for harm reduction dey available. Di number of LMI Kontris wey get harm reduction for their national policy dey increase,[22] and dem dey implement harm reduction s wey dem give beta attention, even though international donors dey always give dem moni Community and civil society organizations follow for di main people wey dey run di s for many Kontris, including OAT in some Kontris like Nepal and Thailand. Di one wey make sense pass be say, dem dey use social contracting practices to put moni inside harm reduction mata (see examples below) and agencies like Global Moni and UNAIDS dey supot Kontris wey dey try take steps to implement am.

For 2022, HRI do analysis for Indonesia, Kenya, Nepal, Nigeria, South Africa, and Uganda on how dem dey use moni dey run harm reduction for their kontri. Five out of di six Kontris get law wey back social contracting, most times na Public Procurement Act (PPA), but Uganda talk say dem no get a law or process wey dey supot for social contracting. Di word 'social contracting' no dey inside law book for any of di Kontris, but dem know say na some kind of collabo between govment and non-stateactor l (non-profit or community and civil society organizations) wey dey provide moni to help provide servis. For Nepal and Kenya, di Public Procurement Act (PPA) give chance to non-state actors to participate for di process. For Nigeria, dem describe social contracting mata inside Health Policy Act 2007 and Financial Act 2020, in addition to di PPA.

Anyhow e carry be, even though dem get dis laws and policies wey show say community and civil society organizations fit participate for govment moni processes, most of dis Kontris neva implement social contracting for HIV or harm reduction program. Indonesia naa im social contracting policy wen make sense pass among di six Kontris, and South Africa na di only kontri wey dey implement social contracting for harm reduction.

For Indonesia, di Presidential Regulation (No. 16) of 2018 on how to Procurement (buy or provide) of Govment Goods and Serviss get four types of self-management moni.[23] Di Self-management type 3 involve community and civil society organizations as di people wey dey implement and receive govment moni. Dem bin dey apply dis one to all types of community and civil society organizations wey dey involved for development mata, and e no regulate any sector or field in particular (for example, health, HIV, harm reduction). Dem get two ways to select community and civil society organizations for type 3 social contracting; first, naa through direct offer wen only one organization meet di criteria and requirements wey dem set; and second way naa, through bidding competition through proposals. Di criteria for community organizations na evidence to show say dey register their organization, dem dey pay tax, dem get office wen dem dey work, and dem suppose get staff. Dem dey monitor di process through report, supervision visits, and spot-checking. Even though dem get policy and mechanism for social contracting for harm reduction and HIV s, dem never implement am yet.

22 The Global State of Harm Reduction 2022 reported 92 countries with at least one NSP and 87 countries with at least one OAT programme. Available from: https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of- harm-reduction-2022/

23 Self-management (term used in Indonesia) is one of the ways for procuring government goods/services that ministries, institutions, regional apparatuses manage on their own in partnership with other government units or involving community groups. This method has long been used by the Indonesian government. (adapted from webpage https://www.ksi-indonesia.org/en/stories-of-change/detail/1270-achieve-inclusive-development-through-type-iii-self-management)

For South Africa, dem get govment moni through di National Department of Health and di National Department of Social Development for HIV prevention and treatment, and special moni for harm reduction for City of Tshwane (see 4.4). Di National Department of Health, dey transfer about 1% of their budget every year to non-profit organizations, but their target naa bigger civil society organizations and give lesser amounts to smaller community-based organizations. Dem dey select organizations through tenders and invitations to submit business plans wey include targets. Dem dey use legal agreement between di civil society organization and di National Treasury. Dem dey give payments instead of direct servis delivery agreements, even though dem dey depend on results. One issue be say dem dey always delay payments, and dis fit affect organization to continue to dey provide servis. Di percentage wey provinces dey contribute to civil society budgets dey different between di provinces.

4. SOCIAL CONTRACTING FOR HARM REDUCTION IN PRACTICE

Under dis place naa some case studies wey show how different Kontris use social contracting for their HIV and harm reduction pogram. Different Kontris get different methods, but dise examples show how govments dey provide public moni to community and civil society organizations.

4.1 Social contracting for HIV prevention and continuum of care for key populations in Thailand[24]

For Thailand, naa Ministry of Health (MoH) and National Health Security Office (NHSO dey manage social contracting for HIV). NHSO dey moni HIV prevention (for key populations like men who have sex with men, transgender people, male and female sex workers, and people who inject drugs) and continuum of care for people wey dey live with HIV. Also, MoH dey moni HIV prevention for People who inject drugs, prisoners, migrants, and sexual partners of People wey dey live with HIV.

Di NHSO HIV prevention moni, naa NHSO, development partners, and regional/ provincial AIDS committees follow dey manage am, while di care grant for people wey dey live with HIV naa NHSO and Thai Network of People Living with HIV/AIDS dey manage am. Di MoH moni, naa di Disease Department within di MoH, local govments, and civil society organizations, including di regional and provincial health offices dey manage am.

Payment model:

Di NHSO moni or grant for HIV prevention dey use grants or capitation model (see 2.1). Dem dey calaculate di amount wen dem dey carry dey provide HIV prevention package per person (unit cost) in advance, and dem dey provide payment based on di output (work wen dem do), way be di number of people wey dem reach with di package. Grants for care of people wey dey live with HIV (NHSO) and HIV prevention (MoH) dey use project-based

24 International Health Policy Program Foundation (2019) Report of Effective Contracting Model for HIV Service Delivery in Thailand, 2019. Available from https://www.aidsdatahub.org/sites/default/files/resource/report-effective-social-contracting-hiv-service-delivery-thailand-2019.pdf

budget or procurement and contracting model dey do their work (as we carry talk am in 2.1).

Application Process:

- Dem go announce proposal. NHSO go set target for national servis delivery in advance.
- People go submit proposal.
- Regional AIDS committee go come consider die proposal for NHSO, and anoda committee go come consider di proposal for MoH.
- Regional director go come approve di proposal for NHSO.
- Dem go give contract.

Reporting system:

- Reach, Recruit, and Retain data dey record as e dey happen for di Real Time Cohort Monitoring (RTCM).
- Record Test and Treat data as part of di National AIDS me's monitoring system.

Monitoring and evaluation dey happen for provincial and national levels, as dem dey also focus on financial management. Dem dey shook eye for NHSO provincial office check their di activities wey dem implement for di provincial, while di central body dey compile and validate all di provincial expenses.

4.2 Social contracting for civil society and community organizations inside Brazil[25]

Law dey wey dey guide how of Civil Society Organizations carry dey work and dey serve as legal back up for how civil society involvement for Brazil, and di main law na Law 13.019/2014, wey see civil society organizations as independent entities and set clear laws, processes, and procedures for how govment go carry give civil society organizations public moni. Di law get three main parts: clear and transparent contracting mechanisms; sustainability and certification; and knowledge and information management. Di National Council for Development and Collabo naa im dey manage di social contracting mata and decisions.

Di inforate wen dem get for 2017, show say naa, US$ 1.3 million dem give civil society organizations for HIV, STIs, and viral hepatitis work. Dem use bidding processes for two areas – one for combination prevention and anoda for human rights. Combination prevention naa im dey put plenty moni, with US$ 1 million for 14 projects. But no be civil society organizations provide servis, dem bin complement di role of di health system's servis. E no clear weda social contracting include harm reduction servis, even though Brazil include harm reduction for their national drug policy.

25 United Nations Development Programme (2019). Using Social Contracting in National HIV Responses: Country case studies from Africa, the Caribbean, Eastern Europe and Latin America. New York: UNDP

Contracting process:

E dey compulsory for Civil society organizations to register for national database before dem participate for social contracting opportunities.

Na three ways dey wey civil society organizations fit receive moni from govment:

1. 'Term of Development: dis one na moni mechanism wey dey help e civil society organizations apply for moni to develop new methods to use address social problem wey dey ground. addressing recognized social problems. Under dis mechanism, civil society organizations go present proposal wey explain why dem need di moni, and outline goals, activities, timeline, and budget.
2. Second mechanism na 'Term of Collaboration', wey dem dey use engage civil society organizations to dey do public policy wey dey make public offers wey go show di terms and parameters and specific actions wey dem need to do to complement govment actions.
3. Di third mechanism na 'Manifestation of Social Interest', wey dey allow peoples or office dim submit projects wen govment fit decide to open public call for di project.

Di Process:

- Dem go make public announcement for di tender at least 30 days before e close.
- Dem go form selection committee wey go include at least one person wey be full-time staff from di Public Administration and odir sabi people wey sabidii matter wey di tender dey talk about.
- Dem go do assessment 2 times for proposals. First, dem go screen di content and oda technical aspects; din dem go ask those wey pass di first stage to bring betta work plan and due diligence documents.
- Contracting go happen after di second stage.
- Dem go publish di reports for official media wey go allow any citizen monitor di progress of activities and di amount wey dem spend.
- Anodir person wey go be technical supot dey available to help di govment monitor and evaluate projects, and dem go submit or send di result for Monitoring and Evaluation Committee.

4.3 Social contracting for targeted programs for key populations inside India

For India, National AIDS Control Organization (NACO) don dey contract community-based, community-led, and civil society organizations since 1996 under National AIDS Control (NACP). Since din, NACP don set up five phases, and each phase dey last for five years. Phase I pilot social contracting of NGOs and CBOs for HIV prevention s. Phase 2 bring targeted for key populations, local to small-town level, and set up di Management Unit to maintain di. Phases 3-5 bring more guidelines, toolkits, and frameworks to make di

strong, including standard operating procedures for selecting NGOs and CBOs.[26] Govment dey supot di financially, and dem cover pass60% of di total HIV moni, with supot wey Global Moni, World Bank, and oda international agencies dey give.[27]

Special i go include NSP and OAT s, condom promotion and distribution, and linkage to HIV and sexually transmitted infection testing and treatment servis wen dem dey use outreach-based servis delivery model wey community and civil society organizations dey implement.[28]

Each targeted naa base on contract for target wen dem give and di amount wey based on NACO operational and financial guidelines, and govment dey release monis/ moni wen dim dey do quarterly basis to NGOs and CBOs, similar to di procurement and contracting model (as I explain for 2.1). All di payments process dey go through Public Financial and Management System portal, while dem submit reports according to di agreement format by y month end, including final audit report wen di year don finish. Unit costs inform di budgeting for each key population wey targeted dey cover.[29]

Di selection of NGOs and CBOs for NACP dey guided by di NGO/CBO Operational Guidelines wey I summarize below:[30]

1. Govment go announce di call for applications from NGOs, CBOs, and networks through open advertisement for State AIDS Control Societies and NACO.
2. Dem go do desk appraisal for preliminary screening of di applications to shortlist.
3. Dem go do visits people for field to di shortlisted applicants to assess their capacity and effective dem fit provide using confam c template and scoring system.
4. Dem go come do needs assessment for di shortlisted applicants to gadir site prevalence, estimates and determine di wen dem go need.
5. Dem go come do workshop wen dem go talk how to carry writre di proposal development, including documents wey dem go submit for di application process.
6. Dem review di proposals using a comfam scoring matrix and select di final grantees.
7. Dem go help develop di capacity of di grantees.
8. Dem go dey monitor di partners for technical and financial matta.
9. Dem fit extend or terminate di grants.

26 Informed by Government of India National AIDS Control Programme presentation on social contracting and reimbursement mechanism under National AIDS Control Programme in India in Bangkok from August 30-31, 2022 during a regional workshop on social contracting organised by the Global Fund, USAID and UNAIDS.

27 Tanwar S, Rewari BB, Rao CD, et al. India's HIV programme: successes and challenges. J Virus Erad. 2016;2(Suppl. 4):15.

28 Informed by Government of India National AIDS Control Programme presentation on social contracting and reimbursement mechanism under National AIDS Control Programme in India in Bangkok from August 30-31, 2022 during a regional workshop on social contracting organised by the Global Fund, USAID and UNAIDS.

29 Tanwar S, Rewari BB, Rao CD, et al. India's HIV programme: successes and challenges. J Virus Erad. 2016;2(Suppl. 4):15.

30 NGO/CBO operational guidelines: selection—part 1. Delhi: National AIDS Control Organization, India; 2007. Available from: http://naco.gov.in/sites/default/files/16.%20NGO%20CBO%20Operational%20Guidelines.pdf

4.4 Publicly financed city-level for harm reduction for South Africa[31]

Di Community Oriented Substance Use (COSUP) for City of Tshwane get unique, bold, and science-based harm reduction wey govment finance, and non-govment actor, University of Pretoria (UP), dey implement am for dis case.

For 2015, City of Tshwane Mayor collabo e with UP to develop evidence-based for people wey dey use and inject drugs. City of Tshwane donalready already get Memorandum of Understanding with UP wey allow dem to do research. Department of Family Medicine and Community Oriented Primary Care Research Unit of UP conduct survey and analysis of drug use and program, and present di Community Oriented Substance Use (COSUP) to City of Tshwane Mayoral Committee. Dem prepare agreement, and go through oversight processes and legal approval. For May 2016, di City sign servis-level agreement with di University. Di focus of COSUP na "to minimize di health, social, and economic impacts of substance use through di prevention, identification, and resolution of substance use disorders for City of Tshwane, using community-oriented primary care method."[32] Di US$ 3.5 million, 36-month servis-level agreement establish based on di Municipal Systems Act, 32 of 2000.

Governance:

COSUP governance committee na group of directors from City's Department of Health and Social Development; Director of Supot Serviss; Dean of Faculty of Health Sciences; and Head of Family Medicine from University of Pretoria, or their representatives. Dem dey hold committee meetings every three months, and di work of di Governance Committee na to make sure say govment dey accountable, make important decisions, and dey supervise di Management team for govment, wey include di project leads and Deputy Director from di city, dey meet every two weeks, and dem dey responsible for daily operations, allocate resources, assign roles and tasks, and dem dey accountable for all aspects of COSUP operations.

Implementation:

University of Pretoria dey responsible to operate and manage di individual sites. Apart from say di clinical and servis activities, di University also dey responsible to r employ, supot, train, build capacity evaluate, and monitor all staff across all COSUP sites. Research and training dey two important parts of di. University collaborate with different stakeholders to implement COSUP.

Peer educators from di community of people wey dey use drugs dey central to di and servis. Peers dey distribute and collect needles and syringes and provide behavior change di program, and also help people navigate into and between servis. Peers be di first point of contact for people wey want to access COSUP servis.

31 The case study content was prepared by Shaun Shelly at the South African Network of People who Use Drugs (SANPUD).
32 Shelly, Hugo, Kroukamp, Scheibe, Marcus (2015, updated 2016) Implementation of Community Oriented Substance Use Programme in Tshwane: A brief synopsis.

Community advisory groups dey provide regular feedback on di servis. Di groups dey decide how di structure and naa different stakeholders fit led and COSUP also dey interact with homeless people and sex workers.

Financial Arrangements:

Di City don agree to pay 55% of di first-year budget upfront, and dem go continue with quarterly payments for 30 days of receipt of di invoice, similar to di procurement and contracting model (as I explain for 2.1). Di invoice amounts dey described for di budget, and annual budget adjustments must be agreed between City and University before di new contract year starts.

Monitoring:

Di University dey submit monthly reports to City Management, and according to ACT 32 of 2000, a complete progress report naa im dem go come submit for di final year of di three-year contract to make sure say everything dey in order, and measure progress, identify areas for improvement, and inform di next three-year cycle of moni and agreement to use provde servis. ement.

5.CONCLUSION

Overall, different govments don commit to meet di global goals and targets wey dem set for di Global AIDS Strategy 2021-2026, WHO Global Sectoral Strategies, and Sustainable Development Goals. Dis goals dey need govment to increased public moni for harm reduction and advocacy, including community-led programs. Community and civil society organizations naa dem be di pillar of harm reduction s and advocacy for LMI Kontris, and as international donor moni dey reduce, e dey important say all govments dey ready to provide monis to dise organizations for servis delivery, advocacy, and monitoring.

Data wey dey on di extent, scope, and direction of public moni for harm reduction dey limited, and no global systematic for monitoring mata dey to gada dis information. Better data dey necessary to understand how much domestic supot dey for harm reduction and how dem dey do di. Naa lack of quality data dey limit how govments fit make decision on top of how dem go allocate their harm reduction invest or moni. E dey also important to suppot evidence-based advocacy for domestic invest or moni in harm reduction.

Kontris wey don join social contracting of community and civil society organizations inside HIV and harm reduction s don use different methods, and this show say one size no fit all. Instead, social contracting mechanisms dey develop and define within di kontri's social, legal, and policy context. For harm reduction, and community-led programs mata, several elements dey wey go improve its success, including di use of equitable, fair, and transparent processes and govment accountability. Dis dey especially important for communities were dey criminalized and marginalized within societies and by laws and policies wey di same govments wey dey provide moni put in place.

E also dey clear say even with social contracting mechanisms in place, as long as people wey dey use drugs still dey criminalized and marginalized, dem go still face di same marginalization for public financing mata. Alongside advocacy and technical assistance for strong social contracting mechanisms, community and civil society organizations need supot di fight for decriminalization and for political supot for harm reduction.

ANNEX 1: DE ACTIVITIES WEN DEM DO TO DEVELOP SOCIAL CONTRACTING FOR CIVIL SOCIETY

Table 2:

Key activities for developing social contracting to civil society[33]

Steps in the social contracting process	Civil Society Organisations	Government agencies and policymakers	External donors
Review and understand legal and regulatory needs for social contracting mechanisms	Support and engage in analysis on country ability to provide funding to CSOs	Determine which funding mechanism would be the most appropriate for the country context	Assist with the development of the social contracting funding mechanism
Develop/adapt regulatory process for selecting CSOs for contracting	Advocate for transperancy and accountability in the contract selection process	Develop transparent procurement and contracting processes	Provide best practices globally on transparent review and accountability processes
Ensure domestic finances are available for social contracting mechanisms	Conduct analyses of funding sources for social contracting and advocate for annual predictable financing to be included as a budget line item	Ensure adequate, predictable funding is available for social contracting to civil society	Provide seed money for pilot initiatives of social contracting in country
Provide quality implementation and monitoring of publicly-financed services	Strengthen capacity in organisation for management, reporting, and technical monitoring and evaluation for public financing	Develop systems to fund monitor CSO contract work	Assist CSOs and government on effective implementation and monitoring of work

33 Extracted from Regional Platform for Communication and Coordination for Anglophone Africa Hosted by EANNASO report Social Contracting: A Mutual agreement made between the CSOs and the Government. https://eannaso.org/internal-publications/#70-70-community-voices-p2

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