

HARM REDUCTION MESSAGES FOR THE 49TH GLOBAL FUND BOARD MEETING



**HARM REDUCTION
INTERNATIONAL**

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Key takeaways:

- Investment in harm reduction from international donors and governments in low and middle-income (LMI) countries was just 5% of the US\$2.7 billion UNAIDS estimates is required annually by 2025 for an effective HIV response among people who inject drugs.
- Grant Cycle 7 represents a crucial moment for harm reduction programming and for community-led programming.
- However, as Window 1 and 2 countries progress to funding request submission, we are witnessing the serious obstacles that remain to ensuring harm reduction receives due prioritisation within funding requests.

At the 49th Global Fund Board meeting, Harm Reduction International (HRI), the South African Network of People who Use Drugs (SANPUD), VOCAL Kenya, Rumah Cemara and the Eurasian Harm Reduction Association call on Board Delegations to factor in the following priorities:

1. Grant Cycle 7 must uphold the Global Fund Strategy 2023-2025 commitment to communities and community-led programming, in keeping with the UNAIDS 30-80-60 targets
2. The Global Fund must do more to protect harm reduction as a 'Program Essential' in Grant Cycle 7
3. The reduction in catalytic investments threatens the delivery of the Global Fund Strategy on maximising health equity, gender equality and human rights
4. Grant Cycle 7 must fund efforts to increase domestic investment in harm reduction, and broader key population programming
5. Funding for harm reduction in crisis must be protected and prioritised

Key populations, including people who use drugs, account for less than 5% of the global populations, but they and their sexual partners comprised 70% of new HIV infections in 2021.¹ Harm reduction interventions for people who use drugs—such as needle and syringe programmes (NSP) and opioid agonist therapy (OAT) and naloxone for prevention of opioid overdose—are cost-effective, protect against HIV and hepatitis C, and save lives. The 2021-2026 Global AIDS Strategy explicitly prioritises the need to focus on community-led responses and ‘intensify and redouble efforts to scale up comprehensive harm reduction for people who inject drugs in all settings’.²

In settings where investment has met ambition, progress on social and structural enablers, together with community-led responses, have resulted in women, young people, Indigenous people, LGBTQI people and people in prison gaining access to life-saving harm reduction services.³ But harm reduction is woefully underfunded. Investment from international donors and governments in low and middle-income (LMI) countries totalled US\$131 million in 2019 - just 5% of the US\$2.7 billion UNAIDS estimates is required annually by 2025 for an effective HIV response among people who inject drugs.⁴

As the largest donor for harm reduction in LMI countries, providing at least 60% of all international donor support, the Global Fund country grants provide a lifeline to sustain and scale-up programmes reaching people who use drugs.⁵ With the new Global Fund Strategy 2023-2028, Grant Cycle 7 represents a crucial moment for harm reduction programming and for community-led programming, both in terms of funding allocations within country grants, catalytic investments and supporting countries to work towards investing from domestic budgets.

The new additions of harm reduction and human rights as ‘Program Essentials’, the new guidance on funding for viral hepatitis programming and the introduction of the Community Annex are welcome. However, as Window 1 and 2 countries progress to funding request submission, we are witnessing the serious obstacles that remain to ensuring harm reduction receives due prioritisation within funding requests.

We call on the Global Fund Board to utilise all evidence, tools and strategies available to ensure that HIV prevention for people who use drugs and wider key populations, including community-led responses, are central to Grant Cycle 7 HIV programming, in line with the Global Fund Strategy 2023-2025, the Global AIDS Strategy and Global Health Sector Strategies.

We are concerned that the opportunity and intentions of the Global Fund Strategy 2023-2028 and the Global AIDS Strategy to reach the last mile in HIV programming and address inequalities will fall short in Grant Cycle 7 unless further practical measures are taken. We call on the Global Fund Board to ensure that this opportunity is not lost and to empower the Global Fund to fulfil the mandate set by the Strategy and ensure people who use drugs and broader key populations are not left behind.

1. Grant Cycle 7 must uphold the Global Fund Strategy 2023-2025 commitment to communities and community-led programming, in keeping with the UNAIDS 30-80-60 targets

The Global Fund Strategy 2023-2028 emphasises the importance of meaningful community engagement at all stages of the grant cycle, including funding request development and revision post-review, during grant-making cycle and in monitoring. However, in many countries submitting country grant funding requests to the Global Fund for Grant Cycle 7, the involvement of the community of people who use drugs in national dialogues and processes remains far from optimal. Even in countries involvement exists, political will and limited understanding of the importance of harm reduction within HIV responses remain a barrier. This is a fundamental barrier for ensuring communities are at the centre within Global Fund supported programming and for progress towards the 30-80-60 targets within the Global AIDS Strategy.

UNAIDS states that the effective resourcing of community-led organisations, networks and responses is fundamental for connecting key populations to essential prevention, testing, treatment and support services. The COVID-19 pandemic has emphasised the resilient, creative and critical role of community-led organisations and responses. Countries with strong harm reduction programmes and networks of people who use drugs provided some of the best examples of innovation and resilience in adapting service provision and pushing through policy reforms.

Funding for community-led responses must be prioritised within Grant Cycle 7, to strengthen community systems for harm reduction and pandemic preparedness and responses. Commitment to the Global Fund's role in funding community-led responses and reaching the 30-80-60 targets must be evident across the full grant-making structure including within CCMs, within the Secretariat (Country Teams, Fund Portfolio Managers, the GAC) and the Technical Review Panel (TRP). Where political will is lacking and involvement of people who use drugs in national processes is limited, the Secretariat and the TRP must act to ensure commitments of the Global Fund Strategy 2023-2028 are upheld in this regard.

The Global Fund Board must ensure there is commitment to prioritising funding for community-led advocacy and programming across the grant-making structures, both within country grants and catalytic investments.

The Global Fund Board must bolster the tools and strategies in place to support meaningful engagement of people who use drugs and wider key populations in all aspects of programming, from development through implementation to monitoring.

The Global Fund Board must ensure its progress towards community-led response targets within the Global AIDS Strategy can be measured, through internal monitoring of funds allocated, disbursed and spent by community-led organisations.⁶

2. The Global Fund must do more to protect harm reduction as a ‘Program Essential’ in Grant Cycle 7

Harm reduction is over-reliant on the Global Fund, as the primary source of funds for sustaining harm reduction, ensuring access to health care, protecting the human rights of people who use drugs and strengthening community systems. Any reduction in harm reduction funding from the Global Fund will dramatically and disproportionately affect harm reduction programs in LMI countries resulting in service closures, a reversal of gains made in HIV prevention among people who use drugs and ultimately, lives lost. Harm Reduction International (HRI) identified twenty-one countries where harm reduction would be particularly at risk if Global Fund support reduced, due to epidemiological factors, low domestic investment in harm reduction and an over-reliance on the Global Fund.⁷

‘Program Essentials’ are not reinforced by minimum budgetary thresholds or requirements in country grants. There is no obligation to ensure program essentials feature within funding requests and no guarantee they will not be relegated to PAAR. This has often been the fate for community-led interventions, key population and gender-based programming in past grant cycles, as emphasised within TRP reflections,⁸ and there are indications that this pattern is repeating within Grant Cycle 7. It is of particular concern that here harm reduction programming has featured in the original funding request, there is a risk that it may be deprioritised during grant negotiations and final decision-making post-TRP review, without community engagement in these processes. Countries must be supported to integrate the updated guidance on harm reduction from the Global Fund into their national dialogues so that this influences funding request development.⁹ Specifically, countries must be supported to utilise the latest normative guidance on program implementation,¹⁰ to cost all activities for harm reduction, to cover intersectionality and non-injecting drug use (e.g. men who have sex with men who use drugs), to include programming for people who use drugs outside urban areas and to integrate hepatitis C testing and treatment into harm reduction and HIV programming.

The Global Fund Board must support the Secretariat and the TRP to protect harm reduction programmes (and other key population programmes that are particularly reliant on the Global Fund and will be likely to close if this funding reduced) within country grant funding requests.

The Global Fund should create accountability mechanisms to ensure that Program Essentials required to curbe the pandemics are funded adequately and consistently.

The Global Fund Board must ensure harm reduction funding in middle-income countries, where most people who inject drugs live, is protected.

3. The reduction in catalytic investments threatens the delivery of the Global Fund Strategy on maximizing health equity, gender equality and human rights

Catalytic investment funding provides crucial support for areas of programming that are less likely to be prioritised within national plans due to criminalisation, stigma and discrimination. This includes critical support to community-led and civil society advocacy for harm reduction and the legal and policy reform necessary to remove barriers to HIV prevention, treatment and care for people who use drugs.

The replenishment shortfall has reduced the amount available for catalytic funding. It is imperative that this shortfall does not result in a rollback in service quality and in progress made in the reform of laws and policies that impede the HIV response and human rights of people who use drugs. Strategic investments will be necessary in order to protect and build on the gains made through prior Global Fund investment in reducing human rights-related barriers to health services, for example.

Human rights programming is key for effective HIV prevention among people who use drugs. The inclusion of human rights as a 'program essential' is welcome, but for this to feature within funding requests, as with harm reduction, it will be necessary for this to be emphasised and recognised as crucial at all points in the grant cycle. GC7 country grants must tackle stigma and discrimination, remove harmful laws & policies, including through community-led advocacy; and increase legal literacy and access to justice. They must include programming that ensures protection from criminal sanctions for service delivery and the targeting of people who use drugs accessing harm reduction services. Catalytic funding must complement and augment these efforts and the Global Fund must ensure that there is measurable progress in these areas.

The Global Fund's capacity to champion harm reduction and use its diplomatic voice to support and call for law and policy reform as well as catalytic advocacy are crucial for ensuring access to services. The successful implementation of the Global Fund Strategy 2023-2028 depends on the ability of the Global Fund to put people, communities and human rights at the centre of the fight to end pandemics and build a healthier and more equitable world.

The Global Fund must revisit and review the implications of the reduced catalytic funding and make necessary amendments to ensure that critical enablers are adequately funded to meet its own strategic objectives.

The Global Fund Board must protect catalytic investments for community-led responses and human rights initiatives that are crucial to ensuring harm reduction programmes can reach those who need them in LMI countries.

4. Grant Cycle 7 must fund efforts to increase domestic investment in harm reduction, and broader key population programming

The Global Fund investment case outlines the need to catalyse domestic health investments up to US\$59 billion (45% of total resource need) through co-financing requirements and technical assistance on health financing.¹¹ Domestic funding for harm reduction remains limited and determined by political support rather than country-income status. COVID-19 has further constrained health budgets, with many governments scrambling to prop up overburdened and underfunded health systems.

The Global Fund provides crucial funding for advocacy in the context of donor transition, where strong, sustained community-led advocacy is needed to drive domestic investment in high quality, human-rights based harm reduction approaches. The country-level structures established by the Global Fund and the standards with which they operate serve as a blueprint for good practice beyond the life of the grant. As international donors, including the Global Fund, reduce funding for middle-income countries, the success of efforts to increase domestic financing for harm reduction will determine the availability of lifesaving services for people who use drugs and the world's ability to end AIDS by 2030.

The Global AIDS Strategy 2021-2026 envisions empowered, resourced, and integrated community-led HIV responses for a transformative and sustainable HIV response, with the 30:80:60 targets articulating ambition in this regard. The inherent challenges to achieving these goals are great, particularly for already under-resourced networks and organisations operating in punitive environments where they are criminalised.

To avoid set-backs and protect the gains made so far, countries must include community-led, community-based, and civil society actors in transition plans to shift from international to domestic funding. They must ensure structures and mechanisms are ready to channel domestic public funds to these organisations to provide quality, human rights-based harm reduction programmes.

There also must be domestic support for community-led monitoring and advocacy, provided in a manner which does not compromise independence and the ability to scrutinise and hold governments to account. This work to future-proof community systems through transition must begin early to allow for laws and policies to be reformed and new mechanisms to be put in place, or existing mechanisms to be adapted.

Grant Cycle 7 is an important opportunity to support community, civil society and government actions towards domestic public financing and social contracting for key population programming, including harm reduction. Through country grants, catalytic investments and as a technical partner, the Global Fund can emphasise the importance of introducing social contracting mechanisms early and with the meaningful involvement of communities.

This will only happen with strong community and civil society advocacy calling for change. The Global Fund is the largest source of funding for this work and a key mechanism for driving domestic investment through its focus on sustainability and transitions.

The Global Fund Board must prioritise funding for efforts to increase domestic investments in harm reduction and broader key population programming, in particular ensuring domestic funding will support critical community-led services.

We urge the Global Fund Board to track the extent to which matching funds have led to investment in key population programming, including harm reduction. It is imperative that the matching funds mechanism enables the Global Fund to incentivise investment in rights-based, people centred harm reduction where it is needed most.

5. Funding for harm reduction in crisis must be protected and prioritised

During Grant Cycle 7, the impact of Covid-19, the war on Ukraine and ever-rising inflation will continue to negatively affect national economies. It may lead to changes in country income status during the grant cycle. Key population programmes, particularly those that are community-led, are often the first to be affected by restricted funding environments. It will be more important than ever for the Global Fund to ensure fluidity and responsiveness in its approach, including adjusting country envelopes during the grant cycle if required.

We urge the Global Fund Board to ensure adequate funding is available to protect harm reduction in crisis.

We urge the Global Fund Board to ensure quick and timely adaptations to country plans can be implemented in the face of quick-changing crisis situations, including through the use of community-led monitoring and production of data and evidence.

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