

**National Leaders Convening**  
**8 June 2023**

**FOSTERING NATIONAL LEADERSHIP FOR HARM REDUCTION**

On 8th June 2023, HRI, UNAIDS, Rumah Cemara, Vocal Kenya, SANPUD, Recovering Nepal and YouthRISE Nigeria convened government leaders to catalyse interest and engagement on funding for harm reduction. The National Leaders Convening represents the first gathering of its kind with a focus on strengthening shared ambition for increased domestic investment in national harm reduction responses. The event followed the publication of HRI's funding landscape analyses in Kenya, Nigeria, South Africa, Uganda, Indonesia and Nepal, as well as resources on social contracting for harm reduction: <https://hri.global/topics/funding-for-harm-reduction/increasing-funding-for-harm-reduction/>

**Event overview**

Harm Reduction International (HRI), UNAIDS and five country partners (Rumah Cemara Indonesia, SANPUD South Africa, VOCAL Kenya, Recovering Nepal and YouthRISE Nigeria) convened a National Leaders Convening of key government stakeholders with aims of fostering national leadership on harm reduction. The closed meeting brought together a broad range of speakers including Health Secretary, Public Procurement Expert, Health Insurance Managers, Social Contracting Expert and Manager and Community leaders to discuss the opportunities and barriers to domestic public financing for harm reduction. The convening consolidated a shared commitment to addressing the funding gap for harm reduction; and facilitated discussion on better utilisation of the existing funds. It also provided a platform for community and civil society representatives to highlight and amplify budget advocacy efforts.

The meeting featured two panel discussions with 12 panellists from government, technical agencies, and community dissecting the domestic landscape on harm reduction and public financing, including social contracting. This event follows on from the [Leaders Convening in May 2021](#) where HRI brought together leadership from international donors for harm reduction (including the Global Fund, PEPFAR, Robert Carr Fund, Open Society Foundations, Elton John AIDS Foundation and ViiV Healthcare)) and UN agencies (UNAIDS, WHO, UNDP) to strategise on improving the harm reduction funding landscape in low- and middle-income countries.

**Key take away messages and highlight from the National Leaders Convening:**

- There is a [95% funding gap for harm reduction in low-middle income countries](#). Funding for harm reduction reduced by 30% between 2016-2019 primarily due to a decrease in international donor funding.
- The funding gap for harm reduction threatens global health targets. International donor funding remains crucial for services and advocacy. Increased donor investment in community-led responses is crucial and donors sharing evidence of the positive impact of investments is valuable.
- Better data on domestic funding for harm reduction is needed. Using the best available data, HRI found an increase in overall domestic funding and number of governments investing (USD 68 million in 38 countries) in 2019. Investment in community-led responses is very limited, but some governments have shown leadership in recognising the crucial role of communities in the harm reduction response.
- The Global AIDS Strategy 30:80:60 targets within the Global AIDS Strategy [OUTLINE THESE HERE AND LINK TO GAS] are ambitious, but achievable targets. We must prioritise

communities and invest in evidence-based interventions, including harm reduction, in order to end AIDS as a public health threat by 2030.

- While communities are pivotal in the HIV response, the capacity of community-led responses and key populations to contribute towards ending AIDS by 2030 is undermined by acute funding shortages, shrinking civil spaces in many countries and a lack of full engagement and integration in national responses.
- The voices and perspectives of those most affected by harm reduction policies must be heard and considered within decision-making processes, including those relating to domestic budgets. People who use drugs have valuable expertise and experiential knowledge that can inform effective strategies for harm reduction and help to ensure limited funds are invested in effective and cost-effective programmes tailored to local needs. Involving affected communities builds trust, transparency, and collaboration between policymakers and the community. Additionally, it helps challenge stigma and discrimination and promotes empowerment and ownership within the community.
- The Government Health Secretary of Nepal stated community-led and civil society engagement in budget advocacy is necessary to secure national and provincial budget commitments for harm reduction and also made commitment to increase OAT sites in the country.
- There is a need for international donors to move out of a short-term mindset and provide resources for communities and governments to work together in the longer-term. Donors have a critical role in supporting countries to prepare for domestic investment. This could be through providing alternative pathways for continued support or developing mechanisms for communities to have a key role in delivering services.
- Donors must play a critical role in supporting countries to prepare for domestic investment. Opportunities for community-led advocacy and monitoring to protect the quality and scope of services abound in this period of transition such as developing social contracting.
- Public procurement mechanisms often include provisions to provide funding for civil society organisations, including community-based and community-led organisations. For example, in Indonesia, public procurement mechanisms for areas not normally implemented by the government or the private sector (including research, health and social services, community empowerment and education) are increasing because the government acknowledges the crucial role of civil society in these areas.
- There are inspiring models of social contracting for harm reduction, for example, the Community Oriented Substance Use Programme (COSUP) in the City of Tshwane, South Africa. The programme has been providing a human rights-led, evidence-based approach to drugs since 2016 in partnership with the University of Pretoria and communities. The programme is in its 7<sup>th</sup> year of operation and is publicly funded. The COSUP model enables municipalities to maximise their investments in health, drugs, social development, and related services – ensuring the well-being of communities are safeguarded.
- There is potential for harm reduction to be integrated within national health insurance programmes. The NHIF (National Hospital Insurance Fund) in Kenya aims to provide quality health services to all its members and their families, enhance the access and protect against catastrophic health expenditure. The Fund does not have specific provision on harm reduction services for people who use drugs, but domestic funding supports coverage of a range of HIV services in the programme benefit package for its members and charges are waived for poor and marginalised groups. While harm reduction is not currently included, national insurance schemes like these provide a sustainable avenue for harm reduction funding to be integrated.