

HARM REDUCTION MESSAGES FOR THE 51st GLOBAL FUND BOARD MEETING



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Key takeaways:

- Harm reduction is crucial to meeting global health goals and fulfilling the Global Fund Strategy 2023-2028. Harm reduction is severely underfunded in low- and middle-income countries and overly reliant on the Global Fund as the largest donor.
- The Global Fund has an important role in supporting increased domestic investment in harm reduction.
- Community and civil society voice must be protected in the Lusaka Agenda.
- The reduction in catalytic investments threatens the delivery of the Global Fund Strategy on maximising health equity, gender equality and human rights.

At the 51st Global Fund Board meeting, Harm Reduction International (HRI), the South African Network of People who use drugs (SANPUD), VOCAL Kenya, Rumah Cemara, Regional Network of Asian People Who Use Drugs (NAPUD) and the Eurasian Harm Reduction Association (EHRA) called on Board Delegations to factor in the following priorities:

- It is imperative that the Global Fund's funding for harm reduction and wider key population programmes, and support to community-led organisations, is protected and increased, in keeping with the Global Fund Strategy and the Global AIDS Strategy 30-80-60 targets.
- Health financing must include concerted efforts to increase domestic investment in harm reduction and broader key population programming.
- Community and civil society voices must play a central role in the Lusaka Agenda.
- Catalytic investment funding, including multi-country grants, strategic initiatives and matching funds must be prioritised in order to meet the Global Fund Strategy objectives on health equity, gender equality and human rights.

1. Harm reduction is crucial to meeting global health goals and fulfilling the Global Fund Strategy 2023-2028

In 2023, UNAIDS reported that the HIV response for key populations had stalled¹. Weak political commitment, inadequate funding, stigma, discrimination and punitive laws and policies are the key factors hindering progress. Harm reduction interventions for people who use drugs—such as needle and syringe programmes (NSP), opioid agonist therapy (OAT) and naloxone for prevention of opioid overdose—are cost-effective, protect against HIV and hepatitis C, and save lives. Globally, governments have committed to ending AIDS and eliminating viral hepatitis by 2030². 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.’³ The successful implementation of the Global Fund Strategy 2023-2028 depends on the ability of the Global Fund to put people, including those who use drugs, communities and human rights at the centre of the fight to end pandemics and build a healthier and more equitable world.

In 2023, Harm Reduction International (HRI) reported that opioid agonist therapy was available in 88 countries, mostly on a small scale, limited to one OAT medication, unevenly distributed, with no take-home medication and often in the context of counterproductive law enforcement practices. 92 countries have at least one needle and syringe programme in place, although for most, coverage remains below UN recommended levels⁴. Globally, there are an estimated 13.2 million people who inject drugs and around 12% of people who inject drugs are living with HIV⁵. The estimated prevalence of HIV among people who inject drugs ranged from about 5% in Western Europe and North America, to 15–17% in Asia, to over 30% in Eastern Europe and Latin America. Data collated by UNAIDS also shows higher HIV prevalence among sex workers who inject drugs and among transgender sex workers than among non-injecting and cisgender female sex workers⁶.

The World Drug Report 2019 estimates that about 29 million people used ATS in 2017, and 18 million used cocaine. Only a small proportion of people who use stimulant drugs inject them; most smoke, snort or use them orally or anally. The HIV/HBV/HCV risk associated with stimulant drug use is linked to a higher prevalence of unprotected anal and vaginal sex, and of sharing pipes, straws and injection equipment, in some groups of men who have sex with men, sex workers, people who inject drugs and people in prisons. Despite evidence showing that certain subgroups of people who use stimulant drugs are at greater risk of HIV, prevention, testing and treatment programmes for these population groups remain very limited in scope and scale across the globe, and their specific needs are often overlooked⁷.

¹ UNAIDS Global AIDS Update (2023) The Path that ends AIDS. https://www.unaids.org/sites/default/files/media_asset/2023-unaids-global-aids-update_en.pdf

² WHO (2022) Global Health Sector Strategies 2022-2030 <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies>

³ UNAIDS (2021) Global AIDS Strategy 2021-2026. End Inequalities. End AIDS. UNAIDS, Geneva.

⁴ HRI (2022) Global State of Harm Reduction 2022. HRI, London <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>

⁵ UNODC (2023) The World Drug Report https://www.unodc.org/res/WDR-2023/WDR23_Exsum_fin_SP.pdf

⁶ UNAIDS Global AIDS Update (2023) The Path that ends AIDS. <https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023>

⁷ UNODC (2019) HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs Technical Guide https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/hiv-prevention-treatment-care-and-support-for-people-who-use-stimulant-drugs.pdf?sfvrsn=d162259_0

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.⁸ 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.⁹

Key messages

The Global Fund Board must ensure there is commitment to prioritising funding for harm reduction programming and advocacy 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 grant application development through to implementation and 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. Also, to ensure that these interventions are community-led, in reality – by ‘peers’, at the grassroots.

The Global Fund Board must ensure that harm reduction programmes are available and address the needs and patterns of use of non-injecting drug users, particularly people who use ATS.

The Global Fund Board must support the Secretariat and the Technical Review Panel 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 has a crucial role in increasing domestic investment in harm reduction**

Increases in domestic funding for HIV have slowed and are reported to have declined by more than 2% between 2021 and 2022.¹⁰ While low-income and lower middle-income countries show slight increases, it is among upper middle-income countries that domestic resources for HIV have most markedly decreased or stagnated between 2020-2022. These are also the countries that are home to the majority of people who inject drugs. Where governments are investing, budgetary support for harm reduction is often neglected. Granular data on government investments in HIV responses is not readily available, however, numerous national reports indicate that funds are directed to ARV procurement, condoms,

⁸ HRI (2022) Global State of Harm Reduction 2022. HRI, London <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>

⁹ Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. HRI, London. <https://www.hri.global/files/2021/08/09/HRI-FAILURE-TO-FUND-REPORT-LOWRES.PDF>

¹⁰ UNAIDS (2023) HIV response sustainability primer https://www.unaids.org/en/resources/documents/2024/20240117_HIV_response_sustainability

human resources (health service providers) and behavioral change interventions.¹¹ The same is true of national health insurance programmes where these are in place. For instance, the national health insurance schemes in Indonesia, Kenya, Nepal and Cambodia have readily included ART, condoms and behavioral change interventions but continue to omit harm reduction. Insurance policies in some countries align with punitive policies against people who use drugs and explicitly forbid the inclusion of harm reduction interventions. Emergency situation concerning the sustainability of harm reduction services are reported in Albania, Bosnia and Herzegovina, Bulgaria and Romania.¹² When it comes to OAT programs, transition to state funding in some cases leads to interruptions in procurement of OAT medication and psychosocial component of the program reportedly suffers the most and if still available is dependent on international support.¹³

Despite global guidance and evidence of the positive impact of domestic investment, many governments remain reluctant to allocate funding to harm reduction. The Global Fund Strategy 2023-2028 has an increased emphasis on domestic financing, mirrored by expanded capacity within the dedicated health financing department and the enhanced approach to co-financing in Grant Cycle 7.¹⁴ Through working with governments and community-led and civil society partners, the Global Fund has an important role in supporting governments to increase their budget allocations for harm reduction and wider key population programmes. Alongside this, there is a continued need for funding to support community-led and civil society advocacy to maintain and increase political support for harm reduction, to reform laws and policies and to engage in budget advocacy. The Global Fund remains one of the few sources of this vital funding in many countries.

As the largest donor for harm reduction in LMI countries, the Global Fund provides at least 60% of all international donor support.¹⁵ Country grants are a lifeline to sustain and scale-up programmes reaching people who use drugs. The Global Fund must support countries to prioritise harm reduction within their transition plans, to share inspiring examples of domestic investment and dispel the perception of harm reduction as a purely donor funded intervention. Through supporting the development of population size and incidence estimates, the Global Fund can help to fill data gaps and ensure that programme prioritisation is based on accurate evidence. UNAIDS report data gaps to be

¹¹ HRI (2022) Harm Reduction Funding Landscape analysis in Indonesia, Nepal, Kenya <https://hri.global/topics/funding-for-harm-reduction/increasing-funding-for-harm-reduction/>

¹² Drug Policy Network See (2019) Emergency situation concerning the sustainability of harm reduction services in Albania, Bosnia and Herzegovina, Bulgaria and Romania <https://dpnsee.org/2019/11/09/emergency-situation-concerning-the-sustainability-of-harm-reduction-services-in-albania-bosnia-and-herzegovina-bulgaria-and-romania/>

¹³ Regional Platform EECA (2020) Measuring the sustainability of opioid agonist therapy (OAT) – a guide for assessment in the context of donor transition <https://eecaplatform.org/en/oat-a-guide-for-assessment-in-the-context-of-donor-transition/>

¹⁴ The Global Fund (2024) Operational Policy Manual

https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf. The enhanced approach to co-financing includes, among others, increased country ownership and accountability for co-financing commitments, increased clarity on the types of financial and programmatic co-financing commitments made by countries in the context of Global Fund grants, improved routine monitoring and tracking, strengthened data quality, and improved documentation to support co-financing commitments and their realization.

¹⁵ Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. HRI, London. <https://www.hri.global/files/2021/08/09/HRI-FAILURE-TO-FUND-REPORT-LOWRES.PDF>

most substantial for people who inject drugs and transgender women.¹⁶ The Global Fund can also support countries in costing interventions such as OAT, in understanding the cost-benefit of these investments and in navigating optimal procurement options.

The Global Fund can work with multilateral partners, community-led and civil society organisations to provide a platform for inspiration, highlighting the impact of government investment in harm reduction and evidence that strategic advocacy can lead to increased investment and supportive policy reforms (for example in Thailand, India, South Africa and Vietnam). Collaborative and dedicated budget advocacy by HRI and partner has opened doors for social contracting for harm reduction in Indonesia (Rumah Cemara), commitment to continue domestic investment on harm reduction in South Africa (SANPUD) and policy debate on the integration of harm reduction into the health insurance benefit package in Kenya (Vocal Kenya).

Key messages

The Global Fund Board must ensure that the increased government commitment and funding is allocated to harm reduction and wider key populations programmes, which are often not the government priorities; and monitor such government funding regularly.

The Global Fund Board should ensure the sustainability and continuous, uninterrupted care and access to comprehensive harm reduction and OAT programs when pulling out the funding.

The Global Fund Secretariat must be supported to collaborate with harm reduction and key populations activists, civil society and community-led organisations on budget advocacy to bolster its efforts to increase domestic funding. Such collaborations can hold the government accountable to their commitments and ensure that marginalised key populations and harm reduction receives adequate government funding.

The Global Fund must support countries to prioritise harm reduction within their transition plans, to share inspiring examples of domestic investment and dispel the perception of harm reduction as a purely donor funded intervention.

- **Community and civil society voices must be protected in the Lusaka Agenda**

The Lusaka Agenda envisions achieving Universal Health Coverage by accelerating country-led progress through coordinated actions of six global health initiatives, including the Global Fund. As the final product of the Future of Global Health Initiatives (FGHI), the Lusaka Agenda has strategic importance for the global health architecture. However, there are always trade-off with such initiatives and the Agenda threatens to rollback hard fought gains made in community engagement and to perpetuate already shrinking community space. The Global Fund has remained exemplary in centralising communities affected by HIV, TB and malaria within its Strategy and in providing supportive structures for community and civil society engagement in decision-making within the Global Fund Board and at country level. The same is not reflected in the Lusaka Agenda.

¹⁶ UNAIDS Global AIDS Update (2023) The Path that ends AIDS <https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023>

The five key shifts for the long-term evolution of the Global Health Initiative (GHI) ecosystem ignore the leadership and importance of community for achieving equity in health outcomes¹⁷. It undermines the crucial role of community systems as part of health system strengthening, where community stands as the only bridge between marginalised communities and health services. The heavy focus on government leadership for governance, funding allocations and transparency risks further leaving behind those populations criminalised by government policies, including people who use drugs. The Agenda is awkwardly silent on human rights and gender equity, key elements to ensure equitable health outcomes.

The Global Fund model of community leadership and collaboration should directly influence and inspire the Lusaka Agenda's near-term and long-term priorities. The importance of the Global Fund for key populations is unprecedented and must be safe-guarded. The existing conventional Universal Health Coverage schemes such as health insurance, free basic health care services and primary health care are rarely equipped to fully address the needs and provide services to key populations. Given this context, unwavering funding and support from the Global Fund is crucial to ensure that achievements in curbing the epidemics amongst key populations and safeguarding their rights is preserved and promoted.

Key messages

The Global Fund Board must ensure that the Global Fund model of community leadership and collaboration should directly influence and inspire the Lusaka Agenda's near-term and long-term priorities. The importance of the Global Fund for key populations is unprecedented and must be safe-guarded.

The Global Fund board must ensure that achievements in curbing the epidemics amongst key populations and safeguarding their rights is preserved and promoted. Existing Universal Health Coverage schemes such as health insurance, free basic health care services and primary health care, though immensely significant, have limitations to address the needs of key populations and include harm reduction.

- **Catalytic investment funding must be protected in order to deliver on the Global Fund Strategy objectives on 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. Importantly, with increasing emphasis on sustaining the response beyond 2030, catalytic investment funding provides an opportunity to support advocacy and technical support for increased domestic funding. This includes crucial support for civil society to engage in budget advocacy, to monitor co-financing commitments, to advocate for private sector contributions and to ensure quality of programmes during and beyond transition. Overall, funding for advocacy is decreasing and civic space is reducing in many countries. Bilateral donors are increasingly reliant on the Global Fund to meet their strategic objectives in relation to HIV and key populations. Catalytic investment funding remains one of

¹⁷ Future of Global Health Initiatives, 2023. The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process. <https://futureofghis.org/final-outputs/lusaka-agenda/>

the few sources of funding that can support strategic community-led and civil society advocacy. Multi-country grants play a crucial role in supporting activities that are not included within country grants, but that augment and support country grant investments. The positive outcomes achieved through these relatively small investments should not be overlooked or understated.^{18 19}

As the Global Fund 51st Board Meeting gears up to discuss the evaluation of the allocation methodology,²⁰ it is imperative that the catalytic investment funding allocations are examined with consideration for the opportunities lost due to decreased allocations for Grant Cycle 7. The allocation methodology for Grant Cycle 8 must ensure due consideration for the extent to which stigma, discrimination, punitive laws and policies and human rights violations pose barriers the Global Fund strategic objectives and broader global health goals. It should prioritise advocacy and human rights programming that facilitates reaching key populations with life-saving services and ensure that any 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.

Key messages

We urge the Global Fund Board to closely examine the implications of decreased catalytic investment in GC7—including multi-country grants, matching funds and strategic initiatives, in order to inform the allocation methodology going forwards. With decreased civic space and limited availability of advocacy funding, the Global Fund must ensure catalytic investment funds are directed to sustaining the gains made in HIV response for stigmatised and criminalised populations and to incentivise domestic investment in harm reduction, including through multi-country grants.

We urge the Global Fund Board to track the extent to which catalytic investment funds have led to increased 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.

¹⁸ Harm Reduction International, Frontline AIDS (2019) [Why catalytic investments funding is crucial to preventing HIV among people who use drugs.](#)

¹⁹ Schonning, S (2020) [The impact of a multi-country harm reduction advocacy grant in South-East Asia Changing hearts and minds, policies and practices.](#) Harm Reduction International, UK

²⁰ Aidspan 2024. Global Fund sets the agenda. <https://aidspan.org/global-fund-sets-the-agenda/>