

HARM REDUCTION MESSAGES FOR THE 52nd GLOBAL FUND BOARD MEETING



HARM REDUCTION MESSAGES FOR THE 52ND GLOBAL FUND BOARD MEETING

Key takeaways

- Harm reduction funding amounted to USD 151 million in 2022- just 6% of the USD 2.7 billion needed annually by 2025, leaving a funding gap of 94%, which compares to a funding gap of 29% for the overall HIV response.
- Bilateral funding has reduced substantially, and harm reduction is more reliant on multilateral funding than ever before. The Global Fund accounted for 73% of all donor funding for harm reduction in 2022, compared to just 31% in 2007.
- Any reduction in catalytic investments threatens the delivery of the Global Fund Strategy on maximising health equity, gender equality and human rights.
- The Global Fund should step up to safeguard HIV and harm reduction services in Lebanon and Palestine.

Harm reduction funding is a small proportion of the Global Fund investment portfolio, but it is a lifeline for harm reduction programmes in many low- and middle-income countries. For example, in 2022, Global Fund grants enabled programmes to reach 1.1 million people who use drugs with HIV prevention services. The latest data shows that harm reduction's reliance on the Global Fund has increased.¹ **The Global Fund's role in scaling-up harm reduction interventions is more crucial than ever. Decisions made at the 52nd Global Fund Board Meeting on the new allocation methodology 2026-2028, the eligibility policy, catalytic investments and the Sustainability, Transition and Co-financing policy will disproportionately influence the lives of people who use drugs and their access to harm reduction programmes.**

This briefing draws upon recently published flagship civil society monitoring reports on harm reduction programming, policy and funding around the world.^{2 3} We call on the Global Fund Board delegations to consider this evidence in discussions and decision-making at the upcoming 52nd Global Fund Board meeting.

1. Harm reduction funding is in crisis

Harm Reduction International's monitoring research identified USD 151 million in domestic and donor funding for harm reduction in low- and middle-income countries in 2022.⁴ This is more than the USD 131

¹ Harm Reduction International 2024. The Cost of Complacency: A Harm Reduction Funding Crisis <https://hri.global/flagship-research/funding-for-harm-reduction/cost-of-complacency/>

² Harm Reduction International 2024. The Cost of Complacency: A Harm Reduction Funding Crisis <https://hri.global/flagship-research/funding-for-harm-reduction/cost-of-complacency/>

³ Harm Reduction International 2024. The Global State of Harm Reduction. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>

⁴ Harm Reduction International 2024. The Cost of Complacency: A Harm Reduction Funding Crisis <https://hri.global/flagship-research/funding-for-harm-reduction/cost-of-complacency/>

million identified in 2019⁵ but substantially lower than in 2016, particularly when adjusting for inflation. Harm reduction funding accounted for only 0.7% of total HIV funding in 2022, with the harm reduction funding gap standing at a staggering 94% (UNAIDS estimates USD 2.7 billion is required annually by 2025). Furthermore, this gap has hardly changed since 2019, when it stood at 95%.

While funding is in crisis, the proportion of new HIV infections among people who inject drugs increased between 2010 and 2022 (from 6.8% to 8%). People who inject drugs are 15 times more likely to acquire HIV than the general population, although this differs substantially across regions with four regions showing higher than average risk: the MENA region (88 times higher), Latin America (46 times higher), Asia Pacific (42 times higher) and Eastern Europe and Central Asia (EECA) (19 times higher).

Domestic investment in harm reduction was identified in 27 low- and middle-income countries, amounting to USD 49.7 million, representing around one-third of all harm reduction funding identified in 2022. Harm reduction represented just 0.4% of all domestic funding for HIV in 2022. Domestic funding for harm reduction has decreased since 2019, including in middle-income countries, providing further evidence that economic growth does not correlate with investment in key population programming. Shrinking civic space and legal and policy shifts that threaten human rights and further marginalise key populations pose major barriers in an increasing number of countries. In these contexts, domestic funding for key population programming is unlikely, further emphasising the essential role of donor funding to community and civil society to advocate in increasingly constrained environments.⁶

Donor funding for harm reduction in 2022 amounted to USD 101.6 million from eleven donors. This represented 67% of total harm reduction funding that year; a greater share and a greater amount than in 2019, when donor funding was 52% of total harm reduction funding.

Complacency in addressing the harm reduction funding gap has the potential to dismantle the gains made towards ending AIDS. The continued underfunding of key population programming should be a central consideration in determining the Global Fund eligibility policy, allocation methodology and qualitative adjustment process.

2. The Global Fund and Harm Reduction

Harm reduction funding is more heavily reliant on the Global Fund than at any point in the past. In 2022, the Global Fund estimated budgeted harm reduction funding of USD 74.5 million, accounting for 73% of all donor funding for harm reduction, compared to just 31% in 2007. **This dependence means that any decrease in harm reduction funding from the Global Fund is likely to dramatically and disproportionately affect harm reduction programmes in low- and middle-income countries, resulting in service closures and a reversal of gains made in preventing HIV among people who use drugs.** In 2022, it is estimated that the Global Fund's investments helped reach 6.8 million people from key populations with HIV prevention services, including 1.1 million people who use drugs.

While the Global Fund is the largest donor for harm reduction, there remain challenges to maximising opportunities to support effective implementation at the country level. Even where harm reduction plans

⁵ Harm Reduction International 2022. Failure to Fund: The Continued crisis for harm reduction funding. <https://hri.global/flagship-research/funding-for-harm-reduction/failure-to-fund/>

⁶ For example, see the [Rise & Decriminalize Movement of Community-led Networks in CEECA](#)

have been budgeted, there have been difficulties in implementing these plans in some countries due to legal and structural barriers related to drug use. Analysis also showed that the value of unfunded plans for Needle Syringes Programme (NSP) and Opioid Agonistic Therapy (OAT) exceeds those included within main Grant Cycle 6 country grants. **Better data on the continuum of investment from application to grant-making to grant implementation is required to ensure that key populations receive due priority and opportunities to support key population programming are maximised.**

The Global Fund has also lagged behind in effectively monitoring its investments in community-led organisations. In 2020, just under 10% of all funding for prevention for people who inject drugs went to community-based organisations with many of these unlikely to be community-led, the 30-80-60 targets remain far out of reach. In addition, there are no targets in the Global Fund's results database relating to community-led service delivery, suggesting this has not been a priority for its programmes. In 2024, the Global Fund did add community-led organisations to its implementer classification, but this will only identify the principal recipient, not any sub-recipients. **The Global Fund should start collecting data on community-led sub-recipients in order to monitor progress on the 30-80-60 targets.**

3. 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, if not the sole 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.

Bilateral donors are increasingly reliant on their contributions to the Global Fund to meet their strategic objectives in relation to HIV and key populations. Catalytic investment funding remains one of 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.

The Global Fund Board must ensure the allocation methodology 2024-2026 gives due consideration to the extent to which stigma, discrimination, punitive laws and policies and human rights violations pose barriers to the Global Fund strategic objectives and broader global health goals. Advocacy and human rights programming that facilitates reaching key populations with life-saving services should be prioritised. Any shortfall in catalytic investments must 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.

4. Step up to safeguard health, HIV and harm reduction in Lebanon and Palestine.

The genocide in Palestine has claimed the lives of 43,603 Palestinians and wounded 102,292 since October 7, 2023.⁷ In Lebanon, at least 3,243 people have been killed and 14,134 wounded. At least 10 Palestinians were killed while drafting this brief on 12 November 2024. The health care system in Gaza has almost collapsed and nearly 84% of the health facilities have been destroyed or damaged.⁸ The World Health Organization has verified 23 attacks on health care in Lebanon that have led to 72 deaths and 43 injuries among health workers and patients as of 16 October 2024.⁹ The situation is catastrophic and demands urgent action.

The Global Fund has been exemplary in providing emergency funding to sustain essential health and HIV services in countries during conflict and war¹⁰ and similar initiatives should be launched for Lebanon and Palestine. Support for programmes reaching people living with HIV¹¹ and key populations¹² is desperately needed. There is a viable basis and precedent for Global Fund support to community and civil society responses during conflict.¹³ The Global Fund has time and again made such bold, and urgent decisions grounded in humanity and human rights principles. Providing funds to civil society and in particular community-led organisations in these contexts makes a transformational difference. For example, an emergency appeal from¹⁴ in Lebanon highlighted that USD 130,000 would allow the service to directly reach more than 250 people who use drugs with access to Opioid Agonist Therapy (OAT); to provide shelter, mental health support and essential health services to those in need, as well as provide a hotline, coordinate referrals and ensure the well-being of front-line staff for six months. The time to make the move to support Lebanon and Palestine is now or never.

We call on the Global Fund Board to provide emergency funding to sustain essential health and HIV services in Lebanon and Palestine.

⁷ Aljazeera. 2024. Live Update. <https://www.aljazeera.com/news/liveblog/2024/11/12/live-israeli-drone-attack-kills-10-in-gaza-cafe-as-tanks-enter-nuseirat>

⁸ UN Women in Arab States. War on women's health in Gaza. <https://arabstates.unwomen.org/en/stories/press-release/2024/09/war-on-womens-health-in-gaza#:~:text=Cairo%2C%2019%20September%202024%20%E2%80%93%20After,treatment%2C%20electricity%2C%20and%20water>.

⁹ WHO. Attacks on hospitals and health workers jeopardize provision of health in Lebanon <https://www.who.int/news/item/16-10-2024-attacks-on-hospitals-and-health-workers-jeopardize-provision-of-health-in-lebanon>

¹⁰ Global Fund. 2024. Press Release Global Fund Announces Emergency Funding to Sustain Essential Health Services in Northern Ethiopia Amid Conflict <https://www.theglobalfund.org/en/news/2024/2024-08-08-global-fund-announces-emergency-funding-sustain-essential-health-services-northern-ethiopia-amid-conflict/#:~:text=The%20Global%20Fund%20remains%20steadfast,%2C%20and%20Benishangul%2DGumuz%20regions>.

¹¹ UNAIDS recorded 2900 People Living with HIV in 2023 in Lebanon <https://www.unaids.org/en/regionscountries/countries/lebanon> and 98 cases of people living with HIV in Palestine <https://pubmed.ncbi.nlm.nih.gov/31648004/>

¹² 9000 people who inject drugs in Lebanon and 5000 in Palestine <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>

¹³ <https://www.theglobalfund.org/kb/board-decisions/b25/b25-edp21/>

¹⁴ Skoun Emergency Appeal: Urgent Support Needed Amidst Escalations in Lebanon. Disseminated via email.