



A snapshot of PEPFAR funding for harm reduction

The U.S. government pause on foreign aid is affecting impact harm reduction in low- and middle-income countries in a myriad of ways. This document provides information on HIV programmes for people who use drugs directly funded by PEPFAR. It also maps out other existing donors on harm reduction and indicates where domestic investment is in place. It draws from published and unpublished data collected for HRI's [Cost of Complacency report on the harm reduction funding landscape](#) and [Global State of Harm Reduction](#), both published in 2024.

In 2022, harm reduction funding in low- and middle- income countries totalled USD 151 million from both domestic government budgets and international donors, amounting to 6% of the UNAIDS resource needs estimate for an effective response. International donor funding comprised 67% of the total harm reduction funding in 2022.

- After the Global Fund, the largest harm reduction donor providing USD 74 million, PEPFAR was the second largest donor. Total PEPFAR expenditure on programmes for people who inject drugs amounted to USD 7.9 million in 2022. Most of this recorded expenditure went towards HIV prevention programmes for people who inject drugs (81%).¹
- In 2022, PEPFAR funds supported the provision of opioid agonist therapy (known as medically assisted treatment, or MAT, by PEPFAR) to 27,000 people in seven countries (India, Kenya, Kyrgyzstan, South Africa, Tajikistan, Tanzania and Uganda), which represents around 2% of the total number of estimated people who inject drugs in those countries. Around USD 0.5 million was provided in new funding for MAT in Uganda in 2021. The biggest increase in MAT expenditure between 2020-2022 was in South Africa where USD 1.3 million was provided in 2022.
- Due to US Federal regulations, PEPFAR is unable to purchase needles and syringes, meaning that PEPFAR-supported programmes for people who inject drugs were funded in close collaboration with other donors to ensure comprehensive service provision.
- PEPFAR funding in South, South-East and Central Asia included USD 2.5 million on harm reduction-related programmes between 2020-2022.
- The Key Population Investment Fund included some support for harm reduction, e.g. within the four countries that accounted for over half of KPIF funding in 2020 and 2021 (Kenya, Nigeria, South Africa and Uganda), USD 5 million was reported in PEPFAR's dashboard as being spent on people who inject drugs.
- Since 2020, PEPFAR's funding for harm reduction has been predominantly directed towards Kenya, Nigeria, South Africa, Tanzania and Ukraine.²

The impact of the US foreign aid pause has severe implications for people who use drugs in countries where PEPFAR is supporting HIV, HCV and TB programmes more broadly. In addition, stop work orders provided to multilateral agencies receiving PEPFAR support such as UNAIDS, UNODC and pooled mechanisms such as RCF are affecting activities at secretariat, country office and local level, disrupting services and crucial supportive processes that have implications for people who use drugs such as community-led monitoring and the roll-out of sustainability road maps.

¹ This does not include PEPFAR expenditure in Ukraine in 2022 as reporting requirements were removed following the Russian invasion.

² Data on PEPFAR harm reduction expenditure in Ukraine was not available for 2022 as reporting requirements were removed after the Russian invasion.

Table 1: Mapping PEPFAR funding for harm reduction programmes

	Countries	Number of people who inject drugs ³	HIV prevalence among people who inject drugs (%) ⁴	Harm reduction programme components supported by PEPFAR ⁵	Identified PEPFAR funding for harm reduction in 2022 (USD) ⁶	Notes on wider donor and domestic resources supporting harm reduction programme components (2022) ⁷
1	Myanmar	92,798	34.9	Non-service delivery - Surveillance, research, policy, planning	259,016	Global Fund (OAT, NSP)
2	India	288,717	9.0	Non-service delivery - Medication assisted treatment programme and others	123,236	Global Fund and Government (OAT, NSP); Elton John AIDS Foundation
3	Kazakhstan	79,900	7.6	Service delivery - Community mobilisation, behaviour & norms change	38,403	Global Fund (NSP); Government (OAT); Elton John AIDS Foundation
4	Kenya	27,056	11.3	Service delivery - Medication assisted treatment programme and others	1,751,312	Global Fund (OAT); Elton John AIDS Foundation
5	Kyrgyzstan	17,379	16.5	Service delivery - Medication assisted treatment programme, community mobilisation, behaviour & norms change, PrEP	241,495	Global Fund (OAT, NSP); OAT transition plan to government
6	Mozambique	33,000	35.3	Service delivery - Community mobilisation, behaviour & norms change	174,453	Global Fund (OAT, NSP)
7	Nigeria	177,500	10.9	Service delivery - Community mobilisation, behaviour & norms change	1,365,765	Global Fund (OAT, NSP); ViiV Healthcare
8	South Africa	75,701	21.0	Service delivery - Medication assisted treatment programme, community mobilisation, behaviour & norms change, PrEP	1,868,455	Global Fund (OAT, NSP); Government; Elton John AIDS Foundation
9	Tajikistan	18,200	8.9	Service delivery - Medication assisted treatment programme	223,770	Global Fund (OAT, NSP); Government; Elton John AIDS Foundation
10	Tanzania	30,000	14.0	Service delivery - Medication assisted treatment programme	1,842,751	Global Fund (OAT, NSP)
11	Uganda	9,500	17.0	Service delivery - Medication assisted treatment programme	60,361	Global Fund (OAT, NSP)
	Grand Total				7,949,017	

³ Data taken from [Harm Reduction International \(2024\) Global State of Harm Reduction](#)

⁴ Data taken from [Harm Reduction International \(2024\) Global State of Harm Reduction](#)

⁵ Data coding categories from PEPFAR online dashboard (data downloaded 30th November 2023)

⁶ USD figures from PEPFAR online dashboard (data downloaded 30th November 2023)

⁷ Data taken from [Harm Reduction International \(2024\) Cost of Complacency. A Harm Reduction Funding Crisis](#) and Global Fund Funding Requests