HARM REDUCTION MESSAGES FOR THE GLOBAL FUND BOARD – POST 8th REPLENISHMENT

HARM REDUCTION INTERNATIONAL

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Key messages:

- Before the seismic shifts in the funding landscape in 2025, harm reduction funding in low- and middle-income countries amounted to USD 151 million - just 6% of the USD 2.7 billion needed annually by 2025 - leaving a funding gap of 94%.
- The loss of funds from the second largest donor for harm reduction - PEPFAR, and the subsequent Global Fund Grant Cycle 7 (GC7) reprioritisation process have brought harm reduction to its knees in many countries, with services closing, community programmes such as outreach and advocacy halted.
- Harm reduction is more reliant on the Global Fund than ever before, and it was already the source of 73% of all donor funding for harm reduction before 2025.
- Where in place, domestic funding protected harm reduction services in 2025, but not enough countries are investing and community programmes are not covered through domestic funding.
- To ensure access to life-saving services for people who use drugs and to retain the gains made so far, harm reduction programmes and key areas such as advocacy, community-led monitoring and legal and policy reform must be protected within Grant Cycle 8.

Key recommendations:

- **The replenishment shortfall must not widen the funding gap for harm reduction or further decimate programmes for people who use drugs and their partners.**
- **Funding for community systems and community-led harm reduction should be prioritised. Where cuts have been severe, it is communities that have remained resilient and innovative during service chaos.**
- **Co-financing and strengthening domestic health financing must be prioritised in GC8, with communities at the centre, engaged from the outset with government and technical partners. Social contracting to ensure funds reach community-led and civil society organisations must be a strategic priority.**
- **Communities and civil society must be supported to engage in budget advocacy to mobilise domestic funding for harm reduction.**
- **The Global Fund must monitor their allocations and expenditure in GC8, disaggregated by key populations.**

Harm reduction funding is a small proportion of the Global Fund investment portfolio, but it is a lifeline for harm reduction programmes in many LMI countries. As the largest donor to harm reduction and with the loss of PEPFAR support, the role of Global Fund is more critical than ever to ensure harm reduction programmes continue and sustain the gains made so far. The reprioritisation process, while protecting funds for life-saving harm reduction services in many countries, has halted planned scale-up and led to the reprioritisation of funds from advocacy, law and policy reform and human rights programming crucial for the effectiveness and accessibility of harm reduction services.

We call on the Global Fund Board to centre those left most behind within strategic decision-making on GC8, including people who use drugs and their partners. The replenishment shortfall must not widen the funding gap for harm reduction or further decimate programmes for people who use drugs.

An overview of the impact of funding cuts on harm reduction

The impact of US funding cuts on harm reduction has been immediate and far-reaching. Many harm reduction services closed overnight, or were forced to operate at significantly reduced capacity, with community-led services hardest hit. The reduced community system programmes such as advocacy, monitoring, outreach, training, campaigns and the loss of skilled human resources have been consistently reported across countries, even those with some level of domestic funding for harm reduction. These losses have been further exacerbated by the Global Fund GC7 grant reprioritisation process with service reductions and the cancellation of proposed scale up of national harm reduction programmes.

HRI's Global State of Harm Reduction 2025 found that almost 92% of respondents deemed harm reduction to be under threat in their country, with 62% describing the threat as high or critical. Many governments continue to prioritise spending vast amounts on punitive drug policies, instead of investing in cost-effective policies rooted in health and prioritising communities.

Impacts of the funding cuts to harm reduction in South Africa[1]

The abrupt withdrawal of U.S. government funding through PEPFAR in early 2025, combined with a 16% reduction in Global Fund allocations under Grant Cycle 7 (GC7), has triggered a public health crisis with immediate and devastating consequences. South Africa's harm reduction system stands at a breaking point. Within weeks of the U.S. executive orders, nearly 40 USAID-funded projects were terminated, leading to the retrenchment of over 8,000 frontline HIV staff and the collapse of prevention and harm-reduction services, with service closures concentrated in six metros/districts with large key populations. An estimated 166,354 key population clients lost HIV prevention or treatment access. Opioid Agonist Therapy (OAT) sites in Tshwane and Ehlanzeni closed or curtailed services, and >5,000 people who use drugs lost access to OAT, needle and syringe programmes (NSPs), HIV testing, and other lifesaving interventions, leaving thousands without care and treatment.

The Global Fund CCM had allocated US$25.3m for prevention programmes for people who inject drugs and their partners in GC7. This was reduced to US$16.7m after the GC7 reprioritisation process. The move from NACOSA to Aurum as the principal recipient raised concerns about reduced community ownership and led to fewer community-led sub-recipients (from six to four). COSUP (Community Oriented Substance Use Programmes) in Tshwane is municipally funded, providing some insulation amid funding chaos. This became a safety net for thousands of clients who would otherwise have been left without medication or sterile injecting equipment. Community resilience prevailed with innovations in the face of disruption, saving lives by continuing critical services, monitoring changes and forging advocacy for additional support. Peer networks stepped in where formal systems faltered, ensuring people knew where and how to access life-saving services. But this resilience should not be mistaken for sustainability. **Funding for community-led harm reduction must be prioritised in GC8.**

Impacts of the funding cuts to harm reduction in Indonesia[2]

Harm reduction services in Indonesia have been integrated into government-provided primary healthcare services, funded by national and local government budgets and supplemented by international donor, bilateral and multilateral funding. This cushioned harm reduction programmes from US funding cuts in 2025, though there were some impacts for harm reduction services and their clients. While clients could still access healthcare, the availability and breadth of service provision was reduced. For example, peer support groups and study clubs which provide learning spaces and psychosocial support for members, have been reduced. As stated by a local government interviewee, harm reduction services avoided

[1] See full report here: https://hri.global/publications/breaking-point-the-impact-of-us-funding-cuts-on-harm-reduction-in-south-africa/
[2] See full report here: https://hri.global/publications/the-impact-of-us-funding-cuts-on-harm-reduction-in-indonesia/

disruption because they are funded by national and regional budgets. **Efforts to strengthen domestic health financing must keep communities at the centre, including people who use drugs, with meaningful engagement from the outset, and social contracting and budget advocacy as strategic priorities.**

Impacts of the funding cuts to harm reduction in Kenya[3]

The US funding cuts in Kenya impacted at least 11 of the country's 15 OAT sites, resulting in OAT service disruptions, human resources lost and reduced outreach, leading to OAT clients rationing or sharing their medication. Service users lost contact with clinics, lost access to OAT and there has been an increase in overdoses as a result. From January to June the rate of new OAT client induction declined significantly, only reaching 50% of the target. The impact in Kenya varied from region to region - Mombasa experienced the most acute OAT stock-outs and overdose spikes, while Nairobi had staff losses and reduced outreach activities, and Kisumu reported diminished availability of psychosocial support and needles and syringe programmes. The situation was further exacerbated by fragmented coordination on harm reduction advocacy, no formal budgetary commitments from the government and reduced allocations due to the Global Fund reprioritisation process. **Funding for the continuation of life-saving harm reduction services must be available in GC8, including increased access to naloxone for overdose prevention, particularly where OAT service disruptions have been experienced, in line with WHO guidance.**[4]

A dangerous road ahead - implications for the global HIV response

Wider HIV prevention and treatment services have also been impacted, with reduced service and outreach capacity. Access to HIV testing, treatment and pre-exposure prophylaxis (PrEP) have been severely affected, putting the UNAIDS 95-95-95 targets to end AIDS as a public health threat by 2030 in even further jeopardy. Alongside the dismantling of the United States' aid programme, there have been reductions in development assistance from several other donor countries. Modelling suggests that the US funding cuts could lead to an additional 3,739 new HIV infections and 6,770 new HCV infections over the next year due to the combined impact of disruptions in OAT and NSP, equating to an 8.3% and 7.9% increase in HIV and HCV incidence among people who inject drugs respectively.[5] The impact of the Global Fund GC7 reprioritisation process will likely increase these numbers.

Recent UNAIDS data show that people who inject drugs account for 7.8% of new HIV infections globally. People who inject drugs are 34 times more likely than the general population to acquire HIV, up from 31 times more likely in 2010. Outside Sub-Saharan Africa, this rises to 55 times more likely. The recent rapid increase in new HIV infections in Fiji, in large part attributed to unsafe injecting drug use,[6] illustrates the urgent need for harm reduction programmes.

The Global Fund's role in keeping harm reduction alive

Harm reduction is more reliant on the Global Fund than ever before. In 2022, the Global Fund was the source of 73% of all donor funding for harm reduction with an estimated USD 74.5 million supporting HIV

[3] To be published

[4] WHO 2025 Opioid agonist maintenance treatment as an essential health service: implementation guidance on mitigating disruption of services for treatment of opioid dependence https://www.who.int/publications/i/item/B09543

[5] Mutai KK, et.al (in review) Modelling the potential impact of the suspension of US PEPFAR funding for opioid agonist therapy and needle and syringe programmes on HIV and Hepatitis C transmission among people who inject drugs.

[6] https://www.unaids.org/en/resources/presscentre/featurestories/2025/july/20250725_fiji; Fiji faces major HIV outbreak - The Lancet

prevention programmes reaching 1.1 million people who use drugs.[7] Many countries with significant numbers of people who inject drugs and high HIV and HCV prevalence among people who inject drugs heavily are 90-100% reliant on the Global Fund for harm reduction funding.[8] The number of such countries will increase in the absence of PEPFAR support. Any slight reduction in Global Fund harm reduction funding, without mitigation measures, can lead to rapid escalations in overdose deaths and HIV and HCV infections and threaten progress towards global health goals.

In addition, the Global Fund has a key role to play in supporting countries to increase their domestic investments in harm reduction and wider key population programmes. Domestic funding is key to sustaining the HIV response and yet, many governments are yet to commit for harm reduction and wider HIV prevention programmes. Through co-financing, technical support to governments and supporting community-led and civil society advocacy, the Global Fund can support countries to take decisive action to institutionalise harm reduction and build resilient, domestically owned responses.

The Global Fund has the opportunity to double down on efforts to reach those most left behind in GC8. It is the only entity that can ensure communities remain at the centre throughout the dramatic shifts ahead, ensuring that innovations reach those most in need, and that cost-saving measures such as integration of harm reduction services does not lead to the systemic exclusion of people who use drugs. **Let GC8 be a testament to the power of communities, the innovations that reach those most left behind, and the domestic funding that keeps community-led and civil society organisations at the heart of harm reduction.**

[7] HRI 2024 Cost of Complacency: A Harm Reduction Funding crisis. https://hri.global/flagship-research/funding-for-harm-reduction/
[8] Harm Reduction International, 2025- Countries priority list through harm reduction perspectives- unpublished