

HARM REDUCTION MESSAGES FOR THE UNAIDS PROGRAMME COORDINATING BOARD



**HARM REDUCTION
INTERNATIONAL**

HARM REDUCTION MESSAGES FOR THE UNAIDS PROGRAMME COORDINATING BOARD

Key messages:

- Harm reduction in low- and middle-income countries is fighting for survival. The US funding cuts in 2025 led to service closures, curtailment, and loss of essential peer workers in many countries.
- Advocacy capacity and community leadership is suffering. The funding crisis hit community-led organisations and so-called "non-life saving activities" the hardest, reducing communities' capacity to advocate at a time when it is more necessary than ever.
- Harm reduction expertise across the UN is disappearing. UNAIDS, WHO, and UNODC have all faced significant financial cuts this year, including to human resources, resulting in a distinct loss of harm reduction experience and allyship. Harm reduction and people who use drugs must find an adequately resourced home within the UN system.
- A responsible, planned transition must ensure that the mandates, and funding, related to harm reduction and people who use drugs find an adequately resourced home within a UN agency that can demonstrate supports for, and commitment to, harm reduction from the top-down and the necessary capacity and will to do this lifesaving work.
- Communities remain resilient. Despite loss of funding, communities have reacted to the emerging crisis to fill the gaps left by services reducing capacity or ceasing altogether. The success of the HIV response has always been inseparable from the strength of community-led action.
- New HIV infections are increasing. As predicted by UNAIDS modelling, we are already seeing the epidemiological impact of the funding crisis. The sharp rise in numbers of people living with HIV in Fiji should be a wakeup call for governments on what can happen when harm reduction is not in place.

Key recommendations:

- **Community-led organisations and civil society must be meaningfully involved in all stages of UN restructuring.**
- **Comprehensive planning for a responsible transition away from UNAIDS must be put in place, especially for mandates related to harm reduction and people who use drugs - something that is simply not possible within the UN Secretary General's proposed timeframe for sunseting in 2026.**
- **Funding and support 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.**
- **Strengthening domestic health financing must be prioritised to maintain continuity of harm reduction services, with communities at the centre, engaged from the outset with government and technical partners. Social contracting must be utilised to ensure funds reach community-led and civil society organisations must be a strategic priority.**
- **Meaningful engagement with communities and civil society must be maintained beyond the lifespan of UNAIDS, and should be non-negotiable regardless of which UN entity takes on responsibility for the harm reduction mandate.**
- **UNAIDS data collection mechanisms must be maintained and continued beyond the lifespan of the joint programme.**

UNAIDS has been a leader within the UN system when it comes to engaging communities and civil society, advocating for decriminalisation, promoting community-led programming, collecting disaggregated data, and centering human rights. The work of UNAIDS is more critical than ever to ensure harm reduction programmes continue and sustain the gains made so far. The UN80 process and proposed sunseting of UNAIDS leaves this up for negotiation and threatens the future of the HIV response.

We call on the Programme Coordination Board, in particular Member States and the PCB Bureau, to centre those left most behind, including people who use drugs, in the restructuring process.

Impact 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.

Our research has 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. Our report shows a significant reduction in the capacity of harm reduction services, particularly in a number of low- and middle-income countries, with services closing, reducing operating hours, and losing peer outreach workers.

Throughout this, however, communities have shown resilience, acting as informal distribution services, developing informal overdose response mechanisms, and sharing information within networks. Community-led organisations are doing extraordinary work with minimal support, but without dedicated and consistent funding, their ability to protect health and save lives is at risk.

Implications for the HIV Response

Modelling suggests that the US funding cuts could lead to an additional 3,739 new HIV due to the combined impact of disruptions in OAT and NSP, equating to an 8.3% increase in HIV incidence among people who inject drugs.¹ UNAIDS own modelling predicts the permanent discontinuation of PEPFAR funding will lead to an additional 6.6 million HIV infections and 4.2 million AIDS related deaths over five years.²

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,³ illustrates the urgent need support harm reduction programmes and center the voices of people who use drugs.

UNAIDS Future Role

UNAIDS has played a vital role in advocating for harm reduction, centering communities, and upholding the human rights of key populations. With the proposed sunset of the joint programme we risk losing a leading voice championing the communities being left behind elsewhere in the UN system. We must ensure communities and civil society are involved in all stages of the UN restructuring process - including by ensuring the level of engagement within the joint programme is maintained and exceeded in other UN entities taking over the key population mandate.

UNAIDS 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. Integration into public health systems must be done with the involvement of community-led organisations due to their vital role in building the trust of communities - as outlined in the NGO Report.

The progress made towards ending AIDS as a public health threat by 2030 must be sustained.

¹ 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.

² <https://www.unaids.org/en/impact-US-funding-cuts/About>

³ https://www.unaids.org/en/resources/presscentre/featurestories/2025/july/20250725_fiji; [Fiji faces major HIV outbreak - The Lancet](#)