

**INVESTING IN ADVOCACY  
TO INCREASE HARM  
REDUCTION FUNDING:  
EVIDENCE OF WHAT WORKS**



**HARM REDUCTION  
INTERNATIONAL**

**Harm Reduction International (HRI) envisions a world in which drug policies uphold dignity, health and rights. We use data and advocacy to promote harm reduction and drug policy reform. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense.**

Investing in harm reduction saves lives, promotes justice and protects human rights. While a record number of countries now recognise harm reduction in national policy, a severe downturn in donor funding, particularly the withdrawal of US funds, has created the most severe threat to progress in decades. Harm reduction services have closed, staff have been lost and decades of public health gains are at risk. With fewer resources available, the need to keep making the case for investment in harm reduction is vital.

In 2022, we received a four-year grant from the Elton John AIDS Foundation to increase harm reduction funding. We focused on three aims:

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### 01

Build an intersectional movement which supports funds being redirected from punitive policies and programmes to those that support safe and healthy communities, including for harm reduction.

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### 02

Influence donor policies, processes and strategies to support funding for harm reduction.

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### 03

Increase domestic political support for harm reduction in low-and-middle-income countries (Indonesia, Kenya and South Africa).

In July and August 2025, we evaluated the grant's impact so far.<sup>1</sup> The results showed how relatively modest investment in advocacy work can significantly increase political support and funding for harm reduction, both internationally and domestically – and why providing this financial backing matters more than ever before.

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1. To do this, we conducted a full evidence review, analysed data from the Divest/Invest advocacy campaign, interviewed three HRI staff, three country partner representatives, four collaborative stakeholders and five representatives from donors and multilateral organisations.

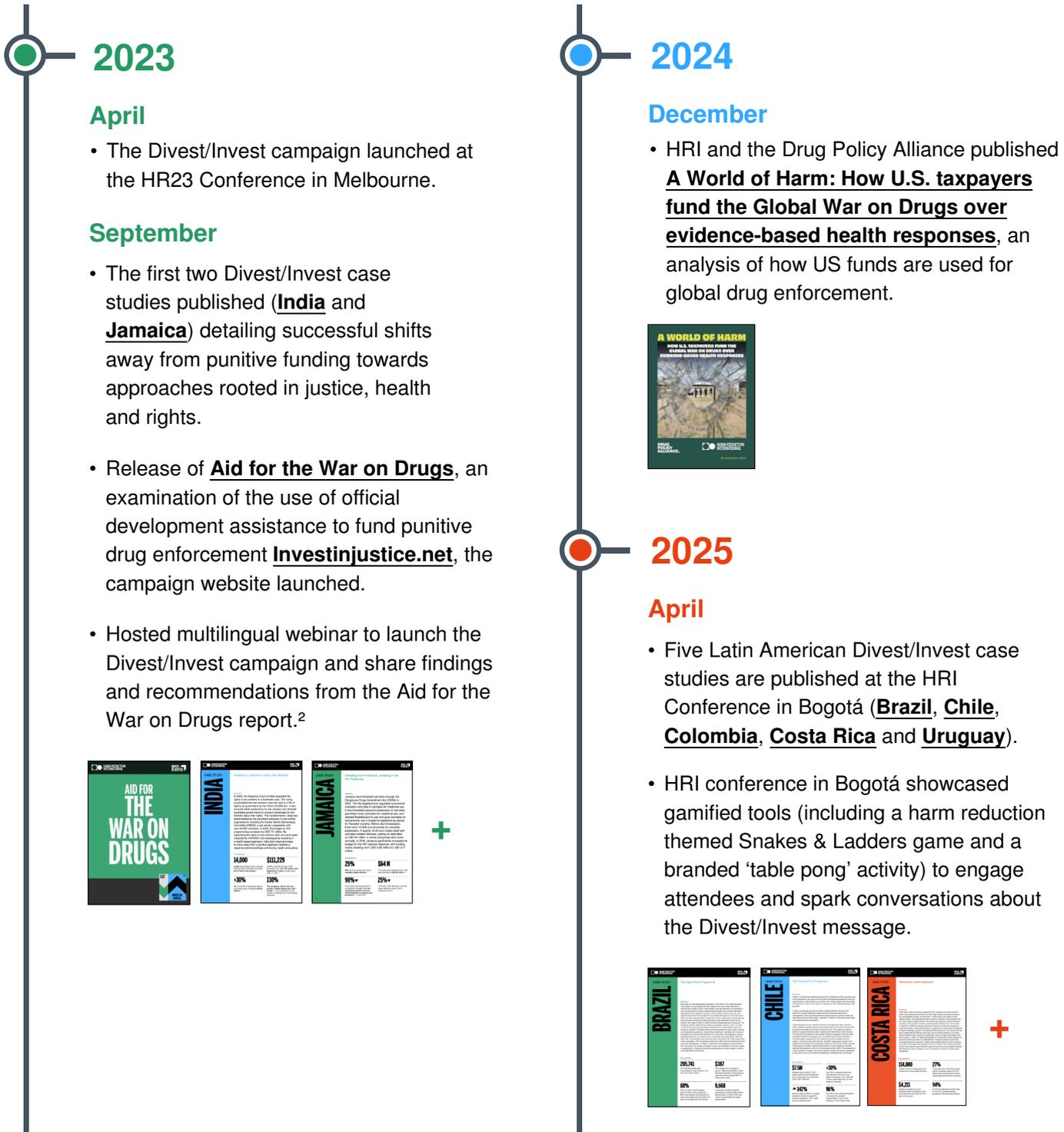
01

**WHAT WE'VE  
ACHIEVED SO FAR?**

# 1.1 THE DIVEST/INVEST CAMPAIGN

We launched a campaign calling on governments and donors to divest from the unjust and ineffective war on drugs and invest in programmes that prioritise community, health and justice.

## Campaign Timeline



2. Available in English, French and Spanish. See [www.youtube.com/@HarmReductionInternational/videos](https://www.youtube.com/@HarmReductionInternational/videos).



## Impact

### A Powerful Message

Stakeholders told us the campaign framing was strong, pragmatic and compelling.



**We're not asking for new money, we're asking for money that is already being spent on the wrong thing, and we're asking for that to be redirected. It's a brilliant, very powerful argument to make."**

Jamie Bridge, International Drug Policy Consortium

### Strong and Original Analysis

[Aid for the War on Drugs](#) generated substantial media coverage, including this piece in [The Guardian](#), and has been continually used in advocacy efforts. Both this and A World of Harm were praised for the "newness" of their analysis. Both reports gained traction with wider audiences and were considered to fill crucial evidence gaps.

### Building a Broad Movement for Harm Reduction Funding

The campaign's framing enabled HRI to work with social justice actors beyond harm reduction circles, such as those advocating for racial justice, rights for women, LGBTQI+ people, sex workers, environmental justice and Indigenous communities. We shared the Divest/Invest message at numerous social justice conferences and events, and released co-authored reports and joint statements to increase the campaign's impact.



**What I love about Divest/Invest is that it really connects the dots ... it's this umbrella campaign."**

Theshia Naidoo, Drug Policy Alliance

# 1.2 TRACKING HARM REDUCTION FUNDING AND ADVOCATING FOR INVESTMENT

We provide advocates and policymakers across the world with credible and relevant harm reduction funding data, which they use to advocate for increased investment and political support. This is essential to ensure that harm reduction is not lost amid competing priorities in global health agendas.



**HRI is exceptionally strong in terms of data. We see HRI as a reliable partner, both in terms of project management and the data – we know that it's validated, that it's strong, that we can reference it. HRI is an expert organisation on harm reduction funding."**

Dasha Ocheret, UNAIDS

We have developed a unique methodology for tracking and analysing harm reduction funding in low- and middle-income countries. This analysis combines multiple sources, including data collected and provided by civil society and communities of people who use drugs, which gives it additional legitimacy. Our data is widely used and respected by multilateral organisations, donors, governments and civil society, and it has enhanced both the accuracy of donor reporting and the credibility of civil society advocacy.



**It's like a shadow report ... coming from the communities ... it's a very valuable source ... For donors who are specifically targeting funding for harm reduction ... the HRI information is very, very important..."**

Fariba Soltani, UNODC





## Turning tracking data into evidence-based advocacy resources

[The Cost of Complacency](#) (June 2024) is a flagship advocacy report which examined levels of harm reduction funding in low- and middle-income countries and builds on our previous landmark report [Failure to Fund](#).

## Assessing the funding landscape

To increase domestic support and funding for harm reduction, we worked with partners in [Indonesia](#), [Kenya](#), [South Africa](#), [Nepal](#), [Nigeria](#) and [Uganda](#) to carry out landscape analyses and identify budget advocacy opportunities.

## Counting the costs of US funding cuts

We worked with partners in Kazakhstan, Kenya, Kyrgyzstan, Mozambique, Nigeria, South Africa, Tajikistan, Tanzania, Uganda and Zambia to outline [the impact of US funding cuts on harm reduction services](#). This has been instrumental in enabling advocates to hold governments and donors to account as the consequences of the cuts unfold.

Through consistent engagements and sharing evidence in submissions and briefings to the Human Rights Council, the UN Commission on Narcotic Drugs and the Global Fund to Fight AIDS, Tuberculosis and Malaria, plus engagement at HRI Conferences, the UNAIDS PCB and other events, we helped keep harm reduction on the agenda of key funding agencies, most notably the Global Fund, and become more prominent in donor policies and practices.



**They're very strategic in terms of always letting us know what is happening and engaging us ... it helps harm reduction preserve its space in these global and regional-level conversations. Without these efforts on the global level, it would be even harder to have harm reduction included in discussions on the country level."**

Dasha Ocheret, UNAIDS

# Impact

HRI's robust and credible evidence has been used by advocates, donors and UN agencies to increase financial and political support for harm reduction. The following positive shifts were secured during the grant period, as a result of evidence-based advocacy and the collective efforts of community and civil society, UN agency staff and donors.

## UN Commission on Narcotic Drugs

In 2024, the UN CND adopted Resolution 67/4. This resolution was groundbreaking in two distinct respects. First, it marked the first time in the history of the CND that a resolution explicitly referenced "harm reduction," signalling a significant normative shift within the UN's central drug policy body. Second, it was adopted through a recorded vote, another 'first-time' in a long time; which underscored both the political sensitivity of the issue and the strength of support required to secure its passage. This landmark achievement followed years of sustained, evidence-based advocacy from many harm reduction and drug policy advocates around the world, including HRI. Through the Global State of Harm Reduction and ongoing policy monitoring, HRI has provided credible, comparative data to shape deliberations at the international level, including at the CND. Our consistent interventions, in a form of oral statements and technical briefings and meetings, including with member states and other relevant actors to raise the issue, have helped build political space for the formal recognition of harm reduction within UN drug policy frameworks.

## Global Fund

Funding for needle and syringe programmes increasing by over 50%, from Grant Cycle 6 to Grant Cycle 7.<sup>3</sup> Grant Cycle 7 elevated harm reduction to a 'programme essential', allowed hepatitis responses to be funded outside HIV co-infection programming and disallowed abstinence-focused programming. In South Africa, our partner SANPUD (South Africa Network of People Who Use Drugs) secured a 43% budget increase for harm reduction services between Cycle 6 and 7 (R436.5m or USD 23.9m).<sup>4</sup>

## PEPFAR

Budget data for 2024/2025 showed that PEPFAR's harm reduction funding was set to more than double from 2022, reaching USD 17.5m<sup>5</sup> before US funding cuts were announced.

**Funders Concerned about AIDS (FCAA)** reported a 21% increase in philanthropic funds for HIV programmes for people who use drugs between 2022 and 2023, the highest funding level in five years.

3. See The Global Fund, ['Financial Insights>Budgets>Modules and Interventions'](#) [webpage accessed August 2025]. The 50% figure given was before the Grant Cycle 7 reprioritisations process; it now stands at 30%.
4. Due to US funding cuts, the final South African Global Fund grant for harm reduction was USD 16.7m.
5. UNAIDS shared this data with HRI in April 2025.

# 1.3 INCREASING DOMESTIC POLITICAL SUPPORT FOR HARM REDUCTION

Our country partners in Indonesia, South Africa and Kenya have pursued different advocacy strategies to build political support for harm reduction funding in their countries. Each has achieved some degree of success, although this support remains fragile in the face of financial constraints and political turnover.<sup>6</sup> Partners in each country described HRI's evidence-based resources and technical support as critical to progress.



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**Our main [focus] is domestic funding advocacy because [for] Indonesia, as a middle-income country, global support for [harm reduction] programmes is already decreased.”**

Achiel, Rumah Cemara

## INDONESIA

### Social contracting for Harm Reduction Organisations

In Indonesia, city or provincial governments can contract community and civil society organisation (CSOs) to provide public services. This system is known as hibah (social grants), and it can be used to increase domestic funding for harm reduction.

Rumah Cemara, an organisation led by people living with HIV and people who use drugs, enabled three CSOs in Bandung and Denpasar provinces to secure social contract grants from the provincial government.<sup>7</sup> With technical support from HRI, it mapped harm reduction services and produced a policy paper on the harm reduction situation and funding landscape in both cities. Then it trained CSOs to navigate the complex social contracting process and used its relationships with officials to better position harm reduction services within hibah funding arrangements.

### Getting Harm Reduction enshrined in law

Proposed amendments to Indonesia's Narcotics Law threatened to criminalise core harm reduction services, including opioid agonist therapy and needle and syringe programmes, threatening both service access and future funding. Rumah Cemara worked to oppose this. Its first task was to raise awareness among other JKRN members, a diverse multistakeholders group, on the value of harm reduction, which it succeeded in doing. JKRN then advocated that the Ministry of Law include harm reduction in the draft law, which it agreed to do.

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6. Indonesia and South Africa held general elections during the evaluation period. This impacted our partners' ability to further their advocacy and inevitably led to delays as decisions were put on hold and relationships needed to be established with newly elected officials.
  7. Rumah Cemara also pursued its own social contracting agreement in Bandung. This was approved then delayed due to national elections.



# SOUTH AFRICA

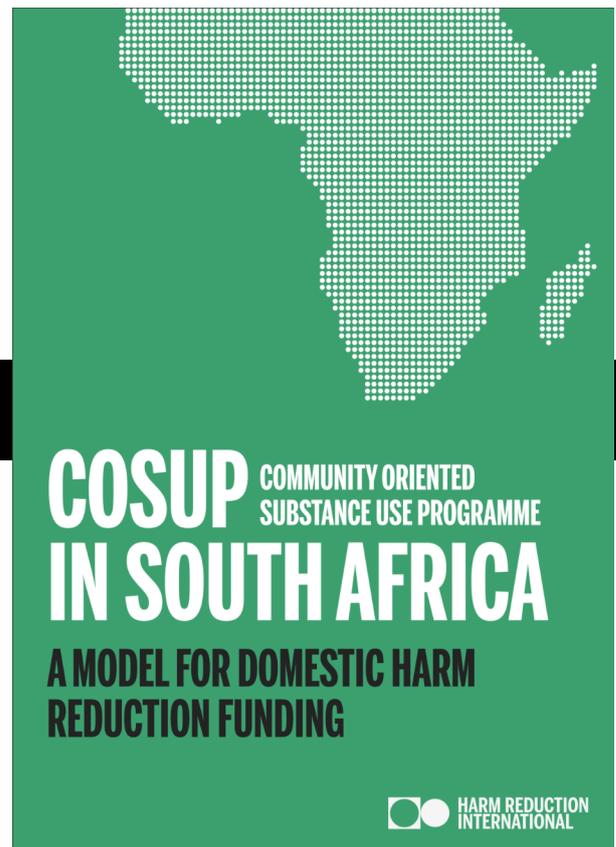
## Influencing global fund budget allocations

The South African Network of People who Use Drugs (SANPUD) is a member of the South African Global Fund Country Coordinating Mechanism (CCM), the multistakeholders group that governs the Global Fund application process, including deciding priorities, budget and implementers. SANPUD worked with HRI to develop the [South African Country Information Note](#), an important piece of strategic evidence which they have used to influence Global Fund budget allocations for people who inject drugs.

## Representation for people who use drugs within the National AIDS Council

The National AIDS Council's Civil Society Forum (CSF) plays a key role in shaping South Africa's National Strategic Plan for HIV, TB and STIs, and Global Fund allocations in the country. The forum consisted of 18 civil society sectors but did not include people who use drugs, which meant harm reduction risked being excluded from HIV funding.

SANPUD changed this. It gained inclusion for people who use drugs in the CSF, first as part of the NGO sector, then as its own sub-sector. This was done through persistent engagement, lobbying and alliance-building to convince other sectors that recognising people who use drugs is not a threat to funding but fundamental to a comprehensive and effective HIV response. Establishing this subsector has created a strong, nationwide coalition of harm reduction CSOs, which went on to secure significant funding from the Global Fund (see above).



## Increasing funding for proven Harm Reduction programming

The Community Oriented Substance Use Programme (COSUP) in Tshwane is one of the most **comprehensive domestically financed harm reduction programmes in the world**. Political changes were threatening the programme's survival, but SANPUD used HRI's [National Leaders Convening](#) to emphasise its value, leading to municipal leadership renewing COSUP's contract and increasing funding for the programme.

## Making Harm Reduction organisations more effective at budget advocacy

SANPUD provided budget advocacy training for its members and harm reduction activists in South Africa and have integrated harm reduction budget advocacy messages into broader public health and policy discussions, positioning harm reduction as a fundable public health priority.



# KENYA

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**There were [HRI] resources [and] previous assessments; there was an assessment around the gap left by the US funding ... These were really important documents that we used during the high-level meeting to convince them to think about coming up with a county-level policy.”**

Timothy Wafula, KELIN

## Securing county-level funding commitments for Harm Reduction

Kenyan counties control their own development plans and budgets, making them an important entry point for domestic harm reduction funding. The Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN), a coalition which works to defend health and human rights,<sup>8</sup> began by focusing its harm reduction advocacy work on Kwale County, an area with high HIV prevalence and significant numbers of people who inject drugs.

KELIN used HRI data to inform advocacy that resonated there, then met with county leaders and local MPs to make the evidence-based case for harm reduction. Policymakers committed to draft a county-level harm reduction policy, which could establish a legal basis for future domestic funding. KELIN hopes Kwale County's harm reduction policy will serve as a blueprint for Mombasa and Nairobi, where previous advocacy work has gained strong commitments from policymakers to fund harm reduction in future budgets.

## Efforts to include harm reduction in Kenya's new Social Health Insurance Fund

In 2023, the Kenyan government began reforming its health insurance system, establishing the Social Health Insurance Fund (SHIF). Advocacy work was already happening with the Ministry of Health to include harm reduction in the previous National Health Insurance Fund, which KELIN is now pursuing for SHIF. If successful, this could result in long-term government funding for harm reduction.

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8. KELIN became our county partner under the grant in early 2025.

02

**HOW DOES HRI'S SUPPORT  
MAKE A DIFFERENCE TO  
COUNTRY PARTNERS?**

# HOW DOES HRI'S SUPPORT MAKE A DIFFERENCE TO COUNTRY PARTNERS?



**Advocacy [is] like pedalling a cycle with the brake on. [HRI's support] takes the brake off ... it is unique."**

Ujjwal Karmacharya, General Secretary, Recovering Nepal

Country partners were united in their belief that HRI's technical and networking support has been instrumental to contribute to their successful advocacy for domestic funding. The National Leaders Convening, for example, was pivotal to some successful outcomes in both Indonesia and South Africa (see above).

The evaluation found it is "highly likely" that HRI's funding landscape analysis in Uganda, country information notes in Mauritius and Bangladesh, and assessments of the impact of US funding cuts in Kazakhstan, Kyrgyzstan, Mozambique, Tajikistan, Tanzania and Zambia have informed discussions around the need to increase domestic harm reduction funding.

YouthRISE Nigeria described the partnership with HRI as especially important for building technical capacity – and advancing research – on health financing and budget advocacy for harm reduction. Similarly, partnership with Recovering Nepal is helping to build the case for domestic harm reduction funding. A cost-effectiveness assessment of opioid agonist therapy, conducted in partnership with Nepal's National Centre for AIDS and STD Control, will be utilised to strengthen and expand OAT services in the country.

03

**WHY INVESTING IN HARM  
REDUCTION ADVOCACY  
MATTERS MORE THAN  
EVER?**

# WHY INVESTING IN HARM REDUCTION ADVOCACY MATTERS MORE THAN EVER?



**There's no better time to push for domestic funding than now. The opportunity for HRI's work is ripe ...there's no better time for HRI to carry out and amplify their work across countries ...”**

Henry Okiwu, Team Lead HIV Program, YouthRISE  
Nigeria

When the US announced unexpected funding cuts in early 2025, many harm reduction organisations in low-and-middle-income countries had no choice but to reduce or shutdown services, while organisations advocating for harm reduction at all levels were also affected. The Global Fund replenishment has also fallen short, as not only the US but other donors have reduced their contributions.

In this hostile funding environment, HRI's work is vital. Our approach to evidence-based, community-led budget advocacy, our ability to inform and influence how international donors prioritise and allocate budgets, and the Divest/Invest framing is more urgent and relevant than ever before. We remain fully committed to supporting regional and national partners with evidence, data and tools to advocate for funding for harm reduction services from international, national and sub-national sources; including making the investment case for harm reduction and using cost effectiveness arguments.

The evidence is overwhelming: governments must shift resources away from punitive drug enforcement and invest in community-based health, harm reduction, and justice initiatives. Investing in harm reduction is cost-effective with an exceptionally high return on investment, endorsed by the entire UN system.

04

**HOW WE MONITOR THE  
IMPACT OF ADVOCACY TO  
INCREASE HARM  
REDUCTION FUNDING?**

# HOW WE MONITOR THE IMPACT OF ADVOCACY TO INCREASE HARM REDUCTION FUNDING?

## External Factors

International Aid Allocation

Political Climate And Public Opinion

Macroeconomic Conditions

Donor/Government Funding Priorities

## Activities

Implement Global Campaign  
Divest/Invest

Raise International donor awareness on need for improved monitoring, quality, and transparency of key financial data

Establish/strengthen strategic national coalitions for budget advocacy in three LMI countries

Create and strengthen connections with cross-sectoral movements

Update methodology for global mapping of harm reduction funding in LMI countries

Build evidence-based resources for budget advocacy in 3 LMI countries

Build evidence for the case for redirection including successful implementations of harm reduction

Build evidence-based resources on importance of fully funded Global Fund

Support strategic provincial/district level coalitions/forums for budget advocacy

Produce report on international, bilateral, and national funding for punitive drug control

Raise international donor awareness on need for policies, processes and strategies conducive to increasing funding for people who use drugs

Work with government officials to strengthen commitments to harm reduction funding

## Assumptions

Advocacy campaign will engage new audiences

Quality of evidence is sufficient to inspire shifts in policy or funding priorities

International donors remain open to harm reduction

Major funders will make strong pledges in the next Global Fund cycle.

Advocacy materials and evidence reach influential decision-makers.

National and provincial coalitions can be effectively formed, maintained, and coordinated

Data/evidence collection will produce definitive, actionable findings

Political leaders in LMI countries willing to act on funding advocacy

## Intermediate Outcomes

Awareness of redirection campaign raised among cross-sectoral movements

Evidence on the current state of international harm reduction funding is improved

Advocacy capacity for increasing domestic harm reduction funding in three LMI countries strengthened

Evidence on funding for punitive control and case for redirection produced and disseminated

International donor awareness of the supportive actions required to increase and optimise harm reduction funding increased

Evidence is available to support advocacy and strengthen the case for redirection

## Outcomes

Intersectional movement built providing evidence for the redirection of funds from punitive policies and programmes to those that support safe and healthy communities, including harm reduction

Donor policies, processes and strategies are conducive to funding for harm reduction

Increased political support for harm reduction funding in three LMI

## Impacts

Conducive policy environment results in increased harm reduction funding from international donors

Harm reduction funding opportunities increased in LMI countries