

FULLY FUND THE GLOBAL FUND: HARM REDUCTION BRIEF



A fully funded Global Fund is crucial for harm reduction in low-and middle-income countries. With only eight years left to reach the Sustainable Development Goals and end AIDS, TB and malaria, we call upon donors and governments to make their most ambitious pledges to date and **fully fund the Global Fund to ensure access to harm reduction in low and middle-income (LMI) countries.**

HARM REDUCTION FUNDING IN LMI COUNTRIES IS IN CRISIS

HARM REDUCTION IN CRISIS

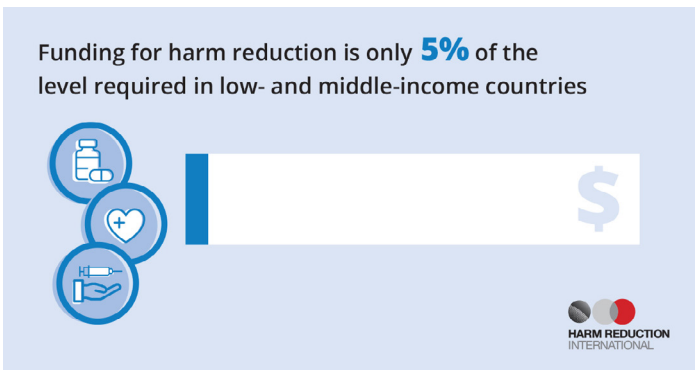
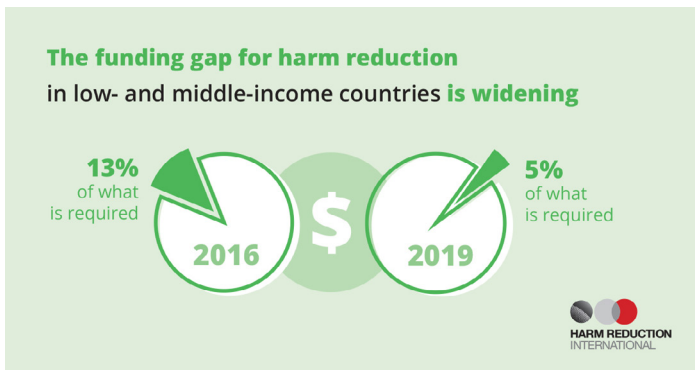
People who use drugs face stigma, discrimination and criminalization. They are among the most vulnerable to contracting blood-borne viruses. Harm reduction interventions for people who use drugs — including needle and syringe programmes, Opioid Agonist Therapy (OAT) and drug consumption rooms — are proven to be cost-effective, protect against HIV and hepatitis C, save lives and contribute to healthier communities¹. However, the global provision of harm reduction interventions is unacceptably low, with only 1 percent of people who inject drugs living in countries with high coverage².

In 2019, international donors and domestic sources left a 95% funding shortfall for harm reduction in LMI countries. UNAIDS estimate an annual resource need of USD 2.7 billion for HIV prevention among people who use drugs by 2025. This resource need has grown since previous estimates, in part due to the dire lack of investment to date³.

Harm reduction in many LMI countries is still very reliant on funding from international donors. The Global Fund has consistently been the largest donor for harm reduction and in 2019 provided at least 60% of identified international donor funding⁴.

The Global Fund is crucial for harm reduction, ensuring access to health care, protecting the human rights of people who use drugs and strengthening community systems.

COVID-19 devastated prevention and treatment programmes, including for people who use drugs. The number of people reached by HIV prevention programmes dropped by 11%. COVID-19 also exacerbated inequities that put key populations at risk and increased barriers to key services. A fully funded Global Fund requires at least USD 28.5 billion for the period 2023-2025. This includes USD 3 billion for HIV, USD 2.4 billion for TB, USD 2.6 billion for malaria and USD 1.5 billion to create resilient and sustainable systems for health and to support community-led programmes that are the foundation of success⁵.



Global Fund support has facilitated the introduction and scale-up of priority harm reduction interventions in many countries, including those with middle-income status and limited international donor funding from other sources. Global Fund grants have supported key and neglected areas of harm reduction, including the development of intersectional responses such as harm reduction for gay men and other men who have sex with men. The Global Fund has also increased pandemic preparedness and contributed to universal health coverage for this population by providing an entry point for people who use drugs to broader health services and strengthening community and health systems. Between 2017 and 2019, Global Fund grants provided HIV testing for more than 2.1 million people who use drugs in 55 countries, and more than 2.8 million people who use drugs were reached by HIV prevention programmes.

The Global Fund is a unique funder, combining allocations for county-driven plans with catalytic investment funds for advocacy and policy reform (multi-country grants, matching funds and strategic initiatives). Catalytic funds provide crucial 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.

The Global AIDS Strategy 2021-2026 and the Global Fund Strategy 2023-2028 both put communities at the centre of the HIV response and emphasise the importance of strong community systems to strengthen the HIV response⁶. Community resilience and innovation has proved central to the continuation of lifesaving service provision during the COVID-19 pandemic. The Global Fund has played a pioneering role in creating financial and technical opportunities to implement harm reduction programme innovations that will go far beyond the pandemic. This has included the introduction and expansion of take-home OAT in several countries in Eastern Europe⁷ and Asia⁸, the inclusion of prisoners and former prisoners in the national response in several countries in Eastern Europe and Central Asia⁹, as well as the introduction of gender-sensitive approaches in harm reduction programming as a part of a C19RM grant in Ukraine¹⁰.

Global Fund catalytic investment funding supported a multi-country harm reduction advocacy grant¹¹ that complemented country grants in Asia from 2017-2020. It supported community and civil society action to directly address gender, human rights and stigma-related barriers to service access and supported responses to emerging opportunities and threats, including COVID-19.

THE CHALLENGE OF HARM REDUCTION IN THE CONTEXT OF TRANSITION

TRANSITION

The Global Fund provides crucial funding for advocacy in the context of donor transition, where strong, sustained community-led advocacy is needed to drive domestic investment in high quality, human-rights based harm reduction approaches. Domestic funding for harm reduction remains limited and determined by political support rather than country-income status. COVID-19 has further constrained health budgets, with many governments scrambling to prop up overburdened and underfunded health systems.

As international donors, including the Global Fund, reduce funding for middle-income countries, the success of domestic resource mobilisation for harm reduction will determine the availability of life-saving services for people who use drugs and the world's ability to end AIDS by 2030. This will only happen with strong community and civil society advocacy calling for change. The Global Fund is the largest source of funding for this work and a key mechanism for driving domestic investment through its focus on sustainability and transitions.

The country-level structures established by the Global Fund and the standards with which they operate serve as a blueprint for good practice beyond the life of the grant. For example, integrating Country Coordinating Mechanisms into national structures can strengthen the

inclusion and leadership of key populations in decision-making processes. Since 2020, funding from the Global Fund Community, Rights and Gender Strategic Initiative has strengthened the capacity and promoted the expertise of people who use drugs and their networks to effectively engage in and influence Global Fund-related processes during the whole grant cycle in thirty-nine LMI countries¹².

Harm reduction in LMI countries needs a fully funded Global Fund

While harm reduction is extremely reliant on the Global Fund, the funds provided for harm reduction for people who use drugs are not overly large. In 2019, just USD 40 million was identified as going to harm reduction, 14% of the Global Fund's total spending on prevention and only 2.6% of the Global Fund's total spending on HIV¹³. This funding has saved lives and prevented countless infections, but it is not enough to meet the ambition of the global commitments set out in the Global Fund Strategy 2023-2028 and Global AIDS Strategy 2022 – 2026 which places unprecedented emphasis on HIV prevention, including for key populations. This will require increased harm reduction allocations within Global Fund country and catalytic investments. Any further reduction will have a devastating impact on the HIV response among people who use drugs, erode decades of progress and cost lives.

The **Global Fund grant in Ukraine** supported the introduction and scale up of comprehensive harm reduction services including needle and syringe programmes, OAT, access to naloxone (for the reversal of opioid overdose) and access to HIV testing and treatment. The Global Fund grant has provided a protective influence during a slow and steady transition to domestic funding, with the Government of Ukraine now taking on a large proportion of the financing for the scaled-up national harm reduction programme. The involvement of community in national decision-making has been maintained and OAT coverage in Ukraine increased by 6.3% in 2021 compared to 2020¹⁴. This progress would not be possible without additional funding from the Global Fund Community, Rights and Gender Strategic Initiative 2021-2023.

THE COST OF INACTION

An underfunded Global Fund stretched to capacity will dramatically and disproportionately affect harm reduction in LMI countries. Anything less than a full replenishment will lead to difficulties in sustaining harm reduction investments to save lives.

An underfunded Global Fund will result in service closures, a reversal of gains made in HIV prevention among people who use drugs and ultimately, lives lost.

Other donors will not step in to fill funding gaps left by the Global Fund. Over the past decade, the number of international donors supporting harm reduction and the overall amount of funding provided has reduced. . The remaining international donors for harm reduction combined do not provide the same level or breadth of support as the Global Fund. The likelihood of domestic investments filling funding gaps left by the Global Fund is low and likely further reduced due to the economic impact of the Covid-19 pandemic. In many countries, where government support is not forthcoming, or is in opposition to harm reduction, programmes would simply be closed.

An underfunded Global Fund will bring 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.



Without a full replenishment, the Global Fund will have reduced capacity to champion harm reduction and use its diplomatic voice to support and call for law and policy reform as well as catalytic advocacy, that are crucial for ensuring access to services.

An underfunded Global Fund will increase the need for other sources of funding for the HIV response.

Harm reduction interventions are cost-effective and cost-saving in the long-term. Interruptions to service provision due to funding gaps have a detrimental impact on their cost-effectiveness¹⁵.

An underfunded Global Fund will weaken community systems and compromise pandemic preparedness.

Global Fund support has strengthened community systems that are crucial to the HIV response and to the continuation of life-saving services (including providing food and shelter) during the COVID-19 pandemic. Countries with strong harm reduction programmes and networks of people who use drugs provided some of the best examples of innovation and resilience in adapting service provision and pushing through policy reforms.

Communities of people who use drugs were on the frontlines, providing life-saving and critical services and advocacy on behalf of their community, leveraging HIV investments. Without a full replenishment, the strength of community systems will be under threat, weakening the health infrastructure and the ability to respond to both HIV and emerging health threats.

A FULLY FUNDED GLOBAL FUND

A FULLY FUNDED GLOBAL FUND WILL:

- Protect investments and progress to date in people-centred, rights-based harm reduction and HIV prevention for people who use drugs in LMI countries.
- Ensure community-led advocacy as a stand-alone and in addition to civil society advocacy for the reform of laws and policies that impede the HIV response in LMI countries continues.
- Continue to provide leadership in global health governance, including through building strong global health processes which have impact beyond the life of a Global Fund grant. This protective influence in the context of responsible transitions to domestically funded harm reduction programmes will continue and transitioning countries will be more likely to fund harm reduction programmes informed and influenced by communities, ensuring their relevance, quality and effectiveness.
- Continue to strengthen community systems as part of the broader health infrastructure for effective responses to HIV and pandemic preparedness.
- Support the continued expansion and scale up of harm reduction under Global Fund grants, providing life-saving services to people who use drugs and their communities.

28.5 billion

means

saving more lives like mine

#GetBackonTrack

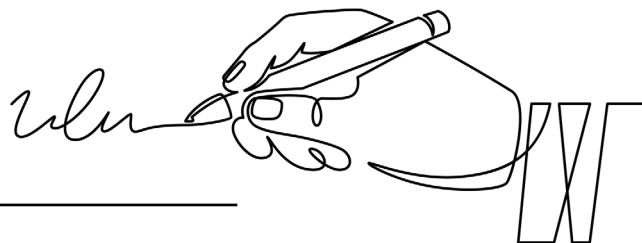
GFAN Speaker **Anton Basenko** was one of the first patients of **Global Fund**-financed opioid substitution therapy in Ukraine. He is now a **vocal advocate** for people living with HIV & people who use drugs.

gfan global fund advocates network

END NOTES

- 1 World Health Organization (2016) Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. WHO, Geneva.
- 2 Larney et al. (2017) Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. The Lancet, Global Health, Volume 5, Issue 12, PE1208-E1220.
- 3 Serebryakova, L. et al. (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. Harm Reduction International, London.
- 4 Ibid.
- 5 Global Fund Advocates Network (2021) Fully Fund the Global Fund: Get Back on Track to End AIDS, TB and Malaria in a Covid World.
- 6 The Global AIDS Strategy 2021-2026 includes the following targets: 30% of testing and treatment services to be delivered by community-led organisations; 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organisations; and 60% of the programmes support the achievement of societal enablers to be delivered by community-led organisations.
- 7 Eurasian Harm Reduction Association (2021) Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia. EHRA, Vilnius.
- 8 Schonning S (2020) The impact of a multi-country harm reduction advocacy grant in South-East Asia: Changing hearts and minds, policies and practices. Harm Reduction International, London.
- 9 Eurasian Harm Reduction Association (2021) Eurasian Harm Reduction Association Review of EECA regional civil society experience with the C19RM process in 2021. EHRA, Vilnius.
- 10 Global Fund Data Explorer <https://data.theglobalfund.org/>
- 11 <https://www.hri.global/contents/2092>
- 12 International Network of People who Use Drugs (2021) From Invisibility to Influence: The evolution of participation of people who use drugs in the Global Fund. INPUD Secretariat Unit, London.
- 13 Serebryakova, L. et al. (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. Harm Reduction International, London.
- 14 <https://phc.org.ua/kontrol-zakhvoryuvan/zalezhnist-vid-psikhoaktivnikh-rechovin/zamisna-pidtrimovalna-terapiya-zpt/statistika-zpt>
- 15 Harm Reduction International (2020) Making the investment case: Cost-effectiveness evidence for harm reduction. HRI, London.

CREDITS



PROJECT LEAD:

Katy Kydd Wright

EDITING & LAYOUT:

Quentin Batréau and Tara Hogeterp

CONSULTANT & WRITER:

Catherine Cook (Harm Reduction International)

WITH THANKS:

INPUD and EHRA teams

