



**HARM REDUCTION  
INTERNATIONAL**

# Harm Reduction Investment in Asia

## *Policy Briefing*

People who inject drugs in Asia are disproportionately affected by HIV, despite the region seeing an overall decline in HIV rates. In 2017, UNAIDS reported HIV prevalence among people who inject drugs in Southeast Asia to be highest in the Philippines (29%), Indonesia (28.76%), and Thailand (19.02%).<sup>1</sup> Exacerbating this health crisis are punitive drug laws and human rights violations that several countries in Asia inflict upon people who use drugs. Punitive approaches include forced rehabilitation in compulsory drug treatment centres and in the most extreme cases, the death penalty for drug offences or extrajudicial killings.<sup>2,3</sup> This environment significantly heightens the risk of HIV among people who use drugs by impacting on their access to HIV prevention, treatment and other life-saving health services.

Further, coverage of harm reduction services that are proven to stop the transmission of blood-borne viruses, such as needle and syringe programmes (NSP) and opioid substitution therapy (OST), remains inadequate. Based on Harm Reduction International's (HRI) preliminary research into the harm reduction funding landscape in Asia, it is evident that there is a paucity of funding for HIV prevention, treatment, and care programmes for people who use drugs.

### Harm reduction funding at a glance

HRI has worked with harm reduction providers, researchers and advocates, using a simple set of criteria, to provide an indication of the health of harm reduction funding in seven countries in Asia (as shown in **Table 1**). A traffic light system categorises the national situation as **poor (red)**, **mediocre (amber)** or **good (green)** on the following criteria: harm reduction coverage, transparency of spending data, government investment in harm reduction and the civil society view on sustainable funding.

Table 1. Harm reduction funding in seven countries in Asia at a glance

Country	Harm reduction coverage	Transparency of spending data	Government investment in harm reduction	Civil society view on the sustainability of funding
Cambodia	Amber	Poor	Poor	Poor
India	Amber	Poor	Poor	Poor
Indonesia	Amber	Amber	Poor	Poor
Nepal	Amber	Amber	Poor	Poor
Thailand	Poor	Amber	Poor	Amber
The Philippines	Poor	Amber	Poor	Amber
Vietnam	Amber	Amber	Amber	Amber

In Thailand, services were distributing just 14 needles and syringes person per year across 12 sites, well below UN-recommended coverage level of 200 needles per individual per year.<sup>4,5</sup> In the Philippines, the situation is even more dire, with no documented government-supported NSP or OST services available.

Indonesia was found to have the highest coverage of harm reduction among the countries assessed, with indications that half of the population of people who inject drugs reported to be reached by NSP and OST services. However, harm reduction needs of people who use drugs in the country are changing, with the number of individuals injecting opioids declining as the population of people smoking amphetamine-type substances increases.<sup>6</sup>

## Government investment

There is an overarching lack of political and financial support for harm reduction from most governments in Asia, with initiatives relying heavily on international donor sources. In Indonesia, for example, 90% of harm reduction programmes have been funded by international donors to date, and these funds have been steadily reducing in recent years. Across the region there is minimal government investment in NSP, with funding mainly focused on OST or antiretroviral therapy, and a dearth of funding for harm reduction programmes for people using amphetamine-type substances. In the Philippines, there is no budget for OST and NSP from government sources. Nor are there allocations for HIV services specifically targeted at people who use drugs. In India, while the government is investing in both NSP and OST, civil society report that the restrictive legal environment impedes the potential of this investment, with harm reduction programme staff facing risk of prosecution for “abetting” drug use.<sup>7</sup>

## Transparency of spending

It is difficult to access comprehensive data related to harm reduction investment in the region. This is either due to the lack of effective tracking systems, such as in Thailand and Cambodia, or governments only being able to give rough estimates of their harm reduction spend, as in India. In Vietnam, it was difficult to obtain data on harm reduction investments as both government and donor agencies were not forthcoming in sharing information on budgets or expenditure. This lack of either transparency or effective dissemination of information on harm reduction spending impedes effective planning for harm reduction programmes.

## Sustainability

Amplifying the harm reduction funding crisis in Asia is a lack of preparedness among governments to transition away from international donor support. Sustainability of harm reduction work in Asia will be largely contingent on domestic governments' willingness to bear financial responsibility for these programmes in the future and to remove political and legal frameworks that are constraining this work. Financially, for example, Cambodia has seen international funding plummet since its status was upgraded to a lower-middle income country. This could have a significant impact on harm reduction programmes reliant on donor support. Politically, in the Philippines harm reduction is seen as “condoning” drug use, and civil society representatives report that the present government's brutal ‘war on drugs’ has claimed thousands of lives, many through extrajudicial killings.<sup>8</sup>

The Government of Vietnam has increased domestic support for OST in recent years and is set to fully fund these programmes in 2018. In Thailand, there have also been positive steps taken by the government to begin to address funding shortfalls for harm reduction. However, in both countries, NSP provision is still heavily reliant on international donors and civil society concerns remain as to whether plans and allocations will be realised, as government priorities continue to shift.<sup>9</sup>

## Recommendations

1. National governments must ensure sustainable funding for harm reduction by including and mainstreaming support for harm reduction interventions within their health budgets, and they must ensure that the quality of services on offer are of a high standard.
2. Governments must ensure civil society and people who use drugs remain central to the design and delivery of domestically-supported harm reduction programmes. This will require mechanisms for contracting NGOs and the meaningful involvement of people who use drugs in all aspects of policy and programmes.
3. Governments should critically evaluate their drug policy spending, undertake cost-effectiveness studies and redirect funds away from ineffective drug law enforcement to harm reduction.
4. Governments should, with support from UN agencies and international donors where necessary, ensure the availability of reliable and recent data on population size estimates, shifting drug use trends and coverage of harm reduction services.
5. Governments should also make harm reduction spending information more transparent and ensure that it is systematically monitored.
6. International donors must not reduce or withdraw funding for harm reduction programmes without domestic funding being in place.
7. Both government and international donors must ensure funds are targeted towards a harm reduction response for the increasing numbers of people using amphetamine-type substances.

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## References

1. Joint United Nations Programme on HIV/AIDS (UNAIDS), UNAIDS Data 2017, UNAIDS/JC2910E (2017).
2. Joint United Nations Programme on HIV/AIDS (UNAIDS), Harm Reduction Saves Lives, (2017), [http://www.unaids.org/sites/default/files/media\\_asset/harm-reduction-saves-lives\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/harm-reduction-saves-lives_en.pdf)
3. Godwin, J., *A public health approach to drug use in Asia: Principles and Practices for Decriminalisation*, (2016) <https://idpc.net/publications/2016/03/public-health-approach-to-drug-use-in-asia-decriminalisation>.
4. WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision.
5. United Nations Office on Drugs and Crime, International Network of People Who Use Drugs, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, World Health Organization, United States Agency for International Development. Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions. Vienna: United Nations Office on Drugs and Crime; 2017.
6. Nevendorff, L. & Praptoraharjo, I., *Crystal-Meth in Indonesia: Crystal-meth use and hiv-related risk behavior in Indonesia*, (12 April 2016), [http://mainline-eng.blogbird.nl/uploads/mainline-eng/1\\_Crystal-Meth\\_report6.pdf](http://mainline-eng.blogbird.nl/uploads/mainline-eng/1_Crystal-Meth_report6.pdf).
7. Harm Reduction International. Harm reduction funding situation in India. Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project (2018, pre-published).
8. Human Rights Watch. Philippines: Duterte's 'Drug War' Claims 12,000+ Lives, (18 January 2018), <https://www.hrw.org/news/2018/01/18/philippines-dutertes-drug-war-claims-12000-lives>
9. Harm Reduction International. Harm reduction funding situation in Thailand and Vietnam. Consultant findings from Harm Reduction Investment Study conducted within the Global Fund Harm Reduction Advocacy in Asia project (2018, pre-published).