HARM REDUCTION
INTERNATIONAL

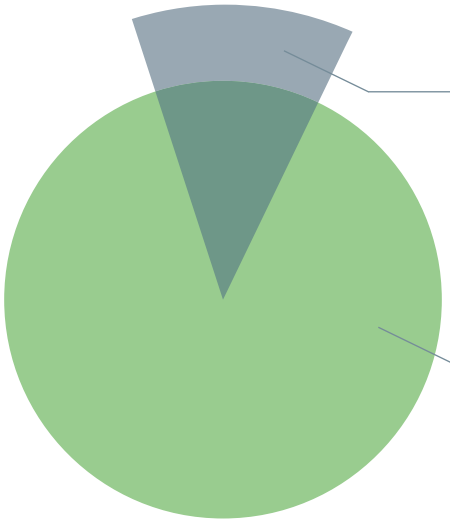
The neglect for harm reduction funding in low- and middle-income countries

Policy Briefing

Harm reduction interventions for people who use drugs—such as needle and syringe programmes (NSP) and opioid substitution therapy (OST)—are cost-effective, protect against HIV and hepatitis C, and save lives. Despite the potential for these interventions to contribute to healthier communities, **funding for harm reduction in low- and middle-income countries (LMICs) has flat-lined over the past decade**. In 2016, US$188 million was allocated – the same amount as in 2007 and just 13% of the US$1.5 billion that UNAIDS estimates is required annually by 2020 for an effective response in LMICs.

Harm reduction is integral to the world's HIV response and cannot be ignored. People who inject drugs are among the most vulnerable to contracting blood-borne viruses. **Globally, new HIV infections among people who inject drugs increased by one third from 2011-15 and coverage of OST and NSP is critically low**. Asia and Eastern Europe are home to some of the highest burden HIV epidemics among people who inject drugs.

Unless the funding landscape for harm reduction changes urgently, the goal to end AIDS by 2030 will be missed and the pledge to leave no one behind will ring hollow. People who use drugs are being forgotten - with dire public health and social consequences.



US$188 million allocated for harm reduction in 2016

In 2016, **just 13% of the required amount of funding** was allocated to harm reduction in LMICs

US$1.5 billion required for effective harm reduction response

Harm reduction

Harm reduction is far broader than an HIV response. It covers a range of substances, injecting and non-injecting drug use, overdose prevention, and wider healthcare and social interventions for people who use drugs. Fundamentally, it is about meeting people where they are at in their lives, without judgement. When governments invest in this strategy beyond the lens of HIV prevention, the positive public health and social impact for individuals, families and communities will be significant.

The funding landscape

Harm Reduction International's research found the following breakdown for harm reduction funding in LMICs.

International donors

- International donor funding accounted for 64% (US$121 million) of total harm reduction funding in LMICs in 2016.
- Funding from international donors fell almost one quarter from 2007-2016.
- Many donor governments have withdrawn direct funding for harm reduction on the basis that it is being channelled through multilateral institutions like the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).
- The Global Fund remains the largest international donor for harm reduction, contributing two-thirds (US$80.8 million) of all identified donor funding in 2016.
  - Despite the Global Fund's budget remaining stable in recent years, allocations for harm reduction funding were 18% lower in 2016, than in 2011.
- The President's Emergency Plan for AIDS Relief (PEPFAR) is the second-largest funder of harm reduction in LMICs, and in 2016 spent $25.8 million on interventions for people who inject drugs.
  - However, because of a US federal ban PEPFAR does not fund the procurement of needles and syringes, which are essential commodities for one of the most effective interventions against HIV and hepatitis C.
- Philanthropic organisations contributed $6.3 million in harm reduction funding in 2016 - only 1% of philanthropic donor funds for the overall HIV response in LMICs.
- International donor funding is disproportionately focused on lower middle-income countries, despite the fact that the majority of people who inject drugs live in upper middle-income countries.

Domestic governments

- LMIC governments invested an estimated $48.1 million domestically in harm reduction in 2016 (26% of all harm reduction spending), with significant variation between countries.
- While international donors are withdrawing from many upper middle-income countries, sizeable national government investment (over US$1million) was only identified in a handful of these countries, namely China, Malaysia, Iran, Kazakhstan and Thailand.
  - Upper middle-income countries, as well as suffering from donor withdrawal, carry a higher HIV burden among people who inject drugs than lower middle-income countries.
- For countries investing in harm reduction, on average their investments equated to less than 5% of the overall (donor and domestic) HIV investment and 13% of the overall HIV prevention investment.
  - Only Kazakhstan and Malaysia spend over one-third of their HIV prevention on harm reduction. Recent government threats to cease OST provision in Kazakhstan, however, provide a stark example of the political vulnerability of harm reduction.

Recommendations

- International donors must increase harm reduction funding in line with epidemiological need and not withdraw or reduce funds without adequate transition plans in place.
- International donors, including donor governments, must ensure full replenishment for the Global Fund and the Robert Carr civil society Networks Fund, and ensure that the Joint UN Programme on HIV/AIDS (in particular UNODC as the lead agency on HIV and drugs) is sufficiently funded to achieve the Fast Track Strategy to end AIDS by 2030.
- Donor governments must fund harm reduction bilaterally and not rely solely on contributions to multilaterals and the UN to meet harm reduction commitments.
- Philanthropic donors must increase their support for harm reduction, and leverage their position as funders to call for other philanthropic, national and multilateral donors to increase their commitments to harm reduction.
- The Global Fund should increase its harm reduction funding and ensure funds are directed to countries with the greatest need, regardless of income status.
- PEPFAR should increase harm reduction funding and ensure funds are used for priority interventions, such as needle and syringe programmes and opioid substitution therapy.
- National governments should invest in their own harm reduction responses. They should critically evaluate their drug policy spending and redirect resources from ineffective drug law enforcement to harm reduction.

Full report, *The lost decade: Neglect for harm reduction funding and the health crisis among people who use drugs* available at www.hri.global/harm-reduction-funding

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