

Why catalytic investments funding is crucial to preventing HIV among people who use drugs¹

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. Harm reduction is explicitly mentioned in one of the five combination prevention pillars endorsed by the Global HIV Prevention Coalition.²

The global provision of harm reduction interventions is critically low, with only 1% of people who inject drugs living in countries with high coverage.³ Harm reduction investment from donors and governments in low and middle-income countries (LMICs) totaled \$188 million in 2016⁴ - just 13% of the \$1.5 billion UNAIDS estimates is required annually by 2020 for an effective HIV response among people who inject drugs.⁵

The Global Fund is the largest donor for harm reduction in LMICs, providing two-thirds of all international donor support.⁶ In May 2019, the Global Fund Board will approve the 2020-2022 allocation methodology and catalytic investment priorities. These will have significant implications for harm reduction in LMICs and as such, the ability of the Global Fund to step up the fight and get back on track to end AIDS by 2030.

This briefing note compiles evidence of the crucial nature of catalytic investment funds for harm reduction.

We urge the Global Fund Board to safeguard catalytic investment funds—including multi-country grants, matching funds and strategic initiatives—regardless of the replenishment outcome, in order to sustain life-saving services for people who inject drugs and to incentivise domestic investment in harm reduction.

Catalytic investments are needed to maximise the Global Fund harm reduction impact

Global Fund country grants are sometimes the sole source of funds for harm reduction in LMICs. Despite their importance, the extent to which these grants alone can maximise the Global Fund's impact for harm reduction is limited by a number of factors:

- The criminalisation, stigma and discrimination of people who use drugs and low levels of political will for harm reduction results in harm reduction not receiving due priority within national strategic plans and country grant applications.
- Country grants are reducing or ending in many upper middle-income countries, as they are expected to transition away from Global Fund support. This is where most people who inject drugs live, and yet these countries have the lowest levels of harm reduction funding, from both donors and governments.⁷
- Even where political will for harm reduction is present, governments often lack technical expertise in harm reduction programming and/or mechanisms for social contracting necessary to fund high quality civil society and community-led programmes.

¹ This briefing has been compiled with input from Principal Recipients of regional/multi-country grants, including Alliance for Public Health (Ukraine), ANCS (Senegal), Eurasian Harm Reduction Association staff previously at Eurasian Harm Reduction Network (Lithuania), India HIV/AIDS Alliance, KANCO (Kenya), and MENAHRA (Lebanon), as well as the International Network of People who Use Drugs (INPUD) who received a Strategic Initiative grant.

² Pillar 2. Combination prevention programmes for all key populations. <https://hivpreventioncoalition.unaids.org/>

³ Larney S 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, No. 12, e1208–e1220

⁴ Cook C & Davies C (2018) The Lost Decade: Neglect for harm reduction funding and the health crisis among people who use drugs. Harm Reduction International: London

⁵ UNAIDS (2016) Do No Harm. UNAIDS: Geneva

⁶ Cook C & Davies C (2018) The Lost Decade: Neglect for harm reduction funding and the health crisis among people who use drugs. Harm Reduction International: London

⁷ Amounting to just two cents per day per person who injects drugs in upper middle-income countries, compared with 9 cents per day in low- and lower middle-income countries.

The case for catalytic investment funds for harm reduction

Catalytic investment funds support action that cannot be addressed through country grants alone. The funds can enable support for harm reduction via multi-country approaches, matching funds, and strategic initiatives, and are particularly crucial for strengthening civil society and community-led advocacy to drive domestic investment in high quality, human rights-based harm reduction, as well as multi-sectoral engagement beyond health.⁸

*It is imperative that catalytic investment funding continues during the 2020-2022 allocation period, to optimise the harm reduction impact of the Global Fund. This is particularly critical in the context of transition, in order to avoid the decimation of harm reduction services and subsequent spikes in infections.*⁹

1. Multi-country approaches

Multi-country grants facilitate learning between neighbouring countries which have adopted and invested in harm reduction.

Inspiring national action through regional exchange – East Africa

The grant 'HIV and Harm Reduction in Eastern Africa'¹⁰ brought policy makers from neighbouring countries to visit Kenya's harm reduction programmes. This inspired Ugandan and Burundian policy makers to champion the introduction of needle and syringe programme (NSP) pilots in Kampala and Bujumbura, and to advocate for the introduction of opioid substitution therapy (OST) in Uganda. Over 1,000 people who inject drugs in Uganda and Burundi can now access sterile injecting equipment due to the horizontal learning exchange facilitated by this grant.

Multi-country grants can include countries no longer eligible for Global Fund country grants and enable cross-regional exchange.¹¹

Regional grants as opportunities for action in ineligible countries – Middle East and North Africa

The regional Global Fund grant managed by MENAHRA¹² included several countries that were ineligible for Global Fund country grants. This included Lebanon, where advocacy supported by the regional grant led to: the domestic funding for OST; hepatitis B vaccination and hepatitis C screening for people who inject drugs; inclusion of NSP in the national strategic plans for HIV and for drugs, the latter of which includes provision of naloxone (for overdose reversal) outside hospital emergency rooms.

Multi-country grants contribute to strong networks of people who use drugs, which are essential to community influence in national programming, policy and advocacy for harm reduction.

Increased influence of people who inject drugs in decision making – Eastern Europe and Central Asia

The Harm Reduction Works! Fund it!¹³ grant provided drug user community groups and organisations that are often isolated by punitive laws and discrimination, with a regional platform to mobilise, network and build capacity. Through mobilisation at the regional level, and by working together with international partners, the community of people who use drugs enhanced their representation, influence and negotiating power to improve national funding for and improved quality of harm reduction services.

⁸ Such as law enforcement, parliamentarians, and various ministries.

⁹ Such as in Romania and Serbia, the latter becoming re-eligible due to an increase in disease burden.

¹⁰ This grant, managed by KANCO in Kenya, aimed to increase access to essential HIV and harm reduction services for people who inject drugs in Burundi, Ethiopia, Kenya, Mauritius, Seychelles, Tanzania, Uganda and Zanzibar. The grant ended in September 2018.

¹¹ Global Fund policy states that 51% of countries within a multi-country application must be those eligible for country grants, while the rest do not.

¹² *Strengthening the role of civil society organizations in harm reduction in the Middle East and North Africa* was managed by MENAHRA from 2012-2017. The grant covered 13 countries, including Bahrain, Jordan, Lebanon, Libya and Oman, which were not eligible for national HIV grants (Lebanon became eligible in 2017).

¹³ Managed by the Eurasian Harm Reduction Network (EHRN), the grant ended in December 2017.

Multi-country grants provide essential funding for advocacy to increase national and regional support for harm reduction.

Regional commitments to harm reduction - West Africa

Within the PARECO grant,¹⁴ the Alliance Nationale des Communautés pour la Santé collaborated with the West African Commission on Drugs to convene a high-level meeting in September 2018 to launch the *Model Drug Law for West Africa – A tool for policymakers*.¹⁵ The meeting resulted in the signing of the “Dakar Appeal”, a declaration of commitment on harm reduction encouraging countries to comply with internationally ratified conventions and implement harm reduction measures, including the regional level guidelines on harm reduction for people who inject drugs, developed through PARECO.

Multi-country grants support learning exchanges on budget advocacy to increase government investment in harm reduction, which is critical in the context of transition.

Building evidence to inform budget advocacy - Asia

The Harm Reduction Advocacy in Asia¹⁶ grant funded local research into harm reduction investment and law enforcement spending within countries in the region, with tools and support from Harm Reduction International. This evidence is informing advocacy at the national and regional level for governments to critically evaluate their drug policy expenditure and to redirect a small proportion of funds from ineffective drug control to lifesaving and cost-effective harm reduction interventions. Initiated under a regional Global Fund grant, this innovative initiative, now leverages funding from the Elton John AIDS Foundation and the Dutch Government.

2. Matching funds

The matching funds mechanism allows the Global Fund to use their influence as a donor to incentivise investment in evidenced based prevention programmes for key populations, such as harm reduction, where political will is often lacking.

We urge the Global Fund to track the extent to which matching funds have led to investment in key population programming, including harm reduction. It is imperative that this mechanism enables the Global Fund to incentivise investment in harm reduction where this is needed most.

3. Strategic initiatives

This mechanism supports the success of country allocations that cannot be funded through country grants.

Supporting people who use drugs to engage in Global Fund processes – International Network of People who Use Drugs (INPUD)

The INPUD project, funded through the Community, Rights and Gender Strategic Initiative, empowers people who use drugs with knowledge, skills, and an understanding of Global Fund processes, to strengthen advocacy and improve the quality of harm reduction services. This leads to increased confidence and negotiating skills, improved credibility with policy and decision makers, more effective partnership development, and ultimately catalyzes programming and financing sustainability of services for and by people who use drugs. Due to such initiatives, the number of representatives of people who use drugs in the Global Fund Country Coordinating Mechanism’s (CCM) increased in the Asia-Pacific, Eastern Europe and Central Asian and sub-Saharan African region, leading to enhanced influence of communities to shape rights-based programming for people who use drugs.

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¹⁴ Managed by ANCS and implemented in Burkina Faso, Cabo Verde, Côte d'Ivoire, Guinea-Bissau and Senegal.

¹⁵ <http://www.osiwa.org/wp-content/uploads/2018/09/WACD-MDL-EN-WEB.pdf>

¹⁶ Managed by the India HIV/AIDS Alliance, this grant operates in seven countries in Asia and runs from 2017-2019.