



HARM REDUCTION
INTERNATIONAL

Harm Reduction Advocacy in Asia:

The impact of a multi-country advocacy grant on progress towards 90-90-90 for people who use drugs

As part of the Sustainable Development Goals and the 2016 Political Declaration of HIV and AIDS, countries have committed to ending AIDS, eliminating HCV, and attaining universal health coverage by 2030. To achieve this, countries must address the health and rights needs of people who use drugs. In the Asia Pacific region, people who use drugs accounted for 17%¹ of new HIV cases reported in 2019. Asia's approximately four million people who inject drugs have the highest HIV prevalence rate of any key population in the region at about 13.5%.² Despite the overwhelming evidence and consensus in international guidance that harm reduction is effective, cost-effective and essential for preventing and treating HIV among people who use drugs, governments continue to underfund health programming for people who use drugs while investing enormous resources into punitive measures. Strong civil society and community-led advocacy is crucial to ensuring access to high quality, human rights-based harm reduction, and to reaching 90-90-90 targets for people who use drugs.

This briefing compiles evidence of the impact of the multi-country grant Harm Reduction Advocacy in Asia (HRAAsia), funded by the Global Fund's Catalytic Investments between 2017-2020. It also highlights a number of ways in which multi-country grants for harm reduction play a crucial role in augmenting the potential of country-led programming within Global Fund country grants, for example:

- HRAAsia supports **community-led strategic advocacy**, which is poorly funded in general and rarely prioritized by Country Coordinating Mechanisms in country proposals.
- The Global Fund multi-country grant provides a trusted context for governments to engage in discussions on **decriminalization** and its potential to reduce vulnerability to HIV and remove service access barriers, as well as the opportunity it provides for redirecting funds towards cost-effective harm reduction services that support the health and well-being of communities.
- HRAAsia's community-led approach complements harm reduction programming in countries by directly addressing **gender, human rights and stigma-related** barriers to service access.
- The **flexibilities** granted within multi-country grants allow sub-recipients to adjust plans to respond to emerging opportunities and threats, such as COVID-19.
- The community systems strengthened through HRAAsia are proving to be driving forces of **resilience in the face of the crisis caused by COVID-19**.

Multi-country grants are proven to catalyse change³ and must continue to be a source of funding for harm reduction advocacy in Asia and more broadly. Policy and legal change often require sustained advocacy over a longer period than the length of one grant. To ensure that the momentum built within multi-country grants is not lost at grant closure, there must be continued Global Fund support or alternative funding leveraged during the life of the grant.

Multi-country advocacy grants must be subject to a monitoring and evaluation framework appropriate for measuring the success of advocacy in bringing about change, to increase understanding of their value and to enable the sharing of lessons learnt.

This relatively small investment within the Global Fund Portfolio makes substantial impact and must continue to support civil society and community-led advocacy in order to reach 90-90-90 treatment targets for people who use drugs.

Coverage: Community mobilisation to expand access to HIV prevention, testing and treatment

Harm reduction services such as needle and syringe programming (NSP) and opioid agonist therapy (OAT) are essential not only to prevent HIV transmission among people who use drugs but also as an entry point for HIV and HCV testing and treatment. In Nepal, India and Cambodia, HRAsia piloted community mobilization approaches to increase uptake to “one stop shops,” where people could access community-based drug treatment, OAT, NSP, overdose management, HIV and HCV testing and treatment. In the province of Kapurthala in Punjab, India, for example, a women-led outreach initiative quickly increased female clients attending the comprehensive service from two to 186. Almost all agreed to be tested for HIV with 8.5% testing positive and three-quarters of these quickly linked to care. This illustrates the important role of community-led initiatives in supporting progress towards 90-90-90 at the local level. These results led the Government of Punjab to express commitment to investing in sustaining and expanding this important initiative.

Sustainability: Community-led advocacy for scale-up

Harm reduction programming still reaches only a small fraction of those in need in most HRAsia⁴ countries. Community-led advocacy for the scale-up of harm reduction programming in Nepal resulted in an increased allocation for harm reduction being agreed by the Country Coordinating Mechanism (CCM) in 2020. Previous Global Fund country proposals had included minimal harm reduction funding allocations, reportedly due to skepticism among government officials. Sustained, targeted advocacy within HRAsia resulted in a change in attitude toward harm reduction among high-level decision makers, leading to a 33% increase and the largest ever funding allocation for harm reduction in Nepal within a Global Fund country proposal. In Indonesia, HRAsia supported advocacy that successfully countered suggestions to de-fund harm reduction after a government IBBS study showed a shift to oral use of amphetamine type stimulants (ATS). Advocacy efforts also led to national harm reduction guidelines being adjusted to address the needs of people who use ATS.

Sustainability: Generating evidence to inform advocacy for domestic investment

While domestic investment in HIV responses is increasing in the region, this is more often targeted to HIV treatment than HIV prevention through community-based harm reduction, despite these services often being the entry point for HIV testing and treatment for people who use drugs. Under the HRAsia program, civil society gathered evidence on government funding for harm reduction in order to inform advocacy. While in India, the state funds 86% of the spend on NSP, this amounts to only 44%, 33% and 15% in Cambodia, Thailand and Nepal respectively. In Indonesia, the Philippines, and Vietnam there is no state funding for NSP. These figures, as well as data on limited coverage of existing programming are being used by communities and civil society to advocate for increased investments. In India, advocacy calls succeeded in securing a long-awaited update to the population size estimate of people who inject drugs in the country. This vital data revealed there to be nearly seven times more people who inject drugs than previously estimated and is now being used by HRAsia partners to advocate for increased investment and a scale-up of services to meet this newly confirmed need.

Sustainability: Redirection of domestic funds from drug control to address the funding gap

In Indonesia and Thailand, HRAsia research led to dialogue between civil society, communities and decision-makers on possible redirection of state funds from punitive measures to harm reduction. In Indonesia, it was found that the government allocates around USD 400,000 to harm reduction (mostly clinical services including OAT)⁵ while it spends up to USD 250 million annually on punitive drug control measures. Similar research in Thailand, showed that the government invested 7,550 times more in drug law enforcement than harm reduction.⁶ During HRAsia-supported National Dialogues in both countries, civil society presented evidence to government on the profound impact that redirecting a small fraction of the drug control budget to harm reduction would have on HIV and health outcomes. This HRAsia research also catalysed funding for small grants from the Elton John AIDS Foundation for redirection-focused advocacy in Thailand and Indonesia.

Quality: Advocacy for human-rights, evidence-based harm reduction that meets community need

In Cambodia, HRAsia contributed to the development of Standard Operating Procedures (SOP) on NSP, HCV, and overdose, expected to be adopted by the Ministry of Health imminently. In Nepal, HRAsia supported the drafting of a national protocol for HCV prevention and treatment which was approved by the Ministry of Health in October 2020. In India, Nepal, Indonesia, Cambodia and Thailand, HRAsia has facilitated knowledge sharing between local forums of people who use drugs to improve quality of harm reduction services.

Toward humane drug policy and law enforcement

In Nepal, HRAsia supported the drafting of a model drug law, currently under discussion at the provincial and national level. In Vietnam, HRAsia advocacy resulted in a draft drug law which acknowledges drug dependence as a health issue. HRAsia supported community representatives to participate alongside government officials at the annual UN Commission on Narcotic Drugs. Through continued strategic advocacy and dialogue, civil society representatives are now supported by the government to attend as part of the official Indonesian country delegation. In all countries, HRAsia has supported work with law enforcement to sensitise police officers on harm reduction. In Cambodia, for example this has averted the arrest of 18 people, who instead received referrals to treatment.

Catalysing long-term change: Working with hearts as well as minds

Stigma and discrimination lie at the heart of harmful drug policy and inadequate funding for the health and rights of people who use drugs. HRAsia supported communities to reach out to influential people to share the humane ideals that underpin the harm reduction approach. This led to opportunities to reach large audiences with supportive harm reduction messages. For example, in India and Thailand, civil society engaged religious leaders, who then made scripture based public statements in support of harm reduction and humane drug policy. HRAsia partners were supported to take part in the annual "Support, Don't Punish" campaign day, with community actions drawing attention to the need for humane drug policy.

Community resilience in response to COVID-19

The community systems strengthened through HRAsia proved to be driving forces of resilience in the face of the crisis caused by COVID-19. In India, the links made with faith-based communities between 2017–2019 paved the way for people who use drugs and faith-based communities collaborating to secure food rations for their community. In both India and Nepal, advocacy by HRAsia partners contributed to revisions of national OAT guidelines to provide for take-home doses during COVID-19, a policy change which significantly improved access during lockdown. In India, upon learning of increasing overdose and withdrawal linked to lockdown, forums of people who use drugs distributed naloxone within the community and advocated for simplified access to OAT. A briefing highlighting the dangers of imprisonment for people who use drugs during the COVID-19 epidemic has initiated dialogue in the region.

1. UNAIDS (2020) Global AIDS Report. Geneva: 2020.
2. UNAIDS (2020) Global AIDS Report. Geneva: 2020.
3. Harm Reduction International and Frontline AIDS (2019) *Why catalytic investments funding is crucial to preventing HIV among people who use drugs*. Available at: https://www.hri.global/files/2019/04/08/Catalytic_investments_briefing_FINAL.pdf
4. Rowe, E. (2020) *Summing It Up: Building evidence to inform advocacy for harm reduction funding in Asia*, Harm Reduction International. July 2020. Available at: <https://www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf>
5. Rowe, E. (2020) *Summing It Up: Building evidence to inform advocacy for harm reduction funding in Asia*, Harm Reduction International. July 2020. Available at: <https://www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf>
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7. International Drug Policy Consortium (2020) *COVID-19: Prisons and detention in South-East Asia*. April 2020. http://fileserver.idpc.net/library/IDPC-Advocacy-Note_COVID19-prisons-and-detention-in-SEA-April-2020.pdf



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