

Key harm reduction messages for the replenishment conference, implementation of new Global Fund Strategy and NFM4

Harm reduction interventions for people who use drugs—such as needle and syringe programmes (NSP) and opioid agonist therapy (OAT)—are cost-effective, protect against HIV and hepatitis C, and save lives. The 2021-2026 Global AIDS Strategy explicitly prioritises the need to focus on community-led responses and ‘intensify and redouble efforts to scale up comprehensive harm reduction for people who inject drugs in all settings’.¹ Yet, the global provision of harm reduction interventions is critically low, with only 1% of people who inject drugs living in countries with high coverage.²

Harm reduction investment from international donors and governments in low and middle-income (LMI) countries totalled US\$131 million in 2019 - just 5% of the US\$2.7 billion UNAIDS estimates is required annually by 2025 for an effective HIV response among people who inject drugs.³ The Global Fund is the largest donor for harm reduction in LMI countries, providing at least 60% of all international donor support.⁴

1. Harm reduction funding must be protected from any replenishment shortfall

Harm reduction is over-reliant on the Global Fund. A fully funded 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. 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. For the qualitative adjustment process, HRI identified twenty-one countries where harm reduction could be particularly at risk if Global Fund support reduced, due to epidemiological factors, low domestic investment in harm reduction and an over-reliance on the Global Fund.⁵

The Global Fund must protect harm reduction programmes (and other key population programmes that are particularly reliant on the Global Fund and will be likely to close if this funding reduced) from any impact of a shortfall in replenishment funds.

Donors to the Global Fund must recognise the crucial role of the Global Fund in providing support to harm reduction and broader key population programmes in a vacuum, where other donors and national governments are absent.

The Global Fund, UNAIDS and its cosponsors must work together to ensure the rights and needs of people who use drugs are fully incorporated into NFM4 country processes.

Governments must increase their domestic funding for harm reduction.

¹ UNAIDS (2021) Global AIDS Strategy 2021-2026. End Inequalities. End AIDS. UNAIDS, Geneva.

² 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

³ Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. HRI, London.

⁴ *ibid.*

⁵ Azerbaijan, Bangladesh, Cambodia, Colombia, Côte d’Ivoire, Kenya, Kyrgyzstan, Moldova, Morocco, Myanmar, Nepal, Russia, Pakistan, Philippines, Senegal, South Africa, Tanzania, Tanzania (Zanzibar), Thailand, Ukraine, Uzbekistan

2. Catalytic investments for harm reduction and key populations must continue regardless of replenishment outcome

Catalytic investment funding provides 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. It also includes funding for technical support to ensure meaningful involvement of communities in HIV and TB responses, which is particularly important in countries in transition. If replenishment falls short, the amount available for catalytic funding will be subject to dramatic cuts. This will have significant implications for harm reduction in LMI countries, including 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.

As such, this will have a direct impact on the ability of the Global Fund to put people, communities and human rights at the centre of the fight to end pandemics and build a healthier and more equitable world, which is central to the successful implementation of the Global Fund Strategy 2023-2028.

Without a full replenishment, the Global Fund will have reduced capacity to champion harm reduction, support catalytic advocacy and use its diplomatic voice to support and call for law and policy reform that is crucial for ensuring access to services. An underfunded Global Fund will increase the need for other sources of funding for harm reduction.

The Global Fund must protect catalytic investments for community-led responses, advocacy for harm reduction and the legal and policy reform that is crucial to ensuring harm reduction programmes can reach those who need them in LMI countries.

In the event of replenishment falling short of US\$16 billion, instigating cuts to catalytic investment funding as per Board-agreed replenishment scenarios:

- *The Global Fund must mobilise other donors to fill the catalytic investment funding gap and bring available funds back up to US\$1.1 billion*
- *The broader donor community must be prepared to fill the catalytic investment funding gap and bring available funds back up to US\$1.1 billion.*

Through NFM4, the Global Fund must facilitate fast and flexible technical support responses through a simple and accessible mechanism, to ensure the needs of communities are met, particularly in challenging operational environments.

3. Funding for community-led responses must be prioritised within NFM4, both for harm reduction and pandemic preparedness and responses

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

The Global Fund must ensure funding for harm reduction advocacy and programming goes to community-led organisations, both within country grants and catalytic investments.

The Global Fund must protect and increase existing streams of funding for key population and community-led responses, such as the Community, Rights and Gender Strategic Initiative.

The Global Fund and the broader donor community must explore avenues to expand streams of dedicated funding for community-led and key population-led networks and organisations.

The Global Fund must ensure its progress towards community-led response targets within the Global AIDS Strategy can be measured, through internal monitoring of funds allocated, disbursed and spent by community-led organisations.⁶

4. Funding for efforts to increase domestic investment in harm reduction, and broader key population programming must be increased

The Global Fund investment case outlines the need to catalyse domestic health investments up to US\$59 billion (45% of total resource need) through co-financing requirements and technical assistance on health financing.⁷ 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. 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. 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. As international donors, including the Global Fund, reduce funding for middle-income countries, the success of efforts to increase domestic financing for harm reduction will determine the availability of lifesaving 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 Global Fund must prioritise funding for efforts to increase domestic investments in harm reduction and broader key population programming, while ensuring that gaps for funding key population-led networks within domestic budgets are addressed through sustained international funding.

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

⁶ UNAIDS Programme Coordinating Board (2020) UNAIDS/PCB (47)/20.30 Agenda item 6. Progress report of the multistakeholder task team on community-led AIDS responses, 15–18 December 2020. UNAIDS, Geneva https://www.unaids.org/sites/default/files/media_asset/Report_Task_Team_Community_led_AIDS_Responses_EN.pdf

⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria (2022) Fight for What Counts: Global Fund Investment Case Seventh Replenishment 2022. GFATM, Geneva.



5. Funding for harm reduction in crisis must be protected and prioritised

During the 2023-2025 grant cycle, the impact of Covid-19, the war on Ukraine and ever-rising inflation will continue to negatively affect national economies. It may lead to changes in country income status during the grant cycle. Key population programmes, particularly those that are community-led, are often the first to be affected by restricted funding environments. It will be more important than ever for the Global Fund to ensure fluidity and responsiveness in its approach, including adjusting country envelopes during the grant cycle if required.

We urge the Global Fund to ensure adequate funding is available to protect harm reduction in crisis.

We urge the Global Fund to ensure quick and timely adaptations to country plans can be implemented in the face of quick-changing crisis situations.