EURASIAN HARM REDUCTION NETWORK
ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА

THE IMPACT OF THE GLOBAL FUND'S WITHDRAWAL ON HARM REDUCTION PROGRAMS

A CASE STUDY FROM SERBIA

EURASIAN HARM REDUCTION NETWORK

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This case study is a publication of the Eurasian Harm Reduction Network (EHRN). EHRN is a regional network of harm reduction programs, groups of people who use drugs, and their allies from across 29 countries of Central and Eastern Europe and Central Asia who advocate for the universal human rights of people who use drugs. EHRN's mission it is to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and well-being, whilst protecting human rights at the individual, community, and societal levels.

The case study was prepared by Ivan Varentsov with additions from Jovana Arsenijevic, between March and July 2015. EHRN collected and reviewed a range of background materials, and developed a detailed questionnaire to gather input from Serbian organizations that have received Global Fund support for harm reduction programs. The questionnaire was completed by the directors of three organizations: Prevent, Putokaz and Veza. These groups, along with representatives from the Serbian drug policy NGO Re Generation and the Serbian Coalition of Harm Reduction Organizations, provided feedback on a draft. In addition, EHRN conducted interviews with a representative from Re Regeneration and the Global Fund Portfolio Manager for Serbia. It also consulted the Global Fund's Access to Funding Department regarding Serbia's eligibility for funding under the New Funding Model.

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Introduction

Since its launch in 2002, the Global Fund to Fight AIDS, Tuberculosis, and Malaria has played a unique and indispensable role in responding to the HIV epidemic in Eastern Europe and Central Asia (EECA). Between 2002 and 2012, the Global Fund approved an estimated $1.8 billion dollars for programs across the region.[1] Unlike traditional "top-down" funding models, it took a country-driven approach, asking governments to work in collaboration with those most affected by the diseases to determine the best responses for their contexts. In EECA, where "key populations" like people who use drugs are disproportionally affected by HIV, this led to the allocation of an estimated $263 million dollars for harm reduction programs between 2002 and 2009.[2]

In 2011, the Global Fund introduced new eligibility criteria for determining what countries could receive its support. The change means that countries classified as "high" or "upper middle-income," with a moderate to low disease burden, are no longer eligible for funding.[3] Each year, as the economic landscape changes and countries progress toward their health-related goals, more and more are removed from the Global Fund's eligibility list. Since 2010, 11 Global Fund grants in seven countries in EECA have been deemed ineligible for new Global Fund allocations.[4] Serbia - classified as an upper middle-income country with a moderate disease burden - is one of these countries.

As the Global Fund has shifted the focus of its 2012-2016 strategy and investments towards "highest-impact countries," the EECA has experienced a 15 percent reduction in health funding between what was granted by the Global Fund in 2010-2013, and what has been allocated for 2014-2017. This is a bigger funding loss than in any other region.[5] The new emphasis on disease burden and income level has meant decreased support to middle-income countries. The rationale is that these countries can afford to finance their own programs. However, a country's wealth has been shown to have little to do with its readiness, willingness, or ability to respond to HIV[6] - especially when it comes to funding programs for people who use drugs and other "politically unpopular" groups.[7]

The sharp reduction in Global Fund support has resulted in major financial gaps in HIV and AIDS programming in EECA that governments are not prepared to fill. With no transition plan in place and a lack of support from other donors, Serbia is one of several countries that risks losing its previous successes in HIV prevention and treatment. This case study documents the initial impacts of the Global Fund's withdrawal from Serbia, and recommends measures the Global Fund, national governments, civil society, and other donors should consider to ease the transition and safeguard previous gains in HIV prevention in Serbia and beyond.

1 Presentation by Nicolas Cantau, Global Fund Regional Manager for EECA, entitled "Global Fund Support in ART Provision in EECA: Opportunities and Challenges." Kiev, Ukraine: March 2013.

20 J. Bridge, B. Hunter, R. Atun, J. Lazarus. "Global Fund Investments in Harm Reduction from 2002 to 2009." International Journal of Drug Policy (2012), doi:10.1016/j.drugpo.2012.01.013

3 Global Fund. "The Global Fund Eligibility and Counterpart Financing Policy." The Global Fund 30th Board Meeting, doc. no. GF/B30/6, Nov. 2013.

4 Aidspan. "The New Funding Model Allocations: An Aidspan Analysis." November 2014.

5 Ibid.

6 Open Society Foundations. "Ready, Willing and Able? Challenges Faced by Countries Losing Global Fund Support." Draft Discussion Paper. July 2015.

7 J. Csete. "Solidarity Sidelined: Is there a future for human rights driven development assistance for health at the Global Fund." Open Society Foundations Discussion Paper: April 2015.

Background

Situation with HIV and Drug Use in Serbia

According to Serbia's Institute of Public Health, between 1985 and 2012, 2,850 people tested positive for HIV in Serbia, more than half of them developed AIDS, and 39 percent of those with AIDS were people who inject drugs.[8] Though data suggests the proportion of injecting drug users among newly diagnosed cases of HIV has decreased significantly in Serbia since 1991,[9] hepatitis C prevalence among injecting drug users is alarmingly high[10] and may be an indicator of HIV risk.[11] In 2013, more than 80 percent of injecting drug users surveyed said they used sterile injecting equipment for their last injection, which suggests harm reduction programs are having success.[12] However, the vast majority of people who inject drugs remain beyond the reach of existing services. There are an estimated 30,000 injecting drug users between the ages of 15 and 59 in Serbia,[13] but only 13 percent take part in needle exchange programs outside health institutions, and seven percent access opiate substitution treatment (OST).

Serbia's Global Fund Eligibility

Between 2003 and 2014, Serbia received approximately $30 million dollars from the Global Fund for the development and scale-up of HIV prevention and treatment in Serbia.[14] However, as an upper-middle income country, Serbia's funding ended abruptly when its HIV burden was assessed as "moderate"[15] in 2012 and it was removed from the Global Fund's list of countries eligible for HIV support in 2013. When its existing grant ended in 2014, it was unable to apply for new funding.

Serbia's HIV burden was reclassified as "high" in 2015, but the new policies mean it will not receive Global Fund support for HIV work anytime soon.[16] Though the eligibility list is updated annually, funding decisions are only made every three years. As the Global Fund's Access to Funding Department explains, "the current eligibility policy states that an ineligible component [like HIV] has to be eligible for two consecutive eligibility lists to become eligible for funding in a future allocation period." As a result, "Serbia is not eligible to receive any funding currently during this [2014-2016] allocation period."[17] It remains unclear what allocations beyond 2016 -- if any -- Serbia may be eligible to receive.

8 European Monitoring Centre for Drugs and Drug Addition. "National Report on Drug Situation in Serbia." April 2014.

9 According to the EMCDDA, the rate decreased from 70 percent in 1991 to four percent in 2012. See European Monitoring Centre for Drugs and Drug Addition, "National Report on Drug Situation in Serbia," April 2014.

10 According to the EMCDDA, in 2010, an estimated 77 percent of people who inject drugs in Belgrade had hepatitis C. See European Monitoring Centre for Drugs and Drug Addition, "National Report on Drug Situation in Serbia," April 2014.

11 P. Vickerman, M. Hickman, M. Kretzschmar, L. Wiessing. "Can hepatitis C virus prevalence be used as a measure of injection-related human immunodeficiency virus risk in populations of injecting drug users? An ecological analysis." Addiction, Volume 105(Issue 2): 311–318, 2010.

12 Republic of Serbia, Republic HIV/AIDS and TB Commission, Ministry of Health of Serbia, Institute of Public Health of Serbia. Online Report. Available at: http://www.unaids.org/sites/default/files/country/documents//SRB_narrative_report_2014.pdf

13 The exact 2009 estimate was 30,383, with a range of possibility between 12,682 and 48,083. See European Monitoring Centre for Drugs and Drug Addition, "National Report on Drug Situation in Serbia," April 2014.

14 The Global Fund. "Overview of Serbia." Accessed July 2015. Available at: http://portfolio.theglobalfund.org/en/Country/Index/SRB

15 The Global Fund determines high and moderate HIV disease burden as follows: High = HIV national prevalence ≥ 1% and < 2% OR "Most at Risk Population" prevalence ≥ 5%; Moderate = HIV national prevalence ≥ 0.5% and < 1% OR "Most at Risk Population" prevalence ≥ 2.5% and < 5%. See Global Fund,"The Global Fund Eligibility and Counterpart Financing Policy," The Global Fund 30th Board Meeting, doc. no. GF/B30/6, Nov. 2013.

16 Global Fund. Eligibility List 2015. Available at: http://www.theglobalfund.org/en/fundingmodel/updates/2015-02-27_2015_Eligibility_list_for_2015_released/

17 Email from the Global Fund's Access to Funding Department, May 18, 2015.

Harm Reduction Services in Serbia: Before and After the Global Fund

Global Fund support allowed Serbia to scale up harm reduction services between 2006 and 2014, including needle exchange programs, OST, and outreach activities. The Serbian government acknowledged the importance of this work and pledged it would maintain these services after the Global Fund's departure. However, as of July 2015, the government was supporting only a portion of these programs, failing to fill the financial gap for others that risk closing as a result.

Opiate substitution treatment (OST) has been available in Serbia since the late 1970's.[18] By 2013, OST was available in 29 primary, secondary, and tertiary health facilities -- due largely to Global Fund assistance in 26 of them.[19] Methadone programs were also established in penal institutions for prisoners already on treatment and, in some cases, new patients. By 2013, an estimated 2,460 patients and 143 prisoners were receiving OST.[20]

Jovana Arsenijevic, of the Serbian drug policy NGO Re Generation, believes the OST programs are sustainable in the wake of the Global Fund's withdrawal. All health care services in Serbia - including most drug treatment - are free of charge, funded through the National Health Insurance Fund.[21] Arsenijevic says only three methadone centers out of the 26 have closed so far, and one was due to flooding "not lack of sustainability."[22]

The government has also taken over HIV prevention programs in 12 prisons.[23]

However, the situation with other harm reduction services is less optimistic. Needle exchange was introduced to Serbia in 2002, and by 2013 was available in its four largest cities,[24] reaching an estimated 4,285 clients.[25] The four programs were funded almost entirely by the Global Fund between 2007 and 2014, with the exception of the Kragujevac project which closed prior to the Global Fund's departure. The organizations had annual budgets ranging from 30,000 to 50,000 Euro which enabled them to conduct outreach, provide trainings on health and risk management, and run drop-in-centers where people who use drugs could gather, access health and social services, and attend support groups. Losing Global Fund money has severely limited the ability of these organizations to continue their life-saving services. With the exception of Novi Sad and Vojvodina, where local governments provided small amounts of funding to non-governmental organizations (NGOs) working with people who use drugs, no government bodies have stepped in to support HIV prevention programs for key populations.[26]

According to Dejana Rankovic, of the Serbian Coalition of Harm Reduction Organizations, the NGOs have tried to continue outreach and needle exchange on a volunteer basis.[27] However, without money to cover operating expenses, a lack of condoms, needles and syringes, and delayed procurement of HIV test kits, "the number of clients is dropping day by day." With Global

18 European Monitoring Centre for Drugs and Drug Addition. "Country Overview: Serbia." Accessed July 2015. Available at: http://www.emcdda.europa.eu/publications/country-overviews/rs

19 European Monitoring Centre for Drugs and Drug Addition. "National Report on Drug Situation in Serbia." April 2014.

20 Ibid.

21 A notable exception is buprenorphine treatment, which is only partially covered for up-to 500 patients. See European Monitoring Centre for Drugs and Drug Addition, "National Report on Drug Situation in Serbia," April 2014.

22 Interview with Jovana Arsenijevic, NGO Re Generation, July 2, 2015.

23 Interview with Tsovinar Sakanyan, Global Fund Portfolio Manager for Serbia, June 18, 2015.

24 These include Belgrade, Novi Sad, Nis and Kragujevac.

25 European Monitoring Centre for Drugs and Drug Addition. "National Report on Drug Situation in Serbia." April 2014.

26 Open Society Foundations. "Ready, Willing and Able? Challenges Faced by Countries Losing Global Fund Support." Draft Discussion Paper. July 2015.

27 D. Rankovic. "Alert Announcement: Serbia is Losing Harm Reduction." March 2015. Available at: http://www.harm-reduction.org/blog/alert-announcement-serbia-losing-harm-reduction

Fund support, the Belgrade-based NGO Veza provided services to approximately 1,200 injecting drug users annually. However, in December 2014, the Ministry of Health reclaimed the "mobile unit" Veza used for its outreach,[28] and in June 2015 Veza ran out of money to pay rent. One activist estimates the Global Fund withdrawal will mean that more than 50 organizations working on HIV will lose as much as 90 percent of their funding,[29] forcing many -- like Veza -- to close. This will endanger the health and wellbeing of Serbia's most marginalized, and may lead to spikes in HIV, hepatitis C infections, and AIDS.

Transition Planning and Coordination

Despite Serbia's supportive policy frameworks which allowed for the effective implementation of Global Fund programs, it was not able to come up with a transition plan to ensure the sustainability of this work. There are a number of reasons why the transition failed.

- ***No transition plan for the Global Fund's withdrawal***

Activists say preparation for the Global Fund's exit from Serbia "wasn't that complex or well planned." In September 2014, stakeholders met to discuss the HIV-related activities that needed to be made sustainable before the Global Fund grant ended. Harm reduction was listed among the top priorities, including support for outreach, needle exchange, and drop-in-centers. However, "nothing concrete happened." As one stakeholder recalls, "We didn't make a transition strategy - especially regarding financing the gap of harm reduction." Serbia needed to have a plan that was actionable, specifying who was responsible for which activities, how much each would cost, and how they would be funded long before the Global Fund's exit. It did not.

- ***No institutional framework for coordinating the transition to domestic financing for HIV and AIDS***

Activists say Serbia lacks an institutional framework to lead and coordinate the HIV response, and that the government has not taken a leadership role in filling the funding gaps. Serbia's National Drug Strategy (2014-2021) and the National Strategy for HIV/AIDS (2010-2015) both call for HIV prevention programs among key populations, including harm reduction programming. However, only three percent of the government's limited HIV budget has been allocated to prevention, and none of this money is for work with key populations.[30] As Rankovic explains, everyone recognizes this work is important, but it remains "on paper only" because "no one has a budget."[31]

One NGO respondent felt the Global Fund itself should have done more to push stakeholders, and make sure the activities it funded were sustainable. She says it would have helped if Serbia had had an active Country Coordinating Mechanism (CCM), since in recent years this was the only multi-sectoral, crosscutting body for coordination on HIV programming that involved community representatives. When a new CCM was appointed at the end of last year, "it wasn't in

28 According to the Global Fund Portfolio Manager for Serbia, the seven mobile units purchased through the Global Fund are property of Serbia's Ministry of Health as principle recipient of the Global Fund grant. There were concerns about the mobile units remaining with the NGOs because some of the vehicles had not been registered (as required by law) and it was unclear whether the organizations would close. The Portfolio Manager proposed that the MOH appoint Serbia's Institute of Public Health to coordinate the country's HIV and TB response, and manage the cars accordingly based on need. At the time this report was written, the final decision about the mobil units was unclear.

29 Hungarian Civil Liberties Union. "Will Serbia Fund Harm Reduction Programs to Save Lives?" 2014. Accessible at: http://www.harm-reduction.org/blog/alert-announcement-serbia-losing-harm-reduction

30 D. Rankovic. "Alert Announcement: Serbia is Losing Harm Reduction." March 2015. Available at: http://www.harm-reduction.org/blog/alert-announcement-serbia-losing-harm-reduction

31 Open Society Foundations. "Ready, Willing and Able? Challenges Faced by Countries Losing Global Fund Support." Draft Discussion Paper. July 2015.

accordance with Global Fund criteria and the Global Fund didn't accept it, so [it] didn't start working." If it had, she believes it may have served as a mediator between government and civil society, and led to concrete decisions and actions.

The Global Fund Portfolio Manager for Serbia remembers the Global Fund's efforts to coordinate with the government and facilitate the transition, but says it was challenging to engage Serbia's Ministry of Health in the last years of the Global Fund grant when Global Fund investments were minimal. She recalls that Serbia's Institute of Public Health was once suggested as a well-placed body to take over national coordination of HIV and TB work and thinks that, with additional staff, it would be well positioned to do so. However, by this point, "the doors were closed" and the Global Fund had little influence to encourage this or other transition measures. Ensuring an effective, national-level HIV response requires that all stakeholders are engaged in transition planning and implementation -- and that this process starts well before Global Fund support ends. It also requires that someone be held accountable for their coordination.

- ***HIV prevention - especially among key populations - is a low priority for the government***

Stakeholders say HIV is a low priority for Serbia's government, largely because of the economic crisis and competing demands. Activists report that Serbia's Ministries of Health and Social Affairs do not prioritize key populations in their grant making, so almost no government funding reaches harm reduction NGOs. Likewise, local governments have not participated in Global Fund implementation so have no political will to suddenly begin investing in HIV. According to one stakeholder, "It's not like [the government] does not want to fund these activities. It's just that circumstances at the moment are such that there is no possibility." Another stakeholder supports this point, saying the government was more committed to HIV until a flood hit the country, and then "all the resources of the government, human and financial, were directed toward the flood response."

- ***No alternative mechanisms to ensure sustainable funding for NGOs***

When asked whether the Serbian government has sought funding from other sources, activists say they are unaware of any fundraising attempts for health or harm reduction. They are also not optimistic about securing funding from the European Union for harm reduction programming, since the EU's priorities are more geared toward "advocating transparency, democracy, freedom of speech, human rights, and some activities which are not directly focused toward injecting drug users." As one stakeholder put it, HIV "is not very sexy now, and in the agenda of these governments."

Serbian harm reduction groups have recently come together under the Serbian Coalition of Harm Reduction Organizations to coordinate their fundraising efforts. This is an excellent step. However, the Serbian government must also establish mechanisms to get funding to these NGOs so they can continue providing lifesaving services to key populations. This is especially important given that those most affected by HIV often have "limited contact with or distrust for governmental institutions" and rely on NGOs for services.[32]

32 Open Society Foundations. "Ready, Willing and Able? Challenges Faced by Countries Losing Global Fund Support." Draft Discussion Paper. July 2015.

Lessons Learned

Lessons emerge from Serbia's experience that are instructive for the Global Fund, international donors, civil society, and other governments in transition. The Global Fund and the Serbian government needed to engage much earlier to plan for sustainability, when Global Fund resources were still available and it was viewed as a key partner. Instead, when the Global Fund left Serbia, Serbia did not have a tenable plan and sufficient resources in place to maintain its HIV and AIDS programming. When Global Fund support ended in 2014, the government was not ready to lead and coordinate Serbia's HIV response -- especially among key populations.

Serbia needed an institutional framework for navigating the transition. With Serbia's CCM defunct and no replacement named, there was no platform for planning and coordination, and no institution to hold accountable for leading the process and delivering results. This also meant civil society had no legitimate space to participate and voice concerns.

Serbia's experience also shows that a government's policy commitments are not sufficient if there is no money behind them. Despite its clearly articulated support for HIV and AIDS programming, Serbia's government had no financing plan for using domestic money to fill the gaps left by the Global Fund's withdrawal. What's more, it still remains unclear which sources of funding and what financing mechanisms it can use to fund NGOs and community groups for HIV-related work. At the same time, the government does not know how to appeal for European Union funding, and has not proactively sought other international donor support. There has been no coordination from other donors to help Serbia fill these gaps.

Finally, if the Serbian government does not prioritize HIV and AIDS programming, the work will not be maintained. Though the government has allocated resources to continue some activities like antiretroviral therapy (ART) and OST treatment, HIV prevention programs remain largely unfunded. As a result, programs that deliver services for key populations have no resources to continue their work. The Global Fund's withdrawal has also weakened community systems in Serbia since, without funding, grassroots groups led by those most affected by HIV cannot sustain themselves.

Recommendations

As Global Fund support to the EECA region decreases, it is critical to ensure the transition to domestic financing takes into consideration a country's readiness, willingness, and ability to assume greater responsibility for HIV and AIDS programming. Serbia's experience clearly illustrates that if the cessation of Global Fund support is not accompanied by credible government sustainability plans and financial commitments, years of investments are threatened and the health and wellbeing of marginalized communities endangered. This could result in the reversal of hard won gains in HIV prevention and treatment and lead to spikes in HIV, hepatitis C, and AIDS.

Stakeholders must take action to ensure the transition is responsible and does not put the sustainability and continuity of programs and services at risk. These efforts must be driven by countries themselves, with Global Fund support, and begin well in advance of the Global Fund's withdrawal, not in last 2-3 years. While the situation in each country is unique, there are a number of "critical enablers" that all countries need in order to successfully transition. These include factors related to policy, financing, governance and programming. The Global Fund, national governments, civil society, and other donors should consider strategies to ensure these critical enablers are in place as part of the transition process. As a matter of priority:

The Global Fund should:

- Ensure key populations and civil society are central to all transition efforts.
- Assess a country's readiness, willingness, and ability to transition to lower levels of funding, and stay engaged until existing programs can be sustained without Global Fund support.
- Support countries to assess their policy frameworks and programmatic ability to plan and implement HIV and AIDS programs, including the provision of non-discriminatory services for key populations.
- Support countries in securing necessary financial resources for the transition, establishing financing mechanisms to channel funds to NGOs and community groups to implement HIV and AIDS programs, and safeguarding programs devoted to the rights and health of key populations.
- Develop funding mechanisms that allow continued Global Fund support during and after the transition for programs at risk of interruption due to lack of political will or government ability to maintain them. This includes support for community system strengthening, and addressing structural drivers of HIV risk like legal barriers, police harassment, and discrimination.
- Ensure the timeline and funding levels for the transition are predictable, feasible, and tailored to a country's readiness to transition, and allocate funding and technical support for transition planning and implementation. Given the scale and complexity of the system changes required to successfully transition to domestic funding, countries must have at least one (but preferably two) grant cycles to prepare and start implementing transition plans.
- Develop and use "graduation" or "transition" criteria, informed by the work of the Global Fund's Equitable Access Initiative, to assess a country's readiness or failure to transition. The assessment findings should guide activities to prepare for transition, or prompt the Global Fund to provide new support if, after the grant is over, the country needs further aid to respond to the epidemics. The Global Fund should also establish a safety net mechanism for countries that fail

to graduate successfully and need to transition back to Global Fund support.

+ Establish an emergency plan for helping countries whose Global Fund grants are about to end, or have just ended, avoid the consequences emerging in Serbia. For example, the Global Fund Secretariat could conduct a country review six to 12 months in advance of grant closure, and use this in determining with the Global Fund Board whether the country is ready for transition.

Transitioning governments should:

+ Ensure key populations and civil society are central to all transition efforts.
+ Assess policy frameworks and programmatic ability to plan and implement HIV and AIDS programs, including the provision of non-discriminatory services for key populations.
+ Develop costed and fully budgeted sustainability plans to ensure a successful transition from donor to domestic financing, and commitment to implementation. This includes estimating the resources needed for HIV and AIDS programs based on epidemiological data and need, and investing strategically in all critical elements.
+ Establish strong governance structures that allow for coordination of the national HIV response and transition processes. Mechanisms should be developed to ensure the meaningful participation of civil society, including representatives of key populations, in transition planning, funding allocation, and program implementation.
+ Secure necessary financial resources for the transition, establish financing mechanisms to channel funds to NGOs and community groups to implement HIV and AIDS programs, and safeguard programs devoted to the rights and health of key populations.

Civil society should:

+ Claim space for participation in transition planning and other national decision-making processes, to ensure civil society is the driving force behind the transition process.
+ Advocate for HIV prevention and harm reduction services for key populations as part of the national HIV response, including the establishment of funding mechanisms to channel funds to NGOs and community groups to implement HIV and AIDS programs.
+ Advocate for costed and fully budgeted sustainability plans to ensure a successful transition from donor to domestic financing, and commitment to implementation. This includes estimating the resources needed for HIV and AIDS programs based on epidemiological data and need, and advocating for strategic investment in all critical elements.
+ Advocate for strong governance structures that allow for coordination of the national HIV response and transition processes. This includes the development of mechanisms to ensure the meaningful participation of civil society, including representatives of key populations, in transition planning, funding allocation, and program implementation.
+ Engage in the monitoring and evaluation processes of a country's readiness for transition, the roll-out of the transition, and the successfulness of the transition.
+ Monitor the government's adherence to its commitments to address HIV and AIDS through regular expenditure monitoring, budget analysis, and efforts to identify gaps.

Other donors should:

- Work together with national governments, civil society, technical agencies and other donors on transition and sustainability planning in countries where they fund.
- Step-in to sustain critical services, including HIV prevention for key populations, in cases where governments are unwilling or unable to do so.
- Support civil society to advocate for budget transparency, accountability, and funding.

Countries, including governments and civil society, and their partners -- such as the Global Fund, other donors, and technical agencies – cannot continue down this same path without risking the hard won health and rights achievements of the past decade. If their investments are to be protected, they must share responsibility for a planned, gradual transition to country ownership of the HIV response, including the shift to domestic financing.

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ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА

Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from across 29 countries in the region of Central and Eastern Europe and Central Asia (CEECA). Together, we work to advocate for the universal human rights of people who use drugs, and to protect their lives and health.

The Network unites over 600 institutional and individual members, tapping into a wealth of regional best practices, expertise and resources in harm reduction, drug policy reform, HIV/AIDS, TB, HCV, and overdose prevention. As a regional network, EHRN plays a key role as a liaison between local, national and international organizations. EHRN ensures that regional needs receive appropriate representation in international and regional forums, and helps build capacity for service provision and advocacy at the national level. EHRN draws on international good practice models and on its knowledge about local realities to produce technical support tailored to regional experiences and needs. Finally, EHRN builds consensus among national organizations and drug user community groups, helping them to amplify their voices, exchange skills and join forces in advocacy campaigns.

BECOME AN EHRN MEMBER:

EHRN invites organizations and individuals to become part of the Network. Membership applications may be completed online at:

www.harm-reduction.org/become-a-member