

Catalytic investment funding is crucial to ensure health, rights and access to harm reduction for people who use drugs¹

In May 2022, the Global Fund Board will approve the 2023–2025 allocation methodology and catalytic investment priorities. **These decisions will have significant implications for harm reduction in low-and middle-income (LMI) countries and as such, 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.** This briefing note outlines the crucial nature of catalytic investment funds for harm reduction.

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’.² 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.³

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.⁴ The Global Fund is the largest donor for harm reduction in LMI countries, providing at least 60% of all international donor support.⁵

We urge the Global Fund Board to approve an allocation model that ensures catalytic investment funds increase in line with replenishment without a cap, in order to maximise the potential of multi-country grants, matching funds and strategic initiatives for the successful implementation of the Global Fund Strategy 2023–2028.

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 LMI countries. 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:

- Criminalisation, stigma and discrimination of people who use drugs and low levels of political will for harm reduction results in the health and rights of people who use drugs not receiving due priority within national strategic plans and country grant applications. This applies to all key populations, as noted in lessons learned by the Global Fund Technical Review Panel⁶.

¹ This briefing draws heavily upon previous work including HRI 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; and Schonning S (2020) The impact of a multicountry harm reduction advocacy grant in South-East Asia Changing hearts and minds, policies and practices. Harm Reduction International, London. Available at: <https://www.hri.global/files/2021/03/10/HRI-SE-ASIA-REPORT-PAGES.pdf>

² UNAIDS (2021) Global AIDS Strategy 2021–2026. End Inequalities. End AIDS. UNAIDS, Geneva.

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

⁵ *ibid*

⁶ Global Fund Technical Review Panel (2021) 2020 Technical Review Panel Lessons Learned. The Global Fund, Geneva.

- 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 community and civil society programmes, including those that are community-led.

The case for catalytic investment funds for harm reduction

It is imperative that catalytic investment funding be prioritised during the 2023-2025 allocation period, to optimise the harm reduction impact of the Global Fund. This funding provides critical support to community-led and civil society advocacy to address criminalisation, stigma and discrimination and for legal and policy reform necessary to remove barriers to HIV prevention, treatment and care for people who use drugs. In the context of transition, it remains one of the few sources of funding for fundamental efforts to drive domestic investment in high quality, human rights-based harm reduction, in order to avoid the decimation of harm reduction services and subsequent spikes in infections.⁸

Multi-country grants augment the potential of harm reduction allocations in country grants

Global Fund multi-country grants have been a catalyst for change in domestic harm reduction policy, practice and investment and have played a crucial role in augmenting the potential of country-led programming within Global Fund country grants.^{9 10 11}

Multi-country grants with a focus on harm reduction have:

- **provided essential funding for strategic advocacy to increase national and regional political support and investment in harm reduction.** Civil society advocacy is poorly funded and rarely prioritised by Country Coordinating Mechanisms. It is crucial for challenging punitive legal and policy environments, and ultimately increasing national governments' political and financial support for harm reduction.
- **facilitated learning between neighbouring countries** on the benefits of investing in harm reduction approaches, including countries no longer eligible for Global Fund country grants.¹²
- **provided a trusted context for governments** to engage in discussions on legal and policy reform to increase access to comprehensive HIV prevention for people who use drugs.

⁷ ibid

⁸ Such as in Romania and Serbia, the latter becoming re-eligible due to an increase in disease burden

⁹ 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

¹⁰ Harm Reduction International (2020) Harm Reduction Advocacy in Asia: The impact of a multi-country advocacy grant on progress towards 90-90-90 for people who use drugs. Available at: https://www.hri.global/files/2020/10/21/HRI-FUNDING_MC_GRANTS_-_BRIEFING_OCT_20201.pdf

¹¹ APMG (2020) Focused Country Evaluations Asia Pacific Multi-Country HIV Grants Desk-Based Evaluation Report July 2020.

¹² 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.

- **strengthened community systems** that have been driving forces of resilience in the face of COVID-19, protecting the health of their communities.
- **supported multi-country learning exchange** on budget advocacy for increased domestic investment in harm reduction.

Global Fund multi-country grants provide a rare source of multi-year advocacy funding, with a degree of flexibility for implementers to adjust for changing opportunities and threats over time. For example, *Harm Reduction Advocacy in Asia (2017-2020)* supported community and civil society advocacy in seven countries which led to reforms in laws and policies to improve access to harm reduction services for people who use drugs¹³ and increased domestic support for harm reduction.¹⁴ The multi-country structure of this programme was essential to the profound impact it achieved. The end of this A1 rated grant left a gap in advocacy funding in the region and a missed opportunity to capitalise on the momentum built.¹⁵ An external evaluation of multi-country programming showed their merit, emphasised that narrow focus brought greater impact and suggested that longer-term grants for such advocacy work would be useful, along with approaches to monitoring and evaluation that enable reflection on the incremental change that is part of the process towards legal and policy reform.¹⁶

We urge the Global Fund Board to give multi-country grants due parity in the allocation formula, with increased funding available for advocacy, legal and policy reform, in order to ensure health, rights and access to harm reduction for people who use drugs.

Matching funds incentivise investment in harm reduction

The matching funds mechanism allows the Global Fund to use their influence as a donor to incentivise investment in evidence-based prevention programmes for key populations, such as human rights and harm reduction, where political will is often lacking. 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.¹⁷ Domestic investment in harm reduction is woefully lacking and disproportionately low when compared with HIV programming more broadly.

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 the matching funds mechanism enables the Global Fund to incentivise investment in rights-based, people centred harm reduction where it is needed most.

¹³ Examples include the approval of take-home methadone provision by the Ministry of Health in Vietnam and a change in policy that enabled the provision of long-term opioid agonist therapy in prisons in India.

¹⁴ Schonning S (2020) The impact of a multi-country harm reduction advocacy grant in South-East Asia Changing hearts and minds, policies and practices. Harm Reduction International, London. Available at: <https://www.hri.global/files/2021/03/10/HRI-SE-ASIA-REPORT-PAGES.pdf>

¹⁵ Schonning S (2020) The impact of a multi-country harm reduction advocacy grant in South-East Asia Changing hearts and minds, policies and practices. Harm Reduction International, London. Available at: <https://www.hri.global/files/2021/03/10/HRI-SE-ASIA-REPORT-PAGES.pdf>

¹⁶ APMG (2020) Focused Country Evaluations Asia Pacific Multi-Country HIV Grants Desk-Based Evaluation Report July 2020.

¹⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria (2022) Fight for What Counts: Global Fund Investment Case Seventh Replenishment 2022. GFATM, Geneva.



Strategic initiatives strengthen the voice and participation of communities of people who use drugs, address inequities in service provision and fund community-led monitoring and advocacy for change.

This mechanism supports initiatives that optimise the success of country allocations but cannot be funded through country grants. Harm reduction and the rights of people who use drugs have been particularly supported through the 2020-2022 Strategic Objective 3: Promote and Protect Human Rights and Gender Equality. The Community, Rights and Gender Strategic Initiative (CRG SI) has been critical in providing funding for targeted, agile and impactful initiatives that cannot be funded through country grants, but optimise community-led and harm reduction allocations in country grants. Global networks of key populations, including the International Network of People who Use Drugs (INPUD) facilitated the provision of technical support to key population-led networks on resource mobilisation planning, engagement in Global Fund processes, building community-led monitoring systems, advocating for introduction of opioid agonist treatment, alongside other situational analysis and needs assessments. Importantly, this work has led to long-term capacity building, stronger membership ties within the community, ensuring people's voices are heard at the decision-making fora, as well as key community priorities being amplified and incorporated in national strategic plans. Additionally, it led to key performance indicators relating to key and vulnerable population networks either being met or exceeded, demonstrating the importance and impact of this funding.¹⁸ CRG SI funding has also been a rare source of funding for short-term technical assistance with a focus on harm reduction and people who use drugs at the regional and national level.¹⁹

We urge the Global Fund Board to approve an increase in the funding stream for strategic initiatives. Currently, this is the only stream of funding that directly funds community-led networks to undertake a variety of critical, enabling work, that builds the voice and influence of people who use drugs to advocate for their health and human rights to be met. Additionally, it enables community-led monitoring of services to provide evidence for action and advocacy. Increased investment in strengthening community systems and responses is a direct investment in communities that will be crucial to the implementation of the Global Fund strategy 2023-2028, which commits to putting people and communities at the centre.

¹⁸ Global Fund Community, Rights and Gender Strategic Initiative Progress Update (January - December 2021)

¹⁹ Global Fund Community, Rights and Gender Strategic Initiative Progress Update (January - December 2021)