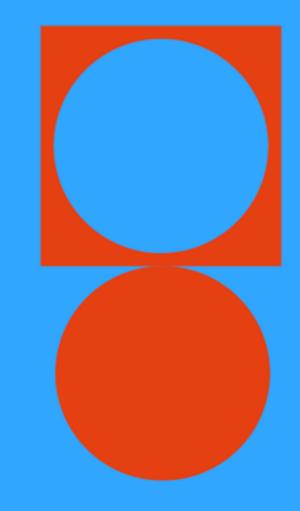
# THE COST OF COMPLACENCY: A HARM REDUCTION FUNDING CRISIS



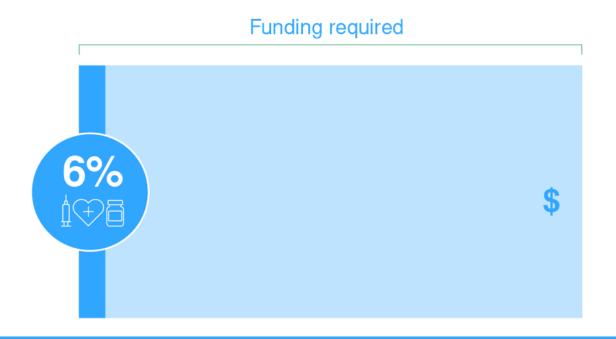
Charlotte Davies, Catherine Cook & Gaj Gurung

HR25, Bogota



## **Key findings**

# TOTAL FUNDING FOR HARM REDUCTION IN LOW- AND MIDDLE-INCOME COUNTRIES IS ONLY 6 PERCENT OF WHAT IS NEEDED



#### \$151 MILLION

identified harm reduction funding in 2022. \$2.7 billion needed annually by 2025.

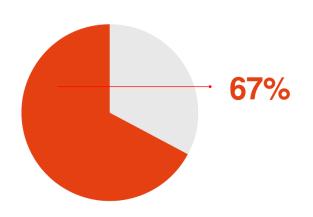
94%

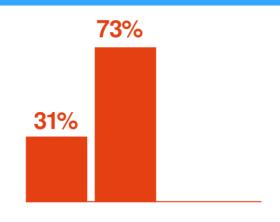
funding gap for harm reduction. 29% funding gap for the overall HIV response.

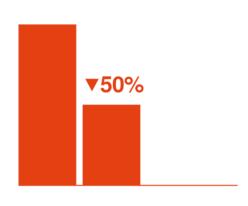
\$101.6 MILLION from donors \$49.7 MILLION from domestic budgets



## International donor funding for harm reduction







#### \$101.6 MILLION

donor funding for harm reduction in 2022. This amounted to 67% of total harm reduction funding that year.

This is a greater share and a greater amount than in 2019, when donor funding was 52% of total harm reduction funding.

#### **73%**

Of donor funding came from the Global Fund in 2022. In 2007, this was just 31%.

Bilateral funding has reduced substantially and harm reduction is more reliant on multilateral funding.

#### - 50%

donor funding for harm reduction has halved in real value over the past 15 years.

Had funding levels remained stable, rising in line with inflation, LMI countries would have received \$202 million from donors in 2022.

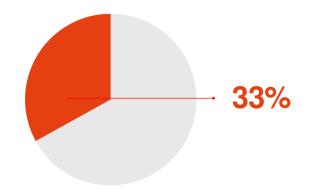


## Identified donor funding for harm reduction in 2022

Donors	%
The Global Fund	73%
United States President's Emergency Plan for AIDS Relief (PEPFAR)	8%
Robert Carr Fund (RCF)	4%
Open Society Foundations (OSF)	4%
Expertise France	3%
Elton John AIDS Foundation (EJAF)	3%
Dutch Ministry of Foreign Affairs (MOFA)	2%
United Nations Office on Drugs and Crime (UNODC)	1%
ViiV Healthcare	1%
Yayasan Sime Darby (YSD)	<1%
Gilead	<1%



### **Domestic funding for harm reduction**



#### **\$49.7 MILLION**

identified domestic funding for harm reduction, representing 33% of all harm reduction funding in 2022.

0.4%

of all domestic funding for HIV was for harm reduction in 2022.

Country	2019 (USD millions)	2022 (USD millions)	Domestic funding as % of overall funding 2019
Iran	14,222,829	4,102,995	97%
Vietnam	12,531,341	8,555,796	77%
India	11,000,000	10,170,038	92%
Georgia	3,877,889	3,144,291	73%
Indonesia	2,806,375	3,284,659	82%
Kazakhstan	2,255,590	1,364,113	83%
Serbia	2,225,063	2,719,926	99%
Malaysia	1,708,624	686,274	100%
Belarus	1,438,426	943,178	61%
Thailand	1,334,711	1,718,745	35%
Total	50,594,473	33,405,356	



#### Investing in community-led responses

- Lack of monitoring of progress against 30:60:80 targets no way to hold donors and governments accountable on targets
- Community-led organisations are central to harm reduction responses and are able to continue providing services in challenging circumstances, particularly with donor flexibility (e.g. COVID-19 and in Ukraine)
- Funding models and processes create barriers to community-led responses and favour larger organisations that may be national or even international
- There is often a lack of meaningful involvement of people who use drugs in decision making
- There are public financing barriers such as a lack of social contracting for community-led and community-based organisations
- Political and human rights barriers including the criminalisation of drug use are major impediments to a sustainable harm reduction response



#### A harm reduction funding crisis

Harm reduction is more reliant on the Global Fund than ever before

Key donors for advocacy, policy reform and human rights have reduced support

Vulnerable to changing donor priorities, political will and complacency

Poor data quality and availablity hindering monitoring efforts

Failure to embed community-led responses



### From a funding crisis to catastrophe

Some harm reduction donor investments increased since 2022

Opioid agonist therapy disruptions/clinic closures

Needle and syringe programmes and drop-in centres closed

Closure of wider PEPFAR funded services and supply chain disruptions

Stop work orders to multilateral agencies and funding mechanisms (e.g. RCF)

Disruption to community-led monitoring

Genderresponsive
harm
reduction at
particular risk



### Taking stock

- Profound moment of crisis for harm reduction in many countries
- Service cuts will lead to increased new HIV and HCV infections and overdose amongst people who use drugs
- Community organisations and peer workers the backbone of harm reduction hardest hit
- USAID leaves a huge gap to fill across development and health budgets
- Other governments are also cutting aid budgets
- Global Fund replenishment under threat
- Competing priorities for donors and governments
- Chaos, confusion and uncertainty



#### Recommendations / opportunities

- End overreliance on international donor funding and increase domestic funding for harm reduction
- Fast track HIV sustainability plans that include harm reduction and community-led responses
- Divest from punitive drug responses and invest in community, health and justice
- Call for economic justice debt cancellation, decolonised approaches
- Make strong pledges to the Global Fund replenishment
- Increase advocacy funding to protect harm reduction and help drive the drug law and policy reform required for sustainable harm reduction responses
- Invest in community-led organisations to create and protect resilient and sustainable harm reduction responses



# Join us to continue the discussion!

# THE US GOVERNMENT, DRUG POLICY AND HARM REDUCTION – TAKING STOCK

- Tuesday April 29, 2025
- **1** 13:00-14:30 pm (Colombia time)
- ◆ Harm Reduction International Conference ►₹25, Bogota | Room Number 2/A

Join the Drug Policy Alliance and Harm Reduction International **side event** to take stock of the recent U.S. Government actions and the impacts and implications for harm reduction around the world.

Lunch and drinks will be served in the event.



DRUG POLICY ALLIANCE