HARM REDUCTION
INTERNATIONAL

The Global Fund Eligibility Policy and its impact on harm reduction funding

The Global Fund to Fight AIDS, TB and Malaria is the largest funder of harm reduction globally, but its eligibility policy currently precludes certain Upper Middle Income Countries (UMICs) from applying for funding. A recent review published in the *Lancet* warned that global coverage of harm reduction interventions is critically low, with only 1% of people who inject drugs living in countries with high coverage.[1] Between 2011and 2015, new HIV infections among people who inject drugs increased by one third.[2]

In this briefing note, Harm Reduction International discusses the impact of Global Fund eligibility policy on harm reduction funding. **Ahead of the May 2018 Global Fund Board meeting, Harm Reduction International urges Board members to support changes to the Eligibility Policy that will help to achieve the goal of ending AIDS for people who inject drugs and other key populations.**[3]

1 Eligibility Policy: The OECD DAC Rule and the NGO Rule

Global Fund funding is available only to countries on the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee's (DAC) list of ODA recipients. The NGO Rule provides an exception to the OECD DAC rule, stating that in countries with high disease burden (for example, the Russian Federation, Bulgaria and Romania), civil society can access Global Fund support if there are 'political barriers' in the country. Currently the term 'political barriers' is interpreted narrowly, as laws that criminalise provision of services. This interpretation enabled much needed funding in Russia in 2014-2018 on the basis of its legal prohibition of opioid substitution therapy, amongst other factors, but does not capture Romania or Bulgaria.

Romania: HIV prevalence among people who inject drugs 21.4%

Harm reduction funding in Romania has been at risk for close to a decade. Global Fund support for the national HIV response ended in 2010 with no transition plan, resulting in the collapse of needle and syringe programmes and a sharp increase in HIV infection among people who inject drugs. Romania qualified initially for the NGO Rule due to being a non-OECD DAC Country, but the Global Fund Secretariat deemed they did not meet the political barriers criteria. In 2016, the Eurasian Harm Reduction Network scored Romania at just 31% in an assessment of its readiness to transition, concluding that there is *"no government willingness to invest in harm reduction at this time"*.

Bulgaria: HIV prevalence among people who inject drugs 10.6%

Between 2003 and 2014, harm reduction programmes in Bulgaria were primarily supported through a Global Fund grant. Civil society reports that the end of Global Fund support (following a no-cost extension up to 2017) has led all of the country's ten needle and syringe programmes to cease or significantly downsize operations, and argues that low prioritisation of harm reduction by the Bulgarian government is the primary barrier. Harm reduction may be written into the national HIV strategy, but this commitment has not been met with finances, nor is there a realistic plan to transition from international donor funding to state support. Like in Romania, the Global Fund Secretariat deemed that Bulgaria's barriers to implementing HIV prevention did not meet the narrow political barriers criteria.

In our 2017 report *Harm Reduction Investment in the European Union: Current Funding, Challenges and Successes*, we recommend the Global Fund should better define what is meant by 'barriers' under the NGO Rule and what constitutes proof that these are insurmountable enough to warrant Global Fund support. At the upcoming meeting in Macedonia, **we urge the Global Fund Board to ensure a more expansive interpretation of 'barriers', enabling civil society to utilise the NGO rule in countries with significant human rights barriers, or a deficit of political will, such as Bulgaria and Romania.** Ensuring an expansive interpretation would necessitate consultation with UN, partners, civil society and human rights experts.

2 Eligibility Policy: The G20 rule

The G20 Rule prevents UMICs that are also G20 members from receiving funding unless they have an 'extreme' disease burden. It currently excludes Brazil and China from Global Fund support, where HIV prevalence among people who inject drugs is high. In future the G20 rule will exclude Indonesia, South Africa and India, when they become UMICs, with significant impact upon harm reduction services for thousands of people who use drugs.

Harm Reduction International **calls for the elimination of the G20 rule because it is not evidence-based**. If any UMICs continue to be excluded due to being G20 countries, we also **recommend that the NGO Rule (with a broader definition of 'barriers') is extended to civil society in these countries, and to any countries with high HIV incidence that may become ineligible in future due to the OECD DAC Rule. 'Safety net' mechanisms that will enable civil society and key populations to receive support in ineligible UMICs and transitioning countries should also be considered.**

3 Eligibility Policy: Disease Burden – Sources of data

Data on HIV prevalence among key populations are often unavailable or outdated and remain a low government priority to update. UNAIDS data on HIV prevalence among people who inject drugs is publically available for only 12 out of 40 eligible UMICs. When making decisions regarding eligibility and transitional funding, it is critical that the Global Fund rely not only on UNAIDS data, but also on data and evidence from wider sources, including international and national civil society. For example, as the only independent monitor of global harm reduction need and response, Harm Reduction International's biennial *Global State of Harm Reduction* includes data and evidence gathered through a coordinated effort across practitioners, academics, advocates and activists.

4 Additional Recommendation: Funding for advocacy

Ultimately increasing domestic funding for harm reduction is the most sustainable solution for harm reduction funding, but this transition will take time. **Harm Reduction International strongly encourages the Global Fund to support and scale up funding for advocacy to help civil society organisations, supported by international allies, to push for increased investment from their governments.**

Across the world, spending on ineffective and often repressive drug control dramatically outweighs spending on harm reduction. Data modelling by Harm Reduction International and the Burnet Institute has shown that with just 7.5% of the $100 billion spent annually on drug control, we could virtually end AIDS among people who inject drugs by 2030. Harm Reduction International's 10 by 20 campaign **calls on governments to redirect funds from drug control to harm reduction, and we invite the Global Fund to join us in advocating for a re-direction in its dialogues with country governments.**

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1. 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 systematicreview', The Lancet Global Heath, Volume 5, No. 12, e1208–e1220
2. UNAIDS (2016), 'Get on the Fast-Track — The life-cycle approach to HIV', p. 52.
3. This briefing note focuses on Global Fund eligibility policy as it pertains to HIV funding.