

## **HRI statement from the September CND Intersessional, delivered on 25 September 2018**

Thank you, Mme. Chair, for the opportunity to make this statement on behalf of Harm Reduction International.

The 2016 UNGASS outcome document contains the strongest international endorsement of harm reduction in a drug policy document. Member states committed to “initiatives and measures aimed at minimising the adverse health and social consequences of drug use,” which includes considering the introduction of medication assisted therapy, injecting equipment programmes, antiretroviral treatment and naloxone for the prevention of overdose-related deaths.

While this language is a positive step, there remains a considerable gap between rhetoric and implementation of these lifesaving measures. One of the primary barriers to implementation is inadequate funding for harm reduction.

Harm Reduction International tracks funding for harm reduction in low- and middle-income countries and our latest research found that only US\$188 million was allocated in 2016. This is just over one-tenth of the US\$1.5 billion that UNAIDS estimates is required annually in LMICs by 2020 for an effective response to HIV among people who inject drugs.

The trend in harm reduction funding in LMICs is of serious concern. There has been no increase in funding since 2007. Moreover, harm reduction funding represented just 1% of the estimated US\$19.1 billion spent by donors and governments on the HIV response in 2016 and available funds equate to just four cents per day per person injecting drugs in low and middle-income countries

International donors continue to be the most important sources of support – yet their funding for harm reduction has declined almost one-quarter over 10 years. Donor governments are withdrawing bilateral support that was once strong for harm reduction, and our research suggests that funding allocations from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)—the largest funder—were 18% lower in 2016 than in 2011.

In the face of donor withdrawal for harm reduction the responsibility is shifting to national governments. There are select bright spots where LMIC governments are working to protect people who use drugs through a scale-up in funding. Our research identified domestic investment of over US\$1 million in 10 countries, including India, China, Vietnam, Georgia, Thailand and Myanmar. However, nearly all national governments, including those with higher rates of investment in harm reduction, continue to prioritise ineffective drug law enforcement, placing the health and rights of people who use drugs and their communities at risk.

In short – funding for harm reduction is in crisis. Even when funding is available, it is often not aligned with where there is a clear need. For example, upper middle-income countries

have the largest share of people who inject drugs, but receive a fraction of harm reduction funding.

The consequences of donor retreat and the lack of domestic investment in harm reduction cannot be overstated. People who inject drugs are among the most vulnerable to contracting blood-borne viruses. New HIV infections among this population increased by one third from 2011-15, and HIV epidemics among people who inject drugs are commonplace in Asia and Eastern Europe. Harm reduction is integral to the world's HIV response and cannot be ignored.

The benefits of harm reduction go far beyond the HIV response, too. As several countries play witness to overdose crises, we should be reminded of the importance of adequate naloxone provision and medication assisted therapy, both of which are highlighted in the 2016 outcome document yet remain scarce. And this says nothing of the range of other evidence-based health, social and economic interventions for people who use drugs, which many countries continue to ignore to the detriment of improving public health.

If the enormous shortfall for harm reduction funding in LMICs is not addressed, the commitments made at UNGASS will continue to ring hollow and several important global health targets will be missed.

The Commission on Narcotic Drugs (CND) recognises this dire situation and in resolution 60/8 urged member states and donors to continue to provide bilateral and other funding to address the growing HIV/AIDS epidemic among people who inject drugs.

HRI supports CND's call for funding and recommends that:

- International donors increase harm reduction funding in line with epidemiological need and do not withdraw or reduce funds without adequate transition plans in place.
- National governments invest in their own harm reduction responses. They should track, and critically evaluate their drug policy spending and redirect resources from ineffective drug law enforcement to harm reduction.
- International donors, including donor governments, invest in multilateral funding mechanisms such as the Global Fund and ensure that UNODC is sufficiently funded.
- International donors ensure financial support for overdose prevention, including naloxone and opioid substitution therapy.

Thank you again Mme. Chair for the opportunity to speak.