

**HARM  
REDUCTION  
WORKS –  
FUND  
IT!**

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**EHRN: advocating for  
sustainability of harm reduction  
financing in EECA**

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## ***Eurasian Harm Reduction Network (EHRN)***



**promotes humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and protecting human rights at the individual, community, and societal levels.**

**Founded in 1997, EHRN unites over 600 institutional and individual members from 29 countries of Central and Eastern Europe and Central Asia (CEECA) – the region with 3,3 mil people who inject drugs.**

In 2005 EHRN was granted a *Special Consultative NGO Status by the Economic and Social Council of the United Nations (ECOSOC).*

*Secretariat is based in Vilnius, Lithuania.*  
[www.harm-reduction.org](http://www.harm-reduction.org)

## Strategic Objectives




To strengthen advocacy by our members, civil society, community of people who use drugs in CEECA and our allies/partners at the national, regional and international levels for:

- 1. financial and programmatic sustainability of harm reduction programs that meet the needs of people who use drugs, communities and the public at large**
- 2. non-repressive and enabling legal and law enforcement environment that ensures the fulfillment of civil and human rights of PWUD.**



## Funding for HR

- Funding for the majority of harm reduction programs in Eurasia (with the exception of EU member countries) is mainly reliant on international sources, primarily the Global Fund
- Out of 29 countries in the region, the largest proportion of funding (over 90%) for harm reduction comes from domestic sources in Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania and Poland (2) However, as harm reduction coverage estimates show, adequate scale is achieved only in the Czech Republic (data 2012)
- Across the region governments have shown little “willingness to pay” for harm reduction programs
-  **HR programs are not sustainable in the EECA region**

# Economic and political prerequisites of transition to national funding of Harm Reduction



## Economic growth

state investments in health systems are growing

## International funding of HR is decreasing

world crisis;  
public health is not a priority in global development agenda as it used to be

## New regional priorities

in Global Fund funding



## S&T national level context

- New Global Fund's S&T Policy: MICs have to base their new funding requests on Transition Plans
- MICs are at different continuum of transition:
  - Some countries exit without benefitting
  - Some – ongoing transition readiness assessment processes; few Transition Plans are being developed (and their implementation process not started)
  - Most have not started
  - No predictability yet of the donor support
- In practice many do not take sustainability seriously; plans are not nationally-owned, not approved at government level with a budget, not inclusive for key populations

# 2013 TERG Review on Sustainability: Key Take-Aways which are still relevant



- Most of the countries took financial responsibility for provision of drugs and other pharmaceutical commodities while **prevention interventions especially those that are implemented through the community health systems were not sustained.** It was found out that governments find it easier to take up responsibility for services provided through the public health system.
- **Governments have tended to avoid support to CSOs, interventions targeting key affected populations (KAPs) and prevention interventions.**
- **No mechanisms exist allowing to provide funding to NGOs on national level for HIV prevention activities among KAPs**

# Examples of the consequences of GF withdrawal from countries without proper transition planning



- **Serbia:** the last GF HIV grant ended in December 2014. The transition plan was not developed and implemented in advance. CCM is not functional anymore. HIV prevention among KAPs is a part of the national HIV strategy (“no political barriers”) but relevant programs are not budgeted. Only 3% of national HIV budget is targeted on HIV prevention and 0% of it – on prevention among KAPs. Few harm reduction NGOs have already closed. But it seems like Serbia will become eligible again.
- **Romania:** the last GF HIV grant ended in 2013 and as there was no political will to support harm reduction programs the level of the available funding decreased dramatically. HIV epidemic among IDUs is growing: from 3-5 cases in 2007-2009 to 12 in 2010 and 129 in 2011. Although Romania was eligible within “NGO rule” GF decided not to allocate any funding to it within NFM.



**Global Fund related advocacy focus on ensuring the sustainability of HR programs within the transition processes.**

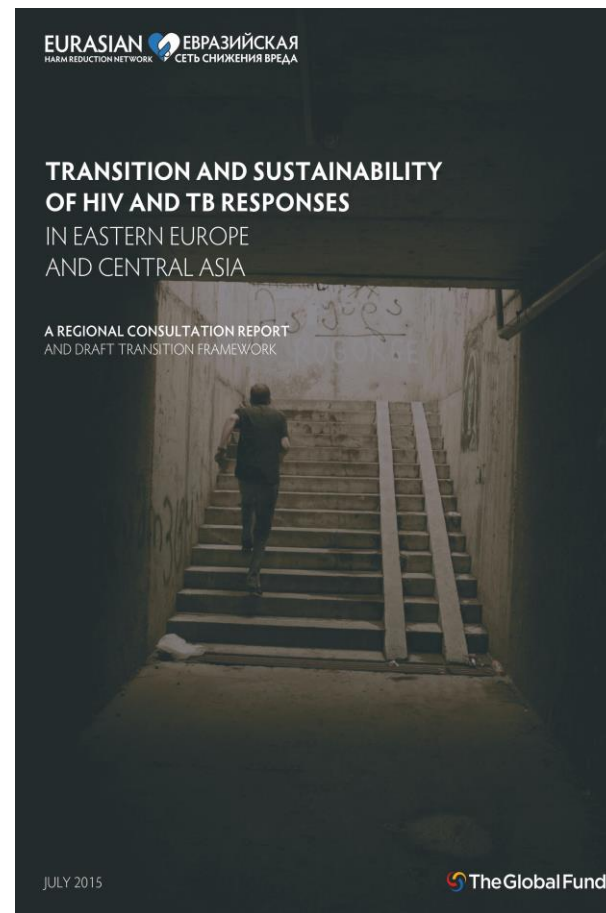


**Civil society should advocate not for transition of donors support from countries to happen but for sustainability of the priority components of HIV response to be ensured. Donors should not transit from countries unless the sustainability of programs targeted on KAPs is guaranteed.**

## Structuring a Complex Process



- Regional consultation in Istanbul in July 2015 aimed to provide overarching guidance:
  - Agree on principles for a transition to sustainability
  - Identify minimum timelines
  - Draft framework to define and guide a comprehensive transition process
- Contexts will be highly individualized, and each country should use the framework to create its own roadmap to sustainability





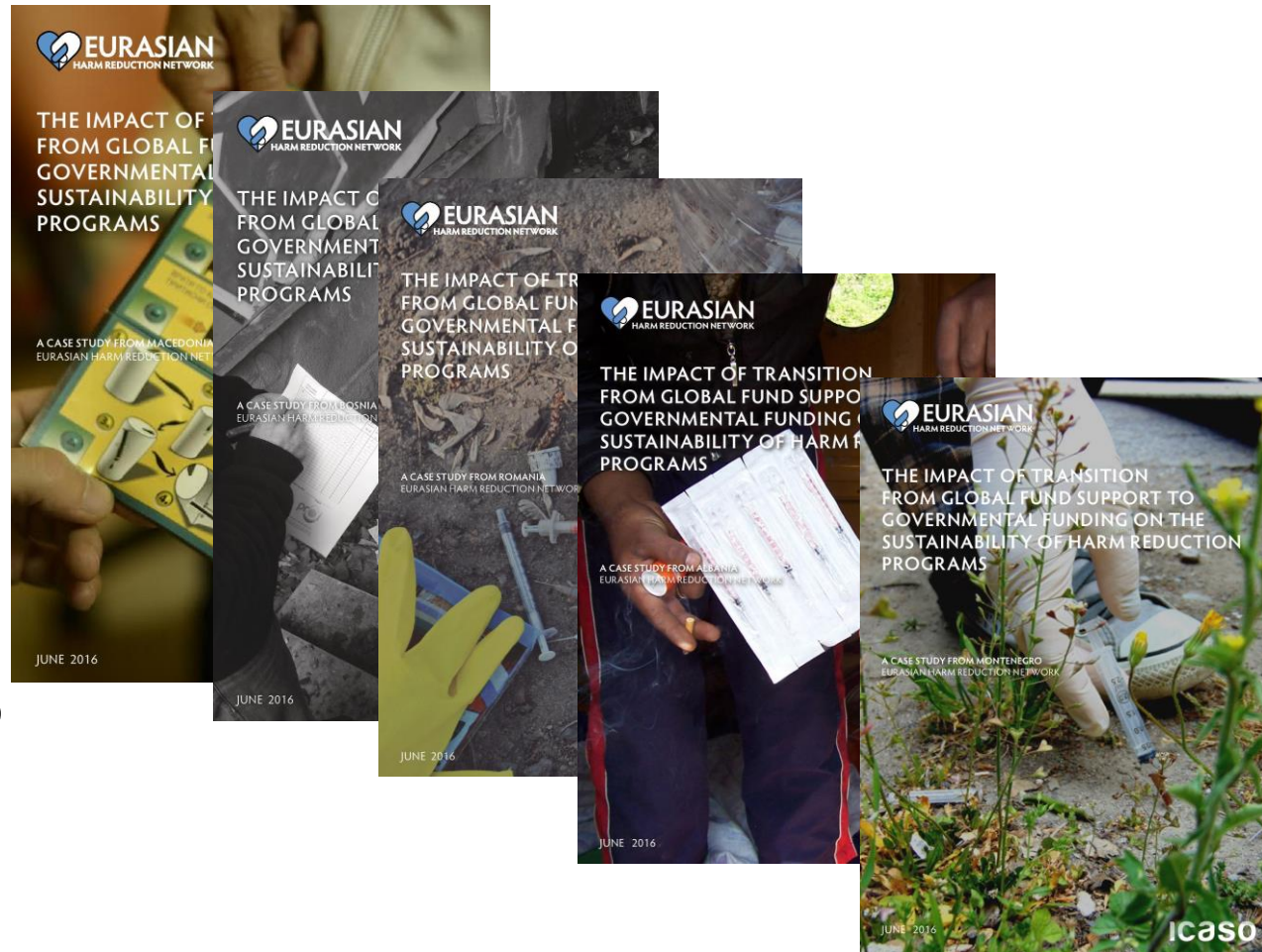
# Case Studies to analyse the consequences of transition from Global Fund support to national funding for HR

## 2015

- Serbia
- Bulgaria
- Belarus

## 2016

- Albania
- Bosnia
- Macedonia
- Montenegro
- Romania





## Transition Readiness Assessment Tool

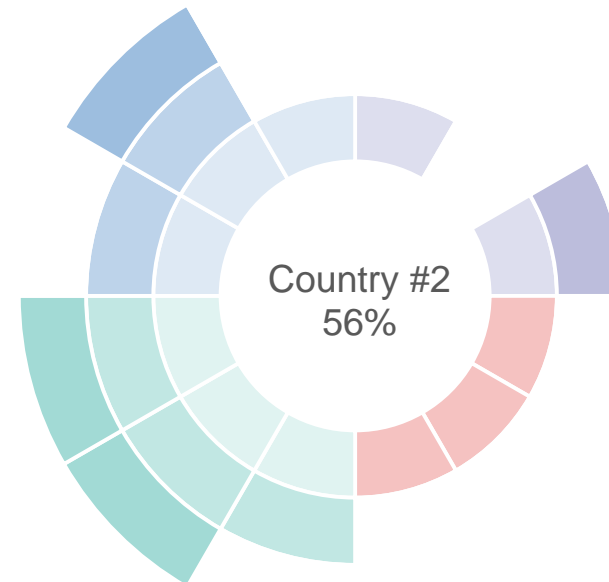
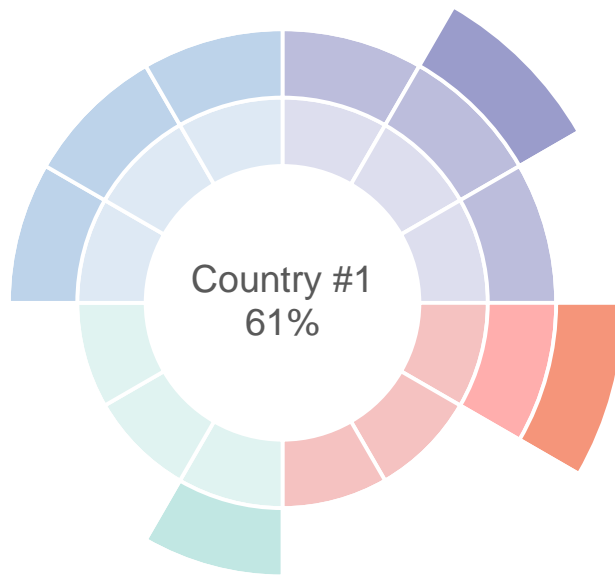
- Measuring 4 areas: policy, governance, finance and program
- Tracks progress by 3 stages
- Benchmarks capture multi-stakeholder involvement at each stage

THEMATIC AREA						
	Stage I		Stage II		Stage III	
Indicator 1		Benchmark 1.1.		Benchmark 1.2.		Benchmark 1.3.
Indicator 2		Benchmark 2.1.		Benchmark 2.2.		Benchmark 2.3.
Indicator 3		Benchmark 3.1.		Benchmark 3.2.		Benchmark 3.3.



## Scoring and Visualizing Readiness

- 4 areas x 3 indicators each x 3 stages at 1 point each = 36 total points



**The highest readiness score we got was 47%, the lowest – 19% readiness to transition**

# Regional Program “Harm Reduction Works - Fund It!”



**Donor:** Global Fund to Fight AIDS, Tuberculosis and Malaria

**Program countries:**

Belarus, Georgia, Lithuania, Moldova, Kazakhstan, Tajikistan

**Objective 1:** To build an enabling environment for sufficient, strategic and sustainable public and donor investments in harm reduction.

**Objective 2:** To develop the capacity of the community of people who use drugs to advocate for the availability and sustainability of harm reduction services that meet their needs.

**Project timeline**

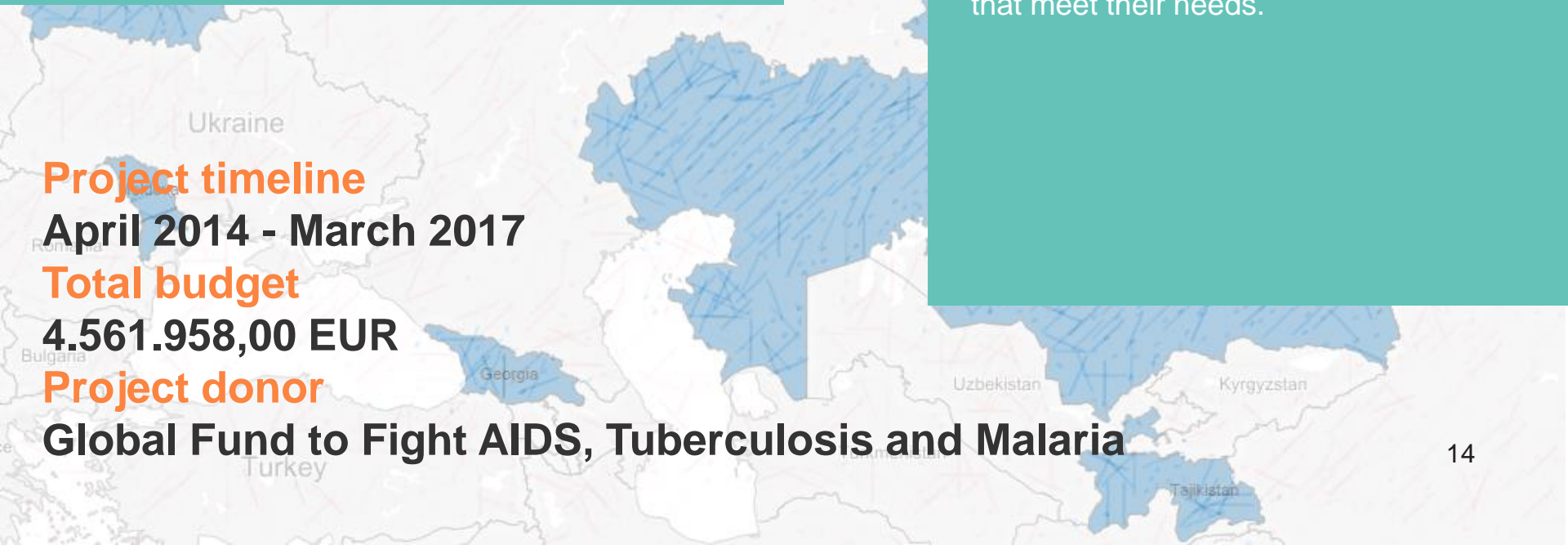
**April 2014 - March 2017**

**Total budget**

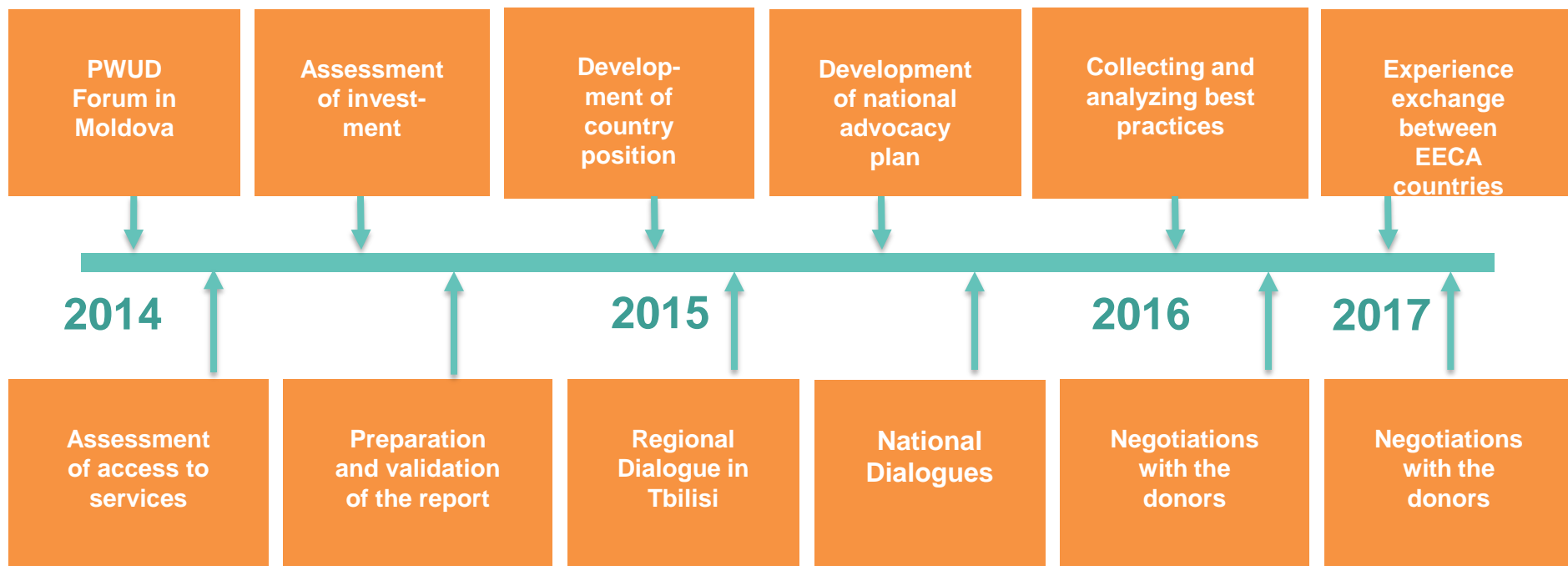
**4.561.958,00 EUR**

**Project donor**

**Global Fund to Fight AIDS, Tuberculosis and Malaria**



# Regional Program “Harm Reduction Works - Fund It!”



## *Methodology: Investment and service monitoring*



- National partners focus on assessing levels of investments in harm reduction; groups of people who use drugs explore responsiveness of harm reduction services to the needs of people who use drugs (PWUD).
- Gathered data is integrated in national and regional reports “Road to Success: Towards Sustainable Harm Reduction Financing Regional report”.
- These reports served as the basis for advocacy and planning national funding of harm reduction.



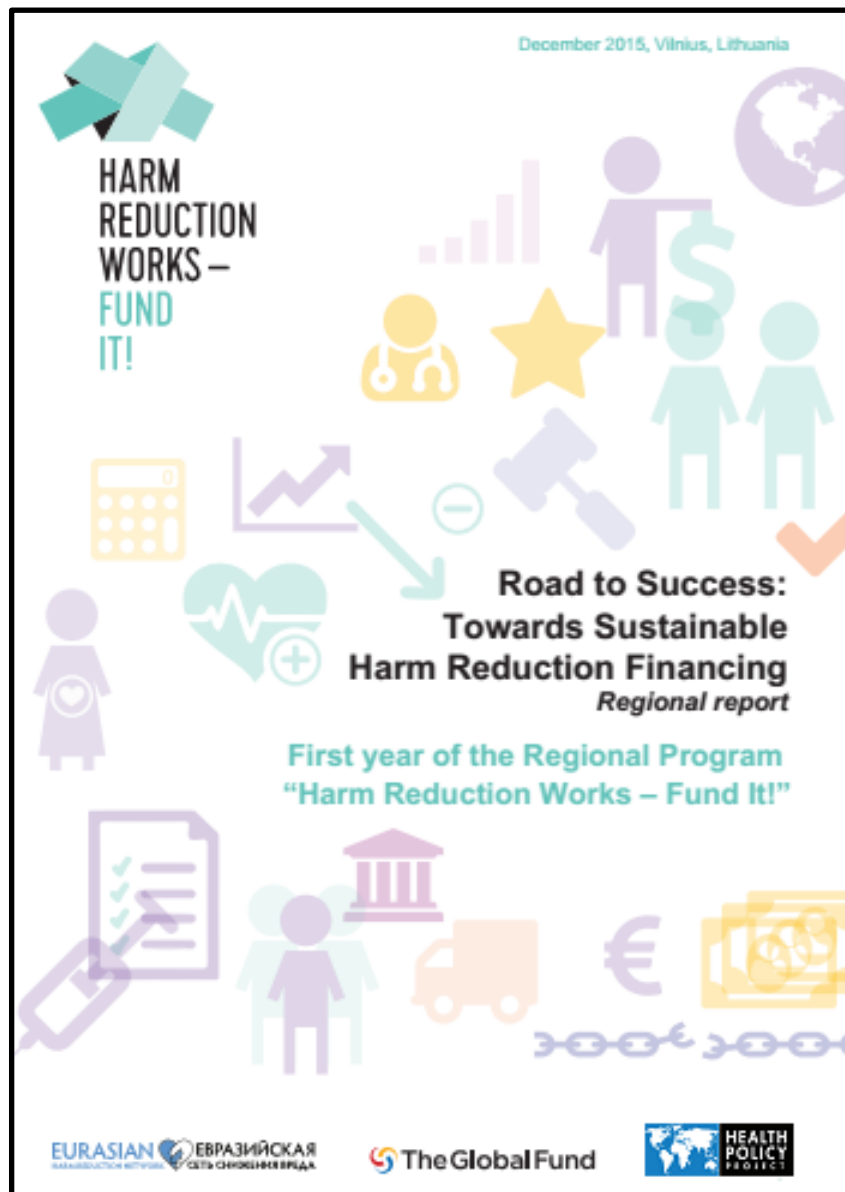
# Methodology: Investment and service monitoring



- **The methodology to assess harm reduction funding levels :**
- Harm Reduction Expenditure Tracking Tool
- Harm Reduction Unit Costing Tool
- Harm Reduction Funding Gap Tool
  
- **The Methodology to assess responsiveness of harm reduction services to the needs of PWUD**
- to identify currently existing harm reduction services and assesses actual needs of people who use drugs;
- Assess quality of existing services and make suggestions for improvement;
- help define objectives and formulate advocacy messages based on collected data.

**WITH CURRENT COST PROJECTIONS THE GAP IN HARM REDUCTION INVESTMENTS WOULD TOTAL OVER \$13.6 MILLION IN 2016 ALONE.**

Road to Success:  
Towards Sustainable  
Harm Reduction  
Financing  
Regional report



# Regional Advocacy Targets



**Target 1:** Contribute to increase of government funding in EECA countries for harm reduction programs in accordance with identified needs for 2016-2018;

**Target 2:** Contribute to legislative and regulatory changes for more effective harm reduction services provision and resources optimization;

**Target 3:** Contribute to development and integration of planning process of transition from international to national funding of HIV and TB responses, including harm reduction services;

**Target 4:** Negotiate with bilateral and multilateral donors (PEPFAR, EC, Netherlands, France, Germany and the UK) their support to EECA states, targeted at successful transition and based on country technical support requests.

**Target 5:** Promote cooperation between civil society/key populations networks, state actors and the Global Fund, targeted at adequate representation of key populations networks and NGO service providers in process, related to the development and monitoring of transition/sustainability plans.

# National Advocacy Targets



- ❖ Advocate for country commitments, declared at the Regional Dialogue “ROAD TO SUCCESS”, to be fulfilled in 2016-2018:
  - Funding and legal/policy change commitments are ‘fixed’ in country transition/sustainability plans,
  - Funding commitments are ‘fixed’ in national programs,
  - Funding for NSP and OST is allocated as guaranteed by national funding programs,
  
- ❖ Advocate for efficiency of resource allocation and spending for NSP and OST services;
  
- ❖ Advocate for development and integration into health systems of social contract mechanisms for NGOs, providing harm reduction services;
  
- ❖ Analyze and document new models of financing and innovations in the sphere of harm reduction services provision on country and regional levels.



## Key focus areas for 2016 - 2017

- National and municipal level budget advocacy
- Advocating for development and/or improvement of funding mechanisms for resourcing civil society and fund local civil society to deliver services
- Involvement in transition readiness assessment and planning
- National high level dialogues
- Community mobilization for: community lead advocacy, community based monitoring and overcoming legal barriers (street lawyers)
- Regional HR Conference in Vilnius in April 2017

## Example from Tajikistan



In September 2015 the following commitments were taken and announced on Tbilisi Regional Dialogue in Tbilisi:

- ensure 6.3% of government funding for NSP and 10% for OST by 2018;
- develop and integrate joint instruction for Ministry of Finance and Ministry of Health for creation of budget line for financing of HIV services, including harm reduction

In February EHRN facilitated a meeting with NGO representatives to identify priority components, activities and indicators to be included into the National HIV Program 2016 – 2020

- Governmental funding of 12 NGO providing HIV prevention services from PWID (expected source of funding – MoH budget, around 200 000 USD)
- Development of the package of documents to introduce the practice of social contracting for NGOs providing HIV and psycho-social services for PLH and KAPs.

In September as a result of the budget advocacy workshop EHRN together with SPIN Plus with support of the EU Human Development Support Program II initiated the process of development of the standards of provision of HIV prevention services among KAPs in Tajikistan

## *What about funding of HR?*



- **Unit costs reduction – it is really possible.**
- **HR is not the increase of health budget, but its reduction – the services needs to be analyzed and provided in regards to local specific needs.**
- **Necessary to ensure that there are functional mechanisms in the country allowing to provide funding to NGOs on national level for HIV prevention activities among KAPs**
- **For NGOs – to be focused on budget monitoring and budget advocacy**
- **For countries dependent on GF – to start transition planning processes in advance and CS should be involved at all stages of this process**
- **Funds revision and reallocation.**
- **Identify new sources of funding – alcohol, tobacco, gambling industry excise-duties; crowd-funding; private sector investments; insurance.**
- **EU structural funds as a potential source of funding for HIV prevention activities**



**THANKS!**