Getting ready for harm reduction budget advocacy

A guide for civil society and communities

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Getting ready for harm reduction budget advocacy:

A guide for civil society and communities

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Harm Reduction International (HRI) is a leading non-governmental organisation (NGO) dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. We promote the rights of people who use drugs and their communities through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies. The organisation is an NGO with Special Consultative Status with the Economic and Social Council of the United Nations.

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral treatment
DCR	Drugs consumption room
FOI	Freedom of information
HCV	Hepatitis C
HIV	Human immunodeficiency virus
HRI	Harm Reduction International
IBP	International Budget Partnership
IMF	International Monetary Fund
LDSS	Low dead space syringes
LMIC	Low- and middle-income countries
NGO	Non-governmental organisation
NSP	Needle and syringe programme
OAT	Opioid agonist therapy
OECD	Organization for Economic Cooperation and Development
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Terminology

Budget: a public budget is a prospective document that sets out how much money (income or revenue) is coming in, where it is coming from, and what it will be spent on (spending/ expenditures). It usually covers a fixed period of time, often referred to as the fiscal year, and reflects the policy priorities of the government.

Cost-effective/cost-effectiveness: a form of economic analysis that compares the relative costs and outcomes (effects) of different courses of action.

Fiscal transparency: refers to the publication of information on how governments raise, spend, and manage public resources.

Low- and middle-income countries: countries classified in low- and middle-income groups, based on World Bank gross national income projections.

Market authorisation (for drugs): the process of reviewing and assessing the evidence to support a medicinal product, such as a drug, in relation to its marketing, finalised by the granting of a license for sale.

Public financial management: a set of laws, rules, systems and processes used by national and local government to mobilise revenue, allocate public funds, undertake public spending, account for funds and audit results.

Social contracting: when public agencies transfer funds to civil society organisations in exchange for specific services.

Introduction

How money is collected and distributed through public budgets influences the lives of millions of people in every country in the world. Those decisions might ensure food and shelter for many, or deprive others from essential healthcare services. Budget advocacy, which is a tool to influence those decisions, can make an impact on millions of lives.

Essential healthcare includes harm reduction services for people who use drugs. These services – such as needle and syringe programmes (NSP), opioid agonist therapy (OAT), drug consumption rooms (DCRs), overdose prevention with naloxone, and drug checking – protect against HIV, TB and hepatitis C (HCV) and save lives. Not only are they effective, they are cost-effective and cost-saving, and they have a positive impact on individual and community health.

Yet, the provision of these services is critically low. Only 1% of people who inject drugs live in countries with high coverage of both NSP and OAT.[1] The harm reduction response to stimulant use remains underdeveloped,[2] drug checking services are scarce[3] and DCRs only formally operate in 12 countries, all of them located in the Global North.[4] In 2020, only 15 countries permitted peers of people who use drugs to distribute naloxone.[5]

Meanwhile, HIV infections among people who inject drugs continue to rise, accounting for almost half of new infections in Eastern Europe and Central Asia, and the Middle East and North Africa in 2019.[6] Prevalence of HCV among people who inject drugs is 50-times higher than among the general population,[7] overdose deaths have skyrocketed in many countries around the world[8] and stimulants use in Asia and sub Saharan Africa is increasing.[9]

Despite the fact that many low- and middle-income countries (LMICs) include harm reduction in their national policy documents, few of them actually invest domestic resources in these life-saving services, even where the need is great.[10] This is often due to the criminalisation of people who use drugs, stigma and discrimination. **At the last count, only US$188 million was invested in harm reduction in LMICs – just over one tenth of the US$1.5 billion UNAIDS estimates is required for an effective HIV response among people who inject drugs.**[11] The majority of this funding comes from international donors.

1. Larney 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, Issue 12, PE1208-E1220.
2. Harm Reduction International, CoACT (2019) Harm Reduction for Stimulant Use, Briefing Paper. London. Available from www.hri.global/files/2019/04/28/harm-reduction-stimulants-coact.pdf
3. Harm Reduction International (2019) Drug-checking services, Global State of Harm Reduction 2018 Briefing Paper. London. Available from www.hri.global/files/2019/03/25/drug-checking-2018.pdf
4. Harm Reduction International (2020) Global State of Harm Reduction 2020. Harm Reduction International, London. Available from www.hri.global/global-state-of-harm-reduction-2020
5. Ibid.
6. UNAIDS (2020), UNAIDS Data 2019. Geneva. Available from www.unaids.org/en/resources/documents/2019/2019-UNAIDS-data
7. Harm Reduction International (2020) Global State of Harm Reduction 2020. Harm Reduction International, London.
8. UNAIDS (2019) Health, Rights and Drugs – Harm reduction, decriminalization and zero discrimination for people who use drugs. Geneva. Available from www.unaids.org/en/resources/documents/2019/JC2954_UNAIDS_drugs_report_2019
9. Harm Reduction International, CoACT (2019) Harm Reduction for Stimulant Use, Briefing Paper. London.
10. Cook, C. & Davies, C. (2018) The Lost Decade: Neglect for harm reduction funding and the health crisis among people who use drugs. Harm Reduction International. London. Available from www.hri.global/harm-reduction-funding
11. Ibid.

The harm reduction funding crisis in some countries is further exacerbated by the withdrawal of donors, particularly as the economies of middle-income countries grow,[12] putting the existence of harm reduction services, and ultimately people's health, at risk. With reduced international funding, it is increasingly important that domestic resources are used to support services for people who use drugs. Budget advocacy, which seeks to change public budget allocation, is a useful way for civil society and communities to refocus the attention of their government on the rights of people who use drugs and the value of harm reduction.

This guide aims to provide you (i.e. civil society and communities representatives) with an introduction to budget advocacy plus some tools and strategies to support you in advocating for sustainable harm reduction funding. Throughout the guide you will find practical actions to start your harm reduction budget advocacy work.

12. ACTION Global Health Advocacy Partnership (2017), Progress in Peril? The Changing Landscape of Global Health Financing. Washington. Available from www.action.org/resources/progress-in-peril-the-changing-landscape-of-global-health-financing1

SECTION I: Budget advocacy basics and how to get involved

What is evidence-based budget advocacy and why is it important?

Evidence-based budget advocacy is a combination of budget analysis and strategic advocacy. It requires careful examination of public budgets to identify areas that could be allocated or reallocated to the advocacy target, in this case harm reduction, then strategic advocacy to bring about this change.[13] Securing information on budget revenues (how much money is coming in) and expenditures (how much money is being spent), potential saving and inefficiencies, and carefully selecting the most effective ways to address the issue of your advocacy are essential components of evidence-based budget advocacy. Evidence-based budget advocacy means undertaking high quality research and analysis to generate evidence that can be used strategically to advance a desired change in public budget allocation.

The International Budget Partnership (IBP) defines budget advocacy as a 'strategic approach to influence governments' budget choices, aimed at achieving clear and specific outcomes, e.g. healthier people'.[14]

The ultimate goal of harm reduction budget advocacy is to achieve sustainable and efficient domestic funding for harm reduction, tailored to the needs of people who use drugs in your country.

Evidence-based budget advocacy for harm reduction can serve the following purposes:

- To challenge harm reduction policies and budgets at national and local levels
- To promote and improve transparency and accountability of budget processes and budget expenditure on harm reduction at national and local levels
- To advocate for more efficient use of public funds on harm reduction by monitoring budget implementation
- To reduce inefficiencies in harm reduction-related spending by exposing leakages and bottlenecks
- To empower and upskill civil society and communities to participate in the budget process and influence decision-making processes
- To inform public debates by providing objective analysis of budget and policy proposals related to harm reduction

13. It should be noted that budget advocacy also includes a review of the public budget to identify if the execution of public budget was consistent with the advocacy efforts.

14. International Budget Partnership, Orientation to Budget Advocacy. Available from www.internationalbudget.org/budget-advocacy/orientation/

Advocating for harm reduction funding is often carried out by community and civil society organisations. If you work for such an organisation you will know that the realities faced by people who use drugs must inform how harm reduction funding should be prioritised and spent at national and local levels.

It must be noted that budget analysis and budget advocacy may be a new area of work that requires some capacity building. This work also involves significant staff time to analyse budget information at regular intervals in order to assess any change resulting from your advocacy efforts.

TAKE ACTION 1

Get in touch with organisations working on budget advocacy in your country, learn from their experiences and form strategic partnerships with them. Use IBP's Country Directory[15] to find organisations in your country.

When engaging in budget advocacy work, it is essential to keep in mind these fundamental principles of public financial management and public economics:

1. **Public budgets are finite**, just like any resource in the world. This means that, no matter how hard we try, there is a limit to the extent that a public budget can stretch.
2. **Communities and governments have multiple competing needs and priorities that all require funds.** When funding is allocated to one activity it reduces the resources available for another activity.
3. **There is no public money.** Any money in the public budget is money that has been collected from the society or community it serves through different types of revenue collection methods (e.g. taxes, fees, loans or credits).

How budget decisions are made and key barriers

Budget decisions are not created in a vacuum; they are determined by the social, economic and political conditions in your country and are specific to your country. As a budget advocate, to bring about the change you want you must assess the environment in which you are working by identifying factors and conditions that may affect your advocacy in a positive or negative way. Below are some examples to consider that can help you get started.

Legal environment, fiscal transparency and civil society participation: Some countries have legal, policy or practical barriers that will make it difficult for you to engage in different phases of the budget process, gather the information you need to analyse budgets, and conduct budget analysis in a timely manner. A lack of fiscal transparency might prevent you from actively participating in budget processes and limit your ability to hold governments accountable.

TAKE ACTION 2

Learn how transparent the budget process in your country is by using IBP's Open Budget survey.[16]

15. Available from www.internationalbudget.org/budget-work-by-country/findgroup/
16. Available from www.internationalbudget.org/open-budget-survey

Corruption: The extent to which corruption exists in the public sector differs between countries. In places with more corruption, the public sector will not be willing to share information that can expose such practices. This can include information on public tenders, how providers of publicly funded services were selected, at what price and how funds have been used (for example, to purchase methadone, naloxone or needles and syringes).

TAKE ACTION 3

Check the levels of corruption in your country. Use Transparency International's Corruption Perceptions Index[17] to learn more about your country.

Prevailing customs and values in your country: It is also worth looking at how people who use drugs are perceived by decision-makers and the general population. Are these views stigmatising and moralistic or supportive? Is the general population in favour of a punitive approach to drugs or an approach based on public health and human rights? Is there wide resistance to, or support for, the government to secure the funding necessary to provide harm reduction services?

Political instability and unforeseen political change: The political situation in your country may influence the success of your budget advocacy work. These factors are difficult to predict, and it may be impossible to have a ready-made strategy to address them.

Legal regulations: Before starting your budget advocacy work, make sure that your advocacy objective is legally feasible. For example:

- Make sure that harm reduction service standards are in place. This is often required to provide public funding for services.
- Check that your country has a mechanism to channel public funds to civil society organisations that deliver services (e.g. social contracting). Make sure that this mechanism does not exclude smaller civil society or community-led organisations from service delivery.
- Check that civil society or community-led organisations delivering harm reduction services follow national regulations for service providers.
- When advocating for access to medicines (e.g. naloxone, antiretrovirals, methadone or buprenorphine) it is essential that those medicines already have market authorisation in your country, which is the process a medicine goes through so it can be licensed for sale (see the terminology on page 4 for more information). It is important that market authorisation is secured before you advocate for public funding because public allocation is only available for one year, while market authorisation can take few years. Methadone and buprenorphine are controlled substances under the International Drug Control Conventions,[18] as well as being essential medicines on the WHO Essential Medicines List. The fact that they are controlled may mean that there are additional regulatory barriers associated with their manufacture, import, export, storage, transport or prescription.

17. Available from www.transparency.org/en/cpi#

18. See the Single Convention on Narcotic Drugs, 1961, the Convention on Psychotropic Substances, 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

Civil society and community participation in budgeting processes is a relatively new phenomenon. An increasing number of countries acknowledge the positive impact of such collaboration, and designated platforms have been created to enhance this collaboration.[19] The Global Initiative for Fiscal Transparency (GIFT) is a network that supports such platforms and facilitates dialogue between governments, civil society organisations, international financial institutions and other stakeholders. GIFT's aim is to find and share solutions to challenges in fiscal transparency and participation. It works through advocacy and high-level dialogue, peer learning and technical collaboration, research, and technology for participation.

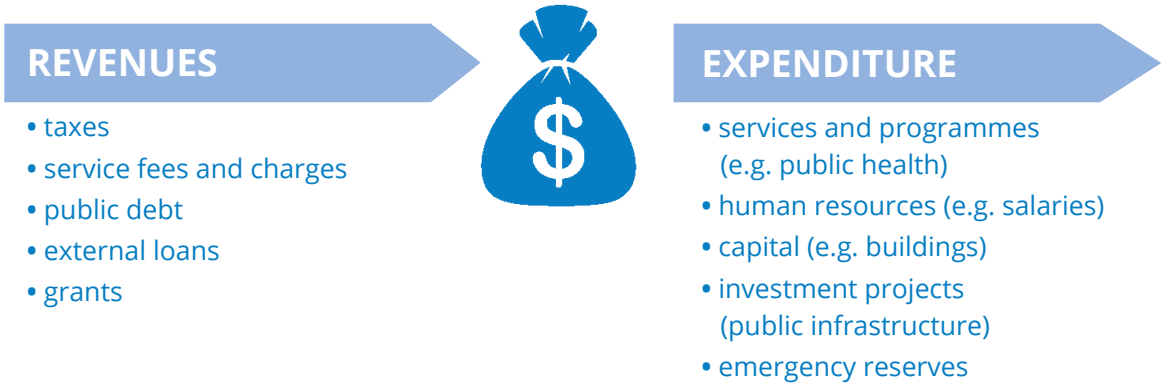
TAKE ACTION 4

Explore GIFT's website, learn about fiscal transparency best practice, identify designated groups and processes in your country and form strategic partnerships with them.

Understanding public budget, its format and key legislation

A public budget is a prospective document that sets out how much money (income or revenue) is coming in, where it is coming from, and what it will be spent on (spending/expenditures). It usually covers a fixed period of time, often referred to as the fiscal year, and reflects the policy priorities of the government in power.[20]

Figure 1 – *Public budget: types of revenues and expenditure*



The public budget is an essential document that represents public policy and the government's commitments and obligations to implement interventions that ensure the well-being of society. The public budget should be built upon state policies and priorities and should ensure their implementation. **It is therefore crucial that harm reduction is included in national policy documents or is recognised by your government as a priority.**

19. Global Initiative for Fiscal Transparency, Public Participation and the Budget Cycle: Lessons from Country Examples. Available from www.fiscaltransparency.net/resourcesfiles/files/20151116137.pdf

20. Save the Children (2012) Health Sector Budget Advocacy: Guide for civil society organisations. London. Available from www.who.int/pmnch/media/news/2012/20120716_health_sect_budg_adv_report/en/

TAKE ACTION 5 **Check if your country has committed to implementing harm reduction and which interventions are currently implemented. Search for your country in the latest Global State of Harm Reduction.[21] If your country does not include harm reduction in national policy documents (e.g. National HIV/AIDS Strategy), use key international policy documents (e.g. the UN Political Declaration on HIV and AIDS or the Sustainable Development Goals) as an entry point for your advocacy. The right of everyone to enjoy the highest attainable standard of physical and mental health is recognised in the International Covenant on Economic, Social and Cultural Rights.[22]**

Public budgets may have different formats, but each format is strictly regulated. Every country has legislation that defines the budget process, principles and its format. Most countries use a programme-based or a performance-based approach to public budgeting.

- A programme-based approach means that funds are allocated to a set of activities delivering certain outputs.
- A performance-based approach takes performance (i.e. how many expected outcomes have been delivered) as a basis for funding allocation.

Some countries may also use line-item budgets (or use them for certain types of programmes). These budgets define the costs of the inputs needed to produce certain outcomes.

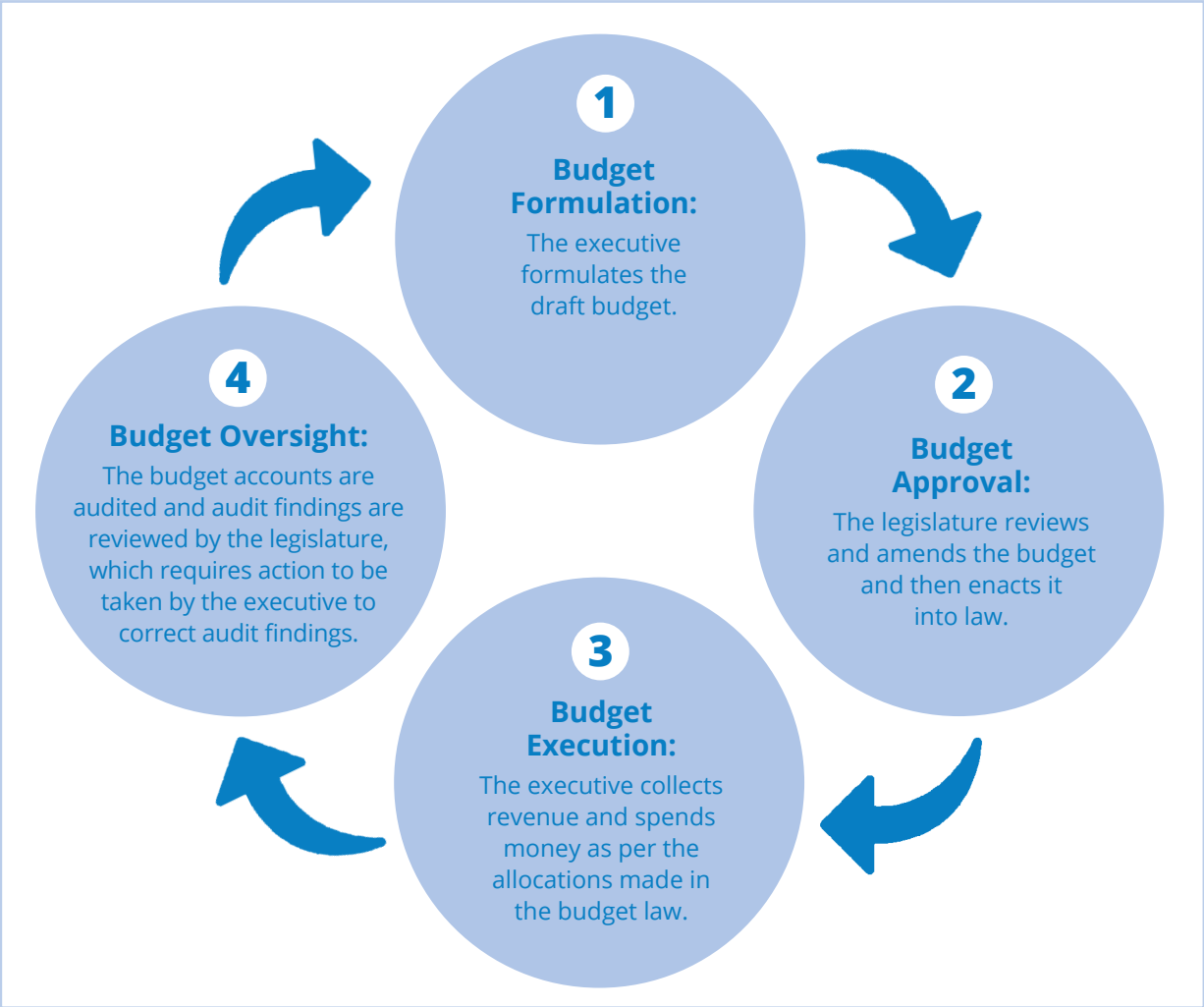
TAKE ACTION 6 **Find out if your country has legislation that defines the budget process, its principles and format, and learn about them. It is useful to have a clear understanding of how public budgets in your country are designed and what they intend to achieve.**

21. Available from: www.hri.global/global-state-of-harm-reduction-reports
22. Available from: www.ohchr.org/en/professionalinterest/pages/cescr.aspx

The budget cycle and how to influence it

The public budget sets out how the government will raise funds (revenue) and distribute them to the various ministries, states and local structures responsible for delivering services, such as health. The budget process follows a cycle and usually takes place over a one-year period.

Figure 2 – *The budget cycle**



*** Source:** www.internationalbudget.org/wp-content/uploads/Our-Money-Our- Responsibility-A-Citizens-Guide-to-Monitoring-Government-Expenditures-English.pdf

The four main stages in the budget cycle are:

Stage 1: Budget formulation

The budget framework is usually drafted by the budget office in the Ministry of Finance. It is generally the least 'open' stage in the budget cycle and is considered to be the most technical. Budget formulation is based on national projections for economic growth, inflation, and demographic changes. It will reflect goals, such as raising or lowering taxes or increasing expenditure for agreed priorities. This overarching framework accounts for programmes implemented by line ministries and agencies.[23] These entities are then responsible for compiling

23. Countries will have different budget execution bodies. These include ministries, agencies (such as a public procurement agency), health funds and healthcare facilities. The public budget proposal generally defines and lists such organisations, although in some cases they might be defined in sub-legislations, such as local budgets or programmes.

detailed budgets. The budget formulation process can be bottom-up or top-down, and it is most often a mixture of these approaches.[24] This stage of the budget cycle consists of two phases: (1) policy priority setting and (2) programmatic and budget planning.

How can you get involved?

Advocates are usually highly motivated to engage in the budget formulation stage. But this might be difficult unless:

- Civil society is specifically invited to participate. This can happen, for example, if national health policies state that funding harm reduction is a priority and the government wants to find out what services are available.
- Funding is available for public participation and planning, such as through a call for social contracting[25] proposals.

What information will you need and what should your objective be?

Use **ACTION 5** to map out political commitments on harm reduction in your country (national and international). Participating in this stage of the budget cycle will require evidence-based data and information on international best practice and guidelines,[26] services funded by donors, current funding gaps for harm reduction services, population size estimates, the key health needs of people who use drugs in your country and the unit cost of services. Technical knowledge on service delivery and cost-effectiveness arguments will also be needed.

Your key objective is to make sure that harm reduction services are recognised as a priority for domestic funding and included in the budget.

TAKE ACTION 7 **Learn how to gather key data and information and how to set advocacy objectives in Section II and Section III of this guide.**

What can you achieve?

Harm reduction services recognised as a priority for domestic funding and included in the budget.

Depending on your advocacy objectives, your activities can include:

- Influencing the **content of services** (e.g. adding, expanding or modifying existing services, such as scaling up peer-led services, NSP and OAT, or including nasal naloxone along with injectable forms for easier use).
- **Supporting budgeting bodies** (e.g. Ministry of Health) **to cost out a certain set of services that are being introduced** by having more knowledge on cost components for those services (e.g. the infrastructure and staff needed to open a drug consumption room).

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24. A 'bottom up' approach means that executive bodies develop a budget to meet their priorities and this is then consolidated at central level (Ministry of Finance). A 'top down' approach means the Ministry of Finance allocates central revenues to sectors, and executive bodies then have to develop budgets within the allocation. Many countries use special formulas for such allocation (e.g. Indonesia) based on population size or hardship criteria. Formula-based allocations are not that transparent and are not considered to be 'best practice' in public finance management.

25. See the terminology on page 4 for a definition of social contracting.

26. See the list of key international technical guidelines at the end of this guide.

- **Advocating for the expansion of services** by opening new centres or expanding the number of clients covered, or **influencing salary levels** by providing information on what would be a fairer level of pay.

Budgeting bodies frequently have limited time and capacity to explore each service in detail while developing a budget proposal. Your knowledge, expertise and information can have a significant impact on budget decisions.

What are the key barriers to your involvement?

- Lack of fiscal transparency
- Corruption
- Lack of allies, strategic partners and influence
- Lack of awareness among public agencies
- Limited knowledge and capacity of advocates to influence and engage with budget processes
- Lack of social contracting

Stage 2: Budget enactment

The Ministry of Finance submits the draft budget for public hearings and to the legislative body (e.g. parliament) for approval. The draft budget is discussed in the legislative body, approved (sometimes with amendments) then enacted into law. This stage is generally when budget information becomes publicly available.

How can you get involved?

This stage generally includes some avenue for public discussion and hearings, and this provides a space to advocate if the budget does not address certain priorities. This can be done through civil society participation in public hearings or through a 'friendly legislator' (e.g. a member of parliament who supports harm reduction).

What information will you need and what should your objective be?

You will need the same information that you required for the budget formulation stage. Your key objective is to make sure that funding for the harm reduction services you advocate for is approved and adopted. If these services are not included in the current budget proposals, use public hearings as a way in to advocate for them. Theoretically, the budget can be returned back to executive branches (e.g. the Ministry of Finance) by the legislator (e.g. the parliament) for revisions and inclusion of additional programmes.

What can you achieve?

Funding for harm reduction services approved and adopted.

What are the key barriers to your involvement?

- Lack of fiscal transparency
- Lack of awareness among public agencies
- Limited knowledge and capacity of advocates to influence and engage with budget processes
- Lack of allies, strategic partners and influence

Stage 3: Budget execution/implementation

The government implements the budget by providing funds and monitoring spending to ensure it is in line with the planned budget. It is worth noting that funding allocations are not always adhered to, meaning not all allocated funds are spent. This is called 'underspend'.

How can you get involved?

Budget implementation is a difficult process to engage with. This is because it is short-term (in most cases a one-year cycle), and advocates do not usually have a mandate.[27] However, many advocates find ways to engage.

What information will you need and what should your objective be?

To understand if the approved budget for harm reduction was actually spent (and not reprogrammed for other activities), you will need access to public budget documents (e.g. In-Year, Mid-Year and End-Year reports and the Citizens' Budget: see Figure 4 on page 24 for more information). You can also analyse the budget plan to identify underspend, bottlenecks and leakages, and to assess whether the budget is being implemented efficiently. Monitoring the implementation of the health budget plan can also identify underspend for some activities. This can serve as an entry point for you to argue that these funds should be allocated to the harm reduction interventions you are advocating for.

Your objective is firstly to ensure that commitments reflected in the approved budget are actually implemented, and secondly to identify whether any underspending is projected in the budget. If underspending is predicted then your goal is to work out how these funds can be reprogrammed for alternative/additional activities. This type of process is simpler to undertake at local rather than national level.

At this stage, you can also monitor tenders and other public procurement calls. For example, you can monitor the price of methadone or buprenorphine, the cost of services or how many individual services/goods are being procured.

TAKE ACTION 8

Read Section II of this guide to learn more about different budget sources and Section III for arguments on investing in harm reduction.

What can you achieve?

Identify key challenges and gaps that prevent harm reduction services from being efficiently implemented and improve the outcomes of budget expenditures.

What are the key barriers to your involvement?

- Lack of capacity to analyse budgets and public procurements
- Lack of fiscal transparency
- Lack of disaggregated data or access to data

27. Budget law generally defines that funds are given to public agencies for implementation, and private or civil society organisations are seen as providers of services. However, civil society organisations might have a seat on the boards of public agencies implementing the budget. For example, a national HIV centre might participate in the execution process to some extent.

Stage 4: Budget oversight

An independent audit by a qualified body or the auditor general (often referred to as the Supreme Audit Institution, for example, the Comptroller and Auditor General of India, the Audit Board of Indonesia, the Accounts Committee in Kazakhstan) checks whether the budget was implemented efficiently and in line with plans. Parliament's budget office will also look at budget execution.

How can you get involved?

Budget oversight is an ongoing process covering all the stages of budget cycle, but the largest portion of budget oversight work is done at the end of the budget cycle as a part of a retrospective audit.

What information will you need and what should your objective be?

Budget analysis conducted during the previous stage plus key recommendations on how to improve identified inefficiencies, close gaps in allocations and expenditures, and address human rights violations and quality issues.

Here, your objective is to identify inefficiencies, quality issues, issues related to human rights and other challenges, and to call on the government to change its fraud practices (in relation to, for example, inefficiencies or corruption) or improve allocations in following years.

TAKE ACTION 9

Equip yourself with useful arguments by reading Section III: Making the case for domestic investment in harm reduction.

What can you achieve?

Improve the availability, cost-effectiveness and quality of harm reduction programming.

What are the key barriers to your involvement?

- Lack of fiscal transparency
- Lack of disaggregated data
- Lack of capacity to undertake budget analysis and budget advocacy
- Lack of allies, strategic partnerships and influence

Usually, the stages described above run in order with some overlap, and countries have a specific timetable for each step.

TAKE ACTION 10

Check the budget calendar in your country to find out when the budget cycle takes place so you can prepare and plan in advance. You can usually find the budget calendar on the Ministry of Finance website.

TAKE ACTION 11 **It is generally recommended that you participate in more than one step of the budget cycle so you can demonstrate results.**

Who influences health budget decisions and who implements them?

The process of public health budget development and implementation is influenced by national health systems and public finance management in each country.

The national budget is broken down into budgets for each ministry. Within ministerial budgets, there are programme budgets (e.g. for district health services), and within these there are line items and sub-programme budgets (e.g. for community health services). In some cases, budgets may include amounts that are earmarked for specific areas of work or activities (e.g. for the procurement of needles and syringes or naloxone). In others, these kinds of decisions may be delegated to lower levels of the system (for example, the budget may include an allocation for essential medicines then the organisation that manages this budget, such as the district health administration, will decide how much to spend on methadone and how much on other items).

Decentralisation can take many forms and is usually set in the constitution or in a separate legislation on division of powers between central and sub-national authorities. In federal republics (e.g. India), sub-national/ federal government bodies usually have greater decision-making powers on budgets than they do in unitary states, which are more centralised. As a result, in federal republics the most frequent advocacy target will be a sub-national/ federal government body.

Common stakeholders in health budget development and implementation

National government officials responsible for health (e.g. the Minister of Health) develop health policies in a centralised system and may be responsible for the preparation of the health budget. In some countries, sub-national health agencies may be responsible for the budgeting for health. Under Compulsory Health Insurance Schemes decision-making power often lies with health insurance funds (see **Box 1:** Health financing models and decision-making processes). **These officials should be your advocacy targets in the budget formulation stage, which is when policy priorities and budget allocations are decided.**

The Ministry of Finance, in some settings, can be a key decision-maker on health allocations. This is especially true in countries where healthcare is funded from sub-national budgets (where fund management is decentralised), as the Ministry of Finance will be responsible for aggregating sub-national budgets. Often, sub-national authorities also need an agreement from the Ministry of Finance on their proposed allocations within the sub-national budgets. **The Ministry of Finance should be your advocacy target in the budget formulation stage.**

Local (sub-national) government officials (e.g. district council officials) may also prepare health budgets in decentralised systems, overseen by the Ministry of Finance or the Ministry of Health. Local government also has the discretion to manage funds from local revenues, and often it may allocate those resources to health. **Local government officials should be your advocacy target in the budget formulation and enactment stage.**

Parliament and the legislature (e.g. members of parliament) have powers to approve, amend or introduce new laws related to health. They also have the power to call on the Minister of Health to account for health policy commitments, budgetary allocations and expenses. Most importantly, an increasing number of countries are undertaking reforms to increase parliamentary oversight and authority over expenditure and revenue raising. **This results in parliament or a similar legislative body playing a central role in the budget approval and oversight stages.**[28]

State or district officials (e.g. district health officials) implement government policies and budgets. They can identify where challenges or bottlenecks lie in the implementation of health policies and budgets – and therefore what is stopping them from delivering better services – but they may not have the power to determine how resources are allocated. Consultative meetings with such bodies/officials may provide useful input into your budget advocacy efforts. **They should be your advocacy target in the budget cycle implementation stage.**

Health managers or governing structures (e.g. hospital or health facility managers or management committees) are responsible for funds at service level. They may have a good understanding of what needs to change to improve local services. They will also know which resources are reaching the services and where there are budget constraints or bottlenecks. **They should be your advocacy target in the budget cycle implementation and oversight stages.**

International partners, including bilateral and multilateral donors (e.g. the Global Fund to Fight AIDS, Tuberculosis and Malaria). The World Bank and the International Monetary Fund (IMF) can also have some influence over budget decisions. **They should be your advocacy targets in all budget cycle stages.** Identify if these partners have representation in your country or region and involve them in discussions about key budget cycle stages.

Health financing models

There are various decision-making processes associated with health budget development. These may differ depending on the health-financing model, for example, whether general taxation or health insurance funds generate revenue for the budget (see Box 2). Many countries have mixed models, which means a combination of health insurance, centrally funded programmes and municipal programmes could all operate. **This is why budget analysis is needed. It will enable you to learn about revenues and sources of funding, which will help you to correctly select advocacy targets.**

28. This recent publication by the Organization for Economic Cooperation and Development (OECD) explores the practices in OECD member states: OECD (2019) Budgeting and Public Expenditures in OECD Countries 2019. Available from www.oecd.org/governance/budgeting-and-public-expenditures-in-oecd-countries-2018-9789264307957-en.htm

Box 1 – *Health financing models and decision-making processes*[29]

MODEL	DECISION-MAKING PROCESS
National healthcare system (funded through general taxation) Under this model, allocation for healthcare is made from the central budget, which is then allocated to the designated purchasing agency or agencies (e.g. Health Fund, Health Service Agency).	Decisions about whether to add harm reduction services or increase an existing allocation are most likely to be made by the Ministry of Health, which defines the service package (although it does not have the money to execute these decisions).
Health insurance fund or funds model The health insurance fund model is financed mostly with mandatory contributions from insured populations; the government may subsidise health insurance for those in need.	Decisions about whether to add harm reduction services or increase an existing allocation are most likely to be made by the health insurance funds and health insurance regulatory body.
Direct funding of public medical care model The central budget-funded health model is similar to the general taxation health-financing model, although funds are distributed to those that provide services without an explicit purchasing function. Under this model, funding is usually only available to public facilities.	Decisions about whether to add harm reduction services or increase an existing allocation are made by the Ministry of Health and the Ministry of Finance (which might decide to increase allocation to the Ministry of Health). In instances where funds for harm reduction services are channelled through a national HIV centre or a national centre for addiction, those organisations may also play a significant role in determining allocation.
Local/municipal funding Revenue sources for a local budget can include: a) Revenues from local taxes and fees b) Transfers from the central budget	a) Decisions about whether to add harm reduction services or increase an existing allocation can be made by public health bodies at local/municipal levels, if the source of funding is local taxation. b) In decentralised models, where fiscal decision-making lies with the local authority but the source of funding comes from the central budget, in many instances decision-making process about whether to add harm reduction services or increase an existing allocation will be shared with the Ministry of Finance and local authorities.

29. This is not an exhaustive or definitive list. National budget advocacy organisations will be better able to understand and navigate local context.

TAKE ACTION 12 **Find out which health financing model you have in your country. Organisations working on budget advocacy in your country should be able to provide you with this information. Use your research from ACTION 1 and ACTION 4 to identify these organisations.**

Besides powers vested in certain institutions and positions, other powers and political aspects may influence the role and position of each stakeholder. For example, politicians from opposition parties are more likely to support issues that are not prioritised by the ruling party or the position of certain individuals may be influenced by their family/friendship ties, financial interests or other factors.

Box 2 – *Health financing models and their impact on public health budget decision-making*

Countries raise revenues for health services in different ways. Some countries allocate funds collected within a central budget for healthcare needs (e.g. Georgia), while others shift this responsibility to sub-national bodies (e.g. India). A very common model to raise funds for health services is via compulsory insurance schemes. In such cases, to become eligible for health services contributions are mandatory. For example, in 2017 around 23%[30] of health expenditures in Indonesia came from compulsory contributions to health insurance schemes. This means the health insurance fund makes decisions on allocation, while the Ministry of Health sets the policy for the package of health benefits available.

TAKE ACTION 13 **Map out the key decision-makers that can support your budget advocacy work. Use stakeholder analysis for this task.This kind of analysis will provide a sense of which institutions and individuals (stakeholders) impact upon your advocacy as well as their support or opposition and their influence. These stakeholders should become your advocacy targets. Stakeholder analysis can also help to identify strategic partnerships for harm reduction budget advocacy. These may be other civil society and community organisations involved in budget analysis or budget advocacy processes, or those focused on budget accountability and transparency. These partnerships can open the door to discussions that go beyond the need for harm reduction to tackle public accountability, transparency, human rights and justice. The main platforms to engage in include partnerships focusing on anti-corruption work, open government, open contracting and open data, public budgeting and public/social audits. Forming strategic partnerships with organisations dedicated to budget accountability and transparency may increase your potential for successful budget advocacy. Use your research from ACTION 1 and ACTION 4 to identify these organisations.**

30. Data is based on the Global Health Expenditure Database. Available from apps.who.int/nha/database

Use Table 1 as a template to place your key decision makers and strategic partners in the budget cycle.

Table 1 – *Key decision makers and strategic partners throughout the budget cycle*

BUDGET FORMULATION		BUDGET ENACTMENT		BUDGET EXECUTION		BUDGET OVERSIGHT	
Decision makers	Strategic partners	Decision makers	Strategic partners	Decision makers	Strategic partners	Decision makers	Strategic partners

SECTION II: Gathering budget information

Evidence-based budget advocacy is informed by budget data. But public budget information is not always readily accessible or easy to understand. This work requires you to understand your country's budget legislation, policies, regulations on open access to reporting on budget and expenditures, and legislation on what qualifies as public information.

Figure 3 – *Budget legislation, policies and regulations*

Budget legislation	Budget legislation defines the process, timeline, format and parties responsible for the production of a planned budget as well as reports on its execution. In most countries budgets are also approved as a law, so information about the budget is also a legal document.
Regulations, policies and practices on access to public information	Countries have different policies on what information is publicly available and how and when it is released. Learning about this is essential for successful budget analysis. It is important to know which websites publish such information, and which section of the document contains the specific information. Analysing a citizens' budget can be a good way to start learning about what type of information may be available.
Legislation on public information	Even in countries with well-established systems of public sector accountability there will still be some information that is not publicly available. This type of information will need to be requested.

It can be helpful to consider the following questions before starting to gather budget information:

- **What do you need to know to inform your advocacy?** There may be a few main questions you need to answer to support your advocacy, depending on your advocacy objective. For example, how much money is currently allocated for harm reduction services? Was the money allocated for harm reduction services actually spent? Can you identify underspend in the health budget that can be reprogrammed to harm reduction?
- **How can you collect this information?** Is the information published on the website of a public procurement agency or a national budget watchdog? Which reporting forms include the information you seek?[31] Do you know key stakeholders who have the information? Could you approach them formally or informally? Do you need to go to court to get the information?

31. In most countries, budget-related document flow will be strictly regulated and the form used to exchange this bureaucratic information will have a defined format, name and number. It is always good to know which form contains the information you seek. When approaching public agencies to request this type of information, specify that you are looking for information displayed in Form Number [x]. This also gives you control over the format you may receive information in.

- **What will you do with the information?** How will you analyse the information you obtain? What type of evidence-based arguments will you generate from the data collected? Which decision maker will you need to influence to achieve your advocacy objective and which strategic partner can help you with that?

TAKE ACTION 14

Access to information on public spending for harm reduction services is very limited. Most countries do not report/publish information on such spending. If it exists, it is generally part of HIV, mental health or addiction programmes. An essential part of your harm reduction budget advocacy will be establishing whether your country openly and freely reports harm reduction budget figures – and if it does not, obtaining this information and making it publicly available.

See 'Compiling evidence on the funding environment' in Section III for more information on how to obtain information on harm reduction funding in your country.

What evidence can budget analysis deliver?

Budget analysis can provide evidence for harm reduction advocacy. For example, it can help you answer the following questions:

- **How transparent is the public budget system?** Are the government's policy priorities available? Are budget allocations (what is planned to be spent) and expenditure (what is actually spent) routinely collected and made available in a transparent manner? Can civil society participate in budget processes?
- **Is the current budget adequate to meet the government's stated policy commitments in relation to harm reduction?** If the government committed to reduce new HIV infections or overdose deaths among people who use drugs, are sufficient resources reaching the relevant services?
- **Is harm reduction funded at all?**
- **How much funding is allocated to harm reduction in comparison to drug control?** Is the government investing more resources in punitive responses to people who use drugs or in life-saving harm reduction services?
- **Are budget allocations equitable?** Are cost-effective and evidence-based interventions prioritised?
- **Are resources being spent efficiently?** What is the difference between budget allocations (what is planned to be spent) and expenditure (what is actually spent)? This can reveal inefficiencies, blockages or weak capacities in the system.

Budget information sources

Our ability to scrutinise budgets is dependent on the availability of information. As mentioned above, fiscal transparency is a process that the government undertakes to ensure transparency and accountability in its budgeting processes. There are a number of approaches to ensure

fiscal transparency. One such approach is to make standardised information regarding the public budget readily available. Countries can have different approaches to sharing basic budget information. IBP has prepared a list of essential documents to ensure fiscal transparency, and these documents are also a starting point for collecting information regarding public budgeting.

Figure 4 – *Budget information sources*

Pre-Budget Statement (April)	Also called the Fiscal Strategy Paper, the Budget Strategy Document or the Budgetary Framework Paper, this sets out the government's budget strategies for the coming budget year and often for the two subsequent budget years as well.
Annual Budget Proposal (September)	A policy document containing projected revenues and expenditure. The budget proposal is usually submitted for public hearings and to the legislative body (e.g. parliament) for approval.
Citizens' Budget	An accompanying document to the annual budget, which is designed by the government to help the general public make sense of the budget. There are two types of Citizens' Budgets: a simplified version of the Budget Proposal, and a simplified version of the Enacted Budget after it has been considered by the legislature.
Enacted Budget (October-November)	This is an approved budget, which needs to be made public. It provides a starting point for monitoring the implementation of the budget.
In-Year Reports	In-Year Reports provide a snapshot of the budget's implementation during the budget year (produced quarterly, one month after the period it covers).
Mid-Year Review	An analysis of the budget's effects, provided about halfway through the budget year. In some countries, this review is legally required to be released no later than six months after the beginning of the budget year.
Year-End Report	Performance of the budget as executed, relative to the original budget and any supplementary budget that may have been issued during the course of the year (produced at least six months after execution is completed).
Audit Report	An independent and authoritative account of whether the government's reporting of how it raised taxes and spent public funds during the previous year is accurate[32] (produced at the end of the following year after budget execution has been completed).

32. International Budget Partnership (2010) Guide to Transparency in Government Budget Reports: Why are Budget Reports Important, and What Should They Include? Washington. Available from www.internationalbudget.org/wp-content/uploads/Guide-to-Transparency-in-Government-Budget-Reports-Why-are-Budget-Reports-Important-and-What-Should-They-Include-English.pdf

A Citizens' Budget is one of the best starting points for exploring the budgeting process. It is the responsibility of the government (usually, the Ministry of Finance) and it should be developed with public participation. A recent example is the Citizens' Budget produced in the Philippines for 2020, which includes a feedback form.[33] Different countries design these budgets in different formats in response to public interests. Some countries may also produce sector-specific Citizens' Budgets, which are very useful for advocates interested in a particular sector. Unless a country has a dedicated website for public engagement in budgeting processes, a Citizens' Budget would be found on the website of the Ministry of Finance or the government.

TAKE ACTION 15 **Check if your country has a Citizens' Budget, and how you can get involved. A Citizens' Budget is designed to help citizens understand a country's fiscal context and budget. You can also use it to learn about budget basics in your country. You can see different examples of Citizens' Budgets on IBP's website.[34] You can also browse the Open Budget Survey Budget Document Library[35] to check information on your country.**

Freedom of Information legislation

Freedom of Information (FOI) is defined as the right to access information held by public bodies. It is an integral part of human rights as a part of the right to freedom of expression.[36] Around 112 countries in the world have adopted respective legislation,[37] and some countries have developed designated systems to track public use of FOI requests.[38]

Information on health is covered by the sub-set of legislation that ensures privacy, confidentiality and protection of such information.[39] However, international FOI standards stipulate that information regarding public health (rather than individual health matters) is the subject of disclosure.

Flaws in FOI legislation enable secrecy around budgeting process and respective expenditures, which is something advocates should work collectively to challenge and change. For example, using FOI the Nigerian organisation BudgIT developed a tracker of COVID-19 donations to hold the state accountable for good financial management of emergency donations.[40]

TAKE ACTION 16 **Check if your country has FOI legislation by visiting www.freedominfo.org and whether any organisation in your country has successfully used it. This will help you work out whether using FOI legislation will be useful for you to gain access to harm reduction-related data.**

33. Republic of the Philippines. Department of Budget and Management (2020) 2020 People's Proposed Budget. Available from www.internationalbudget.org/wp-content/uploads/philippines-2020-feedback-form.pdf
34. Available from www.internationalbudget.org/publications/examples-of-citizens-budgets/
35. Available from drive.google.com/drive/folders/0ByA9wmvBrAnZN3ZrdzNzcS1JZzg?ddrp=1
36. Deles P., Mendoza, R. and Vergara, G. (2010). Social budgeting initiatives and innovations: Insights using a public finance lens. Available from www.unesco.org/new/en/communication-and-information/freedom-of-expression/freedom-of-information/
37. The Global Network of Freedom of Information Advocates. Available from www.freedominfo.org
38. For example, you can check the UK FOI tracker here: www.whatdotheyknow.com
39. For example, regarding international standards on HIV/AIDS-related information you can refer to International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37)
40. Available from civichive.org/covidtracka

SECTION III: Making the case for domestic investment in harm reduction

Compiling key data

Health budgets are informed by data on the number of people affected, the services they need, the capacity to provide and access such services, and the costs and benefits associated with service delivery. This information is essential for estimating the budget and to argue for the need to increase (or decrease) the allocation. Data on coverage of service provision is a crucial piece of information. For instance, are there enough NSPs being implemented to serve the daily needs of the community in accordance with WHO standards?[41] Is OAT readily available for those wishing to receive it? Collection and analysis of this data will reveal key needs and gaps in harm reduction programming in your country.

This information can be used in the following budget cycle stages:

- Budget formulation
- Budget approval
- Budget implementation

TAKE ACTION 17 **Check if there is a recent and reliable population size estimate of people who use drugs in your country. Similarly, look for data on service availability and coverage. If this information is not easily available to you in your country, you can search for it in the most recent Global State of Harm Reduction.[42] You can also check the most recent UNAIDS data[43] and the Key Populations Atlas[44] as well as PEPFAR's Country Operational Plans for your country.**

Compiling evidence on the funding environment

Once you have collated the data and identified the key needs and gaps, you can assess the current funding landscape for harm reduction service provision. This information can provide a snapshot of the level of funding for services and can indicate where there is a lack of funding or too much funding. This can be achieved by conducting budget analysis. However, if your country lacks fiscal transparency, and budget documents are not easily available or budget lines in them are not disaggregated, you can use HRI's Harm Reduction Investment Tracking Tool.[45] The tool is designed to answer this set of key questions:

41. WHO (2016) Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, Geneva. Available from www.who.int/hiv/pub/guidelines/keypopulations-2016/en/

42. Available from www.hri.global/global-state-of-harm-reduction-reports

43. Available from aidsinfo.unaids.org

44. Available from kpatlas.unaids.org/dashboard

45. Available from www.hri.global/tools-for-advocates

- What is the level and source(s) of current financial investments in harm reduction programming within the country?
- How is this money being spent? To what extent does funding go towards priority interventions, such as NSP, OAT and antiretroviral treatment (ART) for people who use drugs?
- Which government departments/ministries currently hold budgets that include funding for harm reduction programming?

This tool has been used to support local and national research into harm reduction investment to inform advocacy in Asia[46] and the European Union.[47]

This information can be used in the following budget cycle stages:

- Budget formulation
- Budget approval
- Budget implementation

Calculating unit costs

The WHO, UNODC, and UNAIDS recommend a comprehensive package of HIV prevention, treatment, and care for people who inject drugs.[48] Central to this package is ensuring access to NSP, OAT and ART. When conducting budget advocacy work and compiling evidence to support the sustained funding of such interventions it is helpful to calculate and capture data on unit cost estimates of either singular services or packages of services for people who use drugs, as detailed within the comprehensive package. Although every country is different, ways in which to calculate unit cost estimates are universal and grounded in guidance from WHO[49] and other useful resources.

The Harm Reduction Unit Costing Tool: User Guide[50] is a useful resource that provides guidance on ways to calculate unit cost estimates. This tool will show you how to calculate the unit cost of high-quality harm reduction services that meet the minimum standards set within the comprehensive package.

You can also develop your budget advocacy arguments by understanding the dynamics behind procurement structures at the national level[51] and by framing your budget advocacy requests with data from a number of sources (for example, reports from donors, civil society and UN agencies).

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46. Harm Reduction International (2020) Summing it up: Building evidence to inform advocacy for harm reduction funding in Asia. Harm Reduction International, London. Available from www.hri.global/contents/2051

47. Harm Reduction International (2017) Harm Reduction Investment in the European Union: Current funding, challenges and successes. Harm Reduction International, London. Available from www.hri.global/contents/1782

48. United Nations Office on Drugs and Crime et al. (2017) Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions. United Nations Office on Drugs and Crime, Vienna. Available from www.unaids.org/sites/default/files/media_asset/2017_HIV-HCV-programmes-people-who-inject-drugs_en.pdf

49. WHO European Region, Harm Reduction. Available from www.euro.who.int/en/health-topics/communicable-diseases/hivaids/policy/policy-guidance-for-areas-of-intervention/harm-reduction

50. Barker, C., Dutta, A., Kriauzaite, N. and Ocheret, D. (2014). Harm Reduction Unit Costing Tool: User Guide. Futures Group, Health Policy Project: Washington, DC and Eurasian Harm Reduction Network: Vilnius, Lithuania. Available from www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=442

51. Aceso Global, APMG Health Inc (2017) Guidance for Analysis of Country Readiness for Global Fund Transition. Washington. Available from www.acesoglobal.org/work/2017-5-30-guidance-for-analysis-of-country-readiness-for-global-fund-transition/

This information can be used in the following budget cycle stages:

- Budget formulation
- Budget approval
- Budget implementation

Once you have identified key needs and gaps in harm reduction programming, conducted budget analysis and calculated unit costs, you can set SMART[52] objectives for your budget advocacy. These objectives will be unique to your context and the needs of people who use drugs in your country but may include the scale up of NSP and OAT, the roll out of naloxone and HCV treatment, or the reallocation of health underspend to specific harm reduction interventions. You will also have to decide which part of the budget cycle is the best entry point for your advocacy.

Using cost-effectiveness evidence

Compelling evidence from across the world shows that harm reduction interventions are cost-effective and can be cost-saving in the long-term. The ability to clearly articulate cost-effectiveness arguments and provide relevant examples can help to strengthen advocacy for domestic investment in harm reduction.

Key harm reduction interventions, their effectiveness and cost-effectiveness:

- NSPs are a public health response that are proven to significantly reduce the chance of infection of HIV, HCV and other blood-borne infections.[53]
- UNAIDS estimates the cost of NSP provision to be US$23–71 per person per year. Measured against the cost of treating blood-borne infections, this makes NSPs one of the most cost-effective public health interventions ever funded.[54]
- OAT costs between US$360-1,070 for methadone and US$1,230–3,170 for buprenorphine per person per year, which is cost-effective. OAT's cost-effectiveness increases when wider societal benefits, such as reduced crime and incarceration, are factored into the analysis.[55]
- Substantial evidence shows that a package of NSP, OST and ART is the most effective and cost-effective HIV strategy for people who inject drugs.[56]

52. Objectives are 'SMART' if they are specific, measurable, achievable, realistic (or relevant) and time-bound.

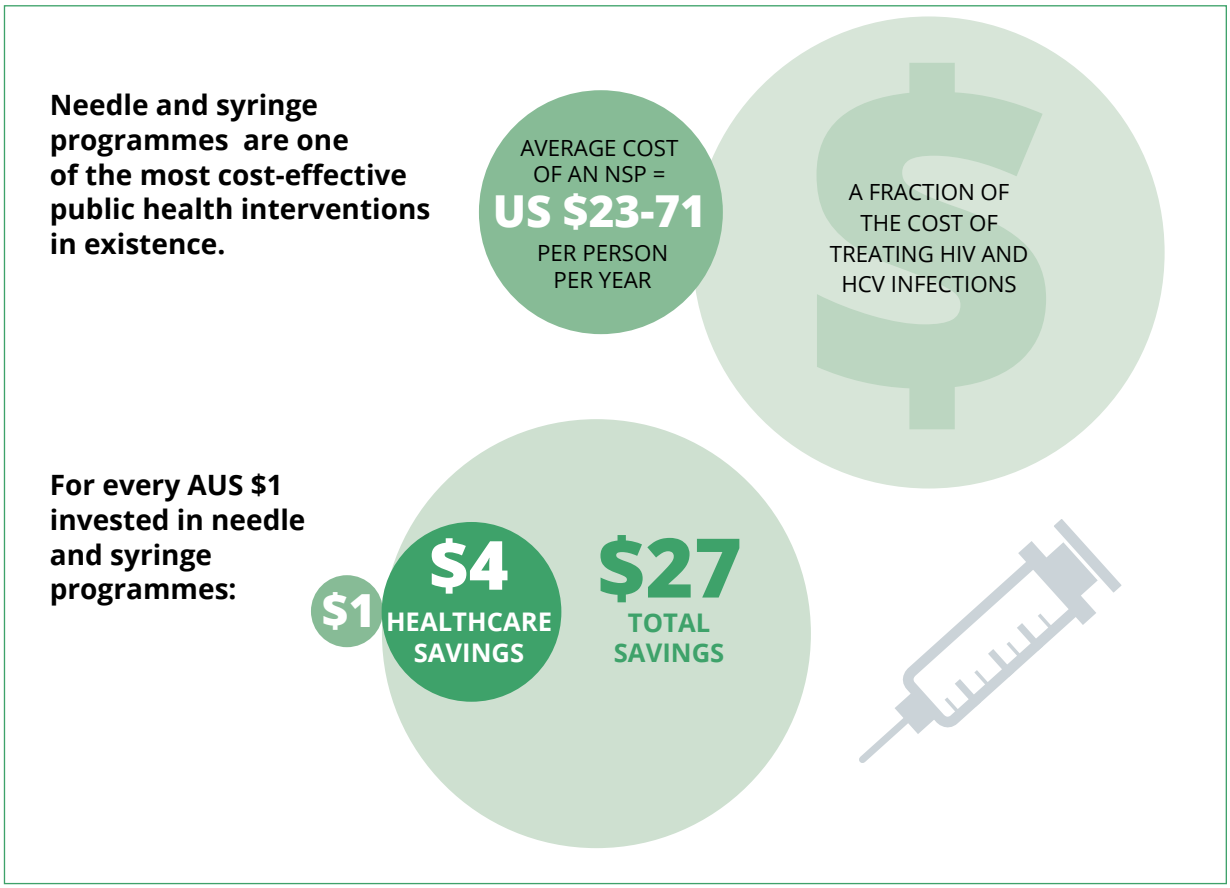
53. UNAIDS (2019) Health, Rights and Drugs - Harm reduction, decriminalization and zero discrimination for people who use drugs. Geneva. Available from www.unaids.org/en/resources/documents/2019/JC2954_UNAIDS_drugs_report_2019

54. Harm Reduction International (2020), Making the investment case: Cost-effectiveness evidence for harm reduction. London. Available from www.hri.global/files/2020/04/21/HRI_Cost_Effectivenes_Briefing_(APRIL_2020).pdf

55. Ibid.

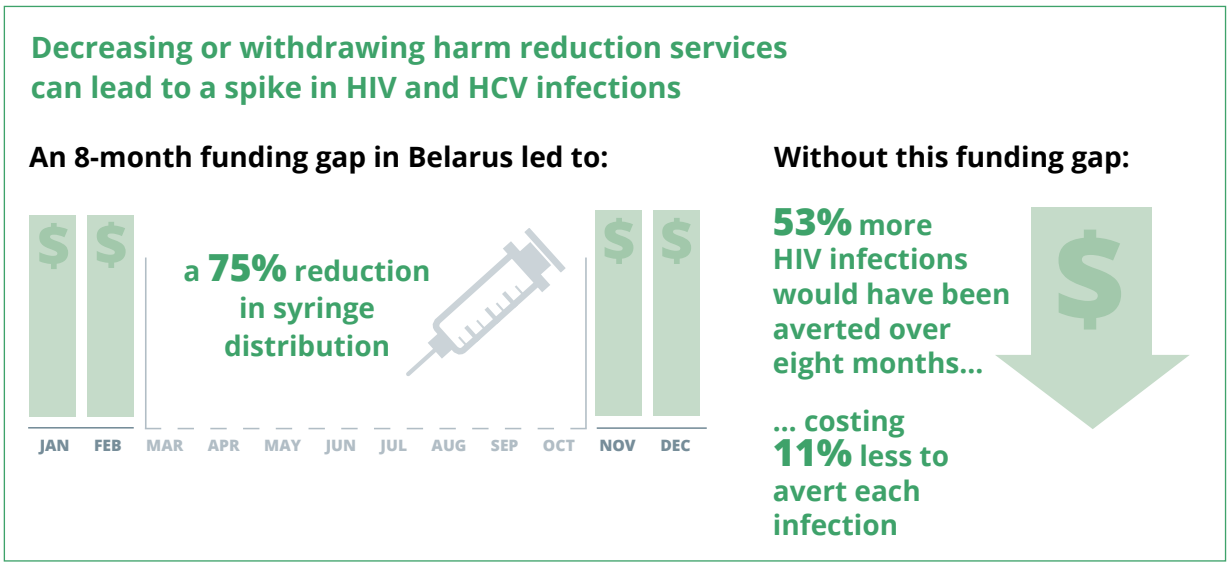
56. Ibid.

Figure 5 – *Needle and syringe programmes are extremely cost-effective*



Another powerful advocacy strategy for increased investment may be to provide evidence on the negative economic consequences of inaction, reducing funds or closing services. There is evidence that a decrease in, or total cessation of, harm reduction services can lead to a spike in HIV and/or HCV infections.[57] Funding gaps also reduce the cost-effectiveness of harm reduction service provision.

Figure 6 – *The cost of inaction*



57. Harm Reduction International (2020), Making the investment case: Cost-effectiveness evidence for harm reduction. London. Available from www.hri.global/files/2020/04/21/HRI_Cost_Effectivenes_Briefing_(APRIL_2020).pdf

TAKE ACTION 18 **Read HRI's briefing Making the investment case: Cost-effectiveness evidence for harm reduction to strengthen your advocacy.[58] Here you can learn arguments that show the cost-effectiveness of harm reduction and the economic value that increased investment in such interventions will bring.**

This information can be used in the following budget cycle stages:

- Budget formulation
- Budget approval
- Budget implementation
- Budget oversight

Ensuring communities and quality services are at the centre of budget decisions

There is a legitimate worry among advocates that, if too much focus is put on investment cases, governments and donors may prioritise finances over the quality of services being delivered, posing a threat to human rights-based, community-centred harm reduction.

In the face of this, the principle of 'nothing about us without us' must be staunchly upheld.

Communities must be at the centre of all decisions that relate to their health, including financial decisions. Economic analyses should not be the only basis on which budget decisions are made. Sustainable financing for health and harm reduction requires equity, human rights and community to be central.

Highlighting the economic cost of punitive drug responses

Many governments spend huge amounts on punitive drug policies. As well as violating human rights, this approach places a substantial economic burden on public health, society and the individual. Many countries imprison people for drug use and possession. This incarceration is expensive to fund and also incurs a huge public health cost. HIV prevalence, for example, is up to 50 times higher among people in prison than among the general public.[59] A 2017 systematic review confirmed that criminalisation of drug use has a negative effect on HIV prevention and treatment. Of the 105 studies reviewed, 80% indicated that criminalisation was a significant barrier to an effective HIV response.[60]

58. Available from www.hri.global/contents/2027

59. Mariner, J. and Schleifer, R. (2013) The Rights to Health in Prisons. Advancing the Human Rights to Health. Zuniga, J. et al. (Eds), Oxford University Press: Oxford.

60. DeBeck, K. et al. (2017) HIV and the criminalisation of drug use among people who inject drugs: a systematic review. The Lancet HIV, Volume 4, Issue 8, E357 – E374.

In several Asian countries, people who use drugs are sent to compulsory drug detention and rehabilitation centres, which UN agencies have condemned as ineffective and a violation of human rights. A study in Vietnam found detaining a person who injects drugs in a centre of this kind costs the local government 2.5 times more than providing them with OAT in the community for a year.[61] Decriminalising personal drug use would save governments huge sums on law enforcement and incarceration, as exemplified by the Portuguese experience.[62] Reallocating just 7.5% of drug control spending (US$7.66 billion) would result in a 94% reduction in new HIV infections among people who inject drugs and a similar reduction in AIDS-related deaths by 2030.[63] This would effectively end HIV among people who inject drugs – something countries have committed to doing but are far from achieving.

Analysis of drug law enforcement spending can provide evidence to inform calls for a redirection of funding from punitive drug law enforcement to harm reduction work. Globally, US$100 billion is spent on drug law enforcement every year, but just US$188 million is spent on harm reduction. This means that the world spends more than 500 times the amount on punitive responses than it does on life-saving services for people who use drugs.

It can be a powerful advocacy argument to highlight the vast disparity between government spending on punitive drug responses and health-related drug responses. It can also inform advocacy for improved transparency and accountability of government institutions. Documentation of public expenditure estimates on law enforcement can be used as an advocacy tool for assessing whether the anticipated results of the empowering of, and investment in, law enforcement efforts have the desired result of reducing both the demand and supply of drugs. Data on your government's spending on drug law enforcement to address drug use will provide valuable insight at the national level and may also support regional advocacy efforts.

Although law enforcement approaches regarding drug use may vary, methodologies for recording expenditure can be applied universally. HRI has developed a list of indicators to document law enforcement expenditure, along with a survey for exploring further issues with stakeholders (see HRI's Law Enforcement Expenditure Tracking Tools[64]).

Areas to look at include:

- Drug law enforcement budgets and spending
- National drug laws and policies
- Drug law enforcement and harm reduction
- Compulsory drug detention and rehabilitation centres
- Access to opioids for pain relief
- Trends in drug law enforcement

61. Harm Reduction International (2020) Making the Investment Case: Cost-Effectiveness Evidence for Harm Reduction. London. Available from www.hri.global/files/2020/04/21/HRI_Cost_Effectivenes_Briefing_(APRIL_2020).pdf

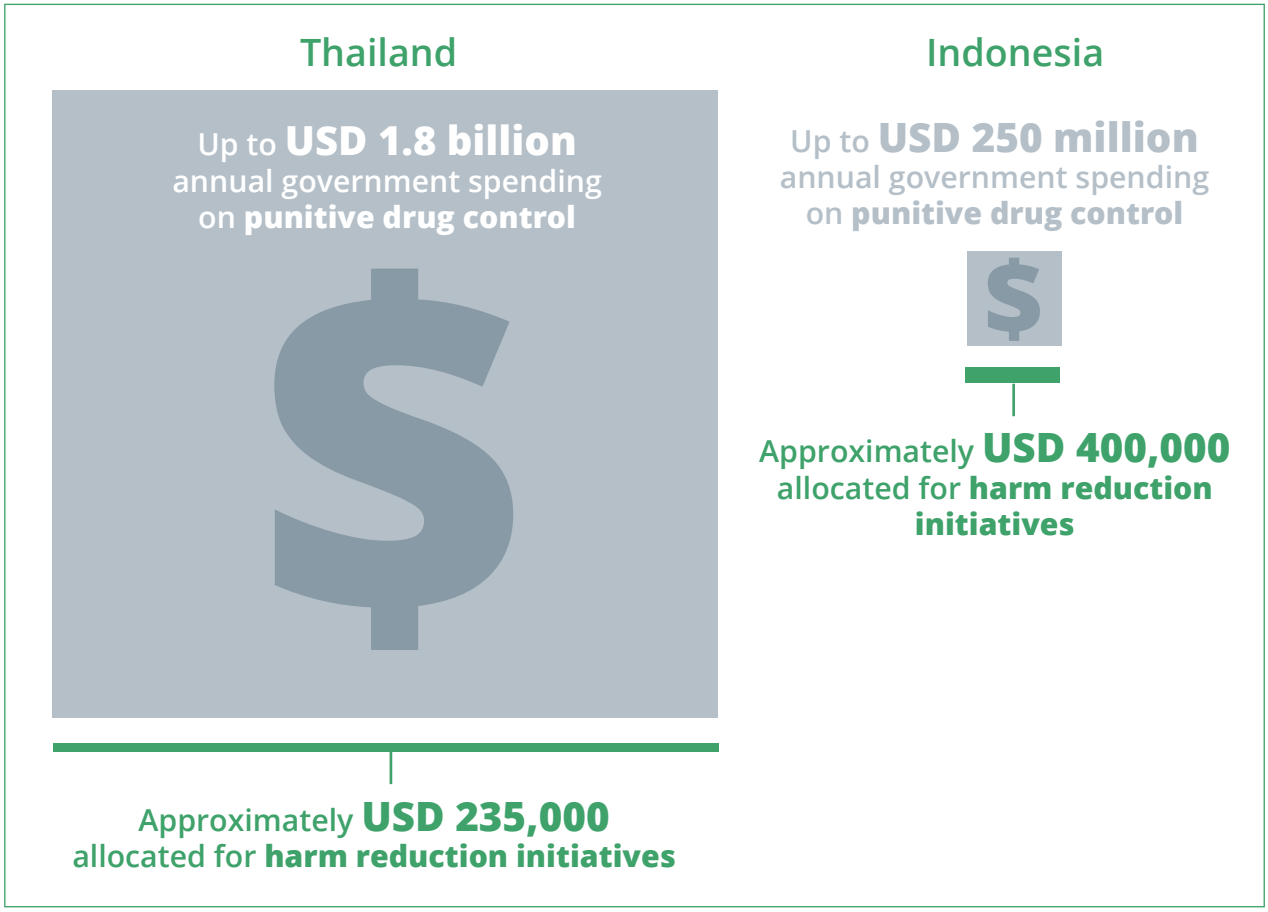
62. Csete, J. et al. (2016) Public health and international drug policy, The Lancet, 387 (10026), p.1427-1480.

63. Harm Reduction International (2016) The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts. London. Available from www.hri.global/harm-reduction-decade

64. Available from www.hri.global/tools-for-advocates

Assessments of spending on drug law enforcement have been conducted in Thailand and Indonesia.[65] It is important to compare the funds allocated to harm reduction against those for drug law enforcement. In 2015, the domestic budget for core harm reduction services in Thailand was estimated at US$235,000, well below that required to cover the health needs of people who use drugs. In contrast, in the same year the Thai government allocated around 7,550 times this amount to drug law enforcement activities. Similarly, the Indonesian government spends up to US$250 million annually on punitive drug control and allocates approximately US$400,000 on harm reduction initiatives.

Figure 7 – *Comparison of expenditure on law enforcement and domestic harm reduction allocations in Thailand and Indonesia*



This information can be used in the following budget cycle stages:

- Budget formulation
- Budget approval
- Budget implementation
- Budget oversight

65. Harm Reduction International (2020) Summing it up: Building evidence to inform advocacy for harm reduction funding in Asia. London. Available from www.hri.global/contents/2051

Communicating effectively

Communication is a crucial element of budget advocacy. You can undertake brilliant policy and budget analysis, but without an effective communication plan in place you might not achieve the change you want to see.

Once you have gathered data, identified key needs and gaps, conducted budget analysis and decided what your advocacy objective will be, you need to develop your key budget advocacy messages. They will need to be tailored for your key advocacy targets, based on your stakeholder analysis and in accordance with the budget cycle stages. Effective budget advocacy messages should have the following basic components:

- A statement of the budget problem
- An evidence-based solution to address the budget problem
- An explanation of the action your advocacy target must take to address the problem

Next you have to consider what types of communication materials and activities you need to create, in what format, and how they will be delivered to your key advocacy targets. Different strategies include briefings, letters, infographics, press conferences, public hearings, printed reports and social media campaigns. Again, these must be tailored to your advocacy targets.

In collaboration with your strategic partners, identify allies and high-level influencers (including outside of your country) who can help deliver your advocacy messages. These messengers need to be supportive of your budget advocacy and have the ability to influence the decision makers you are targeting. For example, a former Minister of Finance might have bigger influence on the current Minister of Finance than you.

Finally, prepare a schedule and action plan that is aligned with the budget process based on **ACTION 10**.

Crucially, make sure you have appropriately identified the risk involved in communicating about your work, are prepared to answer tough questions and are aware of the steps to take to implement a crisis communications strategy.

Engaging in budget advocacy is often a long-term effort. Groups that produce rigorous and compelling analyses, develop a brilliant advocacy strategy and execute it flawlessly may still fail to achieve their objectives due to unforeseen circumstances, such as a crisis in another sector that draws attention away from their issue, unexpected shifts in the political context or unexplained losses of key allies. If this happens try to understand why and adjust your strategy for the next opportunity.

Box 3 – *Case Study: Care for people experiencing homelessness in Poltava, Ukraine – creative data digging and comparison*[66]

Poltava is a region in Ukraine where local civil society group Light of Hope has used budget analysis and a unit cost exercise to develop a powerful message calling on the local government to allocate money for shelter services for people experiencing homelessness in the city. The organisation has compared public allocation for a municipal programme for homeless dogs, which the government intended to allocate US$1.7 million to, with the US$47,000 budget for the homelessness programme. A simple calculation of unit cost (funding per head) revealed that the government intended to spend five times more on food for dogs than for people experiencing homelessness and 4,000-times more on medicine for dogs than for homeless people. This argument was supported by infographics clearly displaying these disparities. Light of Hope was successful in its budget advocacy and allocation for people experiencing homelessness, including people who use drugs, was increased.

Comparison of funding for people experiencing homelessness in the city of Poltava, Ukraine

66. Budget Advocacy School (2016) Comparison of approved volumes of assistance to the homeless in Poltava. Kiev. Available from budgetadvocacy.ua/en/library/porivniannia-zatverdzhenykh-obsiahiv-dopomohy-bezdomnym-u-m-poltava/

Key international technical guidelines

1. The Global Fund (2020) Harm reduction for people who use drugs
2. European Monitoring Centre for Drugs and Drug Addiction (2019) Monitoring the elimination of viral hepatitis as a public health threat among people who inject drugs in Europe
3. WHO, UNDP, UNAIDS, International Centre on Human Rights and Drug Policy (2019) International Guidelines on Human Rights and Drug Policy
4. UNODC, WHO, UNAIDS (2019) HIV prevention, treatment, care and support for people who use stimulant drugs

   This guideline recommends eight core interventions for people who use stimulants (condoms, NSP, HIV testing and treatment, psychosocial and dependence treatment, STI/hepatitis prevention and treatment, information and overdose prevention).
5. WHO (2019) Consolidated strategic information guidelines for viral hepatitis: Planning and tracking progress towards elimination

   This guideline outlines 2030 targets for harm reduction service coverage, including 300 syringes/needles per year per person who injects drugs.
6. European Monitoring Centre for Drugs and Drug Addiction (2017) Drug Consumption Rooms: An Overview of Provision and Effectiveness
7. UNODC, INPUD, UNAIDS, UNDP, UNFPA, WHO, USAID (2017) Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions

   This guideline was developed by the International Network of People who Use Drugs, in collaboration with key UN agencies and donors.
8. UNODC (2016) Addressing the Specific Needs of Women Who Inject Drugs: Practical Guide for Service Providers on Gender-responsive HIV Services
9. WHO (2016) Integrating collaborative TB and HIV services within a comprehensive package of care for people who inject drugs: Consolidated guidelines

   This guideline recommends that TB, HIV and viral hepatitis service providers collaborate to provide treatment, care and support to people who inject drugs, and integrate services into one setting where possible.
10. WHO (2016) Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations

    This guideline:

    - *Reasserts document number 11 below*
    - *Recommends that naloxone distribution to those who are likely to witness an overdose is added to the 'comprehensive package' of harm reduction services*

11. WHO (2014) Consolidated guidelines on HIV prevention, treatment and care for key populations

This guideline:

- *Reasserts the 'comprehensive package' from document number 13 below*
- *Includes the following recommendations for an enabling environment for the 'comprehensive package': support legislation (including decriminalisation of behaviours of key populations), addressing stigma and discrimination, community empowerment and addressing violence against key populations*
- *Recommends prioritisation of NSP and OAT where injecting drug use occurs*
- *Reaffirms document number 14 by recommending provision of low dead space syringes (LDSS) in NSPs and equipment appropriate to the local context*
- *Is updated by document number 10*

12. WHO (2014) Community management of opioid overdose

This guide recommends that all people likely to witness an overdose should have access to naloxone.

13. WHO, UNODC, UNAIDS (2012) Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users

This guide outlines the following 'comprehensive package' of harm reduction interventions in relation to HIV prevention, treatment and care for people who inject drugs: NSPs, OAT, HIV testing and counselling, ART, sexually transmitted infections (STI) prevention, condoms, targeted information, viral hepatitis services and TB services.

14. WHO (2012) Guidance on prevention of viral hepatitis B and C among people who inject drugs

This guidance includes key recommendations on:

- *Provision of LDSS in NSPs*
- *Peer interventions for people who inject drugs to reduce incidence of viral hepatitis*
- *Hepatitis B vaccination for people who inject drugs*

15. WHO/UNDOC (2009) Guidance on testing and counselling for HIV in settings attended by people who inject drugs: Improving access to treatment, care and prevention

Key resources

- IBP (2020) A Guide to Local Government Budget Advocacy in South Africa www.internationalbudget.org/wp-content/uploads/guide-to-local-government-budget-advocacy-in-south-africa-2017-highres.pdf
- Eurasian Harm Reduction Association (2018) Budget advocacy guide for community activists (focused on harm reduction) www.harmreductioneurasia.org/sustainability/ba-toolbox/budget-advocacy-guide/
- IBP (2018) Budget Advocacy Strategies, Tools, Tactics, and Opportunities www.internationalbudget.org/budget-advocacy/strategies-tools-tactics-opportunities/
- Futures Group, Health Policy Project, Mbuya-Brown, R. and Sapuwa, H. (2015) Health Budget Advocacy: a Guide for Civil Society in Malawi www.healthpolicyproject.com/pubs/747_MalawiBudgetAdvocacybooklet.pdf
- USAID (2015) Influencing Government Health Budgets in Uganda. A Guide for Civil Society. www.iigi-fraud-solutions.com/application/files/8215/4179/6704/H_B_2015.pdf
- IBP (2014) Budgeting for Human Rights: Progressive Realization www.internationalbudget.org/2014/09/budgeting-for-human-rights-progressive-realization/
- IBP (2014) Budgeting for Human Rights: The use of Maximum Available Resources www.internationalbudget.org/2014/08/budgeting-for-human-rights-using-the-maximum-of-available-resources/
- Partnership for Maternal, Newborn and Child Health (2013) Strengthening National Advocacy Coalitions for Improved Women's and Children's Health www.who.int/pmnch/knowledge/publications/cso_report/en/
- Save the Children (2012) Health Sector Budget Advocacy: a guide for civil society organisations www.who.int/pmnch/media/news/2012/20120716_health_sect_budg_adv_report/en/
- IBP (2011) Guide to Transparency in Government Budget Reports: How Civil Society Can Use Budget Reports for Research and Advocacy www.internationalbudget.org/publications/guide-to-transparency-in-government-budget-reports-how-civil-society-can-use-budget-reports-for-research-and-advocacy/
- UNAIDS (2000) Costing guidelines for HIV prevention strategies www.psmtoolbox.org/en/
- IMF, Potter, B. and Diamond, J. (1999) Guideline for Public Financial Management) www.imf.org/external/pubs/ft/expend/

- Budget Advocacy School (Ukraine, with focus on EECA region) www.budgetadvocacy.ua/en/library/
- IBP, Guide to Transparency in Government Budget Reports: Why are Budget Reports Important, and What Should They Include? www.internationalbudget.org/wp-content/uploads/Guide-to-Transparency-in-Government-Budget-Reports-Why-are-Budget-Reports-Important-and-What-Should-They-Include-English.pdf
- Public Expenditure and Financial Accountability Partnership: www.pefa.org/
  This contains country-specific assessments and reviews.
- Commonwealth Education Fund, A Budget Guide for Civil Society Organisations Working in Education www.campaignforeducation.org/wp-content/uploads/2018/04/CEF-Budget-Guide-for-CSOs.pdf

Harm Reduction International is an international non-governmental organisation that works to reduce drug-related harms by promoting evidence-based public health policy and practices, and human rights-based approaches to drug policy through an integrated programme of research, analysis, advocacy and partnerships. Our vision is a world in which individuals and communities benefit from drug laws, policies and practices that promote health, dignity and human rights.

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