

# The impact of a multi-country harm reduction advocacy grant in South-East Asia

Changing hearts and minds, policies and practices

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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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# Abbreviations

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<b>ANPUD</b>	Asian Network of People Who Use Drugs
<b>ASEAN</b>	Association of Southeast Asian Nations
<b>ATS</b>	Amphetamine-type stimulants
<b>CCM</b>	Country Coordinating Mechanism
<b>CND</b>	Commission on Narcotic Drugs
<b>CNPUD</b>	Cambodian Network of People who Use Drugs
<b>EJAF</b>	Elton John AIDS Foundation
<b>HCV</b>	Hepatitis C virus
<b>HRAsia</b>	Harm Reduction Advocacy in Asia
<b>HRI</b>	Harm Reduction International
<b>IDPC</b>	International Drug Policy Consortium
<b>IDUF</b>	Indian Drug User Forum
<b>KHANA</b>	Khmer HIV/AIDS NGO Alliance
<b>LGBTQI</b>	Lesbian, gay, bisexual, transgender, queer and intersex
<b>LMIC</b>	Low- and middle-income countries
<b>NGO</b>	Non-governmental organisation
<b>NSP</b>	Needle and syringe programme
<b>OAT</b>	Opioid agonist therapy
<b>PITCH</b>	Partnership to Inspire, Transform and Connect the HIV response
<b>SAARC</b>	South Asian Association for Regional Cooperation
<b>SCDI</b>	Supporting Community Development Initiatives
<b>SDGs</b>	Sustainable development goals
<b>TLF Share</b>	The Library Foundation Sexuality, Health and Rights Educators
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNDO</b>	United Nations Development Programme
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>UPR</b>	Universal Periodic Review
<b>URI</b>	United Religions Initiative
<b>WHO</b>	World Health Organization

# I. Executive Summary

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In the Asia Pacific region, people who use drugs accounted for 17% of new HIV cases in 2019.<sup>1</sup> People in Asia who inject drugs – around four million in total – are more likely to be living with HIV than any other key population in the region, with HIV prevalence at about 13.5%.<sup>2</sup> As part of the Sustainable Development Goals (SDGs) and the 2016 Political Declaration on HIV and AIDS, countries have committed to ending AIDS, eliminating hepatitis C (HCV), and attaining universal health coverage by 2030. Harm reduction programming is essential for countries to achieve these goals. Despite the overwhelming evidence and consensus in international guidance that harm reduction is effective, cost-effective and essential for preventing and treating HIV among people who use drugs, governments continue to underfund health programming for people who use drugs while investing enormous resources into punitive measures. Strong civil society and community-led advocacy is crucial to ensuring access to high quality, human rights-based harm reduction, and to reaching UNAIDS' 90-90-90 targets<sup>3</sup> for people who use drugs.

Harm Reduction Advocacy in Asia, or HRAsia, is a Global Fund multi-country grant that has provided funding and technical support for advocacy in Cambodia, India, Indonesia, Nepal, the Philippines, Thailand and Vietnam. The programme focused on removing legal barriers, community systems strengthening and the gathering and use of strategic information for advocacy. It has helped to change hearts and minds, and ultimately policies and practices related to drug use and harm reduction. Communities of people who use drugs have become more meaningfully involved in advocacy and service provision. Key highlights among HRAsia's advocacy achievements include:

- **HIV and health policy reform.** In Cambodia, HRAsia contributed to the development of standard operating procedures on needle and syringe programmes (NSP), HCV and overdose, which are due to be adopted by the Ministry of Health by the end of 2020. In Nepal, the programme contributed to the development of a national protocol for HCV prevention and treatment, which was approved by the Ministry of Health in October 2020.
- **Expanded and sustained funding for harm reduction.** Community-led advocacy for the scale-up of harm reduction programming in Nepal resulted in the largest ever funding allocation for harm reduction in Nepal within a Global Fund country proposal.
- In Indonesia and Thailand, HRAsia-supported research led to dialogue between civil society, communities and decision makers on possible **redirection of state funds from punitive measures to harm reduction**. In Indonesia, it was found that the government allocates around US\$400,000 to harm reduction (mostly clinical services, including opioid agonist therapy)<sup>4</sup> while it spends up to US\$250 million annually on punitive drug control measures. Similar research in Thailand showed that the government invested 7,550 times the amount invested in harm reduction to drug law enforcement activities.<sup>5</sup>
- **Drug policy reform.** In Vietnam, HRAsia advocacy led to a draft drug law that raised debates among policy makers around drug dependence as a health issue.

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1. UNAIDS (2020) Global AIDS Report. Available at [www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)

2. Ibid.

3. See UNAIDS (2017) 90-90-90: an ambitious target to help end the AIDS epidemic. Available at [www.unaids.org/en/resources/documents/2017/90-90-90](http://www.unaids.org/en/resources/documents/2017/90-90-90)

4. Rowe, E. for Harm Reduction International (2020) Summing It Up: Building evidence to inform advocacy for harm reduction funding in Asia, Harm Reduction International. July 2020. Available at [www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf](http://www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf)

5. Ibid.

- In all countries, **law enforcement have gained a greater understanding of harm reduction, helping to reduce stigma.** In Vietnam, over 7,000 police officers were trained on the health and rights of people who use drugs. In pilot sites in Cambodia and Vietnam, police have begun to refer people who use drugs to community treatment programmes rather than arresting them.
- **Stigma has been reduced and new alliances formed between harm reduction advocates and opinion leaders, decision makers and faith leaders.** In India and Thailand, religious leaders were engaged and made public statements based on their scriptures in favour of harm reduction and humane drug policy. Faith-based groups also participated in the annual *Support, Don't Punish* campaign day,<sup>6</sup> with community actions drawing attention to the need for humane drug policy.
- **Communities of people who use drugs have become driving forces of resilience during the COVID-19 crisis.** In India, forums of people who use drugs utilised their newly created links with faith-based communities to enlist their support for securing food rations for people who use drugs. In both India and Nepal, advocacy by HRAsia partners contributed to revisions of national opioid agonist therapy (OAT) guidelines to provide for take-home doses, a policy change which allowed people to continue receiving OAT during lockdowns.

## Using multi-country programming to make an impact

HRAsia's multi-country structure was essential to the profound impact it achieved. This structure enabled the programme to provide essential programming that tends not to be possible in country programmes. As a multi-country programme, the value HRAsia has been able to add includes:

- **Funding strategic advocacy**, which is rarely prioritised by Global Fund country coordinating mechanisms (CCMs) in country proposals and is not funded by governments at all.
- **Programming to empower communities of people who use drugs.** Leveraging the unique knowledge and skills of people who use drugs to improve the effectiveness of both services and advocacy is also often severely underfunded in Global Fund country programmes and is almost never funded by state funds, but it is something that HRAsia heavily invested in. The Asian Network of People who Use Drugs (ANPUD) generated new knowledge about the quality of harm reduction services. Among other achievements, community empowerment led to **removing gender, human rights and stigma-related** barriers to accessing services.
- **Supporting civil society and community organisations to directly reach high-level decision makers** at the country and regional level, creating harm reduction allies among faith leaders, parliamentarians, ministries and law enforcement officials.
- Harm reduction advocates (including community advocates, law enforcement officials and governmental decision makers) have been able to access **international platforms to exchange knowledge and experience and build solidarity**, as they embarked on creating enabling environments for harm reduction in their own countries.
- **Partnerships have been formed between in-country stakeholders and global organisations**, including HRI and IDPC. HRI is leading in developing the global harm reduction agenda and tools for its promotion. Countries benefitted from global organisations' technical support while global organisations benefitted from the frontline experience of country partners.

6. *Support, Don't Punish* is a global advocacy campaign calling for drug policies based on health and human rights. See [www.supportdontpunish.org](http://www.supportdontpunish.org) for more details.

- **Bilateral cooperation** between countries has enabled skills and best practices to be exchanged.
- As a Global Fund multi-country grant, a **uniquely trusted context** was created that enabled governments to engage in discussions on decriminalisation and redirecting funds for drug control to harm reduction services. It is empowering for policy makers and law enforcement officials who champion harm reduction to be among their peers from other countries as this helps to emphasise that it is not radical to advocate for drug policies that prioritise the well-being of people and communities. Moreover, the Global Fund is a trusted funding source for work in countries around these sensitive issues.
- The **flexibilities** within multi-country grants allowed sub-recipients to adjust their plans to respond to emerging opportunities, which enabled them to achieve their advocacy objectives more quickly. Making adjustments to Global Fund country grants is a lengthy process in comparison.
- Country experience **informed and influenced regional and global narratives on harm reduction funding** – such as the redirection of domestic funding from punitive measures to harm reduction and the importance of the Global Fund’s catalytic funding measures – by presenting new evidence for consideration by stakeholders and decision makers.

## Recommendations

- 1 Donors should prioritise funding for civil society and community organisations to carry out harm reduction advocacy.** This work is crucial for challenging punitive legal and policy environments, reducing stigma and discrimination and the criminalisation of people who use drugs, and ultimately increasing national governments’ political will and financial support for harm reduction.
- 2 The Global Fund and other donors should continue to support multi-country programming as an essential source of funding for strategic advocacy work.** Governments and CCMs do not tend to fund advocacy campaigns that target themselves, making external funding and support essential.
- 3 Harm reduction should be given prominent attention within multi-country programming for key affected populations.** People who use drugs face unique hurdles in attaining health and rights, given the degree of stigma, discrimination and criminalisation (including mass incarceration) they face. To ensure harm reduction is effective and sustainable, continued advocacy is needed to reform drug policies and law enforcement and change how society perceives drug use and people who use drugs. People who use drugs must be given meaningful space to contribute to the formation, implementation, monitoring and evaluation of multi-country grants. An external evaluation of the impact of multi-country grants in countries found that programmes with a narrow focus (on a particular key population and on particular countries) were more likely to achieve their objectives and attain higher Global Fund grant ratings. The same report suggested the HRAsia programme should be continued and new countries should be added to it.<sup>7</sup>

- 4 Donors should support long-term advocacy programmes because policy change often comes about through small, incremental steps.** Continuity in funding, technical support, planning, monitoring and evaluation for strategic advocacy will be essential for countries to leverage the momentum built by the HRAsia programme to achieve 2030 goals. External evaluation of multi-country programming also suggests that longer-term grants for such advocacy work would be useful.<sup>8</sup>
- 5 Grants supporting advocacy work should be flexible so that implementers can adjust to changing opportunities and threats over time.**
- 6 Grants supporting advocacy programming should encourage approaches to monitoring and evaluation that enable reflection on incremental change.** External evaluation of multi-country programming also suggests that better measurement tools for advocacy are needed.<sup>9</sup>

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8. Ibid.

9. Ibid.



## II. Introduction

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Although the Asia Pacific region made important progress toward achieving UNAIDS' 90-90-90 targets by the end of 2019, with 75% of people living with HIV knowing their status, 60% receiving treatment and 55% reaching viral suppression,<sup>10</sup> important gaps remain. As part of the SDGs, countries have committed to ending AIDS, eliminating HCV, and attaining universal health coverage by 2030. To achieve this, countries must address the health needs and rights of people who use drugs. In the Asia Pacific region, people who use drugs accounted for 17%<sup>11</sup> of new HIV cases reported in 2019. Asia's approximately four million people who inject drugs have the highest HIV prevalence rate of any key population in the region at about 13.5%.<sup>12</sup> Among the countries targeted by the HRAsia programme, HCV prevalence among people who inject drugs ranged from 89.2% in Indonesia to 30.4% in Cambodia.<sup>13</sup> Despite the overwhelming evidence and consensus in international guidance that harm reduction is effective, cost-effective and essential for preventing and treating HIV among people who use drugs, governments in the region continue to underfund health programming for people who use drugs while investing enormous resources into punitive measures. Strong civil society and community-led advocacy is crucial for ensuring access to high quality, human rights-based harm reduction and reaching 90-90-90 targets for people who use drugs.

The multi-country HRAsia programme provided funding and technical support for strategic advocacy in seven countries: Cambodia, India, Indonesia, Nepal, the Philippines, Thailand and Vietnam. The goal was to increase access to essential HIV and harm reduction services for people who inject drugs in Asia by removing legal barriers, strengthening community systems, and increasing evidence for advocacy.

The programme's overall objectives were to:

- Create an enabling legal and policy environment that supports the implementation of HIV and harm reduction interventions
- Strengthen networks of people who use drugs to enable meaningful engagement with national governments and regional mechanisms for a sustained HIV and drug use response
- Increase use of strategic information in shaping evidence and rights-based HIV and harm reduction policies and programmes.

The grant was originally designed to cover a three-year period but it was extended to include a fourth year, so ran from 2017 to 2020 in total. The principal recipient was India HIV/AIDS Alliance. HRI, IDPC and ANPUD cooperated to provide support and stimulate synergy among the following sub-recipients in each country: Khmer HIV/AIDS NGO Alliance (KHANA) in Cambodia, India HIV/AIDS Alliance in India, Rumah Cemara in Indonesia, Recovering Nepal in Nepal, The Library Foundation's Sexuality, Health and Rights Educators Collective (TLF Share) in the Philippines, Ozone Foundation and RAKSTHAI in Thailand, and Supporting Community Development Initiatives (SCDI) in Vietnam.

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10. UNAIDS (2020) Global AIDS Report. Available at [www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)

11. Ibid.

12. Ibid.

13. Harm Reduction International (2020) Global State of Harm Reduction. Available at [www.hri.global/global-state-of-harm-reduction-reports](http://www.hri.global/global-state-of-harm-reduction-reports)

HRAsia changed policies and practices in countries and built momentum for further change in the region and globally. It helped countries make progress toward the 90-90-90 targets by:

- Strengthening community systems to enable advocacy and integrated client-centred services
- Creating strategic information for use in advocacy and decision making
- Creating an enabling environment for harm reduction by influencing HIV and drug policy
- Enabling more humane law enforcement practices

This report is not a comprehensive evaluation of the project, rather it highlights HRAsia's most important achievements, shows the added value of multi-country programming and makes recommendations for future multi-country support in Asia. To produce the report, an external consultant was commissioned to review available literature about the programme, including each sub-recipient's theory of change, and interview representatives of sub-recipients and people who use drugs in the programme countries. The report reflects on the impact HRAsia made within countries, between countries (through bilateral partnerships and exchange), and at the regional and global level.

## III. Impact in countries

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HRAsia had a profound impact on progress toward achieving the 90-90-90 targets, and ultimately the goals of ending AIDS, eliminating HCV and providing universal health coverage by 2030 in the seven programme countries. In each, HRAsia supported stakeholders to develop a theory of change, called their 'blueprints for change', which defined advocacy priorities, goals and roles. These blueprints served as living documents. They were used to check progress and adjusted in response to changing opportunities and threats. This built a vision for change, not only among HRAsia sub-recipients but also among their partners. The degree of flexibility afforded to sub-recipients through this process is not available within Global Fund country grants.

Through careful and flexible planning, and strategic cooperation with stakeholders, HRAsia partners achieved impact in the following ways:

- HIV and health policy reform
- Expanded and sustained funding for harm reduction
- Drug policy reform
- Empowering communities of people who use drugs, who became meaningfully involved in both advocacy and service provision
- Stigma reduction
- Forming new alliances between harm reduction advocates and opinion leaders, decision makers, faith leaders and law enforcement
- People who use drugs have been at the forefront of community-led resilience in the face of COVID-19.

These bullet points are elaborated below.

### A. Expanded access to evidence-based, human rights-based harm reduction services

Harm reduction services, including NSP and OAT, are essential not only to prevent HIV transmission among people who use drugs but also as an entry points for HIV and HCV testing and treatment. Globally, access to harm reduction services remains critically low as only 1% of people who inject drugs live in countries with high coverage.<sup>14</sup> Coverage of NSP and OAT in most HRAsia countries remains inadequate.<sup>15</sup> Expanding access to harm reduction requires advocacy to ensure policies on HIV and health are reformed and investment in harm reduction is increased.

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14. Larney, S. et al. (2017) Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. *The Lancet Global Health*, 5 (12), e1208-1220. Available at [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30373-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30373-X/fulltext).

15. Rowe, E. for Harm Reduction International (2020) *Summing It Up: Building evidence to inform advocacy for harm reduction funding in Asia*. Available at [www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf](http://www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf)

## 1) HIV and health policy reform

Cambodia offers an example of where HRAsia had a profound impact on HIV and health policy. KHANA, the HRAsia sub-recipient in Cambodia, with its partners successfully advocated for the expansion of services for people who use drugs and a shift away from a purely punitive approach to drug use to a public health approach. A guideline for community-based treatment developed through HRAsia is under review by the Ministry of Health,<sup>16</sup> and its implementation will guide 450 community-based treatment sites at hospitals and health centres throughout the country. KHANA, in partnership with AIDS Care China, supports pilots of integrated community-based treatment in two hotspots in Cambodia that offer a full package of harm reduction services. These will potentially serve as models for other community-based treatment services in the country if the new guideline is adopted and financial and technical support is available to build services at these sites.

Additionally, HRAsia supported the development of a standard operating procedure on HCV that was adopted by the Cambodian Ministry of Health in autumn 2020, and HCV medicines were added to Cambodia's Essential Medicine List. The Ministry of Health is expected to adopt a guideline on overdose management (which foresees community-based naloxone programming) by the end of 2020. A standard operating procedure on NSP is also under development. Under Cambodia's HIV National Strategic Plan 2019-2023, community-based organisations are explicitly recognised as key partners for the first time and are endorsed to potentially receive government funding. The strategic plan addresses intersectionality among key affected populations, also for the first time.

Nepal offers another example of the profound impact HRAsia advocacy has had on health policy. Only very limited funding was allocated for advocacy work in Nepal's 2018-2021 Global Fund HIV country grant, so funding via HRAsia has been a crucial source of support. Recovering Nepal (a community-led organisation), HRAsia's sub-recipient in Nepal, drafted a national guideline for HCV prevention and treatment,<sup>17</sup> with financial and technical support from HRAsia and the World Health Organization (WHO), which was approved by the Ministry of Health in October 2020. The new national guideline was linked to a national strategy and a costed five-year action plan to ensure treatment for viral hepatitis is offered through the country's national health service, which was drafted by Nepal's National Centre for AIDS and STD Control with support from the WHO.

In Vietnam, HRAsia supported advocacy that contributed to the Ministry of Health's decision to trial take-home doses of methadone in three pilot sites, which was authorised by the government in December 2020. Should the pilots show good results, it is expected that the policy will be scaled up within a year. HRAsia supported Vietnamese clinicians to visit OAT clinics in Canada and for SCDI to participate in working groups to develop the plan for the pilot.

In India, HRAsia contributed to advocacy efforts that led to changes in national policy. In 2018, new mental healthcare rules<sup>18</sup> were added to the Healthcare Act of 2017, enabling the provision of long-term OAT in prisons. Section 22 of the HIV/AIDS Act 2017 protects harm reduction measures, including NSP, from criminal or civil liability under any other law.

16. Responsibility for drug treatment is under the Ministry of Health.

17. Ministry of Health, Cambodia (2020) National Guideline for HCV Prevention and Treatment. Ministry of Health

18. The Mental Healthcare Rules: Rights of People with Mental Illness

## 2) Increasing funding for harm reduction

By 2016, donors and governments in low and middle-income countries (LMICs) had invested only 13% of the US\$1.5 billion UNAIDS estimated is needed for an adequate HIV response for people who use drugs.<sup>19</sup> As countries transition from donor to domestic sources of funding, they tend to fund state-run medical programming but are reluctant to cover the community-based harm reduction programming that is needed to attract people to testing and treatment. Data on harm reduction investment is limited in most LMICs, particularly when it comes to government investment. Although this data is necessary to inform the strategic investments of donors and governments, it is not systematically collected.

Local research into the national situation in the seven project countries, using a research tool developed by HRI,<sup>20</sup> filled a knowledge gap within countries and also helped to establish the state of harm reduction funding in LMICs more broadly.<sup>21</sup> With some exceptions, the research revealed the limited extent to which governments are investing in their harm reduction responses. While in India state funding accounts for 86% of spending on NSP, in Indonesia, the Philippines and Vietnam there is no state funding for NSP, and Indonesia and the Philippines lack NSP programming almost entirely. In Cambodia, Nepal and Thailand the state covers only 44%, 15%, 33% of NSP costs, respectively. The portion of funding for OAT that comes from the state is: 50% in Cambodia; 100% in Indonesia; 73% in India; 18% in Nepal; 95% in Thailand and 72% in Vietnam. OAT is not available in the Philippines.<sup>22</sup>

There are several examples of HRAsia contributing to progress toward increased donor and government funding for harm reduction. The capacity of HRAsia partners (and others) to conduct evidence-informed advocacy for investing in harm reduction was built through a series of HRI-led workshops, including at the Global Fund Regional Harm Reduction Advocacy in Asia CCMs Meeting in Bali in November 2018, the International AIDS Conference in Amsterdam in July 2018, and the Harm Reduction International Conference in Porto, May 2019. These workshops provided HRAsia partners and other advocates with tools, evidence and strategies to use in their advocacy for sustainable financing for harm reduction. To equip civil society and communities with tips on using economic evidence and cost-effectiveness arguments within advocacy for harm reduction investment, HRI published a briefing called *Making the Investment Case: Cost-effectiveness for Harm Reduction*.<sup>23</sup> This work has also culminated in the production of a practical and accessible guide for community and civil society organisations to prepare for budget advocacy for harm reduction.<sup>24</sup> This guide provides information on how to get involved in budget processes and make the case for domestic investment, and lists key budget sources. It also includes practical tools and strategies to support activists in advocating for sustainable harm reduction funding in harm reduction.

Community-led advocacy for harm reduction programming in Nepal resulted in an increased allocation for harm reduction services being agreed by the CCM in 2020. Previous Global Fund country proposals had included minimal harm reduction funding allocations. Sustained, targeted advocacy supported by

19. Harm Reduction International (2018) The Lost Decade: Neglect for Harm Reduction Funding. Available at [www.hri.global/files/2018/09/25/lost-decade-harm-reduction-funding-2018.PDF](http://www.hri.global/files/2018/09/25/lost-decade-harm-reduction-funding-2018.PDF)

20. Harm Reduction International (2020) Harm reduction investment assessment tool: A step-by-step guide. Available at [www.hri.global/files/2020/06/30/HRI-ASSESSMENT-TOOL-1\\_v2.pdf](http://www.hri.global/files/2020/06/30/HRI-ASSESSMENT-TOOL-1_v2.pdf)

21. Harm Reduction International (2018) The Lost Decade: Neglect for Harm Reduction Funding.

22. Harm Reduction International (2020) Summing it Up: Building Evidence to Inform Advocacy for Harm Reduction Funding in Asia. Available at [www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf](http://www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf)

23. Harm Reduction International (2020) Making the Investment Case: Cost-effectiveness for Harm Reduction. Available at [www.hri.global/files/2020/04/21/HRI\\_Cost\\_Effectiveness\\_Briefing\\_\(APRIL\\_2020\).pdf](http://www.hri.global/files/2020/04/21/HRI_Cost_Effectiveness_Briefing_(APRIL_2020).pdf)

24. Harm Reduction International (2020) Getting ready for harm reduction budget advocacy: A guide for civil society and communities. Available at [www.hri.global/budget-advocacy-guide](http://www.hri.global/budget-advocacy-guide)

HRAsia resulted in high-level decision makers changing their attitudes toward harm reduction, leading to a 33% increase in funding – the largest ever allocation for harm reduction in Nepal within a Global Fund country proposal.

This change came about through multifaceted efforts, including persistent advocacy by Recovering Nepal and opportunities created through HRAsia for high-level decision makers to engage with colleagues from other countries in the region. Crucial moments that built the vision and will among Nepalese decision makers to expand harm reduction included participation in an HRAsia workshop linked to the Association of South East Asian Nations (ASEAN) summit in 2018 and the Nepalese government hosting of similar workshops linked to a summit of the South Asian Association for Regional Cooperation (SAARC) in 2018 and 2019. Bilateral interaction was also inspiring. For example, representatives of the Nepalese government, led by the Nepalese Communist Party, learned from their colleagues in Vietnam, led by the Vietnamese Communist Party, how OAT is provided throughout the country using domestic funding. This resulted in the Focal Person for Drug Control at the Nepalese Ministry of Home Affairs, for example, to go from being a harm reduction sceptic to an active supporter, and personally taking the initiative to promote harm reduction. The Ministry of Home Affairs now actively participates in a Nepalese Technical Working Group on harm reduction and supports the expansion of harm reduction programming.

In Indonesia, HRAsia supported advocacy that successfully countered suggestions to de-fund harm reduction after a government integrated bio-behavioural study showed a shift from opioid injection to oral use of amphetamine-type stimulants (ATS) among people who use drugs. Advocacy efforts directed at the CCM, the principal recipient and the Ministry of Health supported by HRAsia, as well as the Partnership to Inspire, Transform and Connect the HIV Response (PITCH) and the Elton John AIDS Foundation (EJAF), led to a continuation of funding for harm reduction within the Global Fund programme and to the adjustment of national harm reduction guidelines to address the needs of people who use ATS.

### 3) Domestic investment in harm reduction

As well as generating evidence on the extent to which governments invest in harm reduction, the HRAsia programme provided information about a potential source of domestic funding for harm reduction; initiating dialogue on redirecting funds from drug control to harm reduction. In Indonesia and Thailand, HRAsia research showed that redirection of a small portion of state funds allocated for punitive measures could fully fund harm reduction, contributing to dialogue between civil society, communities and decision makers. In Indonesia, the research showed that the government allocates around US\$400,000 to harm reduction (mostly for clinical services, including OAT)<sup>25</sup> while it spends up to US\$250 million annually on punitive drug control measures. Rumah Cemara, an HRAsia sub-recipient, used this data in a campaign that reached decision makers (in ministries and in the parliament) as well as the general population. Similar research in Thailand found the government invests 7,550 times more in drug law enforcement activities than it does in harm reduction.<sup>26</sup> Evidence of the profound impact that redirecting even a small fraction of the drug control budget to harm reduction would have on health was discussed with interest by civil society, communities and high-level decision makers from government and law enforcement during national dialogue meetings in both countries. Momentum was built for continued discussions on the re-allocation of funds.

25. Rowe, E. for Harm Reduction International (2020) Summing It Up: Building evidence to inform advocacy for harm reduction funding in Asia. Available at [www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf](http://www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf)

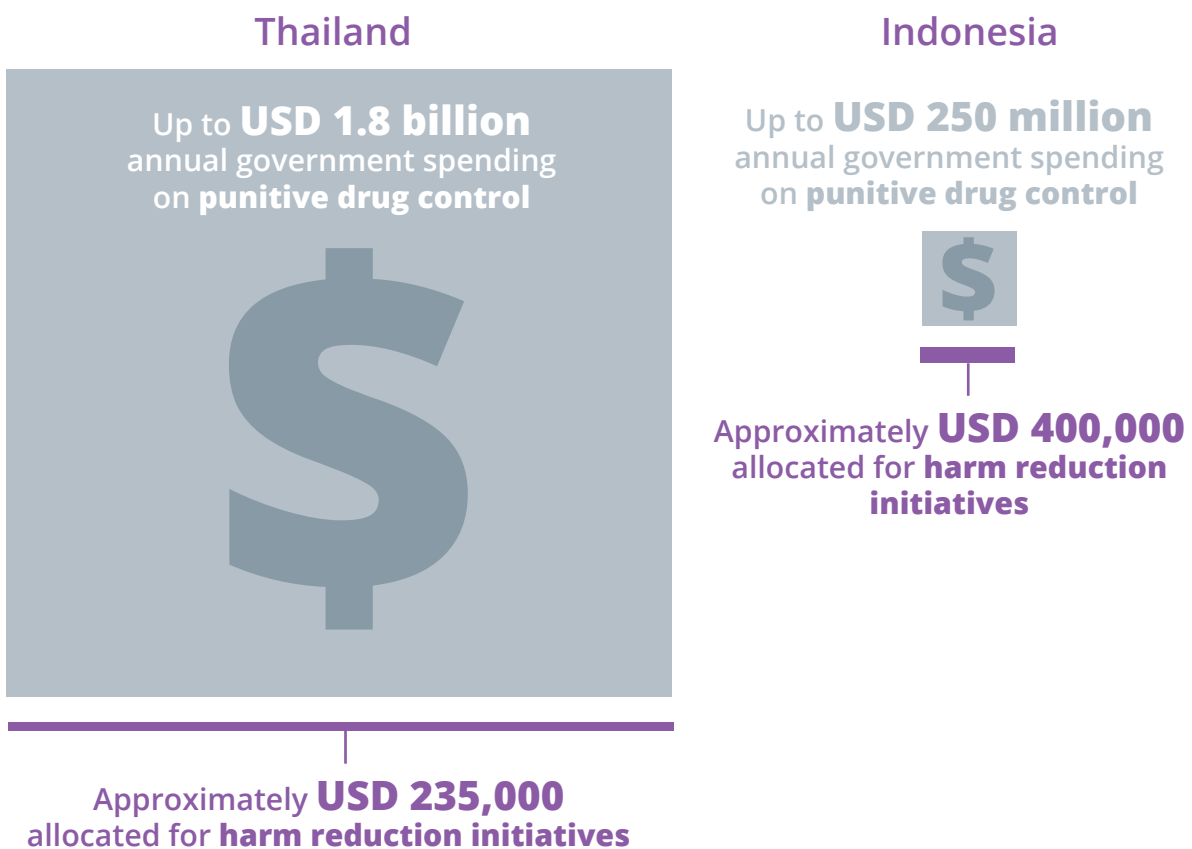
26. Ibid.

27. The official name of this event was The Law Enforcement and Civil Society Consultation on Enhancing Partnerships with Programs that Provide HIV-related services for People Who Use Drugs. It took place at the Jakarta Centre for Law Enforcement Collaboration.

The evidence from Indonesia and Thailand was presented to high-level officials from narcotics control agencies and law enforcement from all project countries during a law enforcement and civil society consultative meeting, which took place in 2019 in Semarang, Indonesia.<sup>27</sup> This event provided a platform to discuss the findings, learn from each other and build solidarity. The evidence was also presented at the 5th International Law Enforcement and Public Health Conference in Edinburgh, Scotland in 2019.

This HRAsia research also helped to secure small grants from EJAF for redirection campaign activities in Thailand and Indonesia. The tool to assess drug law enforcement expenditure that was developed through HRAsia is available for use globally.<sup>28</sup>

## Comparison of expenditure on law enforcement and domestic harm reduction allocations in Thailand and Indonesia



In addition to advocacy for national funding of harm reduction, the HRAsia programme helped to secure funding allocations from sub-national (provincial) budgets. In Indonesia, for example, advocacy supported by the programme led to provincial-level funding for harm reduction in Kalimantan and Bali. The funding, which is for training and coordination meetings, is an important step as it is the first time the provincial government has allocated any funds for harm reduction. In six other provinces, although funding was not allocated, HRAsia advocacy resulted in provincial policy documents explicitly acknowledging harm reduction.

28. Harm Reduction International (2020) Drug law enforcement expenditure assessment tool: A step-by-step guide. Available at [www.hri.global/files/2020/06/30/HRI-ASSESSMENT-TOOL-1\\_v2.pdf](http://www.hri.global/files/2020/06/30/HRI-ASSESSMENT-TOOL-1_v2.pdf)



#### 4) Meeting the needs of women who use drugs

HRAsia empowered women to address gender-related barriers to accessing services. In the province of Kapurthala in Punjab, India, for example, a woman-led outreach initiative quickly led to an increase in female clients from 2 to 220 within 9 months. Almost all agreed to be tested for HIV with 8.4% receiving positive test results and three-quarters of these quickly linked to care. This illustrates the important role of community-led initiatives in supporting progress towards the UNAIDS 90-90-90 targets at the local level. These results led the Punjab government to commit to investing in sustaining and expanding this important initiative through local state funding.

In Nepal, HRAsia highlighted that women were not accessing harm reduction, including OAT, because services were not adapted to their needs. HRAsia (together with other partners and donors) helped to establish Recovering Nepal Women, a national forum of women who use drugs. Advocacy by HRAsia enabled three drop-in centres offering integrated services for women to open. A CCM engagement meeting (supported by HRAsia, Save the Children and the Asia Pacific Council of AIDS Service Organizations) empowered Recovering Nepal Women to successfully advocate for increased funding for services for women, something that was included in the concept note that Nepal submitted to the Global Fund in 2020.

In Vietnam, SCDI, an HRAsia sub-recipient, participated in developing Vietnam's ATS guidelines,<sup>29</sup> drafting its chapter on work with key populations including women, youth and methadone patients.

In Cambodia, advocacy that focused on the needs of women who use drugs resulted in a significant expansion of programming for women in the Global Fund concept note. This included recruiting additional female outreach workers to reach women who use drugs, developing a specific training curriculum on women who inject drugs, establishing working relations with NGOs that provide HIV prevention services to women who use drugs and sell sex, and establishing effective referral linkages to female-specific services, such as maternal and reproductive health and OAT for pregnant women who use drugs.

#### 5) Empowering people who use drugs

HRAsia supported people who use drugs to use their unique drive, knowledge and skills to influence policy and improve the quality and accessibility of services through their meaningful involvement in decision-making processes. Through leadership trainings and technical support for local forums and national networks of people who use drugs, HRAsia enabled people who use drugs to amplify their voices, come up with solutions, and advocate for evidence-based, human rights-based practices.

Research on the quality of harm reduction services led by ANPUD assisted people who use drugs to monitor the quality of harm reduction services and highlighted ways to improve harm reduction programming in India. HRAsia also supported community-led assessments of harm reduction services for women in India, Indonesia and Nepal. HRAsia enabled the research findings to be presented and discussed (together with similar research carried out in other countries) during a regional-level meeting of CCM country focal points in Cambodia in November 2019.<sup>30</sup> Due to COVID-19, the launch of

29. Ministry of Health of Vietnam (2019) Guideline for Amphetamine-type Stimulants interventions

30. This took place during a special session called 'Building synergies to promote harm reduction and end AIDS in Asia'.



the research results and their subsequent use in advocacy work has been delayed so further support will be needed to ensure this knowledge impacts decision making. Nonetheless, the research enabled groups of people who use drugs to document and build consensus around problems and solutions. This knowledge makes their participation in local and national decision-making bodies less tokenistic and more influential. In Nepal, recommendations from the research led to the inclusion of guidance on overdose management, abscess management and trainings on HCV to be addressed in the new national standards for the HIV response<sup>31</sup> and in Nepal's Global Fund concept note. Persistent advocacy also led to funding for a community monitoring system being included in the pending Global Fund concept note.

In India, HRAsia strengthened 14 local forums of people who use drugs and the national forum, IDUF, further building the capacity of these entities to impact local and national policy. Knowledge from local communities of people who use drugs was presented to decision makers and this influenced national policy. For example, as the COVID-19 crisis unfolded, HRAsia supported the national network (together with other networks of key populations) to formulate priorities for emergency funding. In October 2020 the Global Fund allocated US\$10 million to address the needs highlighted by people who use drugs and other key populations in India.

The Cambodian Network of People who Use Drugs (CNPUD) was strengthened through HRAsia. The Chair of CNPUD represents key populations on the Cambodian CCM. The programme empowered CNPUD members to proactively share their knowledge with decision makers, which led to a change in policy and practice. CNPUD informed officials from other NGOs, the Department of Mental Health and Substance Abuse and UN agencies that the lack of take-home doses of methadone was the reason behind a high drop-out rate in the pilot programme. As a result, take-home doses are now provided at the integrated care pilot programme at the Mean Chey referral hospital in Phnom Penh. CNPUD also provides feedback about the quality of community-based treatment services and reports cases of police violence, knowledge that will be increasingly important as the country moves ahead to strengthen community-based treatment centres. HRAsia helped CNPUD enable groups of women who use drugs to provide feedback that led to Cambodia's National Strategic Plan placing greater emphasis on the needs of women who use drugs.

In Nepal, a person from Recovering Nepal represents the community of people who inject drugs on the CCM. Recovering Nepal systematically provides civil society and the community with information about CCM decisions through a website, and systematically and proactively gathers feedback through pre and post CCM meetings. Provincial-level forums of people who use drugs contribute knowledge about on-the-ground issues to their CCM representative. Civil society has been successful in influencing CCM decisions around programming for women who use drugs, the LGBTIQ community, migrants and prisoners.

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31. National Centre for AIDS and STD Control, Nepal (2019) HIV Response in Nepal: National Standard Service Package

## B. Drug policy reform and engagement with law enforcement

The 2009 Political Declaration and Plan of Action and the Outcome Document of the 2016 United Nations General Assembly Special Session on Drugs acknowledged the importance of the participation of civil society and the community of people who use drugs in the design, implementation, monitoring and evaluation of drug policies. HRAsia empowered civil society and people who use drugs to participate and advocate for the rights and health of people who use drugs. It helped civil society and people who use drugs find allies among high-level government officials in the fields of health and drug control. HRAsia not only influenced national policy, it had an impact on law enforcement practices on the ground.

### 1) Drug policy reform

In Vietnam, SCDI, the HRAsia sub-recipient, contributed to a shift in the mind-set of national authorities, who have begun to see drug use and addiction more as a medical issue and less as a social 'evil'. As a result, a new draft Drug Control Law currently under consideration prioritises community-based treatment over compulsory detention and is raising debates among policy makers on drug dependence as a health issue. With support from HRAsia and PITCH, SCDI signed a memorandum of understanding with the National Assembly Office to collaborate around health and rights issues related to HIV, drugs, sex work, gender identity and sexual orientation. During the National Assembly's deliberations about the content of the drug law SCDI enabled legislators to hear testimony from a representative of the Vietnamese Network of People who Use Drugs. SCDI, with support of HRAsia, engaged with a wide range of stakeholders through reports, presentations, speeches at workshops and seminars to make these achievements. As Oanh Khuat of SCDI notes, "the Global Fund is an international donor that has a unique level of trust by the government to engage around sensitive issues like drug policy."

Recovering Nepal was a member of the Drug Control Act Drafting Committee. It cooperated with officials from the Ministry of Home Affairs Drug Control Section to produce a draft that states that drug policy should have a role in "ensuring health-based approaches for people who use drugs and decriminalisation of personal use." As of December 2020 the draft has yet to be submitted for consideration beyond the committee. Nonetheless, the consensus within the committee reflects a change in mind-set that could (with continued strategic advocacy) lead to a major shift in drug policy. Continued advocacy is needed to build on this momentum and ensure a supportive policy environment for people who inject or use drugs.

### 2) Law enforcement contributing to health and well-being in communities

HRAsia built the support of high-level law enforcement officials for harm reduction. As a result, police officers who work on the street have been sensitised to reduce stigma, and encouraged to refer people who use drugs to treatment rather than arrest them. In Phnom Penh, Cambodia, for example, police have already referred 18 people to a community-based integrated treatment pilot programme at the Mean Chey referral hospital rather than arresting them. In Hanoi, Vietnam, a similar pilot programme is supporting police-assisted diversion of people who use drugs from incarceration to a community treatment programme that offers methadone, supported by PITCH and the Substance Use and Mental Health Association.

Overall, HRAsia enabled more than 8,400 police officers to be trained. The most extensive training took place in Vietnam (7,000 officers) and Nepal (around 1,350 officers). In Vietnam, SCDI collaborated with a broad range of government institutions to establish the curriculum as part of official police training throughout the country. In India, the HRAsia programme has supported the use of the UNODC training module on harm reduction for law enforcement,<sup>32</sup> adapted to the local context in Punjab and Manipur. It has also supported the development of an e-learning platform to expand the learning programme's accessibility within Punjab and Manipur and to other states, and possibly other countries.

The HRAsia programme has helped high-level law enforcement officials become 'champions' of harm reduction. HRAsia gave these officials opportunities to learn and build solidarity with their peers. They participated in international events, such as the Law Enforcement and Civil Society Consultation on Enhancing Partnerships with Programs that Provide HIV-related Services for People Who Use Drugs (Indonesia, 2019), the 5th International Law Enforcement and Public Health Conference (Scotland, 2019), plus SAARC and ASEAN harm reduction workshops. In Indonesia, the Deputy of Law and Cooperation and the Deputy of Rehabilitation at the National Narcotics Board both began to advocate for the expansion of harm reduction. In Cambodia, the Secretary General of the National Authority for Combating Drugs became a proactive harm reduction advocate, taking personal initiative to issue a license allowing naloxone administration in community-based settings and promoting programming that enables police to refer people who use drugs to community-based treatment rather than arrest them.

### 3) Countering human rights abuses

The partnership between Recovering Nepal and IDPC through HRAsia led to Recovering Nepal making a submission to the Universal Periodic Review (UPR). This submission highlighted abuses in compulsory rehabilitation centres and other human rights violations that prevent people who use drugs from accessing harm reduction services. This set an important precedent, being the first public report ever to address human rights abuses in compulsory rehabilitation facilities. IDPC set up a meeting between Recovering Nepal and representatives of the Office of the United Nations High Commission for Human Rights. It also provided Recovering Nepal with trainings and consultation on the UPR process, secured funding for consultations amongst communities and civil society to feed into the submission to the UPR, and supported advocacy aimed at gaining member state support for the submission. An IDPC consultant worked with Recovering Nepal to help develop the report and initiate vision-building discussions among civil society representatives on a range of human rights issues. The NGO report was officially submitted in the summer of 2020, and advocacy work is being carried out in preparation for the UPR session on Nepal in January 2021. Continued support for Recovering Nepal's advocacy work would enable them to further pursue reforms in compulsory rehabilitation and further the rights of people who use drugs.

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32. UNODC (2014) Training manual for law enforcement officials on HIV service provision for people who inject drugs. Available at [www.unodc.org/documents/hiv-aids/LE\\_MANUAL\\_02.10.14.pdf](http://www.unodc.org/documents/hiv-aids/LE_MANUAL_02.10.14.pdf)

## C. Working with hearts and minds: countering stigma and creating new allies

### Faith leaders call for humane treatment of people who use drugs

Stigma and discrimination lie at the heart of harmful drug policy and inadequate allocation of funds for programming to promote the health and rights of people who use drugs. In many Asian countries, faith-based organisations are influential and have the convening power that can secure the attention of high-level government officials, community leaders and the general public. While the work of some faith-based organisations had covered HIV, few had addressed harm reduction. With the transition to domestic funding from donor funding, cooperation with faith leaders can contribute to political support, and even potentially financial support as many faith-based groups have funds for health services.

In 2018, HRAsia contributed to the launch of the #Faith4HarmReduction initiative through which Alliance India, in partnership with the United Religions Initiative (URI), built bridges between communities of faith, harm reduction organisations and networks of people who use drugs. Representatives of Hindu, Muslim, Christian, Sikh and Buddhist groups participated in the programming. Faith leaders explored their sacred texts for guidance on concepts of righteousness, humanity and service and engaged in dialogue around how these ideas apply to people who use drugs. These findings were published in the manual, *Faith for Harm Reduction*.<sup>33</sup> The manual will be piloted in India to build support within religious movements so that the ideas influence decision making, resource allocation and practice. Subsequently, it will be adapted and circulated in the Asia region using the e-learning platform of the United Nations Office of Information Communication and Technology.

Faith leaders are beginning to actively demonstrate a more compassionate stance towards people who use drugs. URI and Alliance India cooperated with faith leaders, UNAIDS, and the Global Fund to commemorate the *Support. Don't Punish* Global Day of Action by releasing a video compilation<sup>34</sup> of statements by leaders in support of the campaign and its messaging around decriminalising people who use drugs and promoting their health and rights. Cooperation around drug treatment programming is bringing science and faith together to promote evidence- and human rights-based approaches.

While it addresses a myriad of issues around HIV, the HIV interfaith movement had not touched upon harm reduction until this point. During the online UNAIDS HIV Interfaith Virtual Conference in September 2020, HRAsia introduced drug policy and harm reduction as a new topic, showing the consensus among faith leaders in India in support of the human rights of people who use drugs.

HRAsia's work with faith leaders exemplifies the advantage of flexible, multi-country programming. Initially there was only US\$300 in the budget for work with faith-based leaders. But when it became clear to project implementers how influential the work with faith leaders was, they reprogrammed to augment the work, which would have been very difficult to do within a Global Fund country grant.

## D. Community resilience in response to COVID-19

The community systems that were strengthened through HRAsia proved to be driving forces of resilience in the face of COVID-19. National and local forums of people who use drugs whose capacities had been

33. United Religions Initiative Alliance India and the Global Fund (2020) Faith For Harm Reduction Manual. Available at [www.uri.org/sites/default/files/media/document/2020/Faith\\_for\\_Harm\\_Reduction\\_Manual.pdf](http://www.uri.org/sites/default/files/media/document/2020/Faith_for_Harm_Reduction_Manual.pdf)

34. #Faith4harmreduction (2020) Commemorating the Global Day of Action and the Support Don't Punish Campaign in the times of COVID-19. Available at [www.sadhviji.org/faith4harmreduction-commemorating-the-global-day-of-action-and-the-support-dont-punish-campaign-in-times-of-covid-19](http://www.sadhviji.org/faith4harmreduction-commemorating-the-global-day-of-action-and-the-support-dont-punish-campaign-in-times-of-covid-19)

built by the programme were quick to respond to the unfolding crisis in their communities. Recovering Nepal successfully advocated for take-home doses for OAT clients, not only adapting to COVID-19-related risks but also bringing practice around take-home dosing in line with international normative guidance<sup>35</sup> and perhaps paving the way for a more long-term change. Personal protective equipment was also provided at all OAT centres in Nepal. In India, IDUF, having been informed by local forums of people who use drugs about problems accessing OAT during lockdown, provided technical guidance and called for the National AIDS Control Organization (NACO) to allow take-home doses. This led to state governments in Punjab, Manipur, Delhi, Sikkim and Nagaland allowing take-home dosing.

Links with faith-based groups and organisations built through HRAsia were leveraged to provide relief. Recovering Nepal cooperated with a religious group, the Satya Sai Volunteers, to repurpose Global Fund resources to provide food and sanitary supplies to 5,000 people in need, including women who use drugs, through their 111 centres throughout the country. Alliance India and the URI cooperated to create the *Turn your concern into action* campaign, which mobilised faith-based organisations to provide assistance to people who use drugs in Uttar Pradesh and Delhi. The campaign resulted, for example, in faith-based organisations providing food and sanitary supplies to 220 female sex partners of people who use drugs in Sundar Nagari, east Delhi and around 70 people who use drugs in Lucknow and Gorakhpur.

In Mizoram, India, the Mizoram Drug Users' Forum, understanding the severe psychological and physiological consequences of withdrawal experienced by people who use drugs during lockdown, cooperated with the Mizoram Social Defence & Rehabilitation Board (MSD&RB) to set up a hotline to provide counselling to people who were in distress and at risk of suicide. They successfully advocated for permission to provide OAT to people to relieve withdrawal, and other harm reduction commodities as needed. Around 50 people began OAT during lockdown and, at the time of writing, advocacy for simplified procedures for initiating OAT is ongoing. The Tamil Nadu Drug Users Forum helped 30 homeless people who use drugs initiate OAT through a local community-based OAT programme at the Hoppers Foundation. In Punjab, a woman on OAT at a female-centric harm reduction programme implemented by Alliance India, who runs her own tailoring business after being trained through the programme, sewed cloth masks for hospital staff and clients of the harm reduction service.

Local forums of people who use drugs, which had been formed with support of HRAsia, pointed out that overdose would be a problem after lockdown. Alliance India cooperated with Frontline AIDS to address the issue. Frontline AIDS procured naloxone and HRAsia supported trainings for peer organisations at 16 sites from 12 states to administer this. In December 2020, 57 lives had been saved due to this work (it is expected that many more incidents went unreported). Evidence on the initiative's impact is being gathered to inform advocacy approaches to state- and national-level decision makers to enable community-led naloxone programming.

The importance of community action to ensure the continuation of harm reduction services during the COVID-19 pandemic was captured by HRAsia-funded HRI-led research across the seven project countries. This presented new data on the pandemic's impact on service provision and coverage, and the adaptations to a 'new normal' made by community and civil society organisations in order to continue providing life-saving interventions. Recommendations for donors and governments based on this research were presented to the Global Fund Board in November 2020<sup>36</sup> and published in a report in December 2020.<sup>37</sup> Dissemination of the findings will continue beyond the life of the HRAsia programme.

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35. WHO and UNODC (2020) International Standards for the Treatment of Drug Use Disorders. Available at [www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders](http://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders)

36. HRI and INPUD (2020) Funding for harm reduction during COVID-19 must be safeguarded and innovative measures must be preserved. Briefing for the 44th Global Fund Board Meeting, November 2020. Available at [www.hri.global/files/2020/11/11/COVID\\_GF\\_BM\\_briefing\\_FINAL1011.pdf](http://www.hri.global/files/2020/11/11/COVID_GF_BM_briefing_FINAL1011.pdf)

37. HRI (2020) The impact of COVID-19 on harm reduction in seven Asian countries. Available at [www.hri.global/files/2020/12/07/HRI-COVID-Report.pdf](http://www.hri.global/files/2020/12/07/HRI-COVID-Report.pdf)

## IV. International and global solidarity for change

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HRAsia created platforms where high-level decision makers, including officials from health and interior ministries and law enforcement, and representatives from civil society and communities of people who use drugs from different countries could learn together, exchange experience and build solidarity. It also generated new evidence that had an impact within countries and at the regional and global level on the narrative on harm reduction, health policy and drug policy.

### High-level regional solidarity for change

The HRAsia programme brought the need for an enabling legal and policy environment, which supports evidence-based and community-led HIV and harm reduction interventions for people who use drugs, to the agenda of Asia's highest level political associations, through formal satellite meetings linked with ASEAN and SAARC summits. In May 2018, HRAsia supported a workshop for ASEAN summit participants, held in Payang in Malaysia, on HIV prevention among people who inject drugs. Alliance India, UNAIDS and the World Bank leveraged support from the highest level: meeting participants were invited to the satellite meeting by the ASEAN Secretariat. The meeting was attended by secretary-level officials from health ministries, HIV departments, and law enforcement departments as well as representatives from civil society and communities of people who use drugs. Although Nepal and India are not ASEAN countries, they were officially invited to the workshop and attended as observers. The meeting addressed evidence- and human rights-based harm reduction programming and drug policy in the context of the countries' commitments to ending AIDS, eliminating HCV, and providing universal health coverage. The workshop was an opportunity for government officials to report on progress and good practices, for communities of people who use drugs to present their needs and contribute potential solutions, and for UNAIDS and the World Bank to share evidence on the positive impact of decriminalisation. At the meeting it was possible to highlight policies, such as those in the Philippines and Indonesia, which interfered with countries achieving their commitments in ways that would not be possible within those countries. It also provided an opportunity for the high-level delegation to visit a recognised best practice methadone programme in Malaysia.

Two similar side meetings were linked to SAARC summits. The meetings were jointly organised by the Centre for AIDS and STD Control, the Nepalese government, the SAARC Tuberculosis and HIV/AIDS Centre and Recovering Nepal, under the leadership of the Ministry of Health and Population and the Nepalese government, supported by Alliance India. The Nepalese government hosted the meetings and the Deputy Prime Minister (who is also the Health Minister) formally invited high-level officials to participate. Similar to the ASEAN meeting, secretary-level officials from health ministries, HIV departments and law enforcement attended, as did HRAsia sub-recipients and people who use drugs. The first two meetings were held in December 2018 under the theme *Advancing health through rights-based approaches and harm reduction for people who use drugs in SAARC countries*. This was the first time a SAARC meeting discussed drug policy in the context of health, rather than in the context of trafficking and terrorism. The International Guidelines on Human Rights and Drug Policy<sup>38</sup> were leveraged in discussions around

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38. WHO, UNAIDS and UNDP (2020) International Guidelines on Human Rights and Drug Policy. Available at [www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html](http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html)



how decriminalisation and human rights violations prevent countries from achieving health indicators. During the meeting, civil society, with inputs from high-level government officials, issued the statement *A Call for Action for Harm Reduction in SAARC Countries*.<sup>39</sup> This reiterated commitments to make evidence- and human rights-based services available to people who use drugs. It also called for SAARC to continue being a platform where evidence and experience can be exchanged, and in which civil society and people who use drugs can meaningfully participate. Although governments did not formally endorse the call, the Deputy Prime Minister of Nepal called for a second, similar satellite to happen the following year so that countries could hold themselves accountable to the points raised in the call to action. This second meeting happened in December 2019, and countries did indeed report on their progress, enabling experiences to be exchanged and creating an atmosphere of healthy competition.

## New evidence influencing regional and global narratives

Research and advocacy supported by HRAsia has had an impact on regional and global narratives on drug policy and investment in harm reduction. Data on harm reduction investment is limited in most LMICs, particularly when it comes to government investment. Although this data is necessary to inform the strategic investments of donors and governments, it is not systematically collected. Local research into the national situation in the seven project countries, using a research tool developed by HRI,<sup>40</sup> filled a knowledge gap within countries and also helped to establish the state of harm reduction funding in LMICs more broadly.

HRAsia enabled the inclusion of data from participating countries in HRI's report *The Lost Decade*,<sup>41</sup> which found that funding for harm reduction is just 13% of the US\$1.5 billion that UNAIDS estimates is needed. The funding crisis for harm reduction became part of the global narrative, permeating global events on HIV and harm reduction, including the International AIDS Conferences in 2018 and 2019, the 2018 Funders Concerned About AIDS Philanthropy Summit and the Harm Reduction International Conference in 2019, all of which highlighted key findings from this research. The findings informed donor and multilateral agency dialogue and strategic planning on harm reduction, including with ViiV Healthcare Positive Action, EJAF, the Global Fund and UNAIDS.

Access to funding for harm reduction advocacy is limited and remains heavily reliant on a small number of international donors. Global Fund multi-country grants have been a crucial source of harm reduction advocacy funding in Asia as well as in Eastern Europe and Central Asia, the Middle East and North Africa, East Africa and West Africa. Evidence of the impact of HRAsia and other multi-country harm reduction advocacy programmes has been used to advocate for the continuation of this important source of funding and for Global Fund catalytic investments more broadly.<sup>42,43,44</sup>

39. The call for action for harm reduction in SAARC countries was released on December 11, 2018.

40. Harm Reduction International (2020) Harm reduction investment assessment tool: A step-by-step guide. Available at [www.hri.global/files/2020/06/30/HRI-ASSESSMENT-TOOL-1\\_v2.pdf](http://www.hri.global/files/2020/06/30/HRI-ASSESSMENT-TOOL-1_v2.pdf)

41. Harm Reduction International (2018) The lost decade: Neglect for harm reduction funding and the health crisis among people who use drugs. Available at [www.hri.global/files/2018/09/25/lost-decade-harm-reduction-funding-2018.PDF](http://www.hri.global/files/2018/09/25/lost-decade-harm-reduction-funding-2018.PDF)

42. Harm Reduction International (2019) HR19 call to action on harm reduction funding and Global Fund replenishment. Available at [www.hri.global/international-conference](http://www.hri.global/international-conference)

43. HRI & Frontline AIDS (2019) Why catalytic investments funding is crucial to preventing HIV among people who use drugs. Available at [www.hri.global/files/2019/04/08/Catalytic\\_investments\\_briefing\\_FINAL.pdf](http://www.hri.global/files/2019/04/08/Catalytic_investments_briefing_FINAL.pdf)

44. Harm Reduction International (2020) Harm Reduction Advocacy in Asia: The impact of a multi-country advocacy grant on progress towards 90-90-90 for people who use drugs. Available at [https://www.hri.global/files/2020/10/21/HRI-FUNDING\\_MC\\_GRANTS\\_-\\_BRIEFING\\_OCT\\_20201.pdf](https://www.hri.global/files/2020/10/21/HRI-FUNDING_MC_GRANTS_-_BRIEFING_OCT_20201.pdf)

In 2018 and 2020, HRAsia funded civil society and community research and analysis on the state of harm reduction in the project countries, and more broadly within Asia, as part of HRI's report *The Global State of Harm Reduction*.<sup>45</sup> This is the only report to provide an independent analysis of the state of harm reduction in the world, and it has become the go-to source on global harm reduction developments for researchers and advocates in the harm reduction sector and beyond. It also provides a platform for national, regional and global advocacy.

The 2019 UN Commission on Narcotic Drugs (CND) saw governments report on their progress in implementing the 2009 UN Political Declaration and Plan of Action. In the lead up to the CND, IDPC, with support from HRAsia, produced the civil society shadow report *10 Years of Drug Policy in Asia: How Far Have We Come?*.<sup>46</sup> This assessed the health, human rights and criminal repercussions of punitive drug policy in Asia. The findings were presented and discussed at a CND side event attended by representatives of governments, communities and civil society. The report also gave rise to a submission from IDPC to the UN Special Rapporteur on Arbitrary Detention, which received media attention. IDPC also shared the findings with policy makers in numerous regional and global UN meetings to promote attention to, and dialogue on, the need to transition away from detention as a mode of drug rehabilitation.

HRAsia also contributed to agenda setting by bringing emerging concerns to attention, for example, the urgent need to release people from overcrowded prisons to ensure better health outcomes during the COVID-19 pandemic. IDPC's advocacy note on COVID-19 and detention in South-East Asia<sup>47</sup> was developed in consultation with civil society and community groups and contributed to regional and global narratives on the health and safety concerns in prisons during the pandemic. A webinar organised on the topic has stimulated further discussions about incarceration, drug policy and the need for reform amongst academia, government and civil society in the region. This work helped to build momentum behind the call for alternatives to prisons and reiterated how harmful mass incarceration is.

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45. HRI (2020) *The Global State of Harm Reduction*. Available at [www.hri.global/global-state-of-harm-reduction-2020](http://www.hri.global/global-state-of-harm-reduction-2020)

46. International Drug Policy Consortium (2019) *10 years of Drug Policy in Asia: How Far Have We Come: A Civil Society Shadow Report*. Available at [idpc.net/publications/2019/02/10-years-of-drug-policy-in-asia-how-far-have-we-come-a-civil-society-shadow-report](http://idpc.net/publications/2019/02/10-years-of-drug-policy-in-asia-how-far-have-we-come-a-civil-society-shadow-report)

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## V. The added value of harm reduction-focused multi-country programming

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HRAAsia's impact was made possible due to the added value of its multi-country design. This enabled essential programming to take place that tends not to be foreseen or even possible in country programmes. The key added values of HRAAsia as a multi-country programme include:

- **Funding strategic advocacy**, which is rarely prioritised by Global Fund country coordinating mechanisms (CCMs) in country proposals and is not funded by governments at all.
- **Programming to empower communities of people who use drugs.** Leveraging the unique knowledge and skills of people who use drugs to improve the effectiveness of both services and advocacy is also often severely underfunded in Global Fund country programmes and is almost never funded by state funds, but it is something that HRAAsia heavily invested in. The Asian Network of People who Use Drugs (ANPUD) generated new knowledge about the quality of harm reduction services. Among other achievements, community empowerment led to **removing gender, human rights and stigma-related** barriers to accessing services.
- **Supporting civil society and community organisations to directly reach high-level decision makers** at the country and regional level, creating harm reduction allies among faith leaders, parliamentarians, ministries and law enforcement officials.
- Harm reduction advocates (including community advocates, law enforcement officials and governmental decision makers) have been able to access **international platforms to exchange knowledge and experience and build solidarity**, as they embarked on creating enabling environments for harm reduction in their own countries.
- **Partnerships have been formed between in-country stakeholders and global organisations**, including HRI and IDPC. HRI is leading in developing the global harm reduction agenda and tools for its promotion. Countries benefitted from global organisations' technical support while global organisations benefitted from the frontline experience of country partners.
- **Bilateral cooperation** between countries has enabled skills and best practices to be exchanged.
- As a Global Fund multi-country grant, a **uniquely trusted context** was created that enabled governments to engage in discussions on decriminalisation and redirecting funds for drug control to harm reduction services. It is empowering for policy makers and law enforcement officials who champion harm reduction to be among their peers from other countries as this helps to emphasise that it is not radical to advocate for drug policies that prioritise the well-being of people and communities. Moreover, the Global Fund is a trusted funding source for work in countries around these sensitive issues.

- The **flexibilities** within multi-country grants allowed sub-recipients to adjust their plans to respond to emerging opportunities, which enabled them to achieve their advocacy objectives more quickly. Making adjustments to Global Fund country grants is a lengthy process in comparison.
- Country experience **informed and influenced regional and global narratives on harm reduction funding** – such as the redirection of domestic funding from punitive measures to harm reduction and the importance of the Global Fund’s catalytic funding measures – by presenting new evidence for consideration by stakeholders and decision makers.

## VI. Recommendations for future multi-country programmes

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- 1 Donors should prioritise funding for civil society and community organisations to carry out harm reduction advocacy.** This work is crucial for challenging punitive legal and policy environments, reducing stigma and discrimination and the criminalisation of people who use drugs, and ultimately increasing national governments' political will and financial support for harm reduction.
- 2 The Global Fund and other donors should continue to support multi-country programming as an essential source of funding for strategic advocacy work.** Governments and CCMs do not tend to fund advocacy campaigns that target themselves, making external funding and support essential.
- 3 Harm reduction should be given prominent attention within multi-country programming for key affected populations.** People who use drugs face unique hurdles in attaining health and rights, given the degree of stigma, discrimination and criminalisation (including mass incarceration) they face. To ensure harm reduction is effective and sustainable, continued advocacy is needed to reform drug policies and law enforcement and change how society perceives drug use and people who use drugs. People who use drugs must be given meaningful space to contribute to the formation, implementation, monitoring and evaluation of multi-country grants. An external evaluation of the impact of multi-country grants in countries found that programmes with a narrow focus (on a particular key population and on particular countries) were more likely to achieve their objectives and attain higher Global Fund grant ratings. The same report suggested the HRAsia programme should be continued and new countries should be added to it.<sup>48</sup>
- 4 Donors should support long-term advocacy programmes because policy change often comes about through small, incremental steps.** Continuity in funding, technical support, planning, monitoring and evaluation for strategic advocacy will be essential for countries to leverage the momentum built by the HRAsia programme to achieve 2030 goals. External evaluation of multi-country programming also suggests that longer-term grants for such advocacy work would be useful.<sup>49</sup>
- 5 Grants supporting advocacy work should be flexible so that implementers can adjust to changing opportunities and threats over time.**
- 6 Grants supporting advocacy programming should encourage approaches to monitoring and evaluation that enable reflection on incremental change.** External evaluation of multi-country programming also suggests that better measurement tools for advocacy are needed.<sup>50</sup>

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48. APMG (2020) Focused Country Evaluations Asia Pacific Multi-Country HIV Grants Desk-Based Evaluation Report July 2020.

49. Ibid.

50. Ibid.



## HARM REDUCTION INTERNATIONAL

**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.