

We can't stop now: safeguarding funding for harm reduction during COVID-19

Harm Reduction International and the International Network of People who Use Drugs urge international donors, philanthropic organisations and national governments to safeguard funding for harm reduction during COVID-19. They should also ensure that COVID-19 emergency funding is directed to, and serves the most vulnerable people in our society, including people who use drugs.

We commend the Global Fund Board and Secretariat for their leadership and proactive steps to support national responses to the COVID-19 pandemic. People who use drugs face unique needs and risks, due to criminalisation, stigma, underlying health issues, and higher economic and social vulnerabilities. Now more than ever a coordinated and global effort is needed to protect hard-fought gains on human rights, HIV and viral hepatitis. It is imperative that people who use drugs are not left behind in the COVID-19 response.

This means harm reduction services must be recognised as essential services during COVID-19. Funds must be provided to ensure services can adapt to lockdown and physical distancing measures, including ensuring harm reduction service providers, outreach workers and clients have personal protective equipment. UN human rights experts have emphasised this point – calling for opioid substitution therapy, needle and syringe programmes, naloxone (a medicine that can reverse the effects of an opioid overdose), and overdose prevention sites to remain available, accessible, acceptable, adequately funded and of high quality.¹ Procurement and supply of commodities must not be disrupted during the COVID-19 response.

This also means prioritising community leadership. Communities have demonstrated their unique ability to react quickly to reach those who are otherwise unreachable during the pandemic, and have effectively eased some of the burden on the broader healthcare system. The value of this work must be reflected in flexible, sustained financial support from donors and governments. Communities and civil society must be included in global and national COVID-19 related emergency response planning and monitoring on issues relevant for people who use drugs.

Donors, governments and principal recipients must not draw upon funds allocated to harm reduction for the response to COVID-19, even where funds are not yet disbursed. Too frequently, people who use drugs and key populations have been deprioritised and underfunded in national HIV responses – as evidenced by the fact that the majority of new infections around the world are now amongst key populations.

Harm reduction interventions are cost-effective and cost-saving² in the longer term. By preventing HIV and viral hepatitis, they shield the health system from future costs relating to treatment and emergency healthcare. Protecting these investments now will avoid rapid increases in HIV and hepatitis infections that we know occur when harm reduction service provision is disrupted by funding cuts. With the threat of an economic recession ahead, strategic health investments ensuring value for money and cost-effectiveness will be ever more crucial.

Finally, we need strong assurances from donors and governments that emergency funding for COVID-19 will reach harm reduction programmes and meet the needs, including those of social protection, of people who use drugs. Without such guarantees, people who use drugs will be pushed further to the margins, and left to face intensified threats to their health and rights.

¹ Office of the High Commission on Human Rights (2020) [Statement by the UN expert on the right to health on the protection of people who use drugs during the COVID-19 pandemic](#)

² Harm Reduction International (2020) [Making the investment case: Cost-effectiveness evidence for harm reduction](#). HRI: London