

# CRISIS IN HARM REDUCTION FUNDING

**Opportunities for Governments to act in** Albania, Bosnia and Herzegovina, Bulgaria, Kosovo\*, Montenegro, Romania and Serbia

Harm reduction programmes aim to minimise the negative impacts of illicit and licit drug use through evidence-based and cost-effective health and social services fully supported by UN and European agencies. People who inject drugs (PWID) are most vulnerable to HIV and hepatitis C (HCV) but high levels of stigma and discrimination by society, including healthcare workers, means that civil society organisations (CSOs) deliver harm reduction services as part of a national response.

Countries of South-Eastern Europe and the Balkans have experienced relatively high rates of HIV and HCV among PWID as well as new waves of drug injecting. For example, in Bucharest, Romania, closure of harm reduction services due to improperly planned transition from Global Fund support, and the influx of new injectable drugs, resulted in HIV increasing among PWID from 1.1% in 2009 to 53.3% in 2012.

## MAIN CHALLENGES

Until recently, Governments have relied on the Global Fund to pay for harm reduction services but, as countries develop, the Global Fund is no longer the bank of last resort, with support ceasing for most countries as shown in the following table.

In most cases, the Global Fund has aimed to assist countries to transition HIV financing to sustainable national resources but has failed in most instances through a lack of flexibility and political will by the Global Fund and each Government. A recent

analysis has identified common challenges facing the scale-up of harm reduction programmes in the region, including: (a) lack of connection between communicable disease programmes and drug strategies and the absence of PWID in the development of such plans; (b) reliance on very costly imprisonment for drug possession and use; (c) lack of access to health care services by PWID; (d) lack of Government awareness of cost savings by adopting a public health- and social-led approach to drug dependence; (e) endemic stigmatisation and discrimination of PWID leading to unfair and limited funding for harm reduction services; (f) no legal recognition of CSOs as service providers or a social contracting mechanism for Government to contract-out harm reduction services to CSOs; and, (g) no formal recognition by national health insurance mechanisms of CSO health services, resulting in PWID being unable to claim costs.

	↓ ELIGIBLE	↓ INELIGIBLE
<b>ENDING (DATE)</b> →	<b>SERBIA</b> (JUNE 2022)	<b>ALBANIA</b> (DECEMBER 2022) <b>KOSOVO</b> (DECEMBER 2024)
<b>ENDED (DATE)</b> →	<b>MONTENEGRO</b> (DECEMBER 2021)	<b>BiH</b> (SEPTEMBER 2016) <b>BULGARIA</b> (JUNE 2020) <b>ROMANIA</b> (MARCH 2015)

Table 1  
Eligibility for, and cessation of, Global Fund support to harm reduction programmes

# OPPORTUNITIES FOR GOVERNMENTS TO ACT

- 1 Fully fund comprehensive harm reduction programmes:** for every €1 invested in harm reduction services, €7–€10 is saved by the Government in the longer term by reduced treatment costs.
- 2 Save considerable money by moving from imprisonment of PWID to a much cheaper public health approach to drug dependence,** e.g. it costs Romania €15,586 per year to keep one drug user in prison, whereas community-based harm reduction services cost a mere €1,888 per person, per year, a saving to the Government of €13,698 per drug user each year; the principle of opportunity of prosecution in relation to adult offenders can also be used as an alternative to incarceration.
- 3 Use part of the fiscal space** (projected real annual growth in GDP minus projected inflation) **created by economic development to invest in harm reduction to reduce future health care costs.**
- 4 Work with CSOs to identify new government revenue, part of which can be earmarked for harm reduction programmes** as shown in Bosnia and Herzegovina, Montenegro and Serbia and use funds raised from the sale of seized assets from drug trafficking to fund harm reduction services.
- 5 Enact legislation to recognise CSOs as service providers and for social contracting of them by Government to deliver harm reduction services to PWID.**
- 6 Collaborate with the new Global Fund regional project, Sustainability of Services for Key Populations in Eastern Europe and Central Asia,** to improve national systems and reduce costs.
- For non-EU countries, **work with the EC/EU to identify opportunities to support harm reduction services as part of pre-accession assistance.**
- 8 External financial institutions should make future agreements with Government's contingent on sustainable funding of harm reduction programmes from domestic resources.**

\* This designation is without prejudice to positions on status and is in line with UN Security Council resolution 1244 and the International Court of Justice Opinion on the Kosovo declaration of independence.

This policy brief is a summary of the Crisis in harm reduction funding: "The impact of transition from Global Fund to Government support and opportunities to achieve sustainable harm reduction services for people who inject drugs in Albania, Bosnia and Herzegovina, Bulgaria, Kosovo\*, Montenegro, Romania and Serbia. An extensive list of references and literature is available in this report, which can be accessed here: [www.correlation-net.org/hr\\_funding/](http://www.correlation-net.org/hr_funding/)

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