

CRISIS IN HARM REDUCTION FUNDING

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

BACKGROUND

Harm reduction programmes aim to minimise the negative impacts associated with illicit and licit drug use and encompasses a range of evidence-based and cost-effective health and social services including the prevention, diagnosis and treatment of communicable diseases such as HIV, Hepatitis C (HCV), Tuberculosis (TB) and sexually transmitted infections (STIs)^{1,2,3}. Harm reduction is an approach fully supported by the World Health Organization, the UN Office on Drugs and Crime and the Joint UN Programme on HIV/AIDS (UNAIDS)⁴ as well as by European agencies including the European Centre for Disease Prevention⁵ and the European Monitoring Centre for Drugs and Drug Addiction⁶. People who inject drugs are particularly vulnerable to HIV and HCV and to other health issues and face considerable stigmatisation and discrimination by society, including by health care workers in the public sector and, as a result, often avoid using mainstream public services^{7,8,9,10,11}.

Civil society organisations (CSOs) play a crucial role in providing health and social support to people who inject drugs by building trusting relations over time through which they deliver a range of key interventions including HIV, HCV, STI and TB prevention, testing and access to treatment as well as other services such as psychosocial support, shelter, skills building and employment; specific services are also tailored to the needs of women who inject drugs. CSOs are, therefore, an integral part of the public health system with a focus on hard-to-reach populations, including people who inject drugs^{12,13}.

Countries of South Eastern Europe and the Balkans, including Albania, Bosnia and Herzegovina, Bulgaria, Kosovo*, Montenegro, Romania and Serbia, have experienced relatively high rates of HIV and HCV among people who inject drugs as well as new waves of drug injecting, including New Psychoactive Substances, methadone and the resurgence of other injectable drugs, including cocaine.

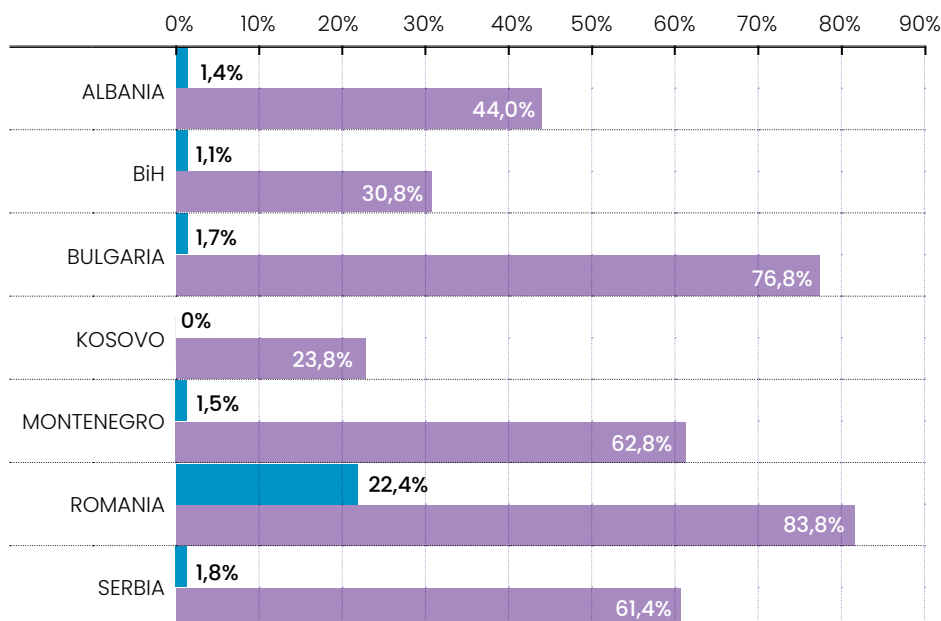


Figure 1
HIV and Hepatitis C prevalence among people who inject drugs¹⁴

■ HIV prevalence
■ Hepatitis C prevalence

The COVID-19 pandemic and other socio-economic issues have also put pressure on the finances of each country, together with political instability – such as in Bosnia and Herzegovina and Kosovo – and the recent election of new Governments in the region. Consequently, many Governments have been distracted from taking the strategic steps necessary to not only provide HIV and HCV prevention services to people who inject drugs but also the economic advantages gained by preventing the transmission of HIV and HCV among this highly marginalised and vulnerable group through savings made by avoiding the costs of HIV and HCV treatment in the future.

MAIN CHALLENGES

Governments of the region are faced with high levels of HIV and HCV among people who inject drugs and demands on domestic resources from many priorities. Until recently, Governments have relied on the Global Fund to Fight HIV, TB and Malaria to pay for most harm reduction services. However, as countries economically develop, the Global Fund is no longer the bank of last resort, with support ceasing for most countries, as highlighted in Table 1.

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

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

In most – but not all – cases, the Global Fund has aimed to assist countries to transition HIV programme financing from external support to sustainable national resources. But this approach has failed in most instances through a lack of flexibility and political will by the Global Fund in its dealings with Government authorities and a lack of political will by the respective Government. As a result, a recent analysis performed by C-EHRN, DPNSEE and EHRA, has identified common challenges facing the scale-up of harm reduction programmes in the region, as follows:

CHALLENGES

- The lack of connection between communicable disease programmes and drug control strategies;
- The lack of involvement by people who inject drugs in the design, development, implementation, monitoring and evaluation of such programmes and strategies;
- Government reliance on imprisonment for drug possession and use, an approach which is costly to the Government and does nothing to stop people from using drugs;
- The lack of access to health care services and the inability of Government-run services to reach people who inject drugs; this includes the inability to retain individuals in treatment services;
- Endemic stigmatisation and discrimination of people who inject drugs resulting in the unfair and very limited distribution of funding within the health sector towards harm reduction programmes;
- A lack of awareness within Government of cost savings by adopting a public health- and social-led approach to drug dependence through much cheaper and evidence-based harm reduction services delivered by CSOs and peer-led groups and networks in the community;
- The lack of resources available to Governments for multi-year funding of comprehensive harm reduction programmes that covers a high proportion of people in need with services of high quality;
- No specific line in the national Government budget for HIV and harm reduction programmes;
- No legally-based social contracting mechanism for Governments to contract-out harm reduction services to CSOs and peer-led groups and networks to deliver services;
- In some countries of the region, there is no legal basis for CSOs to provide services to marginalised and vulnerable people, such as those who inject drugs; and,
- No formal recognition by national health insurance mechanisms of CSO health services, resulting in the inability of people who inject drugs to be reimbursed for harm reduction costs.

CONSEQUENCES

In failing to address the main challenges faced by Government's in protecting the health of people who inject drugs, HIV and HCV continue to be major problems in most countries of the region. The lack of multi-year funding from Government to harm reduction programmes means the commitments made to end AIDS as a public health threat, and the elimination of Hepatitis B and C, by 2030 cannot be achieved. Therefore, those in need of such health interventions will continue to be ostracised and unable to be net

contributors to society, including through employment and payment of Government taxes. For example, in Bucharest, Romania, the closure of harm reduction services due to the improperly planned transition from Global Fund support and the influx of new injectable drugs resulted in a significant increase in HIV among people who inject drugs, rising from 1.1% in 2009 to 53.3% in 2012¹⁶. This also spills over into broader society, resulting in even more demand for, and thereby increased costs to provide, health services to an ever-increasing number of people.

OPPORTUNITIES FOR GOVERNMENT'S TO ACT

Whilst the challenges are many and the consequences of inaction are dire, opportunities are available to every Government of the region to immediately address the key issues:

1 Prevention of HIV and Hepatitis C is significantly cheaper than treatment

Harm reduction programmes are cost-effective, evidence-based and cost-saving in the long-term¹⁷. Analysis of costs in the region has shown that **for every €1 spent on harm reduction services, between €7 and €10 is saved by Government's in the longer term**, such as through averting the need to purchase drugs for treatment of HIV and HCV. For example, for every €1 invested in harm reduction services in Bosnia and Herzegovina, the health system can save €10¹⁸. In Montenegro, the annual cost of HIV prevention services, including harm reduction programmes, is two times **lower** than the cost of treating HIV and that services to prevent HIV and Hepatitis B and C are 3.8 times **lower** than the cost to treat these three diseases¹⁹. **Invest in much cheaper harm reduction programmes rather than pay high treatment costs in the future.**

2 Make significant savings by moving from imprisonment of people who inject drugs to a public health-based approach to drug dependence

Putting people who inject drugs in prison is costly and does not stop the person from using drugs. For

example, in Romania it costs the Government €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 year²⁰. Therefore, by decriminalising drug use and possession, the Government of Romania, for example, could save up to €11.4 million in total **every year**²¹. A move to community-based harm reduction services would also reduce prison overcrowding as an estimated one-in-five persons in prison globally are incarcerated for drug-related offenses, with approximately 80% of these cases related to drug possession alone²².

3 Use part of the fiscal space created by economic development to invest in harm reduction programmes as a way to reduce future health care costs

According to the International Monetary Fund, all countries of the region are projected to grow following the COVID-19 pandemic. Figure 2 shows the net growth in Gross Domestic Product (GDP) (meaning projected real annual growth in GDP minus projected inflation in 2021) that provides the **fiscal space in each country to invest in tried and tested HIV and HCV prevention**

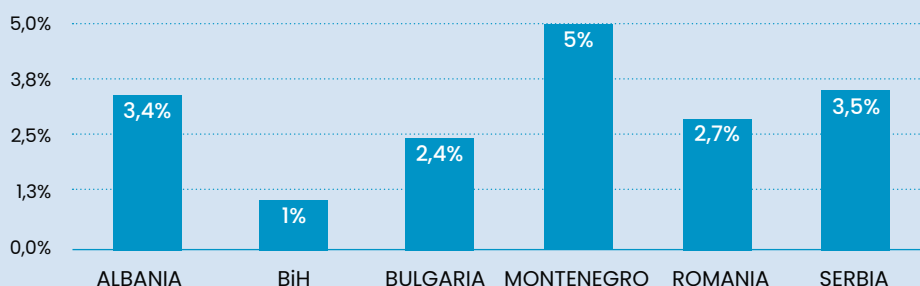


Figure 2 **Estimated net increase in GDP in 2021 by country**²³ (projected real annual growth in GDP minus projected inflation in 2021) (no available data for Kosovo)

programmes that will considerably reduce future Government expenditure on HIV and HCV treatment and care.

4 Work with CSO partners to identify new streams of government revenue, part of which can be earmarked for funding of harm reduction programmes

As recently demonstrated by Government and civil society partners and technical experts in Bosnia and Herzegovina, Montenegro and Serbia, Government revenues and expenditures can be analysed to **identify opportunities to enhance revenue streams, such as duty and excise taxes from tobacco, alcohol, gambling and other sources**, with an agreed percentage of those annual taxes to be earmarked for use in the prevention, care and treatment of communicable diseases among marginalised and vulnerable groups²⁴; efforts in those countries are now needed to pass relevant legislation to enact this sustainable approach to the funding of harm reduction programmes.

A further opportunity exists by working with respective law enforcement and judicial authorities in each country, as well as with the respective Ministry of Finance and the Ministry of Health, to **use funds raised from the sale of the seized assets from drug trafficking and other forms of transnational organised crime** for the multi-year funding of comprehensive harm reduction services implemented by CSOs and peer-led groups and networks, or from the **principle of opportunity of prosecution in relation to adult offenders** to divert people who inject drugs away from prisons and into community-based harm reduction alternatives that are evidence-based and cheaper to run.

5 Enact legislation to recognise CSOs as service providers and for the social contracting of NGOs and CSOs by government to deliver services

Enact new, or amend existing, *legislation to formally recognise CSOs as providers of health, social and economic services* so that the services they deliver can be covered by national health insurance funds, where available. Legislation is also needed for Government agencies to enter into multi-year **social contracts** with CSOs to deliver quality harm reduction

programmes at a large enough scale to reduce the transmission of communicable diseases, including COVID-19, among people who inject drugs. Such contracts should be based on realistic unit costs and no artificial budget cap and include staff costs and equity in the payment of community-based peers who deliver services for people who inject drugs. Government should further support CSO efforts by providing premises free-of-charge for harm reduction service delivery in communities.

6 Collaborate with the new Global Fund regional project to develop skills to improve national systems and reduce costs

Collaborate with the new Global Fund regional HIV project, **Sustainability of Services for Key Populations in Eastern Europe and Central Asia**, Grant No. QMZ-H-AUA, to develop more **cost-effective approaches to HIV prevention, testing and access to HIV treatment** for all marginalised and vulnerable populations in a just and equitable manner, including skills to negotiate **lower costs for the procurement of drugs for the treatment of HIV and to cure Hepatitis C**.

7 For non-EU countries: work with the EC/EU to identify opportunities to support harm reduction services as part of pre-accession assistance

The EC/EU should consider adding harm reduction services and other issues related to drug policies – based on health and human rights approaches – to the *accession process*.

8 International financial institutions should make future agreements contingent on sustainable funding of harm reduction programmes from domestic resources

As a pre-requisite to agreeing future loans and financial instruments, the World Bank, IMF and others should ensure that Government accounts include a budget line for HIV/AIDS, HCV and comprehensive harm reduction programmes; legislation to support social contracting for the delivery of such services by CSOs; and sufficient multi-year funding is in the specific Government budget line.

* 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.

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De Regenboog Groep/Correlation-
European Harm Reduction Network
Stadhouderskade 159
1074BC Amsterdam
Netherlands
www.correlation-net.org
+31 20 570 7827



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