

THE HUMAN COST OF POLICY SHIFTS

Protecting Programming for and by People Who Use Drugs in the Global Fund's Reprioritisation

For Global Fund Board Delegations | April 2025

A Public Health Emergency Is Unfolding for People who Use Drugs

As the Global Fund Board prepares to meet in May 2025 and review grant reprioritisation and reinvestment measures, urgent attention must be paid to key populations and their community service providers, including people who use drugs.

The 2025 U.S. foreign aid freeze has devastated community-led harm reduction efforts—triggering a cascade of service disruptions across needle and syringe programmes (NSP), opioid agonist therapy (OAT), and naloxone distribution. Rights-based harm reduction services and HIV/HCV prevention, treatment, and care have been cut with devastating consequences already observed within our community. Organisations are closing, peer workers are being laid off, and entire communities are losing access to life-saving support.

The harm reduction model—built over decades—is now at risk of collapse, leaving people who use drugs exposed to a sharp rise in HIV, hepatitis C, and overdose. Harm reduction is an evidence-based model founded on strong peer-led front-line service delivery, including outreach, peer education, and community leadership and engagement. **Without peer-driven harm reduction services, the entire harm reduction model and its systemic infrastructure is placed in significant jeopardy.**

INPUD's global survey ([*The Human Cost of Policy Shifts*](#)) confirms: decades of progress are being undone in a matter of months with catastrophic implications for people who use drugs in low- and middle-income countries.

“The USAID stop order is killing people who depend on our services... interrupting families who rely on these jobs. This is so painful that we are going through this as a continent.”

— *NGO, Africa*

The Data Is Clear

- 63% of organisations report **severe financial impact** as a result of the U.S. withdrawal of support..
- Almost half lost between 26–100% of their total budget; 23% have lost 76-100% of their organisational total budget
- 43% report disruption to needle and syringe programmes (NSP).
- 25% report reduced access to opioid agonist therapy (OAT).
- 25% report disrupted naloxone distribution.
- 30% observed increased deaths due to overdose.
- 68% of services for women who use drugs were reduced or halted.
- Peer-led outreach—critical for trust and linkage to care—was the most disrupted service and among the first services to be impacted.

“We’ve lost staff, slashed hours, and closed outreach. Overdose deaths are increasing. We’ve returned to survival mode.”

— *Drug user-led organisation, Africa*

Global Fund's Critical Role

The Global Fund plays a critical role in sustaining an effective HIV response among people who use drugs. This part of the response remains heavily dependent on Global Fund financing. **As of 2022, many countries had no domestic funding for harm reduction, and the Global Fund accounted for 73% of all donor support** (*Harm Reduction International, 2023*).

Beyond harm reduction, the Global Fund is also a major supporter of community-focused programmes—investing in HIV prevention and treatment for key populations, reducing human rights barriers, ensuring gender-equity, and strengthening community organisations. **Funding civil society directly, including as Principal Recipients, has proven to deliver strong results with high absorption rates and effective implementation.**

INPUD's survey shows that as U.S.-funded services have collapsed, Global Fund-supported programmes are now overwhelmed, unable to fully absorb the increased needs. Many organisations report **rising pressure on existing harm reduction sites and no immediate national reprogramming to address the gaps, even among those engaged in Country Coordinating Mechanisms.**

As other donors withdraw, the Global Fund's investment in harm reduction and community-led systems is the main buffer preventing a reversal of global progress.

"Our clinic is mostly U.S.-funded, but Global Fund-supported services are now strained under the weight of redirected clients and vanished staff." — NGO, Caribbean

The Call to Action

As the Global Fund Board prepares to review reprioritisation and reinvestment strategies, we urge Global Fund Board delegations to ensure **community-led harm reduction is prioritised, not paused.**

Additionally, Board delegations must:

1. **Make harm reduction a co-financing priority in Grant Cycle 8.** Governments must invest in NSP, OAT, and naloxone as essential HIV prevention tools.
2. **Establish a dedicated funding stream for community-led key population networks,** especially in countries without domestic support.
3. **Protect advocacy and structural change.** Sustain funding for legal reform and human rights advocacy led by people who use drugs.
4. **Track and report community funding.** Report regularly on Global Fund investments in community-led organisations.
5. **Permit post-transition eligibility.** Allow continued Global Fund support for community-led organisations in countries no longer broadly eligible—where no alternative funding exists.

INPUD calls on the Global Fund to join with partners to establish an emergency pooled funding mechanism to prevent the collapse of harm reduction services and avert spikes in preventable deaths, HIV, and hepatitis C. Without bold action now, decades of hard-won progress will be lost.

Without us, there is no sustainability and no end to HIV.