The Human Cost of Policy Shifts

The Fallout of United States' Foreign Aid Cuts on Harm Reduction Programming and People who Use Drugs

Rapid Assessment Findings – April 2025

INPUD
International Network *of* People *who* Use Drugs

Contents

1.0 Executive Summary

The impact of the United States (U.S.) foreign aid cuts on the health and well-being of people who use drugs has been massive and monumental. Not unlike the impacts felt across health, development, and humanitarian sectors around the world, the abrupt withdrawal of U.S. foreign aid has resulted in significant disruption to core harm reduction services, HIV/Hepatitis C (HCV) programming, and commodity supplies for people who use drugs globally. None of the U.S. administration's rescinded programme terminations, or U.S. waivers, have applied to harm reduction programming or to HIV/HCV services for people who use drugs. To date, no alternative solutions have been put in place to ensure the continuity of and equitable access to rights-based harm reduction services and HIV/HCV prevention, treatment, and care for people who use drugs. **We are being erased from the HIV and HCV response.**

Over a twelve-day period (March 1–12), the International Network of People who Use Drugs (INPUD) conducted a rapid assessment to understand the depth and breadth of impact of the unforeseen U.S. policy shifts on our community. Through an online survey tool, INPUD gathered responses from 101 respondents, most of whom (65%) represented community-led organisations and networks of people who use drugs from primarily low- and middle-income countries (LMICs). INPUD presented preliminary findings from the first 76 responses at the Commission on Narcotic Drugs (CND) on March 10–14, 2025, in a two-page brief.

The findings that are unpacked in this report emphasise a looming public health and human rights crisis targeting the community of people who use drugs. The conclusions drawn from the full data set do not differ from those presented at the CND but only call urgent attention to the human cost of the immediate withdrawal of U.S. foreign assistance.

Through quantitative data and qualitative responses, the key findings highlighted in this report underscore a four-fold emergency demanding urgent and immediate action:

1. **The severity of U.S. funding cuts has "cut harm reduction services at the knees".** The gutting of organisational capacity of community-led service provision has forced severe service disruptions, shortened service hours, the complete closure of services and organisations, and mass job losses for the essential harm reduction workforce—outreach personnel, peer educators, and clinic staff.
2. **Evidence-based harm reduction models are in jeopardy.** Harm reduction is an evidence-based HIV and human rights approach that is founded on strong peer-led frontline service delivery methods such as outreach, peer education, community leadership, and engagement—and most importantly, *the trust of the drug user community*. In the absence of peer-driven harm reduction services, the entire harm reduction model and its systemic infrastructure is placed at significant risk.

3. **Sustainability is bleak for rights-based harm reduction models** that have proven effective in the fight against HIV, viral hepatitis, and other blood-borne infections. The collapse of harm reduction services will have a direct impact on our community, which entails a backsliding on progress and a return to raging syndemics of HIV, hepatitis C (HCV), and overdose among people who use drugs globally.
4. **The impact of the U.S. foreign assistance policy has a human face.** As lifesaving harm reduction services and organisations are in crisis, equitable access to critical community-led and facility-based HIV and hepatitis C testing, treatment, and care for people who use drugs are in even shorter supply. Scarcities in harm reduction supplies and shrinking access to opioid agonist treatment (OAT, i.e., buprenorphine and methadone) have placed community members at heightened threat of multiple and intersecting drug-related harms, including unsupervised withdrawal, unsafe drug use, and heightened experiences of violence, harassment, and overdose.

CALL TO ACTION

Our Call to Action is guided by the findings presented in this report, which underscore a reckless and mounting public health and human crisis:

1. **For Donors and Funding Agencies**: An alternative pooled funding mechanism must be urgently established by global partners to support, protect, and advance the work of drug user-led networks, preventing service collapse and averting spikes in new HIV/HCV infections and preventable deaths due to overdose.
2. **For Governments and Policymakers**: National governments must step up to support harm reduction services previously reliant on U.S. funding, including equitable access to OAT and social contracting arrangements that prioritise community-led responses and frontline service delivery, particularly those that are led by and for criminalised communities such as people who use drugs.
3. **For UN Agencies and International Bodies**: International and multilateral organisations must prioritise emergency resource allocation to affected programmes and key populations, particularly people who use drugs.
4. **For Drug User-Led Networks, Harm Reduction Services, and Civil Society Organisations**: Advocacy efforts must be intensified across all partners and allies to restore funding and amplify messages concerning the long-term public health consequences of these unjust U.S. foreign aid directives.

2.0 Background

In January 2025, the U.S. government announced a sweeping freeze on foreign aid, impacting numerous global health programmes, including the President's Emergency Plan for AIDS Relief (PEPFAR) and associated USAID activities. This decision triggered immediate concern among global key population networks and advocates, particularly those working in HIV and harm reduction sectors. The U.S. has long been a major global funder of HIV programming and harm reduction services—especially in LMICs—providing essential support for people who use drugs, a population already negatively impacted by criminalisation, stigma, and limited access to essential health care, including harm reduction services.

For many drug user-led organisations and networks, the sudden halt of U.S. funding has presented an existential threat. PEPFAR and related U.S. mechanisms fund a range of lifesaving interventions such as needle and syringe programmes (NSPs), opioid agonist treatment (OAT), naloxone distribution, HIV and hepatitis testing and treatment, and community-led services including gender-based violence support and peer-led outreach. The withdrawal of U.S. funding has not only threatened the continuity of these programmes but has also threatened to undermine decades of progress in HIV prevention and care. In regions where few or no alternative funders exist, these cuts have the potential to drive service closures, stockouts of medication and harm reduction supplies, and reductions in workforce capacity (especially frontline peer workers), leaving people who use drugs and other key populations at increased threat of HIV, hepatitis C, and fatal overdose.

Early warnings have come from key population networks and civil society organisations who rapidly raised the alarm through statements, meetings with donors, and joint advocacy campaigns. Many have flagged the lack of transparency and poor communication from funders, noting that some organisations received abrupt "stop work" orders or vague termination letters referencing misalignment with "U.S. values". Others have heard nothing at all, leaving them in limbo and unsure whether to continue services or plan for wind-down.

INPUD, recognising the urgency, launched a global survey to capture real-time information from drug user-led networks and harm reduction implementers. The goal was to rapidly document how these directives were affecting communities and programmes on the ground—particularly those led by and for people who use drugs. By seeking to understand the early and immediate impacts on networks of people who use drugs and community-led organisations, the survey was designed to ensure the perspectives of those most affected by funding disruptions were effectively captured to inform INPUD's global strategic advocacy work and protect the health, rights, and dignity of people who use drugs globally.

As outlined in the report below, findings from this survey highlight the key role of U.S. donor funding in harm reduction programming and services, especially in LMICs. Many of the survey respondents provide essential NSP, OAT, HIV and HCV services, naloxone distribution, and critical frontline peer-led services. The report underscores the suddenness and severity of the U.S. decision and reveals a growing crisis for harm reduction globally. As the policy context continues to evolve, it is essential that donors/funders, governments, and other key stakeholders at the global, regional, and country level take urgent action to mitigate harm, protect rights, and prioritise continuity of care for criminalised and marginalised populations such as people who use drugs.

3.0 Methodology

3.1 Survey Design

The survey was designed by INPUD to collect real-time information from organisations impacted by the January 2025 U.S. foreign aid freeze. The key objectives were: (1) to document how U.S. funding cuts are affecting community-led networks and harm reduction services globally; (2) to identify which programmes and services are being scaled back or suspended; and (3) to gather perspectives from community-led organisations on immediate and long-term concerns. The survey focused on key themes including funding status, programme disruptions, types of services delivered, and the role of U.S. funding. It included both multiple-choice and open-ended questions to allow for quantitative and qualitative insights.

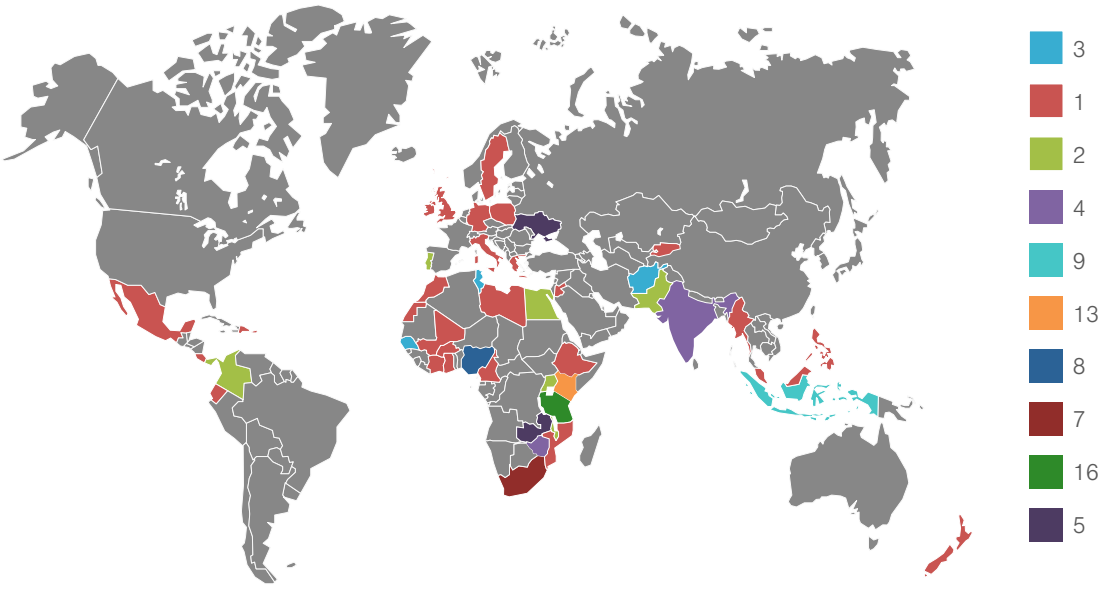


Fig. 1: Geographic distribution of respondents, showing number of respondents per country

3.2 Participants

A total of 101 individuals responded to the survey. Geographically, the majority were from Africa (52.5%), followed by Asia (14.9%), Western Europe (8.9%), and Eastern Europe/Central Asia (6.9%). Participants also reported working in countries such as Tanzania, Zambia, Kenya, Rwanda, South Africa, and Indonesia (Fig. 1). Most respondents (65.3%) represented community-led organisations or networks of people who use drugs. An additional 22% were from local civil society organisations, and smaller proportions were from international NGOs, global policy networks, and governmental health facilities and/or governmental coordinating committees (Fig. 2).

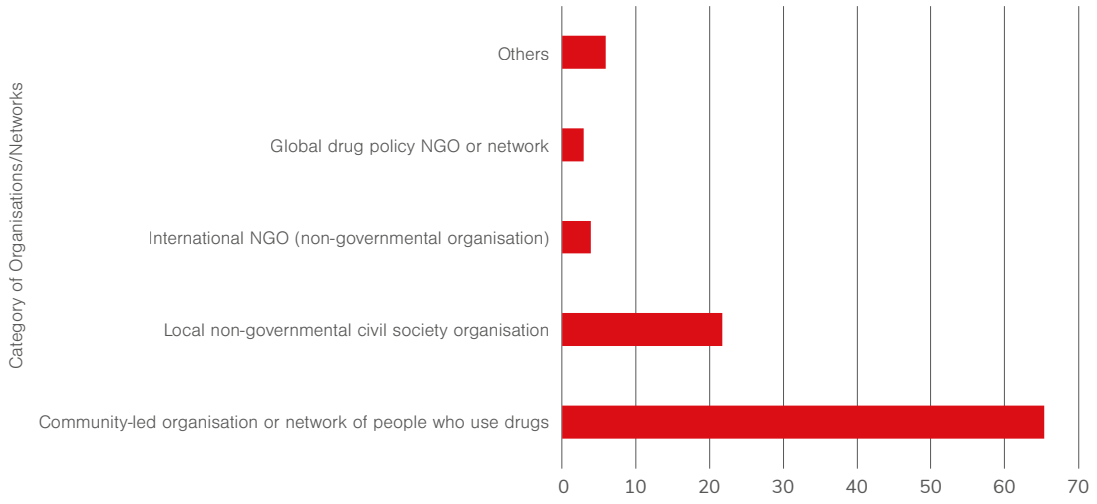


Fig. 2: Profile of respondents

3.3 Data Collection

The survey was administered online via SurveyMonkey and was open for responses in March 2025. It was disseminated through INPUD's global network and harm reduction community channels, including listservs, WhatsApp groups, and social media. No financial incentives were provided to respondents. The survey was made available in five languages (English, French, Spanish, Arabic, and Russian) only and was open for twelve days between 1 and 12 March, 2025.

3.5 Data Analysis

Quantitative data from the survey was exported, cleaned, and analysed in Excel. Responses to open-ended questions were manually coded using a thematic analysis approach to identify recurring themes/issues in the data, such as service closures, loss of funding, and access to medication. Data were then triangulated to ensure consistency across responses.

3.6 Limitations

This survey was conducted during an acute crisis period and reflects a snapshot of early impacts. Limitations include potential response bias, limited generalisability beyond INPUD's network, and gaps in country-level representation. The survey relied on self-reporting and was only available in five languages (English, Arabic, French, Russian, and Spanish), potentially excluding some voices. Despite these limitations, the survey provides vital insight into frontline harm reduction experiences during a moment of monumental global funding upheaval.

4.0 Key Findings

The following section shares key findings across four core areas: (i) the immediate implications of funding terminations on harm reduction services; (ii) early implications on access to HIV and hepatitis C prevention and treatment; (iii) early warning signs of a legal and human rights-related backlash stemming from the U.S. policy shifts; and, (iv) concerns about the immediate and longer-term financing and sustainability of harm reduction programming, particularly in low- and middle-income countries.

4.1 Immediate Effects on Harm Reduction Services

Our survey results show that peer-led outreach, HIV testing, and legal and human rights support were among the most common services that were provided by respondents prior to the U.S. funding suspensions and terminations. As a comparative baseline, Table 1 depicts the top 10 services provided by respondents for people who use drugs prior to the foreign aid cuts (left-hand column). The right-hand column shows the top 10 service disruptions reported as a result of the immediate policy shifts in U.S. foreign assistance.

Top 10 Services for People Who Use Drugs	% of Respondents	Top 10 Service Disruptions following U.S. foreign aid work stop orders and terminations	% of Respondents
1. Outreach and peer-led harm reduction services	63%	Outreach and peer-led harm reduction services	41%
2. HIV testing	57%	Legal and human rights support	36%
3. Legal and human rights support	36%	HIV testing	
4. Services for women who use drugs	54%	Services for women who use drugs	33%
5. Gender-based violence prevention services	46%	HIV treatment and care	32%
6. Needle and syringe programmes	43%	Services to address gender-based violence	28%
7. Hepatitis C testing	43%	Overdose prevention (Naloxone distribution)	25%
8. Overdose prevention	41%	Needle and syringe programmes	23%
9. Hepatitis C treatment	30%	Hepatitis C testing	20%
10. Opioid agonist therapy (OAT)	25%	Opioid agonist treatment (OAT)	16%
11. Other services	22%	Hepatitis C treatment	16%

Table 1: Comparison of services pre- and post the U.S. foreign aid stop work order and terminations

The category of "other services" (22%) includes access to treatment for chronic diseases, drug checking and drug treatment services, condom distribution and service referrals, socio-economic programming, research, training, and advocacy efforts.

When asked "How have the U.S. funding changes affected your organisation's/network's financial stability?", 63% (n=64) of respondents reported that the changes would have significant to severe impact on their organisation's ability to stay financially afloat. The largest majority of respondents (35%; n=35) reported that the cuts would have severe consequences for their ongoing financial viability (Fig. 3).

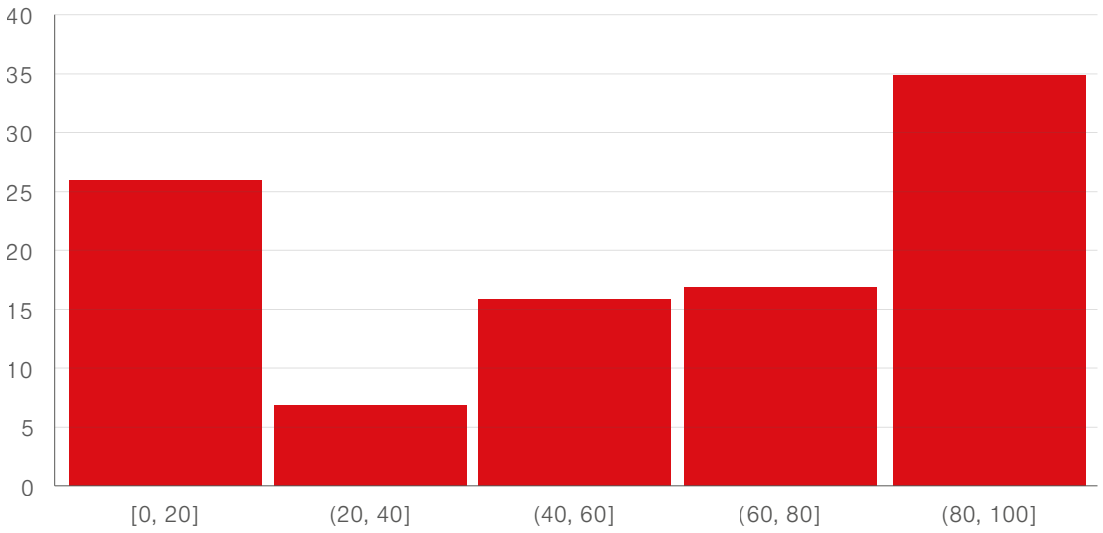


Fig.3. Impact of U.S. funding withdrawal on harm reduction programmes *(0 - no impact, 100 - severe impact)*

Almost half of all respondents (n=48) reported losing between 26 and 100% of their organisation's budget as a direct or indirect result of the U.S. foreign aid cuts (Fig 4). While only a few respondents received funding directly from the United States (e.g., directly from USAID, PEPFAR, or CDC), the majority of respondents received funding through PEPFAR Implementing Partners or through other US-funded mechanisms such as UN programming (e.g., UNAIDS), regional grants (e.g., Robert Carr Fund), Embassy grants, and others.

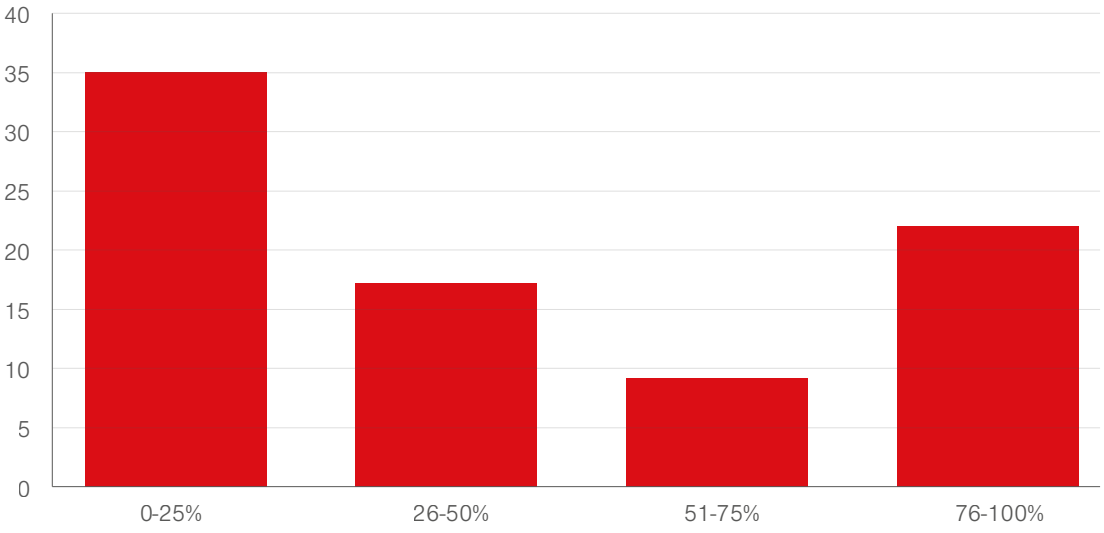


Fig. 4: Percentage of organisation/network budget dependent on funding from the United States Government

Losing even 20% of an organisation's budget (let alone 50–100%) has an inevitable impact on the health of an organisation and forces drastic measures on its structure, staffing, programming, and service delivery. Twenty-three percent (n=23) of respondents reported that they had lost 76–100% of their organisation/network's budget. This translates into devastating consequences for the community of people who use drugs who are counting on these essential frontline services. It also means financial hardship for the staff who are let go or on reduced work hours, many of whom are from the community themselves and work as peer outreach workers and peer educators. For many community members, it is not easy to find other employment. As a marginalised and criminalised population, high job competition among growing rates of unemployment (also a byproduct of U.S. foreign assistance cuts) and stigma and discrimination present key barriers to employment, in addition to criminal records, unstable living arrangements, and educational backgrounds. For community-led organisations with comparatively small organisational budgets, a high donor dependence and very few financial reserves to draw upon during times of crisis, the immediate and sudden withdrawal of U.S. funding has cut the harm reduction sector "at the knees".

> "We can barely make ends meet. We are finance[-ing] from our pockets and the funds of volunteers." **Drug user-led organisation, Eastern Europe**

> "Staff of our organisation has been la[id] off and there's definitely going to [be an] increase in new HIV infections as sharing needles and syringes has returned and there's no HIV prevention commodities." **Drug user-led organisation, Africa**

The top four decisions taken by organisations in response to the new U.S. funding directives include (i) halting outreach programming, (ii) closing services, (iii) reducing service hours, and (iv) terminating staff positions (Fig. 5).

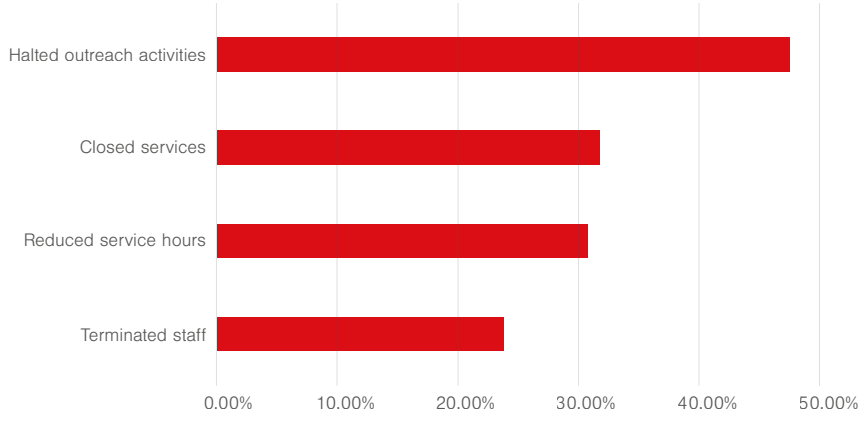


Fig. 5: Top four decisions taken by organisations in response to the new U.S. funding directives

The economic impact on the drug user community has been equally severe, throwing families and households into economic upheaval as the result of lay-offs and closures. Community peer workers and staff have been among the first to be laid off due to the termination of USAID/PEPFAR funding. Crucially, evidence-based harm reduction models are founded on strong peer-led frontline service delivery, such as outreach, peer education, and community leadership and engagement. When peer workers are the first to be removed, the whole harm reduction model and its systemic infrastructure is placed at significant risk.

> "So far the USAID stop order is killing people who depend on our services and [is] interrupting families who are people who are relying on that job to provide for their families ..so this so painful that we are going through this as a continent" **NGO respondent, Africa**

Numerous respondents from drug user-led organisations note that many of their staff continue to work on a voluntary basis to ensure that their community receives whatever frontline support remains. While volunteerism is admirable, often fulfilling, and important, especially during times of crisis, community members and project staff must be compensated for their efforts.

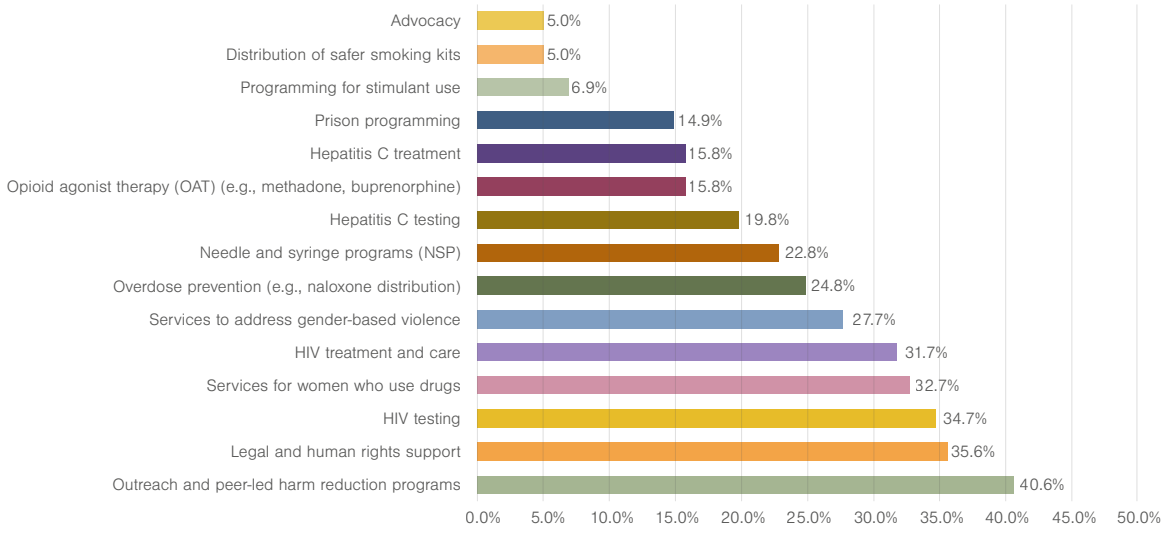


Fig. 6: Top disrupted harm reduction services

Peer-led outreach activities are the most commonly reported service disruption (41%), followed by legal and human rights support (36%), HIV testing (35%), services for women who use drugs (33%), and HIV treatment and care (32%) (Fig. 6). Limited access to OAT is noted by approximately 16% of respondents. The fact that the majority of respondents are from drug user-led organisations (and thus may not offer on-site OAT) signals the need for further research to better understand the scale at which access to this lifesaving essential treatment is being impacted as a result of the U.S.

funding cuts. (See the section on 'Impact on HIV and HCV Prevention and Treatment' for further discussion.)

> "The message [from the PEPFAR Implementing Partner] was that MAT clinics fall under the prevention wing hence will no longer be supported... Key supplies provided by the partner won't be available e.g., toxicology kits and office supplies e.g., toner for printers and printing papers, renewal of Metha measure dispensing machine for OST, data collection support by Internet since [the Implementing] partner used to pay for this, delivery of methadone to satellite sites and admitted patients due to lack of transport, halted inductions of PWUDs into the program." **District Ministry of Health Department, Africa**

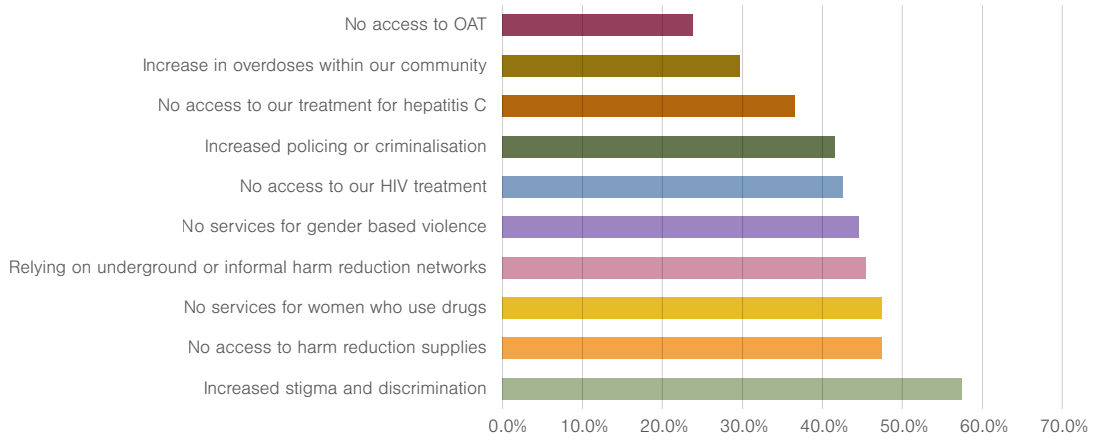


Fig. 7: Most commonly reported problems as a result of harm reduction service disruptions and closures

In response to the question, "What are the most commonly reported challenges created by the disruptions for people who use drugs?" (Fig. 7), survey findings show an alarming shortage of essential harm reduction commodities. Almost 50% of respondents point to shortages in the availability of harm reduction supplies (e.g., sterile needles, syringes, and naloxone) and a heightened risk of drug-related harm, especially preventable overdoses. Forty-six percent (46%) of respondents observe an increase in communities turning to underground or informal peer networks for harm reduction supplies that they are no longer able to access through their trusted providers. In the initial weeks of the new U.S. funding directives, 30% of respondents reported observing increased deaths due to overdose. These findings point to a rapid undoing of years of evidence-based progress and a return to unsafe environments, which place people who use drugs at higher threat of HIV and HCV transmission, overdose, and violence.

> "[We are seeing a] reduction in the quantity of harm reduction inputs and field trips to reach communities of people who cannot go to the fixed point." **NGO, South America**

"PWUD are unable to surface from chronic issues like poverty, relapse, and lack of empowerment. We envisage this might worsen and increase risks to overdose, unsafe injecting of drugs, and downgraded health seeking habits." **Drug user-led organisation, Africa**

4.2 Impact on HIV and Hepatitis C Prevention and Treatment

"People are scared, essential services are discontinued, this will only worsen the world's health situation." **International NGO, South-East Asia**

"People who use drugs and are receiving treatment, especially those infected with HIV or hepatitis, have many questions about their future." **Medical professional, narcology, Africa**

The impact of the U.S.'s withdrawal of foreign assistance promises imminent and adverse consequences for individual and community-level health, safety, and well-being. There are serious gaps in service provision, and it is very difficult for people to access what services are left in a fair and equal way. For instance, 35% of respondents note disruptions in their ability to provide HIV testing services for people who use drugs (Fig. 6); 43% indicate people who use drugs are also unable to access their routine HIV treatment and care services (Fig. 7). Similar data are reported for access to hepatitis C testing. Twenty percent (20%) note disruptions in the availability of HCV testing services (Fig 6); 37% of respondents highlight the difficulties confronted by service users in accessing their HCV treatment and care (Fig. 7).

"The lack of U.S. funding is already indirectly affecting our other non-U.S.-funded programming, including Global Fund-supported harm reduction services... Moreover, as U.S. funding covered essential HIV prevention services in many regions, the loss of these programmes has increased the burden on remaining services funded by other donors. For example, HIV prevention programming has stopped in over half of the country." **Drug user-led organisation, Eastern Europe**

Respondents also share how links to HIV and hepatitis C services—both in clinics and in the community—have broken down. Alongside shortages of harm reduction supplies, access to testing has been disrupted in some places, with transportation of HCV PCR samples completely halted. In these situations, the risk of new or worsening HIV and hepatitis C outbreaks increases significantly—because fewer people know their status, fewer can access lifesaving treatment, and the lack of essential supplies makes it harder for people to use drugs safely and prevent transmission.

"We can no longer transport Hepatitis C PCR samples for testing with no transport, PWUD in the dens can no longer be prepared for MAT (Medication Assisted Treatment) programming, lack of referrals support for vulnerable clients, uncertain availability of key supplies for the program that were supported by the Donor partner e.g., toxicology kits, no transport to support prison review of MAT patients and MAT delivery for admitted patients." **District Ministry of Health Department, Africa**

Likewise, survey respondents have flagged that opioid agonist treatment (OAT), also known as medication-assisted treatment (MAT), such as buprenorphine and methadone, have been classified as a "prevention commodity" in many contexts and, as such, are not being delivered as a result of USAID funding terminations for HIV prevention efforts. Buprenorphine and methadone are WHO-classified essential medicines and must be included among the lifesaving essential medicines covered by the U.S. waivers. To date, they have not been included. The drastic cutback in OAT supplies will leave many people in painful withdrawal and may result in spiking levels of people returning to unsafe and much more potent street drugs, which in turn increases preventable overdose.

As two respondents indicate,

> "The County Government is forced to budget the little resources to cater for all gaps that USAID funding used to support. With MAT being a preventive program and not income generating for the county, people who use drugs will most likely significantly be neglected." **District Ministry of Health Department, Africa**

> "The impact also affects the U.S. population that crosses the border for sexual services, drug use and harm reduction services. There is a greater risk of sexually transmitted and blood-borne infections and fatal overdoses." **NGO, South America**

4.3 Human Rights and Legal Implications

Survey respondents in regions around the world also note increasing human rights concerns that correspond with the harm reduction funding crisis. Among these are the increase in stigma and discrimination towards people who use drugs, the gutting of services for women who use drugs, and the impact on advocacy organisations and legal services.

> "The authorities are likely to place much greater emphasis on repressive measures" **Medical professional, narcology, Africa**

As shown in Figure 7, the spike in stigma and discrimination is by far the largest problem reported by close to 60% of survey respondents. Similarly, 42% of respondents note that the policing or criminalisation of people who use drugs has intensified as a result of U.S. funding cuts. While specific reasons attributed to these increases have yet to be explored in detail, the Trump administration's "war on drugs" rhetoric and attack on diversity, equity, and inclusion ("woke programmes") are likely to be contributing to the crackdown on enabling environments in many countries. Importantly, decades of evidence and experience show that stigma and discrimination remain among the largest and most pervasive barriers to accessing prevention, treatment, and care. Both the experiences and anticipation of stigma and discrimination have the power to drive marginalised and criminalised communities further underground and away from mainstream health services. Our rapid assessment findings provide early warning signs of a return to the underground.

> "We are observing serious changes in harm reduction programmes that violate human rights. Specifically, the Ministry of Health's databases are now open to all staff, putting the confidentiality and safety of people who use drugs at risk. This is especially dangerous for women and gender-diverse people who often face violence and discrimination... [there are also] new requirements for client registration, including verification through phone numbers, which compromises the safety of people who use drugs. As a result, we are seeing serious changes in harm reduction programmes that violate the human rights of people who use drugs, particularly their rights to confidentiality and privacy." **Drug user-led organisation, Eastern Europe**

Of the 101 respondents, 55% provide legal and human rights support for people who use drugs. Thirty-six percent (36%) of them have observed disruptions/closures to their legal and human rights support services, leaving community members alone, unprotected, and with few options to fight for their rights in the face of growing adversity, harassment, criminalisation, and violence.

> "Yes, to raise the prohibition of fentanyl to constitutional status and with it the greater criminalization of those who use it illicitly. Extortion, isolation and more violence." **NGO, South America**

> "There has been an increase in arbitrary arrests of people who use drugs by the police." **Drug user-led organisation, Africa**

U.S. funding cuts have also had a significant impact on the availability of harm reduction services for women who use drugs, including services to address gender-based violence (Fig. 8). Women who use drugs have specific needs and include multiple, often intersecting sub-groups, including pregnant or parenting women, women involved in sex work, LGBTQIA+ women, women from migrant, racialised, or ethnic minority backgrounds, and women in prison.[1] Women who use drugs experience multidimensional forms of stigma, violence, and economic disadvantage, with access to even less social support than their male peers. Of the 101 organisations participating in the survey, 54 had provided services for women who use drugs prior to the U.S. funding terminations. Of those 54 organisations, 68% (n=35) report having halted outreach services for women who use drugs, and 37% have been forced to either reduce their service hours or close their services completely for women who use drugs (Fig. 9).

> "Our clinic is mostly U.S. funded, even though the projects directed towards people who use drugs are not affected (they are funded by [another bilateral source]), we rely on the clinic to provide additional health services to people who use drugs, especially those that live with HIV. So the cuts affecting the clinic and the psychology services related to gender based violence (GBV) indirectly affect people who use drugs too" **NGO, Caribbean**

1. https://www.euda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses_en

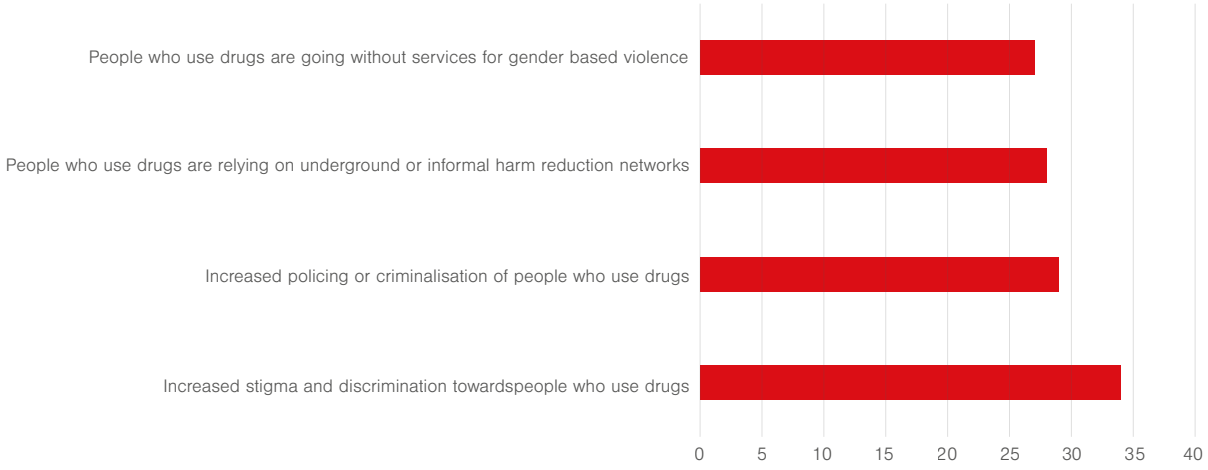


Fig. 8: Impact of U.S. funding cuts on the availability of services for women who use drugs

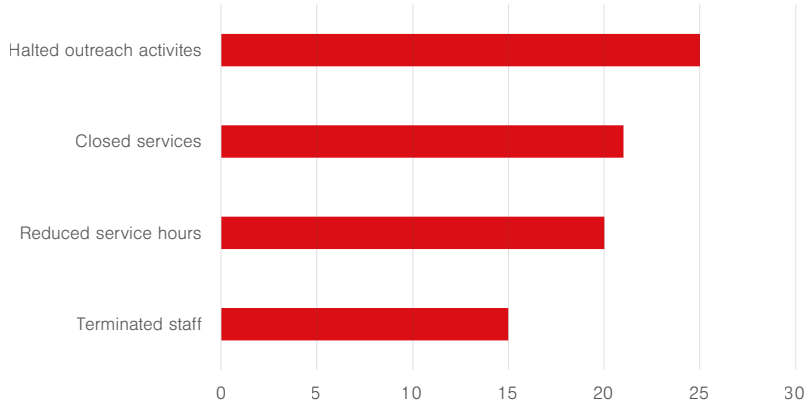


Fig. 9: Actions undertaken by organisations serving women who use drugs

> "The number of advocacy platforms promoting the rights of people who use drugs has significantly decreased. HIV prevention programming for key populations has stopped in more than half of the country's regions." **Drug user-led organisation, Eastern Europe**

The funding crisis left by the U.S. administration also has a fundamental impact on the ability of drug user-led organisations and networks to meaningfully engage in policy discussions, advocate for human rights and evidence-based harm reduction, and hold governments accountable for their international and national commitments. Without increased political will and urgent investment in community-led programmes and services for people who use drugs, decades of progress in public health and human rights will be reversed.

As one respondent aptly articulates,

> "The funding cut severely hinders our advocacy efforts at both the regional and national levels affecting our ability to influence policy effectively. The resources that have been previously allocated allowed us to mobilise our networks, build movements, and engage with policymakers to address the critical issues faced by people who use drugs. With reduced funding, our capacity to present a united front and advocate for harm reduction strategies which are essential for the health and wellbeing of our community will be significantly diminished, further marginalising our voices in essential discussions regarding drug policy." **Drug user-led organisation, Africa**

4.4 Implications on Sustainability

Sustainability at the organisational and movement level is bleak. Harm reduction efforts have historically been underfunded, which makes the recent U.S. funding cuts even more substantial in terms of undermining an effective and sustainable HIV/HCV response for people who use drugs. For instance, the most recent analysis shows that, in 2022, funding for harm reduction programmes accounted for less than 1% of total HIV funding, and harm reduction funding in LMICs from both domestic and international sources accounted for only 6% of the actual need.[2]

Mass job losses and closures of peer-driven frontline service delivery have weakened the overall infrastructure of drug user-led harm reduction responses. These same workers are often involved across multiple programmes, meaning that their absence directly impacts the effectiveness of other projects and the organisation as a whole, not to mention the impact of increased workloads for program staff and community-led service providers who remain in place and are grappling to meet the growing needs of an expanded client group.

> "Many of the organisation's support staff, administrative and office costs, etc., are covered by U.S. funding but benefit all the organisation. Without U.S. funding, all the projects suffer because the clinic can't operate, and we are left with very few employees, insufficient to conduct the work." **NGO, Caribbean**

Importantly, while survey findings indicate an increase in volunteerism among de-funded drug user-led organisations and networks, it must be clear that this is not a sustainable solution to the current crisis. Volunteerism is vital during periods of intense emergency; however, it is not the "new normal". People must be adequately compensated for their services.

The drastic reductions in funding for global harm reduction are also unfortunately seeing the stalling and/or the complete retreat of countries who were poised to introduce harm reduction into their national HIV/HCV strategies.

2. Harm Reduction International. *The Global State of Harm Reduction 2024* (London, 2024).

As noted by two respondents,

> "We were hoping to start opioid substitution therapy and needle and syringe programming. We were in the process of renovating buildings to use for MAT services, order methadone and complete our guidelines and SOP when the stop work order was issued. It seems unlikely that we will ever proceed... All this has stopped now." **Teaching hospital, Africa**

> "In countries like [X], where harm reduction programmes have yet to be implemented, this decision could undermine ongoing advocacy efforts and halt progress toward evidence-based interventions. It may also discourage stakeholders from pushing for policies that prioritise public health and the well-being of vulnerable communities." **Drug user-led organisation, Africa**

In response to the question, "To the best of your knowledge, what is your country government doing to respond to ensure the continuity of harm reduction services for people who use drugs?", the majority of survey respondents had not yet observed action from their government or any other funding agency to step in and address these life-threatening service gaps.

> "So far there is none, but the government has informed us that it lacks the capacity to cover activities due to the difficult economic conditions." **International NGO, Middle East and North Africa**

> "The country isn't fully interested in harm reduction services, so in a situation like this, we can expect that there will be no domestic efforts to upscale harm reduction services." **Drug user-led organisation, Africa**

The Global Fund to Fight AIDS, TB and Malaria (the Global Fund) remains the largest multilateral funder of harm reduction programming in the countries where it invests. While the Global Fund is not the single solution to the current financial crisis, it plays a vital role in contributing to a sustainable HIV response for people who use drugs. The Country Coordinating Mechanism (CCM)[3] is a vital platform for advocacy, policy deliberations, and sustainability planning at a national level.

3. Country Coordinating Mechanisms are national committees that submit funding applications to the Global Fund and oversee grants on behalf of their countries. They are a key element of the Global Fund partnership. A Country Coordinating Mechanism —often called a "CCM"— includes representatives of all sectors involved in the response to the diseases: academic institutions, civil society, faith-based organisations, government, multilateral and bilateral agencies, nongovernmental organizations, people living with the diseases, the private sector, and technical agencies. https://www.theglobalfund.org/en/country-coordinating-mechanism/#:~:text=Country%20Coordinating%20Mechanisms%20are%20national,of%20the%20Global%20Fund%20partnership.

While the majority of our respondents were not aware of how service gaps are being addressed within the Global Fund Partnership, 30% of respondents are member to the Global Fund's CCMs, where funding allocations, reprogramming prioritisation, and programme and ethical oversight are centred and directed (Fig. 10). This speaks to the ongoing need to strengthen the full and meaningful engagement of key populations, including people who use drugs, in all CCM governance deliberations, (re-)programming discussions, and decision-making for resource (re-)allocation so that communities can contribute their vast expertise and are not left on the back foot.

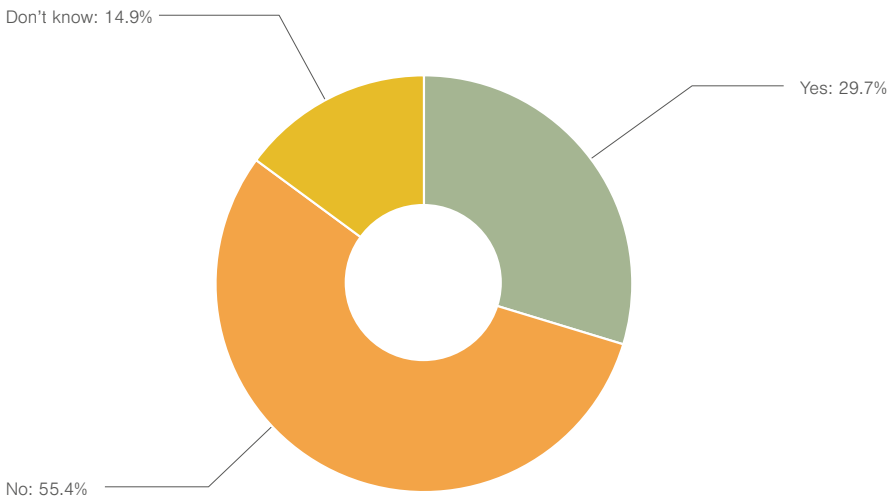


Fig. 10: Is your organisation/network involved in your country/region's Global Fund Country Coordinating Mechanism (CCM)?

5.0 Discussion and Call to Action

People who use drugs are being erased within current national and international efforts to restore access to HIV/HCV treatment services and mitigate the harm brought by the radical shift in U.S. policies and funding directives.

As seen throughout history, community-led networks and organisations are the bedrock of emergency and effective public health responses. Today's global financial and political crisis has exposed the fragility of the HIV/HCV response and the even greater threats to drug user-led organisations and networks.

If drug user-led organisations, networks, and service delivery are permitted to be the first to close because of lack of funding and political will, the entire harm reduction model and its systemic infrastructure is placed in significant jeopardy. The harm reduction model works only because of community-led responses. Peer educators and outreach is how we are able to reach our community. They are the bridge between the community and formal health services. Peer workers build the trust and relationships that allow us to change drug use practices, help get people into care and treatment, and build community strength, leadership, and resilience. Without this, our communities will return underground, will be afraid of accessing services, will return to unsafe practices because of a lack of harm reduction and other prevention supplies, and their safety, security, and human rights will be in even greater peril.

The findings from INPUD's rapid assessment signal alarms that point to a fast regression in the progress we have made together on the 10-10-10 and 20-60-80 Global HIV Targets and the Sustainable Development Goals (SDGs), particularly under SDG 3: *Good Health and Well-Being*. Without the full and meaningful engagement of people who use drugs at all stages in the development, implementation and monitoring of laws and policies, harm reduction and other health services, and the allocation of financial resources, the possibility of a sustainable response to end HIV as a public health threat by 2030 will remain tragically in the realm of the unattainable.

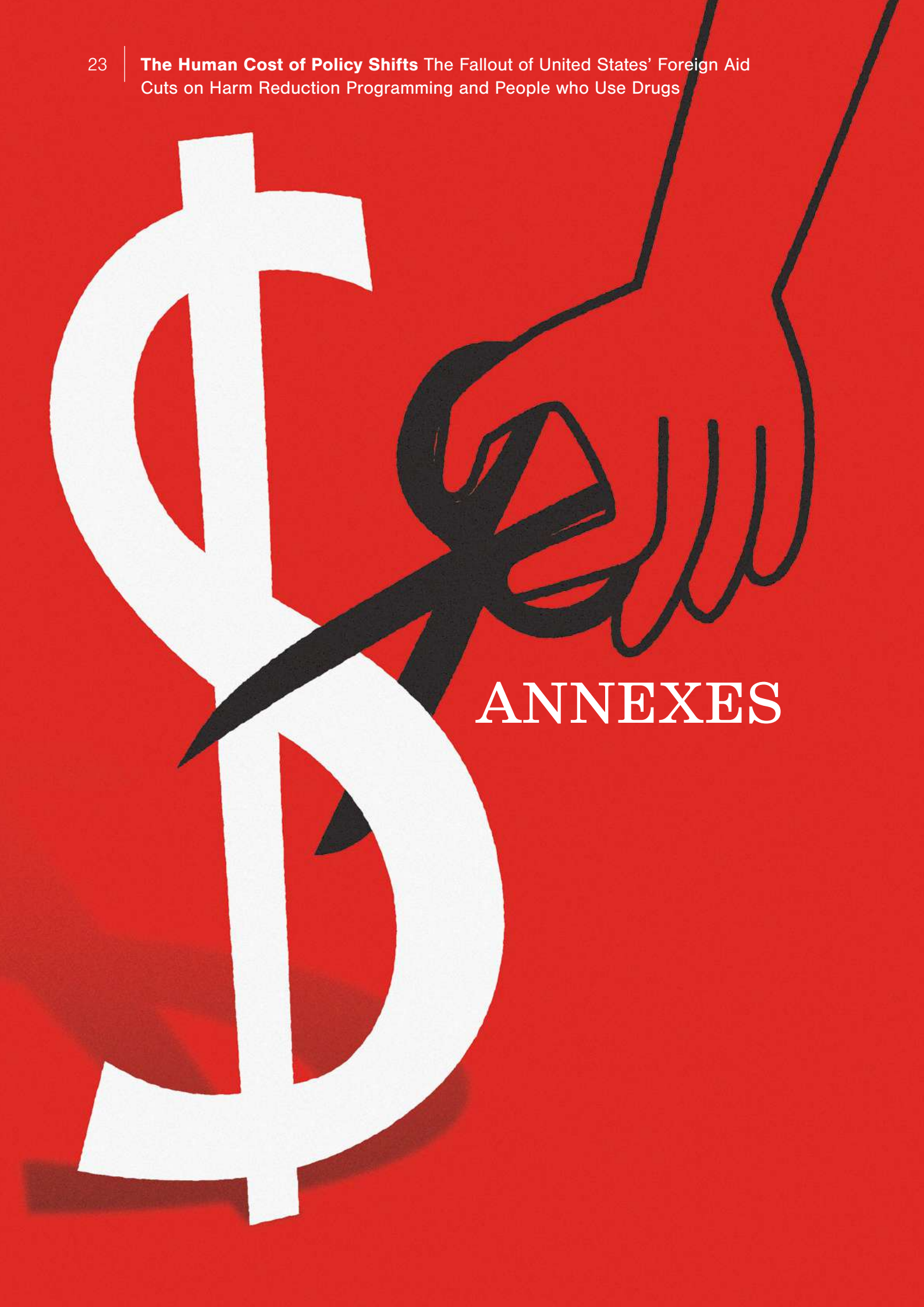
CALL TO ACTION

Our Call to Action is guided by the findings presented in this report, which underscore a reckless and mounting public health and human crisis:

1. **For Donors and Funding Agencies**: An alternative pooled funding mechanism must be urgently established by global partners to support, protect, and advance the work of drug user-led networks, preventing service collapse and averting spikes in new HIV/HCV infections and preventable deaths due to overdose.
2. **For Governments and Policymakers**: National governments must step up to support harm reduction services previously reliant on U.S. funding, including equitable access to

OAT and social contracting arrangements that prioritise community-led responses and frontline service delivery, particularly those that are led by and for criminalised communities such as people who use drugs.

3. **For UN Agencies and International Bodies**: International and multilateral organisations must prioritise emergency resource allocation to affected programmes and key populations, particularly people who use drugs.
4. **For Drug User-Led Networks, Harm Reduction Services, and Civil Society Organisations**: Advocacy efforts must be intensified across all partners and allies to restore funding and amplify messages concerning the long-term public health consequences of these unjust U.S. foreign aid directives.



ANNEXES

Annex 1 - Full Survey Questionnaire

Survey – Documenting The Early Impact Of The United States Foreign Aid Stop Work Order On Harm Reduction Programming

On January 24, 2025, U.S. Secretary of State, Marco Rubio, issued an immediate halt to most foreign aid programmes for 90 days, pending a comprehensive review to ensure alignment with the current administration's values and policies. Since then, it has been made public that approximately 10,000 U.S. foreign aid grants, awards, and contracts have been or will be terminated over the coming days, causing heightened confusion and disbelief within the HIV, TB, and malaria sector and well beyond. This U.S. policy directive affects a wide range of global health and development initiatives with wide-ranging implications for people who use drugs and their access to services.

We've developed this survey to get a better sense from harm reduction organisations and networks of people who use drugs of how these recent US funding directives are affecting harm reduction services, HIV and hepatitis care, and human rights programming for people who use drugs at the regional and country level. We will present the findings from this survey during the UN Commission on Narcotic Drugs (CND, March 10–14, 2025) and widely with our partners and funding agencies. Time is of the essence. Please take a few minutes today and complete this survey to share how these devastating U.S. policy changes are affecting your organisation and the services you provide to our community.

This survey should take 10–12 minutes of your time, and your responses will be fully anonymised. Your candid responses are crucial to monitoring and documenting how this U.S. policy affects the lives of our community and will help to inform our collective advocacy efforts. While this survey will remain anonymous, we have also provided the option for you to share your contact details should you wish to provide additional quotes or testimonials in this report.

1. **What region do you live and work in?**
   - Asia
   - Africa
   - MENA
   - Western Europe
   - Eastern Europe and Central Asia
   - Latin America
   - The Pacific
   - Global
   - Other (please specify)

2. **What country/countries do you work in?**

3. What category best describes your organisation/network?

- Community-led organisation or network of people who use drugs
- Local non-governmental civil society organisation
- International NGO (non-governmental organisation)
- Global drug policy NGO or network
- Funding organisation or UN technical partner
- Other (please specify)

4. What is the name of your network or organisation?

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5. What services does your organisation or network provide for people who use drugs? ***(Please select all that apply)***

- Needle and syringe programmes (NSP)
- Opioid agonist therapy (OAT) (e.g., methadone, buprenorphine)
- Programming for stimulant use
- Safer smoking kits
- HIV testing
- HIV treatment and care
- Hepatitis C testing
- Hepatitis C treatment
- Overdose prevention (e.g., naloxone distribution)
- Services for women who use drugs
- Legal and human rights support
- Gender-based violence prevention services
- Outreach and peer-led harm reduction programmes
- Other (please specify in short answer)

---

6. Has your organisation received from the U.S. government or a PEPFAR Implementing Partner, a: (choose all that apply)

- U.S. official stop work order to halt your U.S.-funded activities
- Termination letter from the U.S. government stating termination because your activities do not align with U.S. values
- U.S. termination letter without further explanation
- We have not received any communication
- We do not receive any direct U.S. funding
- Don't know
- Other (short answer)

7. **Has your organisation received a STOP WORK ORDER from UNAIDS or other partner organisations resulting from the recent U.S. foreign aid policies? (please indicate all that apply)**
   - UNAIDS
   - WHO
   - UNODC
   - UNDP
   - UN Women
   - Embassy grants – please specify
   - Regional grants – please specify
   - Other – please specify (short answer)

   _____

   - We haven't received a stop work order
   - Don't know

8. **Has your organisation received a TERMINATION LETTER from UNAIDS or other partner organisations resulting from the recent U.S. foreign aid policies? (please indicate all that apply)**
   - UNAIDS
   - WHO
   - UNODC
   - UNDP
   - UN Women
   - Embassy grants – please specify
   - Regional grants – please specify
   - Other – please specify

   _____

   - We haven't received a stop work order
   - Don't know

9. **To what extent have these U.S. funding decisions affected your organisation's ability to deliver services for people who use drugs?**

   No impact **1** **2** **3** **4** **5** Severe impact

10. What services provided by your organisation/network have been disrupted as a result of the U.S. funding decisions? *(Please select all that apply)*

- Needle and syringe programmes (NSP)
- Opioid agonist therapy (OAT) (e.g., methadone, buprenorphine)
- HIV testing
- HIV treatment and care
- Hepatitis C testing
- Hepatitis C treatment
- Overdose prevention (e.g., naloxone distribution)
- Programming for stimulant use
- Distribution of safer smoking kits
- Services for women who use drugs
- Services to address gender-based violence
- Legal and human rights support
- Outreach and peer-led harm reduction programmes
- Prison programming
- Other (please specify in a short answer)

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11. Please tell us about the types of problems this is creating for people who use drugs *(Select all that apply)*

- Service disruptions mean that people are going without access to harm reduction supplies (e.g., syringes, naloxone, safer smoking kits)
- No access to OAT (e.g., methadone and/or buprenorphine)
- Increased stigma and discrimination towards people who use drugs
- Increased policing or criminalisation of people who use drugs
- People who use drugs are relying on underground or informal harm reduction networks
- There are no services for women who use drugs
- People who use drugs are going without services for gender-based violence
- People who use drugs are going without access to our HIV treatment
- People who use drugs are going without access to our treatment for hepatitis C
- We are noticing an increase in overdoses within our community
- Other (Please specify in a short answer)

12. Please provide any additional comments or information that you would like to share about the impact you are seeing in the community. *(open ended)*

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13. **How have the U.S. funding changes affected your organisation's/network's financial stability?**

No impact **1** **2** **3** **4** **5** Severe impact

14. **What percentage of your organisation's budget comes directly or indirectly from the United States government (e.g., PEPFAR, USAID, CDC, including UNAIDS)?**
    - 0–25%
    - 26–50%
    - 51–75%
    - 76–100%
    - Don't know

15. **To what extent will the lack of U.S. funding impact your other non-US-funded programming? (e.g., the Global Fund, UNITAID HEP C Portfolio, other projects) –** ***open response***

16. **Which actions, if any, has your organisation taken in response to the new U.S. funding directives?** ***(please select all that apply)***
    - Terminated staff
    - Reduced service hours
    - Closed services
    - Halted outreach activities
    - What other responses has your organisation undertaken? (short answer)

17. **Has your organisation noticed a change in the legal environment in your country since the new Trump administration? If so, please explain. (long answer)**

18. **Is your organisation involved in your country's Global Fund Country Coordinating Mechanism (CCM)? If yes, how?**

19. **To the best of your knowledge, has the CCM begun to discuss reprogramming Global Fund country funding?**

20. **To the best of your knowledge, what is your country government doing to respond to ensure the continuity of harm reduction services for people who use drugs?**

21. **Would you or your organisation/network be open to follow-up discussions with us? If yes, please provide an email or phone number. (optional)**
    - Yes, please contact me at:
    - No, I prefer to remain anonymous

22. **Do you know of other organisations who provide harm reduction services in your country/region who have received US directives to stop their activities. Would you be willing to share their contacts so that we can follow up with them? Short answer:**

Annex 2 - Preliminary Findings from the Rapid Assessment Presented at the Commission on Narcotic Drugs

THE HUMAN COST OF POLICY SHIFTS:

The Fallout of US Foreign Aid Cuts on Harm Reduction Programming and People who Use Drugs

The impact of US foreign aid cuts on the health and well-being of people who use drugs has been massive and monumental. The International Network of People who Use Drugs (INPUD) is conducting a rapid assessment to understand the depth and breadth of this impact. Over the course of 5 days, INPUD received 76 responses to its online survey evaluating the real-time consequences of these new US policy directives on the lives of people who use drugs and their service provides. Preliminary findings highlight:

1. **The severity of funding cuts have "cut harm reduction services at the knees"**, gutting the organisational capacity of community-led service provision, forcing service disruptions, closures and mass lay-offs of harm reduction's essential work force (i.e., peer educators, outreach personnel, clinic staff).
2. **Evidence-based harm reduction models are at-risk:** Harm reduction is founded on strong peer-led front-line service delivery, such as 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 at significant risk.
3. **Sustainability is bleak for rights-based harm reduction models that have proven effective in the fight against HIV and hepatitis C:** The collapse of harm reduction services will have direct human impact, meaning, a return to raging HIV, hepatitis C and overdose epidemics among people who use drugs globally.

The following recommendations are based on INPUD's preliminary findings presented below:

1. **Alternative pooled funding mechanisms must** be urgently established by global partners to prevent service collapse and resultant spiking rates of new HIV/ HCV infections, and preventable overdose deaths.
2. **National governments must step up** to support harm reduction services previously reliant on U.S. funding, including equitable access to opioid agonist treatment (OAT) and social contracting arrangements that prioritise community-led responses.
3. **International and multilateral organizations** must prioritize emergency resource allocation to affected programs and key populations, including for people who use drugs.
4. **Advocacy efforts must be intensified** to restore funding and highlight the long-term public health consequences of these directives.

Key Preliminary Survey Findings

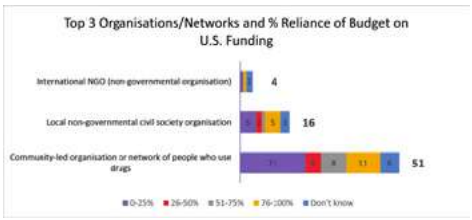
Over the course of 6 days (March 1-6, 2025), INPUD received responses from 76 responses from harm reduction organisations and networks serving people who use drugs across multiple countries, with the **majority (56.6%) from Africa.** The five most represented countries in the survey are **Tanzania (13.2%)**, **Kenya (13.2%)**, **Indonesia (6.6%)**, **Ukraine (6.6%)**, and **Nigeria (5.3%)**.

Geographic distribution of respondents:

"Many of the organization's support staff, administrative and office costs, etc., are covered by U.S. funding but benefit all the organization. Without U.S. funding, all the projects suffer because the clinic can't operate, and we are left with very few employees, insufficient to conduct the work." ***– Respondent, Eastern Europe***

Community-led organisations and networks of people who use drugs constituted the majority of survey respondents (67%). Local non-governmental civil society organisation providing services for people who use drugs represented 21% of respondents; and, international organisations (5%). Government services also responded from narcology units, government hospitals and multisectoral HIV/TB/STIs coordination bodies (4%) (Table 1).

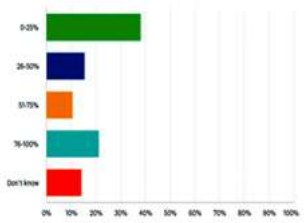
Table 1: Impact of % Funding Cut by Organisation



Approximately 77% of respondents (of which 67% were community-led) noted severe disruption to outreach and peer-led harm reduction activities, needle and syringe programs, HIV testing, legal support, services for women who use drugs, overdose prevention, and opioid agonist treatment. (see Table 3)

"Staff of our organisation had been lay off and there's definitely going to increase in new HIV infections as sharing needles and syringes had returned and there's no HIV prevention commodities" ***– respondent, Africa***

Table 2: % of Organisation's Budget Impacted



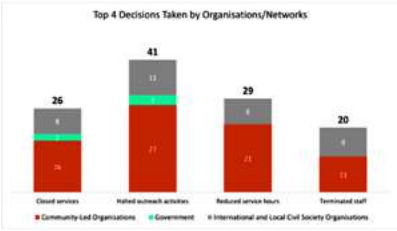
Key Messages:

Funding CRISIS for LIFESAVING SERVICES for People who Use Drugs (Tables 1 and 2)

- 25% of respondents reported losing 75-100% of their organisation budget for harm reduction programming.
- 45% of respondents reported significant-to-severe impact with a loss of 26-100% of organisational harm reduction budgets.
- Approximately 12% of respondents did not know the impact on their organisational funding given (i) they are awaiting donor funding decisions (e.g., RCF) (ii) they are still to receive termination letters from US implementing partners; (iii) do not have access to that information.

*"We can barely make ends meet. We are finance[-ing] from our pockets and the funds of volunteers." – **Respondent, Eastern Europe***

Table 3: Responses to Funding Cuts



Key Messages:

Services Disrupted:

- Outreach and peer-led harm reduction (38%)
- HIV testing (37%)
- Services for women who use drugs (34%)
- Legal and human rights support (34%)
- Overdose prevention (29%)
- Needle and syringe programs (24%)

Table 4: Lifesaving Services Disrupted by US Foreign Aid Cuts

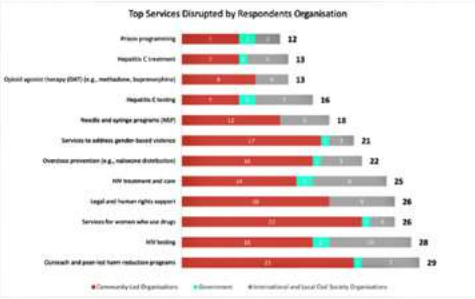
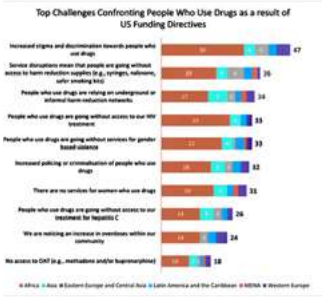


Table 5: Early Warning - Impacts on People who Use Drugs



Key Messages:

Early Warning - The Impact on People who Use Drugs:

- 62% report experiencing increased stigma and discrimination
- 47% report that people are going without access to harm reduction supplies
- 45% report that people are relying on underground or informal harm reduction networks
- 32% report increases in overdose within their community.

These preliminary findings point to a swift recoiling of progress and a return to unsafe environments in many contexts around the world. which place people who use drugs at higher risk of HIV, HCV, overdose, and violence.

Conclusion

The U.S. funding cuts has had immediate and devastating consequences on people who use drugs and harm reduction service providers globally. The impact is three-fold:

- **Service Disruptions:** Critical harm reduction services—including outreach, OAT, HIV and hepatitis C prevention, overdose response, and legal support—are being scaled back or shut down, leaving people without essential health interventions.
- **Threat to Community-Led Networks:** Organisations led by people who use drugs, central to harm reduction responses, are being forced to close or drastically reduce services, undermining their ability to support their communities.
- **Immediate Harm to People Who Use Drugs:** The loss of harm reduction services is leading to increased health risks, criminalisation, and exclusion, with women who use drugs particularly affected due to the disruption of gender-sensitive services.

Impact on Advocacy

Funding cuts, including from the Robert Carr Fund, are weakening advocacy at global, regional, and national levels. The ability of networks of people who use drugs to engage in key policy discussions, advocate for evidence-based harm reduction, and hold governments accountable is under threat. Without urgent investment, decades of progress in public health and human rights will be reversed.

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs.

INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national, and regional levels.

ROBERT CARR FUND For civil society networks

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