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

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Correlation European Harm Reduction Network

DRUG POLICY NETWORK SEE

ehra eurasian harm reduction association

Regional Platform EECA

* This designation is without prejudice to positions on status and is in line with UNSCR 244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

COLOPHON

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About C-EHRN, DPNSEE and EHRA

Correlation – European Harm Reduction Network (C-EHRN) is a membership-based network active in the field of drug use, harm reduction and social inclusion. C-EHRN envisions a fair and more inclusive Europe, in which people who use drugs, including other related vulnerable and marginalised people, have equal and universal access to health and social services without being discriminated against and stigmatised.
The **Drug Policy Network South East Europe** (DPNSEE) is an initiative of NGOs from the countries of South East Europe. Currently, there are 21 ordinary and 5 associate members of the Network coming from Albania, Bosnia Herzegovina, Bulgaria, Croatia, Northern Macedonia, Greece, Kosovo*, Montenegro, Romania, Serbia and Slovenia. The Network organisations are primarily providers of preventive, therapeutic, harm reduction and rehabilitation services, focused on supporting drug users and connected key affected populations.
The **Eurasian Harm Reduction Association** (EHRA) is a not-for-profit public membership-based organisation uniting harm reduction activists and organisations from Central and Eastern Europe and Central Asia (CEECA) with its mission to actively unite and support communities and civil societies to ensure the rights and freedoms, health and well-being of people who use psychoactive substances in the CEECA region.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APH	Alliance for Public Health
ARAS	Romanian Association Against AIDS
ART	Antiretroviral Therapy
ARV	Antiretroviral
BD	Brčko District
BiH	Bosnia and Herzegovina
C-EHRN	Correlation – European Harm Reduction Network
CCM	Country Coordinating Mechanism
CEECA	Central and Eastern Europe and Central Asia
COVID	Coronavirus Disease
CSO	Civil Society Organisation
DAA	Direct Acting Antiviral
DGASMB	General Department for Social Assistance of Bucharest Municipality
DPNSEE	Drug Policy Network South East Europe
EBRD	European Bank for Reconstruction and Development
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
EuroNPUD	European Network of People who Use Drugs
FBiH	Federation of Bosnia and Herzegovina
GDP	Gross Domestic Product
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Surveillance
ICJ	International Court of Justice
IMF	International Monetary Fund
IPA	Instrument for Pre-accession Assistance
LGBTIQ	Lesbian, Gay, Bisexual, Transgender/Transsexual, Intersex and Queer/Questioning
MHSP	Ministry of Health and Social Protection
MMT	Methadone Maintenance Therapy
MOCA	Ministry of Civil Affairs
MSM	Men-who-have-Sex-with-Men
NAA	National Anti-Drug Agency
NCPHA	National Centre for Social Health and Analysis
NGO	Non-Governmental Organisation

NPS	New Psychoactive Substances
NSP	Needle/Syringe Programme
OSF	Open Society Foundations
OST	Opioid Substitution Therapy
PLHIV	People Living with HIV
RAA	Romanian Angel Appeal
REAct	Rights – Evidence – ACTion
RHIF	Republic Health Insurance Fund
RS	Republic of Srpska
SBF	Sustainability Bridge Funding
SR	Sub-Recipient
STI	Sexually Transmitted Infection
TB	Tuberculosis
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
UNSCR	United Nations Security Council Resolution
WHO	World Health Organization

EXECUTIVE SUMMARY

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 (WHO), the UN Office on Drugs and Crime (UNODC) and the Joint UN Programme on HIV/AIDS (UNAIDS)[4] as well as by the European Centre for Disease Prevention and Control (ECDC)[5] and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[6]. 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), including NGOs, 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

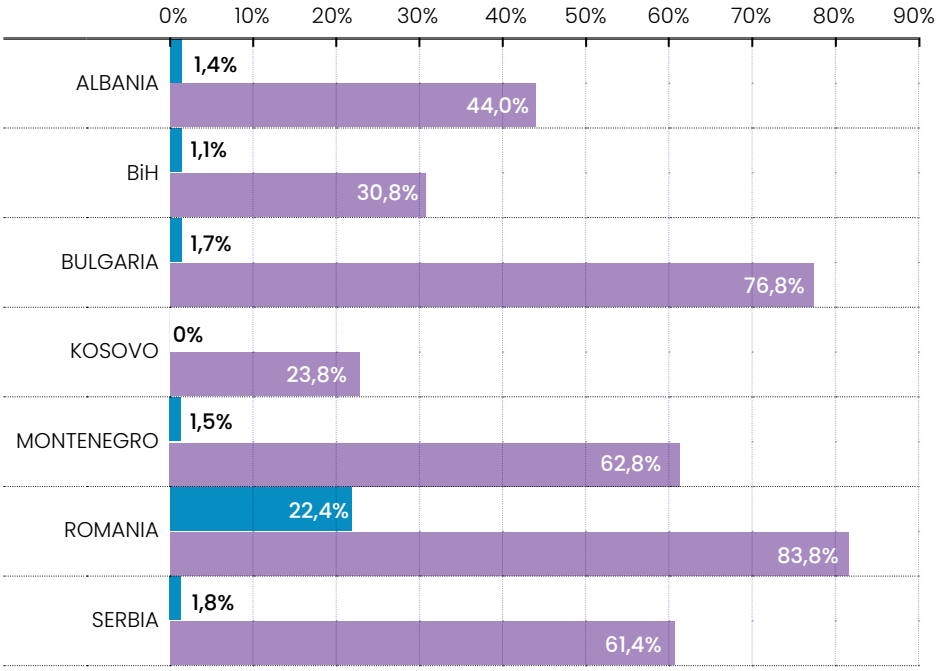


Figure 1
HIV and Hepatitis C prevalence among people who inject drugs[14]

of drug injecting, including New Psychoactive Substances, methadone and the resurgence of other injectable drugs, including cocaine.
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 Government's 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.

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[15]

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*. Common challenges facing the scale-up of harm reduction programmes in the region have been identified and include the following:

- The lack of connection between communicable disease programmes and drug control strategies and complicated governance structures (national, federal, local);
- 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;
- Very low coverage of harm reduction services and poor access to those services that do exist, plus the inability of Government-run services to reach people who inject drugs, including the inability to retain individuals in those services, at a time when injecting of new psychoactive substances (NPS) and cocaine appears to be increasing in many countries of the region[16];
- 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.

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 2012[17]. 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.

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:

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-term[18]. 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 €10[19]. 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 diseases[20]. **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 year[21]. Therefore, by decriminalising drug use and possession, the Government of Romania, for example, could save up to €11.4 million in total *every year*[22]. 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 alone[23].

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

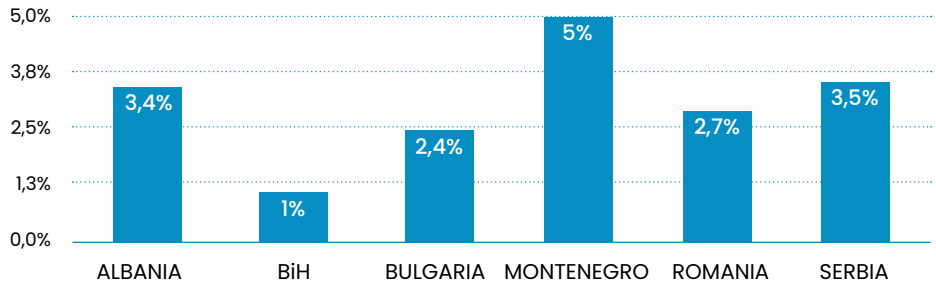


Figure 2 **Estimated net increase in GDP in 2021 by country[24]**
(projected real annual growth in GDP minus projected inflation) (no available data for Kosovo)

4 Work with CSO partners to identify new streams of government revenue, part of which can be earmarked for the 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 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 groups[25]; 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 the social contracting of 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 External 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.

THE STATUS OF HARM REDUCTION IN ALBANIA

BACKGROUND

The number of people who inject drugs in Albania was last estimated in 2014-2015 at 6,182 (range 3,626-8,737) and an estimated HIV prevalence of 1.4%[26, 27] in contrast to the national HIV prevalence among the adult population of 0.04% in 2019, with the prevalence of hepatitis C (HCV) among people who inject drugs estimated at 44%[28]. In June 2014, Albania gained candidate status for accession to the EU which, in the view of some, has served as a powerful incentive towards the implementation of reforms. However, an assessment conducted during the first half of 2016 found that Albania's readiness to sustain harm reduction interventions was only 19%[29]. As of 2018, funding of less than USD0.04 per day was provided for each person injecting drugs in Albania[30].

MAIN CHALLENGES

Albania has received support from the Global Fund since 2007 with periodic gaps in the delivery of harm reduction services owing to bureaucratic inertia. Currently, Albania is implementing a transition plan ending in December 2022, after which the Government is obligated to take over all funding of the HIV response using domestic resources. The transition grant provides 100% support from the Global Fund in Year 1 (2020), 70% in Year 2 (2021) and 50% in Year 3 (2022). Of note is that the Government pays all the costs for antiretroviral (ARV) drugs and there could be opportunities to reduce this cost, thereby allowing more domestic funds to be put into HIV prevention activities.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2007												
2007-2014	**All HIV components, Round 5: $5,443,976** (1 Apr 2007 - 31 Mar 2015)											
2015				**€34,000 for OST (not GF); Funding gap $1,241,866**								
2016	**OST medication for 100 clients (Govt.); Funding gap $1,298,042** (Jan-Dec)											
2017	**Funding gap $1,283,041** (Jan-Dec)									**NSP: $19,800; OST: $112,685; Other harm reduction costs: $86,591**		
2018	**NSP:$31,350; OST: $140,856; Other harm reduction costs: $115,478; Funding gap $1,268,293**											
2019	**NSP: $42,900; OST: $159,637; Other harm reduction costs: $147,068; Funding gap $1,458,981**											
2020	**$197,866**											
2021	**$216,938**			**Transition Grant: Comprehensive prevention programmes for people who inject drugs (PWID) and their partners** (1 Jan 2020 – 31 Dec 2022)								
2022	**$181,690**											

No government funding

Table 1 **Global Fund support to harm reduction services in Albania, 2007-202231**
(Funding gap based on National Strategic Plan for HIV/AIDS) ($ = USD)

CONSEQUENCES

Global Fund support covers the provision of methadone maintenance therapy (MMT) through the NGO, Aksion Plus, in 9 cities, including around 125 people in up to 10 prisons. However, coverage of MMT was estimated in 2019 to only be around 10% of what is required, and little has changed over the following two years[32]. Global Fund has also supported HIV and STI testing; condoms; and a needle/syringe programme (NSP) in 6 cities through the NGOs STOPAids and Aksion Plus but coverage is woefully inadequate to prevent a resurgence in HIV among people who inject drugs. Only 42 needles and syringes were distributed to each person who injects drugs per year in 2019, a level defined by WHO, UNODC and UNAIDS as 'low' and far below the 200 or more recommended to stop the increase in HIV transmission[33].

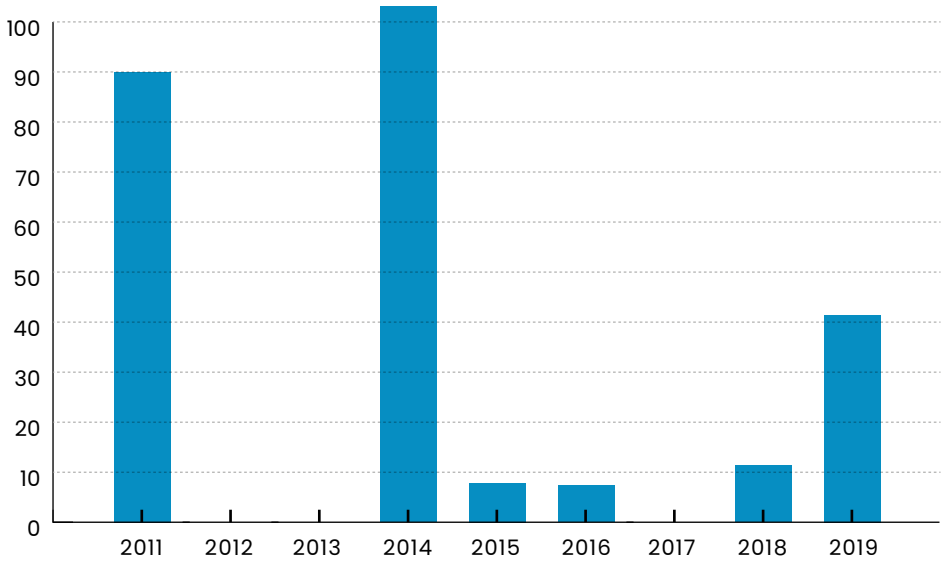


Figure 1 **Needles/syringes distributed per person, per year, 2011-2019**[34]

Furthermore, HIV testing of people who inject drugs was at around 50% in 2019, meaning that HIV prevalence may well be far greater than the official rate of 1.4%[35]. Since 2019, the available support from the Global Fund for MMT, NSP and HIV testing of people who inject drugs has reduced, meaning that the service coverage levels of 2019 have almost certainly reduced as well as the quality of those services.

By the end of Year 2 of the transition plan (2021), the Ministry of Health and Social Protection (MHSP) had still not provided any funding, relying instead on the provision of Government staff, such as doctors and psychologists, to the MMT programme. This may reflect the lack of a social contracting mechanism for the funding of NGOs which, in turn, may indicate that such services are not a priority for the Government and/or the lack of political will to abide by the commitments entered into with the Global Fund. Of concern is that there have been no discussions to-date on post-Global Fund support to the harm reduction sector, even as the final year of transition funding is imminent. This also reflects the inactivity of the Country Coordinating Mechanism (CCM) in Albania.

CONCLUSIONS

Albania's projected real annual growth in Gross Domestic Product (GDP) in 2021 is 5.3%, higher than the Eastern European average of 4.9%; the annual change in the rate of inflation is 1.9% which is significantly below the 5.2% average across Eastern Europe[36]. As of 2018, health expenditure as a proportion of GDP was 5.26%[37]. This indicates that the Government of Albania has the economic potential to fulfil its commitments to transitioning from Global Fund support to domestic resources before the end of 2022 *if it has the political will to do so*.

NGOs in the country are aware of the catastrophic impact experienced in other countries of the region when a government has failed to abide by its funding commitments when the Global Fund is transitioning out. As a result, NGOs in Albania have already been active in developing standards for key population service delivery and in seeking alternative sources of funding, such as from the Municipality of Tirana, the Ministry of Interior and small grants from UNFPA. The Municipality of Tirana, for example, has promised to provide ongoing support in the future to the MMT facility in the capital. The Ministry of Interior periodically publishes tenders, but such calls are infrequent and fragmented. In complete contrast, the MHSP appears to have no strategy to deal with the practical reality of having no Global Fund support past the end of December 2022.

As noted in a 2019 EHRA study of harm reduction funding in Albania, '*the Global Fund, bilateral donors and private foundations need to establish a 'safety net' through which sustainable bridging funds can be made available that are able to address the challenges faced in those countries, such as Albania, which can no longer rely on Global Fund grants in the future*', without which it is almost certainly the case that Albania will become re-eligible for Global Fund support once again due to the re-emergence of HIV epidemics among key populations, including people who inject drugs, similar to the situation that has arisen in Montenegro, Serbia and other countries of South Eastern Europe[38].

THE STATUS OF HARM REDUCTION IN BOSNIA AND HERZEGOVINA

BACKGROUND

Bosnia and Herzegovina (abbreviated BiH) comprises the Federation of Bosnia and Herzegovina (FBiH) (which consists of 10 cantons, each with their own Government), the Republic of Srpska (RS) and Brčko District (BD) with each responsible for their own governance, including their own separate social and health policies; this arrangement means that there are, in practice, three health care systems[39]. Since 2003, the Ministry of Civil Affairs (MOCA) has been responsible for the overall coordination of the health sector in BiH as well as issues related to international obligations, European integration and international cooperation in the health field[40].

As of 2013, there were estimated to be 12,500 people who inject drugs (range: 9,500 to 15,500) in BiH[41] and in 2016 the HIV prevalence among this key population was estimated at 1.1%[42], with a low coverage of antiretroviral therapy (ART) at around 1.9%[43]. The low HIV prevalence is considered by CSOs who work with people who inject drugs to be questionable because of the relatively small number of people tested[44]. However, prevalence of hepatitis C (HCV) among people who inject drugs was estimated in 2015 at 30.8% (range: 25.6% to 36.0%), possibly also suggesting a low rate of HIV testing among drug injectors[45]. Coverage of opioid substitution therapy (OST) – through the use of methadone and the buprenorphine/naloxone combination (Suboxone) - was estimated at 11.3% in 2016 through 12 treatment programmes (8 in the FBiH and 4 in the RS), but no OST is available in Brčko District[46]. In 2016, when Global Fund support was still available, 142 sterile needles/syringes were distributed to each person who injects drugs, per year, a level that is much higher than in many other countries of the region[47].

Between 1 November 2006 and 30 September 2016, the Global Fund provided a total of USD40,860,882 in support to the HIV response in BiH[48]; savings made allowed services to continue to be supported until 2018. During this time, it is estimated that domestic funds were used to support around 60%-70% of the overall BiH response to HIV, with harm reduction, mobile HIV testing of key populations and related services supported solely by the Global Fund[49].

MAIN CHALLENGES

A transition plan was approved by the Global Fund on 9 July 2015 – prior to the approval of the Global Fund Sustainability, Transition and Co-financing Policy in April 2016[50] – and formed the basis for a 10-month no-cost extension of the Round 9 HIV grant[51]. However, since 2016, BiH has been ineligible for Global Fund HIV support. The BiH Government at various levels has continued to fund OST and ART services since the end of Global Fund support[52], with procurement, delivery of preventive and support services and data collection being the key challenges facing the HIV sector in BiH[53]. Through the Ministry of Civil Affairs, the national government has provided a HIV/AIDS grant for services of €25,000

per year in 2018, 2019 and 2020, but none of these funds are to support harm reduction interventions[54].

The lack of a unified health strategy means that BiH is ineligible for funding from the EU[55], although opportunities may exist for support through the EU's *Instrument for Pre-accession Assistance* (IPA), particularly the *Third Programme for the Union's action in the field of health*[56]. In its most recent update, the European Commission (EC) noted that, "drug abuse prevention and harm reduction, preventative measures are implemented through education and NGO activities, although these efforts are not systematic. Rehabilitation and social reintegration programmes have been introduced unequally in different parts of the country, a more systematic approach needs to be introduced"[57].

CONSEQUENCES

An in-country analysis conducted in 2014 found that for every 1 BAM (the currency of BiH) (approximately €0.51, USD0.58) invested in harm reduction services, the health system can save 10 BAM (around €5.10, USD5.80)[58]. A costing of operating a harm reduction drop-in centre and outreach, including a needle/syringe programme (NSP), was also undertaken in 2014, finding that the cost to provide such a service for 500 people who inject drugs in an urban area is estimated at BAM 144,435 (or €73,848) for the first year of start-up and then BAM 127,515 (or €69,157) per year thereafter[59]. During mid-2019, a further calculation of the unit costs of services for key population groups was undertaken by the *Association Partnerships in Health* with the technical assistance of the Alliance for Public Health, Ukraine, through the *#SoS_project support* multi-country grant from the Global Fund[60]. Such work provides the foundation for the Governments of BiH to allocate national resources to fund comprehensive harm reduction programmes.

However, since the end of Global Fund HIV support in 2016, NSPs have suffered particularly badly, a situation made even worse as a result of the Government's response to the COVID-19 pandemic, with only two drop-in centres remaining open in the Tuzla and Zenica regions which are accredited until 2023. As noted by the head of the NGO, Association Margina,

"*The main problem is the lack of funds to finance our services. We are still working but we are in big trouble. Six of us are active as well as about 40 volunteers from the population of users - we have all worked without any compensation since September 2019, and the pandemic itself has increased problems due to restrictions on movement, introduction of curfews, inconsistent crisis headquarters measures and large-scale fraud in public procurement of equipment and materials for the purpose of defence against the coronavirus*"[61].

What makes BiH somewhat different from some of the other countries of the region is the progress that has been made by civil society groups to work with Government agencies to find ways of reforming revenue collection by the authorities for use in health and social programmes. As mentioned earlier, sustainability bridge funding (SBF) from OSF for budget advocacy and monitoring, and a small grant from the national Government, resulted in the "identification of excise duty tax from tobacco, alcohol, coffee, carbonated juices, beer and wine as a new potential source of revenue for harm reduction funding. Only 0.5% - 1% of the annual funds collected from excise paid on these products (BAM 2.5-5 million - the amount that was provided by the Global Fund in the period when BiH was eligible) would be enough to cover all the required services", resulting in an amendment to the Law on Excise being submitted to the BiH Parliament[62]. Unfortunately, due

to political difficulties in the formation of a coalition Government comprising three national parties, Parliament is unable to sit and, consequently, the legislative amendment cannot yet be debated and passed[63]. One Article has also been proposed as an amendment to the Law on Health Insurance and Reinsurance to add accredited NGOs and a price list of services, but once again this is in limbo pending the formation of a new coalition Government and the sitting of Parliament[64].

CONCLUSIONS

There are clear benefits to be made through reducing costs to the health system by investing in harm reduction programmes and the unit and overall costs to do so have been calculated and documented. The International Monetary Fund has projected real GDP growth in BiH to be 2.8% in 2021, much lower than the 4.9% growth in Eastern Europe and 5.1% in Europe, the annual inflation rate is estimated to be 1.8%, far lower than the average of 5.2% in Eastern Europe and 3% in Europe as a whole[65]. In addition, as of 2019, BiH expenditure on health was 9% of GDP[66]. *This provides budgetary opportunities for the respective Governments of BiH to provide more support to the harm reduction sector if they have the political will to do so*. Importantly, there are constitutional and human rights conventions that bind the Governments of BiH to provide harm reduction services for people who use and inject drugs for which there could be legal recourse if such services are not provided through national funding.

THE STATUS OF HARM REDUCTION IN BULGARIA

BACKGROUND

Harm reduction as a public health objective is addressed in the *Narcotic Substances and Precursors Control Act*, and the terms and conditions for implementing harm reduction programmes are set out in a regulation issued by the Minister of Health in 2011. Due to the lack of surveillance data, of the estimated 10,000 people who inject drugs (as of 2014) no data is available as to how many of them know their HIV status, nor how many have accessed ART even though HIV prevalence was estimated at 1.7% among this key population in 2016[67]. The Global Fund was used by the Ministry of Health to fund most harm reduction services between 2003 and the end of 2016 as a component of its *National HIV/AIDS Control and Prevention Programme*, primarily through grants issued to six CSO programmes, whereas Government support was focused primarily on the provision of ART[68,69]. Total Global Fund support to Bulgaria's response to HIV over this period was just over USD50.3 million[70]. Having joined the EU in 2007, Bulgaria is one of the weakest economies in the block[71]. However, as of 2019, health expenditure as a proportion of GDP was 7.1%[72] with real GDP growth estimated at 4.5% in 2021, only slightly below the average of 4.9% in Eastern Europe, and an inflation rate of 2.1%, considerably lower than the regional average of 4.9%[73].

MAIN CHALLENGES

Due to Bulgaria's economic development in recent years, the country has become ineligible for Global Fund support since the end of 2017 other than under paragraph 11 of the Global Fund's Eligibility Policy in place at that time[74] and Global Fund projections to 2028 do ***not*** include Bulgaria as being eligible for funding[75]. Of particular concern is that Bulgaria never received transition funding to support the move towards sustainable domestic financing from the Government and that no reason has been forthcoming for this lack of support from the Global Fund, especially in view of the transition support provided to other countries of the region. The Government did commit itself to transitioning HIV funding to domestic sources following a no-cost extension to the HIV grant that ended in September 2017 and TB support that finished in 2019; however, this did not happen. Consequently, there was no government funding for CSO HIV prevention services for the months marked below in Table 2 in stripes[76].

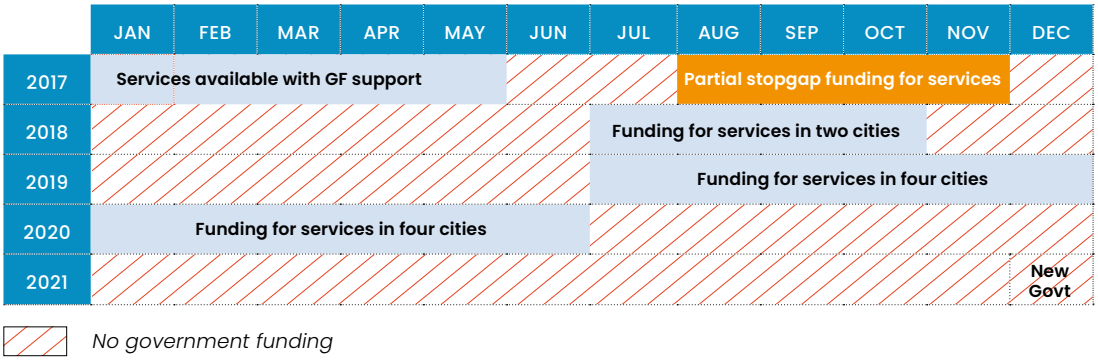


Table 2 **Global Fund (GF) and Government support to HIV prevention services for people who inject drugs in Bulgaria, 2017-2021**

Some small-scale funding is provided to some CSOs by the National Centre for Social Health and Analysis (NCPHA)[77], an agency of the Ministry of Health, through the framework of the National Drug Strategy; but no funding is available from local Government. NCPHA funding is limited to three months duration per year and, for many CSOs, it only accounts for about 5% of the support previously available each year from the Global Fund, meaning it is insufficient to provide core harm reduction services, especially NSP. Other efforts by the Government to support HIV prevention among people who use or inject drugs has been woefully inadequate.

A study by the Sofia-based Coalition comprising CheckPoint Sofia, Initiative for Health, and XY Foundation of PLHIV, together with a network of 24 other HIV and TB NGOs, identified numerous factors contributing to low and inconsistent funding of services by the Government, including the need for CSOs to already have sufficient funds for a bank guarantee of services and to cover the first four months of service delivery prior to receipt of Government funding; the 'lowest price' criterion was used, hindering consideration of quality services; and the considerable administrative and financial burden in making an application for such funds and fines for non-delivery of unrealistically high targets[78].

Global Fund HIV support ended with the assumption that a social contracting mechanism was in place for the Government to fund service delivery through CSOs. However, it soon became apparent that different procedures and mechanisms were requested by legal and procurement officials, while essential services quickly began to decline and disappear. The Sofia-based Coalition worked with key Government agencies between 2019 and early 2021 to support legislative changes that would allow for social contracting. However, the Public Procurement Agency in Bulgaria expressed a position against changing the law, stating that it contradicts the European Union's regulations (Directive 2014/24/EU of the European Parliament and the Council on public procurement). Based on this, the Ministry of Health has paused its efforts to amend law in order to further investigate the issue[79].

CONSEQUENCES

From distributing 215,000 needles and syringes by CSOs in Bulgaria in 2016, mainly through outreach in 23 locations in the country, this had fallen to around 53,000 in 2017 and, by the end of that year, the needle/syringe programme (NSP) ceased completely[80]. This remains the case to this day[81]. Furthermore, between 2018 and 2019, there was a

50% increase in new AIDS cases among men-who-have-sex-with-men (MSM), coinciding with the first two years in which CSOs lacked financial support for service delivery to key populations[82]. Although the Government does fund the provision of Opioid Substitution Therapy (OST), methadone is available to less than 1,000 clients, resulting in long waiting lists. Most clients on methadone are living with HIV or pregnant women or have been on methadone for many years. Buprenorphine can be legally used in Bulgaria but is prohibitively expensive and, consequently, is not available through the Government programme. The main source of OST in the country is through private providers costing in the region of €75 per person, per month and as high as €350 per month for VIP programmes. Methadone is available from a private supplier at one prison in the capital, Sofia, costing around €150 per person, per month.

Despite the lack of a formalised and legal basis for social contracting, the first public tender for harm reduction service delivery in late 2017 resulted in only 22% of the tender being utilised[83]. Later tenders improved but significant gaps in coverage of services remained. A public tender issued in January 2021 set very high coverage targets and insufficient funding and excluded support for people living with HIV and case management; as a result, the tending process was terminated by the Government in May 2021[84].

As a result of the lack of Government funding to the harm reduction sector, CSOs and the drug user community in Bulgaria have noted that the number of overdose cases has rapidly increased. Such organisations are also very concerned at the likely increase in HIV among key populations together with the late detection of HIV which has increased from 47.8% in 2017 (on par with the European average of 48.6%) to 62% by 2019[85]; late detection of HIV is linked to poorer treatment outcomes. Data from the laboratory at the State Psychiatric Hospital for Treatment of Drug Addiction and Alcoholism in Sofia shows that the positivity rate for HIV infection among PWID in the Bulgarian capital (n=254) was significantly higher in 2019-20 (12.8-14.5%) than in previous years when positivity rates were between 3-6%. A parallel increase in Hepatitis B (HBV) positivity (HBsAg) was also noted from 2019 (5.9%) to 2020 (7.6%)[86], while HCV antibody prevalence had already reached an estimated 76.8%[87, 88]. New HIV diagnoses attributable to injecting drug use reported to ECDC (a proxy for incidence) increased from 22 in 2016 to 37 in 2019, corresponding to 5.3 cases per million inhabitants, a level that is lower than a decade ago but higher than the EU average[89]. Based on the experience of other countries in the region and beyond, outbreaks of infectious diseases are far more likely to occur when there is low – or no – coverage of harm reduction services, as well as the loss in protection offered by these services in terms of preventing drug-related deaths[90].

CONCLUSIONS

According to the World Bank, a relatively high proportion of available HIV funding has been spent by the Government of Bulgaria on ART compared to other countries, with the amount paid for antiretroviral drugs being far higher than in other countries of the region that are not members of the EU. Furthermore, ART coverage in Bulgaria has remained low. The World Bank report recommended diverting funds away from HIV testing in the general population towards strong HIV preventive efforts among people who inject drugs – particularly NSP and OST - and MSM to reduce new HIV infections (estimated to increase by 19% between 2015 and 2030), complemented by comprehensive test-and-treat programmes to reduce deaths and future treatment costs, estimated at 1,150 new infec-

tions between 2015 and 2030 costing the Government approximately USD60 million[91]. Consequently, by optimising current funding towards prevention among key populations, long-term financial commitments to the HIV response will likely be reduced by containing HIV incidence and prevalence. As noted in the report's conclusions,

"*Reducing ART costs is critical for scaling up treatment and ensuring sustainability of the HIV response…Savings from reducing the cost of treatment could be directed to preventive activities among target populations. These activities would reduce future costs for ART by reducing the rate of HIV transmission and decreasing the spread of the infection to the general population*."[92]

With the recent election of new Parliamentarians, CSOs are hopeful that more attention will be paid to effective responses to HIV in the country, especially as many of the new members of parliament are young and may be interested in addressing the plight of key populations through evidence-based and cost-effective harm reduction services.

THE STATUS OF HARM REDUCTION IN KOSOVO

BACKGROUND

Based on programmatic mapping in 2016, nearly half of the 5,819 (range: 4,777 to 6,860) people who inject drugs in Kosovo are concentrated in the three municipalities of Prishtinë, Ferizaj, and Prizren, accounting for 24.5%, 15.2%, and 9.6%, respectively, with most injecting taking place at homes; of these, about 5% are female[93]. The most recent Integrated Biological and Behavioural Surveillance (IBBS) in 2017-2018 found no HIV among the 458 people who inject drugs who participated but overall hepatitis C (HCV) prevalence was 23.8%, ranging from 50% in Mitrovice and 17.3% in Ferizaj[94]. This might be due to drug injecting being undertaken by men-who-have-sex-with-men (MSM), including Chemsex.

The Global Fund has been providing support to Kosovo since 2002. In 2010, the Global Fund began support to a pilot methadone maintenance therapy (MMT) programme in five centres and by 2016 this support was available in 9 settings across the country, including in prisons. Global Fund support over recent years to '*comprehensive prevention programmes for people who inject drugs (PWID) and their partners*' is shown in Figure 2.

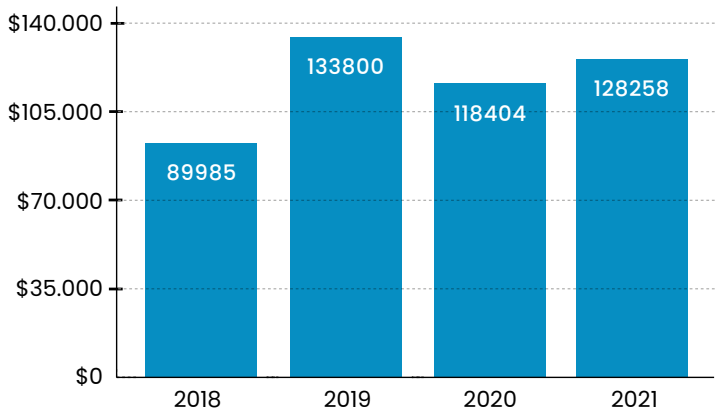


Figure 2.
Global Fund support for PWID services 2018-2021[95]
($=USD)

MAIN CHALLENGES

A transition preparedness assessment was conducted in 2017 that showed the country was not yet ready to take over domestic funding and implementation of its HIV programme. Consequently, the Global Fund is providing a TB/HIV transition grant for 2022 to 2024 entitled, '*Scaling up HIV prevention, care and treatment services for Key Populations and People living with HIV in Kosovo and Strengthening Tuberculosis ("TB") control in Kosovo*'. In addition, a further 6-month buffer has been agreed for 2025 for health products and commodities and, if savings allow, this could be extended to the end of 2025. However, this is the final tranche of financial support from the Global Fund to Kosovo as the territory will become ineligible for any further investments of this nature.

For the transition grant, funding budgeted for the '*prevention of TB/HIV*' is USD374,272 in 2022; USD271,072 in 2023; and USD259,920 in 2024[96]. The transition grant focuses on the prevention of HIV among MSM as this is where the highest HIV prevalence exists among all key populations. Year 1 (2022) provides 100% funding from the Global Fund, falling to 75% in 2023, with the Government having committed itself to funding 25% of the budget for TB/HIV services for people who inject drugs, sex workers and care and support for people living with HIV (PLHIV), with operational costs being reduced during the year for MSM interventions in particular. In the final year of the transition grant (2024), the Global Fund will provide 50% of the TB/HIV budget and the remaining 50% will be provided by the Government, again for PWID and sex worker prevention services.

CONSEQUENCES

Whilst the Ministry of Health have said the right things in terms of increasing their domestic investment in harm reduction programming, this has yet to result in funding to civil society service providers. As is the case in other countries of the region, Kosovo has experienced political turmoil, with relatively frequent changes of key officials. This has impacted on the speed with which true transition to domestic funding can be made a reality and implemented. Efforts are underway to establish social contracting as the mechanism by which the Ministry of Health can fund CSOs rather than through subsidies for which there is an annual cap of €30,000, insufficient for the delivery of harm reduction services on a multi-year basis.

Importantly, CSOs in Kosovo, such as Labyrinth and the Community Development Fund, have already begun to adopt approaches in keeping with the transitioning out of the Global Fund. For example, small-scale funds are provided by local Government to CSOs to deliver specific local services, such as needle/syringe clean-up from the streets. The Ministry of Internal Affairs included funding to CSOs for harm reduction work in their current strategy and action plan for 2018-2022[97], although such funding and activities have not been realised to-date. It is hoped from such small-scale projects that cooperation and trust can be built with local Government entities throughout Kosovo that will allow greater access by NGOs to funding. Diversifying its funding base has led the CSO Labyrinth to access EU funding to implement the *Response to social protection challenges of the marginalized communities led by Innovation, Education and Functionality* between January 2021 and June 2024[98].

CONCLUSIONS

Overall, whilst CSOs are recognised by the Government as a stakeholder in the response to HIV, political will and commitment will be required to ensure that the transition-out of the Global Fund in the coming 3 years takes place at the same time as Government funding is scaled-up to avoid the catastrophic end to HIV prevention services for key populations as has been the experience in many countries of the region.

THE STATUS OF HARM REDUCTION IN MONTENEGRO

BACKGROUND

Estimates vary as to the number of people who inject drugs in Montenegro, from 660 (range: 520 - 909)[99] to 1,283 in 2011[100]. HIV prevalence among people who inject drugs was last estimated at 0.5% in 2020, a decrease from 1.1% in 2013[101] but higher than the 0.3% in 2011[102]. This contrasts sharply with the estimated 62.8% prevalence of hepatitis C (HCV) among people who inject drugs in 2020[103], up from 53% in 2013[104].

The first opioid substitution therapy (OST) programme, using methadone, opened in Podgorica in 2005, initially supported by the Ministry of Health and then by the Global Fund and, since April 2013, methadone has been provided by the National Health Insurance Fund when delivered through public health institutions and is also available at one prison if the individual was already enrolled onto methadone prior to incarceration[105]. However, buprenorphine remains unavailable.

The Global Fund has provided HIV grants to Montenegro between 1 August 2006 and 30 June 2015, initially to support the implementation of the national HIV/AIDS strategy from 2006 to 2010 and then to scale-up the national response to HIV/AIDS among most-at-risk populations to 2015. A survey in 2014 found HIV prevalence among men-who-have-sex-with-men (MSM) to be 12.5% and this provided the evidence for the change in eligibility status of Montenegro with the Global Fund[106].

There are several prominent CSO HIV service providers for key populations in Montenegro, recognised and well networked regionally and Europe-wide, including Juventas that works with MSM, sex workers, PWID, prisoners and youth; CAZAS working with PWID, youth, Roma and PLHIV; the Montenegrin HIV and Viral Hepatitis Foundation that works in support of PLHIV and members of their families and partners, as well as MSM; and Queer Montenegro working to assist the LGBTIQ community[107].

MAIN CHALLENGES

As of 2020, a reported 24.1% of people who inject drugs in Podgorica, the capital of Montenegro, had undertaken a HIV test and knew the result. Data from 2017 noted that HIV prevention programmes had only reached 1.4% of people who inject drugs and that reports from 2020 show that the number of sterile needles/syringes distributed was 74 per drug injector, per year, a sharp decline from 144 per year in 2017 but higher than 59 per year reported in 2014[108]. Such NSP coverage - started in 2004 through Government funding in Podgorica and then solely with Global Fund support[109] - falls far short of the level recommended by WHO, UNODC and UNAIDS[110] to prevent the transmission of HIV among people who inject drugs and is a particular concern in light of recent reports of increased injecting of cocaine, or of cocaine in combination with heroin, in Montenegro[111].

Crucially, although the national strategy for drugs recognises the role of NGOs in the provision of harm reduction services, there is no legal basis in Montenegro for such

NGOs, with services that they deliver requiring a special permit from the police and the state prosecutor[112].

During the gap in Global Fund support, strategic advocacy by CSOs, as well as the Country Coordinating Mechanism (CCM), 'led the Parliament to allocate a specific budget line in the State Budget Law for HIV prevention amounting to €100,000', although this only about one-third of the funding required[113].

In addition, civil society actors in Montenegro have made use of *Sustainability Bridge Funding* from the Open Society Foundations (OSF) to undertake budget advocacy and monitoring that included an analysis of the Government budget. As a result, the Ministry of Justice was identified as a potential source of funding and for which budget advocacy efforts should be directed. Furthermore, harm reduction organisations participated in the development of sectoral analyses for the Ministry of Health which forms the basis for the allocation of public funds to NGOs and is a key step for budget advocacy. Consequently, a new action plan for HIV/AIDS for 2019-2020 arose that included harm reduction activities to be funded from the state budget[114].

CONSEQUENCES

During the period when there was no Global Fund HIV support available to the country, the Government did provide some finance to CSO-led HIV prevention and support programmes, amounting to €208,000 in 2018 and €170,000 in 2019[115]. However, the estimated investment required in such services – developed by UNDP in 2015 - is €300,000 annually[116]. Consequently, Government funding resulted in a reduction in coverage of harm reduction services in the country, estimated at 46% in 2019. With the new Global Fund HIV grant commencing on 1 January 2019[117], harm reduction service coverage rose to 51% in 2020 and 62% in 2021[118]; however, this Global Fund support is due to end on 31 December 2021.

Whilst this latest HIV grant requires the Ministry of Health to provide funding, the mechanism by which CSOs can receive such support remains unresolved. The Ministry of Health has utilised the administrative regulations under the 2018 Law on NGOs - which foresees up to 0.6% of the state budget being channelled to NGOs - but one NGO cannot receive more than 20% of the allocated budget; as there are so few NGOs working in the HIV sector in such a relatively small country, there are few service providers that reach MSM, people who use drugs, transgender people and sex workers. Therefore, the search for an alternative model to ensure a legal basis for the allocation of funding to, and the contracting of, CSOs is a strategic priority[119]. As of March 2021, Montenegro remains eligible for Global Fund HIV support[120].

A change in the governing political party occurred in 2020 through parliamentary elections, resulting in intense scrutiny of the HIV prevention budget and the mechanisms for the distribution of funds to CSOs by newly appointed decision-makers in the Ministry of Health. In collaboration with the Global Fund, the CCM and civil society groups have used the existing Global Fund grant preconditions and contractual arrangements to make progress in discussions with the Government[121].

An assessment conducted by in-country experts in late 2021 of the HIV response among key populations in the context of transition from Global Fund support to domestic funding found that only average progress had been made in the provision of sustainable, national financing which, in turn, has resulted in only average progress being made in the

provision of HIV services to key populations, including people who inject drugs, as shown in Table 3.

HEALTH SYSTEM DOMAIN	AVERAGE PERFORMANCE BY DOMAIN (%)
FINANCING	51%
DRUGS, SUPPLIES AND EQUIPMENT	100%
SERVICE PROVISION	59%
GOVERNANCE	38%
DATA AND INFORMATION	81%
HUMAN RESOURCES	70%

Table 3

Overall evaluation of the HIV commitments by health system domain in Montenegro[122]

As noted by 2021 assessment,

'Montenegro's experience shows that the sustainability related policy commitments set by the government in the context of donor transition are insufficient if there is no financial support behind them. If the Government does not prioritise HIV and AIDS programming, the work and success of the national HIV response gained so far with the support of the Global Fund will not be maintained.' [123]

Therefore, further efforts are required in the coming years by the Government to substantially fulfil prioritised commitments in finance, service provision and governance in particular, without which sustainability of harm reduction services will not be achieved.

Furthermore, responses to the COVID-19 pandemic have affected people who use drugs particularly badly, with marginalised drug users and low-income individuals appearing to be affected the most by lockdowns, with some falling into poverty due to the closure of seasonal and food industry work which often takes place in the 'grey economy'. Mental health issues have also been reported by NSP service providers, with clients seeking support for loneliness, anxiety and depression, with stigma reportedly complicating access for such people to general healthcare[124].

CONCLUSIONS

The need for increased funding to HIV prevention by the Government of Montenegro through CSOs needs to be put into the broader context of the Government's ability to afford such action. The International Monetary Fund (IMF) has projected real growth in the gross domestic product (GDP) of Montenegro to be 7% in 2021, far higher than the European average of 5.1% and the Eastern European average of 4.9%. In addition, the IMF's projected consumer price increase, or inflation, for Montenegro in 2021 is 2%, much lower than the European average of 3% and Eastern European average of 5.2%[125]. This bodes well for increasing the fiscal space available to the Government to invest in health, which was 8.3% of GDP in 2019[126]. Therefore, ***there is no economic reason why the Government cannot make more funding available to HIV prevention, including harm reduction services, if it has the political will to do so***; in so doing, the Government will be reducing the longer-term costs that they will incur through the provision of antiretroviral therapy (ART) to those who become infected with HIV.

In addition, every Government has the legal responsibility to provide the highest possible standard of health to every person in the country through provisions in the Constitution, as well as being a party to European and International human rights and related conventions; failure to adhere to such requirements could result in legal action by people in Montenegro who are being denied the right to access and fully utilise health and related services on an equal basis.

THE STATUS OF HARM REDUCTION IN ROMANIA

BACKGROUND

There is no dedicated HIV and AIDS strategy in Romania[127]. Harm reduction falls under the responsibility of the National Anti-Drug Strategy for 2013-2020, the implementation of which is coordinated and monitored by the National Anti-Drug Agency (NAA). There is no reliable HIV monitoring system in place, neither for the general population nor for key populations, making the estimation of HIV prevalence problematic. The number of people who inject drugs in the capital, Bucharest, was estimated at 10,680 in 2019[128].

MAIN CHALLENGES

As summarised in Table 4, Global Fund support to the HIV response in Romania began in 2003 and has suffered periodic gaps in funding to the present day. However, it was not until 2007 that funding was targeted at the HIV response for key populations. Yet this crucial funding – especially the scaling-up of the needle/syringe programme (NSP) - ended in June 2010. Between July 2010 and October 2012, funding to the harm reduction sector in Romania was very scarce; as a result, most NSP services collapsed.

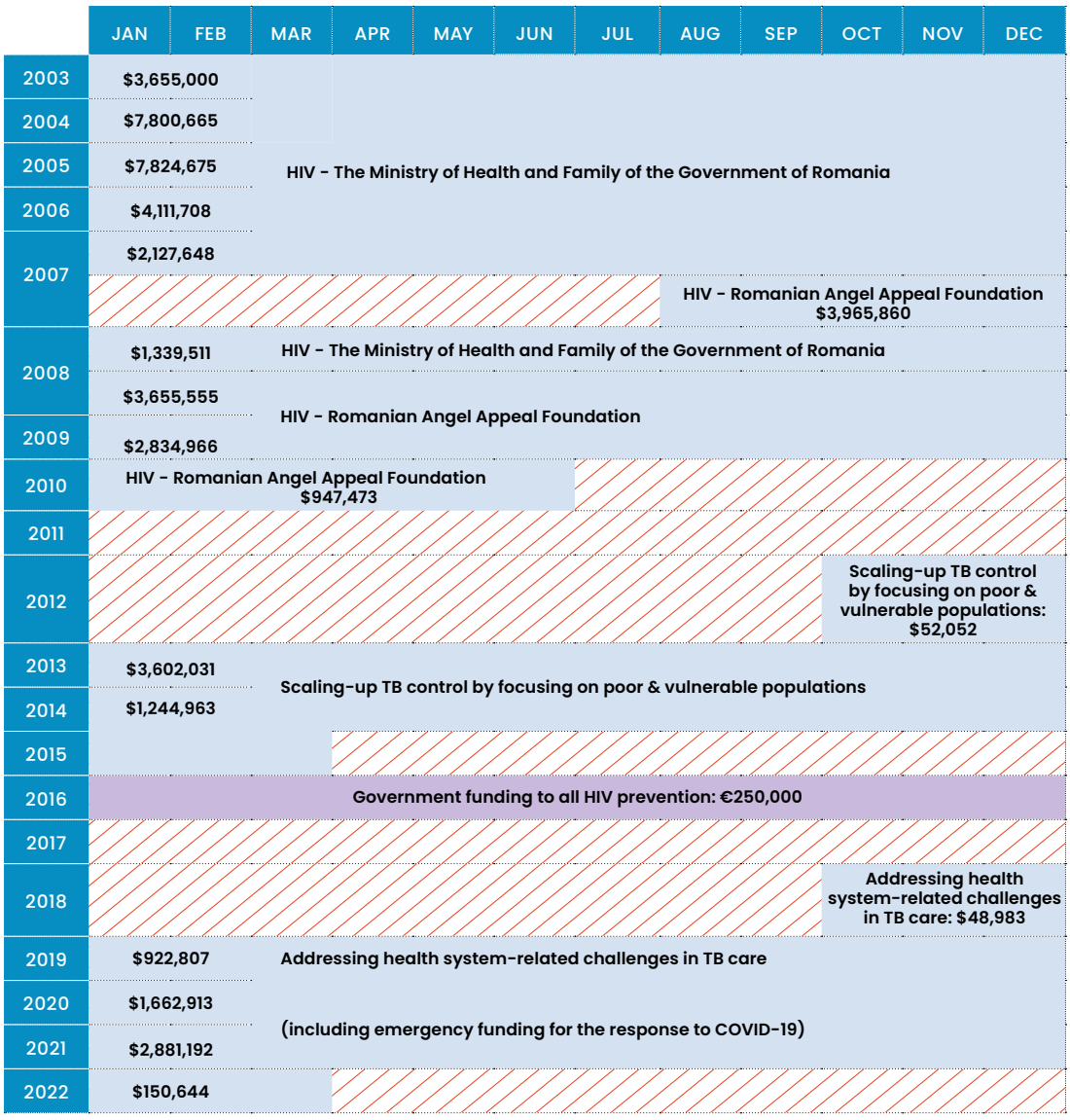


Table 4 **Global Fund annual grant disbursements to Romania, 2003-2022**[129] ($ = USD)

Except for a funding gap between April 2015 and October 2018, there have been Global Fund Tuberculosis (TB) grants from late 2012 to the present day, with a small, but insufficient, component for the financing of harm reduction services until mid-November 2021. In 2016, the Government reports that it provided €250,000 to cover all HIV prevention interventions in the country, although CSOs do not appear to have received any of this support for harm reduction service delivery[130]. Between 2013 and 2019, local Government - in the form of the General Department for Social Assistance of Bucharest Municipality (DGASMB) – provided partial funding on an annual basis, mainly for harm reduction commodities and a small amount to cover human resource costs of local NGOs; such funding was insufficient to run the NSP in Bucharest at the level required to stop a further increase in HIV transmission. As of 2018, funding of less than USD0.04 per day was provided for each person injecting drugs in Romania[131].

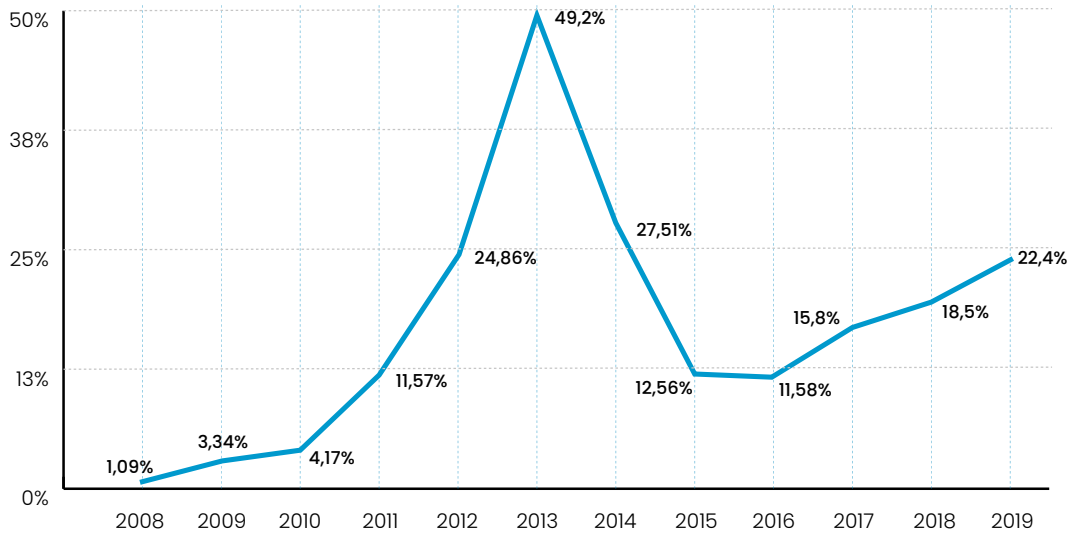
In the Global Fund Eligibility List 2021, Romania is deemed ineligible for an HIV grant. Under Paragraph 9b of the Global Fund's Eligibility Policy, Romania may be eligible for an allocation for HIV for non-governmental or civil society organisations if they have demonstrated barriers to providing funding for interventions for key populations, as sup-

ported by the country's epidemiology. In 2020, the Secretariat conducted an assessment and determined that Romania does not meet the requirements under Paragraph 9b of the Eligibility Policy and is therefore not eligible for an HIV allocation for the 2020-2022 period[132]. This is primarily because Romania is an upper middle-income country as per World Bank classification. However, being part of the EU only affects HIV grants and not TB grants from the Global Fund. Some reviews of the Global Fund position towards Romania have noted the lack of fairness in the Global Fund decision related to HIV grants which is contrary to the position taken towards TB grants, particularly due to the high HIV prevalence among people who inject drugs as well as MSM. Concerns have also been expressed by some as to the legal basis of the terminology under Paragraph 9b of the Global Fund's Eligibility Policy (formally known as the 'NGO rule') as there is no clear definition and it is inconsistent with international law and could be interpreted as being against the interests of key affected populations[133]. However, the fundamental problem lies with the Government, and the Ministry of Health in particular, for making commitments to provide domestic funding in agreements signed with the Global Fund but which have failed to materialise. The failure to abide by signed agreements should be of concern to international financial institutions, and others, when negotiating future agreements with the Government.

CONSEQUENCES

HIV prevalence among people who inject drugs, as shown in Figure 3, below, was estimated at 4.2% in 2010, the year that Global Fund support ceased in Romania; HIV prevalence then dramatically rose to 11.6% in 2011, 24.9% in 2012 and reached a peak of 49.2% in 2013 with the situation being even worse in Bucharest (see the inset to Figure 3), with HIV prevalence among people who inject drugs reaching 53.3% in 2012. This catastrophic public health emergency can clearly be seen as the product of not investing in comprehensive HIV prevention services for people who inject drugs and their partners by the Government as well as the increase in injectable new psychoactive substances (NPS).

Of particular concern is the prevalence of HIV among people who inject drugs in Bucharest, with a significant spike in prevalence of 53.3% recorded in 2012 (as shown in the inset to Figure 3) following the end of Global Fund support to the needle/syringe programme in 2010[134]. According to annual reports made by the NAA to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), HIV prevalence among females who inject drugs tends to be higher than that of their male counterparts. In 2021, the national adult HIV prevalence in Romania was estimated at 0.1% (range <0.1% to 0.2%) compared to 22.4% in 2019 among people who inject drugs[135], [136]. Also, self-reported HIV status among people who inject drugs admitted to drug treatment services has shown a significant increase from 11.6% in 2016 to 20.3% in 2020, with particularly worrying self-reported rates among women[137]. Furthermore, prevalence of the hepatitis C virus among people who inject drugs in Romania is estimated at 83.8%, the highes in the region[138].



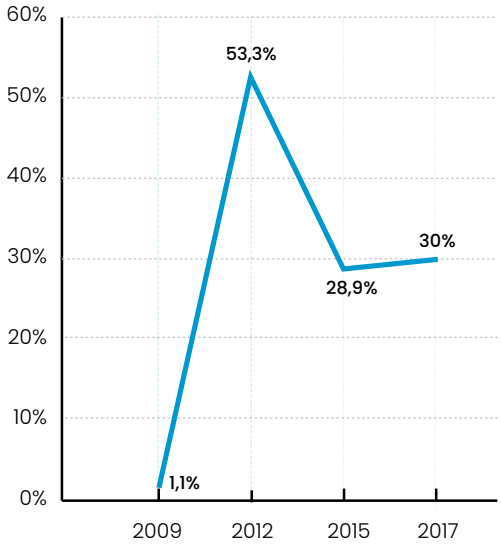


Figure 3
HIV prevalence among people who inject drugs in Romania, 2008-2019[139]
HIV prevalence among people who inject drugs in Bucharest, 2009-2017[140]

NSP is a cost-efficient intervention, but it requires a sufficient and continuous allocation of resources to have the necessary impact in preventing HIV transmission. The Romanian Government has repeatedly refused to support adequate levels of NSP since 2010. By preventing transmission, the Government's health budget can save a considerable amount of money every year through HIV infections averted, thereby reducing health expenditures for the purchase of antiretroviral (ARV) drugs and provision of associated care services. WHO, UNODC and UNAIDS suggest at least 200 sterile needles/syringes be distributed to each person who injects drugs per year[141]. In 2016, a mere 75 sterile needles/syringes were provided to each drug injector142. The emergence of new psychoactive substances (NPS) in recent years has also seen an increase in the number of injections to as high as 10 per day, per person[143].

In-kind, sporadic and ad-hoc support, including syringes, HIV tests and other harm reduction supplies, was also periodically provided to NGOs by the NAA during the period 2017-2019. During 2019, the Department of Social Assistance and Child Protection of District 1 (DGASPC S1) also provided funding, but it only covered harm reduction commodities and HIV tests for 500 people who inject drugs from District 1 of Bucharest; no human resource costs were covered.

Currently, the NGO ARAS has emergency funding from Gilead Science Ltd. to run the

NSP for a one-year period from May 2021 to April 2022 for 500 people who inject drugs. Even through various income generation activities, ARAS has only been able to achieve NSP coverage of between 15%-30% per year and have been unable to cover all of the health and social needs of people who inject drugs. As a consequence of the lack of sufficient and ongoing NSP funding, there has been a dramatic four-fold decrease in the coverage of services from around 6,000 people who inject drugs in 2010 to approximately 1,500 at the end of 2021[144]. Furthermore, as of 2019, only 54% of people who inject drugs knew their HIV status and only 32% of people who inject drugs living with HIV were able to access antiretroviral therapy (ART) in 2018[145].

There is also very limited access to opioid substitution therapy (OST) in Romania, with service coverage in 2016 of around 15%[146]. Drug detoxification, psycho-social and mental health services are also lacking throughout the country. The capacity of public OST services has remained unchanged since 2010 with an estimated 20,288 problematic opioid users (range 10,084-36,907) in 2020 but only 1,650 OST places available in 2021, of which most are funded through the mental health programme of the Ministry of Health[147].

CONCLUSIONS

The consequences of the lack of Government and Global Fund support of comprehensive harm reduction services in Romania are dire for people who inject drugs. The EMCDDA has noted that the latest results of routine diagnostic tests undertaken in drug services in Romania suggests a high risk and burden of HIV and viral hepatitis among people who inject drugs due to inadequate coverage of NSP and OST in particular[148]. CSOs are unable to provide outreach to such people in their communities due to the lack of funding. Owing to the acute need of people who use drugs to acquire money through which they can purchase drugs to feed their dependence, crime rates tend to increase when harm reduction services are not available and access to OST is extremely limited. In addition, with the continuation of COVID-19, public health authorities are focusing on responses to the pandemic among the general public rather than on the needs of vulnerable and marginalised people. Based on prior experience in Romania, as well as in other countries, low harm reduction coverage often results in outbreaks of infectious diseases as well as the potential increase in drug-related deaths.

However, real growth in Romania's gross domestic product (GDP) is estimated to be 7% in 2021, far exceeding the average rate of 4.3% in Eastern Europe. In addition, Romania's annual inflation rate is estimated at 4.3%, lower than the Eastern European average of 5.2%[149]. Furthermore, health expenditure was 5.7% of GDP in 2019[150]. As noted by the International Monetary Fund (IMF) in August 2021,

"*The Romanian economy fared relatively well during the COVID-19 crisis, as the GDP contraction in 2020 (-3.9 percent) was significantly milder than the EU average (-6.2 percent)…* ***Accordingly, the pandemic support measures should be shifted towards the most affected sectors and disadvantaged groups***."[151] (author's emphasis)

Therefore, there are no economic excuses – particularly those related to the impact of COVID-19 on national finances – for the Government to avoid investing immediately in HIV prevention among key populations as a strategy to reduce the medium-to-longer term costs of HIV treatment and care that will result if prevention efforts are not implemented comprehensively and immediately, including needle/syringe programmes and OST at coverage levels suggested by WHO, UNODC and UNAIDS[152].

THE STATUS OF HARM REDUCTION IN SERBIA

BACKGROUND

Harm reduction service delivery in Serbia is based on the National Strategy for HIV Prevention and Control, 2018-2025, which is completely separate from, but overlaps with, the National Drug Strategy, 2014 – 2021, with the former stating clearly that the 'Budget of the Republic' will be used to fund harm reduction activities including 'methadone therapy, exchange of needles and syringes, and other methods'[153]. The number of people who use drugs in Serbia is unclear, although there appears to be a consensus of about 20,000 problematic opiate users (range: 16,000 to 28,000) in 2013, of which an estimated 9,000 to 13,000 inject opiates[154]. There appears to be no data on the number of users of other drugs, such as new psychoactive substances. HIV prevalence among people who inject drugs was estimated at 1.8% in 2013[155] compared to a national prevalence of <0.1% among adults aged 15 to 49 years[156], although late diagnosis of HIV appears to be an issue[157]. Prevalence of hepatitis C (HCV) among people who inject drugs was estimated in 2013 at 61.4%, down from 74.8% in 2008 but is consistently higher among women[158].

MAIN CHALLENGES

The Global Fund has been present in Serbia since late 2003 with grants provided until 2014 when Serbia became an upper middle-income country with low HIV disease burden and thereby making it ineligible for further support. As a result, it is estimated that there was a ten-fold reduction in HIV prevention and support activities for people living with HIV (PLHIV) as the Government failed to provide funds for activities implemented by CSOs outside of the health system[159].

PERIOD	AMOUNT IN $	PRINCIPAL RECIPIENT
01 NOV 2003 - 31 JAN 2007	3,575,210	ECONOMIC INSTITUTE, BELGRADE
01 JUN 2007 - 31 MAY 2012	12,460,312	MINISTRY OF HEALTH
01 JUL 2009 - 30 JUN 2014	3,451,968	YOUTH OF JAZAS
01 JUL 2009 - 30 SEP 2014	6,183,547	MINISTRY OF HEALTH
01 JUL 2019 - 30 JUN 2022	1,474,640	MINISTRY OF HEALTH

Table 5 **Global Fund HIV allocations to Serbia, 2003-2022**[160] ($=USD)

However, in 2015, the country's HIV burden classification went back up to high. The Global Fund made it explicitly clear to the Government of Serbia that the allocation of funds for 2017-2019 "*are dependent on the functionality, in form and substance acceptable to the Global Fund, of a social contracting mechanism for engagement of non-governmental organizations through which the… governmental institution(s) and the Global Fund will finance HIV prevention, care and support activities*"[161]. From this came the Global Fund grant from mid-2019 to mid-2022 focused on HIV prevention among key populations that is conditional on increasing Government financing of such interventions during the three-year period; this has resulted in a specific Government budget line to allocate funds to CSOs to implement HIV services[162]. Furthermore, according to the March 2021 Global Find eligibility list, Serbia remains eligible for Global Fund support[163].

CONSEQUENCES

As the Government failed to provide the necessary support, the end of Global Fund assistance in 2015 resulted in the closure of all NGO-run harm reduction services with the exception of '*Prevent*', resulting in the coverage of both NSP and OST being far below the levels suggested by WHO, UNODC and UNAIDS as being able to prevent the further transmission of HIV among people who inject drugs[164]. In 2015, one NGO, *Prevent*, in the city of Novi Sad, reportedly distributed 28 sterile needles/syringes per person over the course of that year[165]. UNAIDS reported that just 2 sterile needles/syringes were distributed nationally per drug injector in 2018[166]. UNAIDS also reports OST coverage of 28.3% in 2018 based on national health insurance data[167].

Other efforts have taken place to mitigate the negative effects of transition and the withdrawal of donor funding so that support for essential services for communities and key populations can continue. One such approach has been the use of *Sustainability Bridge Funding* (SBF) from the Open Society Foundations (OSF) to support budget advocacy and monitoring that has been utilised by a coalition of CSOs and external technical experts to analyse the revenues and expenditures of excise duty tax from tobacco, alcohol and other sources for the period 2015-2018. Funds collected from fines paid as an alternative to criminal prosecution in certain cases is one approach to the funding of harm reduction services. As a result, a political declaration in support of harm reduction was signed by nine political parties, with budget advocacy to introduce a dedicated budget line for harm reduction in the Ministry Health budget having made progress as part of negotiations between the Government and the Global Fund for the 2019-2022 HIV grant[168].

However, unlike some countries of the region, the Government of Serbia has been providing some domestic funding to the HIV/AIDS programme already. The budget of the Ministry of Health and the Republic Health Insurance Fund (RHIF) in 2019 for HIV and AIDS was 1,668,428,408 Dinars (about €14.2 million, USD16 million), of which 250,226,408 Dinars (around €2.1 million, USD2.4 million) – about 15% - was for HIV prevention; the largest proportion of the HIV prevention budget for 2019 was for OST at approximately 13.4%[169]. Further efforts are required to link proceeds from a certain percentage of the annual excise duty tax to the funding of harm reduction and other key interventions.

To guide the Government in the transition to domestic funding of the HIV prevention programme, including harm reduction services, a *National Transition Plan* was developed in 2020, funded by a regional Global Fund project, covering the period from 2020 to 2022.

The *National Transition Plan* consists of a set of sustainable activities defined under five areas: governance and coordination; optimisation of antiretroviral drug prices; the regulatory environment supporting CSO financing; enrolment of local governments in HIV prevention; strategic information and programmatic data management. However, as the Secretariat of the *Country Coordinating Mechanism* (CCM) has not been established, the *Transition Plan* was not presented for consideration by the CCM, meaning the Plan has not been adopted.

An assessment in late-2021 benchmarked the sustainability of the HIV response among key populations and found that the Government had made '*moderate progress in fulfilling its transition and sustainability-related commitments*', as outlined in Table 6.

HEALTH SYSTEM DOMAIN	AVERAGE PERFORMANCE BY DOMAIN (%)
FINANCING	87%
DRUGS, SUPPLIES AND EQUIPMENT	68%
SERVICE PROVISION	127%
GOVERNANCE	61%
DATA AND INFORMATION	58%
HUMAN RESOURCES	100%

Table 6
Overall evaluation of Government HIV commitments by health system domains in Serbia[170]

As Serbia is a partner country to the new Global Fund HIV regional grant, '*Sustainability of Services for Key Populations in Eastern Europe and Central Asia*', implemented by the Alliance for Public Health (APH) in a consortium with 100% Life (All-Ukrainian Network of PLWH), the Central Asian HIV Association and the Eurasian Key Populations Health Network, starting in January 2022, opportunities exist to continue to push forward with budget advocacy to achieve sustainable funding to address the needs of all key populations in Serbia and elsewhere in the region[171].

CONCLUSIONS

Even taking the impact of the COVID-19 pandemic into account, the International Monetary Fund (IMF) has projected Serbia's real growth in its Gross Domestic Product (GDP) to increase by 6.5% in 2021, much higher than the average 5.1% growth for Europe and 4.9% in Eastern Europe and an inflation rate estimated at 3% which is the same as the average for Europe and much lower than the 5.2% average in Eastern Europe[172]. Consequently, the Government of Serbia has the fiscal space to invest in HIV prevention, including harm reduction services, as part of, or in addition to, the 8.7% of GDP spent on the health sector in 2019[173]. If investment is made into proven cost-effective HIV prevention services beyond the funding provided in 2019, this could address some of the inequalities in the utilisation of health services, particularly by vulnerable groups, which is inhibiting the Government from achieving universal health coverage (UHC)[174].

RECOMMENDATIONS GENERAL

1 Prevention of hiv and hepatitis c is significantly cheaper than treatment

➔ For Government's, the Global Fund and other multilateral and bilateral donors and private foundations to establish an '***emergency fund***' through which sustainable bridging funds can be made available to CSOs and key population groups and networks in each country to address the challenges faced through no longer being able to rely on Global Fund grants; particular focus should be paid to the funding of ***needle/syringe programmes*** at a scale and quality recommended by WHO, UNODC and UNAIDS through community-led implementation.

➔ A far greater role could be played by WHO, UNODC and UNAIDS as well as by regional harm reduction organisations, such as APH, C-EHRN, DPNSEE and EHRA, through a unified approach to:

- helping relevant Government institutions of each country to improve their understanding of the cost-effectiveness of harm reduction and related reduction in future treatment costs for communicable diseases using evidence-based good practices; and,
- facilitate discussions and agreements between the respective Government, civil society organisations and key population groups and networks to build sustainable approaches to the delivery of harm reduction and related services in each country and for those services to be fully funded from domestic resources through multi-year social contracts.

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

➔ All Governments in the region could save large sums of money every year by decriminalising drug use and possession and, instead, provide much cheaper, evidence-based and peer-led harm reduction services in communities[175], similar to the action taken by Portugal[176]. A recently published study in 4 countries of Eastern Europe has demonstrated that cost savings from decriminalisation of drug use could greatly reduce HIV transmission through increased coverage of opioid agonist therapy and ART among people who inject drugs[177].

➔ To reduce the expense incurred through the incarceration of people who use drugs, the respective Ministry – such as the Ministry of Interior or Justice – should utilise the principle of ***opportunity of prosecution*** in relation to adult offenders, meaning the deferring of a criminal prosecution and dismissing a criminal complaint due to the genuine remorse of a suspect.

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

➔ With the support of international, regional, national and community partners, for the Ministry of Health to advocate with the Ministry of Finance and/or the Office of the

President and/or Prime Minister for sufficient funding for HIV prevention services that meet the coverage and level of quality recommended by WHO, UNODC and UNAIDS based on the ***relative economic strength of the country and additional fiscal space available*** as projected by the International Monetary Fund. This should include the integration of COVID-19 pandemic support towards the most disadvantaged groups, including people who use drugs and other key populations.

4 Enact legislation to recognise csos as service providers and for the social contracting of csos by government to deliver services

➔ For each Government of each country to enact a legislative and transparent framework that will allow Government agencies to enter into multi-year ***social contracts*** with CSOs with no financial cap for the provision of harm reduction services at national, sub-national and community level.

➔ For the Ministry of Health in each country to establish and operationalise a framework so that CSOs are recognised as service providers by the respective ***National Health Insurance Fund***, or similar mechanism, including negotiated unit costs for components, including staff costs, of comprehensive harm reduction service delivery in the community.

5 For non-eu countries: work with the ec/eu to identify opportunities to support harm reduction services as part of pre-accession assistance

➔ The European Union should consider adding harm reduction services and other issues related to drug policies based on health and human rights approaches (health inequalities, access to health care services, discrimination and stigma, etc.) to the **accession process of countries of the Western Balkans**. Currently, almost all content of the acquis agreed with countries is related to law enforcement actions in the area of drugs.

➔ For all relevant Governmental, CSO and key population groups and networks in each country to meet with the European Commission and European Union to explore opportunities to access funding for harm reduction services, including human resource costs, such as through the European Union's ***Instrument for Pre-accession Assistance*** (IPA), including the *Third Programme for the Union's action in the field of health*.

6 Governments to work with cso partners to identify new streams of revenue, part of which can be earmarked for the funding of harm reduction programmes

➔ CSOs and key population groups and networks in each country to ***use existing budget advocacy tools*** with relevant Government entities at national, sub-national and community levels for the provision of adequate funding to support the provision of comprehensive harm reduction services, noting that various tools already exist for this purpose and have been used in other countries of the region.

➔ CSOs, with the technical support of regional harm reduction organisations and/or the UN (especially UNODC), should seek opportunities to work with the respective law enforcement and judicial authorities in each country, as well as with the 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.

7 Collaborate with the new global fund regional project to develop skills to improve national systems and reduce costs

➡ Whilst noting that Albania, Bosnia and Herzegovina, and Serbia are formally part of the new Global Fund regional HIV project, ***Sustainability of Services for Key Populations in Eastern Europe and Central Asia*** ("EECA"), Grant No. QMZ-H-AUA, led by the Alliance of Public Health (APH) in a consortium with 100% Life (All-Ukrainian Network of PLWH), the Central Asian HIV Association and the Eurasian Key Populations Health Network, for all relevant Governmental and NGO/CSO and key population groups and networks in each country to actively engage with the new project to:

- support the development of a ***cost-effective approach to HIV prevention, testing and access to ART*** for all marginalised and vulnerable populations;
- negotiate ***lower costs for the procurement of antiretroviral (ARV) drugs for the treatment of HIV as well as for direct acting antivirals (DAAs)*** to cure hepatitis C for all marginalised and vulnerable populations so that more of the existing Government health budget can be spent on prevention services;
- build on the achievements brought about through *Sustainability Bridge Funding* and the resulting budget advocacy and monitoring in Bosnia and Herzegovina, Montenegro and Serbia and apply lessons learnt to all countries of the region to analyse respective Government revenues and expenditures and seek opportunities to ***enhance revenue streams***, such as through duty excise taxes from tobacco, alcohol, gambling and other sources, with an agreed percentage of those annual taxes to be automatically made available for use in the prevention, care and treatment of communicable diseases among marginalised and vulnerable groups; and,
- develop, or enhance, the ability of NGOs/CSOs, drug user groups and networks, and their members, to use the Rights – Evidence – ACTion (*REAct*) tool to ***record human rights violations that happen when marginalised and vulnerable individuals and communities attempt to access HIV and other health, social and economic services*** and to then take remedial action against relevant Ministries, Ministers and officials through national and/or international Courts of Law for violating the respective national Constitution and various European and international rights conventions to which the respective country is a party.

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

➡ For the European Commission (EC) and/or the European Union (EU), and the World Bank, the International Monetary Fund (IMF), the European Bank for Reconstruction and Development (EBRD) and other relevant international financial institutions (IFI's) to ensure the enactment of the following steps by the respective Government as explicit ***pre-requisites*** to any future agreement for the accession of a country to the EU and/or the provision of grants, loans and/or other financial instruments of any kind to that Government based on the right to the highest attainable standard of health by all, the respective national constitution, and national, regional and international human rights agreements and conventions:

- a ***specific budget line in the national accounts*** is in place for HIV/AIDS and comprehensive harm reduction services;
- appropriate ***legislative social contracting modalities*** are in place for the delivery of HIV/AIDS and comprehensive harm reduction services by civil society entities; and,

- sufficient ***multi-year funding is available in the national accounts*** for the prevention, diagnosis and treatment of communicable diseases, including HIV, HCV, STIs, TB and COVID-19, through civil society mechanisms at a scale and quality recommended by WHO, UNODC and UNAIDS

RECOMMENDATIONS COUNTRY-SPECIFIC

ALBANIA

➔ The ***Global Fund must focus its funding and advocacy efforts on mechanisms for the sustainable delivery of harm reduction services*** using in-country and international evidence-based good practices, i.e. through peer and/or civil society organisations, rather than the integration of such services into existing Government institutions; such a refocusing of approach will both increase access to services by key populations as well as being more cost-effective than service delivery through Government institutions.

➔ A ***social contracting mechanism*** needs to be in place and operational no later than mid-2022 and contracts signed between the Government and NGOs no later than the end of the third quarter of 2022 in preparation for the start of 2023.

BOSNIA AND HERZEGOVINA

➔ As soon as a new coalition Government is formed, and the BiH Parliament is able to assume its functions, the ***amendment to the Law on Excise should be promoted*** by civil society organisations, including NGOs and networks of people who use drugs in BiH, so that the amendment can be put on the Parliamentary agenda as soon as possible for debate and then put to a vote by the Members of Parliament.

➔ Likewise, the ***single Article to amend the Law on Health Insurance and Reinsurance*** should be advocated and passed by Parliament at the earliest opportunity. WHO, UNODC, UNAIDS and the UN Resident Representative, as well as key diplomatic representatives, including the EC/EU, as well as civil society and key population groups and networks should advocate with the Governments of BiH for both legislative amendments.

➔ The donor community should be more informed of the situation of harm reduction and invited to provide emergency bridging funds to support the renewal of harm reduction services in the country as a matter of great urgency.

BULGARIA

➔ The new Minister of Health and the head of the Government's Public Procurement Agency to meet with the Sofia Coalition and relevant EU officials to agree a time-bound and costed plan of action for changes to relevant Bulgarian legislation to facilitate the ***social contracting*** of CSOs/NGOs for the delivery of comprehensive harm reduction services throughout the country.

➔ The donor community should be more informed of the situation of harm reduction and invited to provide emergency bridging funds to support the renewal of harm reduction services in the country as a matter of great urgency.

KOSOVO

➔ The Global Fund Principal Recipient (CDF) and sub-recipients (SR's) should hold regular meetings with key decision-makers of the Ministry of Health (and Ministry of Finance if appropriate) to work on a detailed and costed plan for implementation of transition in 2023 with the objective of maintaining the coverage and quality of all harm reduction services through increased use of domestic funds. This should include actions to make social contracting a reality no later than the end of 2022. Key points from each meeting should be shared with the Global Fund and other relevant stakeholders.

➔ Lessons learned from the transition-out of the Global Fund in other countries of the region should be considered from the very beginning of the transition grant (2022) in Kosovo. Of note is the need to ensure quality in, and coverage of, service provision and recognition that people who use drugs, and other key populations, are more likely to access services run by peers and civil society organisations than by Governmental institutions.

➔ Noting the limited funding to, and involvement of, NGOs to deliver parts of Specific Objective 1.4, Harm Reduction, of the Ministry of Internal Affairs '*National Strategy against Narcotics and Action Plan 2018-22*', discuss opportunities with the Ministry of Internal Affairs for the provision of larger funding to deliver further support to harm reduction in the new Strategy for 2023 onwards.

➔ As buprenorphine is currently illegal in Kosovo, NGOs and the PR should meet with the country office representatives of WHO and UNODC to discuss how best to support the Government in ensuring the drug is part of the essential medicines list for Kosovo. WHO and UNODC should support their civil society partners in meeting with the relevant agencies of Government to realise this objective and to thereby make buprenorphine available as part of the opioid substitution and drug treatment services.

MONTENEGRO

➔ For the Ministry of Health to immediately ***revise, or add an amendment to, the administrative regulations under the 2018 Law on NGOs*** - which foresees up to 0.6% of the state budget being channelled to NGOs – to allow a single NGO to receive a far larger allocation of the budget, i.e. far in excess of the current cap of 20%.

➔ For the Ministry of Health to establish and operationalise a ***framework so that NGOs/CSOs are recognised as service providers by the National Health Insurance Fund***, including the delivery of HIV prevention services, similar to the approach used by the Ministry of Labour and Social Welfare whereby the main NGOs have been licensed for the delivery of social services.

➔ For the Ministry of Health to develop and adopt ***a protocol for the opioid substitution therapy (OST) programme using buprenorphine***, including its availability in penal institutions, and ***include buprenorphine on the essentials medicine list***, together with methadone, in accordance with the good practices advocated by WHO.

➔ For the Ministry of Health, in collaboration with other relevant Government agencies, to take the necessary steps to ***formally legalise the operations of NGOs/CSOs*** in Montenegro to reflect the national strategy in which NGOs/CSOs are recognised as mechanisms for the delivery of services to marginalised and vulnerable people.

➔ For NGOs, CSOs, drug user groups and networks to make use of existing budget

advocacy tools to work with ***municipal drug prevention offices*** to access funding for local community-level harm reduction services.

ROMANIA

➡ The new Minister of Health and other relevant members of the newly formed Government should gather all stakeholders together in the first quarter of 2022 and ***endorse the existing costed national HIV/AIDS plan*** (that was developed in 2017) by mid-2022, including an annual implementation plan and funding that the Government will disburse to service providers.

➡ The Minister of Health and the Head of the National Anti-drug Agency should meet no later than mid-2022 to develop a ***funding plan for harm reduction services*** and include relevant Municipalities, especially the Municipality of Bucharest, in order to coordinate their respective inputs and reporting requirements. It is further recommended that NGOs that have been the main providers of harm reduction services in Romania be invited to such a meeting to provide technical assistance and programmatic guidance; such guidance could also be supported by regional harm reduction organisations and UN agencies.

➡ The Ministry of Health to significantly ***increase the number of places available in the national opioid substitution therapy (OST) programme*** from the current level of 1,650 to at least 8,200 so that coverage of OST is at least 40% as recommended by WHO, UNODC and UNAIDS for the prevention of HIV transmission among people dependent upon opioids.

➡ NGOs/CSOs and key population groups and networks should continue their best efforts to undertake ***budget advocacy*** with a wide range of Municipal authorities, especially with the various district city halls of the capital, Bucharest, including the General Directorate for Social Assistance and Child Protection, to fund community-led and based harm reduction service delivery; similar efforts should be undertaken in other urban centres throughout Romania.

SERBIA

➡ For the Ministry of Health, in collaboration with the Global Fund, to ***immediately form an operational Country Coordinating Mechanism Secretariat*** with an annual budget to provide ongoing support to the Country Coordinating Mechanism (CCM).

➡ For the Ministry of Health to work with the Global Fund and NGO/CSO partners and key population groups and networks to **update the existing *National Transition Plan*** (originally for 2020-2022) - noting the end of the current Global Fund grant is 30 June 2022 - and immediately adopt the updated plan and begin its implementation.

➡ Build on the budget advocacy and monitoring achievements brought about by the *Sustainability Bridge Funding* and ensure that a ***legislative and financial framework is in place for an agreed percentage of annual duty excise taxes from tobacco, alcohol and other sources*** are automatically made available for use in the prevention, care and treatment of HIV, AIDS and other communicable diseases among marginalised and vulnerable groups throughout Serbia.

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ANNEX 1 **SUMMARY OF KEY DATA BY COUNTRY**

.	DESCRIPTION	ALBANIA	BOSNIA & HERZEGOVINA	BULGARIA	KOSOVO	MONTENEGRO	ROMANIA	SERBIA
1	**# PWID** (YEAR)	**6,182** 2015	**12,500** 2013	**10,000** 2014	**5,819** 2016	**1,283** 2011	**10,680** 2019	**20,000** 2013
2	**PWID HIV PREVALENCE** (YEAR)	**1.4%** 2015	**1.1%** 2016	**1.7%** 2016	**0%** 2018	**0.5%** 2020	**22.4%** 2019	**1.8%** 2013
3	**NATIONAL ADULT HIV PREVALENCE** (YEAR)	**0.04%** 2019	**0.1%** 2018	**N/A**	**N/A**	**<0.1%** 2020	**0.1%** 2021	**<0.1%** 2020
4	**PWID HCV PREVALENCE** (YEAR)	**44%** 2019	**30.8%** 2015	**N/A**	**23.8%** 2018	**62.8%** 2020	**N/A**	**61.4%** 2013
5	**TRANSITION READINESS ASSESSMENT RATING** (YEAR)	**19%** 2016	**33%** 2016	**N/A**	**N/A**	**N/A**	**31%** 2016	**MODE RATE** 2021
6	**GLOBAL FUND HIV GRANT SUPPORT** (FROM, TO)	**2007** 2015 **2017** 2022	**2006**	**2003** 2017	**2002**	**2006** 2015 **2019** 2021	**2003** 2010 **2012** 2015 TB	**2003** 2014 **2019** 2022
7	**GLOBAL FUND HIV TRANSITION GRANT** (RATIO, YEAR)	**100%** 2020 **70%** 2021 **50%** 2022	**2015** 2018	-	**100%** 2022 **75%** 2023 **50%** 2024	-	**2018** 2022 TB	
8	**ELIGIBLE FOR GLOBAL FUND HIV GRANTS, 2021?**	**NO**	**NO**	**NO**	**NO**	**YES**	**NO**	**YES**
9	**REAL ANNUAL GROWTH IN GDP** (RATE, YEAR)	**5.3%** 2021	**2.8%** 2021	**4.5%** 2021	**N/A**	**7%** 2021	**7%** 2021	**6.5%** 2021
10	**ANNUAL RATE OF INFLATION** (RATE, YEAR)	**1.9%** 2021	**1.8%** 2021	**2.1%** 2021	**N/A**	**2%** 2021	**4.3%** 2021	**3%** 2021
11	**HEALTH EXPENDITURE AS PROPORTION OF GDP** (RATE, YEAR)	**5.26%** 2018	**9%** 2019	**7.1%** 2019	**N/A**	**8.3%** 2019	**5.7%** 2019	**8.7%** 2019
12	**NSP COVERAGE** (# PP/YEAR)	**42** 2019	**142** 2016	**52** 2017	**N/A**	**74** 2020	**75** 2020	**2** 2018
13	**OST COVERAGE** (RATIO, YEAR)	**10%** 2019	**11.3%** 2016	**26%** 2017	**N/A**	**N/A**	**15%** 2017	**28.3%** 2018
14	**PWID VCT** (RATE, YEAR)	**50%** 2019	**N/A**	**N/A**	**N/A**	**24.1%** 2020	**62%** 2020	**98.8%** 2020
15	**ART COVERAGE OF PWID LHIV**	**N/A**	**1.9%** 2016	**N/A**	**N/A**	**N/A**	**32%** 2018	**N/A**
16	**SUSTAINABILITY BRIDGE FUNDING USED?**	**NO**	**YES**	**NO**	**NO**	**YES**	**NO**	**YES**

ENDNOTES

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