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NEW FINANCIAL TOOLS FOR HARM REDUCTION ADVOCACY IN EASTERN EUROPE AND CENTRAL ASIA

AN ANSWER TO THE GLOBAL CALL TO PROTECT PEOPLE WHO INJECT DRUGS FROM HIV

Brief

Catherine Barker, Margaret Reeves, and Ronald MacInnis

Health Policy Project, Futures Group

The number of new HIV infections in Eastern Europe and Central Asia (EECA) continues to grow, with people who inject drugs (PWID) and their sexual partners disproportionately affected by the epidemic. In response to high HIV prevalence among PWID, new guidelines from the World Health Organization call for countries to make the implementation of harm reduction services a high priority immediately.[1] Despite strong evidence of the effectiveness of needle and syringe exchange programs (NSP) and opioid substitution therapy (OST) in averting new HIV infections, these harm reduction programs provide inadequate coverage of PWID in EECA.[2] As of January 2014, for example, harm reduction programs reached less than 1 percent of PWID in the region.[3]

Legal, financial, and political barriers hinder implementation of harm reduction programs in EECA. Lack of funding for NSP and OST in national budgets, in particular, threatens the sustainability of the programs that exist. The allocations of national governments for harm reduction currently average 11 percent of the money required to keep existing programs going; the Global Fund to Fight AIDS, Tuberculosis and Malaria covers approximately 80 percent. As countries in the region transition to upper-middle or high-income rank, they may receive less money from the Global Fund or become ineligible for funding altogether, further increasing the need for domestic funding of these programs.

A Way to See Where Services and Funding Are Needed Most

To address this challenge, the Eurasian Harm Reduction Network (EHRN), with support from the USAID- and PEPFAR-funded Health Policy Project (HPP), developed a suite of easy-to-use, Excel-based tools, available in Russian and English. Civil society organizations advocating harm reduction services can use them to estimate past expenditure levels, future resource needs, and potential funding gaps using local costs of services and products.

Advocates in six countries (Belarus, Georgia, Kazakhstan, Lithuania, Moldova, and Tajikistan) are implementing the tools as part of EHRN's Global Fund-supported regional

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advocacy program "Harm Reduction Works – Fund It!" The program's chief objective is to build an enabling environment for sufficient, strategic, and sustainable investments in harm reduction by these countries' governments and by donors.

The tools require fundamental input (see the figure below) on harm reduction expenditures, costs, and funding levels at the regional, country, or subnational level. The data they generate support better advocacy to and with governments, donors, and other important stakeholders.

Making Advocacy More Precise and Transparent

In August 2014, HPP taught a group of independent data collectors and representatives of civil society organizations from EECA to use these financial tools and apply the results effectively in their advocacy efforts. Participants reported that they believe the data the tools generate will directly inform their advocacy of service delivery options, e.g., whether or not to use bicycles for NSP outreach in Tajikistan or introduce buprenorphine

Data Input Needed for the Toolkit

Baseline and target number of PWID reached through OST and NSP

Central-level expenditures on human resources and overhead

Site-level expenditures and costs for human resources, overhead, equipment, commodities, and other direct costs

Service delivery attributes, including time staff spend on harm reduction activities

Annual funding projections for OST and NSP by source

The tools use standard definitions of harm reduction activities and costs, making comparisons possible across countries. At the same time, they have the flexibility to accommodate variations in country contexts. For instance, within a country's packages of services supporting OST and NSP (for example, HIV counseling and testing, overdose prevention, and peer education), users are asked to classify the services in terms of their priority: high, medium, or low. They derive these country-specific classifications from evidence of a service's effectiveness in averting HIV and other serious health conditions and from consultations with PWID. The inclusion of data from PWID about their preferences is particularly important, because it ensures that the policies and funding levels advocated meet the needs of the people they are intended to support.

All three tools have some of the same data requirements, but each serves a distinct purpose. They are best used together. The table below shows their integrated design.

in OST programs in Moldova. With this information, they say, they can mobilize resources with new precision.

With the tools, advocates can also raise awareness of the state of harm reduction services in their countries. One area that needs attention is the requirement to record and collect pertinent data—such as the number of clients reached at each NSP and OST site—systematically. Data collectors trained by HPP reported that, at times, harm reduction service providers deliver incomplete data or are reluctant to share financial records. The data collectors found that using the tools opened a dialogue about the importance of transparency in building the evidence base for harm reduction advocacy.

Ultimately, the results of the tools can inform budget allocations for harm reduction and scale-up of NSP and OST in the EECA countries, increasing the number of clients reached and the types and quality of services provided. Advocates may use the tools to promote

Purposes of the Financial Tools

Expenditure tracking tool

PURPOSE: To show total expenditure on OST and NSP at national or subnational levels for the past two years

EXAMPLE OF TOOL-GENERATED RESULTS

Census of sites	NSP		OST	
	2012	2013	2012	2013
TOTAL	602,614	586,323	829,549	778,449
Patients	1,120	1,177	406	411
Exp per patient	538	498	2,043	1,894
Direct vs. indirect expenditure				
Direct	572,185	541,287	826,475	777,716
Indirect	30,429	45,036	3,074	734
Expenditure by activity type				
High	544,376	549,417	810,189	757,517
Medium	54,761	33,388	13,185	14,956
Low	3,478	3,518	6,175	5,976

USE OF RESULTS FOR ADVOCACY

- Raise awareness of current investment in harm reduction
- Hold funders and implementers accountable

Unit costing tool

PURPOSE: To calculate average unit cost per OST and NSP client per year at national or subnational levels

EXAMPLE OF TOOL-GENERATED RESULTS

NSP unit costs per client per year	Percentage of all NSP recipients receiving activities	Direct unit cost	Indirect unit cost	Total unit cost
High-priority activities	100	488.9	193.4	682.4
Medium-priority activities	100	12.3	86.1	98.4
Low-priority activities	100	0.0	83.3	83.3
Weighted overall unit cost per client per year	**864.0**			

USE OF RESULTS FOR ADVOCACY

- Estimate the cost/benefit or cost-effectiveness of harm reduction services
- Show efficiency gains from changes in service delivery, including delivering different packages of harm reduction services
- Secure tangible political commitments for harm reduction, such as a line item for harm reduction in national budgets

Funding gap tool

PURPOSE: To show the difference between the resources needed and resources committed for OST and NSP at national or subnational levels

EXAMPLE OF TOOL-GENERATED RESULTS

Harm reduction interventions	2016		
	Resources needed	Resources committed	Funding gap
NSP			
High-priority activities	1,898,530	1,263,866	-634,664
Medium-priority activities	163,244	25,000	-138,244
Low-priority activities	118,868	0	-118,868
Total funding gap for NSP	**2,180,642**	**1,288,866**	**-891,776**
OST			
High-priority activities	3,245,382	1,895,000	-1,350,382
Medium-priority activities	284,264	0	-284,264
Low-priority activities	29,889	0	-29,889
Total funding gap for OST	**3,559,535**	**1,895,000**	**-1,664,535**
Total harm reduction funding gap	6,740,177	3,183,866	**-2,556,311**

USE OF RESULTS FOR ADVOCACY

- Estimate the cost/benefit or cost-effectiveness of harm reduction services
- Estimate the resource needs to achieve the desired levels of coverage by harm reduction programs
- Mobilize reources to close the funding gap

HOW ARE THE TOOLS INFLUENCING ADVOCACY?

The use of the unit costing tool in **Belarus** assisted in estimating the resources needed for harm reduction in the country's application for the Global Fund grant and helps to project the national resources needed to formulate a specific budget line.

In **Moldova**, the results from the funding gap tool are being taken into account for budgeting a harm reduction component in a new HIV/AIDS programme 2016-2020. Civil society is using results from all three tools in budget advocacy.

adding new interventions to a country's existing package of NSP or OST services. For instance, only a few countries in EECA offer overdose prevention services with naloxone, a lifesaving medicine that nonmedical professionals can administer easily. Advocates can use the unit costing tool to estimate the additional cost of providing naloxone to clients. This information will equip them with a targeted and specific request when they approach potential funders for support of the intervention.

The **expenditure tracking** (http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=440), **unit costing** (http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=442), and **funding gap** (http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=525) tools and associated user manuals in English and Russian are available for download on HPP's website.

Endnotes

1. World Health Organization. 2014. *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*. Available at: http://www.who.int/hiv/pub/guidelines/keypopulations/en/.

2. Des Jarlais, Don C., Jonathan P. Feelemyer, Shilpa N. Modi, Abu Abdul-Quader, and Holly Hagan. 2013. "High Coverage Needle/Syringe Programs for People Who Inject Drugs in Low and Middle Income Countries: A Systematic Review." *BMC Public Health* 13(53).

3. Joint United Nations Programme on HIV/AIDS. 2014. *The Gap Report*. Available at: http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport.

Contact Us

Health Policy Project
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004

www.healthpolicyproject.com
policyinfo@futuresgroup.com

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