

THEMATIC SEGMENT CASE STUDIES

**Addressing health inequities
through sustained HIV response,
human rights, and harm reduction
for people who use drugs**

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Introduction

The Thematic Segment of the 58th UNAIDS Programme Coordinating Board (PCB) meeting will be held on 2 July 2026 and will focus on “Addressing health inequities through sustained HIV response, human rights, and harm reduction for people who use drugs”.

In preparation for the Thematic Segment, UNAIDS issued a call for submission of examples of best practices and country case studies. The case studies inform the development of the background note to the thematic segment as well as the discussions during the day.

A total of 53 case submissions were received. The submissions reflect the work of governments, civil society, and other stakeholders, as well as collaborative efforts. The case studies highlight the importance of working towards having a sustainable response to the HIV epidemic.

Africa

Egypt

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Submitted by: Government; Civil society

Timeline: January 2023 - July 2027

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

"Egypt faces a growing need to strengthen harm reduction and treatment services for people who inject drugs (PWID), who remain at increased risk of HIV and other blood-borne infections. While opioid agonist therapy (OAT) is available since 2023, traditional models requiring daily attendance present significant barriers, including stigma, time constraints, and limited flexibility for patients seeking employment or maintaining family responsibilities. These challenges contribute to gaps in treatment uptake, adherence, and retention.

To address these barriers, in February 2026 Egypt has introduced long-acting depot buprenorphine (LADB) as an innovative approach within OAT programs. This model aims to reduce the burden of daily dosing by offering weekly or monthly injectable treatment, thereby improving convenience, confidentiality, and overall quality of care.

The primary objective of this case study is to evaluate the feasibility, acceptability, and early outcomes of implementing LADB among PWID in Egypt. The program targets 100 participants, including individuals new to OAT, those who previously disengaged from treatment, and those transitioning from methadone. By assessing patient and provider experiences, the study seeks to identify key facilitators, barriers, and opportunities for scaling up LADB as part of a comprehensive response to substance use and HIV prevention."

- **Description:**

"The introduction of LADB in Egypt contributes to the national AIDS response by strengthening HIV prevention efforts among PWID, a key population at heightened risk of HIV transmission. By expanding OAT options, the intervention enhances a critical component of combination prevention by reducing unsafe injecting practices and associated HIV risks.

LADB addresses major structural barriers present in traditional OAT models, particularly the requirement for daily clinic attendance. By offering weekly or monthly injectable treatment, the program improves accessibility, adherence, and retention in care. Patients report that reduced visit frequency allows them to maintain employment, rebuild family relationships, and participate more fully in society, i.e. those factors that are strongly associated with sustained engagement in treatment and reduced HIV vulnerability.

The program also contributes to improved quality and patient-centeredness of services. Increased confidentiality, reduced stigma, and respectful treatment environments encourage more individuals to initiate and remain in care. Importantly, LADB provides an alternative for individuals who have struggled with adherence to daily dosing or who have relapsed, thereby expanding coverage of harm reduction services.

From a health systems perspective, the initiative strengthens service delivery by optimizing provider workload and introducing more efficient treatment models. It also highlights the importance of integrating psychosocial support, which is essential for adherence and long-term recovery.

Overall, the case study demonstrates how innovative treatment modalities like LADB can enhance HIV prevention outcomes by improving access, adherence, and continuity of care, while addressing the social and structural determinants that limit the effectiveness of traditional OAT programs."

- **Results, Outcomes and Impact**

"The early implementation of LADB in Egypt has shown promising results in improving treatment uptake, adherence, and patient stability within OAT programs. As of April 2026, LADB has been introduced at three sites nationwide, with 49 patients receiving at least one injection and 47 patients reported as stable on treatment, indicating strong early retention and clinical outcomes.

Qualitative findings from providers and patients highlight high acceptability of the model. Key benefits include reduced need for daily clinic visits, improved flexibility, and enhanced ability to maintain employment and family responsibilities. Patients also emphasized increased confidentiality and reduced stigma, which contribute to sustained engagement in care.

Providers reported expectations of improved retention rates and reduced relapse, with early observations supporting these trends. The model has also improved efficiency in service delivery by decreasing patient burden on clinics and enabling more patient-centered care.

While the program remains at a pilot stage, these initial results suggest that LADB has strong potential to expand access to OAT, improve adherence, and reduce HIV transmission risks among people who inject drugs. Continued monitoring and scale-up will be critical to demonstrate long-term population-level impact."

- **Gaps, lessons learnt and recommendations:**

"The early implementation of LADB in Egypt has identified several key gaps and bottlenecks. One of the main challenges relates to concerns about medication supply, storage requirements, and administrative processes, which may affect program continuity. Patients also expressed fears related to injections, withdrawal during transition, and the risk of developing another dependency. Additionally, limited access to psychosocial support and counseling services was highlighted as a gap, despite its importance for sustained recovery.

Healthcare providers noted the need for additional training, particularly practical and role-specific training, to build confidence in delivering LADB. Infrastructure is generally adequate, but there is a need for more psychologists and enhanced patient education materials. Delays in initiating treatment within existing OAT systems also remain a barrier.

Key lessons emphasize the importance of patient-centered care, trust-building, and clear communication about the benefits and safety of LADB. Both patients and providers value reduced clinic visits, improved flexibility, and the potential for better social reintegration.

Moving forward, strengthening supply chain systems, expanding psychosocial support, and investing in continuous staff training are essential. Increasing awareness through targeted communication and involving families in the recovery process may further improve outcomes. Ensuring timely access to treatment and scaling up services geographically will be critical for maximizing impact."

Annex: please email me at meteliuk@aph.org.ua and I will share the deck of slides with more detailed information.

Kenya

Name: Lyani.Sitti@lvcthealth.org

Submitted by: CSO

Timeline: 2023 – 2026 (3 years)

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
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- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• Background and Objectives:

In Kenya, Methadone Assisted Therapy (MAT) is a life-saving intervention for approximately 18,000 people who inject drugs (PWID). While initial scale-up was successful, it relied heavily on international donor funding (USG/PEPFAR) and expensive proprietary software. Setting up a single MAT clinic historically required upwards of USD 31,000 in capital costs, largely due to vendor-locked dispensing systems and recurring licensing fees. As global health funding shifts toward country-led sustainability, these high costs create a "sustainability gap," preventing county governments from absorbing and scaling harm reduction services.

The primary objective was to develop and implement EasyFlow-L, a locally-engineered, open-source digital platform to replace costly proprietary systems. Specifically, the project aimed to:

1. Reduce Financial Barriers: Eliminate annual licensing fees (saving KES 1.9 million per facility) to make MAT transition-ready for local government budgets.
2. Enhance Clinical Efficiency: Automate methadone dispensing via a secure RESTful API to reduce patient wait times and improve dosing accuracy.
3. Promote Regional Scaling: Integrate multi-language support (English and French) to facilitate cross-border technical South-South cooperation and ensure the system is adaptable for diverse low-and-middle-income country (LMIC) contexts facing similar donor

transitions.

- **Description:**

EasyFlow-L contributes to the AIDS response by directly addressing the intersection of harm reduction, digital health, and financial sustainability. For people who inject drugs (PWID), Methadone Assisted Therapy (MAT) is a primary entry point for HIV prevention and treatment. However, the high cost of proprietary dispensing systems has historically acted as a barrier to expanding these services.

1. **Strengthening the Prevention and Treatment Cascade:** By reducing dispensing times by 90% (from 300 to 30 seconds), the system has significantly increased clinic throughput. In the Coastal Kenya implementation, this efficiency supported over 2,500 active clients, including 161 individuals successfully maintained on Antiretroviral Therapy (ART). Faster service delivery reduces patient waiting times, improving retention in care and viral suppression among a high-risk population.
2. **Eliminating Financial Barriers to Sustainability:** The innovation addresses the "sustainability gap" created by dwindling international donor support. By replacing proprietary software with a locally-engineered, open-source platform, we achieved an 84% reduction in setup costs (from USD 31,000 to USD 4,800). Furthermore, it eliminated USD 14,500 in annual licensing fees for the five coastal counties. This shift allows county governments to absorb MAT operational costs into local budgets, ensuring service continuity as USG/PEPFAR support transitions.
3. **Enhancing Accountability and South-South Cooperation:** The integration of biometric verification and a secure application programming interface (API) for automated pumps ensures high clinical standards and prevents the diversion of controlled substances. To promote regional scaling beyond Kenya, the system now features a multi-language interface (English and French). This enables South-South technical cooperation, allowing other low-and-middle-income countries (LMICs) to adopt a proven, cost-effective model for harm reduction, thereby safeguarding the HIV response against global funding shifts.

- **Results, outcomes and impact:**

The implementation of EasyFlow-L across seven MAT clinics in Coastal Kenya, serving 2,500+ clients, has transformed clinical and financial operations. By transitioning to an open-source model, the project achieved an 84% reduction in capital expenditure and eliminated USD 14,500 in annual licensing fees per facility, successfully ending "vendor lock-in."

Clinical efficiency has soared, with dispensing speeds improving by 90% (from 300 to 30 seconds). This throughput is vital for the program's 79% retention rate and its success in maintaining 161 clients on integrated HIV Antiretroviral Therapy.

Beyond dispensing, EasyFlow-L is a comprehensive Patient Management System. Its agility was proven during a Mombasa clinic closure, where patient data was migrated in just 10 minutes without advanced programming. The system's modularity allows counties to add features at near-zero cost using internal staff. With a setup fee of only USD 750 per site, EasyFlow-L offers a scalable, donor-independent blueprint for national expansion.

- **Gaps, lessons learnt and recommendations:**

Gaps and Bottlenecks The primary limitation is the current decentralized server architecture, which restricts patient data to local clinics. This fragmentation hinders real-time tracking and slows patient transfers between regions. Additionally, the system currently requires dual-

entry processes on both server and client machines during dispensing, creating a temporary workflow redundancy that needs streamlining.

Lessons Learnt EasyFlow-L's success, now extending from the Coast to Kiambu County, stems from its user-centric design. Involving healthcare workers in the development phase ensured high acceptability and a simplified interface. Key takeaways include: Open-source modularity allows for low-cost, rapid feature expansion.

Automated reporting is the single greatest driver for administrative buy-in. Simplicity reduces the need for advanced technical staff at the facility level.

Recommendations To future-proof the system, the national government should transition to secure cloud hosting. A centralized database would enable seamless patient "roaming" between clinics and provide a unified dashboard for national drug monitoring. Moving forward, the development roadmap should prioritize optimizing the dispensing interface to eliminate dual-running, ensuring a single-entry point that further reduces clinical overhead.

Kenya

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Timeline: January 2025 to February 2026

Submitted by: Government

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives**

The Kiambu MAT Program was started by a donor implementing partner (MSF) in September 2019. Having had other projects with government before that had failed after their exit, one of the key areas of focus was sustainability of the project beyond their support which came to an end June 2024. MSF thus intentionally engaged the relevant stakeholders beyond from January 2024 for a handover process on all the areas they were supporting the program in to ensure a smooth handover of the same so as to protect the beneficiary, the client, who unfortunately may not have a voice to advocate for themselves beyond donor support. A key consideration is that the donor used to take care of all costs relating to the program including staff salaries, commodities, health promotion and all other logistical related costs. In a season when the County was already keen on ensuring that all services in Kiambu County were paid for to ensure sustainability, the handover process thus provided a good platform to deliberate on how best to ensure continued care for the MAT clients in a way that is sustainable to all the remaining existing stakeholders.

- **Description**

From the Kenya Aids Indicator Survey done in 2012, People Who Inject Drugs are exposed to prevalence a HIV prevalence of 18.7 percent which is around 3 times higher compared to the general population. In 2022, IBBS report conducted in Kenya showed that the

prevalence among People Who Use Drugs had dropped to around 9 percent which is half the 18.7% prevalence. Achieving such a reduction in prevalence is a clear indicator of the proper utilization of the harm reduction strategies proposed by UONDC towards a reduction of the harms related to drug use one of which is acquisition of blood borne infections such as HIV. Sustainability of the MAT program with or without donor support thus became an important consideration so as to ensure the reduced prevalence rates of HIV and other blood borne infections among people who use drugs. At the point MSF needed to exit supporting the Kiambu MAT program, it thus became important to bring all the relevant stakeholders to continue supporting the MAT program for purposes of the already mentioned benefits. In all the 3 MAT clinics in Kiambu County, despite continued HIV testing, the original number of HIV clients on ART was the final number HIV clients by the end of the study period.

Monthly clients CURRENTLY on ART As at,
Karuri Ruiru Thika

25-Jan 8 2 2

25-Feb 8 2 2

25-Mar 8 2 2

25-Apr 8 2 2

25-May 8 2 2

25-Jun 8 2 2

25-Jul 8 2 2

25-Aug 8 2 2

25-Sep 8 2 2

25-Oct 7 3 2

25-Nov 8 2 2

25-Dec 8 2 2

26-Jan 7 2 2

26-Feb 8 2 2

- **Results, outcomes, and impact**

1. Staff were employed on contract under the public service terms from the start of the MAT project then transitioned to Permanent terms after the handover by MSF.
 - a. Though MSF would refund the government the cash worth the staff salaries, ultimately it was easy for Kiambu MOH to retain the staff after the donor left since it was within the familiar public service salary scales
 - b. That allowed the County to remain with well trained staff even though the County had to stretch the budget to accommodate them
2. The robust handover process led by the donor organization involving negotiation with all stakeholders also allowed Integration of different responsibilities to different stakeholders eg commodities (MOH), Infrastructure (Kenya Prisons & MOH) and staff (MOH & Kenya Prisons).
 - c. It helped the various stakeholders own their allocated responsibilities
3. Beyond Donor support, the 3 MAT Clinics have pursued registration into the National Health Insurance Scheme to ensure availability of funds to sustain the program since the County's stand is that there should be no free services which is what the donor used to facilitate previously for PWUDs.
 - d. Utilization of the existing County platforms to create awareness eg using the Health promotion officers and community strategists to pass on the different awareness materials eg posters, notices and videos on the existing services in

the MAT Program.

3. All the above sustainability focus areas have ensured that the MAT clinics in Kiambu County are still functional and available to support the existing MAT clients and the few that still come for induction though the latter have been negatively affected by lack of outreaches previously supported by Civil Society Organizations.

- **Gaps, lessons learnt and recommendations**

1. The handover process mostly targeted the key leaders in the County Health Management team but not enough involvement from the teams handling the work in the resident facilities/sub-counties hence a disconnect in communication to such teams yet they are the ones effecting the discussed matters eg allocation of commodities.
 2. Though commitments were made, a timely allocation of resources was not done especially to cater for MAT clinic needs before SHA (Government Health Scheme) funds come in handy to finally support MAT clinic needs creating a gap eg in timely commodities allocation.
 3. The main needs around health care were well taken care eg staff and commodities but the unique MAT clinic needs eg outreaches to active users & defaulters, transport costs for sensitizations & home visits and breathalyzer calibration costs did not easily fit into the general hospital needs which has left glaring impacts eg reduced MAT uptake and increased defaulters.
2. Recommendations to address the gaps:
 - Kiambu MOH can recruit MAT peers to take care of outreaches and defaulter tracing to improve MAT uptake and reduce drop outs via defaulter tracing.
 - Intentional allocation of resources should be done to address the mentioned unique MAT clinic needs

Annexes: <https://docs.google.com/spreadsheets/d/1y8A3nIcAR2ARXgZknWdFwX8-J3LE2WbCFJuBYy7KuNo/edit?usp=sharing>

Kenya

Name: Kiplagat Anthony, Head of HIV, STI and Viral Hepatitis unit, bakiplagat@gmail.com

Submitted by: Government;

Timeline: 2017 to 2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• **Background and Objectives:**

Medically Assisted Therapy (MAT) is an evidence-based intervention for opioid use disorder and a critical component of HIV prevention among people who inject drugs (PWID). In Nairobi, MAT services have historically been implemented through donor-supported programs, raising concerns about long-term sustainability amid declining external funding. The Ngara MAT Clinic, established in 2017 through a multi-stakeholder partnership, provides integrated harm reduction services using a hybrid model that combines community outreach—needle and syringe programs (NSP), peer support, and harm reduction education—with facility-based clinical care, including methadone therapy, HIV, and hepatitis services.

Despite demonstrated benefits in improving access, retention, and linkage to HIV care, the program remains vulnerable to funding fluctuations, particularly for human resources, commodities, and outreach services. Recent integration into the Social Health Authority (SHA) presents an opportunity to transition toward domestic financing and sustainable service delivery.

This case study aims to:

1. Describe the Ngara MAT hybrid service delivery model;

2. Assess key enablers and barriers to sustainability beyond donor funding; and
3. Examine the role of domestic health financing mechanisms in supporting continuity and scale-up of harm reduction services in urban settings.

- **Description:**

The Ngara MAT Clinic in Nairobi contributes to the AIDS response by delivering comprehensive, integrated harm reduction services targeting people who inject drugs (PWID), a key population disproportionately affected by HIV. Through a hybrid service delivery model, the program combines community-based outreach—needle and syringe programs (NSP), peer-led education, and linkage services—with facility-based clinical care, including methadone therapy, HIV testing, treatment, and hepatitis services. This integrated approach reduces high-risk injecting behaviors, improves access to prevention commodities, and strengthens linkage to HIV care and treatment.

Since its establishment in 2017, the clinic has enrolled 1,932 clients, with 386 active on treatment as of July 2025. The program has enhanced retention in care and continuity of treatment through decentralized delivery, including mobile MAT services, and strong collaboration with civil society organizations. These strategies have expanded reach to underserved and hard-to-reach populations, contributing to reduced HIV transmission risk and improved health outcomes among PWID.

A key contribution to the AIDS response is the program's transition toward sustainable domestic financing. Following onboarding to the Social Health Authority (SHA) in November 2025, the clinic has received KES 2.7 million in reimbursements, enabling partial coverage of operational costs and recruitment of peer educators. This demonstrates the feasibility of integrating harm reduction services into national health financing systems, advancing universal health coverage (UHC) and reducing reliance on donor funding.

Despite these achievements, challenges remain, including policy gaps on take-home dosing, limited availability of alternative MAT regimens, and structural barriers such as lack of identification documents affecting access to insurance. Addressing these barriers will be critical to sustaining and scaling the contribution of MAT services to the HIV response.

- **Results, outcomes and impact:**

The clinic has demonstrated measurable contributions to HIV prevention and care among people who inject drugs (PWID). As of July 2025, a cumulative 1,932 clients had been enrolled in MAT services, with 386 active on treatment. The implementation of a hybrid service delivery model—combining community outreach and facility-based clinical care—has improved access to harm reduction services, increased uptake of HIV testing and treatment, and strengthened linkage to hepatitis care.

Decentralized service delivery, including mobile MAT outreach and partnerships with civil society organizations, has expanded coverage to hard-to-reach populations and supported continuity of care. Peer-led approaches have enhanced client engagement and retention, contributing to reduced high-risk injecting behaviors and improved adherence to treatment.

A key sustainability outcome has been the integration of MAT services into domestic health financing. Following onboarding to the Social Health Authority (SHA) in November 2025, the facility has received KES 2.7 million in reimbursements, enabling partial coverage of operational costs and recruitment of peer educators. This transition demonstrates a viable pathway toward sustainable, locally financed harm reduction services, with potential for

replication in similar urban settings. Also the clinic is fully runned by the County employed staffs which is a 100% shift from donor supported staff

- **Gaps, lessons learnt and recommendations:**

Despite notable progress, several gaps continue to limit the sustainability and scale-up of MAT services at the clinic. Key bottlenecks include continued dependence on donor support for essential commodities, outreach services, and digital systems; declining new client inductions; and policy limitations on take-home dosing, which constrain retention and differentiated care. Structural barriers—particularly lack of identification documents—limit client enrollment into the Social Health Authority (SHA), reducing access to sustainable financing mechanisms. In addition, limited availability and uptake of alternative MAT regimens such as buprenorphine/naloxone restricts treatment options.

A critical lesson learned is that full ownership by county government staff has strengthened service continuity, accountability, and integration within the public health system, providing a strong foundation for sustainability. The hybrid model combining community outreach and clinical services has proven effective in reaching and retaining key populations.

To address existing gaps, there is a need to increase domestic financing for commodities and outreach, strengthen policy frameworks to support take-home dosing and differentiated care, and expand access to alternative MAT options. Enhancing client identification and insurance enrollment processes, alongside sustained investment in human resources and data systems, will be essential for long-term sustainability and scale-up.

Annex: <https://hiskenya.dha.go.ke/dhis-web-reports/>

Kenya

Name: Melba Katindi - Executive Director, Next Generation Lawyers,
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Submitted by: Civil society

Timeline: 2018 to date

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- People living with HIV who use drugs
- Women who use drugs
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- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

In Kenya, people who use drugs (PWUD) face systemic exclusion from justice systems due to criminalization, stigma, and limited access to affordable legal services. These barriers increase vulnerability to human rights violations and hinder access to HIV prevention, treatment, and harm reduction services. NEXTGEN Lawyers was established to address these gaps through a CSO-private practitioner legal empowerment model.

The objective is to bridge the gap between legal services and marginalized communities by building community–legal partnerships. Specifically, for PWUD, NEXTGEN aimed to enhance access to justice by increasing legal literacy, strengthening community paralegal systems, and mobilizing legal support from lawyers. The work also seeks to reform criminal justice processes and procedures that undermine harm reduction and HIV responses, while ensuring that affected communities can understand, use, and shape the law

- **Description:**

NEXTGEN Lawyers contributes to the HIV response by addressing structural barriers, particularly legal and human rights challenges that increase vulnerability among PWUD. Criminalization and discrimination discourage individuals from accessing HIV services; by improving access to justice, the initiative helps create an enabling environment for service

uptake.

This initiative integrates legal empowerment into community health responses through partnerships with organizations led by communities and those working on harm reduction and HIV. This includes legal literacy training on rights, drug laws, and health access; mentorship and support for community paralegals; and provision of legal advice and representation for cases involving violence, arbitrary arrest, or denial of services.

The initiative strengthens community capacity to identify and respond to legal barriers affecting HIV outcomes, including through the HIV Tribunal. It also supports advocacy for policy reforms aligned with harm reduction principles, shifting focus from punishment to health-centered approaches.

Importantly, the initiative builds the capacity of young lawyers to deliver client-centered, rights-based services to key populations, expanding the pool of advocates equipped to support HIV-affected communities. This dual focus of community empowerment and legal system strengthening ensures both immediate access to justice and longer-term structural change.

- **Results, outcomes and impact:**

NEXTGEN's approach has improved access to justice for PWUD by increasing availability of community-based legal support and strengthening linkages between communities and legal professionals. Community paralegals are better equipped to identify rights violations and support affected individuals, while pro bono advocates provide representation and mentorship.

The institutionalization of community paralegals has enhanced their legitimacy, consistency, and integration within broader justice and HIV response systems. As a result, PWUD are more likely to seek legal support, report abuses, and access health services without fear. Key outcomes include improved legal awareness, increased reporting of violations, stronger referral pathways between communities and legal professionals, and enhanced collaboration between justice and health actors and increased use of alternatives to prosecution for non-violent drug-related offenses. The model has also contributed to shifting perceptions of PWUD within justice systems, promoting more rights-based and health-centered responses. At a systems level, NEXTGEN has generated evidence and advocacy momentum for more inclusive legal aid and drug policy reforms. Its scalable model demonstrates how integrating legal empowerment into HIV responses can reduce vulnerability and advance health and human rights outcomes for key populations.

- **Gaps, lessons learnt and recommendations:**

Key gaps include punitive drug laws, stigma within justice institutions, low legal literacy among PWUD, and limited access to affordable legal services. Additionally, the absence of formally recognized and supported community-based justice actors has historically limited sustained access to justice at the grassroots level.

Lessons learnt highlight the importance of community-led approaches, trust-building, and embedding legal services within existing harm reduction and HIV programs. Training community paralegals and engaging young advocates improves responsiveness and sustainability.

Recommendations include: scaling community-based legal empowerment models; integrating legal services into HIV and harm reduction programming; strengthening partnerships between legal actors and community networks; investing in legal literacy; and

advocating for drug policy reforms that prioritize public health and human rights over punitive approaches.

Kenya

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Submitted by: Civil society

Time: 2023-2024

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

The Empowered Women Empowering Women initiative, implemented through the Beyond the Label campaign, responds to the multiple and intersecting forms of stigma faced by women who use drugs (WWUD) in Kenya. These women are often defined by harmful societal “labels” linked to drug use, gender, poverty, and social exclusion, which limit their access to justice, healthcare—including HIV services—and protection from violence.

The campaign was designed to challenge and dismantle these labels while promoting dignity, inclusion, and recognition of women as rights holders. Its core objectives include raising awareness on the impact of stigma and discrimination, amplifying the voices and lived experiences of WWUD, and fostering a shift in public and institutional attitudes. It also seeks to promote gender-responsive approaches within legal, health, and community systems, ensuring that women can access services without fear of judgment or exclusion.

Ultimately, the initiative aims to create an enabling environment where women are seen beyond their circumstances and are supported to claim their rights and access essential services.

- **Description:**

The Beyond the Label campaign contributes to the HIV response by addressing stigma and discrimination as key structural barriers affecting WWUD. Fear of judgment and mistreatment often prevents women from accessing HIV prevention, testing, and treatment services. By challenging harmful narratives, the campaign promotes a more enabling environment for service uptake.

Central to the initiative is the use of storytelling through a documentary and a booklet that document the lived experiences of WWUD. These tools elevate women's voices, making visible the realities of stigma, violence, and exclusion, while also highlighting resilience and agency. By presenting these narratives in accessible and compelling formats, the campaign bridges the gap between affected communities and decision-makers in a creative manner. This has also proven to be an effective tool to address public perceptions and build public support.

The documentary screening served as an advocacy platform, bringing together policymakers, justice actors, and community members. This engagement facilitated dialogue and reflection, encouraging stakeholders to confront biases and commit to more rights-based and gender-sensitive approaches.

By shifting narratives and influencing attitudes, the campaign contributes to reducing stigma which is a key driver of HIV vulnerability and supports increased access to services. It also strengthens advocacy for reforms that align drug policy and justice systems with public health and human rights principles, ultimately enhancing the effectiveness of the HIV response.

- **Results, outcomes and impact:**

The campaign has led to increased awareness and dialogue on the rights of WWUD, particularly through the strategic use of storytelling tools i.e. the documentary and booklet. These advocacy materials have successfully shifted perceptions among key stakeholders, fostering empathy and a deeper understanding of the lived realities of affected women.

The documentary screening created direct engagement opportunity with lawmakers and justice actors, resulting in public commitments to address stigma, improve access to justice, and support more inclusive and gender-responsive approaches.

Women involved in the campaign reported increased confidence to share their experiences and advocate for their rights. The initiative also contributed to reframing public discourse by moving away from harmful labels toward recognition of dignity and rights.

Overall, the campaign demonstrates that storytelling, when strategically used, is a powerful tool for influencing attitudes, shaping policy conversations, and strengthening HIV and human rights responses for marginalized women.

- **Gaps, lessons learnt and recommendations:**

Key gaps include pervasive stigma against WWUD, exclusion from decision-making spaces, and limited gender-responsive approaches within justice and HIV systems. Harmful stereotypes continue to influence how women are treated, often resulting in denial of services and rights violations.

A key lesson from the campaign is the transformative power of storytelling as an advocacy

tool. The use of a documentary and a companion booklet capturing real-life experiences of WWUD proved effective in humanizing issues that are often misunderstood or ignored. These tools created empathy, shifted perceptions, and opened dialogue between communities and decision-makers.

Importantly, screenings of the documentary created spaces for engagement with lawmakers and justice actors, resulting in explicit commitments to address stigma, improve access to justice, and support more inclusive policies.

Recommendations include: scaling up storytelling-based advocacy approaches; using multimedia tools such as documentaries and publications to influence policy and practice; strengthening platforms for women's voices; and ensuring that commitments made by policymakers are followed through with concrete actions and accountability mechanisms.

Annexes: <https://nextgenlawyers.org/beyondthelabel-campaign/>

Kenya

Name: Kimani John, National Coordinator, KENPUD, kenpud17@gmail.com

Submitted by: Civil society

Timeline: November 2024 - March 2025

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

In Kenya, PWUD face high risks of HIV and TB, exacerbated by chronic stigma, violence, and criminalization. While the country has made progress in harm reduction—specifically Opioid Agonist Therapy (OAT) and Needle and Syringe Programming (NSP)—a critical leadership gap remains: none of the current implementing civil society organizations are led by people who use drugs.

During the Grant Cycle 7 (GC7) development, essential community priorities were sidelined, including:

- i. Peer-led harm reduction models.
- ii. Comprehensive advocacy for decriminalization.
- iii. Targeted interventions for women who use drugs.

Limited knowledge of complex Global Fund processes historically hindered meaningful engagement, creating an urgent need to amplify community voices for upcoming Global Fund Cycles, as well as domestic resources mobilization, regional and global funding opportunities.

- **Description:**

KeNPUD aimed to transition the community from passive service recipients to active leaders providing oversight to harm reduction programming and implementers.

Primary Goal:

Ensure full funding of community-led harm reduction in order to enhance service uptake by addressing structural barriers and accelerating progress toward the UNAIDS 30-60-80 targets.

Results, outcomes and impact:

KeNPUD requested targeted Technical Assistance (TA) to bridge the knowledge gap. We utilized a human rights-centered methodology:

- i. Leadership Working Group: Established a diverse group of drug user-led network leaders to steer the process.
- ii. Evidence Gathering: Conducted desk research and interviews with 18 key stakeholders, identifying gaps between community needs and existing GC7 grants.
- iii. Capacity Building: Hosted a 3-day workshop for 19 representatives including leaders of Key Populations across 13 counties in Kenya, covering Global Fund frameworks, UNAIDS strategies, and WHO harm reduction guidelines.
- iv. Strategic Roadmap: Collaboratively drafted a roadmap focusing on grassroots empowerment, stakeholder mapping, and specific advocacy demands for GC8.

Outcomes and Impact

- i. The initiative has successfully shifted the narrative from exclusion to informed participation.
- ii. Demystified Processes: Grassroots leaders now understand grant-making and implementation mechanics.
- iii. Validated Roadmap: A community-endorsed plan is now in place to influence Global Fund processes.
- iv. Stronger Linkages: Vulnerabilities of sub-populations (e.g., rural access, women's caregiving roles) are now documented priorities.
- v. Shift in Advocacy: We are now demanding take-home OAT doses and exploring sub-recipient status for community-led organizations.

"After grant writing we do not know what happens. We are no longer involved in the process." > — Common community sentiment now being addressed through KeNPUD's active dialogues with the Ministry of Health.

- **Gaps, lessons learnt and recommendations:**

- i. Participation ≠ Engagement: Without capacity building, invitation to national forums is often just tokenism.
- ii. Complexity as a Barrier: Current bureaucratic requirements effectively exclude smaller, peer-led organizations from being implementers.
- iii. The Danger of "Single Identity": A lack of intersectionality forces people with layered vulnerabilities to choose one "label," leaving their specific health needs unmet.
- iv. Recommendation: Donors should fund consortia of small grassroots groups directly to move from "typology-based" to "policy-based" advocacy.

Annexes:

https://docs.google.com/document/d/1aCQkMBnMkUGh4gu_oIYO6Tz85ZKXmXtF_xznrT4hc/edit?usp=drivesdk

Kenya

Name: Samuel Kamiri M and E Kenya red cross kamiri06@gmail.com

Submitted by: Civil society

Timeline: July - December 2025

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
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- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

coastal Kenya, individuals who use drugs face high rates of HIV infection due to stigma, criminalization, poverty, and limited health service access. These challenges prevent the effective use of HIV prevention and treatment options, worsening their vulnerability to HIV and other health issues. While Kenya has included harm reduction strategies in its HIV policies, services like needle and syringe programs, opioid agonist therapy, and pre-exposure prophylaxis are still inadequate for various populations, including women and youth. Given the fluctuations in donor funding, there's a pressing need for sustainable, community-led models that integrate with public health systems while addressing human rights. This case study highlights a community-led harm reduction program in coastal Kenya that has improved access to comprehensive HIV and health services, emphasizing strategies that enhance community leadership, reduce health disparities, and support rights-based service delivery.

- **Description:**

This case study examines a community-led harm reduction program in coastal Kenya that enhanced the HIV response for individuals who use drugs by improving access to integrated prevention, testing, and treatment services. The program implemented a comprehensive

package, which included needle and syringe services (NSP), HIV testing, antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP), condom distribution, and screening and treatment for sexually transmitted infections (STIs) and tuberculosis (TB).

Between July and December 2025, the program successfully reached 19,677 individuals, conducted 19,159 HIV tests, supported 571 participants on ART, and initiated 3,143 individuals on PrEP, while distributing over 1.49 million sterile needles and syringes as well as 332,969 condoms.

By emphasizing community leadership, the program fostered trust, increased service uptake among marginalized populations, and mitigated stigma-related barriers. The initiative also promoted a rights-based, people-centered approach, effectively integrating harm reduction within local health systems and aligning with national strategies to ensure the sustainability and resilience of HIV programs in resource-constrained settings.

- **Results, outcomes and impact:**

The program significantly improved access to HIV and harm reduction services for people who use drugs in coastal Kenya. From July to December 2025, 19,677 individuals received services, including 19,159 HIV tests. Of these, 571 were supported with antiretroviral therapy (ART), and 3,143 began pre-exposure prophylaxis (PrEP).

Harm reduction expanded with the distribution of 1,492,568 sterile needles and syringes and 332,969 condoms, reducing unsafe injecting and sexual behaviors. The integration of services resulted in 18,677 STI screenings (395 treated) and 19,526 TB screenings (12 treated), improving early detection and management of co-morbidities.

Peer-led outreach increased service uptake among underserved populations, while community-led monitoring enhanced service quality. Overall, the program reduced HIV transmission risks, improved linkage to care, and reinforced a community-centered approach to HIV response, demonstrating the effectiveness of integrated harm reduction models in resource-constrained settings.

- **Gaps, lessons learnt and recommendations:**

Despite the progress that has been made, several gaps continue to exist in the implementation of the intervention. Key challenges include limited access to marginalized populations, inconsistent data collection and reporting, inadequate integration with existing health systems, and difficulties in sustaining peer-led engagement over time. Additionally, resource constraints and dependence on external funding further restrict the potential for scaling.

The lessons learned underscore the efficacy of community-led approaches in enhancing participation and retention. The utilization of digital tools for real-time monitoring is vital, as is the establishment of multi-sectoral partnerships to address structural barriers. Peer networks and local champions have proven effective in fostering trust and facilitating behavioral change, while adaptive programming has permitted timely responses to emerging challenges.

Recommendations include the expansion of outreach efforts to underserved populations, the strengthening of monitoring and evaluation systems to facilitate evidence-based decision-making, and the integration of interventions into broader health and social services to promote sustainability. Furthermore, investment in capacity building for peer leaders and the development of digital platforms is essential, alongside advocacy for increased domestic

funding. Scaling successful models through policy alignment and knowledge sharing will ensure the long-term impact and resilience of the intervention.

- **Annexes:**

[Evaluation of Key Population programme \(Global Fund support\) – Partners for Health & Development in Africa \(PHDA\) is evaluating the effectiveness of Global Fund-supported KP HIV programmes in Kenya with objectives including HIV prevention, human rights literacy, and violence response mechanisms.](#)

Kenya

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Submitted by: Civil society

Timeline: January 2024- December 2025

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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6. **Case study applies to** (tick all that apply) *

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- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• **Background and Objectives:**

Mombasa County is a critical area in Kenya's response to HIV, particularly regarding the concentrated epidemic among people who inject and use drugs (PWID/PWUD). Women, especially mothers, are particularly vulnerable due to stigma, criminalization, gender-based violence, and caregiving responsibilities. These factors significantly limit their access to harm reduction services. Although needle and syringe programs (NSP), opioid agonist therapy (OAT), and overdose prevention interventions are available, they have historically been underutilized by women. This is often due to male-centered service models, a lack of childcare options, and fears of legal repercussions, including the potential loss of child custody. Additionally, emerging trends of sexualized drug use, such as chemsex, are not adequately addressed in current programs.

Objectives:

This case study aims to demonstrate how a gender-responsive, community-led model in Mombasa County enhances equitable access to comprehensive harm reduction services for mothers and women who use drugs. Specifically, it highlights strategies to increase the uptake of NSP, OAT, and naloxone; address chemsex-related risks; and strengthen inclusive, rights-based service delivery for diverse populations of women who use drugs. Mombasa County is a crucial area in Kenya's HIV response, especially regarding the

epidemic among people who inject and use drugs (PWID/PWUD). Women, particularly mothers, face increased vulnerabilities due to stigma, criminalization, gender-based violence, and caregiving responsibilities, which restrict their access to harm reduction services. Although needle and syringe programs (NSP), opioid agonist therapy (OAT), and overdose prevention interventions exist, they are often underutilized by women due to male-centered service models, lack of childcare, and fears of legal consequences, including losing child custody. Additionally, emerging patterns of sexualized drug use, such as chemsex, are not sufficiently addressed.

This case study aims to show how a gender-responsive, community-led model in Mombasa County improves access to comprehensive harm reduction services for mothers and women who use drugs. It highlights strategies to increase the uptake of NSP, OAT, and naloxone, address chemsex-related risks, and promote inclusive, rights-based service delivery for diverse populations of women.

- **Description:**

The intervention in Mombasa County has significantly enhanced the response to AIDS by increasing access to comprehensive, gender-responsive harm reduction services for women, particularly those who are mothers and use drugs. By addressing various structural and social barriers, the program has achieved notable improvements in both prevention and treatment outcomes for this previously underserved population.

The key components of the intervention are as follows:

1. **Community-Based Needle and Syringe Programs (NSP):** The involvement of female peer outreach workers has facilitated enhanced access to sterile injecting equipment, thereby reducing unsafe injecting practices and the associated risks of HIV and hepatitis transmission.
2. ****Opioid Agonist Therapy (OAT):**** The provision of flexible clinic hours and expedited enrollment processes for pregnant and breastfeeding women has improved retention in care and decreased reliance on high-risk drug use. Furthermore, the integration of these services with HIV testing and antiretroviral therapy (ART) has strengthened the continuity of HIV treatment.
3. **Naloxone Distribution:** The distribution of naloxone, accompanied by overdose prevention training, has empowered women and their networks to respond effectively to overdose incidents, thereby reducing mortality risks.
4. **Addressing Sexualized Drug Use:** The intervention has effectively addressed the risks associated with sexualized drug use by integrating harm reduction services with sexual and reproductive health offerings, which include HIV prevention, STI screening, and risk-reduction counseling.
5. **Community-Led Model:** The peer-driven approach has fostered trust, diminished stigma, and enhanced service uptake, with women playing a critical role in the delivery and monitoring of services, ensuring responsiveness and accountability.

Overall, this model has contributed to a reduction in HIV transmission risks, improved adherence to ART, and the strengthening of inclusive, rights-based HIV programming.

- **Results, outcomes and impact:**

the intervention in Mombasa County has led to significant improvements in HIV prevention, treatment access, and the overall well-being of women, particularly mothers, who use drugs.

Service Uptake and Coverage:

Data from 2022 to 2025 show a 40% increase in women accessing needle and syringe programs (NSP), with enrollment in opioid agonist therapy (OAT) more than doubling due to flexible, community-based delivery models.

Health Outcomes:

There has been a notable rise in HIV testing and better adherence to antiretroviral therapy (ART), along with a decline in unsafe injecting practices. Naloxone distribution and overdose response training have also enhanced community capacity to prevent fatal overdoses.

Equity and Inclusion:

Previously underserved groups, including mothers and non-injecting drug users, have increased their engagement with services. The integration of sexual and reproductive health services has improved access to HIV prevention.

Social Impact:

Qualitative evidence highlights reduced stigma, stronger peer networks, and improved stability for mothers and children, resulting in fewer disruptions due to health crises and drug-related harm.

- **Gaps, lessons learnt and recommendations:**

Mombasa County faces challenges in harm reduction services due to stigma, criminalization of drug use, and inconsistent access to programs like needle and syringe services (NSP) and opioid agonist therapy (OAT), particularly for women.

Key lessons highlight the need for gender-responsive, community-led approaches that integrate harm reduction with maternal and reproductive health services.

Recommendations:

- Expand NSP, OAT, and naloxone services for women.
- Institutionalize peer-led models in public health.
- Address chemsex and non-injecting drug use.
- Reform legal barriers.
- Secure sustainable funding for harm reduction.

Annexes: [UNAIDS – Global AIDS Update Reports \(HIV trends, key populations, harm reduction\)](https://www.unaids.org/en/resources/documents) <https://www.unaids.org/en/resources/documents> [World Health Organization – Guidelines on HIV Prevention, Testing, Treatment, Care for Key Populations](https://www.who.int/publications/i/item/9789241599979) <https://www.who.int/publications/i/item/9789241599979>

Kenya

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Submitted by: Civil society and Private Sector

Timeline: 2023-2025

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
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- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background**

Men who have sex with men (MSM) in Kenya face a disproportionate HIV burden, with prevalence estimated at 18.9% compared to 3.1% among men in the general population.

Structural barriers - including stigma, criminalization of same-sex conduct, confidentiality breaches by healthcare providers, and low service awareness - continue to limit HIV testing uptake among this population. Substance use among MSM compounds these vulnerabilities, yet community-level evidence on this intersection remains scarce, particularly outside major urban centers.

This case study documents a mixed-methods community-led research initiative conducted in Kitui County, Kenya, from November to December 2023. The study was designed and implemented by Kitui Innovators Youth CBO, an MSM-led organization with over 800 active members, in partnership with Biko Resource Centre and AMREF Health Africa, with funding from the Global Fund Program.

The research aimed to:

- (1) identify socioeconomic and structural determinants of HIV testing uptake among MSM;
- (2) assess the role of stigma and cultural factors; and

(3) generate actionable evidence to inform community-led service delivery improvements. The design prioritized community leadership at every stage - from sampling and data collection to analysis and dissemination - making it a genuine model of community-led monitoring.

- **Description**

This study enrolled 259 MSM participants across all eight sub-counties of Kitui County using proportionate stratified random sampling. Data were collected through structured questionnaires, in-depth interviews, focus group discussions (FGDs), and key informant interviews. Quantitative data were analyzed using SPSS and R with univariable and multivariable logistic regression; qualitative data underwent thematic analysis using NVivo 12. Digital data capture used KoBoCollect (ODK), with all data managed in compliance with Kenya's Data Protection Act (2019). Ethical approval was obtained from AMREF Health Africa Ethics and Scientific Review Committee, the Kitui County Government, and NACOSTI.

A critical distinguishing feature was the community-led design. Kitui Innovators Youth CBO led participant access, peer-facilitated FGDs, and data validation - embedding trust and credibility into the research process. Biko Resource Centre provided technical support for data analysis, manuscript development, and dissemination, contributing to the translation of raw community-generated data into publishable evidence.

The study's contribution to the AIDS response is threefold. First, it fills a documented evidence gap on MSM health-seeking behavior in non-metropolitan, non-coastal Kenyan settings. Second, it produces county-specific data that Kitui County's Health Management Team and CIHEB Drop-In Centers can use directly for program planning. Third, the manuscript has been submitted to PLOS ONE (Manuscript Number: PONE-S-26-19851), positioning the findings for global peer-reviewed dissemination. The research demonstrates that community hotspots achieve the highest HIV testing uptake (78.6%) among MSM - outperforming government (60.5%), drop-in (57.0%), and private (25.0%) facilities - an insight with direct implications for harm reduction service delivery models across sub-Saharan Africa.

- **Results, outcomes and impacts**

The study enrolled 259 MSM participants, achieving full sub-county coverage across Kitui County. Key findings include:

Community hotspots recorded the highest HIV testing uptake at 78.6%, surpassing government facilities (60.5%), drop-in centers (57.0%), and private clinics (25.0%).

Education was the strongest predictor of testing behavior: university graduates were 24.59 times more likely to have been tested than those with only primary education (AOR=24.59, p=0.002).

Awareness of service entitlements was equally powerful: MSM who knew their rights were 22.51 times more likely to have accessed testing (AOR=22.51, p<0.001).

Sexual activity frequency correlated positively with testing uptake (AOR=1.24, p=0.020).

Geographic location had no statistically significant effect (AOR=1.08, p=0.820), suggesting that decentralized service delivery is succeeding in reducing geographic disparities.

94% of participants reported HIV testing awareness, yet structural barriers - particularly stigma and confidentiality concerns - remained primary deterrents to service access.

The manuscript has been submitted to PLOS ONE for peer-reviewed publication, extending the study's reach to global HIV program designers and policymakers.

- **Gaps, lessons learnt and recommendations**

Gaps identified: Private health facilities recorded the lowest testing uptake (25.0%), indicating a significant service quality and trust gap in the private sector. Confidentiality breaches by healthcare providers were documented qualitatively and represent a persistent system failure. Substance use intersects with MSM vulnerability but remains poorly integrated into routine HIV service monitoring in Kenya. County-level MSM population estimates (NASCOP: 500 vs. CIHEB active cohort: 2,705) reflect major data inconsistencies that undermine program planning.

Lessons learned: Community-led research designs - where an MSM-led CBO leads participant recruitment, peer FGDs, and data validation - produce richer, more credible data than externally imposed studies. Community hotspots outperform clinical settings as HIV testing venues for this population, affirming the value of decentralized harm reduction approaches.

Recommendations: Mandatory cultural competency and confidentiality training should be institutionalized for all healthcare workers serving key populations. Rights-based awareness campaigns must be scaled to reach MSM with lower educational attainment. Routine community-led monitoring should be integrated into county HIV program cycles. Public-private partnerships must be strengthened to align service quality across facility types.

- **Annexes**

Manuscript under peer review: Murithi M. et al. "Factors Influencing HIV Testing Uptake Among Men Who Have Sex with Men in Kitui County, Kenya: Barriers and Interventions." PLOS ONE, Manuscript No. PONE-S-26-19851 (submitted March 2026). Implementing organization: Kitui Innovators Youth CBO, Kitui County, Kenya (MSM-led CBO, 800+ members). Funding: AMREF Health Africa under the Global Fund for AIDS, Tuberculosis and Malaria Program. Website: <https://www.globalfund.org> Ethics: AMREF Health Africa Ethics and Scientific Review Committee; NACOSTI, Kenya; Kitui County Government. Contact for data: bikoresource@gmail.com

South Africa

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Submitted by: Civil society

Timeline: July 2025- January 2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
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- Legislative and policies changes and reform in the area of drug policy
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- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

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- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
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- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

The Community Oriented Substance Use Programme (COSUP) in Tshwane, South Africa represents an innovative model of domestic harm reduction funding. Established through collaboration between the City of Tshwane and the University of Pretoria's Department of Family Medicine, COSUP adopts a community-oriented primary care approach to address drug use, particularly heroin use and injecting drug use. This approach combines harm reduction, human rights, and community integration into a continuum of care, providing comprehensive services such as opioid agonist therapy (OAT), needle and syringe programmes (NSP), psychosocial support, and vocational training.

Harm Reduction International documented COSUP as a promising practice in domestic funding and social contracting, with the aim of highlighting it as a model and source of inspiration for activists and policymakers.

- **Description:**

COSUP was initiated in response to increasing drug use in Tshwane and the limitations of traditional abstinence-based and punitive responses. The programme combines primary care and public health principles to meet the specific health needs of people who use drugs. Interventions include motivational interviewing, brief interventions, OAT, HIV and HCV prevention, and peer-led initiatives. These services are integrated into existing public sector

systems to ensure comprehensive care for people who use drugs.

Municipal funding, through the Department of Health, is channelled to the University of Pretoria as the main implementing agency, which then sub-grants to community-led organisations to implement different harm reduction components. Community inclusion is ensured, with the Chair of the South African Network of People Who Use Drugs (SANPUD) sitting on COSUP's central management committee. Peer educators from the community of people who use drugs are central to the programme and its services. Peer-led outreach services include screening, brief interventions, referrals, the distribution and collection of needles and syringes, behavioural interventions, and engagement with the community of people who use drugs.

COSUP has remained resilient throughout crises. For instance, COSUP continued its services during COVID-19 despite the national lockdown. More than 2,000 new people received services, including 1,076 individuals who were initiated on methadone, resulting in daily observed dosing for more than 500 people across 26 shelters. All COSUP sites remained operational during the lockdown. Similarly, COSUP funding insulated services in Pretoria during abrupt US funding cuts, ensuring continuity of OST and NSPs while donor-funded sites closed elsewhere. During this period, COSUP became a safety net for thousands of clients who would otherwise have been left without medication or sterile injecting equipment.

- **Results, outcomes and impact:**

COSUP currently accounts for almost half of all harm reduction services in South Africa. Between 2020 and 2023, 2,457 people who inject drugs were initiated on OAT, with a retention rate of 60%. A further 2,000 people received sterile needles, and more than 60,000 needles were distributed per month.

Over 80% of stakeholders observed improvements in COSUP clients' health, as the programme addresses risks associated with drug use and provides vital social support. Over 80% of stakeholders also believe COSUP has improved the community integration of people who use drugs. There is an increased sense of agency and belief in the possibility of change within the community. This has contributed to a reduction in stigma and helped to address broader societal trauma. A 2023 study concluded that stakeholders perceived COSUP as beneficial for service users, their families, service providers, and the wider community.

COSUP was named a best practice case for governance in the 2020/21 State of South African Cities report. The City of Tshwane was described as the most positive example of the scale-up of harm reduction services in South Africa during the COVID-19 national lockdown.

- **Gaps, lessons learnt and recommendations:**

Despite its successes, achievements, and recognition, COSUP has faced financial, policy, and programmatic challenges. The continuation of COSUP is often at risk during changes in government, although it has been sustained through consistent advocacy and lobbying. Similarly, integrating programmes into existing structures has been challenging for several reasons, and despite the intention of integration, sites have often operated as stand-alone vertical services. COSUP's onward funding to community-led organisations has reduced over time, which may impact community mobilisation, advocacy, and effective outreach.

Key recommendations moving forward include:

- Institutionalising COSUP to absorb shocks arising from funding uncertainties linked to

changes in government.

- Positioning COSUP as a service for the broader community, not only for people who inject drugs.
- Fostering communication, collaboration, and coordination rather than competition.
- Advocating for the replication of the COSUP model in other provinces to normalise such funding and programmes at the national level.

Annexes: <https://hri.global/publications/cosup-in-south-africa-a-model-for-domestic-harm-reduction-funding/>

Nigeria

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Submitted by: Civil society

Timeline: 2019 - 2026

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Background:

Community organization of people who use drugs in Nigeria started in 2017, with a group of drug-user led community organizations that were supported through formalization by the Global Fund capacity building process for nascent Key population organizations in Nigeria. Drug Harm Reduction Advocacy Network Nigeria (DHRAN) has as its goal: “ensuring the right to health and dignity of people who use drugs in Nigeria”. Its primary approach is advocacy with multi-sectoral stakeholders at National, sub-national, Regional and International levels for availability and access to harm reduction and rights services for people who use drugs. The network also serves to mobilize people who use drugs to access harm reduction services and information on how to reduce the harms of their drugs use and also to engage in processes that improves their health and social outcomes.

This case study explores the role the community network has played in:

- Advocating for the availability of harm reduction services
- Setting community priorities for harm reduction service delivery
- Supporting provision of enabling environment for the implementation of Harm reduction services
- Integrating other services into harm reduction services
- Providing evidence for implementation of qualitative harm reduction services in Nigeria.

- **Description:**

Harm Reduction Advocacy: In the Grant Cycle 5 country dialogue, DHRAN funded 2 persons who inject drugs from Kano and Gombe State to the dialogues. Prior to the country dialogue, there were arguments among stakeholders that injecting drug users do not exist in the country.

Setting community priorities for harm reduction service delivery: Through engagement at the National technical Working Group on Harm Reduction, DHRAN has made contributions to the development of guidelines including the Needle and Syringe program and the Medication assisted Treatment (MAT) guidelines.

Enabling environment for the implementation of Harm reduction services:

DHRAN signed a Memorandum of Understanding with the National Human Rights commission (NHRC) to develop a reporting and redress system for violations and abuses of community members and decriminalize drug use in Nigeria. This has seen less disruptions in service provision.

DHRAN also funds sub-national bi-annual stakeholders accountability forums to engage with stakeholders for enabling environment in states where harm reduction services are implemented.

Integrating other services into harm reduction services:

DHRAN organizations have achieved integration of other health services at community levels to improve the overall health outcome of people who use drugs at risk of HIV. This includes cervical cancer, Viral Hepatitis, pre and post-natal services for women who use drugs, contraceptive services, injecting wound/abscess treatment, and violence prevention and redress.

Providing evidence for implementation of qualitative harm reduction services:

Through the community-led monitoring of HIV and Harm Reduction services in Global fund states, DHRAN has provided evidence of harm reduction services allowing program partners to adjust harm reduction services to fit the values and preferences of people who use drugs. DHRAN organizations have also provided data from community implementation to support program improvement.

- **Results, outcomes and impact:**

a. Implementation of the pilot needle and syringe program (NSP) in 3 states by DHRAN member organization and the eventual implementation of the MAT program in the NSP states

b. Inclusion of community availability of Naloxone for overdose management in the NSP guideline

c. Inclusion of community-based drop-in-centres for MAT provision as an option in the MAT guideline

d. Availability of reporting and redress mechanism for human rights of people who use drugs within the NHRC reporting system.

e. Ongoing engagement with relevant stakeholders for amendment of the National Drug Law Enforcement Agency Act to include threshold for drug possession for personal use.

f. Collaboration with law enforcement for reduction of raids at Harm reduction sites in Gombe State.

g. Establishment of a community-based laboratory for RNA screening for Hepatitis C in collaboration with the Gombe State specialist hospital.

- h. Access of people who use drugs to integrated services at Government health facilities at subsidized cost.
- i. Evidence of service quality for HIV continuous quality improvement at community and facility levels in 3 Global fund states.

- **Gaps, lessons learnt and recommendations:**

- a. Lack of Harm reduction services to scale: according to the HIV program review by the National Agency for the Control of AIDS, only 12% of People who Inject Drugs (PWID) know their HIV status. Only 4 GF states are currently implementing comprehensive Harm Reduction services. There needs to be a scale up of HIV and Harm reduction services coverage.
- b. Criminalization of drug and drug use equipment possession remains the single most disruptive reason for NSP and MAT service uptake by people who use drugs. There is need to establish thresholds for possession of harm reduction commodities like Needles and syringes, Naloxone and take home dose of MAT.
- c. Inadequate stakeholder engagement: Due to the shrinking funding landscape and the reprioritization of meetings drug user community and other stakeholders' engagement and consultations are shrinking thus creating a gap in community mobilization and stakeholder engagement for enabling environment for service uptake.
- d. Considering the shift to integration and transitioning, there is need for a provision of a separate funding stream for community organizations and networks to mobilize their communities, provide and refer them to services at appropriate facilities and implement community-based care and support services for people who use drugs.

Annexes:

- a. NHRC partners with DHRAN to defend drug users rights in Nigeria
- b. From Punishment to Protection: Advocates push for rights of people who use drugs
- c. DHRAN moves to scale up TB services for PWUIDs in Nigeria
- d. Global Fund team visits DRHAN to discuss Drug Harm Reduction
- e. Love Alliance - Nigeria

Asia Pacific

Bangladesh

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Submitted by: Civil society;

Timeline: January 2024 to December 2025

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

In Bangladesh, HIV prevention services for People Who Inject Drugs (PWID) have traditionally been delivered through NGO-operated Drop-In Centres (DICs), which function largely outside the public health system and rely heavily on external donor funding. While this model has been effective in reaching key populations, it has faced significant challenges, including limited sustainability, persistent stigma and discrimination, and restricted access to comprehensive healthcare services such as general medical care, mental health support, and management of co-infections.

The separation of harm reduction services from mainstream healthcare has also contributed to fragmented service delivery and missed opportunities for integrated care. As donor funding uncertainties increased, the need for a more sustainable and system-integrated approach became evident.

To address these challenges, Bangladesh initiated a strategic transition to integrate harm reduction and HIV prevention services into public hospitals under government leadership. This approach aims to strengthen national ownership, reduce health inequities, and institutionalize services within the public health system. By embedding services into existing healthcare infrastructure, the model seeks to improve access, enhance quality of care, and ensure long-term sustainability of the HIV response for PWID.

- **Description:**

Under the Global Fund NFM3 framework and the strategic leadership of the National AIDS/STD Program (NASP), Bangladesh has undertaken a phased approach to integrate key population (KP) HIV and harm reduction services into public hospital systems. This transition aims to enhance sustainability, strengthen government ownership, and improve access to comprehensive and stigma-free health services for marginalized populations. Historically, KP services—including those for people who inject drugs (PWID), female sex workers (FSWs), men who have sex with men (MSM/MSW), and transgender individuals—were delivered through NGO-operated Drop-In Centres (DICs) functioning outside government health facilities. Recognizing the limitations of parallel service delivery models, a structured integration process was initiated under the Global Fund-supported program. The intervention followed a phased strategy. The first phase involved the relocation of DIC services into designated spaces within public hospital premises, ensuring physical proximity to formal healthcare systems. This was followed by targeted capacity building of healthcare providers through training and sensitization on harm reduction principles, human rights, and KP-friendly service delivery. The final phase focused on full integration of services into hospital systems, including alignment with national protocols, reporting mechanisms, and supply chain management.

The integrated service package is comprehensive and client-centered, including Opioid Agonist Therapy (OAT), Needle–Syringe Exchange (NSE), HIV Testing Services (HTS), sexually transmitted infection (STI) and abscess management, Hepatitis B and C testing and referral, tuberculosis (TB) screening and referral, mental health and psychosocial support, and structured referral pathways for advanced care. This model ensures continuity of care through coordinated service delivery within a single platform.

Currently, 16 KP service centers are operational within public hospitals across the country, among them 10 services are operated in Ashokta Punarbashan Sangstha (APOSH) under the Global Fund-supported project, demonstrating the scalability of this integration model. Services are delivered through multidisciplinary teams comprising doctors, nurses, counselors, peer outreach workers, and program staff. The intervention is further strengthened by unified monitoring and reporting systems aligned with national health frameworks, ensuring data quality, accountability, and evidence-based decision-making. Overall, this integrated approach reflects a sustainable and rights-based model for delivering harm reduction and HIV services, promoting stronger linkages between community-based interventions and public health systems in Bangladesh.

- **Results, outcomes and impact:**

The integration of harm reduction services into public hospitals has led to measurable improvements in service utilization, access to care, and overall system efficiency. Following integration, there was a 38% increase in the use of general health services among people who inject drugs (PWID), indicating enhanced trust and accessibility within public healthcare settings.

A total of 4,420 PWID accessed essential medications that were previously unavailable through standalone NGO-operated services. Additionally, the integrated model facilitated the effective management of 448 complex sexually transmitted infection (STI) cases and 544 abscess cases, reflecting improved clinical capacity and timely intervention within hospital systems.

From a systems perspective, the model generated an average operational cost saving of approximately USD 800 per center per month by reducing duplication of services and optimizing existing public health infrastructure. Integration also strengthened referral pathways and continuity of care, enabling better linkage between harm reduction services and broader health services.

Overall, this approach has reduced fragmentation, minimized reliance on parallel NGO systems, and enhanced the responsiveness and inclusiveness of the national health system in addressing the needs of people who use drugs.

- **Gaps, lessons learnt and recommendations:**

Effective integration of Key Population (KP)-focused services into public hospitals requires adequate preparedness, sensitization, and capacity building of healthcare providers to ensure stigma-free, respectful, and rights-based service delivery. Structured training and orientation should strengthen providers' knowledge and skills on HIV prevention, harm reduction principles, KP diversity, confidentiality, and ethical service provision. Sensitization initiatives are equally important to address biases, reduce stigma and discrimination, and foster a more inclusive, client-centered approach within healthcare settings. Continuous capacity building, refresher training, and supportive supervision are essential to sustain quality services and improve provider confidence in working with KP communities.

The integration of harm reduction services into public hospital systems highlights the importance of aligning NGO-led service delivery approaches with government administrative systems. Physical relocation alone is insufficient without dedicated service space, clear staffing structures, and strong institutional and political commitment. Existing gaps include the absence of formal mechanisms for structured counselling and community-level follow-up, limited meaningful engagement of KP communities, and persistent stigma among some providers, all of which affect access, trust, and quality of care. Strengthening community participation, establishing feedback mechanisms, and ensuring a rights-based approach are critical to achieving inclusive, responsive, and sustainable service delivery.

Cambodia

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Submitted by: Government; Civil society; UN or other international organization

Timeline: June 2022-March 2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

This case study highlights Cambodia's approach to translating evidence into policy and programmatic action to address Chemsex among key populations. It illustrates how community-led organizations play a critical role in reaching people engaged in Chemsex by integrating tailored interventions into existing key population HIV prevention programs and linking them to harm reduction and HIV services.

In 2022, the National Center for HIV/AIDS, Dermatology and STD (NCHADS) led an operational research to assess Chemsex practices, HIV risk behaviors, and service access among men who have sex with men and transgender women. The study findings revealed emerging Chemsex-related risks and gaps in service access, and proposed policy and programmatic responses.

The evidence-informed service adaptations piloted by Men's Health Cambodia involved integrating Chemsex-responsive interventions into existing outreach and demand-generation activities. Building on both the research findings and promising pilot results, NCHADS—with support from UNAIDS and in partnership with the Department of Mental Health and Substance Abuse—developed operational guidelines on integrated HIV, harm reduction and mental health services for key populations at risk, to guide the coordinated national response to Chemsex.

- **Description:**

Cambodia has made significant progress in its HIV response, transitioning from one of Asia's most affected countries in the 1990s to a regional leader. By the end of 2024, Cambodia achieved 92-100->98 against 95-95-95 target. New HIV infections declined by 45% since 2010; however, an estimated 1,200 new infections occurred in 2024—highlighting persistent prevention gaps. Key populations and their partners, and young people remain disproportionately affected, accounting for 88% of new infections, with 44% occurring among those aged 15–24. HIV prevalence among MSM increased from 4% in 2019 to 5.5% in 2023, and among transgender women from 9.6% to 13.5%.

A 2022 operational study identified high-risk Chemsex practices, including frequent sexualized drug use, injection drug use, multiple sexual partners, and high levels of drug dependency, often facilitated through digital platforms and accompanied by non-consensual sex and involuntary drug use. Despite the availability of condoms and lubricants, inconsistent use, low uptake of HIV testing, and limited awareness or use of pre-exposure prophylaxis persisted among people engaging in Chemsex. These findings highlight Chemsex as an important driver of ongoing HIV transmission and underscore the need for a coordinated, integrated response.

The development and implementation of operational guidelines on integrated HIV, harm reduction, and mental health services are therefore critical to Cambodia's HIV response. The guidelines provide a standardized framework to address overlapping vulnerabilities—HIV risk, substance use, and mental health—through tailored, people-centred services. By strengthening service integration, improving referral pathways, and guiding community-led and digitally enabled outreach, the guidelines support earlier risk identification, increased uptake of HIV testing and PrEP, improved retention in care, and reduced stigma. As such, scaling up Chemsex-responsive interventions, aligned with the Health Sector Strategic Plan 2026–2030, is essential to preventing new infections and sustaining progress toward national and global AIDS targets.

- **Results, outcomes and impact:**

Based on evidence generated from the study, a pilot Chemsex intervention was initiated in Phnom Penh and implemented by Men's Health Cambodia. The pilot integrated Chemsex-responsive interventions into existing physical and virtual outreach approaches, including dating applications. It also engaged key informants—particularly members of Chemsex networks—to identify and reach individuals engaged in Chemsex.

In 2024, the program reached 794 Chemsex users, of whom 28% were reached through virtual outreach. HIV testing uptake was 27%, with an HIV positivity rate of 13% and 100% linkage to treatment. Among those who tested HIV-negative, the majority were enrolled in PrEP.

In 2025, 908 high-risk Chemsex users were identified. Of these, 49% were tested for HIV, with an HIV positivity rate of 6% and 100% linkage to treatment. Among those who tested HIV-negative, 61% were enrolled in PrEP.

To ensure national guidance and scale-up, NCHADS, in partnership with the Department of Mental Health and Substance Abuse, developed national operational guidelines for Chemsex interventions. These guidelines provide standardized guidance for community-led organizations and health-facility-based service providers to deliver key population-friendly, stigma-free, and evidence-based integrated HIV, harm reduction, and mental health services aligned with national strategies.

- **Gaps, lessons learnt and recommendations:**

The pilot Chemsex intervention demonstrated that tailored, community-led approaches can effectively reach a highly vulnerable population; however, several challenges limited its overall impact. Stigma related to same-sex behavior and drug use, compounded by the criminalization of drug use, significantly constrained disclosure and service uptake among Chemsex users. Many individuals remained hidden or disengaged due to fears of arrest, discrimination, or breaches of confidentiality. Outreach efforts were further hampered by safety concerns for outreach workers, particularly when engaging Chemsex networks at night, in private settings, or during transitions from virtual to in-person contact, which limited outreach intensity and continuity.

While the pilot achieved encouraging results in terms of reach, HIV testing, and PrEP initiation, retention on PrEP emerged as a critical gap. Only around 40% of Chemsex users who initiated PrEP remained on it after six months, underscoring the effects of unstable lifestyles, substance use, mental health challenges, and limited follow-up capacity.

Overall, the pilot experience highlights the importance of peer-led, digitally enabled outreach and the integration of HIV, harm reduction, and mental health services. Moving forward, the development and implementation of national operational guidelines are essential to scale up Chemsex-specific interventions among key populations.

Annexes: https://unaidsharepoint.com/:b:/s/RST-BKK-A.12MCOCambodia/IQDIQkh0x2wwT75gpQYD4GbRAXIjMfqpeXCiJwh7_0rYMzU?e=6C5oct

India

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Submitted by: Other (please specify)

Timeline: April 2024 - March 2025

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

India has one of the largest populations of people who use/inject drugs globally, with an estimated 8.5 lakh people who inject drugs (PWID) and over 2.26 crore opioid users, as per the National Survey on Extent and Pattern of Substance Use (2019). While the National AIDS Control Programme (NACP) has expanded harm reduction services such as Needle Syringe Exchange Programmes (NSEP) and Opioid Substitution Therapy (OST), significant gaps persist in access, quality, and equity. Recent programme data (Sankalak 2024–25) indicate high reported coverage of NSP services, yet only around 60,000 individuals are enrolled in OST, reflecting limited uptake relative to need.

India's treatment landscape includes over 340 Integrated Rehabilitation Centres for Addicts (IRCA), alongside numerous privately operated and often unregulated Substance Use Disorder (SUD) treatment centres. Evidence from the Indian Drug Users' Forum (IDUF) study, "Revealing Realities, Reclaiming Rights," highlights critical human rights concerns, including involuntary detention and non-consensual treatment practices.

This case study aims to examine community led, rights-based approaches to strengthening harm reduction and HIV responses, with a focus on improving service access, enhancing accountability, and promoting integration across HIV, mental health, and social protection systems.

- **Description:**

The intervention led by the Indian Drug Users' Forum (IDUF) represents a community-led, rights-based approach to strengthening the HIV response among people who use/inject drugs in India. It focuses on bridging critical gaps in harm reduction service delivery, improving access to prevention and treatment services, and advancing the human rights of affected populations.

A key component of the study is community led study, where trained community members systematically document service gaps, barriers to access, and rights violations across harm reduction and treatment settings, including privately operated SUD treatment facilities. This evidence is used to inform advocacy with national and state level stakeholders, including programme implementers under the National AIDS Control Programme and Department of Social Justice and Empowerment.

The study also strengthens connection between community networks and service providers, improving understanding of the treatment guidelines and other health services. By fostering trust and reducing stigma, the approach enhances uptake of HIV prevention and treatment services among marginalized populations.

In addition, the initiative contributes to policy dialogue by highlighting inconsistencies between existing practices and rights based frameworks such as the Mental Healthcare Act, 2017. It advocates for the integration of harm reduction, mental health, and social protection services, and for stronger regulatory oversight of treatment centres.

Overall, the intervention demonstrates how community leadership can enhance the effectiveness, equity, and accountability of the HIV response, particularly for populations that are often underserved by conventional service delivery models.

- **Results, outcomes and impact:**

The intervention has contributed to improved identification of service delivery gaps and strengthened accountability harm reduction and demand reduction programmes. Through community led study, systematic documentation of barriers, including denial of services, stigma, and non-consensual treatment practices has been achieved across multiple settings. The initiative has facilitated increased engagement between community networks and service providers, leading to improved understanding of treatment guidelines and integration of services including OST, and related services. It has also supported enhanced awareness among people who use/inject drugs regarding their rights and available services, contributing to increased service uptake in intervention areas.

Evidence generated through the study has informed advocacy efforts at state and national levels, contributing to greater recognition of the need for rights-based, person-centred approaches within the harm and demand reduction response. The findings have also highlighted critical gaps in the regulation and quality of SUD treatment services.

Overall, the intervention demonstrates the effectiveness of community led approaches in improving service access, strengthening programme accountability, and addressing structural barriers that limit equitable access to integrated service model including HIV prevention and treatment services.

- **Gaps, lessons learnt and recommendations:**

The case study highlights several critical gaps, including a persistent mismatch between the demand for treatment and the availability of quality, evidence-based services, limited coverage and uneven distribution of harm reduction services, weak regulatory oversight of privately operated SUD treatment centres; and insufficient integration between HIV, mental health, human rights and social protection systems.

A key lesson learned is that community led approaches are essential for identifying systemic barriers, improving service accountability, and enhancing trust between service providers and affected populations. Meaningful involvement of people who use/inject drugs in programme design, implementation, and monitoring significantly strengthens the effectiveness of interventions.

Moving forward, there is a need to expand equitable access to comprehensive harm reduction services, including OST and overdose prevention; institutionalize community led intervention within national programmes; strengthen regulatory frameworks to ensure rights based and evidence-based treatment, and promote integration of services across health and social sectors.

These measures are critical to achieving a sustainable, inclusive, and rights-based HIV response that effectively addresses the needs of people who use/inject drugs.

Annexes:

[® National AIDS Control Organisation \(NACO\): https://naco.gov.in](https://naco.gov.in) [® Sankalak 7th Edition 2025: https://naco.mohfw.gov.in/sites/default/files/Sankalak%20Booklet_Seventh%20Edition.pdf](#) [® Ministry of Social Justice and Empowerment \(IRCA Scheme\): https://socialjustice.gov.in](#) [® Mental Healthcare Act, 2017: https://www.indiacode.nic.in](#) [® Rao, R. et al. \(2023\). PWID coverage and OAT access in India: https://pmc.ncbi.nlm.nih.gov/articles/PMC11107929/](#) [® Ambekar, A. et al. National Survey on Extent and Pattern of Substance Use in India \(2019\)](#) [® Integrated Rehabilitation Center for Addicts \(IRCA\): https://www.pib.gov.in/PressReleaseDetailm.aspx?PRID=1947055®=3&lang=2#:~:text=by%20this%20Ministry%20or%20in,been%20treated%20in%20these%20centers.](#) [® National Survey on Extent and Pattern of Substance Use in India \(2019\): https://socialjustice.gov.in/writereaddata/UploadFile/Survey%20Report.pdf](#) [® IDUF Position Paper: https://drive.google.com/file/d/1I0RZyo5DnNcG7lq49qIhzIUO63TirZD6/view?usp=sharing](#)

Indonesia

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Submitted by: Civil society

Timeline: Phase 1: March 2022 - November 2023. Phase 2: July 2025 - December 2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
 - Women who use drugs
 - Young people who use drugs
 - Gay, bi-sexual, and other men who have sex with men who use drugs
 - Trans and non-binary people who use drugs
 - Sex workers people who use drugs
 - People in prisons who use drugs
 - Displaced people who use drugs
 - People who use drugs affected by conflict/war
 - People who use drugs affected by climate change
-

- **Background and Objectives:**

Indonesia is one of the most religious countries, with 98% of citizens considering religion essential in daily life. Yet people who use drugs (PWUD) often face stigma and discrimination rooted in religious narratives, which undermines access to harm reduction services. To address this gap, the BRAVE project (Bridging Religious Groups and People Who Use Drugs in Harm Reduction) was initiated in 2022 by LBHM with support from the Elton John AIDS Foundation. The programme's objectives are:

1. Document religious perspectives of harm reduction services and PWUD experiences of stigma and discrimination.
2. Facilitate dialogue between PWUD, religious leaders, and healthcare providers to build empathy and reduce barriers to harm reduction services.
3. Equip religious leaders with harm reduction knowledge through tailored training modules, enabling them to contextualise public health principles within their own theological frameworks.
4. Build sustainable advocacy by linking faith-based organisations to drug policy reform, ensuring long-term support for harm reduction.

Through these objectives, this project seeks to transform religious spaces into platforms of

compassion, inclusion, and advocacy, strengthening harm reduction and responses while advancing human rights.

- **Description:**

BRAVE project contributes to the AIDS response by addressing one of the root causes of stigma, religious narratives that often shape exclusion and discrimination toward PWUD. Phase 1 produced initial empirical study on religious perspectives, engaging leaders and PWUD across six faiths in Indonesia. The findings revealed how theology and community norms can reinforce self-stigma and exclusion, but also highlighted the potential of religion to support resilience and recovery.

Phase 2 has focused on capacity building for religious leaders. A harm reduction training module was developed to integrate public health principles with lived experiences, enabling leaders to contextualise harm reduction within their own theological frameworks. Through experiential learning, including visits to methadone services and direct engagement with PWUD and healthcare providers, leaders strengthened empathy and practical understanding. The process culminated in a joint statement of support for harm reduction, reframing drug use from a moral or legal issue into a health and social concern, and committing leaders to advocacy and community initiatives.

By engaging religious leaders, BRAVE project is working to reduce stigma and foster supportive environments that ease pathways to HIV prevention and treatment. It is also laying the groundwork for policy reform, positioning faith communities as allies in advancing humane, rights-based drug policies.

- **Results, outcomes and impact:**

BRAVE project has generated tangible shifts in both evidence and practice. Phase 1 served as an initial study documenting religious perspectives and the lived experiences of PWUD. The result is a report that bridges dialogues between CSOs working on drug policy reform and religious organisations. Phase 2 built on these lessons by focusing on capacity building and awareness raising for religious leaders. The process culminated in a Joint Statement of Support for Harm Reduction, marking a milestone in faith-based acceptance. Pre and post-surveys confirmed significant attitudinal change, with leaders shifting from viewing PWUD as “immoral” or “harmful to society” to recognizing them as human beings in need of support and healthcare.

Overall, this project is working to reduce stigma, foster empathy, and encourage religious leaders to become allies in sustaining harm reduction and HIV responses in Indonesia. The programme is striving to open new pathways for advocacy in drug policy reform by building dialogue, equipping leaders with knowledge, and supporting inclusive narratives. While challenges remain, these efforts reflect a growing commitment to transform religious spaces into platforms of compassion and support for PWUD.

- **Gaps, lessons learnt and recommendations:**

Findings from Phase 1 highlighted several persistent challenges. Some religious groups remain resistant to engaging with harm reduction, often framing PWUD solely within moral or punitive narratives. Knowledge of harm reduction itself is limited among many religious leaders, leaving gaps in understanding of its principles and effectiveness. Gender

perspectives are underdeveloped, with women PWUD facing compounded stigma. Public narratives from religious leaders that actively support harm reduction remain scarce, reducing visibility and broader acceptance.

Direct encounters between religious leaders and PWUD at harm reduction clinics foster empathy and reduce stigma. Providing comprehensive knowledge of harm reduction is essential to shift perspectives. Equally important is the theological legitimacy of harm reduction, which makes advocacy more accessible and credible within religious communities. Recognizing this, Phase 2 includes the training of harm reduction for religious leaders and development of theological studies by LBHM partners, focusing initially on Protestant and Islamic perspectives, to strengthen engagement with religious groups and provide a foundation for sustained advocacy.

Future efforts should widen interfaith forums with inclusive, gender-sensitive approaches, ensuring diverse voices are heard. Religious leaders can be empowered to champion harm reduction narratives in policy and media. Institutionalized collaboration with faith-based organizations, alongside embedding harm reduction into theology and pastoral practice, will secure sustainable, compassionate advocacy.

Annexes: [Research Results & Joint Statement from Religious Leaders available at: https://bit.ly/3PSuNI5](https://bit.ly/3PSuNI5). Video Campaign available at: <https://bit.ly/47L2Cun>.

Indonesia

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Submitted by: Civil society

Timeline: September-November 2026

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Indonesia has developed a comprehensive legislative frameworks for harm reduction, embedding services including methadone maintenance therapy (MMT) and sterile needle and syringe services (SSS) directly into its national primary healthcare system. By 2024, 630,414 people living with HIV had been identified in Indonesia, with people who inject drugs recognised as a key population under Minister of Health Regulation No. 23 of 2022, which mandates seven essential harm reduction services.

Despite this strong policy foundation, harm reduction programming in Indonesia has long relied on international financing, including from the United States through USAID and the Global Fund. The abrupt reduction and termination of US funding from February 2025 onwards created an urgent need to assess the consequences for programmes, organisations, and people who use drugs.

Harm Reduction International commissioned this rapid assessment in collaboration with Rumah Cemara and a coalition of Indonesian civil society organisations to document the immediate impacts of US funding cuts on harm reduction in Indonesia, identify gaps in service continuity, and develop evidence-based recommendations for sustainable domestic and diversified international financing strategies.

- **Description:**

Harm reduction is a cornerstone of Indonesia's HIV and TB elimination strategy. People who inject drugs face heightened vulnerability to HIV, and by extension to TB — two of Indonesia's primary public health challenges. The government's target to eliminate

both as public health threats by 2030 depends significantly on sustained harm reduction coverage, including outreach, peer support, SSS and MMT.

The integration of harm reduction into primary healthcare through Puskesmas — government-run community health centres — has been a major structural achievement, ensuring that core services are not solely dependent on external funding. US bilateral funding accounted for only 11.18% of total national HIV, AIDS and TB financing, meaning government-managed services have so far remained largely insulated from the cuts. However, the funding reductions have exposed a critical gap: outreach, peer accompaniment, community education and psychosocial support — the community-facing work that connects people who use drugs to services and supports their rights — have been wholly supported by international funding, including from the US. These functions, carried out primarily by civil society organisations (CSOs) and community-based organisations (CBOs), are not yet integrated into domestic budgets.

The termination of USAID-funded programmes halted implementation mid-cycle, leaving outputs unfinished and learning unrecorded. Global Fund recipients faced a 9.3% budget reduction, due to GC7 reprioritisation, affecting 29 organisations across 58 cities and districts — organisations that between them had 46 outreach workers supporting people who inject drugs — reducing the ratio of outreach workers to clients across all sites. Educational programmes on safe injecting practices and condom use were suspended, cutting off prevention information to communities not yet in contact with services.

This case study demonstrates that even in contexts of relatively low donor dependency, abrupt funding terminations create cascading harms — particularly for the community-led infrastructure that sustains access to services.

- **Results, outcomes and impact:**

The rapid assessment identified three categories of impact. First, programme continuity was disrupted: USAID-funded programmes were halted mid-implementation, preventing achievement of planned outputs and losing accumulated learning. Global Fund-supported programmes continued but with reduced budgets, shrinking outreach capacity across 29 organisations in 58 cities.

Second, grant-receiving organisations faced significant institutional damage: staff were dismissed, some organisations encountered legal challenges under Indonesian labour law, and several reported damaged credibility with government partners. Larger CSOs restructured and downsized; many CBOs maintained operations only through volunteerism. Adaptive responses included social entrepreneurship — for example, PKBI West Java established clinics, guesthouses and shop rentals to diversify income.

Third, people who use drugs experienced reduced access to peer support, study groups and community education, though opioid agonistic therapy and needles syringe programmes at Puskesmas remained operational thanks to domestic budget protection. Families, partners and wider communities connected to harm reduction programmes were also affected by

the withdrawal of outreach and prevention education.

Critically, Indonesia's experience demonstrates that integrating clinical harm reduction services into national health systems provides real resilience against donor shocks — while simultaneously revealing that community-led outreach and advocacy remain dangerously underfunded from domestic sources.

- **Gaps, lessons learnt and recommendations:**

The primary structural gap identified is the near-total reliance on international funding for community-led harm reduction work — outreach, peer support, education and advocacy—despite the integration of clinical services into domestic budgets. This creates a two-tier vulnerability: services survive, but the community infrastructure connecting people to them does not.

Key recommendations include:

- Integrate community-led programming into national and regional budgets (APBN/APBD), positioning harm reduction holistically alongside social services, employment and housing rather than solely within health budgets.
- Mobilise corporate social responsibility (CSR) funds, with the government acting as a mediator to connect CSOs with private sector partners. The theoretical potential of CSR funding in Indonesia is estimated at approximately US\$57.88 billion annually (based on 1–2% of company net profits).
- Explore community and religious social funds, including zakat managed through Baznas, to finance social and economic support for people who use drugs.
- Diversify international cooperation beyond the US, strengthening partnerships with multilateral organisations and bilateral donors already active in Indonesia.
- Strengthen CSO and CBO financial resilience through social enterprise development, cross-country knowledge exchange (particularly with the Philippines and Kenya), and collective advocacy for renewed international funding commitments.

Indonesia's experience should serve as a policy signal globally: domestic integration of clinical services is necessary but not sufficient — community-led work requires equal protection.

- **Annexes:**

<https://hri.global/publications/the-impact-of-us-funding-cuts-on-harm-reduction-in-indonesia/>

Myanmar

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Submitted by: UN or other international organization

Timeline: Jan to Feb 2025

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• **Background and Objectives:**

Since 1992, Medecins du Monde (MdM-F) has been implementing harm reduction program activities in Yangon and Kachin in collaboration with Ministry of Health. Targeting key population like people who use drug, their partners and sex workers, the program mitigates HIV transmission and drug related risks. In Kachin, where monthly overdose average 20-30 reported, and encountering one of the main challenges is not allow trained peer workers administer Naloxone legally. However, MdM address accessibility gaps by training dealers and peer workers in Naloxone administration, response and first aid at field level. This community-led approach supplements clinic, KPSC and remote shooting sites and other hard to reach coverage areas. This intervention have achieved a 90% response rate and survival rate of up to 95% effectively bridging the gap in life-saving emergence care. to ensure program excellence, the case study focuses on documenting outcomes., identifying core strengths, and pinpointing areas for improvement while validating methods against international best practice. Strategic recommendations prioritize refining these methodologies for enhance effectiveness and long-term sustainability, specifically highlighting community-based approaches through the lens of successful case studies. Furthermore, the process identifies key advocacy messages and outlines a comprehensive communication and advocacy plan designed to strengthen stakeholder engagement and support the program objectives.

- **Description:**

Community-based overdose prevention and response approach is a critical component of the AIDS response in harm reduction program, serving as both a life-saving intervention and strategic bridge to the HIV care continuum. In high prevalence areas, overdose is often a leading cause of death and frequently happening among drug user population. By conducting awareness session, training and distributing Naloxone, and first aid, and providing peer-led response program ensure individuals are live to access. Then these services reach hidden populations who avoid coming clinic and KPSC due to stigma, criminalization, and challenging transportation barriers. A peer-led overdose response builds the rapport necessary to transition survivors into Opioid Agonist Therapy (OAT), and HIV treatment. This approach transforms the overdose crisis from a point of terminal despair into health engagement opportunities other necessary services. By empowering peer workers, drug user groups, self-help groups, drug users family members, community members and reducing structural barriers, it addresses both the overdose epidemic and HIV transmission and other negative consequences of using drug.

- **Results, outcomes and impact:**

From January 2019 through June 2024, the team documented 1,834 overdose incidents in harm reduction program. The data identifies polydrug use involving alcohol as the primary driver of the incidents, counting for 1,254 cases. This was followed by using overlimit at 274 cases and relapses at 239 cases. A smaller subset of 67 incidents was attributed to specific vulnerabilities, including first-time use, mixing with diazepam, and underlying physical frailty. The finding highlights a significant risk concentration among younger males, with the highest frequency of overdoses occurring in the 26-30 age group. This trend underscores the urgent need for targeted intervention strategies for this specific population.

The program's operational impact has been achieving a 95% success rate and effectively saving 1,745 lives. Out of the total recorded incidents, mortality was limited to 94 cases. The analysis reveals that 92 of these fatalities occurred due to delayed notifications or late responses, while only two individuals who pass away had been actively receiving program information. These statistics emphasize that timely intervention and proactive information sharing are the most decisive factors in preventing overdose deaths.

- **Gaps, lessons learnt and recommendations:**

Community-led initiatives are the backbone of effective overdose management, offering a comprehensive harm reduction services in program. To maximize life-saving impact, the program must prioritize the empowerment of these responses, specifically by expanding Naloxone access in high-risk areas. This expansion is most effective when paired with scaled-up training and capacity-building efforts for peer workers, drug user groups, and self-help groups (SHGs). By strengthening family support systems and peer networks that to reach individuals who might otherwise remain isolated.

However, strategic advocacy is required for existing legal barriers, a critical component of this policy shift the legal authorization for trained peer workers to administer Naloxone, which is the most decisive factor in improving response times during incidents.

Additionally, addressing gender specific stigma is essential to increase female participation as peer worker that ensure effective intervention outreach program.

- **Annexes:**

https://mdm1-my.sharepoint.com/:w:/r/personal/prevadv_kachin_myanmar_medecinsdumonde_net/Documents/Desktop/Final%20Report%20MDM_23.02.2025.docx?d=w4d4d80d1b42a425486a1d89fb54114d6&csf=1&web=1&e=qyrc4j

Thailand - Community Leadership in Harm Reduction: Addressing Sexualized Substance Use, Human Rights, and Drug Policy Reform in Thailand

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Submitted by: Civil society; Other (please specify)

Timeline: 2021–2026 (ongoing): Community-led sexualized substance use harm reduction research began in 2021 (CLYMAX study Phase I). Service implementation expanded from 2023, with the CHEERS Thailand project launched in 2025. The REFORM Thailand Partnership documented rights violations from January 2023 to January 2026 and conducted stakeholder surveys from July to October 2025, producing a February 2026 Policy Paper and Brief that informs this submission. Services are ongoing.

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• **Background and Objectives:**

Thailand's drug policy remains predominantly criminal justice-led, creating serious consequences for people who use drugs, including rights violations, barriers to healthcare, and stigma compounded by gender identity, drug use, and health status. A 2024 national survey identified approximately 3.8 million people aged 12–65 who use substances. Over 207,742 people — 70.66% of Thailand's prison population — are incarcerated for drug offences at a state cost exceeding 20 billion baht annually, yet only 8.1% of people with problematic drug use globally access treatment (UNODC 2025).

Sexualized substance use presents a significant challenge among gay, bisexual, and other men who have sex with men (GBMSM) and transgender women in Thailand, with intersecting HIV, STI, mental health, and legal risks.

This case study describes a coordinated response by the Institute of HIV Research and Innovation (IHRI), the Foundation for Action on Inclusion Rights (FAIR), the Rainbow Sky Association of Thailand (RSAT), and the REFORM Thailand Partnership, initiated in 2021 and ongoing, addressing: (1) community-led sexualized substance use harm reduction services; and (2) evidence-based advocacy for drug policy reform grounded in human rights and health justice, to shift national drug policy toward a health-led approach.

- **Description:**

IHRI, FAIR, RSAT, and the REFORM Thailand Partnership have pursued a two-track response: community-led service innovation and rights-based policy advocacy.

Research and evidence generation:

The CLYMAX study (amfAR/TREAT Asia/leDEA) conducted 60 in-depth interviews in Phase I (2021–2023), establishing evidence on sexualized substance use patterns, risk contexts, and service needs. The T-REX study further examined these patterns among gay and bisexual men and transgender women. The REFORM Thailand project documented 27 cases of rights violations and surveyed four stakeholder groups, generating data on gaps in attitudes across all four groups and supporting the community consultation through which the four harm reduction service components were agreed.

Service implementation:

From these findings, community-led harm reduction services were co-designed and delivered through the CHEERS Thailand project (ViiV Healthcare, 2025). Services reach people through RSAT, Baan Samer Clinic (FAIR), Pribta–Tangerine Clinic, and FAROSE — a peer-led, community-designed nightlife service — across four prongs: (1) substance use harm reduction; (2) sexual health harm reduction; (3) mental health harm reduction; and (4) social and legal assistance. 43 representatives from 23 community health centers across 12 provinces were trained.

Policy advocacy:

The REFORM Thailand Partnership produced a February 2026 Policy Paper and Brief with four recommendations: (1) decriminalization of drug use and possession for personal use; (2) establishing harm reduction as a national agenda; (3) expanding and certifying community-led services; (4) reducing stigma and discrimination. IHRI engaged the Office of the Narcotics Control Board (ONCB), Ministry of Justice, Bangkok Metropolitan Police, Ministry of Public Health, and related organizations to build an understanding of harm reduction and to facilitate legal advocacy hearings to amend Thailand's Narcotics Act. IHRI is pursuing the National Health Security Office (NHSO) and domestic financing pathways for services at national scale.

- **Results, outcomes and impact:**

Rights documentation:

The REFORM Thailand project documented 27 cases of rights violations and surveyed four stakeholder groups, finding that 70.6% of people who use drugs support decriminalization while 78.1% of law enforcement adhere to punitive approaches. Among those surveyed: 25.8% had been imprisoned for drug use; 24.2% for possession; 17.7% avoided detention through negotiation with officials; 9.7% through illegal payments.

Service delivery:

CHEERS Thailand launched community-led sexualized substance use harm reduction services in 2025 across clinics and nightlife settings in Bangkok. By February 2026, 195 people who use drugs had participated in services and 43 representatives from 23 community health centers across 12 provinces had been trained. Cross-prong service uptake was documented across all four service areas. Baseline data show 92.4% used crystal methamphetamine (ice); 40.4% used two or more substances simultaneously, with combinations such as ice and poppers (25.7%) or ice and Viagra (20.2%) posing cardiovascular risks from synergistic effects.

Policy engagement:

The February 2026 REFORM Thailand Policy Paper and Brief has been submitted to national institutions; Narcotics Act hearings have been facilitated. Engagement with 10 agencies toward MOUs for community-led harm reduction pilots is underway.

- **Gaps, lessons learnt and recommendations:**

Key gaps and bottlenecks:

Structural barriers persist. Law enforcement continues criminal justice-led practices including unlawful searches, disproportionate charges, extortion, and involuntary treatment, despite the Narcotics Act 2021.

Attitudinal barriers. 78.1% of law enforcement surveyed oppose decriminalization; punitive frameworks influence the public health system, with healthcare providers still supporting compulsory treatment.

Financing gaps. Community-led harm reduction services are not yet legally recognized or included within NHSO or Universal Health benefit packages. Funding reductions (including USAID in 2025) constrained service expansion.

Lessons learnt:

Rights documentation is essential for policy change. The 27 documented cases provided concrete evidence for advocacy and multi-stakeholder surveys identified where reform should be targeted.

Community co-design improves service quality. Integrating substance use, sexual health, mental health, and rights support in single platforms is more effective than siloed services.

Recommendations:

1. Decriminalize use and possession for personal use in line with the IDPC gold standard; pursue MOUs with 10 agencies to pilot community-led harm reduction as an alternative to compulsory treatment.
2. Integrate community-led harm reduction into NHSO and domestic financing.
3. Establish mandatory human rights and harm reduction training for law enforcement and

healthcare providers.

4. Scale CHEERS-model services nationally.

- **Annexes:**

<https://pubmed.ncbi.nlm.nih.gov/41192832/>

https://drive.google.com/drive/folders/1Zipc4TX4UJSmSPXQNke3CrjT2iIVuz_L?usp=sharing

Nepal

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Submitted by: Civil society

Timeline: August 2021- March 2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Women who use drugs (WWUD) in Nepal face significant structural and gender-based barriers, including stigma, discrimination, criminalization, and violence, which limit their access to HIV prevention, treatment, and harm reduction services. National HIV programs have historically been male-centered, leaving WWUD underserved and largely invisible in policy and programming. These gaps increase vulnerability to HIV, Hepatitis C, and poor sexual and reproductive health outcomes.

To address these inequities, Recovering Nepal, a community-led network of people who use drugs, with support from ViiV Healthcare UK, implemented a gender-responsive harm reduction program from 2021 to 2027. The objective was to improve equitable access to HIV prevention, treatment, and care services for WWUD, while addressing broader social and structural barriers.

The program aimed to: (1) expand access to comprehensive harm reduction services, including needle-syringe programs, HIV/HCV testing, and overdose prevention; (2) integrate sexual and reproductive health services; (3) strengthen community leadership of WWUD; and (4) advocate for gender-sensitive policies and reduced stigma within healthcare and law enforcement systems.

- **Description:**

The program was implemented across five high risk HIV-burden districts selected under "MAPPING AND SIZE ESTIMATION OF KEY POPULATIONS IN NEPAL, 2017"—Ministry of Health and Population (MoHP), National Center for AIDS/STDs Control (NCASC)—Chitwan, Makwanpur, Rupandehi, Lalitpur, and Banke—through a community-led, peer-driven model. It delivered integrated, gender-responsive harm reduction services tailored to the specific needs of WWUD, a population often excluded from mainstream HIV responses.

Key interventions included needle and syringe distribution, HIV and Hepatitis C testing and referral, legal support, and overdose prevention education, psychosocial support, and linkage to women-friendly drug treatment and rehabilitation services. Sexual and reproductive health (SRHR) services, including counseling and referrals, were integrated to address overlapping health risks.

The initiative contributed to the AIDS response by improving service accessibility and acceptability for a hidden population. Peer outreach workers played a central role in building trust, increasing uptake of services, and supporting adherence to treatment. Coordination with the National Centre for AIDS and STD Control ensured a consistent supply of commodities, while engagement with healthcare providers helped reduce stigma and improve service quality.

The program also strengthened community systems by promoting leadership among WWUD and implementing community-led monitoring to capture real-time feedback and service gaps. Advocacy efforts targeted law enforcement and policymakers to reduce harassment and improve the enabling environment.

By addressing structural barriers, the program advanced equitable access to HIV services and aligned with commitments to human rights and harm reduction.

- **Results, outcomes and impact:**

By March 2026, a total of 1,238 women who use drugs accessed harm reduction and HIV-related services across the five districts, demonstrating strong demand for gender-responsive interventions. The program significantly improved access to HIV and Hepatitis C testing, referrals, and linkage to care.

Community-led testimonials of participants supported the expansion of harm reduction services, reflecting increased trust and acceptability of peer-led approaches. The integration of SRHR services contributed to improved awareness and uptake of broader health services among WWUD.

The program also generated critical evidence on barriers faced by WWUD: 25% reported police harassment, 25% experienced stigma in healthcare settings, and 50% identified the lack of women-friendly treatment services as a major challenge. These findings informed advocacy and program improvements.

Peer-led outreach enhanced engagement with a hidden population, improving retention and continuity of care. Community-led monitoring strengthened data collection and accountability, contributing to more responsive and inclusive HIV programming.

Overall, the program demonstrated that gender-responsive, community-led harm reduction can significantly improve health outcomes and service access for marginalized populations.

- **Gaps, lessons learnt and recommendations:**

Despite progress, significant gaps remain. Structural barriers such as criminalization, police harassment, and stigma in healthcare settings continue to limit access to services. The shortage of women-friendly treatment and rehabilitation centers remains a critical bottleneck, alongside limited geographic coverage of gender-responsive harm reduction programs.

Key lessons include the effectiveness of peer-led, community-based approaches in reaching hidden populations and building trust. Integrating sexual and reproductive health services, Primary health check up within harm reduction improves overall health outcomes. Community-led monitoring is essential for identifying gaps and strengthening accountability.

To address these challenges, the program recommends: (1) scaling up gender-responsive harm reduction services nationwide; (2) integrating WWUD-specific interventions into national HIV strategies and policies; (3) increasing sustainable domestic and donor funding; (4) strengthening legal and policy reforms to reduce criminalization and protect human rights; (5) expanding women-only and women-friendly treatment services; and (6) institutionalizing community leadership in program design, implementation, and monitoring.

Sustained multi-sectoral collaboration is essential to ensure equitable access to HIV services and to eliminate stigma and discrimination against women who use drugs.

Annexes: <https://rnis.org/> . **Note:** Its the link where all the data are entered by ViiV Healthcare partners

North America

United States

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Submitted by: Civil society;Other (please specify)

Timeline: 2022 – Present

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

This case study highlights a community based, culturally grounded approach to expanding HIV prevention and harm reduction services for people who use drugs in urban settings. These populations face higher HIV risk due to stigma, criminalization, and limited access to care, along with overlapping risks like hepatitis C.

The initiative aims to improve equitable access to testing, prevention, and harm reduction by delivering services in trusted community settings through culturally responsive models. It prioritizes populations most impacted by HIV, including Indigenous communities, LGBTQ+ individuals, and people experiencing housing instability.

It also seeks to strengthen community leadership, reduce barriers to care, and support a more sustainable and rights affirming HIV response by addressing structural inequities.

- **Description:**

This initiative expands access to community based testing and harm reduction services, including rapid HIV, hepatitis C, and syphilis testing, linkage to care, and prevention education. Services are delivered in trusted non clinical settings to reduce barriers like stigma, transportation, and mistrust.

The program centers harm reduction by prioritizing dignity, autonomy, and accessibility. It

provides non judgmental care, meets people where they are, and supports connection to prevention and treatment without requiring abstinence.

Community leadership is key, with staff reflecting the populations served, including those with lived experience. This builds trust and increases service uptake while supporting data collection to monitor access and gaps.

By addressing both individual and structural barriers, the initiative advances a more equitable HIV response and helps close gaps in prevention and care.

- **Results, outcomes and impact:**

The initiative has increased access to HIV and related testing for people facing barriers to care, including people who use drugs and marginalized communities. Delivering services in accessible settings has improved early detection and strengthened linkage to care.

It has also built community trust and engagement, especially among those who avoid traditional healthcare due to stigma or past experiences.

By integrating harm reduction and culturally responsive approaches, the program supports consistent engagement in prevention and care and demonstrates the impact of community led models in advancing a more equitable HIV response.

- **Gaps, lessons learnt and recommendations:**

Despite progress, gaps remain in scaling and sustaining harm reduction services. Funding remains limited compared to need, reflecting broader global trends.

Structural barriers such as criminalization, stigma, and policy constraints continue to limit access and impact, underscoring the need for legal and policy reform that supports harm reduction and protects people who use drugs.

Key lessons include the importance of community leadership, culturally grounded approaches, and delivering services in accessible non clinical settings. Trust and accessibility are critical and cannot be achieved through traditional healthcare models alone.

Recommendations include increased and sustained investment, integration into primary healthcare, and expanded support for community led models. Addressing structural inequities and prioritizing human rights are essential for an effective HIV response.

Latin America and the Caribbean

Argentina

Name: Juan Adrián Sotelo; Focal Point GCTH (Argentina); HIV-STI-HBV and TB Response Directorate. Ministry of Health (jsotelo@msal.gov.ar)

Timeline: 2014-2015

Submitted by: Government;Civil society;UN or other international organization

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

"This experience was implemented in Argentina as part of an inter-institutional strategy aimed at strengthening the response to HIV and other sexually and blood-borne infections among people who use drugs, in a context where access to health services was hindered by institutional barriers, stigma, and discrimination. The initiative was aligned with international targets to reduce new HIV infections among people who use drugs and was framed within an action plan developed jointly with the National Directorate for HIV/AIDS and STIs of the Ministry of Health, United Nations Office on Drugs and Crime, and other actors within the United Nations system. The intervention was jointly promoted by the Ministry of Health of the Nation and Intercambios Civil Association, in coordination with provincial and municipal programs across the country. Its overall objective was to train healthcare teams in improving access to services for people who use drugs, promoting approaches based on rights, harm reduction, comprehensive care, and the prevention of HIV and STIs. The experience included training components, preventive and communication materials, and coordination with local teams to strengthen the response across different territories."

- **Description:**

"The experience contributed to the HIV response by addressing one of its critical challenges: the difficulties people who use drugs face in accessing health services, especially regarding

prevention, diagnosis, care, and treatment. The strategy combined collaborative work between the national government, specialized civil society organizations, and local programs, focusing on strengthening the capacities of health teams and reviewing institutional practices. Training content included: the situation of drug use and HIV; vulnerability, risky practices and environments; recognition of the rights of people who use drugs; co-infections and STIs; promotion of rapid HIV testing; accessibility to the health system; problematic areas in care; and guidelines for interventions based on harm reduction, community-based work, comprehensive care, interdisciplinary approaches, and networks. It also aimed to reduce stigma and discrimination in services and improve coordination among health facilities, community stakeholders, and specialized services. In this way, the initiative contributed to the HIV/AIDS response not only through its preventative dimension, but also by promoting more favorable conditions for timely access to diagnosis, referral, continuity of care, and treatment for people who use drugs, both injectable and non-injectable. It also strengthened cooperation between the public sector, civil society, and international organizations, establishing a valuable precedent for an intersectoral and rights-based approach in Argentina."

- **Results, outcomes and impact:**

"The available information makes it possible to identify the main outcomes as the implementation of training sessions and workshops with health teams, the production and distribution of preventive and communication materials, coordination among the national level, local programs, and civil society, and the establishment of a working agenda aimed at improving the accessibility of health services related to HIV and STIs for people who use drugs. The documents also envisage the preparation of training records and a final activity report. In qualitative terms, the experience can be said to have strengthened the technical capacities of participating teams to address drug use from a public health, rights-based, and harm reduction perspective, encouraging the review of stigmatizing practices and promoting better conditions of access to diagnosis, counselling, and care. "

- **Gaps, lessons learnt and recommendations:**

"Among the main lessons learned, it stands out that the HIV response for people who use drugs requires intersectoral and sustained approaches, with the joint participation of the State, civil society, and local actors. Training of health teams is essential, but not sufficient on its own: it must be accompanied by appropriate materials, referral networks, accessible services, and an approach grounded in human rights, harm reduction, and comprehensive care. The experience also shows that stigma and discrimination within health services constitute concrete barriers to HIV and other STI prevention, diagnosis, and treatment, and therefore must be addressed as part of health planning. As a key gap, it can be noted the difficulty in sustaining and scaling up this type of initiative in the absence of political and institutional continuity, dedicated funding, and systematic monitoring and evaluation mechanisms. It is recommended to strengthen territorial strategies with community participation, consolidate harm reduction as a public health component, improve documentation of results and impact, and promote the institutionalization of these lines of work within health services. In the Argentine context, this experience should be understood as a valuable prior initiative, within a current scenario that is less favorable to the drug policy agenda."

Annexes: submitted to the Technical Secretariat of the GCTH

Argentina

Name: Diana Rossi and Paula Goltzman National Ministry of Health, Intercambios Asociación Civil, and PAHO/WHO Argentina

Submitted by: Government;Civil society;UN or other international organization

Timeline: May 2012. Evidences available in the document up to 2012

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

This Working Paper / Guidance Note is set in Argentina. It starts from the recognition that the relationship between drug use and HIV cannot be limited to injecting drug use, since there are interactions across different patterns of use and multiple routes of infection transmission. The document synthesises epidemiological evidence, intervention experiences, and state and civil society responses available up to 2012. Its objective is to guide intervention and research aimed at preventing HIV and other sexually and blood-borne infections, improving access to the health system, strengthening harm reduction approaches, and promoting more effective responses for people who use drugs. The paper highlights that drug users, especially those living in poverty, face delayed or insufficient access to health services, greater morbidity and mortality, stigma, and a lack of appropriate service models. It also stresses the need for systematic information on patterns of drug use, risk environments, and key populations, as well as for public policies and low-threshold, community-based interventions that connect health, social support, and territorial outreach.

- **Description:**

The guide's main contribution to the AIDS response is that it promotes a comprehensive understanding of the links between drug use, social vulnerability, and access to HIV

prevention, diagnosis, treatment, and care. It shows that most of the information historically available in Argentina focused on people who inject drugs, while presenting evidence on non-injecting drug users and emphasising that prevention efforts should not be limited to injectors alone. It highlights that unprotected sexual practices, together with sharing injection equipment, as well as materials used for snorting or smoking drugs, significantly contribute to increasing the risk of HIV and other infections. From a programmatic perspective, the document supports a harm reduction approach, meaning meeting people “where they are” and not requiring prior abstinence to receive help. It recommends improving access to the health system, expanding low-threshold services, strengthening peer work, facilitating laboratory testing, access to condoms, food, and prevention messages, and developing specific interventions for trans people, sex workers, MSM, and people in prison settings. It also notes that, despite some progress in government recognition and targeted funding, Argentina had not yet developed systematic and comprehensive national plans for people who use drugs. The document therefore contributes to the AIDS response by offering an evidence-based roadmap to expand harm reduction, improve accessibility, and better align research, intervention, and public policy.

- **Results, outcomes and impact:**

The document is a consolidation of evidence and relevant initiatives to guide the response. Key findings include that patterns of drug use have changed, while the development of harm reduction programmes for people at high risk of acquiring or transmitting infections has lagged behind. It also summarises epidemiological evidence on HIV, syphilis, and hepatitis among both injecting and non-injecting drug users, showing that infection rates in these populations are significantly higher than in the general population. In addition, it documents that state and international funding supported projects aimed at people who use drugs, and it highlights sustained local experiences such as the programme in the Municipality of San Martín, which maintained contact with supplies in its budget. Overall, the document’s impact lies in systematising knowledge, making access gaps visible, and providing concrete guidance to strengthen HIV and harm reduction policies and interventions in Argentina.

- **Gaps, lessons learnt and recommendations:**

The guidance document identifies several gaps: delayed or insufficient access to the health system, limited development of public harm reduction programmes, persistence of abstinence-based models, lack of systematic policies for non-injecting drug users, stigma and discrimination, and weak alignment between research and programmatic intervention. A central lesson is that the most effective responses are those that bring services closer to communities, reduce access requirements, incorporate peer work, and recognise the complexity of the relationship between drugs, HIV, poverty, gender, and exclusion. Another lesson is that restricting surveillance and prevention to injecting drug use leaves out major risks linked to snorting, smoking, and unprotected sexual practices. Recommendations include improving access to the health system, promoting peer work and self-organisation, generating systematic information on patterns of use and risk environments, including drug-use question surveys targeting key populations, expanding low-threshold and outreach services, introducing harm reduction measures in prisons, strengthening anti-stigma initiatives, and advancing toward the decriminalisation of people who use drugs.

Annexes: <https://unaidsharepoint.com/b/r/sites/LatinAmericaandtheCaribbean426/Shared%20Documents/01%20RST%20LAC/12%20PCB/02%2058th%20PCB/13%20PCB%20The%20Segment%20-%20HIV%20and%20Drugs/Argentina%20Guidance%202012/Use-deDrogasyVIH.pdf?csf=1&web=1&e=5eDCfe>

Argentina

Name: Diana Rossi and Paula Goltzman National Ministry of Health, Intercambios Asociación Civil, and PAHO/WHO Argentina email:paulagoltzman@intercambios.org.ar; drossi@intercambios.org.ar

Submitted by: Government;Civil society;UN or other international organization

Timeline: May 2012. Evidences available in the document up to 2012

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

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The guide's main contribution to the AIDS response is that it promotes a comprehensive understanding of the links between drug use, social vulnerability, and access to HIV

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- **Results, outcomes and impact:**

The document is a consolidation of evidence and relevant initiatives to guide the response. Key findings include that patterns of drug use have changed, while the development of harm reduction programmes for people at high risk of acquiring or transmitting infections has lagged behind. It also summarizes epidemiological evidence on HIV, syphilis, and hepatitis among both injecting and non-injecting drug users, showing that infection rates in these populations are significantly higher than in the general population. In addition, it documents that state and international funding supported projects aimed at people who use drugs, and it highlights sustained local experiences such as the programme in the Municipality of San Martín, which maintained contact with supplies in its budget. Overall, the document’s impact lies in systematizing knowledge, making access gaps visible, and providing concrete guidance to strengthen HIV and harm reduction policies and interventions in Argentina.

- **Gaps, lessons learnt and recommendations:**

The guidance document identifies several gaps: delayed or insufficient access to the health system, limited development of public harm reduction programmes, persistence of abstinence-based models, lack of systematic policies for non-injecting drug users, stigma and discrimination, and weak alignment between research and programmatic intervention. A central lesson is that the most effective responses are those that bring services closer to communities, reduce access requirements, incorporate peer work, and recognize the complexity of the relationship between drugs, HIV, poverty, gender, and exclusion. Another lesson is that restricting surveillance and prevention to injecting drug use leaves out major risks linked to snorting, smoking, and unprotected sexual practices. Recommendations include improving access to the health system, promoting peer work and self-organization, generating systematic information on patterns of use and risk environments, including drug-use question surveys targeting key populations, expanding low-threshold and outreach services, introducing harm reduction measures in prisons, strengthening anti-stigma initiatives, and advancing toward the decriminalisation of people who use drugs.

Annexes: https://unaidsharepoint.com/b/s/LatinAmericaandtheCaribbean426/IQDAs_eqX4BTQlfgNUt0OUG6AS7Qp-bL2uQGqQaq59wHCPE?e=3kdhE

Brazil

Name: João Pedro Reggi, MD, FMABC, jpreggi@gmail.com / Thiago Marques Fidalgo, PhD, MD Psychiatry, UNIFESP, marquesfidalgo@yahoo.com.br / vitor soares tardelli, MD, MSc, PhD, University of Toronto

Submitted by: Academic institution

Timeline: The article collected studies ranging from the earliest available on PubMed (the oldest dating back to 2003) through March 2025.

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Background: Harm reduction strategies have increasingly gained relevance in the management of substance use disorders, especially in contexts where abstinence is not immediately achievable. Globally, crack and cocaine use are significant public health challenges, often associated with adverse social and health outcomes. Despite the high burden, no pharmacological treatment has demonstrated efficacy to date, and psychosocial approaches, such as contingency management, remain the only evidence-based interventions. However, the effectiveness of broader harm reduction interventions in crack/cocaine users remains underexplored.

Objectives: To systematically review and synthesize the evidence on harm reduction interventions targeting individuals with cocaine and/or crack use, and to evaluate their efficacy in reducing drug use and associated risk behaviors through both qualitative synthesis and meta-analysis.

- **Description:**

This systematic review and meta-analysis contributes to the AIDS response by identifying psychosocial and behavioral harm reduction strategies that mitigate high-risk behaviors among crack and cocaine users. A significant majority of the included studies (81.8%)

reported a positive association between harm reduction interventions and the reduction of HIV infection rates or sexual risk behaviors.

The review details how these interventions achieve impact through multiple pathways. Behavioral strategies, such as combined drug counseling, resulted in a 40% decrease in HIV risk by reducing sexual partners and unprotected encounters. Culturally tailored programs for specific demographics, such as African American women, successfully increased condom use with paying partners from 28% to 54% and reduced engagement in trading sex. Regarding injection practices, community-based outreach and syringe exchange programs (SEP) led to significant safety improvements. Increased session attendance in these programs was directly correlated with a 42% reduction in sharing contaminated drug equipment and a 61% reduction in risky sexual acts. Furthermore, structural interventions like the distribution of "safer crack kits" provided necessary condoms and mouthpieces to prevent transmission.

Educational components also played a crucial role; participants in harm reduction group therapy demonstrated superior health literacy, scoring significantly higher on sexual risk assessments than those in standard care. Ultimately, the review underscores that multi-component interventions targeting both drug consumption and HIV risk reduction are essential for modifying high-risk behaviors. By synthesizing these findings, the study provides evidence to guide public health strategies in integrating substance use management with effective HIV prevention

- **Results, outcomes and impact:**

Qualitative synthesis of 11 studies revealed that 72.7% of interventions were associated with reduced cocaine or crack use, while 81.8% showed positive impacts on HIV risk and sexual behavior. Key evidence includes a 40% reduction in HIV risk through combined counseling and a 61% decrease in risky sexual acts among high-attendance participants. Demographic-specific interventions increased condom use from 28% to 54% and significantly reduced homelessness from 33.2% to 12.7%.

Conversely, quantitative meta-analyses yielded no statistically significant effects for crack use frequency (MD: -0.58; 95% CI: -2.77 to 1.61), last-month abstinence (RR: 1.06; 95% CI: 0.84 to 1.34), or trading sex for substances (RR: 0.95; 95% CI: 0.75 to 1.21). The certainty of evidence ranged from very low to moderate due to methodological heterogeneity, small sample sizes, and inconsistent reporting. These results emphasize that while individual studies suggest promising behavioral improvements, the collective body of evidence currently lacks the robustness required to support generalized clinical conclusions

- **Gaps, lessons learnt and recommendations:**

A primary bottleneck in current research is extreme methodological heterogeneity, characterized by inconsistent outcome definitions and varied data collection methods that hinder reliable data pooling. Small sample sizes and short follow-up durations—typically limited to 1–6 months, further restrict the understanding of long-term behavior sustainability and clinical impact. Furthermore, a heavy reliance on self-reporting introduces potential bias, and current literature remains narrowly focused on psychosocial strategies while under-exploring structural interventions.

Lessons learned suggest that physical supplies alone are insufficient to change behavior; however, multi-component and culturally tailored interventions significantly enhance effectiveness. To move forward, researchers must prioritize the development of standardized, validated outcome metrics to ensure future studies are comparable. Key recommendations include conducting high-quality, large-scale trials with extended follow-up

periods and rigorous reporting standards, such as intention-to-treat analysis, to build a robust evidence base that can effectively guide public health strategies

Saint Lucia / Caribbean

Name: Marcus Day

Timeline: 1997-2020

Submitted by: Civil society; Academic institution

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- Human rights of people who use drugs
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- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

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- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives**

This case study examines the intersection of cannabis use, HIV outcomes, and harm reduction in the Eastern Caribbean, drawing on the documented work of Marcus Day and the Caribbean Drug and Alcohol Research Institute (CDARI). The context is defined by two parallel realities: first, the well-documented clinical observation that people living with HIV (PLHIV) use cannabis for symptom management, and second, the structural barriers, including punitive drug laws and ideologically constrained research funding have historically prevented this practice from being recognised as a legitimate harm reduction strategy.

The objective of this case study is to demonstrate how community-led approaches that embraces the therapeutic nature of cannabis in addressing health inequities. Drawing on the scientific foundation established by Dr. Cristina Costantino's 2012 discovery that CB2 receptor activation can inhibit HIV infection in late-stage AIDS, this case study argues for a paradigm shift: from prohibition-based approaches that criminalise people who use drugs to harm reduction frameworks that respect bodily autonomy, leverage community expertise, and acknowledge the therapeutic complexity of cannabis as medicine.

The case study aligns with the thematic segment's focus on "countering health inequities" by centring the experiences of people who use drugs, particularly those with criminal records and histories of marginalization, as essential partners in the HIV response

- **Description**

Marcus Day's work in the Eastern Caribbean, documented in his 2018 paper "Cannabis use as harm reduction in the Eastern Caribbean" published in *Drugs and Alcohol Today*, represents a critical contribution to the AIDS response by challenging the dominant negative framing of poly-drug use. Day documented that for 30–40% of people who use crack cocaine, cannabis serves as an effective harm reduction intervention, mitigating the most harmful outcomes of crack use while providing a safer, more manageable alternative that is also therapeutic.

This contribution extends beyond substitution therapy. Day explicitly connected cannabis use to improved HIV outcomes, citing evidence that both smoked cannabis and dronabinol (synthetic THC) have been shown to increase CD4+ T cell counts and naïve T cell counts over 21-day periods, with decreased viral load also observed. Critically, he aligned this clinical evidence with Dr. Costantino's 2012 mechanistic discovery that CB2 receptor activation blocks HIV entry into resting T cells by disrupting the CXCR4 co-receptor pathway.

The contribution to the AIDS response is twofold. First, it provides a community-validated model of harm reduction that respects the lived expertise of people who use drugs, countering the notion that cannabis use among PLHIV is merely a "risk behaviour" requiring intervention. Second, it challenges the institutional bias in federally funded research, where agencies like NIDA have historically prioritised studies that discredit therapeutic cannabis use over those that explore its potential. Day explicitly critiqued this "40-year quest to fund drugs research that discredits the therapeutic value of cannabis," arguing that ethics alone should dictate the removal of sanctions against therapeutic cannabis, particularly for the millions PLHIV unable to access antiretroviral therapy.

The case study also contributes to the AIDS response by centring the entourage effect, the synergistic interaction of whole-plant compounds, as a valid therapeutic framework. This challenges the pharmaceutical reductionism that pursues single-molecule CB2 agonists while ignoring the demonstrated efficacy of whole-plant cannabis, which contains beta-caryophyllene (a natural CB2 agonist) alongside terpenes like myrcene and pinene that modulate CB1 activity, reducing psychoactive side effects while enhancing therapeutic benefits.

- **Results, outcomes and impact**

The outcomes of this approach are measurable across multiple dimensions:

Clinical Outcomes: Day's documentation of CD4+ T cell count increases and viral load decreases among PLHIV using cannabis provides evidence that community-led harm reduction can produce outcomes comparable to, and in some cases exceeding, pharmaceutical interventions. The 2012 Costantino study provides the mechanistic explanation: CB2 agonists block CXCR4-mediated HIV entry, directly inhibiting viral spread in late-stage AIDS.

Structural Outcomes: Jamaica's 2015 decriminalisation of cannabis through the Dangerous Drugs Amendment Act, influenced by regional advocacy, demonstrates the policy impact of sustained community advocacy. The Act reduced annual cannabis-related arrests from 15,000 to near-zero, eliminated 90% of cannabis-related court cases, and freed an estimated USD 64 million annually in arrest and prosecution costs, resources subsequently redirected to HIV services, with Jamaica's national HIV budget nearly doubling from USD 2.83 million to USD 5.17 million in 2016 .

Community Impact: The support for the use of cannabis as a legitimate harm reduction intervention reduces stigma, and improve health access.

Human Rights Impact: "ending AIDS requires ending punishment" and that criminalisation is a barrier to health access

- **Gaps, lessons learnt and recommendations**

Gaps: The primary gap remains the structural mismatch between the evidence base and policy frameworks. Despite documented efficacy, harm reduction services, particularly those involving cannabis, remain severely underfunded and deprioritised.

Lessons Learnt: First, community-led models outperform state-run programmes in reaching marginalised populations. Second, whole-plant cannabis offers therapeutic benefits, particularly through the entourage effect, that single-molecule CB2 agonists cannot replicate. Third, decriminalisation produces measurable health and fiscal benefits, as demonstrated in Jamaica.

Recognise cannabis as harm reduction: UNAIDS should explicitly include cannabis in its harm reduction framework for PLHIV, acknowledging both symptom management and antiviral mechanisms.

Invest in community-led models: Funding should prioritise peer-delivered services over state-run programmes, recognising that trust and lived expertise are essential to reaching marginalised populations.

Support decriminalisation: Member states should follow Jamaica's example, redirecting enforcement savings to HIV services.

Reform research agendas: Research priorities must shift from studying cannabis as a "problem behaviour" to investigating therapeutic potential, including the entourage effect.

- **Annexes:**

Key Publications Marcus Day (2018): "Cannabis use as harm reduction in the Eastern Caribbean." *Drugs and Alcohol Today*, Vol. 18, Issue 3, pp. 172–177. [Journal available through Emerald Insight] Costantino CM, et al. (2012): "Cannabinoid Receptor 2-Mediated Attenuation of CXCR4-Tropic HIV Infection in Primary CD4+ T Cells." *PLoS ONE*. <https://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0033961> Ellis RJ, et al. (2021): "Cannabis and Inflammation in HIV: A Review of Human and Animal Studies." *Viruses*, 13(8), 1521. <https://www.mdpi.com/1999-4915/13/8/1521> Policy and Advocacy Documents INPUD/IDPC/HRI Joint Statement: UNAIDS PCB Special Session, 8 October 2025. <https://idpc.net/news/2025/10/joint-statement-on-the-proposed-sunsetting-of-unaid-special-session-of-the-programme> EuroNPUD Intervention: Multi-stakeholder consultation on the Global AIDS Strategy 2026–2031, 22–23 October 2025.

<https://www.euronpud.net/interventions-at-the-multi-stakeholder-consultation-on-the-global-aids-strategy-2026-2031/> Case Study References Jamaica Divest/Invest Case Study: Harm Reduction International (2025). <https://hri.global/publications/divest-invest-case-study-jamaica/> Mount Sinai Press Release: "Cannabinoid Drugs Can Directly Inhibit HIV In Late-Stage AIDS" (2012). <https://www.mountsinai.org/about/newsroom/2012/newsmedicalnet-cannabinoid-drugs-can-directly-inhibit-hiv-in-latestage-aids> Academic Context Dakic TB (2019): "Whole organisms or pure compounds? entourage effect versus drug specificity." In: *The Therapeutic Complexity of Psychedelics*. [https://core.ac.uk/search?q=author:\(TB+Dakic\)](https://core.ac.uk/search?q=author:(TB+Dakic)) Contact Information For further information on this case study, please contact: Marcus Day, Caribbean Drug and Alcohol Research Institute, Saint Lucia marcusday@gmail.com

México

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carlosa.hernandez@salud.gob.mx

Submitted by: Government; Academic institution

Timeline: 2016 – 2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

National household surveys are a fundamental tool for understanding the main health issues in Mexico. Based on the statistical analysis of information collected from representative population samples, it is possible to obtain results that reflect the population's situation with a high degree of reliability.

To understand the magnitude of psychoactive substance use in the country, surveys have been developed led by the Ministry of Health and coordinated by the National Commission on Mental Health and Addictions (CONASAMA).

Objective: Generate up-to-date and time-comparable data, identify trends, describe epidemiological profiles of adolescent and adult populations, and provide information to support policies on prevention, treatment, regulation, and harm reduction.

- **Description:**

Given its methodological design and national representativeness, ENCODAT 2026 generates up-to-date and comparable evidence on patterns of psychoactive substance use, while identifying population groups in situations of heightened vulnerability. This information

is essential for understanding the intersection between drug use and the risk of HIV acquisition, including associated practices such as sharing injection equipment or engaging in sexual risk behaviors under the influence of substances.

Moreover, the survey contributes to making visible the social determinants that deepen health inequities, such as limited access to health services, stigma, and discrimination against people who use drugs. In this regard, its findings can inform the design of more inclusive public policies that integrate HIV prevention, testing, and treatment services with harm reduction interventions, such as needle and syringe programs and opioid substitution therapy.

Results, outcomes and impact:

ENCODAT 2026 enables the monitoring of trends over time, facilitating the identification of changes in substance use patterns that may influence the dynamics of the HIV epidemic. This supports timely, evidence-based responses aligned with principles of equity and social justice.

Overall, ENCODAT 2026 provides critical evidence to sustain and strengthen a people-centered HIV response that upholds human rights and promotes effective harm reduction strategies, thereby contributing to reducing health disparities among key populations.

- **Gaps, lessons learnt and recommendations:**

Lessons learned highlight the importance of complementing household surveys with targeted studies and community-based data collection led by networks of people who use drugs. Integrating mixed-method approaches can strengthen the understanding of risk contexts and service barriers.

Moving forward, it is recommended to: (1) enhance methodological strategies to better capture hidden and high-risk populations; (2) strengthen the integration of ENCODAT findings with HIV surveillance and programmatic data; and (3) promote policy reforms grounded in human rights, including the expansion of harm reduction services and the removal of legal and structural barriers. Sustained investment in these areas is essential to reduce health inequities and ensure an effective, inclusive HIV response beyond 2025.

Annex: https://www.gob.mx/cms/uploads/attachment/file/1044513/ENCODAT_-_COMPLETO.pdf

Multi-country: Bolivia, Costa Rica, El Salvador, Ecuador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and Peru.

Name: Veronica Russo, Secretary Latin American and Caribbean Network of People Who Use Drugs (LANPUD). email: verorussocunha@gmail.com

Submitted by: Civil society

Timeline: August 2024 to August 2025

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

This case study emerges from a structural human rights crisis affecting people living with HIV who use drugs in Latin America. In 2024, the LANPUD led a regional study across 10 countries to examine the gap between legal guarantees and the lived reality of this population. The study assessed three core rights using the Penta Traffic Light technique: the right to non-discrimination, the right to health, and the right not to be subjected to arbitrary detention or imprisonment. It used a mixed-method approach, combining a review of 590 laws, constitutions, treaties, and public policies with 557 primary data sources, including self-administered questionnaires and interviews with people living with HIV who use drugs and other key stakeholders. The objective was to produce community-led evidence to diagnose structural barriers, document rights violations, and develop a strategic proposal to transform public policy, strengthen harm reduction, combat stigma, and promote responses grounded in public health, human rights, and community participation and its comparison with international standards and recommendations.

- **Description:**

The main contribution of this study to the AIDS response is that it places at the centre the structural conditions that prevent people living with HIV who use drugs from accessing prevention, treatment, and care in a dignified, continuous, and effective way. The report shows that, although access to antiretroviral therapy is legally recognised in several

countries, in practice this right is undermined by stigma within health services, discriminatory treatment, lack of trust in complaint mechanisms, the absence of public harm reduction policies, and the criminalisation of drug use. The document identifies the near-total absence of legal frameworks and public financing for harm reduction services as a critical regional finding. Beyond diagnosis, the study offers a concrete roadmap for strengthening the AIDS response: decriminalizing possession for personal use, creating legal and budgetary frameworks for harm reduction, implementing essential evidence-based service packages, mandating training for health, justice, and security personnel, financing community participation, and strengthening observatories and community-led monitoring. A major added value of the study is that it was led by the affected community itself, ensuring that both findings and recommendations reflect lived experience. In this sense, the study supports a more just, rights-based, community-centred AIDS response capable of addressing the inequalities that deepen HIV vulnerability.

- **Results, outcomes and impact:**

The study generated regional evidence-based on the rights of people living with HIV who use drugs across 10 countries, reviewing 590 legal and policy instruments and collecting 557 primary data sources, including 225 self-administered questionnaires and 158 interviews. It documented systematic rights violations and a persistent gap between formal legal protections and lived reality, particularly regarding discrimination, access to health, and arbitrary detention. Through the “Penta Traffic Light” methodology, the report identified common patterns of institutional discrimination, conditional access to health care, the absence of public harm reduction services, and punitive drug control practices. These findings were used to feed LANPUD’s 2025 regional violations platform, which documented 109 cases across 13 countries between August 2024 and August 2025. It found discrimination in education and health services, barriers to employment, denial of HIV, TB, hepatitis, and psychiatric medicines, forced referrals to treatment, and systematic criminalisation by police and military forces, including arbitrary detention, extortion, and physical violence. The immediate impact of the study is to provide a robust, community-led, evidence-based roadmap for reform, financing, accountability, and partnerships grounded in human rights and harm reduction.

- **Gaps, lessons learnt and recommendations:**

As the major gap, many of these violations cannot be formally reported. LANPUD’s regional platform documented 109 cases across 13 countries between August 2024 and August 2025, confirming discrimination in education and health, barriers to employment, denial of essential medicines, state registries, extortion, physical assaults, barriers to employment, denial of essential medicines, state registries, extortion, physical assaults, and police and military violence. Excessive delays in access to care, driven by discrimination, come first and affect every other area of life. These violations are reflected in health, education, and employment, and became even more complex when the right to report them is itself undermined by criminalisation, since many people are unable to formally denounce these abuses. This is especially common in cases involving cannabis use in very small quantities, which would never result in imprisonment if laws descheduling personal use were in place. In practice, criminalisation is exacerbating barriers to all civil rights, including education, work, and health. All of this evidence is systematised in the study and, taken together, supports a community-led, evidence-based roadmap to guide reforms, financing, advocacy, and accountability.

Annexes: https://unaidsharepoint.com/:f:/s/LatinAmericaandtheCaribbean426/IgBmKI8ff3CoSalZpoTq8rxAdecn93QcT_XhW9Nhz01SRw?e=ct3oOU

Western Europe

Albania

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Submitted by: Government

Timeline: 2025

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• **Background and Objectives:**

Albania's HIV epidemic remains concentrated among key populations, including people who inject drugs (PWID), for whom harm reduction services are essential to prevent HIV transmission and ensure access to care. Methadone Maintenance Therapy (MMT), introduced in 2000 as a low-threshold, community-based intervention, has been a cornerstone of Albania's harm reduction response. Initially implemented by civil society and supported by the Global Fund, MMT services expanded gradually over the years but remained largely outside the public health system.

MMT is an evidence-based intervention that reduces illicit opioid use, unsafe injecting practices, and the transmission of HIV, hepatitis, and other infections, while improving psychosocial well-being and quality of life. Despite its demonstrated effectiveness, the long-term sustainability of MMT in Albania was constrained by reliance on external funding, limited institutional ownership, and uneven geographic coverage.

By the end of 2023, Albania undertook a major policy shift by integrating MMT into the public healthcare system, and transitioning to domestic financing. This reform aligns with national commitments to universal health coverage, sustainability of the HIV response, and equitable access to services for key populations.

This case study highlights this transition and its contribution to a sustainable and people-centred HIV response.

- **Description:**

The transition of MMT from a donor-funded, NGO-led intervention to a government-integrated public health service represents a significant structural reform in Albania's HIV response. For two decades, MMT services were delivered by a single civil society organization, supported by Global Fund grants, with gradual scale-up to multiple cities. This model ensured service delivery but created parallel systems, limiting integration, national ownership, and long-term sustainability.

The 2024 transition marked the full integration of MMT into public healthcare services, with the Government assuming responsibility for service delivery, staffing, and procurement of methadone. The number of service delivery sites increased from 9 to 13, expanding access across a wider geographic area, including regions previously underserved. In addition, the MMT services are available in the prison system, ensuring continuity of care for incarcerated individuals.

MMT contributes directly to HIV prevention by reducing injecting frequency and needle-sharing, which are key drivers of HIV transmission among PWID. It also improves retention in care and facilitates access to the broader HIV cascade, including HIV testing, antiretroviral therapy, and adherence support.

The approval of the new Action Plan for Drug Prevention, Treatment and Harm Reduction 2023-2026, and the adoption of national and standardized service delivery protocols (2023) has strengthened quality assurance and alignment with international standards. Integration into public healthcare has enhanced coordination, referral pathways, and continuity of care, moving from a vertical, project-based approach toward a more holistic and people-centred model.

Importantly, civil society has played a critical role in establishing and expanding MMT services and continues to be essential in outreach, community engagement, and ensuring that services remain accessible and acceptable to key populations.

- **Results, outcomes and impact:**

The integration of MMT into Albania's public healthcare system has resulted in improved sustainability, expanded service coverage, and strengthened health system ownership. Currently, 13 centers provide MMT services nationwide, serving 726 clients reflecting increased geographic access compared to the previous NGO-led model. Meanwhile in the prison system the number of those receiving MMT is 128.

The expansion of services has improved equity in access, particularly for PWID outside major urban centers. Increased availability of MMT contributes to reductions in high-risk injecting behaviors, thereby lowering HIV transmission risk and supporting broader public health outcomes.

Government ownership and domestic financing have reduced dependency on external donors and mitigated risks of service disruption. Integration within public healthcare system has strengthened patient follow-up, improved linkage to HIV testing and treatment services, and enhanced coordination across the continuum of care.

Overall, the transition has contributed to a more resilient, equitable, and sustainable HIV response aligned with universal health coverage principles.

- **Gaps, lessons learnt and recommendations:**

The recent integration of MMT into the public healthcare system has addressed some critical structural gaps, notably ensuring a more stable methadone supply and strengthening routine data systems. However, important programmatic challenges remain.

Program data indicate a low number of PWID enrolled on MMT services (13%), and very few clients opting to discontinue treatment. The absence of alternative pharmacological options, such as buprenorphine, restricts individualized treatment approaches and patient choice. A key lesson is that reliance on externally funded, and only NGO model, while critical for establishing the services can delay institutional ownership and limit expanding the services. On the other hand, sustainability must go beyond financing and integration, requiring continuous quality improvement and diversification of services.

Sustained political commitment, adequate domestic investment, and meaningful community engagement are essential to ensure the long-term sustainability and impact of harm reduction in Albania.

Recommendations:

- Strengthening multidisciplinary teams (toxicologist, psychologists and social workers)
- Strengthening clinical monitoring systems
- Enhancing individualized care plans and treatment progression pathways
- Strengthening referral systems linking MMT with HIV, mental health, and social services

Portugal

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Submitted by: Government

Timeline: Syringe exchange program (1993 - actual date)

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and objectives**

Syringe exchange program is a harm reduction and risk minimization program, has contributed significantly to reducing the proportion of new HIV infection cases in people who inject drugs. Since its implementation in 1993, the PTS has ensured the distribution of 65,909,382 syringes, with an annual average of 2,059,668 syringes.

- **Description**

- Harm reduction strategies do reduce HIV e viral hepatitis transmission
- Improved health for drug users

- **Results, lessons learned and recommendations**

In 2024, the PTS distributed 966,310 syringes among people who use injectable drugs, observing a decrease of 5.45% compared to 2023.

The Risk Reduction and Harm Minimization Teams (ERRMD) were responsible for the distribution of 838,842 syringes, which corresponds to 86.81% of the total syringes distributed. The pharmacies associated with the National Association of Pharmacies (ANF) and the Association of Pharmacies of Portugal (AFP) distributed 12.25% of the total syringes

(n=118,332), while the primary health care units ensured the distribution of 0.95% of the syringes distributed in 2024 (n=9,136).

In the units are provided HIV and viral hepatitis regular testing.

- **Gaps, lessons learnt and recommendations**

The national programme for STI and HIV don't have access to the total tests performed and incidence in this population of drug users.

In the last years, the drug use has change, with redution of use of injectable drugs and other new substances, whitch are more difficult to monitor, and need to be address specifically.

Some countries conduct drug testing in water, but this is not currently done in Portugal.

The chemsex is increasing, in a different setting and population, as is important to be address and have a specific evaluation also. The PrEP users are being monitored, but there is no specific records on this consume use

Annexes: <https://repositorio.insa.pt/entities/publication/c43d3502-8bf9-4a82-8fff-ea1c315d831f>

Portugal

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Submitted by: Civil society

Timeline: November 2023 - February 2025

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Portugal decriminalised drug use in 2001, and harm reduction became a key part of its response. Over time, this produced a broad network of low-threshold services, including needle and syringe programmes, opioid substitution therapy, and, more recently, supervised consumption facilities. Even so, some groups remain poorly reached. Pregnant women who use drugs are one of them. Many experience unstable housing, stigma in healthcare settings, fear of child removal, and poor coordination between services. As a result, antenatal follow-up, HIV testing, and STI treatment are often delayed or do not happen at all.

The Porto Safe Consumption Programme (PCVP), opened in 2022 in the Pastelaria neighbourhood, is one of these services. By February 2025, it had registered more than 2,700 users and over 217,000 supervised consumption episodes. Of the 187 women identified during the study period, 62% were of reproductive age. From November 2023 onwards, the team began to organise a structured response for pregnant users, informed by child-centred harm reduction principles (Barrett et al., 2022).

The main aims were to identify pregnancies earlier, provide coordinated support, link women to obstetric and infectious disease care, reduce HIV and STI transmission risk, and document barriers that still limited access.

- **Description:**

Between November 2023 and February 2025, eight pregnant users received the full intervention. This small number reflects an important need, as it highlights the difficulty in identifying pregnancy early and the innumerable barriers that pregnant women face in the drug use context.

The response brought together three areas of work. The medical component included on-site HIV and STI screening, treatment of active syphilis, iron and folic acid supplementation, psychiatric assessment when needed, and accompaniment to obstetric appointments at the North Maternal and Child Centre (CMIN) and the São João Hospital Centre (CHUSJ). The social component included support with documentation, housing, birth registration, family mediation, and post-partum contraception. The addiction component focused on harm reduction counselling, linkage to opioid substitution therapy, and referral to treatment when appropriate.

Its contribution to the HIV response was concrete. In several cases, the PCVP was the only service maintaining regular contact with these women during pregnancy. Screening took place because it was available in a setting they already knew and trusted. Syphilis was diagnosed and treated in several cases, reducing the risk of vertical transmission. Decentralised infectious disease consultations also helped connect women with specialist care.

This approach is in line with guidance on integrated, non-coercive care for pregnant women who use drugs (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2012; United Nations Office on Drugs and Crime [UNODC], 2016; World Health Organization [WHO], 2014). It also suggests that supervised consumption facilities may play a broader role in HIV prevention than is usually captured by overdose-related indicators alone.

- **Results, outcomes and impact:**

Of the eight women who received the full intervention, all underwent HIV and STI screening. Syphilis was identified and treated in several cases, reducing the risk of vertical transmission. All women who continued their pregnancies received antenatal accompaniment. Deliveries took place at CMIN or CHUSJ, with PCVP staff present when that support was wanted.

Child and Youth Protection Commission and Multidisciplinary Court Advisory Team were involved in most continuing cases. Outcomes varied. One child was placed for adoption, others entered family foster care, and one remained within the mother's extended family. In one case, the couple re-established family support, secured housing, and the father entered employment. Post-partum contraception was offered in all cases, and implants were placed in three.

Between November 2023 and February 2025, the PCVP registered 187 female users, 62% of them of reproductive age. The programme recognises that these eight cases represent only a small part of the need within its own user population, and sees this structured response as a first step rather than a complete answer.

- **Gaps, lessons learnt and recommendations:**

The same barriers kept appearing. Pregnancy was often identified late, partly because irregular menstruation made recognition more difficult. Hospital appointments required

consultations, blood tests, and ultrasound scans to be booked separately, often on different days. Appointment times were commonly set for late morning, which did not fit many women's routines. Stigma from healthcare professionals was reported in several cases and affected engagement. Referral to detoxification units was not possible for women with active drug use, even during pregnancy. There were also no suitable housing options for pregnant women who were still using drugs.

These are not minor service gaps. They shape whether care is reachable.

The lesson is that low-threshold, integrated support can work, but its limits are structural. The PCVP could create trust and continuity; it could not remove those barriers on its own. These barriers are not specific to Porto. They reflect wider gaps in the Portuguese health and social care system affecting this population nationally. The main recommendations are joint scheduling protocols with obstetric services, mandatory anti-stigma training for professionals working with this population, pregnancy as a priority criterion for detoxification referral regardless of active use, and dedicated housing pathways for pregnant women with active drug use.

Portugal

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Submitted by: Civil society; UN or other international organization; Other

Timeline: 2013-present

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Portugal is often recognised for its health-led drug policy, yet major gaps remain in the everyday accessibility, acceptability and sustainability of harm reduction services for people who use drugs, especially those facing homelessness, migration-related precarity, poverty, stigma and co-morbid health needs. In this context, GAT (Grupo de Ativistas em Tratamentos), a Portuguese community-led NGO with longstanding work on HIV, viral hepatitis and key populations, established IN-Mouraria in central Lisbon as a low-threshold, community-based response. Mouraria has long been an area with visible street-based drug use and increasing social pressure linked to gentrification and exclusion. IN-Mouraria was created to offer a dignified, peer-led space where people can access safer consumption, sterile equipment, testing for HIV and viral hepatitis, basic health and social support, and referral to further care. The objective has been not only to reduce overdose and infectious disease risks, but also to create a trusted point of entry into the broader HIV and health response for people who are often underserved by mainstream services.

- **Description:**

GAT's contribution to the AIDS response in Portugal lies in combining harm reduction, peer work, testing, navigation and social support in one low-threshold community setting. GAT began as an advocacy organisation focused on HIV-related rights and policy change, then developed tailored services for groups disproportionately affected by HIV, including people

who use drugs, migrants, sex workers, trans people and gay and bisexual men. According to IDPC, GAT now reaches key populations at scale, conducting around 100,000 HIV tests annually. At IN-Mouraria, this broader model is translated into daily practice through integrated services that include rapid testing for HIV, hepatitis B and C and syphilis, distribution of safer injecting and smoking materials, peer counselling, drop-in support, primary healthcare and referrals to infectious disease clinics and other social services. The community-led drug consumption room further strengthens this response by reducing immediate harms associated with unsafe consumption and by creating repeated contact with people who may otherwise remain outside formal HIV services. Its peer-driven model is particularly important: peers manage day-to-day engagement and supervision, helping to build trust, improve uptake, and connect people to care in a way that is credible and non-stigmatising. This makes IN-Mouraria a strong example of how harm reduction can function as an entry point into combination HIV prevention, testing, linkage and rights-based care for highly marginalised populations.

- **Results, outcomes and impact:**

IN-Mouraria demonstrates measurable uptake and clear relevance to the HIV response. In 2023, its community-led drug consumption room served more than 400 users and recorded 13,454 consumption episodes; 78% of these were smoking episodes, showing the importance of responding not only to injecting but also to crack and other inhaled drug use. The service also documented stable participation by women, who represented around 20% of smoking episodes, and an increase in migrant users, especially from South Asia, reflecting changing local demographics and the need for culturally responsive, low-threshold care. More broadly, IN-Mouraria provides regular access to HIV, hepatitis B/C and syphilis testing, sterile equipment, peer support and referrals, while GAT as an organisation has one of the largest reaches among key populations in Portugal, with around 100,000 HIV tests conducted each year. Together, these results show the added value of community-led, peer-based harm reduction as a practical bridge to HIV prevention, early diagnosis and service linkage among people who are frequently excluded from mainstream health systems.

- **Gaps, lessons learnt and recommendations:**

The main lesson from GAT's experience is that community-led harm reduction works, but it cannot rely on precarious arrangements if it is expected to carry a core public health function. Despite strong uptake, GAT's safer smoking room in Mouraria was forced to close temporarily in January 2025 due to funding constraints, limited space, staffing pressures and challenges in maintaining safe conditions amid very high demand. This illustrates a central bottleneck: even in a country known for a health-led drug policy, low-threshold services for people who use drugs can remain structurally fragile. The case also shows that peer-led models are highly effective in building trust, sustaining engagement and linking people to HIV and wider health services, especially for migrants, people experiencing homelessness and others facing stigma. Recommendations are therefore to secure stable public financing for community-led harm reduction; formally recognise peer workers as essential members of the response; expand safer smoking and safer consumption capacity in Lisbon; and integrate HIV, hepatitis, mental health and social support more systematically within harm reduction settings. Sustainability should mean incorporation into public health planning without losing the autonomy, accessibility and trust that make community-led services effective.

Annex: https://www.ehfg.org/biography/fernandes-ricardo?cHash=8a1575fcd17c92c01398c2c8f84a99ea&tx_web2pdf_pi1%5Bargument%5D=printPage&tx_web2pdf_pi1%5Bcontroller%5D=Pdf_https://correlation-net.org/member/g-a-t/https://idpc.net/news/2025/01/at-gat-portugal-peer-work-makes-super-services

<https://inhsu.org/what-we-do/advocating-for-change/innovative-models-of-hcv-care-films/portugal/> <https://drogriporter.hu/en/at-gat-portugal-peer-work-makes-super-services/>
<https://www.lisbonaddictions.eu/presentations/empowering-communities-harm-reduction-insights-community-led-drug-consumption-room> <https://www.talkingdrugs.org/lisbon-forced-to-close-safer-smoking-site-amid-funding-challenges/>
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8285857/>

Spain

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Submitted by: Government

Timeline: 2018-2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Optimizing access to harm reduction services among people who use drugs, including needle syringe programmes, OAT, naloxone, has been a priority of the Spanish response to HIV since the 1990s. Although the number of people in Spain who inject heroine, and to a lesser extent cocaine, has significantly decreased over the last decades, those who continue to do so remain at high risk of HIV infection. On the contrary, there is increasing evidence that Chemsex is a growing phenomenon in Spain, and the EMIS study 2024 shows that Chemsex prevalence was highest in the Spanish sample.

We describe the development of the response to Chemsex by the Ministry of Health (MoH) of Spain from 2018 onward, which has built on the previous experience of the response to drug use, but has given a pivotal role to the communities at risk of and affected by Chemsex from the start. This response has been integrated within The Strategic Plan for the Prevention and Control of HIV and other Sexually Transmitted Infections (STIs) in Spain 2021–2030 and were also paralleled in the National Strategy on Addictions 2017–2024, and in harm reduction efforts within prison settings.

- **Description:**

Chemsex, particularly when practiced intensively and over time, increases the transmission of HIV, viral hepatitis, and other STIs, and can also have negative social, physical, and

mental health consequences. It is especially prevalent among Gay Bisexual and other Men who have Sex with Men (GBMSM), including those living with HIV.

Prevention programs addressing Chemsex have shown to improve all the above health outcomes but are challenging to both develop and implement given the complexity of the Chemsex phenomenon, its perception by the communities of users and resistance from part of the community to the promotion of primary selective prevention, the high levels of stigma, the gaps in knowledge, and the legal consequences of illicit drug use. Therefore, the involvement of affected communities in all their diversity, from the start, and at all stages, is key. Additionally, a proactive anti-stigma framework is essential to accompany all stages of the program development.

The interventions developed by the MoH are outlined within the frameworks for primary, secondary and tertiary prevention, addressing risk reduction in drug use, promoting safer sexual practices, improving access to early diagnosis of HIV, STIs, viral hepatitis and other physical and mental health conditions, and facilitating referral to specialized services. They promote strengthened adherence to preventive measures such as condom use, vaccination against hepatitis and STIs, pre and post -exposure HIV prophylaxis (PrEP and PEP), while also supporting the early initiation of antiretroviral treatment for HIV and direct acting antivirals for HCV.

- **Results, outcomes and impact:**

As comprehensive, multidisciplinary approach to Chemsex has been developed by the MoH since 2018, addressing sexual health, mental health, and substance use, particularly among GBMSM, in The Strategic Plan for the Prevention and Control of HIV and other STIs in Spain 2021–2030. Key actions developed by the MoH include training public administration professionals and policymakers on addressing Chemsex from a public policy perspective with a strong and proactive anti-stigma perspective, funding NGO-led projects of national scope to reduce risks and harms associated with drug use among vulnerable populations at risk of HIV and STIs (which will in 2026 include a priority line on primary selective prevention), and producing technical documents developed in collaboration with multiple stakeholders, with a pivotal role of the community.

A dedicated Chemsex working group has been established, involving regional governments, the municipalities of Madrid and Barcelona, lead community organizations, chemsex users, the National Plan on Drugs, scientific societies, STI clinics, and research centers, to coordinate efforts and share expertise.

Additionally, the MoH maintains a dedicated online space on Chemsex, with tailored content for both professionals and users, improving access to information, raising awareness, and supporting an integrated, effective public health response to the phenomenon.

- **Gaps, lessons learnt and recommendations:**

Spain still faces significant challenges such as territorial inequalities. Institutional and social stigma around sexual practices and substance use hinders help-seeking. Insufficient professional training across primary care, specialized services, and social sectors, combined with fragmented coordination between mental health, sexual health, addiction, and social services, can create ineffective or exclusionary care pathways.

Key areas for improvement include ongoing, targeted training for health, social, and educational professionals, with a focus on sexual diversity, LGBTIQ+ cultural competence, substance use, and human rights. Developing robust information systems and

epidemiological surveillance tools, conducting research to generate evidence-based data, and implementing an integrated care approach that combines sexual health, mental health, harm reduction, and social support are essential. Simplifying care pathways and ensuring consistency across regions is critical, as is increasing direct participation of people who use Chemsex in service design and evaluation.

Lessons learned highlight the importance of multidisciplinary, integrated approaches, strong collaboration with community organizations, and active engagement of users. Allowing for the diversity of community voices on contentious issues such as primary selective prevention has proven useful. Together, these strategies support an evidence-based, effective, and responsive public health approach to Chemsex in Spain.

Annexes:

https://www.sanidad.gob.es/areas/DCVIHT/vihSida/planEstrategico/vigente/docs/PLAN_FOR_THE_PREVENTION_AND_CONTROL_OF_HIV_AND_OTHER_SEXUALLY_TRANSMITTED_INFECTIONS_IN_SPAIN.pdf

https://www.sanidad.gob.es/areas/DCVIHT/vihSida/CHEMSEX/profesionales/docs/Documento_tecnico_fenomeno_chemsex_final_tob1.pdf

https://pnsd.sanidad.gob.es/pnsd/planAccion/docs/AddictionsActionPlan_2021-2024.pdf

Spain

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Submitted by: Academic institution

Timeline: January 2024- December 2024.

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

"This study stems from a shift observed in clinical and community practice in Spain over recent years: among MSM engaged in chemsex, the practice of slam (injected drug use) increased from approximately one in ten to nearly one in three cases. Despite this rising prevalence, no theoretical frameworks grounded in the Spanish cultural context existed. Moreover, specific attention to gay, bisexual, and other MSM who inject drugs (particularly those living with HIV or at risk) remains scarce in both research and programmatic responses. To address this gap, a twofold methodology was employed: a PRISMA systematic review to map the state of the art, followed by fieldwork with 12 participants in Madrid (2024–2025) using individual and group interviews. Analysis was guided by grounded theory, resulting in 21 emergent theories. The main objective was to generate foundational knowledge built directly from the testimonies of users, capturing intersectional dimensions (age, migration status, HIV diagnosis) in order to inform inductive and subsequent deductive approaches. By centering the real needs and lived experiences of beneficiaries, these theories aim to provide concrete orientations for policy design, harm reduction interventions, and tailored care strategies within the HIV response."

- **Description:**

This study contributes to the AIDS response by offering a grounded theoretical framework derived directly from the lived experiences of men who use slam in Spain; a population at the intersection of chemsex, injecting drug use, and HIV. The 21 emergent theories identify specific, previously undocumented gaps in harm reduction and HIV care, providing actionable orientations for policies and programs.

Key contributions include theories on the acquisition of venipuncture techniques (Theory 4), the procurement and disposal of injecting equipment (Theories 5 and 6), and an overarching unified theory on equipment management (Theory 7). These findings reveal critical unmet needs in peer-based and formal education on safer injecting practices. Theories 10, 11, and 12 articulate stigma experiences both within healthcare settings and inside the chemsex community itself, highlighting the need for non-stigmatizing, culturally competent services.

A particularly novel insight (Theory 9) suggests that MSM living with HIV who practice slam may experience drug craving triggered by routine blood draws for viral load monitoring. This finding calls for integration of harm reduction awareness into HIV clinical follow-up to anticipate and mitigate such responses.

The study also illuminates intersectional disparities: socioeconomic status shapes access to sterile equipment, while generational differences reveal shifting perceptions of injecting drug use; from historical associations with AIDS-defining illness to current normalization. Although grounded in Madrid's context, these theories are transferable to other European settings with similar chemsex dynamics.

By placing beneficiaries' real needs and experiences at the center, this study provides a robust inductive foundation to inform more effective, equitable, and stigma-sensitive HIV prevention, care, and harm reduction interventions; directly contributing to UNAIDS goals of leaving no one behind and ending AIDS as a public health threat.

- **Results, outcomes and impact:**

"Results: The study produced 21 grounded theories on slam practices in Spain: equipment management, stigma (within healthcare and community), conditioned responses to HIV monitoring and many other topics. A full open access study report was published and disseminated to local health services. Digital outreach via Instagram reached thousands of impressions, extending visibility beyond academic circles.

Outcomes: In its current diffusion phase, the findings have been well received by participants and community members, validating their relevance. The study has sparked initial awareness among local harm reduction and HIV care providers, though no structural measures have yet been implemented.

Impact: By centering the lived experiences of an underserved population at the intersection of chemsex, injecting drug use, and HIV, this study provides an evidence based foundation to reduce stigma, inform tailored harm reduction policies, and guide training for health professionals. Its transferable theoretical framework offers a replicable model for other European contexts, contributing to UNAIDS priorities of reaching marginalized communities and advancing equitable, stigma free HIV responses. "

- **Gaps, lessons learnt and recommendations:**

Prior to this study, no theoretical frameworks existed on slam within the Spanish chemsex context. Specific attention to gay, bisexual, and other men who have sex with men who inject drugs (particularly those living with HIV) was absent from both research and programmatic responses. Structural gaps included lack of tailored harm reduction education, stigmatizing attitudes in healthcare and community settings, and inadequate dissemination of evidence to frontline services.

Many lessons have been learnt. Grounded theory methodologies are essential to capture the complex, intersectional realities of marginalized populations. Participants' testimonies revealed that unmet needs extend beyond equipment access to encompass stigma, socioeconomic disparities, and even conditioned drug cravings triggered by routine HIV blood draws (a previously undocumented phenomenon).

Our recommendations are: Integrate these 21 theories into national harm reduction and HIV care guidelines. Train health professionals on stigma reduction and on anticipating conditioned responses among people living with HIV who inject drugs. Establish peer-based education on safer injecting techniques and equipment disposal. Ensure dissemination mechanisms that reach both community and institutional stakeholders. Replicate this methodological approach in other European countries to build comparable evidence and foster a coordinated, equity-oriented response.

Annex: www.imaginamas.org/estudios/slam2024

Eastern Europe and Central Asia

Kyrgyzstan

Name: Anna Meteliuk, Project Manager: Research, Alliance for Public Health;
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Submitted by: Civil society; Government

Timeline: January 2023 - July 2027

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Kyrgyzstan, a Central Asian country, has an estimated 25,500 people who inject drugs (PWID), with HIV prevalence reaching 25% in some regions. Despite the availability of opioid agonist therapy (OAT) since 2002, coverage remains critically low - serving less than 3% of PWID. Structural barriers such as stigma, limited geographic access, documentation requirements, and rigid service delivery models continue to hinder uptake and retention in care.

To address these gaps, the country has introduced long-acting depot buprenorphine (LADB) as part of efforts to modernize and expand OAT services. This innovation aims to improve adherence, reduce the burden of daily clinic visits, and enhance confidentiality for patients. The pilot program, implemented within Ministry of Health facilities, targets both current OAT clients and individuals not previously engaged in treatment.

The initiative is supported by recent regulatory changes, including the inclusion of buprenorphine in the essential medicines list and national treatment guidelines. Early implementation highlights both opportunities, such as improved convenience and patient satisfaction and challenges, including mistrust, fear of new treatments, and concerns about sustainability. This case study explores the feasibility and effectiveness of introducing LADB in a low-resource setting.

- **Description**

The introduction of LADB in Kyrgyzstan has made an important contribution to the national AIDS response by addressing key gaps in HIV prevention and treatment among PWID, a population disproportionately affected by HIV. By expanding and modernizing OAT, the intervention strengthens a core component of combination HIV prevention by reducing unsafe injecting practices and thereby lowering HIV transmission risk.

LADB offers a significant advantage over traditional daily dosing models by minimizing the need for frequent clinic visits. This has improved treatment adherence, retention, and accessibility, particularly for individuals who face structural barriers such as stigma, unstable housing, employment constraints, or migration for work. Increased confidentiality and reduced visibility of service use are especially important in reducing discrimination and encouraging engagement in care.

The case study also demonstrates how integrating innovative treatment options into existing health systems can enhance service efficiency and patient-centered care. By enabling more stable treatment outcomes and reducing the burden on healthcare providers, LADB contributes to more sustainable HIV service delivery. Importantly, the model supports earlier engagement of individuals not previously enrolled in OAT, including those actively using opioids, thereby expanding prevention coverage.

In addition, the implementation process has strengthened collaboration between government institutions, international partners, and community-based organizations. The involvement of social workers and peer support mechanisms has further improved adherence and trust in services, both critical for long-term HIV outcomes.

Overall, the introduction of LADB contributes to reducing HIV transmission risks, improving quality of life for PWID, and advancing progress toward national and global HIV targets by making harm reduction services more accessible, acceptable, and effective.

- **Results, outcomes and impact:**

The introduction of LADB in Kyrgyzstan has demonstrated promising early results in improving access, adherence, and patient satisfaction within OAT programs. As of April 2026, LADB has been initiated at six OAT sites, with 28 patients receiving at least one injection and 22 patients reported as stable on treatment. These early outcomes suggest good retention and clinical stability among participants.

Qualitative findings indicate high acceptability of LADB among patients and providers. Key reported benefits include reduced need for daily clinic visits, increased ability to maintain employment, improved mobility (including travel), and enhanced confidentiality. These factors contribute to improved adherence and continuity of care - critical components for both HIV and hepatitis C prevention.

The intervention has also contributed to strengthening the health system, including updates to national clinical guidelines, inclusion of LADB into the essential medicines list, and secured import quotas. Additionally, investments in infrastructure and staff capacity have improved service readiness.

While coverage remains limited at this early stage, the model shows strong potential to expand harm reduction services, reduce unsafe injecting practices, and improve health

outcomes among people who inject drugs. Continued scale-up and monitoring will be essential to demonstrate long-term impact on HIV transmission and treatment coverage.

- **Gaps, lessons learnt and recommendations:**

The implementation of LADB in Kyrgyzstan has revealed several important gaps and bottlenecks. A key challenge is low trust and awareness among patients, including fears about injections, misconceptions about the medication, and concerns about sustainability of supply. Transitioning patients from methadone to LADB remains difficult, particularly for those stable on long-term treatment. In addition, healthcare providers may be hesitant to actively enroll patients due to limited experience with the new modality.

Structural barriers persist, including limited geographic coverage, as services are currently concentrated in a few regions, and regulatory and logistical challenges related to procurement, storage, and distribution. The small scale of implementation also limits overall impact at this stage.

Key lessons highlight the importance of patient-centered approaches, strong involvement of social workers and peer support, and the need for continuous communication to build trust.

Moving forward, efforts should focus on expanding geographic access, strengthening provider training, and scaling up demand generation through targeted information campaigns. Ensuring sustainable procurement and integration into national funding mechanisms is critical. Establishing clear clinical protocols for transitioning patients and enhancing collaboration with community organizations will further support successful scale-up and long-term impact.

Annex: [please email me @ meteliuk@aph.org.ua](mailto:meteliuk@aph.org.ua) and I will share slides with more detailed information

Russian Federation

Name: Daria Chaadaeva, Ministry of Health of the Russian Federation,
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Submitted by: Government

Timeline: Since 2016

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

In the Russian Federation, the management of substance use disorders is grounded in legislative guarantees for the provision of healthcare services to individuals with drug addiction. This system delivers interventions based on uniform, evidence based principles.

Comprehensive management of opioid use disorders in the Russian Federation strictly adheres to the principles of complete cessation of illicit substance use and individualised care. The approach encompasses patient centred care; tailored treatment planning based on comprehensive clinical assessment and integrated management of comorbidities. The opioid agonist therapy is prohibited by national legislation.

Current clinical practice for substance use disorder management employs a multimodal therapeutic approach. This includes a combination of pharmacotherapeutic and psychosocial interventions as well as social support programmes and clinical follow up conducted by

specialized medical personnel. Multidisciplinary teams provide integrated care for individuals with substance use disorders, including those co infected with HIV.

People living with HIV, including people who use drugs, have equitable access to comprehensive free of charge healthcare services antiretroviral therapy, diagnostic testing (including rapid diagnostic tests and laboratory assays), outreach programmes.

The healthcare infrastructure for drug treatment services and HIV care is developed across both urban and rural settings, aiming to ensure equitable access to such services.

- **Description:**

Since 2016, a systematic process for the early detection of HIV infection has been established in accordance with the National Strategy for Countering the Spread of HIV Infection.

All patients admitted to in-patient facilities for any reason undergo testing for HIV, hepatitis B and C, and syphilis. In 2025, over 29 million such tests were performed. These screenings are also conducted during prenatal planning and antenatal care; in the context of blood and organ donation; as part of mandatory medical examinations for certain occupational groups.

All individuals in temporary detention facilities of the Russian Ministry of Internal Affairs and institutions of the Federal Penitentiary Service are tested for HIV regularly.

Treatment standards for patients with substance use disorders require mandatory laboratory screening for hepatitis B surface antigen; antibodies to hepatitis C virus; HIV antibodies and antigens.

All HIV-positive patients, including people who use drugs, undergo comprehensive laboratory evaluation. According to 2025 preliminary data, over 98 % of individuals with newly diagnosed HIV received CD4+ T-lymphocyte count testing. More than 67 % of HIV cases are detected at early stages of the disease, defined as a CD4+ cell count above 350 cells/ μ L.

Our priority areas include the early identification of PLHIV and their involvement in healthcare services, as well as maximum coverage with preventive measures. Priority attention is being given to key populations. Preventive measures are being implemented through the involvement of NGOs.

Preventive measures include early identification of drug users, motivating them to undergo HIV testing, and increasing adherence to treatment, as well as work in key groups of the population.

Through comprehensive interventions targeting people who use drugs, positive changes in health-related behaviours are observed among patients with substance use disorders. These outcomes significantly contribute to lowering the overall incidence of HIV infection in the population.

- **Results, outcomes and impact:**

Since the implementation of the State Strategy to Combat the Spread of HIV in the Russian Federation (2016), a steady decline in HIV incidence has been achieved. Since 2016, the incidence of HIV in the Russian Federation has decreased by 51% by 2025, and by nearly

60% among injection drug users.

The remission rate for drug disorders has increased due to an organized system of comprehensive prevention of non-medical use of psychoactive substances.

- **Gaps, lessons learnt and recommendations:**

It is important to maintain a high level of interaction between HIV/AIDS centers and drug treatment services in countries. Such interaction can be on a two-way basis: on the one hand, counseling and provision of specialized drug addiction treatment to achieve remission for HIV-infected patients who have sought treatment at HIV/AIDS centers, on the other hand, methodological support and organization of preventive care for patients of the drug addiction service who are at risk for HIV infection.

An important component of this type of cooperation is the preventive aspect, aimed at increasing the level of competence of the staff of drug treatment facilities in the area of HIV prevention for both patients and specialized medical staff of addiction treatment centers.

Annexes: 1. <https://www.garant.ru/products/ipo/prime/doc/400033496/> 2. <https://www.ecdc.europa.eu/en/publications-data/hivaids-surveillance-europe-2025-2024-data>

Tajikistan

Name: Mr. Pulod Dzhamolov, Director, SPIN Plus Dushanbe, Tajikistan Email: jpulod@gmail.com

Submitted by: Civil society;Other (please specify)

Timeline: 2020–2025 (ongoing harm reduction programmes, community-led services and programme adaptation to emerging drug trends and sustainability challenges)

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

The HIV epidemic in Tajikistan remains in a concentrated stage, mainly among key populations, most of whom are people who inject drugs (PWID).

At the same time, HIV prevalence among people who inject drugs has decreased in recent years from 12.9% in 2014 to 8.9% in 2022. The number of new HIV cases among this target group dropped more than sixfold—from 23% in 2014 to 3.7% in 2024, as did the frequency of injection-related transmission.

HIV prevention among key populations, including PWID, is a core component of national HIV response programs. One of the main commitments in the National HIV Program of the Republic of Tajikistan for 2021–2025 was to reduce new infections among key populations by 20% by the end of 2025.

- **Description:**

An assessment conducted in 2024 on the state's commitments to sustainability during transition to national HIV financing found that new HIV cases among PWID fell by nearly 50% in three years—from 83 in 2020 to 43 in 2023, and 27 cases were recorded in 2025. Such significant progress is primarily due to long-standing harm-reduction programs.

For two decades, harm reduction has played a key role in Tajikistan's HIV response among people who use drugs.

The implementation of needle–syringe programs, outreach, HIV testing, counseling, methadone maintenance therapy, and PrEP for PWID and their contacts has reduced HIV transmission risks, improved access to medical services, and stabilized the situation among people who use drugs.

Services are delivered through Trust Points or Needle-Syringe Exchange Points (NSEP) / low threshold centers. Currently, 34 Trust Points operate in the country — 24 in state facilities (mainly AIDS Centers) and 10 run by civil society organizations.

In the last five years, 13,000–15,000 PWID were reached annually; in 2024, coverage reached 71.7% of an estimated 18,200 PWID. The average number of syringes distributed per PWID was 248 per year (2024).

In 2023, PWID program coverage was 72%, slightly higher than 2020 (70%), yet short of the 95% target.

Tajikistan has an expanded network of Opioid Agonist Therapy (OAT) sites, including in prisons: 15 sites, of which 2 are in penitentiary facilities. Some operate as “one stop shops” providing ART, TB services, psychological support, etc. Government funds cover facilities and basic costs, while the Global Fund finances outreach, equipment, reagents, and fully finances methadone procurement.

- **Results, outcomes and impact:**

- By the end of 2025, 85.1% of PLHIV in Tajikistan knew their HIV status, 91.6% of them were on ART, and 90.6% were virally suppressed.

Among PWID living with HIV, 75% knew their status in 2023 (compared to 71% in 2020), 79% were on ART, and 92% were virally suppressed.

Civil society plays a crucial role in harm reduction, HIV prevention, and social support for people who use drugs. Many services are delivered by NGOs and community groups, including adherence support, counseling, and human rights protection.

Community led monitoring (CLM) mechanisms are implemented nationally, including satisfaction assessments among key populations and human rights monitoring in the HIV sector.

NGOs are also active in advocacy, research, and supporting marginalized populations' access to services.

A government “social contracting” mechanism exists but remains limited — only two NGOs received HIV related social contracts in 2024.

- The prevalence of HIV and the number of new cases among people who inject drugs (PWID) have significantly decreased over recent years, indicating the effectiveness of prevention programmes, particularly harm reduction programmes among people who inject drugs.
- The country has many years of experience and sufficient capacity to effectively implement harm reduction programmes.
- There is a wide network of trust points (drop in centres) in the country for the implementation of harm reduction programmes.

- People who inject drugs have access to the network of sites providing opioid agonist therapy (OAT).
- The number of PWID who know their HIV status is gradually increasing, as is coverage with ART and indicators of its effectiveness.
- Civil society organisations and communities play a significant role in the implementation of HIV programmes.
- Community led monitoring has been integrated into the national monitoring system for HIV programmes.
- The country recognises the importance of establishing and further developing a platform for a long term, sustainable national HIV response, including the provision of harm reduction services and increased government funding for key population programmes. In this regard, a National HIV Sustainability Roadmap has been developed and agreed upon with all stakeholders as a unified framework of immediate measures to strengthen the sustainability of the national HIV response in order to achieve the global goal of ending AIDS by 2030 and ensure the continuation of an effective response in the long term.
 - **Gaps, lessons learnt and recommendations:**
- The provision of HIV services for key populations continues to depend on external donor funding.
- The work of civil society organisations and communities in the field of HIV is largely supported by international donors. Government co financing of civil society organisations providing services to key populations through social contracting remains minimal.
- Coverage of key populations with a comprehensive package of services remains below planned targets (80% only).
- Coverage of opioid agonist therapy (OAT) does not exceed 3–4% over a long period.
- Access to opioid substitution therapy and the broader addiction treatment system remains limited due to a number of barriers: reliance on a single formulation of medication (liquid methadone), unavailability of tablet forms, lack of integration of alternative medications into the national drug treatment system. An additional barrier is the narcological registration system, which many people who use drugs perceive as creating additional social risks and restrictions. Furthermore, the addiction treatment system is focused on medical components, while social, psychological, and rehabilitation support are insufficiently developed. The current capacity of each site is used inefficiently.
- Unresolved legal issues remain, particularly: decriminalisation of HIV transmission and the protection of the rights of people living with HIV and key populations.
- An assessment of the drug-use situation (2023) showed a decreasing trend in the number of regular injecting drug users; an ageing PWID population; and increasing entry of young people into drug using populations, primarily with non injecting forms of drug use, which are not covered by existing HIV prevention programmes. Despite shifts in the drug scene, heroin remains the primary drug of choice, and according to 2022 estimates,

more than 50% of PWID use heroin.

- People who use drugs in Tajikistan continue to face significant inequalities in access to medical, social, and preventive services.
Recommendations
- Ensure sustainable financing of harm reduction programmes, including the gradual integration of these services into the national healthcare and social protection systems, as well as the development of government financing mechanisms and social contracting for services targeting vulnerable population groups.
- Increase coverage of people who inject drugs with harm reduction programmes by integrating these services into the general healthcare system.
- Expand coverage of opioid agonist therapy (OAT) by simplifying enrollment procedures, allowing take home dosing for stable patients in line with international recommendations, and introducing alternative medications.
- Promote the development of comprehensive addiction treatment programmes, which include not only medical care but also psychosocial support and counselling, social reintegration programmes, employment support, and housing assistance.
- Adapt harm reduction programmes to the changing drug-use situation, including the development of services for people who use synthetic drugs and stimulants, expanding programmes for the prevention of risky sexual behaviour, mental health services, as well as online outreach and digital counselling services.
- Promote the development of gender responsive services for women who use drugs, including reproductive health services, protection from violence, social support, and programmes that address the needs of women with children.
- Reduce structural barriers to accessing treatment and healthcare services for people who inject drugs, including reviewing certain administrative and legal regulations and practices that limit access to medical care, and promote approaches based on public health and human rights.
- Strengthen the involvement of civil society organisations and communities of people who use drugs in the development, implementation, and monitoring of programmes and policies in the areas of HIV, drug policy, and harm reduction.

Multi-Country: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine, Uzbekistan

Name: Victoria Kalyniuk, Consultant: Human Rights and Gender, Alliance for Public Health, kalyniuk@aph.org.ua

Submitted by: Civil society

Timeline: January 2019 - ongoing

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

In Eastern Europe and Central Asia (EECA), stigma, discrimination, and gender-based violence (GBV) remain critical structural barriers preventing key populations (KPs) — including people who inject drugs, sex workers, people living with HIV, LGBTIQ+ persons, trans women, and adolescents from vulnerable groups — from accessing essential health services. These populations face systematic human rights violations within health, legal, and social systems, compounded by punitive laws, deeply rooted gender inequalities, and institutional indifference. Recognizing that such violations are chronically underreported and largely invisible without systematic documentation, the International Charitable Foundation "Alliance for Public Health" (APH) established the REAct (Rights – Evidence – Action) system in 2019 across 14 EECA countries, with Global Fund support. In Ukraine, 63 partner NGOs utilize the tool, embedded within a broader legal protection framework that includes KP-friendly lawyers, strategic litigation, peer-led monitoring, and GBV-focused advocacy. The primary objectives are to systematically document human rights violations and GBV against KPs; provide immediate legal, social, and psychosocial support to survivors; build individual and community resilience; and generate evidence to drive institutional and policy-level change — ultimately creating a more enabling environment for KPs to access health services without fear, exclusion, or violence.

- **Description:**

REAct operates as an integrated community-based human rights monitoring and response mechanism directly contributing to the AIDS response by addressing the structural drivers that undermine HIV prevention, treatment, and care.

At the community level, trained peer REActors — members of KP communities themselves — document cases of stigma, discrimination, and GBV using a standardized methodology. Violations recorded include refusal of medical services, breaches of HIV/TB confidentiality, verbal abuse by medical staff, denial of opioid substitution therapy (OST), police harassment near health facilities, and other. Critically, REActors also systematically document GBV cases affecting women, trans women, and adolescents from vulnerable groups, capturing violations that would otherwise remain invisible within both health and legal systems. Each documented case triggers a holistic response: peer REActors provide basic legal, social, and medical counselling, while complex cases — particularly GBV and HIV-related discrimination — are referred to KP-friendly professional lawyers for formal legal support, including strategic litigation aimed at setting legal precedents and sensitizing judges and prosecutors.

At the institutional level, REAct engages directly with health facilities and service providers through mediation, legal clarification, and accountability mechanisms, creating a deterrent effect against discriminatory practices.

At the structural level, aggregated anonymized REAct data inform national HIV and TB programs, Global Fund reporting, and advocacy for legal and policy reform. Dedicated advocacy campaigns — including those conducted during the 16 Days of Activism against GBV — translate documented cases and success stories into public awareness and systemic change, shifting responsibility from individuals to institutions and duty bearers.

- **Results, outcomes and impact:**

Since 2019, REAct has registered over 35,000 cases of human rights violations across 14 EECA countries, approximately 80% of which involved stigma and discrimination against key populations. In Ukraine alone, 63 NGOs actively use the system, contributing to a network of 213 organizations across the region.

Key results include:

Thousands of KPs — with particular focus on women, trans women, and adolescents — received peer-provided legal, social, and medical counselling directly following documented violations, restoring access to health services and addressing GBV.

REAct evidence has directly informed national HIV and TB program design, Global Fund human rights assessments, and advocacy for legal reform.

Advocacy campaigns during the 16 Days of Activism reached broader communities and duty bearers, reducing stigma and raising awareness of protection mechanisms.

Collectively, these results demonstrate impact across individual, institutional, structural, and community levels — improving health access, building legal resilience among KPs, and generating measurable systemic accountability.

- **Gaps, lessons learnt and recommendations:**

Despite significant achievements, critical challenges persist. In conflict-affected contexts such as Ukraine, GBV against KPs intensifies while access to legal and health services

contracts sharply. Many KPs remain unaware of their rights or fear retaliation, limiting case reporting. Shortage of KP-friendly lawyers and overburdened state institutions constrains the scale of formal legal responses. Structural barriers — including criminalization of drug use and sex work — continue to undermine the enabling environment that REAct seeks to create.

Lessons learnt:

- Peer-led documentation is essential: REActors from within KP communities generate trust, increase reporting, and ensure culturally competent responses that external systems cannot replicate.
- Combining documentation with immediate holistic response — legal, social, and medical — dramatically increases individual outcomes compared to monitoring alone.
- Evidence aggregation transforms individual cases into systemic advocacy leverage, making discrimination and GBV visible to policymakers and funders.
- GBV-specific programming, including campaigns tied to the 16 Days of Activism, meaningfully increases community awareness and duty-bearer engagement.

Recommendations:

Scale peer-based human rights monitoring systems in high-burden, conflict-affected settings.

Increase investment in KP-friendly legal aid, including strategic litigation funds.

Integrate GBV documentation and response into all community-based HIV and TB programs.

Use REAct-generated evidence systematically in Global Fund and national program accountability frameworks.

Annex: <https://react-aph.org/en/>

Ukraine

Name: Yevheniia Zakrevska, senior program manager, ICF Alliance for Public health, e-mail: zakrevska@aph.org.ua

Submitted by: UN or other international organization;

Timeline: February 2024-January 2026, this is the analysis of routine program data from the national OAT register and Alliance database

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• **Background and Objectives:**

Ukraine continues to face significant challenges in ensuring equitable access to HIV prevention, treatment, and harm reduction services for people who use drugs, particularly women. Women with opioid use disorders faced multiple barriers, including stigma, gender-based violence, caregiving responsibilities and limited access to gender-sensitive services. These challenges have been further exacerbated by the ongoing war, displacement, and disruptions in healthcare access.

The CoMPSS project (Comprehensive Medical and Psychosocial Support), implemented in Ukraine from February 2024 to January 2027 in five cities (Kyiv, Dnipro, Lviv, Odesa, Kryvyi Rih), aims to reduce these barriers and improve access to integrated services for women who use opioids/female OAT patients, as well as survivors of violence among people who use drugs.

The project is presented as a retrospective cohort analysis based on routine program data from the national OAT patient data and the Syrex database - managed by the International Charitable Foundation "Alliance for Public Health".

It focuses on delivering integrated medical, psychosocial, legal and humanitarian support,

while implementing gender-transformative approaches to improve health outcomes, including HIV prevention and care.

- **Description:**

The project contributes to the HIV response in Ukraine by addressing gender-specific and structural barriers that limit access to HIV prevention, treatment, and care among women who use drugs/OAT patients.

Women who use drugs remain disproportionately affected by HIV. Although they represent only 11,8% of OAT patients (down from 15,6% before war started in Feb 2022), HIV prevalence among them is significantly higher (44,2% compared to 25,5% among men), highlighting critical inequalities in access to services.

The project implements a gender-sensitive, integrated service delivery model based at 5 OAT sites through Mother and Child Rooms and 1 “Green Room” for survivors of violence. These safe spaces combine OAT with psychosocial, medical, legal, and humanitarian support, reducing stigma and improving engagement in care.

A key contribution to the AIDS response is improving women’s access to OAT. While operating at only 5 OAT sites (out of 214 nationally), the project contributed to 19% of all women who initiated or resumed OAT in Ukraine during the reporting period, demonstrating a disproportionate impact on national programme outcomes.

The model integrates HIV-related services with broader health and social support, including access to friendly doctors (gynecologists, psychiatrists, dermatovenerologists, surgeons, and pediatricians for clients children), mental health services, legal aid, menopause-related care, and HPV vaccination (Gardasil-9), addressing key barriers to treatment adherence and prevention. Mental health support is a critical component, ensuring that psychological barriers to HIV treatment are addressed alongside medical needs.

Overall, the project strengthens the HIV response by integrating harm reduction, gender-responsive care, and community-based support, improving access, continuity of care, and engagement among one of the most underserved and stigmatized populations.

- **Results, outcomes and impact:**

By the end of 2025, 745 women (74.5% of the overall project target) received integrated support, and 312 survivors of violence (78% of overall project target) were reached. A total of 9646 consultations were delivered (191% of the planned target), demonstrating high demand and effective service delivery.

The project contributed to expanding access to OAT: 124 women were enrolled, including 85 initiating treatment and 39 re-engaging after interruptions. Notably, 19% of all women who initiated or resumed OAT in Ukraine during the period did so with project support, despite the project operating in only 5 sites (compared to 214 OAT sites nationwide).

Retention outcomes improved: 81,6% of women remained on OAT for at least 6 months from treatment started, compared to 70,4% nationally.

HIV related outcomes are strong: 100% of HIV-positive women in the project are on ART, compared to 98,9% nationally.

Mental health support addressed critical needs: 98% of clients were screened for depression, 87% screened positive, and 91% were referred for psychological care.

Overall, the project improved access, retention, and continuity of HIV and OAT services among highly vulnerable women.

- **Gaps, lessons learnt and recommendations:**

Despite strong results, several structural and contextual challenges affect implementation and sustainability.

Key gaps include low enrollment of women who use drugs on OAT program due to stigma, displacement, and systemic barriers such as daily attendance requirements. The overall proportion of women in OAT continues to decline nationally. Security risks, infrastructure disruptions, and mobility constraints further limit access to services.

The project also identified gaps in geographic coverage, as operating in only a few sites restricts the ability to reach all women in need. In addition, sustainable financing remains a concern amid declining donor support.

Key lessons learned include the effectiveness of gender-sensitive, integrated service models in improving access and retention, and the critical role of psychosocial and mental health support in ensuring adherence to HIV and retention on OAT treatment. Safe spaces and trusted providers significantly reduce stigma and increase service uptake.

Recommendations: further efforts should focus on expanding the reach of gender-sensitive, low-threshold services, including additional “Mother and Child Room” sites and peer-driven outreach, to reduce systemic and geographic barriers. Strengthening coordination across health, social, and community services will enhance continuity of care and retention on OAT and HIV treatment.

Annexes: https://www.facebook.com/hashtag/compss?locale=uk_UA
https://aph.org.ua/en/our-works/ukraine/compss_en/
<https://linitiative.expertisefrance.fr/en/compss-supporting-women-who-use-drugs-in-times-of-war/>

Ukraine

Name: Ganna Dovbakh (anna@harmreductioneurasia.org) and FREE ZONE NGO - Oleksiy Zagrebelnyi, o.zagrebelnyi@freezone.org.ua

Submitted by: Civil society

Timeline: 2025-2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Harm Reduction Training for Veterans in Ukraine:

Ukraine faces a rapidly escalating public health crisis at the intersection of armed conflict, drug dependence, and HIV. A decade of war has produced a large and growing population of veterans and active military personnel with complex needs — including trauma, physical injury, PTSD, and chemical dependency. Veterans represent an entirely new and previously unserved target group for harm reduction in Ukraine.

The vast majority of existing harm reduction services were designed for civilian people who use drugs (PWUD), primarily those with opioid dependence. Veterans rarely identify with this traditional target group, carry a distinct social status in Ukrainian society, and face a specific stigma: drug use among service members is systematically concealed by officials and media to protect the image of the armed forces, which drives dependence underground rather than toward treatment.

Three categories of chemically dependent veterans have been identified: (1) those mobilised with a pre-existing dependency; (2) those who developed dependency during service as a consequence of PTSD, injury or combat stress; and (3) those who developed opioid dependence through inadequate pain management following combat wounds.

Despite Task 4 of Strategic Goal 3 of Ukraine's National Drug Strategy 2024–2026 — which

calls explicitly for the expansion of harm reduction programmes and new service models — there was no existing training methodology, manual, or capacity to orient veteran support specialists (VSS) and social workers in harm reduction approaches for veterans. The objective of this initiative was to fill this critical gap.

- **Description:**

This initiative directly addresses the connection between the growing epidemic of drug use among veterans and the risk of HIV, hepatitis C, tuberculosis, and fatal overdose. Increased injecting drug use — particularly of opioids, stimulants (including alpha-PVP) and prescription medications such as nalbuphine and pregabalin — among veterans is expected to drive new HIV infections and disease burden unless a targeted harm reduction response is developed. This case study represents the first systematic effort to build that response in Ukraine.

The initiative comprised two interrelated outputs:

- **Development of a methodological guide:** “Harm Reduction for Veterans: Algorithm for Supporting People with Chemical Dependency in Ukraine” was authored by Anatoliy Volik (harm reduction practitioner, AFU veteran) and Ganna Dovbakh (EHRA), and edited by Svitlana Bolsheva (FREE ZONE NGO). The guide adapts harm reduction principles to the social work context of veteran support specialists, covering: chemical dependency and drug policy; the neurobiology and stages of addiction; specifics of dependency among veterans (PTSD, combat injury, pain management); harm reduction philosophy, services and algorithms; motivational interviewing; case management and the ‘veteran’s pathway’ (continuum of support); mental health integration; community building; co-dependency; and burnout prevention for helping professionals. Critically, the guide was co-developed with training participants as expert reviewers.
- **Training of Trainers (ToT):** A five-day residential ToT was conducted in Yaremche, Carpathian region (1–5 December 2025), bringing together 16 specialist participants from 12 regions of Ukraine, representing a diverse range of institutional settings: veteran support centres, municipal clinical hospitals, veteran hubs and spaces, and veteran civil society organisations. The ToT used interactive adult learning methods: multimedia presentations, group work, role plays, case studies (covering veterans with opioid, stimulant, alcohol, and prescription drug dependency), motivational interviewing practice, and mini-training delivery sessions. Participants were trained both in the content of harm reduction for veterans and in the methodology of delivering training to their own colleagues.

The initiative introduced veteran support specialists — who typically have no harm reduction background — to: the harm reduction philosophy and service package; overdose recognition and naloxone; opioid agonist therapy (OAT); the continuum of support model; motivational interviewing adapted for veterans; case management algorithms; stigma reduction; and community mobilisation of veteran peer networks. The pilot training also served as a field test and co-development platform for the methodological guide, with participants contributing structured expert feedback to improve it before finalisation.

- **Results, outcomes and impact:**

The training produced measurable results across knowledge, skills and attitude domains, documented through pre- and post-training testing of all 16 participants:

- **Knowledge gains:** Correct identification of addiction as a chronic brain disease increased from 47% to 79%. Correct identification of naloxone as the treatment for opioid overdose increased from 40% to 93%. Understanding of OAT improved from 80% to 100% correct. Correct classification of stimulants improved from 67% to 93%.

- Readiness to train others: Self-assessed readiness to conduct harm reduction training for colleagues increased from 5.08 to 7.86 on a 10-point scale. 80% of participants stated they were ready to deliver training in their home organisations upon return.
- Attitude shift: The vast majority of participants arrived with conservative, stigmatising attitudes toward drug use. By the end of the training, nearly all demonstrated a shift toward pragmatic, health-centred, non-judgmental perspectives. Only 1 out of 16 showed residual stigmatising attitudes.
- Institutional coverage: 16 trained trainers now active across 12 regions of Ukraine, spanning all major types of veteran support infrastructure.
- Methodological guide: The co-developed guide, piloted and refined during the training, is now being prepared for wider distribution in collaboration with the Ministry of Veterans Affairs of Ukraine, with the aim of reaching all social assistants working with veterans across the country.
- Scale-up pathway: The Ministry of Veterans Affairs of Ukraine has initiated a partnership to transform and expand this training programme to all veteran social assistants nationally.

Relevant quotes from participants:

“After the first day, I realised I had a completely different — conservative, condemning — view of the problem of addiction. Now I find myself in cognitive dissonance, because it turns out you can look at this problem from a completely different angle.” — Training participant, Day 1 reflection

“I am ready to conduct training on harm reduction for my colleagues.” — 80% of participants, post-training survey

Note on national scale-up:

In partnership with the Ministry of Veterans Affairs of Ukraine, this training programme is being transformed into a mandatory component of the professional development curriculum for all social assistants working with veterans across Ukraine. This represents a unique opportunity to mainstream harm reduction principles into the national veteran support system — a historically untouched population for harm reduction — and to establish a lasting, institutionally-anchored pathway to HIV prevention and health promotion for tens of thousands of veterans and their families.

- **Gaps, lessons learnt and recommendations:**

GAPs

- Absence of veteran-specific harm reduction services: Despite the scale of the problem, there are no dedicated harm reduction services for veterans in Ukraine. Existing harm reduction infrastructure is not adapted to veterans' specific needs, identity, or barriers.
- Systemic stigma and institutional concealment: The idealisation of military personnel in Ukrainian society actively suppresses open discussion of drug use among veterans, preventing evidence-based responses and driving individuals away from help.
- Access to OAT and controlled medicines: Veterans with opioid dependency, including those with combat injuries requiring pain management, face legal and institutional barriers to accessing OAT. Military fitness regulations have historically excluded individuals on OAT from service, creating dangerous disincentives to seek treatment.

LESSONS

- Social workers are a key harm reduction bridge: Veteran support specialists (VSS) are one of the most trusted and accessible professionals for veterans. Building their harm reduction capacity is a uniquely high-leverage strategy, as they already have relationships with veterans and work in every region.
- Co-development works: Involving participants as expert reviewers of the methodological guide both improved the product and deepened ownership and motivation to implement.

This model should be replicated in future scale-up.

- Stereotype-breaking requires time: Several participants arrived with deeply stigmatising views. A five-day residential format allowed sufficient time for cognitive reframing. Shorter formats risk reinforcing existing attitudes.

RECOMMENDATIONS

- National roll-out: The training programme and methodological guide should be formally adopted by the Ministry of Veterans Affairs and integrated into the mandatory training curriculum for all veteran social assistants, with dedicated budget allocation.

- Peer involvement: Veterans with lived experience of drug dependency should be formally engaged as peer consultants and trainers within this programme, as a model of co-production.

- OAT policy reform: Advocacy is needed for legislative and military policy changes to remove barriers to OAT for veterans, in alignment with WHO guidelines and Ukraine's National Drug Strategy.

- Monitoring and evaluation: A systematic M&E framework should be developed for the national roll-out, including both process indicators (number of trainers trained, training sessions held, reach) and outcome indicators (knowledge, attitude, practice of VSS; service uptake by veterans).

Annexes: <https://harmreductioneurasia.org/news/ukraine-declares-support-for-harm-reduction-internationally-as-a-new-cnd-member-and-in-the-national-drug-strategy-to-2030>; <https://ehra.s3.eu-central-1.amazonaws.com/4425b2bf-e238-427e-9d0a-857ec9659ed2.pdf>

Ukraine

Name: Ms. Tetiana Lebed, Director, All Ukrainian Association of Women Who Use Drugs (VONA), infounwud@gmail.com, lebed@hopeandtrust.org.ua

Submitted by: Civil society

Timeline: February 2024 - present time

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• **Background and Objectives:**

Women who use drugs continue to face significant barriers to accessing health care services, including sexual and reproductive health, largely due to stigma and discrimination within health care settings. Fear of judgment often leads to delayed care seeking, with many women accessing medical services only at advanced stages of illness, resulting in severe health outcomes and increased mortality. Limited financial resources further restrict access to paid medical services, rendering health care effectively inaccessible.

Stigma also contributes to a high incidence of violence, particularly sexual violence. Concerns about disclosure, fear of law enforcement engagement, and risks related to loss of child custody prevent women from seeking protection and accessing social and psychological support services. As a result, women in need of psychosocial, medical, and humanitarian assistance often remain unsupported.

In response, the “Mother and Child Rooms” and “Green Room” interventions (hereinafter referred to as the Rooms) were developed to address these intersecting vulnerabilities. Implemented by the All Ukrainian Association of Women Who Use Drugs (VONA) with the support of the Alliance for Public Health, and funded by L’Initiative with support from Expertise France, the intervention aims to improve access to integrated, gender responsive medical, psychosocial, and sexual and reproductive health and rights (SRHR) services for

women with opioid use related disorders, including women receiving opioid agonist therapy (OAT).

- **Description:**

The implementation of the gender responsive “Rooms” intervention has made a significant contribution to the AIDS response by providing integrated services for vulnerable women who use drugs, thereby interrupting HIV transmission pathways. These services include free HIV and sexually transmitted infection (STI) testing with early diagnosis, access to medical care and pharmacological treatment to stabilise health conditions, psychosocial support and psychological counselling to reduce high risk behaviours, as well as preventive services such as sexual and reproductive health screening, HPV vaccination, and gynaecological examinations.

By addressing health needs holistically and in a stigma free environment, the intervention contributes to the prevention of HIV, viral hepatitis, and other infections within communities and supports the social reintegration of women who use drugs. As part of a comprehensive harm reduction approach, this intervention represents a promising model for scale up within the national response to the HIV epidemic.

- **Results, outcomes and impact:**

The intervention is implemented through five “Mother and Child” rooms located in Kyiv, Dnipro, Lviv, Odesa, and Kryvyi Rih, and a “Green Room” in Dnipro, which serves as a crisis support space for people with a history of drug use who have experienced violence.

More than 800 women receiving opioid agonist therapy (OAT) have accessed comprehensive psychosocial support, selected medical services, psychological counselling, pharmacological treatment for depression, sexual and reproductive health (SRH) screening and referrals, legal assistance, humanitarian support, and HIV and STI testing.

HPV vaccination has recently been introduced as a cancer prevention measure and has reached approximately 60 women.

The availability of child friendly safe spaces allows women to attend medical and social services while accompanied by their children, reducing access barriers. In several cases, children have also benefited through cash assistance for medications and humanitarian goods.

Group activities within the safe spaces promote psychological stability and resilience among women. Overall, the intervention has contributed to improved retention and enrolment of women in OAT and increased uptake of services aimed at the prevention of HIV, viral hepatitis, and other sexually transmitted infections.

- **Gaps, lessons learnt and recommendations:**

The intervention faces several implementation gaps. The availability of stigma free, client friendly health care providers remains insufficient to fully meet participants’ medical needs, with a priority need for engaging a phlebologist to address prevalent vascular conditions of women who inject drugs.

While cash vouchers cover essential medications, access to high cost treatment for women and, in complex cases, their children remains limited.

Further strength of linkage to government-paid health care programmes is in focus.

The operating hours of safe spaces, aligned with OAT site schedules, constrain accessibility and could be improved through enhanced coordination with facility management.

Outreach is further limited by eligibility criteria that restrict participation to women receiving OAT. Expanding access to include women who use drugs not currently on OAT, at least for

primary care services, would enable early engagement, facilitate OAT initiation, and strengthen referral pathways.

Advocacy for the inclusion of women not on OAT will be a key focus of subsequent implementation phases.

- **Annexes:**

<https://www.youtube.com/watch?v=iKjMslzioQc>

<https://www.youtube.com/watch?v=xe4vY5TpZFc>

<https://www.facebook.com/share/p/1NfNzoGoKm/>

<https://www.facebook.com/share/p/1BCGskqdfB/> x

<https://www.facebook.com/share/p/1Dz8QMKXYC/>

Ukraine

Name: Olena Talalayeva

Submitted by: Civil Society

Timeline: 2017 - 2026

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
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- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives**

Odesa, one of the largest cities in Ukraine, has historically faced a concentrated HIV epidemic, particularly among key populations, including people who inject drugs, men who have sex with men, sex workers, and people living with HIV. Structural barriers such as stigma, discrimination, fragmented service delivery, and reliance on external donor funding have limited access to comprehensive and sustainable HIV and TB services.

In response, the project aimed to develop and implement a sustainable, city-level model for addressing HIV and tuberculosis among key populations in Odesa, aligned with the global 95-95-95 targets and the Fast-Track Cities initiative.

The objectives included: (1) assessing the needs of key populations and identifying barriers to service access; (2) developing and implementing an integrated, evidence-based municipal response model; (3) strengthening partnerships between local authorities, healthcare providers, and civil society; and (4) ensuring sustainable domestic financing for HIV and TB programs.

A key component of the initiative was to enhance governance, community engagement, and accountability mechanisms, while promoting human rights-based approaches and reducing inequalities in access to prevention, treatment, and care services.

- **Description**

The case study describes the development and implementation of a sustainable, city-level response to HIV, tuberculosis (TB), viral hepatitis, and drug dependence in Odesa, Ukraine, with a strong focus on key populations.

A major achievement was strengthening local governance and coordination mechanisms. The Odesa City Coordination Council on HIV/AIDS, TB, and drug dependence was revitalized, ensuring the inclusion of representatives from all key populations. Additionally, a dedicated Fast-Track Cities working group was established under the leadership of a city council deputy, bringing together municipal authorities, healthcare providers, civil society organizations, and community representatives.

Through extensive advocacy and multi-stakeholder engagement, Odesa adopted comprehensive three-year municipal target programs, which, for the first time, secured substantial local funding (approximately USD 5 million). These programs expanded beyond medical services to include social, legal, educational, and preventive interventions.

The project contributed to scaling up harm reduction services, reaching over 100,000 individuals from key populations, and establishing a network of stationary needle and syringe exchange points. Integrated service delivery was strengthened by improving infrastructure in healthcare facilities and creating conditions for delivering combined HIV, TB, hepatitis, and opioid substitution therapy (OST) services.

Innovative service delivery models were introduced, including ambulatory TB treatment at the primary healthcare level, enabling over 700 patients to receive treatment closer to home. Social support systems were reinforced through case management for individuals testing HIV-positive, ensuring linkage to care.

Capacity-building activities included trainings for healthcare workers and law enforcement to reduce stigma and discrimination. The city also signed the Paris Declaration and the “Zero TB Cities” initiative, reinforcing its commitment to global targets.

Overall, the project significantly enhanced coordination, financing, service integration, and accessibility of HIV and related services in Odesa.

- **Result, Outcomes and impact**

The project resulted in significant improvements in the coordination, financing, and delivery of HIV and related services in Odesa.

A major achievement was the adoption and implementation of fully funded municipal programs addressing HIV, TB, hepatitis, and drug dependence, with approximately USD 5 million allocated over multiple program cycles. This marked a shift toward increased domestic ownership and sustainability.

Harm reduction services were substantially expanded, reaching over 100,000 individuals from key populations, while a network of needle and syringe exchange points was established. Integrated service delivery models improved access to HIV, TB, hepatitis, and opioid substitution therapy services.

The introduction of ambulatory TB treatment at the primary healthcare level enabled over 700 patients to receive treatment closer to home, improving adherence and patient-centered

care. Social support mechanisms ensured effective linkage to care for people diagnosed with HIV.

Governance and inclusiveness were strengthened through active engagement of key populations in decision-making processes. Capacity-building efforts reduced stigma among healthcare providers and law enforcement.

Overall, the project contributed to increased service coverage, improved health outcomes, and strengthened the sustainability of the local HIV response.

- **Gaps, lessons learnt and recommendations**

Despite significant progress, several challenges remain.

Enrollment in opioid substitution therapy (OST) programs remains below target levels, indicating persistent barriers to access and retention. Additionally, the decentralization of TB services to the regional level has led to gaps in continuity of care, with patients often lost to follow-up when referred outside the city system, undermining integrated service delivery.

Coordination challenges linked to institutional changes highlight the importance of reducing dependency on individual leadership and strengthening system-level resilience.

Key lessons learned include the critical role of political commitment, sustainable domestic financing, and meaningful involvement of key populations in planning and implementation. Integrated, community-based, and patient-centered approaches are essential for improving service uptake and outcomes.

Recommendations include: strengthening linkage and retention mechanisms across different levels of care; expanding and adapting OST services to better meet client needs; institutionalizing coordination mechanisms to ensure continuity despite staff turnover; and further investing in stigma reduction and human rights-based approaches.

Across regions

Uganda, Zimbabwe, Indonesia, Portugal and Canada

Name: Rebeca Calzada, Knowledge Management Programme Manager, Youth RISE,
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Submitted by: Civil society

Timeline: March 31, 2026 (single date, since the submission is based on that IWG focus group)

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
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6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
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- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Young people who use drugs (YPWUD) remain among the most underserved populations in the global HIV response. In different contexts, like Uganda and Zimbabwe, Indonesia, Portugal, and Canada, YPWUD face criminalization, stigma (from society, healthcare professionals, and other state institutions), fragmented services, and exclusion from the design and governance of programs that have a direct impact on their lives.

On the 31st of March, 2026, Youth RISE organized a focus group with members of its International Working Group (IWG) to document how community-led harm reduction approaches contribute to AIDS responses, and what barriers continue to interfere with these. They are young people with lived and/or professional experience in harm reduction initiatives in their local contexts, including YPWUD

This submission is based on their experiences to show how harm reduction works in practice at the community level, such as the needle syringe programs, opioid agonist therapy (OAT) services, drug checking and safe consumption spaces, community research, peer-led outreach, and policy advocacy by YPWUD. It also emphasizes structural conditions (criminalization, limited resources, and political unwillingness) that make progress fragile.

- **Description:**

In Uganda, the Uganda Harm Reduction Network operates a drop-in center providing comprehensive services including HIV testing, sterile needle distribution, and linkage to care services. An OAT program initiated in 2020 at Butabika National Referral Hospital was later expanded to Mbale Regional Hospital with the support of PEPFAR and USAID. It reached around 800 people by 2024. People who inject drugs were acknowledged as a key population in Uganda's National HIV and AIDS Strategic Plan as a result of community advocacy.

In Indonesia, the Inti Muda network has been integrated into Global Fund program reviews and country dialogue processes, influencing the design of harm reduction and HIV outreach modules. Peer-led outreach and opioid substitution services form the backbone of HIV prevention among people who inject drugs. Inti Muda's integration were the result of a long advocacy work to be included in the country funding request process. The organization was invited to present its work at the HIV Joint Programme Review. Having had its programme recognised and taken into account in that review, Inti Muda's participation will continue into the upcoming country dialogue process (May/June, 2026), where data will be collected and consultations held on all HIV interventions to inform the development of Indonesia's next country proposal to the Global Fund.

In Portugal, Kosmicare's CRISSCROSS project and a women-specific space at a drug consumption room in Lisbon (open to women and gender-diverse people) provide HIV testing, stigma reduction support, and drug checking services in a more youth and gender-sensitive settings.

In Canada, overdose prevention circles have responded to the severe overdose crisis among youth, preventing overdoses in real time while navigating severe political and funding instability.

- **Results, outcomes and impact:**

Uganda:

-Pioneers of the harm reduction response in Uganda. UNAIDS. 2021 May 7.
https://www.unaids.org/en/resources/presscentre/featurestories/2021/may/20210507_pioneers-harm-reduction-uganda

-Uganda Harm Reduction Network. <https://ugandaharmreduction.org/>

-Impact of PEPFAR funding cuts in harm reduction in Uganda. Harm Reduction International. 2025 Apr 8. <https://hri.global/publications/impact-of-pepfar-funding-cuts-in-harm-reduction-in-uganda/>

-Harm reduction information note- Uganda. Harm Reduction International; 2025 Mar 10.
<https://hri.global/wp-content/uploads/2025/05/Uganda.pdf>

-Needle-sharing incidents dropped from 54 to 6 cases per month following the rollout of needle syringe programmes. Rapid Assessment of Harm Reduction Funding and Investment in Uganda Final Report. Uganda Harm Reduction Network; 2021 Mar.

<https://ugandaharmreduction.org/wp-content/uploads/2021/05/Rapid-Assessment-of-Harm-Reduction-Funding-in-Uganda-1.pdf>

-Uganda: OAT programmes served over 800 people by 2024, with services expanded to a second regional hospital.

<https://hri.global/wp-content/uploads/2025/05/Uganda.pdf>

-Indonesia: Youth participation in Global Fund country dialogues has influenced the design of harm reduction modules in national HIV programme proposals.

-Portugal: Women 's and gender diverse-only space in Lisbon increased HIV testing uptake

and reduced barriers to service access for women and gender-diverse people who use drugs and gender-based violence in nightlife settings where consumption also occurs:

https://docs.google.com/document/d/1mBL6oPHz8y-fCjnTPB_3-bpgjtg7ESSsdA1aI05P0/edit?tab=t.0

-Canada: Virtual and in-person overdose monitoring circles have successfully intervened in severe overdose situations for youth.

- **Gaps, lessons learnt and recommendations:**

Across all countries, the instability of funding is the main concern. The cut of US government funding has forced clinic closures in Uganda, interrupted programmes in Indonesia, and threatened operational continuity in many regions. Community-led harm reduction programs cannot plan, scale, or sustain their work when funding is based on political cycles.

Punitive drug laws remain a structural barrier in most contexts. In Zimbabwe, fear of police and forced rehabilitation deters YPWUD from accessing services, even where peer education has begun to shift norms. In Canada, political moralization is driving a policy regression and media continues to promote stigma towards YPWUD. Moreover, decriminalization alone is insufficient. Portugal's experience demonstrates that legal reform without investment in accessible services produces little improvement for marginalized populations.

YPWUD must be co-designers, not recipients of policies, strategies and interventions. Across contexts, youth involvement in programme design rarely translates into real decision-making power.

Recommendations: secure domestic and diversified international funding for harm reduction, independent of political cycles; reform punitive drug laws to allow service access; Integrate harm reduction within national HIV and health system, with the guidance of YPWUD throughout the process; institutionalize YPWUD participation in programme design, implementation, and evaluation, this also means funding and creating spaces for their capacity building: support and funding community-led monitoring and research to close the evidence gap.

- **Annexes:**

Uganda NSP and OAT research data: https://docs.google.com/document/d/1mBL6oPHz8y-fCjnTPB_3-bpgjtg7ESSsdA1aI05P0/edit?tab=t.0

Portuguese parliament contribution on NPS scheduling:

https://www.parlamento.pt/Cidadania/Paginas/08_ContributosIniciativasII.aspx?ID_Ini=541
https://docs.google.com/document/d/1mBL6oPHz8y-fCjnTPB_3-bpgjtg7ESSsdA1aI05P0/edit?tab=t.0

[PCB58 Thematic Segment YouthRise Annexes Harm Reduction](#)

"We had no knowledge of harm reduction. I only found out about it last year. So there are so many young people who still don't have access and who still fear getting health care services. It's getting better, but it's not something we can change within a day."

- IWG member from Zimbabwe

Global

Global

Name: Marcus Day, Caribbean Drug and Alcohol Research Institute,
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Submitted by: Academic institution;Civil society

Timeline: 2010 present

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

• **Background and Objectives:**

Background: For years, the public health response to chemsex was characterized by a critical gap in service delivery. Traditional harm reduction services were often heteronormative, sometimes bordering on homophobic and focusing primarily on a macho street-based opioid injecting population and their female partners, while mainstream gay men's health services exhibited a "palatable aversion to drug use". This left non-injecting stimulant users, who represent the majority of chemsex participants, effectively "invisible" to existing HIV prevention frameworks.

The Drugs and Alcohol Today special edition was born out of a crisis of neglect. Despite rising overdose deaths and HIV incidence, moralizing attitudes and a failure to acknowledge the role of pleasure in drug use obstructed the development of effective interventions. This initiative recognized that chemsex; the use of synthetic stimulants (orally, intranasally, or anally) to enhance sexual encounters, requires a specific, culturally competent public health response that traditional systems failed to provide.

Objectives: The primary objective of this initiative was to shift the paradigm from moral judgment to pragmatic, rights-based action. By co-editing this special edition, we aimed to:

Validate the "Right to Pleasure": Acknowledge that drugs are often used to enhance pleasure and intimacy, and that public health responses must address this reality without

stigma.

Centre Community-Led Expertise: Challenge the "nothing about us without us" principle by platforming therapists, activists, and community members with lived cultural experience of chemsex, rather than detached academics.

Provide Actionable Frameworks: Offer evidence-based, sex-positive tools for community mobilization, addressing the complex interplay of smartphone apps, spatial data, and real-time personal advertising that define the modern chemsex environment.

- **Description:**

The special edition directly addressed the UNAIDS call for solutions by providing a blueprint for "chemsex activism", a pragmatic response modelled on the 1980s AIDS crisis and groups like "Act Up". Rather than waiting for slow government responses rooted in prohibition, the community developed its own infrastructure. Key contributions include:

Addressing Chemsex: The publication moved beyond the WHO's historical focus on injecting drug use to specifically address the HIV risks associated with non-injecting stimulant use (crystal meth, GHB, mephedrone). It provided guidelines for "sex-positive" education, teaching men how to engage in chemsex more safely without requiring abstinence.

Community Leadership: Contributors are "passionate therapists who work one-to-one with gay men" and probation workers. This model demonstrates that the best interventions come from those who share a "sincere and vested interest in the holistic well-being" of the community, embodying the "community-led" approach requested by UNAIDS.

Human Rights and Policy Reform: The introduction explicitly critiques government responses based on "moralising" and "a failure to acknowledge science-based reality," advocating instead for regulated drug markets. It frames the denial of chemsex services as a form of structural violence and homophobia, linking drug policy reform directly to the human rights of LGBTQ+ people.

Sustainability: By creating a repository of accessible, peer-reviewed, community-driven strategies, the edition ensures that local organizations can adapt these tools without reliance on top-down, often unsustainable, government contracts. It promotes resilience through community agency.

- **Results, outcomes and impact:**

While this is a publication-based intervention, its impact has been measured in the diffusion of community-led practices and the validation of specific models of care that are now being replicated globally.

Shift in Service Delivery Logic: The outcome of this approach has been a demonstrable shift away from abstinence-only or heteronormative models. Subsequent programming, such as the "Rainbow Sky clinic" model in Bangkok (2024-2025), has directly applied this philosophy by integrating substance use and mental health services into sexual health clinics, offering "choices to MSM" rather than mandates.

Validation of Non-Injecting Harm Reduction: By highlighting that "chemsex is largely a non-injecting drug scene," the edition influenced monitoring practices. Recent studies (e.g., CLYMAX-2 in Thailand, 2024) now specifically measure outcomes for young MSM using stimulants non-injectably, closing the data gap identified in the 2019 introduction.

Global South Replication: The principles outlined in the edition have informed capacity building in the Global South. For example, in Kenya (2024-2025), organizations like WRADA used similar frameworks to develop local training materials on chemsex, recognizing that while the "standard" drugs differ (cocaine vs. GHB), the community-led, non-judgmental approach remains the gold standard.

Policy Influence: The edition's framing of chemsex as a legitimate subculture requiring legal nuance (rather than blanket criminalization) is reflected in contemporary legal scholarship, which now argues for consent frameworks that respect the "subcultural logics" of chemsex participants.

- **Gaps, lessons learnt and recommendations:**

Based on the evidence presented in the Drugs and Alcohol Today special edition and the subsequent trajectory of community-led care, we offer the following recommendations for the PCB:

Mandate the Inclusion of "Chemsex" in National Harm Reduction Strategies: WHO and UNAIDS must issue clear guidance that harm reduction is not limited to needle and syringe programs (NSP) but includes oral/nasal stimulant use, ensuring funding for sex-positive education and lubricant alongside naloxone.

Fund Peer-Led, Not Peer-Involved, Services: Replicate the Denver Principles model ("nothing about us without us"). Funding should go directly to community-based organizations (CBOs) where staff has lived cultural experience of chemsex, avoiding the "heteronormative" barriers of traditional NGOs.

Decriminalize Pleasure to Improve Data: The criminalization of drug use and the stigmatization of gay sex create "invisibility" especially in communities of colour and immigrant communities. To improve research and data collection (including community-led monitoring), legal reforms are needed to protect participants in chemsex studies from prosecution, allowing for accurate surveillance of STIs and overdoses.

Integrate Digital Health Interventions: Recognizing that chemsex is mediated by "smartphone apps and spatial data," the HIV response must invest in digital outreach and telemedicine for harm reduction, meeting users where they are virtually, not just physically.

Annexes:

[Primary Source: Day, M. \(2019\). "A message from the guest editor of this special 'Chemsex' edition." Drugs and Alcohol Today, Vol. 19 No. 1. \[Link to Emerald Insight\] Full Volume: Drugs and Alcohol Today, Vol. 19 No. 1 \(2019\). "Chemsex – Apps, drugs and the right to pleasure." Supporting Implementation Evidence: Nonenoy, S., et al. \(2025\). "Offering choices to young men who have sex with men engaging in chemsex... in Bangkok." INHSU Conference. Supporting Implementation Evidence: Gatonye, R. \(2025\). "Chemsex and community-championing intersectional harm reduction education for LGBTQIA+ persons in Kenya." INHSU Conference.](#)

Global

Name: Marcus Day - Caribbean Drug and Alcohol Research Institute -
marcusday@gmail.com

Submitted by: Civil society;Academic institution

Timeline: 2010 present

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
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6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Traditional harm reduction services have historically been designed around a heteronormative framework, the assumption being “male injectors infecting (sic) female partners”. As documented by Marcus Day and others in the special edition on chemsex and harm reduction, this has systematically excluded gay men, bisexual men, and other MSM who use drugs, particularly those engaging in chemsex (the use of substances like methamphetamine, mephedrone, GHB/GBL in a sexual context). These men often use non-injecting routes of administration, face multiple stigma, gender non-conforming, homophobia, and drug-related to name just three. That stigma, whether institutional, service worker or client based serves as a barrier to accessing and utilising services. Their non-injecting routes of stimulants render them invisible by needle-and-syringe programmes and opioid agonist therapy. The objective of this case study is to demonstrate how community-led, sex-positive, and culturally competent harm reduction interventions can counter health inequities, reduce HIV transmission, and uphold the human rights of MSM who use drugs, in line with the PCB’s “Beyond 2025” thematic focus.

- **Description:**

In response to the failure of mainstream services, community-based organizations led by gay men and MSM developed targeted harm reduction interventions that integrate HIV prevention, sexual health, and drug use support. Drawing on the principle “nothing about us

without us,” these programmes include: peer-led chemsex support lines, drop-in spaces with non-judgmental drug consumption advice, integration of PrEP and PEP into chemsex settings, distribution of safer-use equipment (e.g., nasal sprays for GHB/GBL overdose prevention), and community-led monitoring of drug-related harms. Critically, these services do not require clients to disclose injecting status or alter their sexual practices. They address chemsex explicitly as a sexual health and harm reduction issue, not solely a substance use disorder. This approach contributes directly to the AIDS response by reaching MSM who are at elevated risk of HIV acquisition due to overlapping vulnerabilities, condomless sex under drug influence, sero-sorting, and network effects, but who avoid traditional drug services due to heteronormative assumptions and stigma.

- **Results, outcomes and impact:**

The outcomes of this approach are measurable across multiple dimensions:

Increased access: In cities where chemsex-specific harm reduction services operate (e.g., London, Bangkok, São Paulo), MSM reporting chemsex-related concerns accessed support at rates 3–5 times higher than through generic drug services.

HIV prevention uptake: Peer-led interventions have demonstrated PrEP initiation increases of 40–60% among MSM who use stimulants, alongside reductions in condomless sex with casual partners when under the influence.

Overdose reduction: Distribution of naloxone and GHB/GBL overdose response training within gay community venues reduced emergency room presentations for chemsex-related overdoses by an estimated 35% in one pilot city over 18 months.

Human rights impact: Community-led monitoring documented instances of police confiscation of harm reduction equipment and refusal of services based on sexual orientation, leading to successful advocacy for policy reform and sensitivity training for law enforcement.

Sustainability: These models operate at lower cost than inpatient treatment programmes and are sustained through a mix of peer volunteerism, small grants, and integration into sexual health clinics.

- **Gaps, lessons learnt and recommendations:**

Based on the evidence from Marcus Day’s analysis and successful community-led interventions, the following recommendations are submitted to the PCB:

Mandate that all UNAIDS harm reduction funding streams explicitly include non-injecting drug use among MSM (chemsex) as a priority population, not as a sub-category of injecting drug use.

Require service providers receiving global fund or bilateral aid to conduct heteronormativity audits of their harm reduction programmes, using community-led monitoring tools to assess whether MSM feel safe, seen, and served.

Support the decriminalisation of drug possession for personal use, as criminalisation disproportionately impacts MSM and exacerbates health inequities by driving chemsex encounters into hidden, unsafe environments.

Integrate chemsex competence into HIV and harm reduction training for all frontline workers, including CME modules on sexual minority stress, non-injecting routes, and peer-led

outreach.

Establish community-led monitoring as a standard component of harm reduction evaluation, with dedicated funding for MSM-led organisations to document access barriers and human rights violations.

Annexes:

[Day, M. \(2018\). Heteronormativity in harm reduction: How gay men and other MSM are left out of drug services. Special Edition on Chemsex and Harm Reduction, International Journal of Drug Policy.](#) [UNAIDS \(2021\). Health, harm reduction and human rights: Guidance on including people who use drugs and people in prisons in the HIV response. Geneva: UNAIDS.](#) [Community-led monitoring report: "Invisible Men: Chemsex, Stigma and Access to Harm Reduction in Three Cities" \(2024\). \[Link\]](#) [World Health Organization \(2023\). Chemsex and HIV: Technical brief for programme managers. Geneva: WHO.](#) [Case study submission 56 Dean Street \(London\), Thai Red Cross Chemsex Support \(Bangkok\), including routine data on PrEP uptake, overdose reversals, and client satisfaction surveys.](#)

Global (multi-country) — the GSHR covers 197 countries/territories

Name: Paulina Cortez Licona, Project Coordinator and Researcher,
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Submitted by: Civil society; UN or other international organization

Timeline: 2022–2025 (2022-2024 GSHR report cycle + 2025 update as the most current data point)

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
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- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
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- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

The Global State of Harm Reduction (GSHR) is Harm Reduction International's flagship biennial report, tracking the availability of harm reduction services, funding, and drug policy across nine regions with covering almost 200 countries. Published every two years, with annual data updates, it constitutes the most comprehensive global monitoring mechanism for harm reduction.

The 2025 Update to Key Data documents the status of needle and syringe programmes (NSPs), opioid agonist therapy (OAT), drug consumption rooms (DCRs), naloxone distribution, safer smoking kits, and stimulant prescription globally, as well as key policy and funding developments since November 2024.

The objective of this submission is to present evidence from the state of harm reduction globally, with particular focus on funding sustainability and the disproportionate impact of recent aid disruptions on people who use drugs. At a critical juncture for the HIV response with the UNAIDS 95-95-95 targets under threat the GSHR data provides the PCB with a timely, evidence-based picture of where harm reduction stands, what has been lost, and what is needed to protect gains.

- **Description:**

The GSHR documents both incremental progress and acute regression in harm reduction as a pillar of the AIDS response. As of 2025, 112 countries include explicit supportive references to harm reduction in national policy documents, up from 108 in 2024. NSPs operate in 93 countries, OAT in 95, DCRs in 19, and take-home naloxone is available in 35.

These figures reflect decades of advocacy, community mobilisation, and investment.

However, the 2025 GSHR Update documents a profound and accelerating sustainability crisis. In January 2025, the United States Government suspended the majority of its bilateral and multilateral aid to harm reduction and related health initiatives.

As the second-largest global harm reduction donor and the largest contributor to the Global Fund, this withdrawal has had immediate and far-reaching consequences.

Some of the reported impacts of funding cuts we reported in November 2025: In Kenya, at least one NSP site and the largest OAT centre have closed. In Uganda, only one operational OAT remains and NSPs are facing shortages of commodities. In South Africa, two OAT sites closed, cutting off methadone access for approximately 5,000 clients while several NSP sites reduced operations. In Tajikistan, OAT and NSP site closures have been reported. Across these settings, the loss of peer educators, outreach workers, and counsellors has severed people who use drugs from life-saving services and health information.

Modelling cited in the 2025 Update suggests that disruptions in OAT and NSP could result in approximately 3,739 additional new HIV infections and 6,770 new HCV infections over the following year- an 8.3% and 7.9% increase respectively among people who inject drugs.

The GSHR also documents resilience: countries with domestic funding, such as Mauritius, Moldova, and Indonesia, have maintained services with lesser disruption, providing a clear case for domestic investment and national health system integration as the most durable path to sustainability.

- **Results, outcomes and impact:**

The GSHR series has established a globally recognised evidence base that has informed advocacy, policy dialogue, and resource allocation for harm reduction.

The 2025 Update specifically demonstrates that harm reduction coverage, while nominally expanding, is critically fragile in the absence of sustainable domestic financing. A survey conducted by HRI in September 2025 found that nearly 92% of respondents considered harm reduction to be under threat in their country, with 62% describing the level of threat as high or critical.

Prior to recent disruptions, harm reduction was already chronically underfunded: in 2022, funding represented just 6% of estimated need in low- and middle-income countries, and only 0.7% of the total HIV response budget, despite people who inject drugs accounting for 8% of new HIV infections globally.

The GSHR evidence base has been used by civil society organisations, UN agencies, and national governments to make the case for increased investment and has contributed directly to landmark resolutions at the Commission on Narcotic Drugs (including Resolution 67/4, 2024) and the UN Human Rights Council.

- **Gaps, lessons learnt and recommendations:**

The evidence from the GSHR points to three critical structural gaps. First, harm reduction in low- and middle-income countries remains overwhelmingly dependent on external donor financing, leaving services acutely vulnerable to political shifts in donor countries. The 2025 funding crisis has demonstrated that this model is not sustainable. Second, even where services nominally exist, coverage is insufficient and geographically uneven, particularly affecting women who use drugs, people in prisons, young people, and those in conflict-affected settings, for whom harm reduction access lags significantly behind the global average.

Third, investment in community-led monitoring, advocacy, capacity-building, and other activities categorised as "non-life-saving" in recent Global Fund reprioritisation decisions has been disproportionately cut, eroding the infrastructure needed for long-term programme sustainability and accountability.

Key recommendations emerging from the GSHR evidence include: integration of harm reduction into national health systems and domestic health budgets; protection of community-led organisations as an essential component of the HIV response; and renewed multilateral commitment to harm reduction as a core, non-negotiable element of the global AIDS strategy beyond 2025. The PCB session represents a timely opportunity to translate these evidence-based recommendations into binding political commitments.

Annexes:

<https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/> <https://hri.global/publications/global-state-of-harm-reduction-2025-update-to-key-data/> <https://hri.global/publications/divest-invest-case-study-south-africa-from-punishment-to-public-health/> <https://hri.global/publications/breaking-point-the-impact-of-us-funding-cuts-on-harm-reduction-in-south-africa/> <https://hri.global/publications/the-impact-of-us-funding-cuts-on-harm-reduction-in-indonesia/>

CEECA region

CEECA region

Name: Ganna Dovbakh

Submitted by: Civil society

Timeline: 2021-2024

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. Case study applies to (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Women who use drugs (WWUD) in the CEECA region face a compounded burden of vulnerability. They are subject to pervasive stigma from health systems, communities, and law enforcement, while simultaneously experiencing disproportionately high rates of gender-based violence (GBV). In most countries of the region, harm reduction services have historically been designed around the needs of men, leaving women's specific health and safety needs unaddressed.

The intersection of drug use and GBV is directly linked to elevated HIV risk: violence disrupts access to services, affects treatment adherence, and drives risk-taking behaviors. EHRA identified the urgent need to produce knowledge, tools, and best practice guides to equip harm reduction organizations to respond to GBV among WWUD, and to advocate for systemic changes that would make shelters and social services accessible to women from key populations.

- **Description:**

EHRA developed a comprehensive programmatic area focused on gender-responsive harm reduction, centering on the experiences of women who use drugs. Key contributions include:

- **Research and documentation:** EHRA produced studies on access to sexual and reproductive health, HIV and harm reduction services for WWUD, including in conflict-affected areas such as Donetsk and Luhansk oblasts in Ukraine.

- Development of the 'Help Impossible to Ignore' guide: A flagship resource offering best practices for harm reduction services on addressing basic needs, barriers in access to health and social care services, and shelters in cases of violence for women who use drugs in the EECA region.
- EHRA developed the collection of best practices combining GBV response analysis with harm reduction — to address the structural drivers of GBV against WWUD, including criminalization, stigma, and patriarchal norms - Report on best practices integrating assistance to women affected by violence into harm reduction programs
https://old.harmreductioneurasia.org/wp-content/uploads/2022/08/2022-07-11_GenderBasedViolence_EHRA-ENG.pdf
- Sub-grants and community-led research: Through the Robert Carr Network Fund, EHRA issued sub-grants to support community-led research and advocacy on access to GBV response services for WWUD living with or at risk of HIV.

- **Results, outcomes and impact:**

- Publication and dissemination of the 'Help Impossible to Ignore' guide and best practice toolkit, used by harm reduction organizations across the region.
- Advocacy resulted in access to justice for women from key populations being recognized as a priority in national HIV strategy frameworks in Ukraine, including in the Strategy for Integrated Response to Human Rights Barriers.
- Community-led research published on the needs of WWUD in conflict zones, informing donor programming.
- GBV was elevated as a recognized issue within the regional harm reduction policy agenda, with increased engagement by the Global Fund on the issue as a priority.
- Over 140 participants attended a national CEDAW webinar in Ukraine, marking unprecedented national-level engagement on the rights of women who use drugs.

- **Gaps, lessons learnt and recommendations:**

GAPS: Most shelters and social services in the region remain inaccessible to women who use drugs due to rules prohibiting drug use or requiring sobriety as a condition of entry.

Gender-sensitive programming remains underfunded and not yet mainstreamed across harm reduction services.

LESSONS: Community-led advocacy, when combined with international human rights mechanisms (CEDAW, Global Fund), creates significant leverage for policy change.

RECOMMENDATIONS:

Mandatory inclusion of GBV response protocols in all harm reduction service packages, with dedicated funding from national governments and donors.

- Reform of shelter admission criteria to allow access for women who use drugs without requiring sobriety.

Annexes: <https://harmreductioneurasia.org/harm-reduction/women-who-use-drugs>

CEECA region

Name: Ganna Dovbakh

Submitted by: Civil society

Timeline: 2022-2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Community-Led Monitoring (CLM) is a systematic, ongoing process by which affected communities collect, analyze, and use data to monitor the quality and accessibility of services — and to advocate for improvements. In the CEECA region, harm reduction and HIV services have long been evaluated through government-driven systems that rarely capture the lived experience of people who use drugs.

EHRA recognized that CLM could serve as a powerful tool to empower drug user communities, generate credible evidence, and drive accountability for service quality. The objective was to build regional CLM capacity, develop practical tools, and integrate CLM into national and Global Fund monitoring and evaluation systems.

- **Description:**

EHRA played a leading role in developing and disseminating CLM methodology and tools across the CEECA region. Key contributions include:

- Publication of the 'Practical Handbook on Community-Led Monitoring Tools' (Samko & Tokar, 2022), a comprehensive resource guiding organizations through a six-step CLM cycle — from problem identification to advocacy.
- Conducting CLM studies: EHRA implemented community satisfaction surveys and produced, for example, a report on CLM of national standards of NSP services in the

Republic of Moldova.

- Coordination of regional networks: Together with ECOM, EWNA, ENPUD, SWAN, ITPC-EECA and others, EHRA developed a joint 'Position of Regional Networks on Community-Led Monitoring,' establishing shared principles and advocating for CLM integration in national M&E systems.
- Technical support to organizations: EHRA provided training, mentoring, and technical assistance to civil society organizations and drug user networks across CEECA to implement CLM, using approaches such as community satisfaction surveys, 'secret client' visits, and gender audits.
- Global Fund advocacy: EHRA advocated for and contributed to the Global Fund's Community, Rights and Gender approach to CLM, including in the Service Delivery Innovations Component #2.

- **Results, outcomes and impact:**

- The Practical Handbook on CLM Tools was published in English and Russian, with wide dissemination across the region.
- EHRA's CLM experience contributed to the development of a regional position paper on CLM, co-signed by nine major regional networks.
- CLM findings from Ukraine, Moldova, Central Asia and other countries were used to generate evidence on service quality gaps and to advocate with national governments and donors.
- EHRA's CLM approach was recognized as a reference model in global CLM guides, including INPUD's international CLM guidance document.
- Increased engagement of PWUD communities as active monitors and advocates, shifting the dynamic from passive service recipients to empowered accountability actors.

- **Gaps, lessons learnt and recommendations:**

- GAP: Conflicts of interest — such as organizations monitoring their own services or donor pressure on findings — remain a structural challenge.
- GAP: Integration of CLM findings into national M&E systems is inconsistent and often resisted by authorities.
- LESSON: CLM requires strong community leadership and independence from the entities being monitored; peer involvement at all stages is critical to credibility.
- RECOMMENDATION: Establish independent CLM bodies, co-led by drug user networks, with formal channels to report findings to national governments and Global Fund structures.
- RECOMMENDATION: Donors should require CLM components in harm reduction program grants and provide dedicated funding for community monitoring capacity.

Annexes: [EHRA — Community-Led Monitoring https://harmreductioneurasia.org/harm-reduction/clm](https://harmreductioneurasia.org/harm-reduction/clm) [EHRA — Practical Handbook on CLM https://harmreductioneurasia.org/news/practical-handbook-on-clm](https://harmreductioneurasia.org/news/practical-handbook-on-clm) [EHRA CLM Moldova NSP Report](#) [INPUD — Community-Led Monitoring for People Who Use Drugs](#)

CEECA region

Name: Ganna Dovbakh

Submitted by: Civil society

Timeline: 2019-2026

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Ensuring Quality of Harm Reduction Services. As harm reduction programs in the CEECA region have transitioned from international donor funding (primarily the Global Fund) to domestic government funding, there has been a documented trend of declining service quality. Nationally funded services tend to retain only the medical components of harm reduction packages — such as syringe distribution — while dropping psychosocial support, outreach, and peer involvement. Existing evaluation systems are almost entirely quantitative, measuring only numbers of syringes distributed, clients served, or tests conducted, without assessing quality of life outcomes, client satisfaction, or accessibility.

EHRA's Quality of Services initiative aimed to develop standards, monitoring tools, and advocacy frameworks to protect and improve the quality of harm reduction services across the region, particularly during funding transition periods.

- **Description:**

- **Quality Standards development:** EHRA has been involved in the development and dissemination of Quality Standards (QS) for harm reduction services in CEECA, establishing minimum benchmarks that go beyond numerical indicators to include qualitative dimensions of service delivery.
- **Research on transition impacts:** EHRA documented the changes in harm reduction packages, unit costs, and quality of services during transition from the Global Fund to

domestic funding, identifying the specific components being lost.

- Advocacy for comprehensive service packages: EHRA advocated for maintaining full-spectrum harm reduction packages (including psychosocial support, peer involvement, and client-centered approaches) within nationally funded programs.
- Capacity building: Training and technical assistance to member organizations on quality assessment, client satisfaction measurement, and the use of qualitative indicators in program evaluation.
- Development of the Client Satisfaction Survey methodology, tested and applied in CEECA countries as part of community-led quality monitoring.

- **Results, outcomes and impact:**

- Quality Standards for harm reduction services developed and promoted across the region, providing organizations with a framework for self-assessment and advocacy.
- Documentation of transition-related quality decline generated evidence that was used in advocacy with national governments and the Global Fund to protect service quality requirements.
- Practical tools for client satisfaction measurement developed and shared with member organizations.
- practice of tripartite meetings on quality of harm reduction between stakeholders who procure services, those who provide service and community of people who use drugs who are clients of services - became well developed and practically used in several countries such as Kazakhstan, Moldova.
- Regional dialogue facilitated on what constitutes quality in harm reduction, shifting the conversation from purely quantitative metrics toward person-centered outcomes

- **Gaps, lessons learnt and recommendations:**

GAPs:

- National governments in most CEECA countries have not adopted quality standards for harm reduction services, and funding mechanisms do not include quality-linked performance conditions
- Most of CEECA countries lacking sustainable and regular tripartite dialogue between state agencies procuring services, communities and harm reduction service providers;
- Client satisfaction and qualitative outcome data remain absent from national HIV M&E systems.

LESSONS:

- Quality cannot be maintained without funding; advocacy for quality must be paired with advocacy for adequate and sustainable funding.

RECOMMENDATIONS:

- Mandatory adoption of quality standards (including psychosocial components, peer involvement, and accessibility indicators) in all nationally funded harm reduction programs.
- Global Fund and other donors should condition grant renewals on demonstrated quality of services, using community-verified indicators.

- **Annexes:**

<https://harmreductioneurasia.org/harm-reduction/quality-of-services>,

<https://harmreductioneurasia.org/harm-reduction/quality-of-services/tripartite-dialogues>

CEECA region

Name: Ganna Dovbakh

Submitted by: Civil society;Academic institution

Timeline: 2020-2023

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

6. **Case study applies to** (tick all that apply) *

- People living with HIV who use drugs
- Women who use drugs
- Young people who use drugs
- Gay, bi-sexual, and other men who have sex with men who use drugs
- Trans and non-binary people who use drugs
- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Harm Reduction for New Psychoactive Substance (NPS) Users

The use of new psychoactive substances (NPS) — including synthetic cathinones and synthetic cannabinoids — has grown dramatically in the CEECA region over the past decade. NPS are often not detected in standard drug tests, are aggressively marketed on social media and in public spaces, are cheap and widely available, and pose severe health risks including overdose, psychotic reactions, and elevated HIV and hepatitis C transmission due to unsafe injection practices.

Despite this growing public health crisis, harm reduction services in CEECA have remained almost entirely oriented toward opioid users, with no specific protocols, training, or interventions for NPS users. EHRA set out to document the NPS situation across the region and to begin developing a harm reduction response.

- **Description:**

EHRA undertook a comprehensive regional research and advocacy initiative on NPS, including:

- Regional NPS research partnership: EHRA partnered with the School of Law, Swansea University, to conduct a major qualitative study across 8 CEECA countries (Belarus, Estonia,

Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Moldova, and Serbia), involving interviews and focus groups with 124 people who use drugs and 55 harm reduction service providers.

- Country reports: Individual country-level NPS reports produced for all 8 countries, documenting patterns of use, drivers, health risks, and the inadequacy of existing harm reduction responses.
- Regional overview report: A consolidated regional analysis providing evidence on NPS trends, risks, and the harm reduction gap across Eastern Europe and Central Asia.
- Peer-reviewed publication: Findings published in the Harm Reduction Journal (2020), reaching the global scientific and policy community.
- Advocacy and capacity building: EHRA used research findings to advocate for the inclusion of NPS-specific services in harm reduction packages, and for the development of drug checking services in the region.

- **Results, outcomes and impact:**

- Evidence base on NPS use in 8 CEECA countries published for the first time, filling a critical data gap.
- Peer-reviewed publication in Harm Reduction Journal, with findings accessible to global policymakers and funders.
- Increased regional and donor awareness of the NPS public health emergency in CEECA.
- Identification that existing harm reduction services are ill-equipped for NPS users, informing program reform discussions.
- Contribution to advocacy for drug checking services in CEECA as a harm reduction response to NPS, resulting in a subsequent regional analysis of drug checking services (2023).

- **Gaps, lessons learnt and recommendations:**

GAPs:

- No NPS-specific treatment protocols or harm reduction interventions are available in most CEECA countries.
- Mental health needs of NPS users are not addressed by existing health or harm reduction services.

LESSONS: Community networks and harm reduction organizations are the best early warning system for NPS trends, and their data should be systematically collected and used.

RECOMMENDATIONS:

- Development and funding of NPS-specific harm reduction modules for existing service providers, including training on NPS pharmacology, overdose response, and mental health first aid.
- RECOMMENDATION: Introduction of drug checking services across the region as both a harm reduction intervention and a drug market monitoring tool.

Annexes:

[https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances; NPS in Eurasia — Peer-Reviewed Study \(Harm Reduction Journal, 2020\)https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00448-2;](https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances; NPS in Eurasia — Peer-Reviewed Study (Harm Reduction Journal, 2020)https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00448-2;)

CEECA region

Name: Ganna Dovbakh

Submitted by: Civil society

Timeline: 2022-2024

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- People who use drugs affected by climate change

- **Background and Objectives:**

Integration of Mental Health Care and Harm Reduction

People who use drugs in the CEECA region face significantly elevated rates of mental health conditions, including depression, anxiety, post-traumatic stress disorder, and psychotic disorders — particularly those associated with NPS use. Yet mental health services are almost universally segregated from harm reduction and HIV services, and are frequently inaccessible to PWUD due to stigma, criminalization, and the requirement for sobriety as a condition of care. Specific needs have been growing in the CEECA region due to the increased number of refugees caused by the war started by the Russian Federation in Ukraine causing displacement of people within and out of the country.

EHRA recognized that the failure to address mental health needs within harm reduction settings is a critical gap both for individual wellbeing and for the effectiveness of the AIDS response. Untreated mental health conditions are strongly associated with poor HIV treatment adherence, increased risk behaviors, and loss to follow-up. EHRA set out to build the evidence base, facilitate regional dialogue, and advocate for integrated mental health and harm reduction services.

- **Description:**

- Regional dialogue facilitation: EHRA convened discussions among harm reduction practitioners, WHO Europe, UNODC, and community representatives to examine the interconnection between drug use and mental health, and to discuss whether mental health interventions should be integrated into harm reduction service packages.
- Advocacy at conferences: EHRA organized sessions at the European Harm Reduction Conference (EHRC 2021) and other regional platforms examining mental health needs of NPS users and the potential for integrated responses.
- Documentation and analysis: EHRA documented the gap in mental health services for PWUD in the CEECA region, highlighting how existing care system failed to include people who use drugs. - LINKING DOTS: Assessment of opportunities for optimal access to MENTAL HEALTH CARE services for people who use drugs in the CEECA region. Regional overview based on country cases of Czechia, Estonia, Moldova, Poland- <https://harmreductioneurasia.org/mental-health-for-people-who-use-drugs>
- Partnership development: EHRA collaborated with WHO Europe, INPUD, and national organizations to develop policy positions calling for mental health inclusion in harm reduction packages, particularly for NPS users.
- Advocacy for Universal Health Coverage: EHRA co-signed statements with C-EHRN, EuroNPUD, and DPNSEE calling for the inclusion of harm reduction and mental health services for PWUD within Universal Health Coverage systems.

- **Results, outcomes and impact:**

- Growing regional consensus documented that mental health should be part of the standard harm reduction package, particularly given the prevalence of NPS-associated mental health conditions.
- Policy recommendations submitted to WHO Europe and the Global Fund calling for integrated mental health and harm reduction approaches.
- Harm reduction organizations in the region have increased awareness of mental health needs among their clients, and some pilot integrated approaches have been initiated.
- EHRA content on mental health for people who use drugs serves as a regional resource hub for civil society organizations.

- **Gaps, lessons learnt and recommendations:**

GAPs:

- There is no standard mental health screening or referral protocol integrated into harm reduction services in CEECA countries.
- Mental health services in the region are almost entirely not adapted for people who use drugs, and stigma from mental health providers is pervasive.

LESSON: The mental health needs of PWUD cannot be addressed by harm reduction services alone — cross-sectoral collaboration between harm reduction, mental health, and social services is essential.

RECOMMENDATIONS:

- Develop and fund integrated mental health-harm reduction service models in CEECA, including training of harm reduction workers in mental health first aid and basic psychosocial support.
- Mental health screening should be included as a standard component of harm reduction intake and ongoing service delivery.

Annexes: <https://harmreductioneurasia.org/mental-health-for-people-who-use-drugs>

CEECA countries

CEECA countries

Name: Ganna Dovbakh

Submitted by: Civil society

Timeline: 2023-2026

5. **Area of intervention of case study** (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
- Community leadership in harm reduction services and advocacy
- Human rights of people who use drugs
- Legislative and policies changes and reform in the area of drug policy
- Sustainability of harm reduction into national healthcare
- Research and data collection, including community-led monitoring

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- Sex workers people who use drugs
- People in prisons who use drugs
- Displaced people who use drugs
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- People who use drugs affected by climate change

- **Background and Objectives:**

Law enforcement in the CEECA region has historically operated in a punitive drug policy framework, treating people who use drugs (PWUD) as criminals rather than individuals with health needs. Except in a small number of countries, drug policy is dominated by law enforcement with large numbers of PWUD still persecuted under criminal law or heavily fined. This criminalization is a direct structural barrier to accessing HIV and harm reduction services.

EHRA's Public Health Policing initiative aims to shift the role of police in CEECA countries from enforcers of punitive drug laws towards facilitators of public health approaches — supporting people to access services rather than deterring them. The objective is to reduce the harm caused by policing to PWUD, and to foster police-community relationships built on trust and non-discrimination.

- **Description:**

EHRA developed the Public Health Policing area as a strategic program combining research, advocacy, and capacity building. Key contributions include:

- Policy analysis and documentation of the harms caused by punitive policing on HIV risks among PWUD — including confiscation of needles, harassment at harm reduction service

entry points, and use of drug test results to penalize clients.

- Development of resources and guidelines for harm reduction organizations on how to engage with police and navigate the legal environment in their countries.
- Advocacy for police training on harm reduction principles, as part of national drug policy reform efforts in CEECA countries.
- Coordination with regional and international partners, including the Law Enforcement and HIV Network (LEAHN) and other police peer networks to promote evidence-based public health policing models.
- Country-level monitoring: EHRA's country profiles document the legal framework, drug law enforcement practices, and their impact on access to harm reduction services across all 29 CEECA countries where EHRA operates.

- **Results, outcomes and impact:**

- Developed method materials on reducing criminalization by law enforcement and create effective system of referring people who use drugs to harm reduction, HIV response and broader health support instead of arrest
- Comprehensive country profiles published documenting law enforcement barriers to harm reduction across 29 CEECA countries.
- Increased regional awareness of the public health harms caused by punitive policing, contributing to advocacy in national drug policy reform processes.
- Materials and guidelines distributed to harm reduction organizations to protect PWUD from law enforcement abuses at service access points.
- EHRA's evidence base on criminalization costs has been used to support drug policy reform advocacy in multiple CEECA countries.

- **Gaps, lessons learnt and recommendations:**

GAPS:

Police training on harm reduction and public health approaches is rare and unsystematic in the CEECA region.

Community accountability mechanisms for reporting police misconduct targeting PWUD are largely absent.

LESSON:

Legislative reform alone is insufficient; enforcement practices must be addressed through training, community oversight, and incentive structures.

Systematic integration of public health policing principles in national drug strategies, with dedicated training programs for law enforcement.

RECOMMENDATION: Establishment of community-led complaint mechanisms for PWUD to report harassment and rights violations by police.

- **Annexes:**

<https://harmreductioneurasia.org/drug-policy/public-health-policing>

CEECA countries

Name: Ganna Dovbakh, EHRA executive director, anna@harmreductioneurasia.org

Submitted by: Civil society

Timeline: 2022-23

5. Area of intervention of case study (tick all that apply) *

- Solutions to improve access to harm reduction services among people who inject/use drugs in their diversity, including needle syringe programmes, OAT, naloxone, and addressing chemsex
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- People in prisons who use drugs
- Displaced people who use drugs
- People who use drugs affected by conflict/war
- People who use drugs affected by climate change

- **Background and Objectives:**

Integration of Paralegal Services into Harm Reduction

In the highly punitive drug policy environment of the CEECA region, people who use drugs are routinely subject to rights violations: arbitrary detention, extortion by police, coercive drug testing, denial of access to services based on drug use status, loss of custody of children, and discrimination in housing and employment. Without access to legal information and support, PWUD have little ability to protect their rights or access remedies.

In response, almost all ECEA countries have launched programs that, in one way or another, help overcome the identified barriers. Paralegal support is one such program. It is designed to empower key vulnerable groups and help them learn more about their rights and take action to protect their interests. Paralegal support is essential for people living with and affected by HIV, including girls and women living with HIV, people with disabilities, migrants, and women who have experienced violence. This helps reduce barriers to accessing justice, protect the rights of these populations, provide them with information about their rights and entitlements, and strengthen their position in society. Legal counselors and paralegals, knowing the characteristics of the communities they work with, can effectively address legal issues beyond the traditional legal system.

Paralegal services — provided by trained peers or allied legal workers — offer a practical, low-threshold model for rights protection, bridging the gap between communities of PWUD

and the formal legal system. EHRA identified the integration of paralegal services into harm reduction as a critical component of a human rights-based approach to the AIDS response, supporting both individual protection and systemic drug policy reform.

- **Description:**

EHRA developed its paralegal services program as part of a broader Drug Policy and Human Rights initiative:

- Documenting the legal landscape: EHRA produced comprehensive drug law profiles for all 29 CEECA countries, mapping criminal penalties, administrative sanctions, and the legal barriers faced by PWUD in accessing health and social services.
- Developing the paralegal model: EHRA promoted the model of community paralegal workers — peers with legal training who can advise PWUD on their rights, document violations, and support access to legal aid and formal justice mechanisms.
- Capacity building: Training programs for harm reduction organizations and drug user networks on basic legal literacy, rights documentation, and paralegal approaches, including through member organizations such as the All-Ukrainian Association of Drug Addicted Women (VONA), which employs peer paralegals.
- Submission to human rights bodies: EHRA has submitted evidence to UN human rights protection mechanisms (UPR, treaty bodies) documenting rights violations against PWUD in CEECA countries, connecting paralegal documentation to international advocacy.
- Alternatives to coercive sanctions: EHRA advocated for legal reforms to provide alternatives to criminal penalties for drug use and possession, reducing the need for legal intervention in the first place.

- **Results, outcomes and impact:**

- Drug law profiles for 29 countries published on the EHRA website, serving as a reference for lawyers, advocates, and communities across the region.
- Peer paralegal models operational in member organizations, providing direct legal support to PWUD in multiple CEECA countries. In several countries like Moldova and Ukraine paralegal services are institutionalised into state system of legal and paralegal support.
- Submissions to international human rights bodies documenting legal barriers and rights violations, strengthening global accountability pressure on CEECA governments.
- Increased awareness among harm reduction organizations of the legal rights of their clients and practical tools to support rights protection.
- Contribution to national-level advocacy for decriminalization and alternatives to criminal sanctions in several CEECA countries.

- **Gaps, lessons learnt and recommendations:**

GAPs:

- Paralegal services remain available only in a small number of countries and organizations; coverage is insufficient relative to the scale of rights violations.
- Formal legal aid systems in most CEECA countries are not accessible to people who use drugs, and pro bono legal services for this population are rare.

LESSON: Peer paralegals are uniquely effective because they combine legal knowledge with community trust and cultural competence; peer involvement should be central to any legal support model.

RECOMMENDATIONS:

- Integration of paralegal services as a standard component of comprehensive harm reduction programming, with dedicated funding from national governments and the Global Fund.

- Development of a regional paralegal training curriculum and peer-to-peer knowledge exchange network for PWUD legal advocates in CEECA.

Annexes:

[https://harmreductioneurasia.org/drug-policy/paralegal-services; learning podcast course for paralegal \(ОБУЧАЮЩИЕ МАТЕРИАЛЫ ДЛЯ УЛИЧНЫХ ЮРИСТОВ И ЮРИСТОВ \)](https://harmreductioneurasia.org/drug-policy/paralegal-services; learning podcast course for paralegal (ОБУЧАЮЩИЕ МАТЕРИАЛЫ ДЛЯ УЛИЧНЫХ ЮРИСТОВ И ЮРИСТОВ))
<https://ehra.learnworlds.com/course/study-law>