

## **Donor Coordination Meeting, 21 April, 14.00 – 15.30 hours, Imperial Queen's Park Hotel, Bangkok**

### **Notes of the meeting**

The meeting was organised to assess progress on actions following the Donor Conference on Harm Reduction 28-30 Jan 2009, Amsterdam. The items below are the agreed follow-up actions which were listed in section 7.4 of the report of that meeting.

#### **I Progress since Amsterdam – reported by Tanne de Goei**

##### **1. Establishment of a Global Task Force on resource tracking**

This initiative was to be taken by OSI, UNAIDS, IHRA, UN Reference Group, networks and others. The idea still very much in its infancy and it is not clear who will lead nor clear how it will be resourced.

- 2. Creation of an Emergency Fund for harm reduction.** In the discussion the Global Fund stated that funding is limited to Board-approved proposals. Budget reallocation within grants is possible at recipient countries' request. DfID suggested that better coordination is needed to prevent emergency situations from occurring. AFEW said that there still are situations where temporary money would solve serious difficulties. Tariq Zafar suggested one method would be to increase contingency budgets. US: PEPFAR expenditures are decided at country level.

**Conclusion:** It is unlikely that donors will create an emergency fund. Solutions will have to be found in better coordination.

- 3. EU actions to better coordinate harm reduction actions.** The Foreign Affairs and Development Cooperation Councils of the EU will issue a declaration by the end of the year. It is up to member states to work for the inclusion of harm reduction. There is also a new communication in preparation on HIV/AIDS in Europe and neighbouring states; this is another opportunity for member states to intervene. There is overlap with the Horizontal Drugs Group that meets in Brussels. That is also an opportunity to bring harm reduction up.
- 4. Harm Reduction Strategy of Global Fund.** GF is aware of the low level of HR funding in its portfolio and is looking at ways to encourage more HR projects in GF proposals. This includes examining barriers and obstacles to participating in GF proposals. Funding is only possible within the GF model, but harm reduction can be made more visible to applicants, the Board and the Technical Review Panel. Advocacy is needed to get evidence-based interventions included in national proposals. Actions need to be taken at national level through CCMs. The GF uses two eligibility criteria: wealth of a country and disease burden. That is why Russia is excluded from GF support. The Board decides on the criteria so that is where any lobbying should be directed. The GF has the possibility to brief the TRP to be alert to DU issues and be aware of what makes a good

harm reduction project when screening proposals. In the discussion It was suggested that DU be included as a special issue to be considered in GF applications (as is the case for gender): GF view was that the inclusion of gender resulted in more relevant applications but did not result in better proposals. The UN and NGOs are represented on the GF Board and can be lobbied about harm reduction.

**Conclusion.** Various actions as indicated above can be taken to encourage more HR applications.

#### 5. **UN Reference Group to the UN on HIV and IDU.**

Netherlands pledged 100,000 EURO. The unspent balance of the Amsterdam Conference, to the amount of 39,000, was also made available to the UNRG.

### **II Road map for advocacy including funding needs – reported by Gerry Stimson**

IHRA was asked to prepare a concept-document in conjunction with the HR networks and this was pre-circulated and also distributed at the meeting. The main issue explored in the document is the under-resourcing of harm reduction advocacy and the suggestion for the creation of a new fund to resource advocacy groups – especially at regional and international level. The discussion affirmed the importance of HR advocacy but that there does not exist a clear mechanism for funding this at other than national level given donor focus on funding at national level. The issue remains the circle of the lack of funding for HR, and the lack of resourcing of organisations to advocate for more HR funding. Reference was made to the example of the “collaborative fund” (administered by WHO) that was operational in the context of the 3 X 5 Initiative. This was a mechanism for responding to local needs. The issue will also be discussed at the donor coordination meeting on Friday (24 April) in Bangkok.

**Conclusion.** There needs to be a way to resource advocacy and HR networks but the means for doing this are not clear. There was discussion and a lack of agreement about whether advocacy should be funded as a separate entity to other Harm Reduction initiatives and some thought that it would be better to fund capacity building for existing HR programmes to increase their ability to do advocacy than to create competing priorities. IHRA will continue to explore the options with HR networks and donors. A donor meeting was to be held in the UN premises in Bangkok on the Friday after the conference and this issue would be explored again.

### **III Next steps**

Progress since the Amsterdam meeting will again be assessed after three months. OSI was asked to coordinate a follow-up teleconference.

### **IIII Emergency funding for HR in Nepal – reported by Prem Limbu and Anan Pun**

DfID is aware of the funding situation of the projects in Nepal, and has been working with the World bank to ensure that these projects continue to be supported and that the transition from one funding partner to the other will be smooth.

JS and GVS 21 May 2009

List of attendees

Bains, Anurita	Global Fund to Fight AIDS, TB and Malaria
Beg, Monica	UNODC
Brenny, Patrick	UNAIDS, Thailand
Crocket, Alison	DFID(UK)
Cymerman, Pablo	Intercambios, Argentina,
Day, Marcus	Caribbean Harm Reduction Coalition
De Kort, Gerard	AHRN
Fordham, Ann	International Drug Policy Consortium
Goei, de Tanne	Freelance Consultant
Gray, Greg	Bangkok World AIDS Campaign
Guarinieri, Mauro	GNP+
Kramarz, Patricia	GTZ Germany
Kroll, Christian	UNODC
Limbu, Prem	Nepal
Lines, Rick	IHRA
Michels, Ingo	Federal Ministry of Health Germany
Pick, Billy	USA
Pokhamel, Dipen	National Association of PLHA Nepal
Pun, Ananda	<a href="mailto:ananpun@gmail.com">ananpun@gmail.com</a>
Rapposelli, Karina	USA Global AIDS Coordination Office/PEPFAR
Razaque, Ali	HIV/AIDS Control Program, Lahore Pakistan <a href="mailto:aliraz2000@hotmail.com">aliraz2000@hotmail.com</a>
Sarkar, Swarup	Global Fund to Fight AIDS, TB and Malaria
Saville, Sebastian	RELEASE UK

Spreeuwenberg, Johanna	Foreign Affairs, Netherlands
Steenbergen, Ger	Netherlands Embassy, Hanoi Vietnam
Sulliman, Fayzal	SAHRN
Stimson, Gerry	IHRA
Tober, Rebecca	OSI
Tarrades, Carmen	International Community of Women Living with HIV/AIDS
Touze, Graciela	Intercambios
Van Der Meers, Joost	AIDS Foundation East-West(AFEW)
Weber, Urban	Global Fund to Fight AIDS, TB and Malaria
Westerhof, Gea	Mainline, Holland
Wright-deAguero, Linda	USA GAP/CDC Atlanta, Georgia
Wolfe, Daniel	OSI
Zafar, Tariq	Nai Zindagi, Pakistan