Mobilising Communities in South Africa to Amplify the Voices of People Who Use Drugs to Increase Funding Global Fund Grant Cycle 7

Klaas Mtshweni[1] (SANPUD) Reginald Kgoedi[2] (PWUD Sub-Sector)

Definitions

Budget Advocacy: is designed to influence the size and distribution of government budgets for harm reduction
Global Fund Grant Cycle (GC6/7): a three-year grant cycle, starting with a replenishment event where funding is raised
PWUD Sub-Sector: is representative of people who use drugs in their diverse realities and contexts across South Africa. The sector membership is comprised of people who use drugs, service providers, human rights activists and people who use drugs programmatic and technical specialists.
Country Coordinating Mechanism (CCM): is a partnership composed of all key stakeholders in the country's response to HIV and Tuberculosis.
Civil Society Forum (CSF): is a formal advisory body established in 2012 by the South African National AIDS Council.

Background

South Africa is far from reaching the UNAIDS 2025 HIV treatment targets for People Who Inject Drugs (PWID). As of April 2025, South Africa is at 96–79-93 against the UNAIDS 95-95-95 targets.

- HIV prevalence: 40%–60% among 82,500 PWID[3]
- GF GC6 only 3% split allocation for PWID/UD[1]
- Only 5% access opioid agonist therapy[3]
- 2 out of 52 districts provide sufficient needle access more than 200 per PWID per year[3]
- 46 PWID from non-funded districts consulted in GC7 advocacy[1,2]

Advocacy Evolution

PWUD representatives were first included in Global Fund processes during GC6 in 2020, with formal representation established through the formation of the 'PWUD Sector.' In 2023, the sector actively participated in GC7 dialogues, advocating for the expansion of harm reduction services to eight additional Global Fund districts. Concurrently, a focus group discussion with 46 PWID was conducted across eight non-Global Fund-supported districts, while NACOSA, the current Principal Recipient, held additional focus group discussions within the eight districts where they are implementing programs. The findings from these discussions were presented at the GC7 Key Population consultations.

Challenges

- **Systemic Barriers:** Stigma, structural limitations, and insufficient district-level data hinder progress.
- **Lack of National Commitment:** The South African National Government currently does not fund any harm reduction services or commodities, relying heavily on international donors such as the Global Fund and PEPFAR.[4]
- **Risk of Funding Reductions:** Any decrease in Global Fund support could severely impact harm reduction programs, potentially leading to service closures and reversing gains made in HIV prevention among people who use drugs.[4]
- **Advocacy Efforts:** Initial budget allocations placed PWUD interventions in the Prioritized Above Allocation Request (PAAR). Collaborations with Harm Reduction International led to the development of harm reduction briefs, which informed GC7 priority documents and were shared with Global Fund board members.[1,5]

Lessons Learned

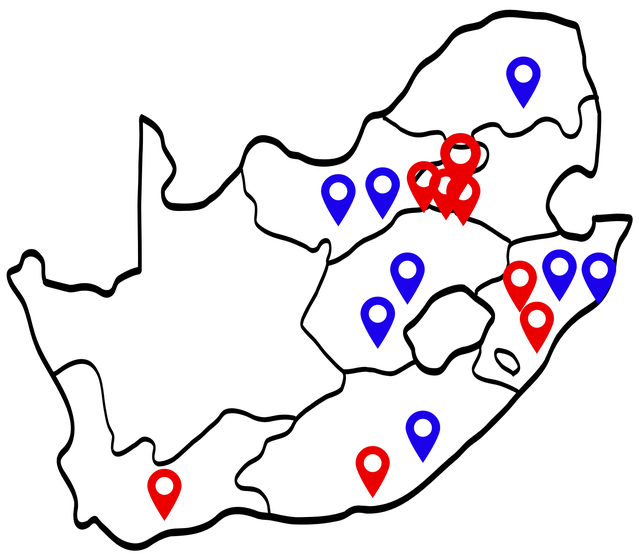
Early inclusion of PWUD voices builds programmatic ownership and improves funding alignment. Structured dialogue enhances advocacy effectiveness.

Conclusion

Community-driven budget advocacy has already impacted GC7. To close HIV prevention gaps, efforts must continue to elevate PWUD voices and increase funding allocation equitably. **It's time to fund what works — and those who know what's needed most.**

Focus Group Discussion

Global Fund Districts



Current Global Funded Districts

Scaling up to in GC7

References

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klaas@sanpud.org | +27 76 572 9785 | www.sanpud.org