Addressing Health System and Policy Barriers to Needle and Syringe Program Scale-Up

REPORT FROM THE
INHSU POLICY DAY 2024
ATHENS, GREECE

INHSU

Acknowledgements

The International Network on Health and Hepatitis in Substance Users (INHSU) convened a Policy Day on 7 October 2024, adjacent to the INHSU Conference in Athens, to address policy barriers preventing the scale-up of Needle and Syringe Programs (NSPs) globally.

The event brought together 54 representatives from multilateral and global health organisations, governments, academic and research institutions, civil society groups, and community-led networks of people who use drugs to develop evidence-based strategies for overcoming key health system and policy challenges. Using an implementation science framework, participants identified actionable solutions to improve NSP access and effectiveness.

This report summarises the key outcomes of the event, outlining the strategies developed to address these barriers. It was authored by INHSU with input and review from Policy Day participants and facilitators.

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The INHSU Policy Day 2024 was held in Athens, Greece as part of the 12th International Conference on Health and Hepatitis in Substance Users.

Introduction

People who inject drugs face high risk of HIV and hepatitis C virus (HCV). Needle and syringe programs (NSP) are effective for HCV/HIV prevention however, NSP coverage is limited globally.

NSPs provide sterile equipment to people who use drugs, including but not limited to needles and syringes, provide mechanisms for safe destruction of used equipment and include health education and links with essential health and social services. NSPs are a critical and cost-saving component of harm reduction and there is a strong body of evidence for the effectiveness of NSP, particularly when used in combination with opioid agonist treatment (OAT), in reducing HCV and HIV transmission[1]. There is considerable variability in NSP provision and coverage among countries, regions and settings. Although there is a gradual increase in harm reduction intervention coverage, coverage and scale of interventions, such as NSP, is severely limited and sub-optimal.

The INHSU 2024 Policy Day meeting focused on solutions to the most significant health system and policy level barriers preventing NSP access globally.

To ensure discussions focused on the most pressing challenges, the Policy Day Working Group used an implementation science framework to identify the most impactful barriers preventing NSP scale up globally. The highest-priority barriers were then organised into three key domains: Global Policy Barriers, National Policy Barriers, and Procurement Barriers.

The implementation science framework also provided a robust approach to exploring solutions to address selected barriers. This report summarises barriers and solutions based on insights from six roundtable discussions (9 people per table, 54 people total) over the course of a 4-hour meeting and subsequent 1:1 consultation over a 4-month period.

Barriers prioritised in each domain by the working group were:

Domain 1: Global Policy Barriers

- Barrier 1: Lack of guidelines for selecting and procuring NSP commodities preferred by people who inject drugs
- Barrier 2: Policies by global funding organisations that prevent allocation of funding towards NSP and harm reduction services

Domain 2: National Policy Barriers

- Barrier 1: Lack of political will from national governments to allocate or request resources for NSP implementation or scale-up
- Barrier 2: Restrictive policies or practices limiting NSP access such as 1:1 exchange requirements and ID mandates

Domain 3: Procurement Barriers

- Barrier 1: Insufficient commodity being requested by country recipients from global funding organisations to meet WHO coverage goals
- Barrier 2: Country procurement processes do not consider or prioritise NSP equipment that is acceptable and appropriate to local communities

[1] Norah Palmateer, et al. Interventions to prevent HIV and Hepatitis C among people who inject drugs: Latest evidence of effectiveness from a systematic review (2011 to 2020), International Journal of Drug Policy, Volume 109, 2022, 103872, ISSN 0955-3959, https://doi.org/10.1016/j.drugpo.2022.103872.

Context and Rationale

This report aims to foster alignment on priority actions, promoting collaboration among international organisations, research institutes, advocates and community-led organisations of people who use drugs working toward advancing harm reduction globally.

Purpose of this report
It is hoped that the report will be used to; influence global organisations to revise procedures, ensuring that NSPs are adequately funded and aligned with the needs of people who inject drugs; advocate to national governments to address capacity gaps and use tools for forecasting NSP commodity needs based on the local values and preferences of people who inject drugs; and enhance procurement processes.

Definition of community
In this report, "community" refers specifically to people with living/lived experience of injecting drug use. Their direct knowledge and expertise are essential in shaping policies and programs that are aligned with real-world needs.

Realities of injecting and program targets
The guiding principle of this report is that NSPs should aim to ensure that every injection is performed with sterile equipment. To achieve this, quantifying the baseline need for NSP commodities at a country or program level must be based on realistic estimations of the number of injections per person who injects drugs per day.

The importance of accurate quantification and aligning NSP provision with the real-world needs of people who inject drugs is a recurring theme throughout this report. Without an informed understanding of community practices, NSPs risk being under-resourced, misaligned with demand, and ineffective in meeting harm reduction goals. This leads to wastage of scarce harm reduction resources on injecting equipment that is not fit for purpose and can contribute to harmful practices, such as increased reuse of equipment, as individuals unable to access preferred equipment may choose to retain a 'good needle and syringe' for later re-use.

Resourcing
For many of the lead actors identified in this report, additional resources are required to effectively support and scale up this work. Not-for-profit organisations and community-led networks play a vital role in advancing harm reduction strategies, yet they often operate with limited and unpredictable funding.

Sustained investment from global donors, national governments, and multilateral organisations - although increasingly challenging - is important to ensure long-term capacity. Without adequate and sustained resourcing, efforts to address key barriers and improve NSP provision risk being fragmented or short-lived.

Political shifts and funding cuts
It would be remiss not to acknowledge the shifting political and funding context in which the work in this report is now situated. The recommendations and discussions captured in this report predate the announcement of the United States' intention to withdraw from the World Health Organization and cuts to USAID and PEPFAR funding. The decisions by the United States government to reduce international aid spending has also been accompanied by reduced international aid commitments by other countries. These reductions in funding pose a serious threat to global harm reduction infrastructure, with some services already reporting closures and reduced access to essential interventions such as NSP and OAT.

While the strategies in this report remain essential, the way they are implemented will need to adapt to a reality of shrinking resources. This makes the case for greater efficiency and considered allocation of resources more urgent than ever. Implementation science offers one opportunity to strengthen impact by identifying what works, in which settings, and at what cost, and how to scale up interventions effectively within constrained environments. Strategic prioritisation, grounded in community leadership, and broad sector collaboration will be essential to ensure the continuity and effectiveness of harm reduction responses in this new era.

Contributors and Workshop Participants

Below is a full list of members of the INHSU Policy Day Working Group who contributed to identifying and prioritising barriers to scaling up needle and syringe programs (NSPs) globally.

- Philip Bruggmann – ARUD, Switzerland
- Judy Chang – INPUD (International Network of People Who Use Drugs), Italy
- Emily Christie – UNAIDS (Joint United Nations Programme on HIV/AIDS), Switzerland
- Monica Ciupagea – UNODC (United Nations Office on Drugs and Crime), Austria
- Colleen Daniels – Harm Reduction International (HRI), United Kingdom
- Emma Day – INHSU (International Network on Health and Hepatitis in Substance Users), Australia
- Jason Grebely – INHSU / Kirby Institute, University of New South Wales, Australia
- Kim Green – PATH, United States
- Kiera Gustafson – PATH, United States
- Jennifer Hasselgard-Rowe – Global Commission on Drug Policy, Switzerland
- Niklas Luhmann – WHO (World Health Organization), Switzerland
- Annie Madden – INPUD, Australia
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- Susie McLean – The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland
- Keith Sabin – UNAIDS, Switzerland
- Andrew Scheibe – INHSU / TB HIV Care, South Africa
- Heather Marie Schmidt – UNAIDS, Switzerland
- Mat Southwell – COACT, United Kingdom
- Mark Stoové – Burnet Institute, Australia
- Karin Timmermans – Unitaid, Switzerland
- Anna Tomasi – Global Commission on Drug Policy, Switzerland
- Beatrix Vas – UNITE (Global Parliamentarians Network to End HIV/AIDS, TB and Malaria), Portugal
- Annette Verster – WHO, Switzerland
- Peter Vickerman – University of Bristol, United Kingdom
- Ancella Voets – Mainline, Netherlands
- Ernst Wisse – Médecins du Monde, France

The INHSU policy day has become an integral part of the INHSU annual conference, bringing key global stakeholders together to tackle issues impacting people who use drugs.

Contributors and Workshop Participants

Characteristics of participants who attended in-person Policy Day workshop in Athens, Greece on October 7, 2024.

Characteristic	Category	N	%
World Bank income group*	High income	32	59
	Low-/middle-income	22	41
WHO region	EURO (Europe & Central Asia)	22	41
	WPRO (Western Pacific)	11	20
	AFRO (Africa)	12	23
	EMRO (Eastern Mediterranean)	4	7
	AMRO (Americas)	4	7
	SEARO (South-East Asia)	1	2

**Based on World Bank 2025 income classifications using each participant's primary country of work.*

***Organisations were categorised according to their main function. "NGO / Community / Technical support" includes peer-led networks, international NGOs, and technical support agencies such as COACT and PATH.*

Characteristic	Category	N	%
Type of organisation**	NGO / Community / Technical support	28	52
	Academic / Research	13	24
	Multilateral / UN / Global donor	6	11
	Government / Public-sector agency	5	9
	Other (e.g., hybrid or private entities)	2	4
Primary role	Researcher / Academic faculty	13	24
	Community / Peer-led network representative	15	28
	Program / Technical adviser	14	26
	Multilateral / Donor staff	6	11
	Government official	5	9
	Other	1	2

The Implementation Science Framework: A Structured Approach to Addressing Health System and Policy Barriers

Implementation science provides a structured and evidence-informed approach to overcoming barriers in health policy and service delivery. In the months leading up to, and on the day of, the INHSU 2024 Policy Day, implementation science methodologies were used to identify and prioritise barriers to scale up and develop actionable strategies for addressing the most pressing barriers to scaling up needle and syringe programs (NSPs) globally.

Prioritising Barriers to Scaling up NSPs

Barriers to scaling up NSPs globally were generated by the Policy Day Working Group and subsequently refined and categorised using the Consolidated Framework for Implementation Research[2]. During a virtual workshop, a total of 15 barriers across three groups (Global Policy Barriers, n = 5; National Political Will; n = 6; National Procurement and Resources Barriers, n = 4) were then ranked. The ranking process involved assessing barriers based on their severity, geographic and demographic impact, and country income levels affected. Participants then evaluated the effort required to address each barrier on a scale of 1 to 5 and assessed potential positive and negative knock-on effects. Additionally, stakeholders described what success would look like for each barrier group to ensure targeted, measurable outcomes. This structured approach ensured that prioritised barriers were aligned with varied policy and healthcare environments.

Approach to Strategy Mapping

During the INHSU 2024 Policy Day, the Policy Day Working Group employed implementation science methodologies to map and refine strategies addressing the top six prioritised barriers leveraging the Expert Recommendations for Implementing Change (ERIC) Implementation Strategy Taxonomy[3] and the CFIR-ERIC Implementation Strategy Matching Tool.

[2] Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. et al. The updated Consolidated Framework for Implementation Research based on user feedback. Implementation Sci 17, 75 (2022). https://doi.org/10.1186/s13012-022-01245-0

[3]Powell, B.J., Waltz, T.J., Chinman, M.J. et al. A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. Implementation Sci 10, 21 (2015). https://doi.org/10.1186/s13012-015-0209-1

This structured, evidence-based approach facilitated the identification of tailored strategies to overcome each barrier, outlining key implementation steps, including defining key actors, necessary resources, and feasible timeframes. The feasibility of each strategy was assessed based on its alignment with financial, human, and material resources, potential buy-in from key stakeholders and policymakers, implementation timelines, stakeholder capacity and training, and overall complexity.

These considerations guided structured discussions during the in-person workshop, allowing participants to refine and validate strategies for effective policy implementation.

Articulating Strategies to Address Selected Barriers

The following table outlines strategies to overcome identified barriers and includes the following columns:

- Definition of the strategy: A clear description of the proposed strategy, including any discrete operational components
- Actions: Specific steps or processes required to implement the strategy
- Lead actors: Organisations that could potentially enact the strategy (noting that multiple stakeholders may need to be involved for effective implementation)
- Outputs: Tangible deliverables or products resulting from each action
- Implementation outcomes: Key outcomes likely to be influenced by each strategy
- Justification: Rationale for selecting the implementation strategy and lead actors, including alignment with context, feasibility, and potential for impact

Domain 1: Global Policy Barriers

Barrier 1: Lack of guidelines for selecting and procuring NSP commodities preferred by people who inject drugs

Strategy 1: Engage people who inject drugs in developing NSP commodity selection procurement guidelines to align with community needs and preferences

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Actively engage people who inject drugs in developing NSP commodity procurement guidelines to ensure the commodities selected meet the needs and preferences of PWID.	Include community representatives in decision-making panels for NSP guideline development and revision. Incorporate qualitative research findings from the Unitaid Consortia's values and preferences work into procurement guidelines. Establish a standing committee for ongoing input from people who inject drugs into guideline review.	The International Network of People who Use Drugs (INPUD) in collaboration with WHO.	Revised commodity selection and procurement guidelines prioritising community-centred criteria.	Increased relevance and acceptability of commodities selected for distribution in NSPs. Increased procurement accuracy, reducing costs and wastage. Increased uptake of NSP services and use of sterile injecting equipment by people who inject drugs.	NSP commodity procurement guidelines and related policies are aligned with the needs of people who inject drugs, leading to community-centred decisions that improve health outcomes through increased NSP uptake and coverage. Engaging people who inject drugs in guideline development can enhance trust between funders and governing bodies and communities. The Unitaid Consortia's values and preferences work summarising commonalities in NSP commodity preferences will provide a valuable reference point for countries in global guidance. However, guidelines should note that countries will also need to conduct in-country values and preferences assessments to ensure funding requests are tailored to local need (see suggested tool development in Domain 3, Barrier 2, Strategy 1). A standing committee would monitor fidelity of the consultative process to inform funding requests. Actions should be led by a multilateral organisation to ensure a globally coordinated, standardised, and inclusive approach to NSP guideline development and revision. INPUD would be a logical institution to take this forward due to established leadership in advocating for the rights and inclusion of people who use drugs and role in Unitaid consortia.

Barrier 1: Lack of guidelines for selecting and procuring NSP commodities preferred by people who inject drugs

Strategy 2: Refine process for Global Fund NSP funding requests as part of HIV programs

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
As part of NSP commodity requests, each country will be required to include a description of how their request – type and number of equipment - is informed by the values and preferences of community and estimates of current met and unmet demand.	Create a toolkit to guide Global Fund recipients on how to consult with people who inject drugs communities to inform and justify country level Global Fund NSP procurement requests. Amend Global Fund application framework. Upskill Global Fund teams to use the toolkit to best support country recipients.	The Global Fund in collaboration with INPUD.	Revised Global Fund application framework incorporating community input in NSP commodity requests.	Improved alignment of NSP commodity requests with community needs and preferences, increasing uptake. Improved accuracy of NSP demand estimates, optimising funding allocations. Enhanced capacity of country-level recipients to engage people who inject drugs in procurement planning.	Prioritising community voice in NSP commodity procurement aligns with evidence showing that community-driven health programs improve service uptake and satisfaction. Equipping countries with a practical toolkit creates a sustainable resource for ongoing NSP funding applications, improving alignment with community needs and strengthening relationships with funders. By requiring applications to include community-driven justifications, global funders will receive applications that better reflect actual needs, potentially improving allocation efficiency and effectiveness. The Global Fund, in collaboration with a specialised actor such as INPUD, is uniquely positioned to lead the refinement of their own funding request process.

Barrier 2: Policies by global funding organisations that prevent allocation of funding towards NSP and harm reduction services

Strategy 1: Lobby governing bodies of global funding organisations to recognise harm reduction as a standalone priority

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Engage global funding organisations to revise policies, ensuring that major funders are adopting and elevating the harm reduction resolution outlined by the UN Commission on Narcotic Drugs. Recognising harm reduction as a standalone priority in funding streams, rather than being linked solely to HIV programs.	Form an advocacy coalition to engage key decision-makers. Identify specific policies to be addressed. Propose specific amendments to the funding organisations' policies, advocating for separate funding streams for harm reduction services. Include presentation of case studies in advocacy efforts from countries where harm reduction programs have been successful, and have monitored other outcomes, not just reduction in HIV transmission.	INPUD, Harm Reduction International (HRI)	A coalition of international stakeholders advocating for global funding policy change.	Adoption of harm reduction as a standalone funding priority by key global funders and integration into funding policies. Increased availability of funding specifically earmarked for harm reduction services, separate from HIV program budgets. Harm reduction programs have access to more stable funding channels and enhancing program effectiveness.	Elevating harm reduction as a standalone funding priority ensures programs are properly funded and are not compromised by shifts in HIV program funding priorities. Strategy aligns with the harm reduction resolution by the UN Commission on Narcotic Drugs. INPUD and HRI are well positioned to lead this advocacy coalition due to established expertise, global reach, and commitment to advancing harm reduction as a central component of public health and human rights.

<u>Barrier 2</u>: Policies by global funding organisations that prevent allocation of funding towards NSP and harm reduction services

<u>Strategy 2</u>: Advocate for the sustained adoption of evidence-based funding policies by enhancing understanding of the prevention effectiveness of high coverage NSP

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Develop knowledge strengthening programs targeting global funders to increase their understanding of harm reduction, its evidence-based benefits, and alignment with public health goals. The aim is to shift perspectives to enable more financial support for NSPs.	Develop targeted knowledge strengthening materials (e.g., webinars, reports, case study infographics) that communicate the benefits, cost-effectiveness, and public health impact of harm reduction services, including innovations such as low-dead-space syringes (LDSS). Develop delivery strategy for engaging governing bodies of global funding organisations in knowledge strengthening activities related to harm reduction goals, outcomes, and evidence of impact.	INPUD and HRI in collaboration with the International Network on Health and Hepatitis in Substance Users (INHSU).	A harm reduction knowledge strengthening program and delivery strategy suitable to global funders.	Greater awareness and support for harm reduction among global funders. Policy shifts allowing increased or dedicated funding for NSPs.	Clear, evidence-based materials that highlight proven benefits of NSPs will address knowledge gaps and provide evidence needed to change perspectives. Materials like case study infographics will ensure that funders can easily digest and refer to the information during decision-making processes. Direct engagement through educational sessions will create opportunities for funders to ask questions, engage with experts, and understand real-world impacts. INHSU's expertise in knowledge exchange positions it as a key partner. Its experience in developing evidence-based educational resources ensures the creation of high-quality, impactful materials for funders. HRI's biennial conference and INHSU's annual conference can be utilised to host targeted sessions for funders, offering them opportunities to engage directly with experts and hear real-world examples of harm reduction's public health impact.

Domain 2: National Policy Barriers

Barrier 1: Lack of political will from national governments to allocate or request resources for NSP implementation or scale-up

Strategy 1: Advocate to government to allocate or request funding for NSPs in country

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
A coordinated, multi-stakeholder advocacy effort to secure government funding or requests for NSP funding support at the national level.	Identify key national, stakeholders to form an advocacy coalition group. This may include NGOs, healthcare providers, community advocates, and harm reduction experts. Establish a governance structure for the group, including identifying a coordinating body. Develop a shared advocacy strategy, including common goals, messages, and tactics to engage with political leaders. Use evidence synthesis, case study infographics and other knowledge strengthening materials developed by INPUD, HRI and INHSU (see Domain 1, Barrier 2) as needed in national advocacy efforts, noting these will be supplemented by local outputs.	This will depend country to country. Supported by Global Advocacy Coalition led by INPUD and HRI.	A country-level strategic advocacy plan that coordinates coalition members around common goals and consistent messaging.	A coalition that brings together necessary expertise and influence from various sectors. A cohesive advocacy approach with clear, consistent messaging. Increased visibility for NSPs through coordinated lobbying and communication with policymakers and key decision-makers.	A diverse coalition enhances the credibility and reach of any advocacy campaign. A shared strategy ensures that all coalition members work towards the same goals with aligned messaging. Including local community advocates is essential to ensure requests are grounded in actual needs. Knowledge-strengthening materials developed by INPUD, HRI and INHSU would provide a strong, evidence-based foundation for national advocacy efforts. Supplementing with local outputs will ensure advocacy messages are contextually relevant and resonate with national policymakers and stakeholders. This approach combines global best practices with local nuances.

Barrier 1: Lack of political will from national governments to allocate or request resources for NSP implementation or scale-up

Strategy 2: Convene high-level meetings with policy makers to educate on harm reduction impact and investment case

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Facilitate consensus building discussions between national governments, healthcare providers, international organisations, and community stakeholders to create shared understanding of the impact of NSPs and reach an agreement on resource allocation priorities. Include presentation of investment case in discussions.	Develop and present evidence-based investment cases for NSP based on country level data. Invite influential political and community leaders to co-host consensus-building workshops. Where appropriate invite multilateral organisations engaged in global advocacy coalition (see Domain 1, Barrier 2) to workshops to support national advocacy efforts. Develop a consensus statement that outlines commitments, actions, and timelines for scaling up harm reduction services.	This will depend on country to country. Supported by Global Advocacy Coalition led by INPUD and HRI.	A consensus statement that outlines commitments, actions, and timelines for scaling up NSPs.	Increased political commitment to allocate resources for NSP. Cross-sectoral alignment on goals for NSP, with national government, healthcare providers, international organisations, and community stakeholders all involved. Harm reduction resource allocation priorities identified. Resources are allocated efficiently and support the sustainability of NSPs and related services.	Presenting country-level data investment case ensures decisions are evidence-based and context-specific. Cross-sectoral collaboration ensures that stakeholders are aligned. Including local community advocates is essential to ensure requests are grounded in actual needs. Inviting multilateral organisations engaged in global advocacy coalitions to workshops will bring international expertise and foster alignment with global harm reduction strategies, ensuring that national efforts are consistent with international standards and best practices.

Barrier 2: Restrictive policies or practices limiting NSP access such as 1:1 exchange and ID mandates

Strategy 1: Modify national guidelines to promote less restrictive NSP practices

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Collaborate with governments, funders, and policymakers to develop national guidelines that encourage the adoption of less restrictive policies for NSP access (e.g., peer delivery, dispensing machines, coupon distribution, simplify process for organisations to register as an NSP service).	Identify national guidelines that could be updated, incorporating input from a community reference group to ensure the guidelines are relevant and inclusive. Prepare evidence briefs that highlight the impact of restrictive practices on service uptake and health outcomes, sharing findings with key stakeholders. Organise workshops for stakeholders, including local government representatives, healthcare providers, and community advocates, to discuss the impact of restrictive NSP policies. These workshops will result in a consensus document containing actionable policy recommendations for endorsement by decision-makers and funding agencies. Engage the Global Advocacy Coalition (see Domain 1, Barrier 2) to provide technical assistance and guidance to in-country groups throughout the process. This support will include sharing best practices, providing data and evidence to support the policy changes, and offering training on effective advocacy strategies to ensure local groups are well-equipped to influence policy reform.	This will depend country to country. Supported by Global Advocacy Coalition led by INPUD and HRI.	Updated national guidelines promoting less restrictive NSP practices.	Increased adoption of community-led NSP models. Enhanced accessibility to NSP services, reducing barriers for people who inject drugs. Strengthened collaboration among governments, funders, and harm reduction advocates for evidence-based policy reform.	Less restrictive NSP policies increase use and therefore reduce harm. Recognising the community as technical assistance specialists in this area ensures guidelines are inclusive and responsive to real-world needs. Leveraging local and global expertise, ensures national guidelines are updated in line with international best practices while empowering in-country groups with the tools and knowledge necessary for successful policy advocacy.

Domain 3: Procurement Barriers

Barrier 1: Insufficient commodity being requested by country recipients from global funding organisations to meet WHO coverage goals

Strategy 1: Develop quantification tool to strengthen data driven commodity requests

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Develop a quantification tool to support more accurate requests for NSP commodities, ensuring resources are aligned with actual need and usage patterns.	Develop NSP quantification tool and include in WHO NSP Operational Guide. Include use of tool in Global Fund application requirements, in conjunction with values and preferences consultation with local community (see Domain 1, Barrier 1, Strategy 2).	WHO	NSP quantification tool to be used in WHO NSP Operational Guide and Global Fund application process.	Improved accuracy in NSP commodity forecasting and allocation. Better alignment of funding requests with actual service needs, reducing shortages and waste. Strengthened advocacy for NSP funding through data-driven resource planning. Standardised practices in NSP commodity allocation. Use of quantification tool for investment case.	Data-driven tools enhance efficiency and effectiveness in resource allocation. Integrating the tool into WHO NSP Operational Guide and Global Fund processes ensures widespread use. Improves program sustainability and impact. Combining quantitative data with local community values and preferences ensures that NSP requests are tailored to the real-world needs of people who inject drugs.

Barrier 1: Insufficient commodity being requested by country recipients from global funding organisations to meet WHO coverage goals

Strategy 2: Develop tailored procurement training programs for national health and procurement officers to build local capacity

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Implement targeted training sessions on using the WHO NSP Operational Guide, quantification tool, strategic commodity planning, and engaging with local communities to inform amount, quality and type of commodity being requested.	Conduct needs assessments to identify capacity gaps in commodity forecasting and procurement. Design and deliver tailored training programs on putting NSP operational guide into action.	WHO, Global Fund, INPUD, INHSU	Training program for national stakeholders requesting NSP funding.	Enhanced capacity of national health and procurement officers in commodity forecasting and procurement. More efficient and strategic NSP commodity planning at national level. Increased alignment with WHO guidelines and Global Fund requirements. Strengthened NSP implementation, reducing resource gaps and improving service delivery.	Tailored training addresses specific capacity gaps, ensuring effective use of guides and tools. Builds national-level expertise to sustain NSP programs. Supports evidence-based planning, maximising impact and resource utilisation. Aligns national procurement processes with global best practices. WHO develops the NSP Operational Guide and is invested in its practical implementation. With their technical authority, WHO can guide countries in adopting and aligning their procurement policies with good practices. The Global Fund maintains direct contact with national governments and procuring bodies responsible for funding and distributing NSP commodities. INPUD is a natural lead on ensuring engagement with community is appropriate. INHSU has extensive experience in international education and capacity building making them well-suited to support knowledge translation and implementation of NSP operational guides.

Barrier 2: Country procurement processes do not consider or prioritise NSP equipment that is acceptable and appropriate to local communities

Strategy 1: Conduct market shaping to improve affordable access to preferred and appropriate needles and syringes products for harm reduction

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Engage suppliers and global procurers to identify optimal quality standards, policies and benchmark pricing for preferred products.	Identify list of community preferred needle and syringe products that are informed by the values and preferences work undertaken by the Unitaid grant consortia. Landscape existing suppliers/manufacturers and potential manufacturers based in low- and middle-income countries (LMIC) for local manufacturing. Develop a set of community-informed minimum quality standards for a consolidated list of equipment to be provided to manufacturers, again informed by the values and preferences Unitaid work. Engage with manufacturers around need for quality standards and present business case for supplying products that meet standards. Negotiate global access terms. Create list of recommended commodities and pricing list. Provide technical assistance and guidance to facilitate technology transfer for local and regional manufacturing to identified potential manufacturers based in LMICs.	PATH in collaboration with INPUD.	Recommended NSP commodity and price list, with guidance on aligning commodities to drug use practices. Business case for manufacturers and suppliers to prioritie people who inject drugs-preferred products. Market-shaping interventions to increase manufacturer commitment for comparably priced, quality assured, and community-informed products to LMICs.	Improved quality and affordability of NSP commodities globally. Increased manufacturer alignment with harm reduction priorities. Enhanced access to high-quality products for NSPs. Supported market sustainability for local production.	Establishing quality standards ensures acceptability, safety and efficacy of NSP products. Basing on community preferences ensures commodities provided reflect real-world needs. Global access terms and pricing benchmarks promote equitable access. Collaboration with suppliers fosters a sustainable and responsive NSP market. Supporting local manufacturing reduces reliance on imports, improving supply security. PATH and INPUD are uniquely positioned to lead this initiative due to current leadership in market shaping work under the Unitaid consortia (HepC3P). As part of this project, consortia members are developing market reports, business cases for manufacturers, investment cases for donors and governments, and negotiating global access terms and pricing with manufacturers. Technical assistance is also being provided to facilitate technology transfer to eligible and interested manufacturers of harm reduction products.

Barrier 2: Country procurement processes do not consider or prioritise NSP equipment that is acceptable and appropriate to local communities

Strategy 2: Develop and implement community-led values and preferences tool to strengthen appropriate commodity requests

Definition	Actions	Lead actor/s	Outputs	Implementation Outcomes	Justification
Create and promote a generalised tool on community values and preferences to guide country procurement.	Assess process and emerging themes from values and preference work under Unitaid grant project (see also Domain 1, Barrier 1, Strategy 1) to inform tool creation. Develop NSP values and preferences tool suitable for diverse country use. Include tool in WHO NSP Guidelines. Include use of tool in Global Fund application requirements. Ensure Global Fund applicants adequately compensate and build capacity of community to engage in values and preferences processes that inform country-level requests. For countries that do not have an established peer-based community organisation, conduct capacity building for country procurement leads on engaging with community when applying the tool.	INPUD	A community-led values and preferences tool for integration into WHO NSP guidelines, Global Fund application guidelines, and country level processes.	Greater alignment of commodity requests with community preferences. Enhanced community engagement in procurement processes. Improved acceptance and utilisation of NSP commodities. Strengthened evidence base for NSP procurement.	Ensures procurement decisions reflect the priorities of those served. Empowers communities to shape harm reduction interventions. Supports effective resource allocation tailored to local contexts. Aligns procurement practices with global best practices and funding requirements. INPUD would be a logical institution to take this forward due to established leadership in advocating for the rights and inclusion of people who use drugs and role in the CUTTS Program Unitaid consortia (the CUTTS Program will be creating a generalised tool for release late 2025 / early 2026 which could form the base of this strategy response). For countries lacking an established peer-based community network to support engagement of local community members in procurement processes, capacity building will be required for Global Fund applicants. This will enhance their understanding of potential power imbalances and other factors that may affect the values and preference responses provided by community members.

Conclusion

> *Ensuring that all people who inject drugs have access to sterile equipment for every injection is a proven, life-saving harm reduction strategy, yet it remains critically under-implemented.*

Despite robust scientific evidence, NSP scale-up continues to be hindered by restrictive global, regional, and national policies and practices, entrenched stigma and discrimination, and chronic underfunding. Inaction leads to new blood-borne virus infections, preventable deaths, and widening health inequities.

The solutions generated through this Policy Day process provide a practical and strategic roadmap for policymakers, funders, implementers, and advocates. However, action must follow. Real progress will require political will and coordinated international and national leadership. Particularly in the context of current political and funding shifts.

This report serves as a resource to support advocacy and alignment, catalyse meaningful reform, and ultimately, improve health outcomes for people who inject drugs.

INHSU and partners remain committed to advancing these priorities and ensuring NSPs are adequately resourced, accessible, and effective in reducing harm and saving lives.

About INHSU

The International Network on Health and Hepatitis in Substance Users (INHSU) is a global membership organisation dedicated to improving the health of people who use drugs, with a specific focus on hepatitis C, infectious diseases, and harms that can occur from drug use.

We believe the most powerful impact is achieved when researchers, clinicians, advocates, and communities of people who use drugs come together to share knowledge, learn from each other, and put those insights into action.

Our work spans three key areas; knowledge exchange, education and advocacy.

Get involved

If you're working to improve the health of people who use drugs, INHSU is your global network for learning, connection, and impact.

Become a Member

Join from just €30 (free for students and community members) and get access to a global network, discounted conference rates, and professional development opportunities. Join here.

Attend the INHSU Annual Conference

The conference brings together leading minds from around the world dedicated to the health of people who use drugs. Find out more.

Access Free Online Education

Explore free harm reduction and hepatitis C learning modules and toolkits, featuring practical, evidence-based content.

The INHSU 2024 Annual Conference in Athens, Greece brought together nearly 700 people dedicated to improving the health of people who use drugs.