**Attention of the Global Fund to Fight AIDS, Tuberculosis and malaria**

**Global Fund strategy development consultation**

**29th August 2020**

## Introduction

INPUD is a global network of people who use drugs led organisations. Our members are regional drug user led networks from the following regions: Asia, Eurasia, Europe (EU+), Latin America, Middle East and North Africa, North America, the Pacific and Sub-Saharan Africa and includes the International Network of Women who Use Drugs (INWUD).

INPUD welcomes the opportunity to contribute to the development of the next Global Fund Strategy which will take the Global Fund beyond 2023, aligned with the deadline for achieving the Sustainable Development Goals, particularly SDG 3, by 2030

## Background

As the Global Fund looks at its future role and priorities, there is pressure from some stakeholders to broaden the remit of the Fund to become a so called 'Global Fund for Health' and / or to fight a wider range of diseases and other health issues beyond those of HIV, TB and malaria. Governments around the world, anticipating a deepening economic crisis due to COVID-19, are already facing significant challenges in meeting the global health finance gap as well as their own domestic commitments required to implement the Universal Health Coverage (UHC) agenda.

The COVID 19 pandemic has exposed existing inequities in the HIV response and more generally to other health crisis. People who use drugs, already criminalised, marginalised, often in precarious financial situations, and rarely included in social protection mechanisms, have been disproportionately and severely affected. Many harm reduction services have been restricted, opioid substitution therapy interrupted, outreach and needle and syringe programmes curtailed or even stopped. The criminalisation of people who use drugs has magnified an already precarious and vulnerable situation and COVID 19 has compounded that.

As the Global Fund seeks to reaffirm its place in a changing world, INPUD believes we are at a critical point in the HIV response and strongly assert that any changes in the Global Fund Strategy **must not** jeopardise the gains we have made. It **must not** be diverted away from working to achieve the goal to end AIDS by 2030 (SDG 3.3), which as we know is currently off-track.

Any commitment to take on new areas of responsibility, such as responding to new and emerging global health crisis or expanding its role in Universal Health Coverage (UHC), must only be considered if it is accompanied by appropriate and significant additional funding and resources.

INPUD believes the Global Fund's next strategy must renew and strengthen its focus on:

- strengthening **community-led responses** and rights-based programming for people who use drugs

- addressing the **structural barriers,** such as criminalisation of people who use drugs and gender inequality, that prevent access to health and a fulfilment of human rights
- addressing **health inequities** around the world and across key populations, including people who use drugs, in a person-centred approach
- ensuring **meaningful involvement** of people who use drugs and other key populations in the development, implementation, management and evaluation of policies and programming.
- **Funding community-led responses** through directly entering into multi-year service agreements with community-led organisations

**INPUD responses to the specific questions in the consultation:**

**5.What do you see as the biggest barriers to ending HIV, TB, malaria and achieving SDG3 in the coming 10 years?** The criminalisation of key population communities, people who use drugs, sex workers, gay and bi-sexual men and women and other men who have sex with men and transgender people, augmented by anti-science, anti-evidence based thinking that is reinforced by moralistic, discriminatory, conservative dogma, is the biggest barrier to ending HIV, TB and achieving SDG3. Linked to this is the low-level of investment in proven, evidence based and rights-based responses, such as drug user-led rights-based programming and harm reduction programmes. The lack of political and institutional will to effectively address human rights and gender equality continues to be a significant barrier to ending HIV and achieving SDG 3.

**6.Do you think that the 4 Strategic Objectives of the Global Fund's current Strategy remain broadly relevant, but they need to be adapted to the current context and there are key areas where increased focus is needed to accelerate progress?** The 4 Strategic Objectives do remain broadly relevant. However, *maximise impact against HIV, TB and malaria*, should be strengthened by **focusing attention on health inequities within a person centred approach**; *build resilient and sustainable systems for health,* must recognise the **intrinsic value of community systems**; *promote and protect human rights and gender equality*, must become **an inviolable condition for a successful grant application**; and *mobilise increased resources* should not be at the expense of a lack of focus on the 3 diseases and communities.

**7.What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?** Increase its focus on **health inequalities** and ensure its systems are structured to enable funding to reach the most impoverished, criminalised and least well served, such as people who use drugs and other key populations. It must be more deliberate in addressing the **structural barriers** to human rights, gender equality and access to health. **Social justice** must drive its decision making and not simply be a paper commitment. It must become more serious and committed to ensuring **meaningful engagement of key populations,** in decision making, programme development, implementation and monitoring. It must move away from its singular reliance on the Technical Partners for information at country level. Recognise and give equal consideration to the skills, knowledge and expertise of people who use drugs and other key populations, as professionals and experts in their related fields. The Global Fund must consider a separate funding mechanism for people who use drugs and other key population and community led organisations. **Multi-year service agreements for smaller community-led organisations** which support community systems and responses.

**8.As one of many financers of health systems, what role is the Global Fund uniquely positioned to play in supporting countries build resilient and sustainable systems for health, including to improve outcomes in the three diseases and contribute to universal health coverage (UHC)?** Community systems are integral to a resilient and sustainable health system. **Increased investment in community systems,** this means community led organisations, drug user and other peer led organisations, is critical to both improved outcomes for the three diseases but also to ensure UHC lives up to its commitment to "*leave no-one behind*".

**9.What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programs?** Scale up its support for **advocacy for de-criminalisation,** removal of punitive laws, policies and practices, that target and weaken the human

rights of people who use drugs and other key populations. Increase support for **community-led para-legal and legal services** within grants. Escalate investment in programmes to eliminate gender-based violence, particularly amongst women who use drugs and other key populations. Make promotion and **protection of human rights and gender equality an inviolable condition** for a successful grant application.

**10.Based on what we know so far from the COVID-19 response, what role is the Global Fund best positioned to play in improving global health security and pandemic responses, including to protect progress in the fight against the three diseases?** It is obvious the Global Fund sees itself moving into a broader health role. But this **MUST NOT** be at the risk of deflecting attention away from the issues and priorities of people who use drugs and other key populations. The Global Fund must not allow its ambition to impede increased investment and focus on the 3 diseases and key population-led advocacy and programming and it **MUST** maintain and renew its commitments to:

- strengthening **community-led responses** and rights-based programming for people who use drugs
- addressing the **structural barriers**, such as criminalisation of people who use drugs and gender inequality, that prevent access to health and a fulfilment of human rights
- addressing **health inequities** around the world and across key populations, including people who use drugs, in a person-centred approach
- ensuring **meaningful involvement** of people who use drugs and other key populations in the development, implementation, management and evaluation of policies and programming.

**11.What can the Global Fund do to strengthen the sustainability of programs, or better support countries transition from Global Fund financing?** As there is little the Global Fund can do post transition it must focus attention on what can be done before transition occurs. Ensure that rights based programmes and services for people who use drugs and other key populations are fully embedded in the disease response. This needs to happen much earlier than it currently does and waiting until the transition process starts will not achieve the necessary sustainability of key population programming post transition.

**12.What can the Global Fund do to better support you in your work to fight the 3 diseases?** Focus attention on health inequities within a person centred approach; recognise and support the intrinsic value of community systems and drug user-led rights based programmes; recognise the skills, knowledge and expertise of people who use drug as professional; make human rights and gender equality an inviolable condition for a successful grant application; scale up support for advocacy for decriminalization and removal of punitive laws, policies and practices that target people who use drugs; establish a multi-year service agreement mechanism that ensures drug user-led organisations have access to funding that is not contingent on government approval.

**13.Partnership with communities affected by the 3 diseases is a core principle of the Global Fund. What aspects of the Global Fund's model could be strengthened to improve partnership with communities and strengthen impact?** The governance structure of the Global Fund Board is supposed to be broadly reflected at country level, through the CCM. At the Board level the Communities Delegation is accorded equal respect and their contributions and interventions have as much weight and to some degree authority as other Board Constituencies. However, this is not the case at country level. Expert knowledge about drug use and people who use and inject drugs does not lie within the Technical Partners, the private sector, academia or INGOs and certainly not within governments. If the Global Fund is serious about partnership with communities it must recognise and accept the skills, knowledge and expertise of people who use drugs and other key population communities as professional. The specific areas where this needs to be applied are:

- **The Global Fund Secretariat** – too much emphasis is placed on the Technical Partners to provide advice and guidance, they are usually the first point of call, when it should be the Global Network and other drug user -led organisations who are the first reference point.
- **CCM** – Opinions, interventions and expert contributions from people who use and inject drugs are too often closed down, ignored or not heard. Governments dominate CCMs, and through criminalization, politics, stigma, religious and cultural discrimination and prejudice or just plain

ignorance fail to maximise the expertise on offer from drug user-led organisations. The CCM Evolution project does not address this weakness in the system.

- **TRP –** There is not sufficient level of independent drug user expertise on the TRP. The representation of people who use drugs is insufficient and perhaps too willing to compromise and avoid making the hard decisions about technically sound proposals in the context of drug use and harm reduction. Greater emphasis on the normative guidance (IDUIT) would be a step forward in this regard.
- **Proposal Development process –** Better communication, greater involvement of true drug user-led organisations and the comments above.
- **Procurement process –** Engaging with drug user-led and drug users in deciding on commodities, using their expertise and knowledge to improve the system and quality of the commodities
- **Country Teams –** Although there has been a significant improvement, the country teams still consider the government as the main focal point. But the Global Fund does not fund governments, they are just one stakeholder, but funds countries and equal focus must be given during country team visits and at the moment, their virtual engagement to communities and people who use or inject drugs.

If the Global Fund is serious about the partnership with communities, it needs to accept that the global regional and national networks and local peer-led organisations are the experts. Ensure that people who use drugs and other key population led networks and organisations are fully involved in decision making in a way that reflects the governance structure of the Global Fund Board.

**14.How could the Global Fund work more effectively with development, technical and other partners to support countries fight the 3 diseases and achieve SDG3? How would this strengthen impact?** The Global Fund and UNAIDS needs to strengthen communication and collaboration, particularly in regards to community-led monitoring and human rights, in order to help amplify and increase chances of successful responses. Global Fund and UNAIDS need to agree on key priorities and agree on the division of labour and pooling of resources in order to achieve this. For example, community-led research and monitoring is critically important to the response as the data, including on population size estimates is reliant on government reporting, which is inaccurate and politically motivated. Many countries do not have any data on people who inject drugs based on a refusal to acknowledge the existence of criminalised and stigmatised populations. UNAID should provide the technical assistance, whilst Global Fund should directly fund communities to carry out this work. Both UNAIDS and Global Fund should then work with communities to elevate the results to influence upon policies and programming. As the co-sponsor on HIV and drug use, the Global Fund should also work with UNODC, UNAIDS and INPUD to ensure that national harm reduction programming aligns with the IDUIT.

The Global Fund should work closely with INPUD and other global key population networks to improve upon policies and programming. Currently, the only direct support is through the Global Fund Strategic Initiative, which should be increased and there could be more strategic information sharing at opportune times, such as during the Window applications to push for greater inclusion of community priorities.

The impact of the above would lead to better quality programming for key populations (critical to the HIV response) that is achieved through focused and targeted collective priorities (e.g. community-led monitoring).

**15.How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?** Re-focusing on health inequities and the poorest communities and moving away from being focused only on the distribution of commodities and re-shape the market and drive prices down to benefit those most marginalised. Aligning with development agendas should not mean losing focus on people who use drugs and other key populations. Making promotion and protection of human rights and gender equality a condition of grants and financing, and recognising community-led responses, would inevitably impact against the 3 diseases and SDG 3 and improve outcomes.

Global Fund should leverage its influence at the global level to be more vocal about decriminalisation and health and social inequities. This could be done in high level forums as well as through better communications. Global Fund should also leverage its relationship with relevant UN agencies, such as UNAIDS to be more vocal about decriminalisation.

**16.What can the Global Fund do to promote innovative, impactful programming, whilst balancing the need to be able to measure and report results and mitigate financial and programmatic risk?** Firstly, the Global Fund needs to directly invest in communities in instances where governments block this. Communities are best placed to innovate and have a history of devising innovative, impactful programming. There need to be better systems of both supporting this as well as scaling these up. Secondly, there needs to be a data revolution. Currently, the sole focus on quantitative targets within Global Fund programming can often be damaging, where numbers are prioritised over people, and the quality of programming deteriorates. Impact, outcomes and results cannot be captured only in numbers but through case studies and life stories. In short, there needs to be a reframing of what is defined as data, how it is collected and gathered, and how it is analysed (attribution of value e.g. numbers vs quality of life).

**17.What can the Global Fund do to facilitate the uptake of new technologies and innovations, and address market bottlenecks?** INPUD would advocate caution when considering some innovations. Biometrics for data collection has become more prevalent in the light of COVID 19, as has the new COVID and other tracking Apps which can be inadvisably used to map, track and trace people who use drugs for health interventions. These present significant risk for criminalised populations. Any new technologies should be carefully vetted for implications for people who use drugs and other criminalised communities before being fully embraced and implemented.

**18.If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets, what would it be and why?** HIV is increasing amongst people who inject drugs in the EECA and MENA region. The Global Fund is the largest donor of harm reduction programmes in the world and needs to find ways to ensure that governments are not blocking the allocation of funding for harm reduction in their country, as well as funding for addressing structural barriers. Overall, this falls under a general recommendation of better negotiation of country ownership, which is often a block to collecting accurate data on where the epidemic is, the ability of having an enabling environment and ensuring that money is allocated to where it is needed the most in order to reduce HIV transmission. The Global Fund needs to use it's position and power as a donor to be a force for positive change at the country-level, especially given that the window of opportunity is finite. The Global Fund should also create a separate funding stream for drug user-led organisations that is not conditional on government approval.