ASIAN NETWORK OF PEOPLE WHO USE DRUGS

**Facilitating the Meaningful Engagement
of People who Use Drugs in
Country Coordinating Mechanisms**

December 2018

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Acknowledgements

Acronyms

ANPUD	Asian Network of People who Use Drugs
CCM	Country Coordinating Mechanism
CNPUD	Cambodia Network of People who Use Drugs
CRG	Community, Rights and Gender
CSO	Civil society organization
FPM	Fund Portfolio Manager
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDUF	Indian Drug User Forum
INPUD	International Network of People who Use Drugs
LFA	Local Fund Agent
NFM	New Funding Model
OIG	Office of the Inspector General
PKNI	Indonesian Network of People who Use Drugs
PR	Principal Recipient
PWID	People who inject drugs
PWUD	People who use drugs
RCM	Regional Coordinating Mechanism
SR	Sub-Recipient
SSR	Sub-Sub-Recipient
TB	Tuberculosis
VNPUD	Vietnam Network of People who Use Drugs

Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is the most important donor agency supporting projects and programmes targeting people who use and inject drugs globally. The Global Fund remains the most important source of international funding in low- and middle-income countries for harm reduction: between 2002 and 2014 the Global Fund supported 151 grants in 58 countries and one regional grant, all of which included activities to support PWID, with a total investment of USD 620 million.[1] Despite these significant investments, important financial gaps remain in the global response to HIV among PWID.[2]

The Global Fund considers that the Country Coordinating Mechanisms (CCMs) represent "the cornerstone of the Global Fund architecture."[3] As of February 2016, there were 119 CCMs across the 124 recipient countries.[4] According to the Global Fund, CCMs are "central to the Global Fund's commitment to local ownership and are a ground-breaking, innovative mechanism towards stakeholder collaboration and participatory decision-making."[5] Involvement of populations most affected and vulnerable to the three diseases has been critical to the performance and success of CCMs across the globe.[6] To that effect, the Global Fund has instituted a set of requirements and minimum standards (collectively known as the eligibility requirements), some of which are meant to support and increase meaningful participation of those populations in CCMs.[7]

Despite those changes, major challenges and important gaps remain, especially in terms of involvement of key populations in decision-making processes, across all key populations. However, while numerous toolkits have been developed and published to stimulate, encourage and support meaningful CSO and key population participation, including in CCMs, there has been little focus or attention on people who use and inject drugs, a community that the Global Fund itself recognizes as a priority in the global response to HIV, especially in Asia and Eastern Europe.[8]

Despite this prioritization, people who use and inject drugs are rarely involved in official roles in Global Fund mechanisms, and they are rarely meaningfully involved in discussions that impact their lives and livelihoods, or even considered meaningfully by other stakeholders who design those responses to

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[1] Global Fund. 2017. *Technical Brief: Harm reduction for people who use drugs.*
(https://www.theglobalfund.org/media/1279/core_harmreduction_infonote_en.pdf)
[2] Cook, C. et al. 2014. *The funding crisis for harm reduction: Donor retreat, government neglect and the way forward.* Harm Reduction International, International Drug Policy Consortium, International HIV/AIDS Alliance.
(https://www.hri.global/files/2014/09/22/Funding_report_2014.pdf)
[3] Global Fund. 2011. *High-Level Independent Review Panel report on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria.*
[4] Office of the Inspector General. 2016. *Audit Report: The Global Fund Country Coordinating Mechanism.*
(https://www.theglobalfund.org/media/2645/oig_gf-oig-16-004_report_en.pdf?u=636603528510000000)
[5] Office of the Inspector General. 2016. *Audit Report: The Global Fund Country Coordinating Mechanism.*
(https://www.theglobalfund.org/media/2645/oig_gf-oig-16-004_report_en.pdf?u=636603528510000000)
[6] International Council of AIDS Service Organizations. 2013. *Effective CCMs and the Meaningful Involvement of Civil Society and Key Affected Populations.* (http://icaso.org/wp-content/uploads/2015/06/CCMLessonsOct2013FINAL-EN.pdf)
[7] See "Country Coordinating Mechanism – Eligibility," online at: https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/.
[8] Global Fund to Fight AIDS, TB and Malaria. 2017. *Key populations action plan 2014-2017.*

HIV at global, regional, national and local levels. Meanwhile, extensive evidence highlights the negative impact of criminalization and the lack of institutional and individual respect for basic human rights as major barriers to meaningful engagement of this community.

This guide was therefore designed to strengthen the capacity of people who use and inject drugs – who universally face criminalisation, extreme marginalisation and stigma and discrimination – in order to effectively and safely engage in the development, implementation and oversight of Global Fund grants and related processes at the national and regional levels, especially through CCMs. Remember that though meaningful participation is a fundamental right, acting as a representative of an entire community means taking on significant responsibilities.

The guide provides background information about the Global Fund and its structures, as well as key findings and recommendations based on the lived experience of people who use and inject drugs. A short preliminary section outlines the methodologies used to develop this guide.

Methodology

This guide was developed based on evidence. An initial desk review[9] informed the development of a rigorous data collection protocol. The implementation of the protocol guided key data collection through informant interviews as well as an internet-based survey. An analysis of findings was performed to generate key recommendations to facilitate greater meaningful involvement of people who use drugs in CCMs.

The desk review of published materials identified the following themes: (1) engagement with Global Fund mechanisms; (2) engagement with CCMs; (3) meaningful involvement of civil society organizations (CSO); (4) meaningful engagement of key populations; and (5) meaningful engagement of people who use and/or inject drugs. Resources and documents were collected through internet-based searches, or provided by ANPUD. A total of 45 documents were collected and analyzed.

Among the 45 documents, nine (20.0%) were official publications by the Global Fund, including guidelines, plans and reports; ten (22.2%) were studies and reports documenting CSO and key population experiences of engagement with Global Fund mechanisms; seven (15.6%) were toolkits specifically designed to facilitate key population engagement in Global Fund mechanisms; 11 (24.4%) were guidance documents produced by CSOs to support CSOs working with the Global Fund; and eight (17.8%) were other documents, including media releases, position papers, tool development reports, assessment tools, and promotional materials advertising technical support services related to Global Fund mechanisms.

The publications included in this desk review were analyzed according to the following criteria: year of publication; content overview; content focus (Global Fund mechanisms, CCMs, other); countries covered; and objectives (explicitly stated or not). In terms of content, all publications were reviewed for information related to CCMs; pertaining to eligibility requirements; to CCM composition; to gender issues; to key population issues; specifically to PWID and people who use drugs; to regional grants; and to technical assistance. In addition, the content was reviewed to identify inclusion of information related to the Global Fund Secretariat; to the Global Fund Board (particularly the Communities Delegation to the Board); and to the Office of the Inspector General (OIG).

Based on the findings from the desk review, a data collection protocol was developed for application at country level. The protocol detailed a qualitative exploratory research study design, relying on key informant interviews and self-administered internet-based surveys. The protocol included a detailed interview questionnaire, which was used to develop the online survey.[10] Primary respondents included adults who use and inject drugs and their representatives,

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[9] Tanguay, P. 2018. *Desk Review: Assessing participation of people who use and inject drugs in Global Fund Country Coordinating Mechanisms.* Asian Network of People who Use Drugs & International Network of People who Use Drugs. (https://drive.google.com/file/d/1Snq-6fwJgz2E_GNeMtWYUM20FSK3UWPL/view).
[10] The questionnaire is available in Annex 1.

while secondary respondents focused on national stakeholders (members) of the CCM. A total of five key informant interviews per site in five countries in Asia were conducted.[11] In total, 23 key informant interviews were conducted. An additional 27 CCM representatives completed the internet-based survey. Data was collected between May and November 2018 by a team composed of national-level consultants led by the principal investigator who developed the protocol.

National consultants who collected data also provided a summary analysis of the interviews with key informants; the majority of interviews were conducted in local languages.[12] Summary findings were further analyzed, compared and aggregated to identify global trends and formulate recommendations based on insights shared by key informants and survey respondents.

A draft of this guide was shared with 12 peers for internal review in November 2018. A workshop was then organized in Bangkok, Thailand, by ANPUD, to further validate findings and recommendations, as well as to build capacity of representatives from the community of people who use drugs. The workshop was held on 6-7 December 2018 at the Grande Sukhumvit Hotel with 21 participants from seven countries (Cambodia, India, Indonesia, Mongolia, Nepal, Philippines, and Vietnam).

Limitations

While the present guide is based on evidence, the majority interviews and survey responses analyzed originated from Asia. While efforts were made to solicit inputs from colleagues and peers beyond Asia (especially through collaboration with INPUD), the recommendations may be skewed towards Asia. The guide was developed to be applicable across other countries and regions as well as with other key populations. Indeed, the findings from the desk review indicate that the participation of people who use and inject drugs in CCMs is overwhelmingly similar across the globe so in many instances, only slight adjustments may need to be introduced when applying this guide outside of Asia. Similarly, the experience of other key populations is very similar in many regions and countries, which mean the guide could be easily adapted to meet the needs of other communities.

Significant efforts were made to produce a practical guide to support and facilitate meaningful involvement of people who use and inject drugs in CCMs. For example, data collection tools were designed to focus on soliciting feedback on recommendations and solutions from representatives of the community who are and had been involved in CCMs. Despite the explicit and specific focus on the way forward, the majority of data collected underlined problems and challenges, and unfortunately, limited concrete actionable recommendations or solutions were suggested by respondents. However, the review workshop held in December 2018 provided an opportunity for a comprehensive review of the guide, which generated several actionable recommendations.

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[11] Cambodia, India, Indonesia, Nepal and Vietnam.
[12] In Khmer, in Bahasa Indonesia, in Nepali and in Vietnamese.

Background

Global Fund CCMs and other relevant mechanisms

A brief history of Global Fund
The Global Fund was created in 2002 to raise, manage and invest the world's money to respond to three of the deadliest infectious diseases the world has ever known. The mission of the Global Fund is to invest the world's money to defeat these three diseases. AIDS, TB and malaria are all preventable and treatable – but eliminating these diseases requires the commitment of world leaders and decision-makers as well as the genuine participation of those working on the frontlines to help the people living with these diseases.

Until 2010, the Global Fund allocated and disbursed funds through an annual rounds-based system. An assessment of the Global Fund's performance during that period revealed that USD 12 billion were invested in 145 countries with about 52% (USD 6.1 billion) in low- and middle-income countries; allocations covered HIV treatment (36% or USD 4.3 billion) and prevention (29% or USD 3.5 billion), health and community systems strengthening as well as program management (22% or USD 2.6 billion), enabling environment (7% or 0.9 billion) and other activities.[13] In 2012, internal reforms were initiated that led to the establishment and launch of the New Funding Model (NFM) in January 2015.

Today, the Global Fund is a 21st century partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. The Global Fund has facilitated partnerships between governments, civil society, the private sector and people affected by the diseases. The Global Fund has raised and invested nearly US$4 billion per year to support programs run by local experts in countries and communities most in need. Millions of lives have been saved through effective prevention, treatment and care services, and entire communities have been supported through strengthened health and community systems and revitalized economies.

Partnership
The only way to end AIDS, TB and malaria as epidemics is by working together: Governments, civil society, communities affected by the diseases, technical partners, the private sector, faith-based organizations, and other funders. All those involved in the response to the diseases should be involved in the decision-making process.

Country ownership
People implementing programs on the ground know best how to respond to AIDS, TB and malaria in their local contexts. Country ownership means that people determine their own solutions to fighting these three diseases, and take full responsibility for them. Each country tailors its response to the political, cultural and epidemiological context.

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[13] Avdeeva, O., et al. 2011. "The Global Fund's resource allocation decisions for HIV programmes: addressing those in need" in *Journal of the International AIDS Society*, 14:51.
(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3223126/pdf/1758-2652-14-51.pdf)

Performance-based funding
Programs need to have proven, effective and time-bound results in order to receive continued funding. Local Fund Agents carefully monitor and verify program performance and results, yet they are generally unconcerned about programmatic context and technical limitations, focusing on "bean-counting" results against indicator targets and measuring compliance to budgets and workplans.

Transparency
The Global Fund operates with a high degree of transparency in all of its work, including applications for funding, funding decisions, grant performance, results, governance and oversight. All audits and investigations by the Office of the Inspector General are openly published. The Global Fund also fully supports and participates in the International Aid Transparency Initiative.

Country Coordinating Mechanisms (CCMs)
The Country Coordinating Mechanism (CCM) is the core mechanism in the Global Fund model of multi-stakeholder partnership. It brings together stakeholders from government, civil society and the private sector to coordinate the development of country programs, support program implementation and exercise oversight.

Transparency and accountability are fundamental requirements for such a partnership approach to work effectively and in line with official policies and procedures. Ideally, the inherent imbalances of power between the different partners – as is often the case between government and civil society – can be reduced and even eliminated to foster an environment in which all partners can express themselves freely and negotiate any differences fairly and transparently.

Six eligibility requirements are now included in the Global Fund's policies and procedures relating to CCM management. Essentially, all CCMs must comply with the eligibility requirements in order to access funding. The eligibility requirements[14] include:
1. Transparent and inclusive concept note development process
2. Open and transparent Principal Recipient selection process
3. Oversight planning and implementation
4. CCM membership of affected communities, including and representing people living with diseases and of people from and representing key affected populations
5. Processes for electing non-government CCM members
6. Management of conflict of interest on CCMs

In May 2018, the Global Fund Board approved a Code of Conduct for CCMs.[15] The Code of Conduct reflects changes from the CCM Evolution Project, adding a set of

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[14] More information on CCM eligibility requirements is available online at: www.theglobalfund.org/en/ccm/guidelines.
[15] More information on the Board decision can be found online at: https://www.theglobalfund.org/Board-decisions/b39-dp09.

principles and providing greater clarity on CCM performance management compared to the previous CCM Guidelines.[16]

The Global Fund Board
The Global Fund Board represents the official governance body of the Global Fund and embodies the partnership approach to global health. In order to achieve the vision of a world free of the burden of HIV, TB and malaria, the Board is designed to incorporate leading stakeholders in an inclusive and effective way. The Global Fund's guiding philosophy, and the day-to-day work of the Board, embraces shared responsibility and a strong commitment by all involved. The Board is composed of representatives from donor and recipient governments, from civil society, from the private sector, from private foundations, and from communities living with and affected by the diseases.[17]

The core functions of the Board include:
- Selection and supervision of the Executive Director
- Strategy development
- Governance oversight
- Commitment of financial resources
- Assessment of organizational performance
- Risk management
- Partnership engagement, resource mobilization and advocacy

Communities Delegations to the Board
The Communities Delegation is composed of people living with HIV and affected by TB and malaria, including members from key and vulnerable populations across the three diseases. The Delegations have a unique role in the Global Fund Board where it can leverage the lived experiences of HIV, TB and malaria to bring a human face to the realities of the three diseases.

The members of the Communities Delegations are at the forefront of Global Fund advocacy and resource mobilization with a strong commitment to ensuring the integration of human rights and gender equality in funded programs, with particular attention to key and vulnerable populations. The members of the Delegations engage with communities and influence internal decisions – with the ultimate aim of ensuring support for the best prevention, treatment, care and support services for the three diseases.

The Communities Delegation provides a platform that brings collective experience and expertise to the table, influencing Global Fund decisions about the money that shapes and saves the lives of communities across the globe. The members of the Delegation come from different geographic regions and bring different types of experience and expertise.

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[16] Garmaise, D. 12 May 2018. "Global Fund Board adopts a CCM Policy and a new CCM Code of Conduct
" in Global Fund Observer, 336, online at: http://www.aidspan.org/gfo_article/global-fund-board-adopts-ccm-policy-and-new-ccm-code-conduct.
[17] The list of current board members and alternates is available online at: www.theglobalfund.org/en/board/members.

Communities, Rights and Gender (CRG) department
In 2013, the Global Fund created a Communities, Rights and Gender (CRG) department with a mandate to provide technical support to facilitate the integration of gender equality, human rights, community system responses, key population, and meaningful engagement components across grants portfolios and within the Global Fund secretariat staff on these issues. The creation of the CRG department affirms the Global Fund's commitment to a human rights-centered approach that includes civil society participation, including key populations.

Office of the Inspector General (OIG)
The Office of the Inspector General (OIG), established in 2005, safeguards the assets, investments, reputation and sustainability of the Global Fund by ensuring that it takes the right action to accelerate the end of AIDS, tuberculosis and malaria as epidemics. Through audits, investigations and consultancy work, the Office of the Inspector General promotes good practice, reduces risk and reports on abuse. The OIG reports directly to the Board, thereby ensuring its independence from day-today Secretariat functions.

In April 2015, the Global Fund established an independent human rights violations complaint mechanism, based on the incorporation of human rights standards in grant agreements. The mechanism is designed to assist in the Global Fund's objective to be accountable and its strategic goal to protect and promote human rights. The OIG manages the intake process of all allegations of wrongdoing, including human rights abuse complaints.

Fund Portfolio Managers (FPMs)
The Fund Portfolio Manager (FPM) is the main Global Fund representative who interacts with the stakeholders at country level, from the CCM, to the LFA including PRs and SRs. The FPM leads and manages the grant negotiation processes, reviews and analyses requests for disbursement and decides on grant amounts to be disbursed. The FPM is therefore the main Global Fund contact person during the negotiation and implementation of a grant.

Implementing agencies
Implementing partners are fundamental to the Global Fund partnership. These are organizations that implement programs and deliver services to achieve goals and objectives spelled out in national HIV strategic plans. Principal Recipients (PRs) are the main recipients of Global Fund grants that provide local expertise for grant implementation. Each grant is translated into action by a Principal Recipient, which can be any type of organization, from a government ministry to a community-based organization or a private sector entity. In most cases, PRs disburse some of the funds to other smaller organizations that serve as sub-recipients (SRs) or even sub-sub-recipients (SSRs). This way, the funds cascade to smaller organizations, which often enables program implementation to be carried out to reach those populations or groups, which otherwise may not be easily reached by a government.

PRs are selected by the CCM and assessed by the Local Fund Agent (LFA) in that country for their financial, managerial and programmatic capacities. Once selected, PRs sign a grant agreement with the Global Fund. Similarly, SRs also sign their contracts with the PRs, and SSRs with the SRs. PRs are required to select SRs through a national, open and transparent process, and are expected to assess the capacity of these organizations to be able to carry out the work and to meet the required standards of accountability and transparency.

Findings from the desk review

Analysis of the literature shows that overall performance of CCMs across the globe has improved since the establishment of the Global Fund in 2002. Stakeholders – from government and development partners, to CSO and key populations – have a much better understanding of the role and responsibilities of CCMs, as well as their own roles and responsibilities vis-à-vis CCMs and their constituencies compared to 15+ years ago when the Global Fund was established. Evidence of the emphasis on effective CCM functioning can be derived for example from Table 1 showing an increasing number of studies, reports and toolkits about Global Fund mechanisms, and particularly about CCMs, being published over the years. With better country ownership of Global Fund grant-making processes and grant implementation, the responses to HIV (and TB and malaria to a lesser extent) have become more responsive to local needs of communities affected and vulnerable to the diseases.

Table 1: Year of publication of documents reviewed

Year of publication	Number	%
No date	2	4.4%
2003	1	2.2%
2004	1	2.2%
2008	2	4.4%
2009	1	2.2%
2012	4	8.9%
2013	4	8.9%
2014	5	11.1%
2015	6	13.3%
2016	13	28.9%
2017	6	13.3%
TOTAL	**45**	**100.0%**

The desk review, conducted to support the development of the protocol and ultimately of the guide itself, revealed that there have been numerous efforts designed to achieve those objectives, that considerable progress has been made, and that significant successes have been generated through those efforts. Initiatives launched by the Global Fund – such as eligibility requirements and minimum standards – have contributed to significant improvements in terms of CSO and key population engagement in CCMs. In parallel, efforts by CSO have also paved the way for lessons learned and good practices to be documented,

shared and replicated to further support similar efforts in other countries and regions.

Despite those successes, major challenges and important gaps remain, especially in terms of involvement of key populations in CCM-related decision-making processes, across all key populations. However, while numerous toolkits have been developed and published to stimulate, encourage and support meaningful CSO and key population participation, including in CCMs, there has been little focus or attention on PWID, a community that the Global Fund itself recognizes as a priority in the global response to HIV, especially in Asia and Eastern Europe.[18] Despite this prioritization, people who use and inject drugs are rarely involved in official roles in Global Fund mechanisms, and they are rarely meaningfully involved in discussions that impact their lives and livelihoods, or even considered meaningfully by other stakeholders who design those responses to HIV at global, regional, national and local levels. Based on data collected from workshop participants, Table 2 below shows that key population representation in CCMs is rather limited (but meets eligibility requirements) and PWID are rarely meaningfully involved. Multiple publications reviewed highlight the negative impact of criminalization and the lack of institutional and individual respect for basic human rights as major barriers to meaningful engagement of this community.

Table 2: Composition of CCMs in selected countries

	Total	Key population*	PWID	CSO	People living with the diseases
Cambodia	20	2 (2)	0	2 (2)	3 (3)
India	26	2 (2)	0	2 (2)	2 (2)
Indonesia	25	3 (3)	0	2 (2)	2 (2)
Mongolia	N/A	2 (2)	0	2 (2)	2 (2)
Nepal	33	3 (3)	1**	2 (2)	2 (2)
Vietnam	N/A	4 (4)	1 (1)**	2 (North / South)	1 (1)

* The number in parenthesis is the number of alternates.
*** The PWID who sit on the CCMs in Nepal and Vietnam are **NOT** representing PWID – they are selected as members of another key population, or representing CSO or a person living with HIV.*

In addition, no tool currently exists specifically to support PWID engagement in CCMs or broader Global Fund processes and mechanisms.[19] Moreover, the toolkits that exist to support meaningful engagement of key populations in Global Fund mechanisms and in CCMs are generally focused on increasing rote knowledge of Global Fund processes and procedures – which is important, of course – but insufficient to really generate meaningful participation of the most affected and vulnerable communities impacted by HIV. For example, out of the seven toolkits specifically designed to support meaningful engagement of key populations in CCMs, only two[20] provided concrete actionable advice about **how**

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[18] Global Fund to Fight AIDS, TB and Malaria. 2017. *Key populations action plan 2014-2017.*

[19] Note that CCM toolkits have been developed targeting transgender, people living with HIV, men who have sex with men, and youth.

[20] Especially: Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives*. International Council of AIDS Service Organizations; and to a lesser extent: Zaidi, S. 2016. *Learning*

key population representatives in CCMs could consult, formulate contributions, communicate, ensure that contributions are taken seriously by other CCM members, and hold CCMs accountable.

Too often the key population toolkits are stuffed with background information about Global Fund structures and mechanisms, basic functions of CCMs, as well as other rote information that does not directly contribute to better engagement. Essentially, what is now needed to support meaningful engagement of people who use and inject drugs in Global Fund CCMs is a 'navigation tool' that moves away from the 'what' and focuses on the 'how,' a toolkit that is directly targeted at people who use and inject drugs to address in concrete ways how they can work with their CCM representatives, how they can be elected to CCMs, and how they can influence decisions on those CCMs.

Recommendations from the desk review

1. The development of the toolkit should be global in scope and, therefore, efforts should be made to involve key stakeholders from the PWID community beyond the five countries in Asia that are explicitly highlighted in the project and assignment terms of reference.

2. The toolkit to be developed should be directly targeted at people who use and inject drugs to address in concrete ways how they can work with their CCM representatives, how they can be elected to CCMs and address the needs of their constituency, how they can influence decisions on those CCMs, and how they can hold CCMs to account.

3. The PWID toolkit developed under this assignment should not repeat the Global Fund and CCM primers commonly included in key population toolkits; instead, the PWID toolkit should refer readers to existing publications that contain the rote information about Global Fund mechanisms and processes.

4. Development of the interview questionnaire and online survey (to inform the development of the PWID toolkit) should be based on a thorough review of the 15 questionnaires and checklists included in the literature reviewed in this report.

5. The PWID toolkit should highlight the need of greater meaningful participation of PWID in RCMs, as well as the need for greater accountability from the Global Fund Secretariat in enforcing requirements for representation, participation and oversight in these regional structures.

6. The PWID toolkit should be responsive to the needs of women and girls who use drugs, as well as the overlap between drug use and other key populations.

Guide: Strengthening Knowledge on The Global Fund Processes for Transgender Communities. Asia Pacific Transgender Network.

Facilitating engagement of people who use and inject drugs in CCMs

The role of CCM representatives is to implement CCM functions (see Figure 1 below). Generally, CCMs will have 15 to 30 members, each representing a specific constituency. Each member is responsible for representing their constituency or a group (like the government) rather than their organization. By representing the needs of constituents, CCM members ensure that the needs of that group are reflected in the CCM deliberations and processes.

Figure 1: Main functions of CCM representatives [21]

1 — Country dialogue

2 — National Strategic Plan (NSP) development/review (CCM engagement varies by country)

3 — CCM meetings

4 — Global Fund grant development, negotiation and grant-making (multiple steps)

5 — Global Fund grant oversight

Each CCM is structured differently, where CCMs sometimes have multiple sub-committees, which are responsible for specific components. For example, CCMs may have sub-committees to lead concept note writing, oversight, program management, and/or finance. CCMs sometimes also establish working groups, which can be composed of both CCM members and non-CCM members. **Discussions and debates that take place in sub-committees and working groups are often critically important and meaningful for Global Fund programs.** The outputs from working groups should be presented as recommendations at CCM meetings, rather than policies or decisions. Results of discussions in CCM sub-committees on the other hand should be presented as formal decisions to inform policies and programs, which should be discussed and approved by the wider CCM.

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[21] Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives.* International Council of AIDS Service Organizations. (http://icaso.org/seat-table-toolkit-meaningfully-civil-society-hiv-representatives/)

A number of dimensions have been identified as facilitating or hindering meaningful participation of people who use and inject drugs in CCMs. The dimensions below were identified as priorities but these should by no means be taken as an exhaustive list; rather, **the dimensions explored should be considered as minimum standards that must be met in order to facilitate meaningful participation.**

Selection

The procedure for selecting key population CCM representatives is very clear in virtually every country, likely due to the eligibility requirements that are now incorporated in Global Fund policies. Specifically, **the Global Fund requires that CCM members representing key populations be selected by their own constituencies, based on a process that is transparent, documented, and developed within each constituency**.[22] 'Open' selection procedures imply that all interested stakeholders representing the relevant constituencies are provided with opportunities to take part in the elections, with respective information being widely distributed in a timely way via accessible lines of communication.[23] 'Transparent' means that all relevant stakeholders are invited to participate in the development and dissemination of documents, and that preliminary and final results are published through open-access sources.[24]

Interview and survey respondents from all countries noted that CCM secretariats communicate with relevant drug user organizations and networks to solicit applications. Two mechanisms are currently in place to select key population representatives:

1- Interested applicants send in relevant documents, which are reviewed by a selection committee that is fully and exclusively composed of representatives from the community. Shortlisted applicants are interviewed and the committee assesses each applicant based on a set of predefined criteria. The two persons with the highest score are selected as the primary and alternate CCM representatives.

2- A committee is established to determine the appropriate selection criteria and develop / review the voting guide. Each interested applicant who meets the selection criteria is then included in a voting ballot. Public elections are held, where the community votes through a specific channel. Votes are tabulated by the selection committee and the person with the most votes is selected as the new representative.

As long as the process is controlled and managed by the community, either selection mechanism can be used, as long as the entire process is documented, as required by Global Fund policies. In this context, survey and interview respondents noted that the selection process reflects the collective wish of the community.

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[22] Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives.* International Council of AIDS Service Organizations. (http://icaso.org/seat-table-toolkit-meaningfully-civil-society-hiv-representatives/)

[23] Varentsov, I. 2012. *Theory and practice of involving non-governmental stakeholders in CCM activities, based on practices in selected countries of Eastern Europe and Central Asia.* Eurasian Harm Reduction Network. (https://www.scribd.com/document/122781456/Analytical-report-Theory-and-practice-of-involving-non-governmental-stakeholders-in-CCM-activities-based-on-practices-in-selected-countries-of-East)

[24] Ibid.

The Global Fund has highlighted the case of Morocco as an example of good practice in selection of key population representatives to the CCM. Note that in Morocco, many of the defining behaviours for key populations are criminalized, which often compromises the potential for fair selection and meaningful engagement in the CCM. In order to overcome these challenges, the CCM facilitated an independent civil society consultation process to share information with key population communities, appointed an independent notary lawyer to verify applications and remove identifying information before passing applications to an external selection committee, and the committee assessed all applications in the presence of the notary lawyer who provided electoral oversight.[25]

In Indonesia, the selection process relies on an election by vote, largely aligned with the description above. Elections are held for all key population representatives at the same time and no dedicated seat is permanently available to the PWID community. That means that the election could lead to the selection of three key population representative where no PWID is elected (as is currently the case). Elections take place every other year to elect a new alternate; the previous alternate is 'promoted' to the primary representative status, and the previous primary representative steps down, thereby ensuring continuity.

However, interview respondents noted that people who use and inject drugs are often reluctant to apply for such positions due the potential competition that this could generate between individuals and organizations as well as the high workload that is expected to be taken on by CCM members. In order to address these concerns, **relevant stakeholders including CCM members, representatives of people who use and inject drugs who sit on the CCM, and national networks of people who use and inject drugs should collaborate to clearly inform the community of the expectations related to being a CCM member, and encourage friendly competition as mechanism to ensure that the community is effectively represented**.

Safety
In order to meaningfully participate in CCMs, representatives of people who use and inject drugs must feel that the CCM provides a safe environment for issues to be raised and discussed constructively. Survey responses and key informant interviews revealed that CCM members representing people who use and inject drugs felt generally safe, that their community constituents were generally safe, and that there had not been major backlashes against themselves or their community after raising issues in CCMs. However, key informant interviews also revealed consistent self-censorship when speaking to CCM members for fear of backlashes. For example, informants noted that raising issues related to law enforcement interference was often problematic given that national authorities involved in the design of police raids were also CCM members with considerable influence. Interview respondents

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[25] Global Fund. 2016. *Involvement of Key Populations and People Living with the Diseases: Achieving Inclusiveness of Country Coordinating Mechanisms.*
(https://www.theglobalfund.org/media/1269/publication_keypopulations_casestudy_en.pdf?u=636727910910000000)

noted that when issues related to law enforcement had been raised in CCM meetings as problematic, CCM members had overwhelmingly not taken any remedial action to address such situations. Similarly, key informants noted that criticism against PRs and/or the CCM itself was inherently risky and had led to reduced funding and accusations against those members that their statements were untrue and exaggerated, further damaging the credibility of key population representatives on the CCM.

In order to minimize risks, key informants recommended that all contributions in CCM meetings by people who use and inject drugs should be formulated clearly, constructively, and politely, while emphasizing potential solutions rather than highlighting problems. Multiple informants also noted the need for maintaining confidentiality of clients by avoiding the use of individual's names, addresses or other identifying information. One informant noted that the CCM chair had signed official letters, co-signed by development partners, guaranteeing the safety and security of CCM key population representatives and their community constituents. **Multiple informants recommended that safety and security requirements be enshrined in an official CCM policy or in the code of conduct.**

Box 1: ICASO recommendations to maximize impact of inputs on the CCM [26]
- **Clearly articulated**: *Word them with your CCM "audience" in mind. To the best of your ability try to link your points to values and messages that are well received and generally supported.*
- **Focused on disease impact**: *This is the purpose of Global Fund financing. If your messages are focused on disease impact, including barriers to services and right to access to health for all, you are more likely to be heard, than a more emotional plea.*
- **Meeting community needs:** *While the point above explicitly speaks to meeting the needs of the Global Fund, it will be important to have key population representatives on the CCM voice the needs of the community they represent. That means that, at times, the needs of the community may not explicitly align with the needs of the Global Fund and, in such cases, the key population representative should prioritize the needs of the community over those of the Global Fund when communicating with the wider CCM membership.[27]*
- **Evidence-based**: *Make sure that your points are backed up by data or linked to existing and agreed priorities/strategies, or supported with real-life examples to give the issue more weight.*
- **Realistically aligned for Global Fund financing**: *Check with trusted allies and colleagues that what you are asking for is in line with Global Fund financing.*
- **Tested for support**: *Ask other CCM members for feedback and get allies and champions on board before the meeting.*
- **Multi-layered**: *Anticipate counter-arguments and be ready with further arguments and justifications.*

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[26] Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives.* International Council of AIDS Service Organizations. (http://icaso.org/seat-table-toolkit-meaningfully-civil-society-hiv-representatives/)

[27] This point is not originally included in the ICASO list; it was added based on feedback received during the development of this guide.

Capacity
The capacity to represent the community and to meaningfully engage with the CCM are critical components that will determine the success of key population representatives on the CCM. In that sense, **efforts must be made by all relevant stakeholders – including the CCM secretariat, its members (including the representative of people who use and inject drugs), and the national network of people who use and inject drugs – to support capacity development of key population representatives on the CCM**.

To start, **expectations related to the key population representatives on the CCM should be clearly communicated in the selection process and officially spelled out in a publicly available job description** (for example, on the CCM website and/or on the website of the national network). **The job description should list the expectations and skill requirements that are needed to hold the position. The job description should be developed in consultation with the community, including representatives from the CCM and national network of people who use and inject drugs. Ideally, the job description should be revised and adjusted regularly to ensure its relevance**.

Interview respondents who had significant experience with CCMs listed a wide array of skill requirements for a key population representative on the CCM which as summarized in Box 2 below. Box 3 provides a model job description for the Cameroon CCM alternates who replace the main civil society representatives every two years.

Box 2: Skills identified as important for representing people who use and inject drugs on CCMs
- Leadership skills
- Trust and relationship building skills
- Communication and advocacy skills, including information gathering and public speaking
- Knowledge and experience about meetings and negotiations
- Technical skills on HIV, health and legal issues
- Experience with M&E and data management
- English and local language skills

Box 3: Candidate profile and criteria for selection [28]
Qualifying Criteria
- Employed at a senior management level (or equivalent) within a civil society organization in the country
- Support from organization and ability to commit sufficient time for the duration of the term

Skills and Experience
- Understanding of and commitment to the Global Fund ethos and model (essential). A thorough practical and political understanding and knowledge of how Global Fund operates is advantageous and previous experience with the Global Fund and/or the Delegation is considered an asset

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[28] Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives.* International Council of AIDS Service Organizations. (http://icaso.org/seat-table-toolkit-meaningfully-civil-society-hiv-representatives/)

- Solid grasp of the global and political context in which the Global Fund operates, and in-depth understanding of civil society's role in this
- Experience and an in-depth knowledge of one or more of the three diseases
- Strong advocacy skills
- Demonstrable leadership skills and ability to synthesize and appropriately represent the needs and views of the delegation (representing a broad set of issues and perspectives)

Personal Qualities & Leadership Approach
- Ability and willingness to be bold and ambitious while also being able to navigate, negotiate and adapt positions quickly when needed
- Ability to provide thoughtful leadership, including around role of civil society
- Ability to lead and inspire a strong delegation team without hindering them from being strong
- Openness to delegation member's ideas and views matched with a capacity to make his/ her own decisions at critical junctures
- Able to show members the respect they deserve and work collaboratively and inclusively to effectively utilize the skills of the delegation
- Able to delegate efficiently, structure the delegation's work and take on a 'helicopter role' to see the big picture

While a solid job description spells out the expectations, living up to these expectations can be a huge challenge for community representatives who may not have access to higher education and/or senior management roles in a professional context. As such, **it is particularly important for capacity building mechanisms to be in place, accessible, and relevant to the needs of key population representatives**.

When new CCM key population representatives are selected, there should ideally be a formal handover, wherein the outgoing CCM member representing people who use and inject drugs provides a thorough briefing to the incoming member. A proper handover should cover a summary of key issues encountered in the previous term; key challenges faced as well as the solutions explored; an overview of the relationships between CCM members and relevant key stakeholders (including PRs, SRs and SSRs); status of existing grants; financial overview covering the CCM and existing grants; expectations in terms of time commitments; key upcoming milestones in the new member's term; political sensitivities and issues; as well as major changes in policies and procedures. At minimum, such a handover should be scheduled over a full day or longer, depending on the amount of material to cover.

In addition to the formal handover, **the CCM Secretariat should provide a formal orientation workshop for all new members**. Ideally, the orientation workshop will cover basics principles, policies and procedures of working with the Global Fund; key functions of the CCM, the CCM secretariat, and terms of reference of all members; eligibility and performance assessment results; major findings from CCM oversight, LFA audits, OIG assessments and other evaluations; PR dashboards and the CCM website; conflicts of interest; CCM communications; and an overview of workplans from HIV, TB and malaria PRs, including constituency workplans. In 2017, the Global Fund CCM Hub at the secretariat

developed an orientation package covering 16 modules (eight core modules, two membership modules, and six thematic modules).

Box 4: Global Fund CCM orientation modules [29]
Core modules
- Introduction
- Global Fund basics
- CCM basics
- CCM governance
- CCM structure and functions
- Global Fund funding model and cycle
- Oversight
- Being an effective CCM member

Membership modules
- Module for executive committee members
- Module for oversight committee members

Thematic modules (optional):
- Resilient and sustainable systems for health
- Human rights
- Gender
- Key populations
- Communities systems and responses
- Climate change in health

Even if new members have access to a handover and are provided with proper orientation, capacity gaps are likely to remain. In that sense, **efforts must be made by relevant stakeholders – again, the CCM Secretariat, its members (including the representative of people who use and inject drugs), and the national network of people who use and inject drugs – to secure support for ongoing mentoring of key population representatives by existing senior members of the CCM, as well as regular capacity building workshops on technical and thematic issues relevant to the community, to active grants, and to the country**. Furthermore, **the main and alternate CCM members representing people who use and inject drugs should coordinate to keep each other informed on a regular basis, through face-to-face meetings where possible, by email or other electronic communication media**. Indeed, coordination between the main and alternate CCM representatives should be considered the priority mentoring mechanism, while both the main and alternate representatives should identify a senior ally within the CCM to provide support and advice, as well as act as sounding board for further consultation. **Consider inviting all key population representatives on the CCM for meetings between primary and alternates in order to have more influence and create a stronger support mechanism**.

In parallel, technical support from external agencies can be mobilized to meet needs that cannot be met locally by national partners. While in some cases, the CCM must issue a formal request, new mechanisms in place since 2015

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[29] Oberth, G. 17 April 2017. "Secretariat to roll out new orientation program for CCMs" in *Global Fund Observer*, 309, online at: http://www.aidspan.org/gfo_article/secretariat-roll-out-new-orientation-program-ccms.

allow various stakeholders such as individual recipients to directly request technical assistance without the CCM's endorsement. That means that national networks of people who use and inject drugs can make requests for technical assistance to access capacity strengthening for its constituents, including the CCM representative elected by the community. Numerous organizations offer technical assistance in the context of Global Fund grants, including but not limited to: Grant Management Solutions, French 5% Initiative, BACKUP Health, prequalified CRG technical assistance providers,[30] and UNAIDS' Technical Support Mechanism. Note that INPUD also offers direct technical support in relation to the Global Fund, including on CCMs. This support is available remotely, through online channels, and will continue at least through to the end of 2019.

Lastly, it is important to note that **the cost of capacity building and mobilization of technical support for CCM representatives can be absorbed directly by the CCM** – all CCMs are provided with a budget to support various activities, including capacity building of community representatives. It is therefore critical that capacity building efforts related to CCM engagement include a component on budget and financial management to further encourage CCM secretariats to transparently manage allocations.

Communication and consultation

When CCM key population representatives have the capacity to engage with the CCM, they still need to have access to information in order to have a meaningful role to play. **The information shared in CCM meetings must trickle down to grassroots community workers and activists in order to be most effective.** In that sense, one of the key roles of the CCM members representing people who use and inject drugs is to share the information generated in CCM meetings. That information should include information about Global Fund policies, about CCM decisions, about upcoming CCM-related meetings, preparations prior to CCM-related meetings, about PWID-related projects, about changes in the HIV situation among PWID, about results of service delivery and policy advocacy, as well as official minutes of CCM meetings. Similarly, **for the CCM member representing people who use and inject drugs to be effective, the community must provide data, evidence and experiences on issues being discussed, information to support the monitoring and "watchdogging" role, as well as relevant advocacy and action plans**.

> *As [...] CCM members your main job is to represent the views and needs of your constituency. This is not a simple task. To do this, you will need to keep your constituency informed, consult with them prior to decision-making processes, and provide feedback. [...] Consultation needs to be ongoing and circular. After meetings, it is vital that you report back to your constituents, explaining what decisions were made and why, and highlight what the group should think about before the next meeting. Feedback from CCM meetings is an opportunity to explain processes so that it is clear why certain decisions are made. It is also an opportunity to talk about allies, counter-arguments made by others, as well as new information and evidence brought to the table. To promote greater accountability, you should develop terms of reference at the beginning of your term and report on the*

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[30] See complete list at in Global Fund. 2017. *List of Providers: Community Rights and Gender Technical Assistance Program.* (https://www.theglobalfund.org/media/5623/fundingmodel_crgtechnicalassistanceproviders_list_en.pdf?u=636459197 680000000)

achievements, challenges and lessons learned on an annual basis during constituency meetings.[31]

There are generally no formal mechanisms established by CCMs to facilitate this communication and consultation, beyond the official CCM website (which should be accessible in both local and English language). Technically **the CCM website should contain all the information that a CCM member will need to share with the community**, but it is still up to the CCM members to share the documents and information with the community. If CCM members have trouble navigating the CCM website, contact your CCM secretariat to request assistance or a training session. Note that some documents shared with CCM members may be may need to be kept confidential and internal for a range of reasons, so sharing those CCM-related documents should be done in consultation with the CCM secretariat, on a case-by-case basis.

That means that the CCM members representing key populations will have to be proactive in collecting information to share back to the community. However, interview and survey respondents noted that the information on the CCM website and outputs from CCM meetings are often prepared with a high-level audience in mind, so community members find it challenging to understand the content and find the key messages. That means that **the CCM community representative will need to identify key messages and 'translate' these in a language that is accessible and understandable to the community**.

While emails are commonly used to disseminate CCM-related information, **innovative mechanisms relying on social media networks can potentially be more effective, more powerful and enhance reach** – like Facebook groups, WhatsApp, LINE, and other communication technologies. Some CCMs also allocate funding and time for field visits, also a critical component of communication and consultation. However, realistically, the frequency of field visits will likely be limited due to cost.

Whatever the information or channel used, CCM members representing key populations should come to an agreement with the community they represent. **That agreement should ideally be captured and documented in an official communication strategy that includes a step-by-step protocol for two-way communication**: for the community to feed information to the CCM representative prior to CCM meetings, and for the CCM representative to share back to the community after CCM meetings. This implies that the development of the communication strategy will likely be the responsibility of the national network rather than the CCM. In that sense, it might be more practical to have one communication strategy covering all key populations rather than having several communication strategies, one for each of the key populations. **Consider mobilizing support from the community systems strengthening components to support the development of the communication sytrategy.**

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[31] Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives.* International Council of AIDS Service Organizations. (http://icaso.org/seat-table-toolkit-meaningfully-civil-society-hiv-representatives/)

The communication strategy and protocol should ideally also include clear timelines – information from the community must reach the CCM representative a certain number of days or weeks ahead of the meeting to enable the CCM member to read and digest the information. Conversely, information from the CCM representative should be sent to the community within a certain number of days or weeks to enable the community to react accordingly. Respondents suggested that **the ideal timeline should allow a 15-day timeline for receiving the agenda prior to the CCM meeting, as well as for the key population representative to share information back to the community after a meeting**, though a 7-day should be the formal minimum time for effective communication and consultation.

Finally, the communication strategy, protocol and timelines must absolutely be shared with the CCM secretariat, if not with the CCM as a whole – if the CCM secretariat and CCM members are informed of the timelines for communication and consultation, there is a greater chance that the timelines will be respected. Note also that if such a strategy and protocol are developed for all key populations, and timelines are aligned across all populations, the incentive for and likelihood of the CCM respecting the timeline will be increased.

However, interview respondents from multiple countries noted that information from the CCM secretariat is often shared with CCM members at the very last minute, with very little time for effective communication or consultation, thereby compromising the capacity of key population representatives on the CCM to engage meaningfully with their communities. In case formal timelines are compromised, the CCM member representing people who use and inject drugs should document this and report it back to the CCM secretariat, the CCM chair and co-chair, as well as Global Fund representatives such as the Fund Portfolio Manager, the CCM Hub team, and the OIG for remedial action.

Representation
CCM members who represent people who use and inject drugs are invited to speak on behalf of their community, not on behalf of their organization or to represent their individual thoughts and feelings. The majority of interview and survey respondents felt that the CCM member representing the community of people who use and inject drugs had been able to prioritize the overall community over their organization and personal opinions. Similarly, respondents felt that the representation of people who use and inject drugs on the CCM, compared to other key populations, was largely balanced and aligned with epidemiological realities.

> *In practical terms, CCM civil society representatives often have multiple 'levels of constituency' they represent depending on the issue being discussed. For example, you may be representing your own constituency sometimes, such as by voicing the needs of men who have sex with men. Another time, your point may be situated more broadly representing the wider key population community, and yet another time may be even wider as part of the civil society sector! [32]*

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[32] Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives.* International Council of AIDS Service Organizations. (http://icaso.org/seat-table-toolkit-meaningfully-civil-society-hiv-representatives/)

However, multiple respondents noted **the need to expand key population representation on CCMs, particularly representation of people who use and inject drugs**. Given that HIV is driven by injecting drug use in regions like Asia and Eastern Europe, and that there is currently rapid expansion of risks for people who use stimulant drugs, additional seats should be included in CCMs to ensure effective representation of the communities most vulnerable to the diseases. In addition, several respondents emphasized **the need to establish dedicated seats for each key population to further ensure balanced representation as well as to minimize competition among key populations and stimulate greater community collaboration across all key populations**.

Participation
In order to participate meaningfully, **the CCM member representing people who use and inject drugs must be well informed in advance of the meeting**. That means getting a copy of the agenda and relevant documents that will be used to support the deliberations during the CCM meeting. While this is largely out of the control of the individual CCM members, it may be useful for the key population representatives to stay in touch through a separate platform to share information, documents and ideas amongst each other; that way, if one key population representative receives information about an upcoming CCM meeting, that information can be rapidly shared with other key population representatives on the CCM.

As soon as information about an upcoming CCM meeting reaches the CCM member representing people who use and inject drugs, sufficient time should be allocated for proper preparation. That means taking the time to read the agenda and identifying the best opportunities and most appropriate timing for raising the community's issues. It also means reading through the documents shared by the CCM secretariat to be informed of the content of the upcoming discussions. It may be helpful to establish an informal working group to support the main and alternate key population representatives on the CCM; having a small group to work through the agenda and the documents could accelerate the process and help foster better communication and consultation, while building capacity of other community members. **The better prepared the CCM member is, the more likely the interventions will be taken seriously and generate a positive impact**.

Box 5: ICASO tips for preparing for CCM meetings [33]
- ***Review the agenda****: Ensure that your constituency's issues are included in the agenda.*
- ***Read relevant documents****: Check that the minutes accurately reflect the issues raised and decisions made in the last meeting. Also read any documentation circulated for discussion during the meeting.*
- ***Get help****: If the content of the documents are not clear, seek assistance from allies and colleagues to understand this documentation if necessary.*
- ***Share the documents****: Circulate the agenda, minutes and documentation to get*

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[33] Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives.* International Council of AIDS Service Organizations. (http://icaso.org/seat-table-toolkit-meaningfully-civil-society-hiv-representatives/)

input from your community, and deliberately solicit inputs, feedback and points to raise, as well as real life examples.

- *Access additional information: In order to make your arguments convincing, find supportive evidence; this may include working with technical partners and regional networks.*
- *Take notes: Write a summary of the issues or points you want to raise, both in response to agenda items as well as issues you plan to raise specifically on behalf of your community.*

Multiple interview and survey respondents noted that the time allocation for key population representatives to share their inputs during the CCM meetings was often extremely limited. Other experiences from CCM meetings indicate that interventions by key population representatives are kept for the last few minutes of the meetings, when already many of the high-level CCM members have left the room. Again, this means that preparation is critical to meaningful participation, and **identifying opportunities under formal items on the agenda may provide better opportunities than interventions made at the end under "any other business."**

Additional opportunities for meaningful participation in CCM deliberations can take place during sub-committee and working group meetings. For example, key population representatives should be invited to participate in technical and oversight sub-committee meetings and deliberations. In such cases, the representative of people who use and inject drugs may be in a position to represent more than that community, and may have to represent all key populations. Remember that sub-committees and working groups contain fewer members than the official CCM, so the consultation, communication, and preparation process involved in participating in the sub-committee and working groups may be more demanding.

Recognition and influence
Recognition and influence are two sides of the same coin, in which contributions from key population representatives on the CCM are valued and used to inform official decisions. Interview and survey respondents were most divided on these topics: approximately half of respondents felt that the contributions from the CCM member representing people who use and inject drugs were recognized, valued and adequately considered in decision-making processes, and the other half felt the opposite, that their contributions were used to tick a box in an official policy requirement and that their inputs were tokenistic at best. For example, one respondent noted that the decisions were made in advance of CCM meetings and that the actual deliberations were "staged" to give the appearance of consultation.

One way to ensure that contributions from the CCM member representing people who use and inject drugs are recognized is to **ensure that those contributions are recorded in official meeting minutes**. When those contributions are officially recorded, there is actual evidence of the inputs from the community. In contrast, **when the contributions made by the CCM member representing people who use and inject drugs are not included in the meeting minutes, the CCM member should immediately contact the**

CCM secretariat, copying the CCM chair, other key population representatives on the CCM and other relevant allies, to request that the minutes be amended. Once the minutes are amended and inputs from the CCM member representing people who use and inject drugs are integrated, the document can be used as an advocacy tool to exert more influence on the CCM and the Global Fund to adjust decisions accordingly.

Multiple respondents suggested that the **CCM should take a proactive role in facilitating introductions and discussions between the CCM member representing people who use and inject drugs and the national network of people who use and inject drugs, with law enforcement**. Given that law enforcement efforts often undermine effective service delivery targeting people who use and inject drugs, it stands to reason that sustained dialogue and improved coordination between these groups, facilitated by an authoritative body like the CCM, would contribute to better results. In parallel, such a facilitated engagement between people who use drugs and law enforcement would also contribute to enhancing the recognition, value and credibility of people who use drugs, as well as the CCM's. However, the majority of respondents noted that the CCM has systematically avoided facilitating such dialogue and coordination.

Note that the CCM Chair, Co-Chair and the staff at the Secretariat can be powerful allies to help influence decisions and processes within the CCM. When those individuals are sensitized to and supportive of community needs, meaningful engagement of communities can be immensely enhanced and facilitated. **It is therefore important, where possible, to cultivate relationships and actively communicate and engage with those individuals**.

Accountability

Accountability is a critical component of meaningful participation. Evaluating performance of CCMs and its members is therefore a fundamental component that can support meaningful involvement. That means that **the community should be empowered to assess and evaluate the performance of the CCM in meeting its obligations, as well as the performance of the individuals who sit on the CCM to represent specific constituencies**, whether they represent key populations, CSO or people living with the three diseases.

Multiple mechanisms are in place to hold the CCM accountable for their performance. When a CCM is not delivering on its obligations or preventing specific members from meaningfully participating in CCM deliberations, the following steps can be taken to address such issues:

1- *Contact the CCM Chair and/or Co-Chair*: Cultivating a good relationship with the CCM Chair and Co-Chair is important in order to raise concerns, including performance of the CCM. With the support of the CCM Chair and Co-Chair, key population representatives can resolve many issues quickly and effectively.

2- *Contact the CCM oversight sub-committee*: If the CCM Chair and Co-Chair are unresponsive in the face of performance and participation issues raised by the key population representatives, feel free to raise

the issue with the oversight sub-committee which is ultimately responsible for evaluations of all Global Fund processes at country level.

3- *Contact development partners on the CCM*: If the CCM Chair and Co-Chair and the oversight sub-committee members fail to effectively address concerns raised by the key population representatives, consider enlisting the support of development partners (United Nations agencies and other donors) to raise the issue on your behalf.

4- *Contact the Global Fund FPM*: If the steps listed above are still not leading to action and improvements, consider contacting the FPM directly. Note that the FPM contact details should be available on the Global Fund website, in the "Where we invest" section after selecting your country.

5- *Contact the Global CCM Hub*: If the steps listed above are still not leading to action and improvements, consider contacting the CCM Hub. A description of the role of the CCM Hub is detailed in the next section. The CCM Hub can be reached by email at ccm@theglobalfund.org.

6- *Contact the Global Fund OIG*: If the steps listed above are still not leading to action and improvements, consider contacting the Global Fund OIG. A description of the role of the OIG is detailed in the next section. The OIG should be the last official recourse for holding the CCM and other Global Fund representatives accountable. Visit https://www.theglobalfund.org/en/oig/report-fraud-and-abuse for a complete list of channels that can be used to reach the Global Fund OIG.

7- *Prepare a shadow report*: If after going through the list above, the problems persist and no meaningful action is taken, consider developing a shadow report to document the problems in your country. Shadow reports can be powerful advocacy tools to draw attention from external partners about a specific situation.

In order to effectively advocate for meaningful involvement of the community of people who use and inject drugs in CCMs, consider reporting the barriers faced by the community to the regional network of people who use drugs,[34] as well as the International Network of People who Use Drugs (INPUD). **The regional and international networks can be effective channels to identify common issues and advocate to authorities from a more powerful with the combined voices of the communities united across several countries**.

In addition to holding the CCM accountable, it is critical that the community also hold its representatives on the CCM equally accountable. Based on feedback collected from interview and survey respondents, virtually all CCMs track attendance of CCM members as a proxy for 'performance.' While this is a useful indicator, simply attending CCM meetings can never be equated with meaningful

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[34] In Asia, the Asian Network of People who Use Drugs (ANPUD, www.anpud.org); in Eastern Europe and Central Asia, the Eurasian Harm Reduction Network (EHRN, www.harm-reduction.org) and the Eurasian Network of People who Use Drugs (ENPUD, www.enpud.org); in Europe, the European Network of People who Use Drugs (EuroNPUD); in Latin America, the Latin America Network of People who Use Drugs (LANPUD, www.lanpud.blogspot.co.uk); and in the Middle East and North Africa, the Middle East and North Africa Network of People who Use Drugs (MENANPUD).

participation: one can attend every CCM meeting without saying a single word or raising a single issue.

In addition to attendance, virtually all respondents reported the use of the eligibility and performance assessments as the principal tool used to measure accountability of CCMs. Again, while the use of the eligibility and performance assessments is a necessary measure of performance of CCMs as a whole, the results of such evaluations should be considered as a necessary rather than a sufficient condition for meaningful participation: a necessary condition must be in place, but it alone does not provide sufficient means for the occurrence of meaningful participation. In that sense, the eligibility and performance assessments should be seen as a minimum standard that contributes to meaningful participation, while in and of itself, it is insufficient to achieve that objective.

However, beyond measuring attendance and relying on the eligibility and performance assessments, all respondents indicated that no additional evaluations were performed among CCM members, including key population representatives. This implies that a CCM member representing people who use and inject drugs (or any other key population) could sit for an entire term (of two or more years) without delivering on a single element of the job description assigned to that person without consequence, where no formal mechanism can be used to address the lack of performance or remove the person from the CCM ahead of the end of the term.

In that respect, **a regular (annual) and comprehensive performance assessment, driven by the community is absolutely critical to ensuring meaningful participation. Ideally, a performance assessment of the CCM member representing people who use and inject drugs should be driven by the community, and cover all the dimensions presented in this guide**: selection, safety, capacity, communication and consultation, representation, participation, influence and recognition, and accountability, as well as any other dimensions included in the job description. Ideally, the assessment will be managed by the national network of people who use and inject drugs with support from the oversight sub-committee, as well as additional relevant community and national stakeholders.

The evaluation should include a 360° feedback process with supervisors, peers and direct reports (in this case, the community that is being represented by the CCM member).[35] Once the evaluation is completed, **a time-bound improvement plans should be developed and signed by the head of the national network and the CCM representative as a formal agreement**. This plan should specify what needs to improve and set a clear timeline for improvements as well as for the next evaluation. The plan should also include explicit consequences for lack of performance following the implementation of the improvement plan.

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[35] Heathfield, S. 25 November 2018. *360 Degree Feedback: See the Good, the Bad and the Ugly*, online at: https://www.thebalancecareers.com/360-degree-feedback-information-1917537.

And remember, the CCM is obligated to establish an oversight sub-committee whose function is to guide assessments and evaluations across Global Fund programs. The Global Fund is explicit on this point: the main function of the oversight sub-committee is to "ensure that resources – financial and human – are being used efficiently and effectively for the benefit of the country."[36] This therefore should include assessing performance of CCM members and ensuring that human resources allocated to serve on the CCM are delivering on their commitments.

Without a regular performance assessment for CCM members representing people who use and inject drugs (and other key populations), there is extremely limited opportunities to hold those individuals accountable for their roles on the CCM, that is, to appropriately represent the community of people who use and inject drugs.

Additional Global Fund mechanisms
As noted in the introductory section of this guide, the Global Fund has established a number of mechanisms to support communities, effective implementation of programs, and rational use of resources. From CCMs and Regional Coordinating Mechanisms, to the CCM Hub, the CRG, the OIG and the Communities Delegation to the Board, those mechanisms are place for community groups to mobilize additional support and better meet the needs of the community.

CCM Hub
In 2012, a CCM management 'hub team' (CCM Hub) was established in the Global Fund secretariat. The CCM Hub team's main focus and responsibility is to oversee compliance with the formal eligibility requirements. However, with only two staff, and no detailed terms of reference or internal accountability mechanism as of February 2016, the Hub has only limited influence and capacity.[37] Despite those limitations, it remains an important mechanism for key population representatives seeking to hold their CCMs accountable.

None of the respondents had heard of the CCM Hub. In that respect, **urgent efforts must be made by the CCM Hub, the Global Fund, the CCM, as well as INPUD and regional networks, to ensure that the community of people who use drugs is adequately informed about this important mechanism and its operations**.

Regional Coordination Mechanisms (RCM)
The Global Fund requires that the implementation of all national grants be overseen by a CCM; but regional grants are often established without a Regional Coordinating Committee. At the beginning of 2016, there were 25 active RCMs.[38] Yet a significant amount of Global Fund resources has historically been

[36] Global Fund. 2018. *Oversight*, online at: https://www.theglobalfund.org/en/country-coordinating-mechanism/oversight/.
[37] Office of the Inspector General. 2016. *Audit Report: The Global Fund Country Coordinating Mechanism.* (https://www.theglobalfund.org/media/2645/oig_gf-oig-16-004_report_en.pdf?u=636603528510000000)
[38] Office of the Inspector General. 2016. *Audit Report: The Global Fund Country Coordinating Mechanism.* (https://www.theglobalfund.org/media/2645/oig_gf-oig-16-004_report_en.pdf?u=636603528510000000)

channeled through regional and multi-country grants.[39] This gap is even more critical when acknowledging that the Global Fund is using those grants to meet the needs of key populations through community-based advocacy and other non-service programming such as improving legal environments and strengthening human rights mechanisms.[40]

As an example, highlighting the critical gap in terms of regional grants that are being implemented since 2017, none of the grants/projects have established a regional coordinating mechanism despite repeated requests from implementing partners. At least one of them established a Regional Task Force comprised of multi-stakeholders but the task force did not have similar roles, responsibilities and authorities as that of the CCM. RCM when compared to CCM might have different roles and authorities but not having one at present does not allow learning and further development of such mechanisms. The new Global Fund multi-country grant request for proposal had set an explicit criteria for the regional organization to have a Regional Governance Body in place, while the roles and authorities of such body is still unclear.

Approximately half of interview respondents had not heard of Regional Coordinating Mechanisms even though their countries were included in several regional and multi-country grants. In such cases, **urgent explanation should be sought by regional and national organizations representing people who use drugs to advocate for adequate oversight and accountability from the Global Fund and its PRs managing regional and multi-country grants**.

Community, Rights and Gender (CRG) department
While the majority of interview respondents were aware of the CRG department, very few respondents were aware that technical support could be mobilized through the Strategic Initiative.[41] Very few respondents could name the CRG representative in charge of addressing drug-related issues, and the ones who were aware of the composition of the CRG were unaware that a new Senior Technical Advisor on Community Responses and Drug Use was in place.

In that respect, **urgent efforts must be made by the CRG, the Global Fund, the CCM, as well as INPUD and regional networks, to ensure that the community of people who use drugs is adequately informed about this important mechanism and its operations**.

Communities Delegation to the Board
Approximately half of respondents where interviews were conducted were aware of the Communities Delegation to the Board, coinciding with the two countries where members of the Delegations originate. Community representatives and CCM secretariat representatives from other countries where

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[39] Baran, C. 6 March 2018. "As Global Fund multi-country grants enter a new phase, we map all ongoing and planned regional and multi-country grants" in *Global Fund Observer* #332, online at http://www.aidspan.org/gfo_article/global-fund-multi-country-grants-enter-new-phase-we-map-all-ongoing-and-planned-regional.

[40] Global Fund. 2017. *Multicountry Approach in the Global Fund's 2017- 2019 Funding Cycle.*

[41] Global Fund. 2018. *Community, Rights & Gender Technical Assistance Program*, online at:
https://www.theglobalfund.org/en/technical-cooperation/community-rights-gender-technical-assistance-program/.

interviews were conducted were unaware of the Communities Delegation, its functions and its composition.

In that respect, **urgent efforts must be made by the Delegation, the Global Fund and the CCM to ensure that the community of people who use drugs is adequately informed about this important mechanism and its operations**.

Office of the Inspector General (OIG)
Virtually all interview respondents were aware of the OIG and the majority of respondents had had direct interactions with the Inspector General during national assessments. However, very few respondents were aware that the OIG offered a human rights monitoring service that could be used by communities to report violations that impede effective service delivery and compromise achievement of Global Fund grant objectives. However, an independent evaluation of the OIG's human rights complaint mechanisms published in 2018 indicates the following barriers have compromised access among communities:

1. There was a lack of awareness of the existence of the mechanism. Even among those who were aware of the existence of the mechanism, there was a lack of knowledge about the details of how the mechanism operates.
2. Some people indicated that they were unaware of how the Global Fund operated and the specific activities funded by the Global Fund in country.
3. There was a belief that the OIG and the in-country Global Fund team lacked awareness of human rights and thus potential users of the mechanism were reluctant to file a complaint.
4. There were concerns raised as to the remedy offered by the mechanism and the possibility that the mechanism could be undemocratic.
5. Some informants thought having the OIG based in Geneva was too remote for filing a complaint.
6. There were a number of other potential barriers raised by a small number of informants. These were a lack of knowledge of rights among key populations; criminalization of key populations; and limited scope of violations covered by the mechanism.[42]

In that respect, **urgent efforts must be made by the OIG, the Global Fund, the CCM, as well as INPUD and regional networks, to ensure that the community of people who use drugs – whose human rights are regularly abused – is adequately informed about this important mechanism and its operations**.

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[42] Global Fund. 2018. *Global Fund Human Rights Complaints Mechanism: An Independent Assessment of Why Uptake Has Been Limited.*
(https://www.theglobalfund.org/media/7353/crg_humanrightscomplaintsmechanismassessment_report_en.pdf)

Recommendations for action

For PWID CCM representatives and alternates
- Document any case where you feel that your and your community's safety and security may be compromised due to your contributions on the CCM and report those cases to the Global Fund, the CCM secretariat and the OIG.
- Ensure that you have sufficient time for a proper handover with incoming CCM representatives, and regularly organize meetings between the main and alternate CCM member representing people who use and inject drugs.
- Formulate contributions in CCM meetings clearly, constructively, and politely, while emphasizing potential solutions rather than highlighting problems, focused on disease impact, grounded on evidence, aligned with grant objectives, tested for support while anticipating potential responses.
- Ensure that information from and about CCM meetings is adapted for the community, highlighting key messages, and widely shared and disseminated to your community, so that they have sufficient time to digest the information and solicit their feedback to enhance your contribution to the next CCM meeting.
- Allocate sufficient time for appropriate preparation ahead of CCM meetings, including reviewing meeting minutes, the agenda, and additional readings.
- Remember that you are essentially an emissary representing the entire community of people who use and inject drugs when you participate in CCM meetings.

For national PWID networks
- National networks of people who use and inject drugs must develop their own guidelines for participating in CCMs, covering selection, representation, communication, and performance evaluation of the CCM member representing the community.
- Encourage network members to apply for CCM membership and ensure that the community has a role to play in the development of the CCM representative's job description.
- National networks of people who use and inject drugs must systematically document interference by police and other law enforcement agencies in HIV, TB and malaria that compromise service delivery, CCM deliberations, and achievement of Global Fund grant objectives. Reports should be shared with the CCM for further action, and in case no action is taken, with the OIG for further remedial action.
- Request technical support from accredited providers to enhance your capacity as well as the capacity of the CCM member representing people who use and inject drugs.
- Establish an informal working group to support the CCM member representing people who use and inject drugs to support preparations.
- Work with the CCM member representing people who use and inject drugs to develop a communication strategy and protocol to guide two-way communication between the CCM member and the community.

For CCMs
- CCMs must take a more proactive role in protecting people who use and inject drugs from police crackdowns by leveraging support from members to negotiate acceptable approaches with national authorities.
- CCMs must develop transparent capacity building plans for key population representatives, including support for initial orientation sessions, ongoing mentoring by senior CCM members, regular technical support on specific issues related to CCM functions, and handovers between outgoing and incoming CCM members.
- CCM must facilitate introductions and discussions between the CCM member representing people who use and inject drugs and the national network of people who use and inject drugs, with law enforcement.
- CCMs must be transparent and inclusive in planning the allocation of its funding from Global Fund as well as opportunities to access technical support for key populations.
- Urgent efforts must be made by the CCM to ensure that the community of people who use drugs is adequately informed about official supportive mechanisms like Regional Coordinating Mechanisms, the CRG department, the Communities Delegation to the Board, and the OIG human rights complaint mechanism, and their operations.

For all stakeholders
- Establish regular, comprehensive assessments and performance evaluations of CCM members representing key populations in order to ensure accountability across CCM functions.
- Support the adaptation and roll-out of this tool to capacitate, empower, and stimulate meaningful participation of people ho use and inject drugs in CCMs.

Annex 1: Additional readings

Based on the desk review, the following documents have been identified as potentially useful resources to learn more about the Global Fund mechanisms, including CCMs.

Toolkits for facilitating meaningful participation of key populations in CCMs
1. Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives*. International Council of AIDS Service Organizations.
2. Zaidi, S. 2016. *Learning Guide: Strengthening Knowledge on The Global Fund Processes for Transgender Communities*. Asia Pacific Transgender Network.
3. Garmaise, D. 2009. *The Aidspan Guide on the Roles and Responsibilities of CCMs in Grant Oversight*. Aidspan.
4. Global Network of People Living with HIV. 2004. *Challenging, Changing, and Mobilizing: A Guide to PLHIV Involvement in Country Coordinating Mechanisms*.
5. Gurung, B. 2016. *Making the Money Work For Young Key Populations: Experiences of Young Key Populations with the New Funding Model in Indonesia*. YouthLEAD, Fokus Muda and Global Fund.
6. Joint United Nations Programme on HIV/AIDS. 2014. *Making the money work for young people: A participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria: Guideline*. UNAIDS, Pact, Global Fund.
7. Varentsov, I. 2012. *Theory and practice of involving non-governmental stakeholders in CCM activities, based on practices in selected countries of Eastern Europe and Central Asia.* Eurasian Harm Reduction Network.

Official publications by the Global Fund
1. Global Fund to Fight AIDS, TB and Malaria. 2008. *Country Coordinating Mechanisms Governance and Civil Society Participation*.
2. Global Fund to Fight AIDS, TB and Malaria. 2013. *Guidelines and requirements for CCMs*.
3. Global Fund to Fight AIDS, TB and Malaria. 2016. *Achieving Inclusiveness of Country Coordinating Mechanisms*.
4. Global Fund to Fight AIDS, TB and Malaria. 2016. *CCM Guidance Note: Annual CCM Eligibility and Performance Assessment (CCM EPA): Standard Strategy.*
5. Global Fund to Fight AIDS, TB and Malaria. 2016. *Gender Equality and Key Populations: Results, Gaps and Lessons From the Implementation of Strategies and Action Plans.*
6. Global Fund to Fight AIDS, TB and Malaria. 2016. *Generic terms of reference to facilitate the 'CCM Eligibility and Performance Assessment' annually.*
7. Global Fund to Fight AIDS, TB and Malaria. 2016. *How we engage: Stories of effective community engagement on AIDS, tuberculosis and malaria.*
8. Global Fund to Fight AIDS, TB and Malaria. 2016. *Audit report: The Global Fund Country Coordinating Mechanism.*
9. Global Fund to Fight AIDS, TB and Malaria. 2017. *Key populations action plan 2014-2017.*

Studies and reports documenting CSO and key population experiences of engagement with Global Fund mechanisms
1. AIDS Accountability International. 2013. *Global Fund processes neglect LGBT and youth*.

2. Baran, C., Messerschmidt, L., and O'Connor, M. 2017. *Independent Multi-country Review of Community Engagement in Grant Making & Implementation Processes: Lessons learned, key principles and ways forward.* Global Forum on MSM and HIV.

3. Di Lollo, A. 2012. *Literature review: Strengthening Africa's Country Coordinating Mechanisms through empowerment of marginalized communities.* AIDS Accountability International.

4. Doupe, A. 2003. *A Multi-Country Study of the Involvement of People Living with HIV/AIDS (PLWHA) in the Country Coordinating Mechanisms.* Global Network of People Living with HIV.

5. Grote, S. and Parry, H. 2014. *A Review of the Engagement of Key Populations in the Funding Model: Global Report: Results from a study in 11 countries.* Communities Delegation to the Board of the Global Fund to Fight AIDS, TB and Malaria.

6. International Community of Women Living with HIV. 2016. *Engagement in the Global Fund Processes Under the New Funding Model: The case of Uganda and Kenya.*

7. Kageni, A., Mwangi, L., Mugyenyi, C. and Macintyre, K. 2015. *Representation and Participation of Key Populations on Country Coordinating Mechanisms (CCMs) in Six Countries in Southern Africa.* Aidspan.

8. Nemande, S., Esom, K. and Armstrong, R. 2015. *Key Populations Experiences within the Global Fund's New Funding Model in Sub-Saharan Africa: Findings from a preliminary survey.* African Men for Sexual Health and Rights.

9. Oberth, G. 2012. *Who is really affecting the Global Fund decision-making processes? Strengthening Africa's Country Coordinating Mechanisms through empowerment of marginalized communities: A community consultation report.* AIDS Accountability International.

10. Tucker, P. 2012. *Who is really affecting the Global Fund decision-making processes? A quantitative analysis of CCMs.* AIDS Accountability International.

Guidance documents produced by CSOs to support CSOs working with the Global Fund

1. United Nations Office on Drugs and Crime, International Network of People who Use Drugs, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, World Health Organization, United States Agency for International Development. *Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions.* (also known as the *IDUIT Toolkit*)

2. International Council of AIDS Service Organizations. 2013. *Effective CCMs and the Meaningful Involvement of Civil Society and Key Affected Populations.*

3. International Council of AIDS Service Organizations. 2015. *Global Fund Updates CCM Guidelines and Requirements for 2015: New opportunities for key population advocacy.*

4. International Council of AIDS Service Organizations and AIDS Rights Alliance for South Africa. 2016. *Investing in community responses: A case for funding non-service delivery community actions to end AIDS.*

5. International Council of AIDS Service Organizations and Global Forum on MSM and HIV. 2015. *How Civil Society and Communities Can Engage in the Global Fund Grant-making Processes.*

6. International Council of AIDS Service Organizations and Global Forum on MSM and HIV. 2017. *How to advocate for community responses and systems strengthening interventions in Global Fund funding requests.*

7. International Treatment Preparedness Coalition. 2008. *Making Global Fund Country Coordinating Mechanisms work through full engagement of civil society*. International Treatment Preparedness Coalition.
8. International Treatment Preparedness Coalition, Global Forum on MSM and HIV, M Coalition, and MENA Regional Platform. 2016. *Key Population Engagement in Global Fund: Country Dialogue CCMs and the 2017-2019 funding cycle*.
9. Kageni, A., Ward, J., and Chimbidzikai, T. 2013. *Improving the Performance of CCMs in Southern Africa: Encouraging CCM self-assessment*. Aidspan, South African AIDS Trust.
10. Pullen, K. and Garmaise, D. 2014. *A Guide to Building and Running an Effective CCM*. Aidspan, Alliance Regional Technical Support Hub South Asia.
11. Zaidi, S. 2017. *Strengthening Community, Rights, and Gender Concepts for Communities and Civil Society on Country Coordinating Mechanisms: Guidance Tool*. Asia Pacific Council of AIDS Service Organizations.

Other documents
1. Asia Pacific Council of AIDS Service Organizations. 2016. *CRG Needs assessment tool*.
2. Asia Pacific Council of AIDS Service Organizations. 2017. *Country coordinating mechanisms 101 for communities and civil society*.
3. Asia Pacific Council of AIDS Service Organizations. (no date). *Community, Rights, and Gender (CRG) Technical Assistance (TA) Program*.
4. Asia Pacific Council of AIDS Service Organizations. (no date). *Technical Assistance Programmes in Asia-Pacific*.
5. Joint United Nations Programme on HIV/AIDS. 2014. *Making the money work for young people: A participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria*. UNAIDS, Pact, Global Fund.
6. Robert Carr Fund for Civil Society Networks. 2015. *Reaching inadequately served populations.*
7. Switzerland, Germany, and France. 2016. *Position Paper: The Global Fund Country Coordinating Mechanism: Fit for implementing the new strategy within the SDGs area?*
8. Tucker, P. and Oberth, G. 2014. *The Civil Society Priorities Charter: Good Practice for Global Fund Country Dialogue*.

Annex 2: Interview questionnaire

Questionnaire for PWID / community representatives

1. SAFETY
   a. As a drug user, do you feel safe to share your opinions and those of your community in the CCM? Please describe why, given examples.
   b. As a drug user, do you feel that your community is safe when drug-related issues are raised at the CCM? Please describe why, give examples.
   c. In your experience, has there ever been negative consequences or backlashes to sharing about drug-related issues with the CCM? Please describe why, give examples.
   d. In your opinion, what should be done by the CCM to ensure that drug-related issues can be discussed at the CCM without risks to the PWID community? Please give examples from your experience.
   e. In your opinion, what should be done by the PWID representative on the CCM to ensure that drug-related issues can be discussed at the CCM without risks to the PWID community? Please give examples from your experience.
   f. In your opinion, what should be done by the PWID community (or national network, if present) to ensure that drug-related issues can be discussed at the CCM without risks to the PWID community? Please give examples from your experience.
2. SELECTION
   a. Please describe the mechanisms and processes that are used to select the PWID representative on your CCM.
   b. As a drug user, did you participate in the selection of the PWID representative on the CCM? Please describe why, give examples.
   c. In your experience, do you feel that the selection of the PWID representative who sits on the CCM reflects the opinion of your community? Please describe why, give examples.
   d. In your opinion, what should be done by the CCM to improve the selection of PWID representatives on the CCM? Please give examples from your experience.
   e. In your opinion, what should be done by the PWID representative on the CCM to improve the selection of PWID representatives on the CCM? Please give examples from your experience.
   f. In your opinion, what should be done by the PWID community (or national network, if present) to improve the selection of PWID representatives on the CCM? Please give examples from your experience.
3. REPRESENTATION
   a. In your experience, who does the PWID representative on the CCM represent? (oneself, one's organization, one's community)
   b. In your experience, do you feel that the representation of people who use and inject drugs on the CCM is balanced (compared to

other key populations and/or to other key stakeholders)? Please describe why, give examples.

c. In your experience, do you feel that the person selected to act as the representative of the PWID community is representing the majority opinion of this community? Please describe why, give examples.

d. In your opinion, what should be done by the CCM to improve the representation of PWID on the CCM? Please give examples from your experience.

e. In your opinion, what should be done by the PWID representative on the CCM to improve the representation of PWID on the CCM? Please give examples from your experience.

f. In your opinion, what should be done by the PWID community (or national network, if present) to improve the representation of PWID on the CCM? Please give examples from your experience.

4. RECOGNITION
   a. In your experience, are the PWID representatives on the CCM given the same amount of respect as other CCM members? Please describe why, give examples.

   b. In your opinion, what should be done by the CCM to improve the recognition of PWID on the CCM? Please give examples from your experience.

   c. In your opinion, what should be done by the PWID representative on the CCM to improve the recognition of PWID on the CCM? Please give examples from your experience.

   d. In your opinion, what should be done by the PWID community (or national network, if present) to improve the recognition of PWID on the CCM? Please give examples from your experience.

5. PARTICIPATION
   a. In your experience, can PWID representatives participate in the discussions of the CCM as equal partners? Please describe why, give examples.
      i. Are PWID representatives and community members informed in advance of CCM meetings and discussion? Please explain and give examples.
      ii. Are representatives and community members provided with the necessary information to make meaningful contributions? Please explain and give examples.
      iii. Are PWID representatives and community members invited to sit on sub-committees (oversight) and/or technical committees? Please explain and give examples.
      iv. Are there PWID representative who attend the CCM meetings as observers? Please explain and give examples.
   b. In your opinion, what should be done by the CCM to improve meaningful participation of PWID on the CCM? Please give examples from your experience.
   c. In your opinion, what should be done by the PWID representative on the CCM to improve meaningful participation of PWID on the CCM? Please give examples from your experience.

d. In your opinion, what should be done by the PWID community (or national network, if present) to improve meaningful participation of PWID on the CCM? Please give examples from your experience.

6. INFLUENCE
   a. In your experience, have interventions by PWID representatives on the CCM contributed to changes in concept note developed, in implementation of projects, in internal (CCM / working groups) or external (national / local) policies, or in management practices (budget allocations, reprogramming, data collection, human resource protections, etc)? Please describe why, give examples.
   b. In your opinion, what should be done by the CCM to improve the impact of PWID contributions on the CCM? Please give examples from your experience.
   c. In your opinion, what should be done by the PWID representative on the CCM to improve the impact of PWID contributions on the CCM? Please give examples from your experience.
   d. In your opinion, what should be done by the PWID community (or national network, if present) to improve the impact of PWID contributions on the CCM? Please give examples from your experience.

7. COMMUNICATIONS
   a. Is there a national CCM website? Have you ever visited the website? What language(s) are used on the CCM website? Please explain.
   b. In your experience, how often do you hear from the PWID representative on the CCM? Do you hear from the CCM PWID representative before CCM meetings (consultation)? After CCM meetings (debrief)?
   c. In your experience, what kind of information do you receive from the PWID representative on the CCM?
      i. Information on Global Fund policies?
      ii. Information on CCM decisions?
      iii. Information on upcoming CCM-related meetings?
      iv. Information on preparations prior to CCM-related meetings?
      v. Minutes of CCM meetings?
      vi. Information about PWID-related projects?
      vii. Information about changes in the HIV situation among PWID?
      viii. Data and results about service delivery and policy changes?
      ix. Other information?
   d. In your experience, is the information shared by the PWID representative on the CCM tailored (appropriate language, wording, style, etc.) for your community? Please give examples from your experience.
   e. In your opinion, what should be done by the CCM to improve information sharing between the PWID CCM representative and the community? Please give examples from your experience.

     f. In your opinion, what should be done by the PWID representative on the CCM to improve information sharing between the PWID CCM representative and the community? Please give examples from your experience.

     g. In your opinion, what should be done by the PWID community (or national network, if present) to improve information sharing between the PWID CCM representative and the community? Please give examples from your experience.

8. CONSULTATION

     a. Please describe the mechanisms and processes that have been put in place by the CCM to facilitate consultation between the PWID CCM representative with the PWID community.

     b. In your experience, are those mechanisms sufficient to allow the PWID CCM representative to genuinely represent the PWID community? Please describe why, give examples.

          i. What is the frequency at which the PWID CCM representative reaches out to the community via email?

         ii. What is the frequency at which the PWID CCM representative reaches out to the community via social networks?

        iii. What is the frequency at which the PWID CCM representative reaches out to the community through face-to-face meetings?

     c. In your opinion, are needs and priorities for discussion at the CCM established in a consultative and participatory process?

     d. In your opinion, what should be done by the CCM to improve the consultative process between the PWID CCM representative and the community? Please give examples from your experience.

     e. In your opinion, what should be done by the PWID representative on the CCM to improve the consultative process between the PWID CCM representative and the community? Please give examples from your experience.

     f. In your opinion, what should be done by the PWID community (or national network, if present) to improve the consultative process between the PWID CCM representative and the community? Please give examples from your experience.

9. CAPACITY

     a. In your experience, is the work of PWID representative on the CCM guided by a clear terms of reference (TOR) or job description (JD)?

          i. Who was involved in the development of the TOR/JD?

         ii. Have you seen the TOR/JD?

        iii. Have you contributed to the development of the TOR/JD?

        iv. Is the TOR/JD publicly available?

         v. How often is the TOR/JD updated?

     b. In your opinion, what should be the required skills for the PWID representative on the CCM?

          i. In your opinion, how important are language skills (English versus local languages)? Please describe from your experience.

c. In your experience, are the following mechanisms in place to support and build the capacity of PWID representatives on the CCM?
  i. Official handovers between outgoing and incoming PWID representatives?
  ii. Official inception meetings / workshop for newly selected / appointed PWID representatives?
  iii. Official or unofficial mentoring from existing CCM representatives to PWID representatives?
  iv. Official or unofficial training workshops on CCM processes and policies for PWID representatives?
  v. Regular meetings between primary and alternates PWID representatives on the CCM?
  vi. Access to official technical support from recognized technical assistance providers?
  vii. Access to funds to support participation and consultation with the PWID community?
d. In your opinion, what should be done by the CCM to improve the capacity of the PWID CCM representative? Please give examples from your experience.
e. In your opinion, what should be done by the PWID representative on the CCM to improve the capacity of the PWID CCM representative? Please give examples from your experience.
f. In your opinion, what should be done by the PWID community (or national network, if present) to improve the capacity of the PWID CCM representative? Please give examples from your experience.

10. ACCOUNTABILITY
a. In your experience, are there mechanisms in place to monitor and evaluate performance of PWID representation on the CCM? Please give examples from your experience.
  i. Are you aware of the Eligibility and Performance Assessment (EPA) process? Have you ever contributed to the process? Please give examples from your experience.
  ii. Are you aware of any evaluation of the performance of outgoing CCM members, particularly for those representing key populations and PWID? Please give examples from your experience.
  iii. In your experience, please describe (if any) what happens during CCM oversight visits with regards to the quality of services and feeding back identified needs.
b. In your opinion, what should be done by the CCM to improve the accountability of PWID representation on the CCM? Please give examples from your experience.
c. In your opinion, what should be done by the PWID CCM representative to improve the accountability of PWID representation on the CCM? Please give examples from your experience.
d. In your opinion, what should be done by the PWID community (or national network, if present) to improve the accountability of

PWID representation on the CCM? Please give examples from your experience.

11. ADDITIONAL MECHANISMS
   a. Are you aware of any Regional Coordinating Mechanism (RCM) for Global Fund regional projects that include your country? Have you ever engaged formally or informally with any RCMs? Please give examples from your experience.
   b. Are you aware of the function of the Communities, Rights and Gender (CRG) team at the Global Fund Secretariat? Do you know the name of the PWID representative in the CRG team? Have you ever engaged with the CRG PWID representative? Please give examples from your experience.
   c. Are you aware of the function of the Communities Delegation to the Global Fund Board? Do you know the name of the PWID representative on the Communities Delegation? Have you ever engaged with the Communities Delegation? Please give examples from your experience.
   d. Are you aware of the function of the Office of the Inspector General (OIG)? Have you ever engaged with the OIG? Please give examples from your experience.

Questionnaire for PWID / community representatives (CCM members, UN partners, etc)

1. SAFETY
   a. Do you think it is safe for PWID to share opinions in the CCM? Please describe why, given examples.
   b. Do you think that the PWID community is safe when drug-related issues are raised at the CCM? Please describe why, give examples.
   c. In your experience, has there ever been negative consequences or backlashes to sharing about drug-related issues with the CCM? Please describe why, give examples.
   d. In your opinion, what should be done by the CCM to ensure that drug-related issues can be discussed at the CCM without risks to the PWID community? Please give examples from your experience.
   e. In your opinion, what should be done by the PWID representative on the CCM to ensure that drug-related issues can be discussed at the CCM without risks to the PWID community? Please give examples from your experience.
   f. In your opinion, what should be done by the PWID community (or national network, if present) to ensure that drug-related issues can be discussed at the CCM without risks to the PWID community? Please give examples from your experience.
2. SELECTION
   a. Please describe the mechanisms and processes that are used to select the PWID representative on your CCM.

b. In your experience, do you feel that the selection of the PWID representative who sits on the CCM reflects the opinion of the community? Please describe why, give examples.

c. In your opinion, what should be done by the CCM to improve the selection of PWID representatives on the CCM? Please give examples from your experience.

d. In your opinion, what should be done by the PWID representative on the CCM to improve the selection of PWID representatives on the CCM? Please give examples from your experience.

e. In your opinion, what should be done by the PWID community (or national network, if present) to improve the selection of PWID representatives on the CCM? Please give examples from your experience.

3. REPRESENTATION

a. In your experience, who does the PWID representative on the CCM represent? (oneself, one's organization, one's community)

b. In your experience, do you feel that the representation of people who use and inject drugs on the CCM is balanced (compared to other key populations and/or to other key stakeholders)? Please describe why, give examples.

c. In your experience, do you feel that the person selected to act as the representative of the PWID community is representing the majority opinion of this community? Please describe why, give examples.

d. In your opinion, what should be done by the CCM to improve the representation of PWID on the CCM? Please give examples from your experience.

e. In your opinion, what should be done by the PWID representative on the CCM to improve the representation of PWID on the CCM? Please give examples from your experience.

f. In your opinion, what should be done by the PWID community (or national network, if present) to improve the representation of PWID on the CCM? Please give examples from your experience.

4. RECOGNITION

a. In your experience, are the PWID representatives on the CCM given the same amount of respect as other CCM members? Please describe why, give examples.

b. In your opinion, what should be done by the CCM to improve the recognition of PWID on the CCM? Please give examples from your experience.

c. In your opinion, what should be done by the PWID representative on the CCM to improve the recognition of PWID on the CCM? Please give examples from your experience.

d. In your opinion, what should be done by the PWID community (or national network, if present) to improve the recognition of PWID on the CCM? Please give examples from your experience.

5. PARTICIPATION
    a. In your experience, can PWID representatives participate in the discussions of the CCM as equal partners? Please describe why, give examples.
        i. Are PWID representatives and community members informed in advance of CCM meetings and discussion? Please explain and give examples.
        ii. Are representatives and community members provided with the necessary information to make meaningful contributions? Please explain and give examples.
        iii. Are PWID representatives and community members invited to sit on sub-committees (oversight) and/or technical committees? Please explain and give examples.
        iv. Are there PWID representative who attend the CCM meetings as observers? Please explain and give examples.
    b. In your opinion, what should be done by the CCM to improve meaningful participation of PWID on the CCM? Please give examples from your experience.
    c. In your opinion, what should be done by the PWID representative on the CCM to improve meaningful participation of PWID on the CCM? Please give examples from your experience.
    d. In your opinion, what should be done by the PWID community (or national network, if present) to improve meaningful participation of PWID on the CCM? Please give examples from your experience.
6. INFLUENCE
    a. In your experience, have interventions by PWID representatives on the CCM contributed to changes in concept note developed, in implementation of projects, in internal (CCM / working groups) or external (national / local) policies, or in management practices (budget allocations, reprogramming, data collection, human resource protections, etc)? Please describe why, give examples.
    b. In your opinion, what should be done by the CCM to improve the impact of PWID contributions on the CCM? Please give examples from your experience.
    c. In your opinion, what should be done by the PWID representative on the CCM to improve the impact of PWID contributions on the CCM? Please give examples from your experience.
    d. In your opinion, what should be done by the PWID community (or national network, if present) to improve the impact of PWID contributions on the CCM? Please give examples from your experience.
7. COMMUNICATIONS
    a. Is there a national CCM website? What language(s) are used on the CCM website? Please provide details of its content.
    b. In your experience, does PWID representative on the CCM communicate with the PWID community before meetings (consultation)? After CCM meetings (debrief)? How is this documented or reported to the CCM?

c. In your experience, what kind of information is shared by the PWID representative on the CCM?
   i. Information on Global Fund policies?
   ii. Information on CCM decisions?
   iii. Information on upcoming CCM-related meetings?
   iv. Information on preparations prior to CCM-related meetings?
   v. Minutes of CCM meetings?
   vi. Information about PWID-related projects?
   vii. Information about changes in the HIV situation among PWID?
   viii. Data and results about service delivery and policy changes?
   ix. Other information?
d. In your experience, is the information shared by the PWID representative on the CCM tailored (appropriate language, wording, style, etc.) for the community? Please give examples from your experience.
e. In your opinion, what should be done by the CCM to improve information sharing between the PWID CCM representative and the community? Please give examples from your experience.
f. In your opinion, what should be done by the PWID representative on the CCM to improve information sharing between the PWID CCM representative and the community? Please give examples from your experience.
g. In your opinion, what should be done by the PWID community (or national network, if present) to improve information sharing between the PWID CCM representative and the community? Please give examples from your experience.

8. CONSULTATION
a. Please describe the mechanisms and processes that have been put in place by the CCM to facilitate consultation between the PWID CCM representative with the PWID community.
b. In your experience, are those mechanisms sufficient to allow the PWID CCM representative to genuinely represent the PWID community? Please describe why, give examples.
   i. What is the frequency at which the PWID CCM representative reaches out to the community via email?
   ii. What is the frequency at which the PWID CCM representative reaches out to the community via social networks?
   iii. What is the frequency at which the PWID CCM representative reaches out to the community through face-to-face meetings?
c. In your opinion, are needs and priorities for discussion at the CCM established in a consultative and participatory process?
d. In your opinion, what should be done by the CCM to improve the consultative process between the PWID CCM representative and the community? Please give examples from your experience.

e. In your opinion, what should be done by the PWID representative on the CCM to improve the consultative process between the PWID CCM representative and the community? Please give examples from your experience.

f. In your opinion, what should be done by the PWID community (or national network, if present) to improve the consultative process between the PWID CCM representative and the community? Please give examples from your experience.

9. CAPACITY

   a. In your experience, is the work of the PWID representative on the CCM guided by a clear terms of reference (TOR) or job description (JD)?

      i. Who was involved in the development of the TOR/JD?

      ii. Have you seen the TOR/JD? Has the CCM approved the TOR/JD?

      iii. Have you contributed to the development of the TOR/JD?

      iv. Is the TOR/JD publicly available?

      v. How often is the TOR/JD updated?

   b. In your opinion, what should be the required skills for the PWID representative on the CCM?

      i. In your opinion, how important are language skills (English versus local languages)? Please describe from your experience.

   c. In your experience, are the following mechanisms in place to support and build the capacity of PWID representatives on the CCM?

      i. Official handovers between outgoing and incoming PWID representatives?

      ii. Official inception meetings / workshop for newly selected / appointed PWID representatives?

      iii. Official or unofficial mentoring from existing CCM representatives to PWID representatives?

      iv. Official or unofficial training workshops on CCM processes and policies for PWID representatives?

      v. Regular meetings between primary and alternates PWID representatives on the CCM?

      vi. Access to official technical support from recognized technical assistance providers?

      vii. Access to funds to support participation and consultation with the PWID community?

   d. In your opinion, what should be done by the CCM to improve the capacity of the PWID CCM representative? Please give examples from your experience.

   e. In your opinion, what should be done by the PWID representative on the CCM to improve the capacity of the PWID CCM representative? Please give examples from your experience.

   f. In your opinion, what should be done by the PWID community (or national network, if present) to improve the capacity of the PWID CCM representative? Please give examples from your experience.

10. ACCOUNTABILITY
   a. In your experience, are there mechanisms in place to monitor and evaluate performance of PWID representation on the CCM? Please give examples from your experience.
      i. Are you aware of the Eligibility and Performance Assessment (EPA) process? Have you ever contributed to the process? Please give examples from your experience.
      ii. Are you aware of any evaluation of the performance of outgoing CCM members, particularly for those representing key populations and PWID? Please give examples from your experience.
      iii. In your experience, please describe (if any) what happens during CCM oversight visits with regards to the quality of services and feeding back identified needs.
   b. In your opinion, what should be done by the CCM to improve the accountability of PWID representation on the CCM? Please give examples from your experience.
   c. In your opinion, what should be done by the PWID CCM representative to improve the accountability of PWID representation on the CCM? Please give examples from your experience.
   d. In your opinion, what should be done by the PWID community (or national network, if present) to improve the accountability of PWID representation on the CCM? Please give examples from your experience.
11. ADDITIONAL MECHANISMS
   a. Are you aware of any Regional Coordinating Mechanism (RCM) for Global Fund regional projects that include your country? Have you ever engaged formally or informally with any RCMs? Please give examples from your experience.
   b. Are you aware of the function of the Communities, Rights and Gender (CRG) team at the Global Fund Secretariat? Do you know the name of the PWID representative in the CRG team? Have you ever engaged with the CRG PWID representative? Please give examples from your experience.
   c. Are you aware of the function of the Communities Delegation to the Global Fund Board? Do you know the name of the PWID representative on the Communities Delegation? Have you ever engaged with the Communities Delegation? Please give examples from your experience.
   d. Are you aware of the function of the Office of the Inspector General (OIG)? Have you ever engaged with the OIG? Please give examples from your experience.