



## **Key recommendations for the draft Global Fund strategy narrative**

The International Network of People who Use Drugs (INPUD) and Harm Reduction International (HRI) welcome the Global Fund Strategy Framework draft narrative and the opportunity to input. As the largest donor for harm reduction in low-and middle-income (LMI) countries, the Global Fund is pivotal to efforts to end AIDS among people who use drugs by 2030.

Currently, we are facing a 95% funding gap for harm reduction in LMI countries, rising new HIV infections among key populations, including among people who use drugs, disruptions in HIV prevention programmes and services caused by the COVID-19 pandemic, ongoing stigma, discrimination, criminalisation and human rights abuses that prevent people from accessing services, alongside shrinking civil society space and political pushback. Combined with an economic downturn caused by the pandemic and uneven donor investments in the HIV response, we face an unprecedented challenge to meet the 2030 goal to end AIDS.

Taking into consideration that this strategy will be the last one before the 2030 Sustainable Development Goals (SDG) deadline, it is crucial that the strategy narrative is inspiring and transformative, front loads the strategic shifts needed to leave no-one behind and outlines **how** its new objectives and sub-objectives will be translated into action. This will be critical in setting specific and measurable Key Performance Indicators (KPIs), integrated into a robust M&E Framework that guides the effective allocation of funding to programmes and services crucial to ending AIDS, especially among key populations, who are the furthest left behind in the HIV response.

We commend centering people and communities in the overall strategy and the clear commitment from the Global Fund to utilise its diplomatic voice in challenging barriers to progress, particularly criminalisation, stigma and discrimination, as well as the fostering of partnership approaches.

However, there are a number of areas that need to be further fine-tuned and strengthened.

### **1. Overall comment:**

The draft Strategy narrative lacks an overall strategic vision connecting the moving parts. There is a lack of prioritisation that can guide funding allocations to address inequities and inequalities and drive investments to plug current gaps in the HTM response. We recommend foregrounding responses and solutions to successfully address inequities within the narrative

**2. Lack of alignment with the Global AIDS Strategy:**

We recommend that the strategy is more closely aligned with the UNAIDS Global AIDS Strategy (GAS) 2021-2026, including all 2025 targets, particularly the 10-10-10 social enabler and 80-60-30 community-led responses targets. We also propose that the UNAIDS definition of community-led and key population-led responses are proactively included within future iterations

**3. Centering people and communities:**

Despite a commitment within the strategic framework to center people and communities, the need remains to ensure this is strongly reflected within the narrative. The commitment to placing people and communities at the center should be baked-in and adequately and comprehensively reflected within the narrative

**4. Focus on key populations:**

Key populations and their sexual partners account for 65% of new HIV infections globally. Therefore it is crucial that the strategy is clear and specific about who the key populations are and how programmes and services will be tailored to the needs of people who use drugs, sex workers, gay men and other men who have sex with men, transgender people and prisoners. Overall the space dedicated to key populations is minimal, with only one specific reference made; and there is no recognition of key population programming being consistently deprioritised in country funding requests. As aforementioned, we propose that the strategy adopts GAS targets related to key populations, including those on HIV prevention and treatment, community-led responses, decriminalisation and stigma and discrimination

**5. Funding for HIV prevention, including for harm reduction:**

The Global AIDS Strategy 2021-2026 gives unprecedented urgency to HIV prevention and calls on governments and donors to significantly increase resources, including for harm reduction. We welcome the inclusion of accelerating access to and use of precision combination prevention in the strategy. Nonetheless, further clarity and guidance on how specifically this acceleration will be achieved is needed, as well as an expanded focus on accelerating the scale up of already highly-effective existing interventions (such as harm reduction) and removing legal and policy barriers to services

**6. Establish a dedicated funding stream for key populations:**

The draft strategy acknowledges the need for enhanced roles and responsibilities of communities, but fails to commit resources to enable such a broadened role. The Global Fund must commit to establishing a dedicated funding stream for key population-led networks and organisations. Such a key population-specific funding stream would allow

networks and organisations of people who use drugs to determine how funds are used for community- led programming, while strengthening community leadership and ownership in Global Fund processes. Funds could be facilitated through global key population networks, existing smaller funding mechanisms, or other means – as long as key populations are fully involved in the design and implementation of this funding stream

#### **7. Sustainability, transition and co-financing policy:**

The challenges and complexities of transitioning from international donor funding to domestic financing are particularly pronounced for harm reduction and key populations. We propose that the strategy provide more details on how the Global Fund will support sustainability of services for key populations in countries transitioning out of its support, taking into consideration the lack of political will and hostile political environments, and failures under the Global Fund's Sustainability, Transition, and CoFinancing Policy (adopted in 2016). Furthermore, heavy reliance on co-investment and co-financing will not work for highly criminalised and marginalised communities

Additionally, we recommend that the Global Fund continues to fund civil society, community and key population-led advocacy under transition grant applications and more broadly. This is crucial to driving domestic investment in high quality, human- rights based and harm reduction approaches

#### **8. Clearly define partnership's roles and accountabilities:**

We welcome the inclusion of sections outlining partners' roles and accountabilities, which will guide the implementation of the strategy and its success. We recommend clearly defining each partner's role and responsibilities, as well as the interconnection between actors. Finally, it would be useful to clarify accountability mechanisms for all stakeholders

With only nine years left to achieve the 2030 Sustainable Development Goals, now more than ever, we need the Global Fund's leadership to be strong, daring and unrelenting in ensuring that communities and key populations, including people who inject drugs, are prioritised in the new strategy. Critically and collectively, we need to ensure that HIV prevention and harm reduction services are available, scaled up and fully-funded to meet the health needs of people who use drugs; community voice and leadership are placed front and center and their organisations fully-funded; and barriers to services including criminalisation, stigma, discrimination, punitive laws and policies are removed. The future of the Global Fund must be bold and visionary, particularly in these times of uncertainty, and must use not only its voice but leverage its broader influence to challenge the most deeply embedded barriers to social change, such as criminalisation, stigma and discrimination. We will simply not end AIDS, TB nor malaria if we continue business as usual.