Submission of feedback from International Network of People who Use Drugs to the Draft Overview of PEPFAR Strategy: Vision 2025

30 September 2021

Vision and Intro:

PEPFAR's global report claims that 55% of new funding was invested in local partners with majority focus on providing care and treatment. Less than 40% of this investment was allocated for prevention. However, a recent analysis points out that a lot of this funding for KP services delivery that actually goes to KP-led organisations were very low. Additionally, KPIF implementation arrangement has changed from a more direct stream to layered-stream passing through different organisations before it actually received by KP-led organisations.[1]

The introduction of community-led monitoring in the draft of new strategy should be commended. However, it is also critical that PEPFAR specifically allocates funding for community-led services and responses, particularly in addressing societal enablers and structural barriers.

Additional paragraph: It is important that PEPFAR addresses the key to achieving epidemic control is by investing in key population- and community-led networks and organisations. This should also be followed with clear guidelines and policies that include the definition of key population- and community-led, and as well as more open and transparent funding mechanisms, a lesson learnt from last round of KPIF.

We recommend adding the following paragaraph:

"PEPFAR recognises the important role of key populations and the community in achieving the global target of ending AIDS by 2030 as well as sustained epidemic control of HIV. Key population-led and community-led networks and organisations have been pivotal in responding to the diverse needs of people living with HIV and key population including children, adolescent girls and young women; addressing social and structural barriers that prevent people from accessing essential and life-saving services; and mobilising community leadership and movement around the world. Through this strategy, PEPFAR strives to work in close partnership with key population-led and community-led networks and organisations. The definitions of what key population and community-led networks and organisations should be aligned with the UNAIDS definition.

We also recommend PEPFAR to add an additional paragraph:

"PEPFAR's commitment on sustaining the epidemic control should also focus on addressing the challenges that are faced by key populations and organisations led by key populations, including stigma and discrimination, punitive laws and criminalisation, gender inequalities and the disproportionate impact of the COVID-19 pandemic."

Goal 1:

In order to accomplish the mission, it is important that PEPFAR prioritises the availability, accessibility and affordability of evidence-based, equitable, people-centered and gender

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[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8242967/#jia2sup25753-bib-0030

affirming HIV prevention and treatment services. Addressing inequalities also means addressing the social determinants of health that are affecting people living with HIV and key populations on their ability to access the essential and life-saving services. This also means investing the current gaps in key population programming. The recent shift in drug use trends have brought us a new level of risks that people who use drugs, particularly people who inject drugs are experiencing in regard to HIV and other diseases such as viral hepatitis and TB. Given that harm reduction programme is only a very small fraction of PEPFAR's funding allocation (1% of prevention allocation, and 0.15% of overall HIV funding in 2019)[2], it is important for PEPFAR to introduce and scale up harm reduction programmes for people who use drugs, particularly people who inject drugs and invest in areas and interventions that are most underfunded.

UNODC estimates 11.3 million people inject drugs globally, with HIV and Hepatitis C prevalence estimated at 12.6% and 48.5% respectively. It is also important to note that 110 countries and territories worldwide fail to provide data on its prevalence. Harm reduction programmes have stalled since 2014 globally. Despite the availability of needles and syringes programme in 86 countries, there is a large disparity in coverage and accessibility and distribution is uneven geographically. Given the insufficient funding for harm reduction globally, and the ambition of the new and bold Global AIDS Strategy to achieve US$ 9.8 billion by 2025 for HIV prevention, it is critical for PEPFAR leading the way through increasing investment for harm reduction services to people who use drugs and ensuring sustainable supply of needles and syringes.

The COVID-19 pandemic has provided us with a lot of lessons learnt, particularly on the critical role of community-led responses. Community has led the way in innovative interventions in responding to service disruptions during the pandemic, including community-led HIV self-testing, community-led NSP and OAT, and community-mobilisation in advocating for flexible and secondary supply mechanisms such as take-home OAT and delivery of ARV, and other prevention commodities.

We recommend the following additions to the objectives under Goal 1:

Objective 1.1 *Reach and sustain 95-95-95 treatment targets for all ages, genders, and population groups by meeting clients where they are with what they need through differentiated HIV service delivery, including services led by the community (e.g., prevention, diagnosis, treatment, and long-term continuity of care) to improve access, ART continuity, and outcomes*

Objective 1.3 *Drive down HIV infections, particularly in children, adolescent girls and young women, and key populations, through combination, gender-sensitive, and human rights- and evidence-based prevention and care programs (including expansion and scaling up PrEP and comprehensive harm reduction services), grounded in communities and supported by partner governments*

Objective 1.4 *Expand funding and support for community-led services, responses and monitoring, direct client engagement, and addressing stigma and discrimination to advance equity and people-centered services*

Objective 1.6 *Drive and embrace innovation, including by rapidly scaling up proven new tools, technologies, and scientific breakthroughs as well as through the use of granular data; expanding and scaling up*

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[2] https://www.hri.global/files/2021/08/09/HRI-FAILURE-TO-FUND-REPORT-LOWRES.PDF

innovations identified through community engagement such as community-led services

Objective 1.7 Scale up and improve services for the prevention, diagnosis, and treatment of tuberculosis, the leading cause of death of people living with HIV, by improving access to TB technologies (including short-course rifapentine-based TB preventive treatment and rapid point-of-care TB diagnostic testing) and quality of care (including through improved integration of TB and HIV services and differentiated service delivery programs).

Objective 1.8 Prevent, diagnose and treat viral hepatitis, the co-infection with the highest burden among key populations, including PWUD and MSM, through scale up of HBV vaccine birth doses, offer HBV adult vaccine to key populations who are diagnosed (with HIV and/or HCV), integration of HCV self-tests into HIV self-testing programs, access to HCV treatment, and increase of harm reduction programs, including syringe purchases and opioid overdose prevention and management.

Goal 2:

Key to achieving sustained epidemic control is the provision of adequate investment in key population-led organisations by PEPFAR. This should include building the capacity of the organisations as well as ensuring meaningful participation, involvement and engagement at all levels, and of all key populations to define, design, implement and monitor programmes that are affecting their lives. A clear guidance and definition of key population-led organisations is required to ensure investment goes to the right groups and people, which should be aligned with UNAIDS definitions of community-led responses. It is also important to highlight the roles of key population-led organisations, peer- and community-led services at the ground level, and as an integral part of the health system rather than separate. Peer workers are an essential component of the health system and should be recognized and renumerated as such.

We recommend the following additions to the objectives under Goal 2:

Objective 2.3 *Bolster the resilience of health systems serviced by partner governments and communities, including laboratories to avoid HIV resurgence, leverage existing diagnostic and care infrastructure for tuberculosis and viral hepatitis, tackle other health challenges, expand overall access to health care, and adapt to adversity*

Objective 2.7 *Strengthen an enabling environment for improved health by addressing critical policy, programmatic, and structural barriers (e.g., stigma, punitive laws, and gender-based violence) and inequities in HIV service access, uptake, and continuity, particularly for children, adolescent girls and young women, and key populations including people who use drugs with particular focus to women who use drugs, sex workers and LGBTQ+, supporting the 10-10-10 global goals*

Objective 2.8 *Leverage and build upon existing PEPFAR-supported health systems and service delivery platforms, while maintaining focus on HIV, including building the capacity of key population-led and community-led organizations and networks to strengthen pandemic preparedness and response in the context of COVID-19 as well as other current and future health threats in all aspects of social, economy and legal*

Goal 3:

Achieving global health security also means addressing the determinants of health. The community of key populations have been in the frontline addressing issues that often are under-invested, under-prioritised and overlooked by the government. It is important to draw on the success of the historic civil society movement in the AIDS response in shaping the global health agenda, including key population networks that seek to promote the health and defend the rights of key population. Therefore, it is important that PEPFAR develops a bold strategy in addressing societal barriers and meeting the 10-10-10 targets by allocating adequate funding for societal enablers to key population- and community-led responses and building their capacity to monitor and advocate for sustainable HIV response.

We recommend the following additions to the objectives under Goal 3:

Objective 3.2 *Strengthen linkages between HIV service delivery plans and other relevant health issues as well as partner country government health budgets, while coordinating with key multilateral institutions (e.g., UNAIDS, Global Fund, WHO) and regional bodies (e.g., Africa CDC) ensuring global and regional alignment in support of Sustainable Development Goal 3 and other interdependent SDGs*

Objective 3.6 *Strengthen coordination between PEPFAR and other U.S. government global health and development programs, including for tuberculosis, viral hepatitis, malaria, sexual and reproductive health and rights, gender equality, LGBTQI+, and human rights.*

Objective 3.7 *Decriminalization of key populations, including LGBTQI+, people who use and inject drugs, and sex workers, is understood as a viable and effective public health strategy*

Leveraging the PEPFAR Platform for Broader Health Impact, While Focusing on HIV

Additional paragraph:

"It is imperative that partner countries find and engage those individuals at highest risk of acquiring and transmitting HIV and viral hepatitis infections, and enable referrals to hepatitis C testing and treatment, access to harm reduction materials and services including sterile injection equipment, linkage to HBV vaccination, viral hepatitis prevention education, and opioid agonist therapy."

"Key population-led and community-led organisations and networks play a critical role in the success of the global AIDS response as well as in the delivery of PEPFAR strategy. Greater investment towards services, responses and monitoring led by key population and the community, as well as ensuring the GIPA principles across the PEPFAR platform for broader health impact, are keys to achieving the last mile."

"People living with HIV and key populations are disproportionately impacted by COVID-19. PEPFAR Strategy: Vision 2025 will build upon lessons from the AIDS response and the COVID-19 pandemic to build the capacity and resilience of key population-led and community-led organisations and networks to address the unprecedented social, economic and legal impact of the COVID-19 pandemic faced by people living with HIV and key populations. PEPFAR Strategy: Vision 2025 will build on the commitment of achieving the 10-10-10 global targets: less than 10% of people living with HIV and key populations experience stigma and discrimination; less than 10% of people living with HIV, women and girls and key population experience gender-based inequalities and gender-based violence;

and less than 10% of countries have punitive laws and policies. Furthermore, the PEPFAR Strategy: Vision 2025 should set out pathways towards ensuring that 30% of testing and treatment services is to be delivered by community-led organisations and 80% of service delivery for HIV prevention programmes to be delivered by key population-led, community-led and women-led networks and organisations.