

Catalytic Investments are Central to ‘Putting People and Communities at the Center’

In anticipation of the upcoming Global Fund Board meeting and the critical decisions to be made regarding the 2023-2025 Allocation Methodology and prioritisation of Catalytic Investments (CI), **this briefing paper from the International Network of People who Use Drugs (INPUD) emphasises the critical role of CI in maximising Global Fund investments, through promoting human rights and funding community-led responses that are paramount to overcoming barriers to ending the three diseases.**

Global networks of key populations, including the International Network of People who Use Drugs (INPUD), and the constituents we serve have indisputably benefited from Catalytic Investments (CI's). Under Component 2 of the Global Fund Community Rights and Gender - Strategic Initiative (CRG-SI), we have provided ongoing technical support to regional and national networks of people who use drugs. Such sustained investments in community-led responses have underpinned community-systems strengthening, contributed to building community-led monitoring systems and accelerated advocacy and action to introduce, scale-up, and enhance the quality of Global Fund programming for people who use drugs. The CRG-SI, being one of the only mechanisms for ensuring the allocation of financial resources directly to drug user-led networks, has enabled people who use drugs to increase their voice and influence within Global Fund-related processes, including within global, regional, and national decision-making fora, and ultimately enhanced the accountability of the Global Fund to directly impacted communities.

Catalytic funding is central, rather than peripheral, to the Global Fund’s (TGF) core goal of putting people and communities at the center and its mutually reinforcing contributory objectives, as outlined in its new Strategy. While the purpose and meaning of catalytic funding and ‘cost-effectiveness’ may seem to sit on opposite ends of the spectrum, they are in reality commensurate and inter-related. **Catalytic investments provide funding to critical components of key population programmes that are often not included in core country grant allocations.** Potentially putting this strategic funding stream at risk undermines the viability and success of Global Fund programming, particularly with regards to key population programming. Ending AIDS will not be possible without adequate investments in both the operational aspects of key population services, and equally in human rights and community-led responses that address barriers to successful implementation.

Catalytic Investments, such as through Component 2 of the Strategic Initiative, are geared towards supporting and financing human rights and community-led responses. Such considerations align with the Global Fund’s stated purpose, foundation, and mission. The Global Fund was initially designed as a financing entity that operates within a partnership, in recognition that global health governance could be more effective if normative agencies, financing institutions and

technical assistance agencies were able to act independently, in collaboration and coordination. In noting that stakeholders across different settings and contexts have different levels and different types of commitments, as well as disparate levels of capacity, it was deemed important that each stakeholder feels a collective sense of ownership in the response. The meaningful engagement of stakeholders - including engagement of community members and networks - was not a norm in most places before the Global Fund, and in some contexts was not even on the radar among local stakeholders. Since its early days, the Global Fund has championed new innovative models, approaches, and tools that pushed boundaries. **These GF new models truly “broke grounds” in terms of how communities and key populations engage with national responses, funding key population activities that saved lives and supporting key population-led organisations in doing what they do best. It has therefore always been critical to ensure that key populations have human rights protection since they put their lives on the frontline, and sufficient investment to steer, direct, and lead their own effective responses.** Amongst the innovative tools and approaches that were designed to strengthen mechanisms of grant management and purported to promote the meaningful engagement of communities is Country Coordinating Mechanisms (CCM's), Dual Track Financing (DTF) and Sustainability, Transition and Co-Financing (STC). Additionally, the Community, Rights and Gender (CRG) department has been an important actor in serving the needs and priorities of key populations, steering community involvement in improving health outcomes and providing specific technical support to tackle human rights and gender-related barriers.

However, at this critical juncture of the HIV and global health response, it is time to seriously consider the economic law of diminishing returns. Whilst credit is due to the Global Fund for the considerable impacts achieved with regards to scaling down epidemics across the three diseases, and its role played in galvanising global commitment and increased investments overall, there is a need to revisit and assess organisational efforts to increase the impact of TGF investment on the ground. **In short, an evolution to the fundamentals of the model is necessary in order to truly reach that ‘last mile’.** This evolution does not require a revamp of the overall model, but in fact should be focused on building and expanding on what we collectively have learned over forty decades of the response. For example, such an evolution does not necessitate a full departure from the CCM model, but rather means that we recognise both what the CCM model has achieved, whilst being ambitious in scope with regards to what it still must achieve in terms of community engagement and country-ownership. **In order to achieve community engagement and leadership goals and truly serve the needs of key populations, the structure, modalities and functions through which TGF operates need to change.**

Such evolutionary changes need to be considered from a bird's eye view, as well as stay attentive to the specific operational areas that determine how things work on the ground. **The Global Fund's Theory of Change should clearly articulate how specific interventions result in long-term outcomes, such as amplified voices of key populations, country ownership, stronger community-led responses and eventually improved health outcomes.** And this is where Catalytic Investments (CI's) are crucial. Without sustaining Catalytic Investments, the progress in executing this theory of change will inevitably slow down. **One of the premises of pushing forward the evolution of TGF model is to develop and push forward a common and shared understanding of what Catalytic Investments (CI) are and**

are comprised of. This is the cornerstone of effective strategies and responses. In many instances CI's have been more about building partnerships and seeding the ground for country ownership, rather than its stated intention of being 'catalytic' – that is, activating national advocacy processes and operationalising TGF recommendations, particularly on human rights and community leadership, into action on the ground. In fact, **CI was established to cover the most pressing funding needs and priorities of the communities that fall outside Country Grants; that is human rights and gender-related programmes, community systems strengthening and community-led advocacy, reduction of HIV-related stigma and discrimination, legal literacy and sensitisation of policy-makers and law enforcement officials, and finally efforts focused on decriminalisation of drug use and possession, sex work, gender identity and sexual orientation. All these aforesaid elements are truly catalytic and activate the engine of TGF programming by directly addressing barriers to the health and human rights of key populations, including people who use drugs.** Too often, TGF has disproportionately focused on biomedical solutions, procurement and supply chain issues and commodities, at the expense of sustainably working on the barriers that continue to forestall real progress. Without circling back to the original definition and intent of CI, and ensuring that CI is uncompromisingly protected, we will never be able to move forwards on ending the three diseases.

Key Take-Aways

- People who use drugs face criminalisation and disproportionately high levels of stigma and discrimination that drives inequities and remain central barriers to the protection, realisation, and fulfilment of human rights, including of the right to health
- In the absence of a dedicated key population funding stream, Catalytic Investments (CI's), particularly Component 2 of the CRG - Strategic Initiative, are vital for sustaining drug user-led networks who are on the frontlines of advocacy, service delivery, research and monitoring of harm reduction, health, and legal services
- Catalytic investments should be 'catalytic'; there to fund self-determined needs and priorities of key population-led organisations that are often considered 'unfundable' within Country Grants. These include community-systems strengthening and community-led advocacy, decriminalisation efforts, para-legal programmes and anti-stigma and discrimination.
- If we want to keep CI truly catalytic and keep reaching the goals to end AIDS consistent with the UNAIDS 2021-2026 and the Global Fund 2023-2028 Strategies, at least 60-70% of these investments should be allocated to advocacy, prioritising advocacy carried out by criminalised populations