



# The Global Fund Grant Cycle 7

How people who use drugs can  
influence funding requests



International  
Network of People  
who Use Drugs

## CONTENTS

CHAPTER	PAGE
<b>01 Introduction</b>	<b>03</b>
<b>02 Global Fund Funding Cycle</b>	<b>04</b>
<b>03 What is new in Grant Cycle 7?</b>	<b>05</b>
3.1 New emphasis on community engagement	05
3.2 Stronger support on harm reduction and human rights – programme essentials	06
<b>04 What can be funded?</b>	<b>8</b>
<b>05 How to plan your engagement - Grant cycle 7 processes and key     advocacy opportunities</b>	<b>9</b>
5.1 Preparation phase	10
5.2 Funding request development phase	12
5.3 Grant negotiation phase	17
<b>06 Final tips on Grant Cycle 7 engagement</b>	<b>18</b>
<b>Annex 1: Key contacts at INPUD</b>	<b>19</b>
<b>Annex 2: Minimum Expectations - Global Fund's Community Engagement Guide</b>	<b>20</b>
<b>Annex 3. Links to key interventions in the Modular Framework Handbook</b>	<b>21</b>
<b>Annex 4: Available technical support</b>	<b>23</b>
<b>Annex 5: Key resources</b>	<b>26</b>

## 01 INTRODUCTION

The International Network of People who Use Drugs (INPUD) has produced this guide to support the engagement of people who use drugs within the Global Fund processes for Grant Cycle 7 2023 -2025 (formerly known as NFM4).

[The Global Fund Strategy 2023-2028](#) places community leadership at its front and centre, promotes investments in community-led responses including community-led monitoring, and highlights the need to increase funding for community-led organisations, particularly those led by key populations.

In this funding round, new measures are in place to help communities influence their country's funding requests. This guideline will highlight those new features, give an overview of key steps in the process of preparing a country request and grant-making, and provide tips on how to maximise your influence during those processes. This guide does not focus on the grant implementation phase.



## 02 GLOBAL FUND FUNDING CYCLE

The Global Fund funding cycle runs in three-year periods. The current funding period runs from 2023 through to 2025.

In each funding cycle, the Global Fund allocates donor funds to eligible countries. Countries then apply for their funding after engaging in inclusive consultations at the country level. After technical review and approval, countries implement their grants. Evaluation and oversight continue throughout grant implementation to monitor progress and performance.

**Country Coordinating Mechanism (CCM)** is a key in-country body that coordinates funding cycle processes. CCMs usually apply for a country's allocated funding by completing and submitting a funding request. Each complete funding request includes a narrative application, key annexes, and supporting documents.

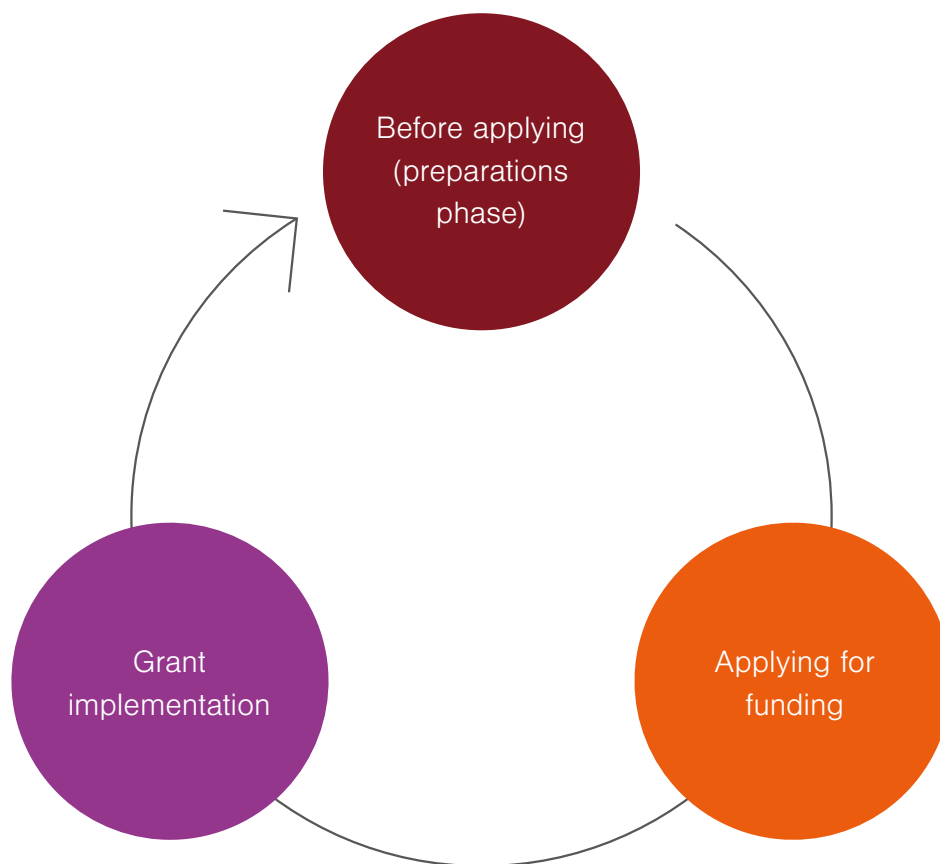


Figure 1: Global Fund funding cycle

## 03 WHAT IS NEW IN GRANT CYCLE 7?

In Grant Cycle 7, there are important changes that promote community leadership and engagement, harm reduction and human rights, and support the scale up and sustainability of community-led services.

### 3.1 New emphasis on community engagement

#### Minimum Expectations (Standards) for Community Engagement.

Too often, people who use drugs remain excluded from meaningful engagement in funding and grant cycle processes. To change this, the Global Fund has introduced in its newly published [Community Engagement guide](#) the three ‘minimum expectations for community engagement’ with a view to increase accountability, transparency, and opportunities for community engagement across the grant cycle. The minimum expectations are referenced in the countries’ allocation letters as minimum standards.

#### Meaningful Community Engagement – Global Fund Definition

Meaningful community engagement is where the role of communities is consistently and continuously acknowledged in decision making and processes, and where communities’ unique expertise, perspectives and lived experiences are sought and valued.

*These minimum expectations are:*

**Minimum Expectation 1:** The funding request development must include transparent and inclusive consultations with populations most impacted by HIV, TB, and malaria, across gender and age. This process will identify community priorities to be listed in a document called “Annex of funding priorities of civil society and communities most affected by HIV, TB, and malaria”.

**Minimum Expectation 2:** To further their involvement in oversight, community and civil society representatives in the CCMs must have timely access to information on the status of grant negotiations and any changes to the grant.

**Minimum Expectation 3:** Community and civil society representatives on the CCM have timely access to information on programme implementation.

Each minimum expectation includes a series of actions to be met by CCMs, the Global Fund Secretariat, and Country Teams. Read the actions in [Annex 2](#).

**Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria.** As Minimum Expectation 1 states, countries are now required to submit a separate document attached to the funding request called [“Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria.”](#) This mandatory Annex aims to capture a maximum of 20 priority recommended interventions from the perspective of civil society and communities most affected by the three diseases.

Development of the Annex is part of the Country Dialogue process. A broad community consultation to discuss priorities should be organised and coordinated by the civil society representatives on the CCM and the CCM Secretariat in your country. Though countries are instructed to consider these priorities when drafting their funding request, community and civil society priorities will **not** be automatically included in the country's funding request. However, this information will be used by the Global Fund to assess the effectiveness of country dialogues and to give a fuller picture of community needs.

**Focus on community-led responses.** The Global Fund explicitly recommends that countries' funding proposals support achievement of the [2021-2026 Global AIDS Strategy](#). The Strategy includes the '30–60–80 targets' expressing the percent of services that should be delivered by community-led organisations. These are:

- 30% of testing and treatment services should be delivered by community-led organisations.
- 60% of the programmes to support the achievement of societal enablers should be delivered by community-led organisations.
- 80% of service delivery for HIV prevention should be delivered by community-led organisations.

The role of communities is also emphasised in the World Health Organisation's (WHO) new [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#).

Read INPUD's briefings on the [Global AIDS Strategy 2021-2026](#) and the [2021 Political Declaration on HIV and AIDS](#) to learn more about targets for people who use drugs that your countries have committed to meet.

### 3.2 Stronger support on harm reduction and human rights – programme essentials

The Global Fund notes, in its [Technical Brief Harm Reduction for People Who Use Drugs](#) that, in many countries, harm reduction and human rights programmes are still small, not scaled-up, and in a state of 'perpetual pilot', and reminds that the 2021 – 2026 Global AIDS Strategy has the following targets:

- 90% of people who inject drugs have access to comprehensive harm reduction services integrated with or linked to hepatitis C, HIV, and mental health services
- 50% of people who inject drugs and are opioid dependent have access to OAT
- Less than 10% of people who inject drugs or living with HIV experience stigma or discrimination
- Less than 10% of women who use drugs or living with HIV experience gender inequality/ violence
- Less than 10% of countries have punitive legal or policy environments that lead to denial or limitation of services

To accelerate change towards meeting the above targets, the Global Fund now recognises harm reduction and human rights as 'programme essentials'. This means that all country proposals will need to provide an update on achieving them and to identify gaps. Additionally, countries will have to decide how to address unmet programme essentials and include specific actions in their funding request. Applicants from 'Core' and 'High Impact' countries will also be asked to describe how they plan to introduce or scale up all programme essentials that are not yet fully implemented.

**The top priority harm reduction interventions are:**

1. Needle and syringe programming (NSP)
2. Opioid agonist therapy (OAT)
3. Naloxone for overdose

**Human Rights programme essentials are:**

1. HIV programmes integrate interventions to reduce human rights- and gender-related barriers to services (e.g., inclusion of legal services at harm reduction sites or inclusion at NSP programmes of services for women who use drugs in all their diversity).
2. Reduction of stigma and discrimination in healthcare and other settings (e.g., community-led monitoring to document human rights violations).
3. Legal literacy (know your rights) and access to justice activities (e.g., legal trainings for people who use drugs).
4. Support for efforts, including community-led efforts, to reform criminal penalties for drug use, possession of harm reduction equipment/drugs for personal use, and other harmful laws and policies (e.g., community-led advocacy for legal and policy reform).

**Other important changes that strengthen the support for harm reduction include**

In accordance with the [Global Fund notes Technical Brief Harm Reduction for People Who Use Drugs](#):

- Now, programmes can address needs of people who use drugs, not only of people who inject drugs. The needs of sexual partners of people who use drugs can be addressed as well. These changes give increased scope for stimulant harm reduction.
- Treatment for hepatitis B and C can be supported for people who use drugs regardless of HIV status if there is a strong epidemiological case and is part of comprehensive HIV programming, such as harm reduction.
- Community-led monitoring is emphasised, which means there is a key role for people who use and inject drugs in planning, delivery, and evaluation of services and policy change.

Additionally, the new [WHO guidelines on key populations](#) acknowledge that interventions which promote abstinence from drug use, such as rehabilitation are not effective for preventing HIV and should not be included in funding requests to the Global Fund.

## 04 WHAT CAN BE FUNDED?

The Global Fund's [Modular Framework on HIV, TB and on Resilient and Sustainable Systems for Health \(RSSH\)](#) show interventions that can be funded and where they should be included in the funding request. It lists components, modules, interventions, illustrative scope, and description of intervention package (activities) as well as indicators. For example:

Component	Module	Intervention	Activities
HIV	Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Overdose prevention and management for Persons who Inject drugs (PWID)	<p>Activities related to preventing overdose and management for people who inject drugs. For example:</p> <ul style="list-style-type: none"> <li>• Information and education about preventing overdose and strategies for minimising overdose risk.</li> <li>• Procurement of naloxone and support for distribution and administration by first responders, for example peers, partners, family, and NGOs/CBOs.</li> </ul>

We have created a useful cheat sheet for you by listing relevant key interventions for people who use drugs. These include community-led monitoring, covering human rights, HIV prevention, testing treatment care and support, and community system strengthening that you can use for planning your priorities. See [Annex 3](#) for more details.





## 05 HOW TO PLAN YOUR ENGAGEMENT - GRANT CYCLE 7 PROCESSES AND KEY ADVOCACY OPPORTUNITIES

People who use drugs should be involved and influence decisions made at each stage of the grant life cycle. The Global Fund provides guidance in its [Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle](#).

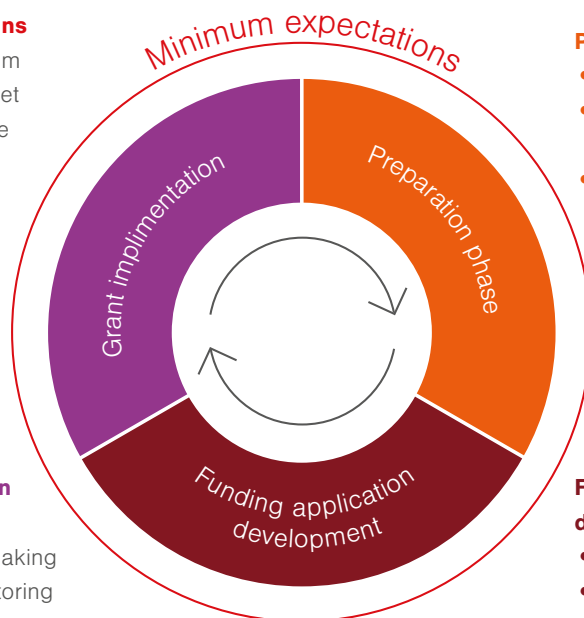
Each country will have its own approach to the processes involved in the grant life cycle. The graph below provides a general overview of the processes involved and opportunities for engagement and is followed by a section that provides tips for each stage so that you can plan effective engagement.

### Minimum expectations

- Ensure that minimum expectations are met at each stage of the grant cycle

### Grant implementation

- Participate in grant negotiations and making
- Participate in monitoring and evaluation of the grant



### Preparation phase

- Create a roadmap
- Map partners and stakeholders
- Secure financial and technical support

### Funding application development

- Gather evidence
- Conduct community consultations
- Identify your priorities, justify, and cost them
- Influence key funding request documents

Figure 2: Overview of Processes and Opportunities for Engagement

In each phase of funding request development, communities can plan their engagement following key steps and milestones. We provide tips here on three phases: preparation, funding request development and grant negotiation. **Remember that the chronological order of these steps will differ country-to-country and many steps will take place at the same time.** We advise to start planning early and if your capacity does not allow, we suggest to hire a consultant who can support you and the community through the process.

## 5.1 Preparation phase

Your main goal for this phase is to develop an advocacy roadmap to influence funding request development. For this, you will need to gather information on key dates, identify advocacy entry points, as well as map out partners and opportunities for technical and financial support.

INPUD developed a template for a roadmap, which is intended as a living document with key dates, activities, contacts, and resources to fill in. Please contact INPUD (contacts in [Annex 1](#)) to receive the template.

### Preparation Phase Step 1: Know your key dates and identify advocacy entry points

- Find out which window your country is in. Check [here](#). Keep in mind that some countries will plan to submit their funding requests earlier than their assigned window. Check with INPUD or your CCM if you need clarification. You can find INPUD contacts in [Annex 1](#).
- If you are not connected yet with your CCM, search Global Fund's CCM database [here](#) for contacts in your country or search for a CCM website in your country, which should include key contacts. You can also contact your [Regional CRG Platform](#), which will have the information.
- Based on the window your country is in, check your funding request submission deadline. Deadlines are already known for the first three windows. For other windows, the dates are tentative and will be announced later (after the publication of this guideline.) You will be able to confirm them [here](#).
- Work backwards from the submission deadline to create an engagement calendar. Countries will have their own chronology of events, so it is important that you check with your CCM to learn about key meetings (advocacy entry points) and dates.
- Remember, Minimum Expectation 1 requires that the CCM Secretariat develops and shares an engagement roadmap in a timely manner. If you are struggling to get this information from your CCM, contact INPUD or your partners that might have this information.

Window	Applicant Submission Deadline
1	20 March 2023
2	29 May 2023
3	21 August 2023
4	February 2024 (TBC)
5	April 2024 (TBC)
6	September 2024 (TBC)
7	February 2025 (TBC)

### Example key dates and advocacy entry points for your calendar and key sources of information:

- Find out dates of Country Dialogue events. Key sources of information are CCM Secretariat, other key population-led organisations, Global Fund Country Team, and UN agencies.
- Identify which Country Dialogue events will be important for you to join and influence.
- Identify the date of and learn about the consultation process for the Funding Priorities of Civil Societies and Communities Annex. Key sources of information are CCM Secretariat and CCM civil society representatives, as well as other key population-led networks.
- Identify dates of relevant CCM meetings. Key sources of information are CCM, friendly CCM members, and allies.

- Identify relevant technical working groups or other groups supporting funding request development and meeting dates. Key sources of information are CCM, other key population-led organisations, and Global Fund Country Team.
- Find out when the writing team will be drafting the funding request. Key sources of information are CCM, other key population-led organisations, Global Fund Country Team, and UN agencies.
- Identify the date when the Technical Review Panel (TRP) feedback will be received. Key sources of information are CCM, other key population-led organisations, and Global Fund Country Team.
- Dates of CCM meetings to discuss TRP feedback. Key sources of information are CCM, other key population-led organisations, and Global Fund Country Team.

Remember, the minimum expectations (included in your country allocation letter as minimum standards) have been adopted to strengthen communities' engagement in Grant Cycle 7 processes and require actions from CCMs. Use your knowledge of the minimum standards in your advocacy, especially if there are barriers to your participation. You can find detailed description of the minimum standards in [Annex 2](#).

#### **Preparation Phase Step 2: Map our partners and stakeholders and collaborate**

- Know who represents you on the CCM (it may be a representative of another key population or a civil society organisation).
- Identify other CCM allies that can support your advocacy (these can be UN agencies like UNAIDS or UNDP, donors, academics, friendly government officials, or civil society organisations).
- Find out who else will be working on the funding request: including other key population-led networks, Principal Recipient, Sub and sub-sub-recipients, civil society groups, government institutions, UN agencies like UNAIDS or UNDP, or donor agencies like PEPFAR. Map out your allies and establish contact with them so that you can rely on them for advice and support.
- Identify and ensure you are represented in working groups on relevant themes during the funding request development (for example, if your country has a technical working group on key populations, HIV prevention, harm reduction, or human rights you should plan to participate in it actively) The working groups work on a deeper level of detail on the funding requests than the CCM will.
- Remember, communities are stronger with a united voice. There might be tensions within your community and with other communities – especially when discussing how to use scarce funding. Try to get over your differences especially if they might be seen by other stakeholders in the process. You don't have to like each other to support each other in the process. Communities are stronger with a united voice.

#### **Preparation Phase Step 3: Plan and secure technical and financial support**

Know your consultants/writers. Your CCM will likely hire a national consultant/writer for the funding. It is very important to develop a relationship with them. They can potentially help you get your

priorities addressed. Ask your allies, such as your CCM representative, a friendly UN agency (especially UNAIDS), someone from the Global Fund Country Team, or INPUD to introduce them to you.

- Access technical and financial support. You may be able to access support from UNAIDS (through the Technical Support Mechanism – TSM), INPUD, the Global Fund’s Community Engagement Special Initiative (CE SI) or your CCM (at least 15% of the annual CCM funding amount must be allocated to support constituency engagement, including of key populations, not represented on the CCM).
- See [Annex 4](#) below for more information on technical assistance available to people who use drugs through UNAIDS, INPUD, CE SI, and your CCM. This assistance might be used for:
  - Salary for a person or team to work part time or full time on the funding request (UNAIDS)
  - Holding community consultations to identify priorities e.g., facilitation, meeting costs, writing, etc. (INPUD/CE SI)
  - Hiring a consultant to work on costing your priorities (INPUD/CE SI)
  - Hiring consultants/writers to advocate including your activities in the funding request (INPUD/CE SI)

### Preparation Phase Steps and Milestones

Step	Milestone
<b>Step 1:</b> Know your key dates and entry points	You have a calendar of events including key dates
<b>Step 2:</b> Map Partners and Stakeholders	You are in contact with: <ul style="list-style-type: none"> <li>• CCM members</li> <li>• Technical Working Groups</li> <li>• Other stakeholders (key population groups, UN agencies, NGOs) involved in country dialogue</li> <li>• Consultants writing the funding request</li> </ul>
<b>Step 3:</b> Plan and secure technical support	You will: <ul style="list-style-type: none"> <li>• Access your own technical assistance and funding</li> <li>• Be in contact with your country’s writer/s</li> </ul>

## 5.2 Funding request development phase

Your key advocacy goal in this phase is to include your community priorities in the funding request. You can achieve this by organising a community consultation, identifying priorities, costing them, and advocating for them during country dialogue processes and beyond.

### Funding Request Development Phase Step 1: Gather and analyse data on your community

Gather most up-to-date data on people who use drugs in your country, including epidemiological data (HIV and TB), coverage of services for people who use drugs, human rights violations, legal and policy barriers, and stigma and discrimination.

- If the data is not easily available to you might use:
  - The newest IBBS Survey from your country
  - [UNAIDS AIDSinfo](#) website where you can search for your country official data (data on epidemic, inequalities and laws and policies)
  - Harm Reduction International's (HRI) [Global State of Harm Reduction](#) includes information from civil society which may be lacking in UN or national sources
  - Community-led monitoring reports from your country

### **Funding Request Development Step 2: Organise a community consultation and choose your priorities**

- Organise a community consultation to identify community priorities for funding. INPUD's [CRM19 Community Consultation](#) guide provides suggestions about how to organise and document results of such a consultation.
- We recommend hiring a consultant to organise the consultation and write a report from it.
- Use the [Modular Framework](#) to discuss and prioritise interventions and activities for identified community needs. See [Annex 3](#) for a list of interventions and where to find them.
- **Choose only three to four priorities.** Go back to page 4 and check which harm reduction and human rights interventions the Global Fund has prioritised. Community systems strengthening, and community-led monitoring are also prioritised.
- Remember that interventions that make significant contributions to prevention and treatment of HIV are most likely to get funded, such as needle and syringe programmes. This does not mean that you cannot prioritise other interventions but, for these, you can justify their inclusion by mentioning their prioritisation by the Global Fund and their link to preventing and treating HIV and/or TB.
- Prioritise your priorities. Decide what your red line priorities are. There are many competing interests, and the funding is limited. It is likely that you will be asked to reduce the funding amount. During your consultation with people who use drugs, plan an activity that will enable you to rank the activities you discuss.

### **Funding Request Development Step 3: Justify your priorities**

- To persuade many other stakeholders to include your priorities in the funding request, you must be ready to justify them and to show evidence that the interventions and activities you propose contribute to programme outcomes (reduced HIV or TB transmission and improved access to HIV or TB treatment) are effective and cost-effective.
- Remember, harm reduction and human rights are now 'programme essentials' and some of their interventions are prioritised by the Global Fund (as showcased on page 4).
- Read the Global Fund's 2022 [Technical Brief on Harm Reduction](#) and INPUD's [IDUIT](#) guide that include evidence of harm reduction effectiveness and examples of programmes to implement (including human rights of people who use drugs and community-led advocacy and monitoring).

- Learn about cost-effectiveness of harm reduction interventions from [HRI's briefing](#) and use the arguments in your advocacy.
- Be ready to share your report from community consultation.
- For more resources, go to [Annex 5](#).

#### **Funding Request Development Step 4: Cost your priorities**

- To include an activity in the funding request, it must be costed. This means you need to estimate how much an intervention costs to have a particular impact on a particular number of people.
- Costing is complicated and it is advised to start early and secure support from partners or a technical support provider (e.g., Global Fund SE CI or UNAIDS) to do it well. When it is done right, it will be much easier for you to get your priorities addressed in the funding request.
- We recommend that you hire a consultant to do the costing based on your identified priorities.
- If you do not have funding, contact INPUD to discuss possible solutions.
- The Global Fund, through CE SI, also offers short term technical assistance for costing. Check [Annex 4](#) for more details.

#### **Funding Request Development Step 5: Get involved, be proactive and advocate!**

- Based on your roadmap, you should have identified key entry points for your advocacy. These will differ from country-to-country and can include participation in funding request working groups, Country Dialogue events, community consultations on the Funding Priorities of Civil Societies and Communities Annex, meetings with other key populations and allies, as well as with the funding request writing team.
- Share your costed and justified priorities with key allies ahead and during the meetings and advocate for them.
- Work closely with your allies to ensure that your priority interventions have wider support.
- Follow up with key stakeholders after the meetings to check if your priorities are included in the funding request as well as Funding Priorities of Civil Societies and Communities Annex. Provide additional information and evidence if necessary.
- Remember, your priority interventions need to be budgeted for in the funding request, otherwise they will not be funded. Work closely with the budget writing team/consultant to ensure this.
- PLEASE NOTE: inclusion of your priority interventions in the Funding Priorities of Civil Societies and Communities Annex does **not** mean that they will be included in the final funding request. Countries are only instructed to consider these priorities when drafting their funding request. **Your main priority should be for your priority interventions to be included and budgeted for in the main funding request (see step 6).**

- An additional issue to watch out for is to ensure that your priority interventions do not end up in the Prioritised Above Allocation Request (PAAR) annex. PAAR includes priority interventions that are part of a country's strategic plan but cannot be funded. Historically, some or all programmes for people who use drugs were included in PAAR in many countries. This means that despite being recognised as strategic, they were not implemented. You can read more on PAAR in [Grant Negotiation Phase Step 2: Negotiations and grant-making](#).

### Funding Request Development Step 6: Get your priorities included in Funding Request Documents

Only activities listed in the Performance Framework and Budget can be funded. It is essential that you negotiate inclusion of your priorities in these and other documents to be submitted with the funding request. These include:

#### Documents to influence:

Document	Consideration for input
<b>The Performance Framework (required annex)</b>	Your priority interventions and activities should be listed here with appropriate indicators. You can find the indicators in the Modular Framework.
<b>Budget (required annex)</b>	The cost of your priority interventions and activities must be included here:
<b>The Application Form</b>	This should include justification for the interventions you put forward.
<b>Programmatic Gap Tables</b>	A description of what gaps your priority interventions and activities fill should be included here.
<b>RSSH Gaps and Priorities Annex</b>	Make sure gaps related to community mobilisation, networking and advocacy are addressed
<b>Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria</b>	See above. One list of 20 is to be submitted per country. Make sure the priorities of people who use drugs are included here.
<b>Human Rights Barriers Assessment and Gender Assessment</b>	Make sure criminalisation, discrimination, and stigma as well as their consequences are addressed.
<b>Gender Assessment</b>	To be attached to the application if available. Make sure the needs of people who use drugs are addressed.
<b>Prioritised above allocation request (required annex)</b>	Ensure that programmes from people who use drugs do not end up in here as this means they will most likely not be funded.

- Other documents that are important but likely to demand less of your input include: Funding landscape tables; Country Dialogue Narrative; Protecting against Sexual Exploitation, Abuse, and Harassment Assessment; Essential Data Tables.

### Funding Request Development Step 7: CCM sign off

- Once all the core documents for the Funding Request are prepared, CCM members (including key population representatives – and even a representative of the community of people who have drugs if you have one on your CCM) will be asked to sign off on the Funding Request before it is submitted to the Global Fund for review.
- If you have strong objections to the funding request documents – for example, if the priorities listed in the Funding Priorities from Civil Societies and Communities Annex are not included in the performance framework and budget, you can ask your representative NOT to sign the funding request until the problem is resolved.

### Funding request development phase summary of steps and milestones

Step	Milestone
<b>Step 1:</b> Gather and analyse data on your community	<p>You will know:</p> <ul style="list-style-type: none"> <li>• Population size estimates</li> <li>• HIV and TB incidence and prevalence</li> <li>• Coverage of harm reduction services</li> <li>• Rates of access to HIV and TB services (prevention and treatment care and support)</li> <li>• Community assessments of service quality and access</li> <li>• Assessments of stigma, human rights, and legal barriers</li> </ul>
<b>Step 2:</b> Organise a community consultation and choose your priorities	<ul style="list-style-type: none"> <li>• You have identified and ranked a list of priority interventions for people who use drugs</li> </ul>
<b>Step 3:</b> Justify your priorities	<ul style="list-style-type: none"> <li>• Link your interventions to the Global Fund Strategy</li> <li>• Show that the Global Fund recommends the intervention you are advocating for</li> <li>• Show that the interventions and activities are recommended by the World Health Organization, UNAIDS, UNDP etc.</li> <li>• Show that the interventions and activities are cost-effective</li> </ul>
<b>Step 4:</b> Cost your priorities	<ul style="list-style-type: none"> <li>• You know how much your priority interventions cost</li> </ul>
<b>Step 5:</b> Get involved, be proactive, and advocate!	<ul style="list-style-type: none"> <li>• Your priority interventions and activities are included in the funding request and the Funding Priorities from Civil Societies and Communities Annex</li> </ul>
<b>Step 6:</b> Get your priorities addressed in key documents	<p>Each of the following contain your input:</p> <ul style="list-style-type: none"> <li>• The Performance Framework</li> <li>• The Budget</li> <li>• Programmatic Gap Tables</li> <li>• RSSH Gaps and Priorities Annex</li> <li>• Funding Priorities from Civil Societies and Communities Annex</li> <li>• Human Rights Barriers Assessment and Gender Assessment</li> </ul>
<b>STEP 7:</b> CCM sign off	<ul style="list-style-type: none"> <li>• Once the Funding Request is prepared, all CCM members, including your community representative will sign the Funding Request.</li> </ul>



### 5.3 Grant negotiation phase

Your key goal in this phase is to ensure that programmes for people who use drugs are not deprioritised during the grant negotiating phase.

#### **Grant Negotiation Phase Step 1: Technical Review Panel review:**

- Global Fund's Technical Review Panel (TRP) is a group of independent experts that review funding requests to ensure that the proposed programmes are aligned with the latest technical guidance and will help eliminate the three diseases. The TRP will provide recommendations to countries about how to improve their funding requests.
- There is no country community involvement in this step.

#### **Grant Negotiation Phase Step 2: Negotiations and grant-making:**

- If the TRP makes recommendations, the CCM will have to respond to them.
- Minimum Expectation 1 requires CCM to publish the TRP recommendations. Find out from your partners where these will be posted and when there will be meetings to discuss them.
- Read the TRP recommendations and check if changes are proposed to your priority interventions. If yes, prepare advocacy arguments to support your priorities.
- In accordance with Minimum Expectation 2, the CCM will convene a minimum of two meetings during grant making for the Principal Recipient (PR) briefing on revisions to the funding request and plans for community-based and community-led implementation. If possible, attend the meetings. If not, brief your allies who will be attending the meetings to speak in support of your priorities.
- Once the final funding request is approved by the TRP, the CCM and the Global Fund work to prepare the grant agreement with the Principal Recipient (the partner who was nominated to implement the grant).
- Lastly, if your priority interventions end up in the PAAR and TRP approves them, they will be added to the Registry of Unfunded Quality Demand (UQD). If additional funding becomes available, or savings or underspend are found during grant-making, there is a possibility that your pre-approved interventions will be integrated into your country grant. This will require advocacy with your CCM, Global Fund Country Team, and the Principal Recipient.

## 06 FINAL TIPS ON THE GRANT CYCLE 7 ENGAGEMENT

- **Keep your presence strong.** Too often people who use drugs are silenced. We must ensure that our voices are listened to and heard, and our needs met.
- **Watchdog role.** Reporting back to your community and keeping them informed about what is going on is not done just to check off a box. If you keep your community informed, other stakeholders will know they are being watched. You have a 'watchdog' role to play.
- **Unexpected changes.** There will be work done on the funding request that you do not see and there may be last minute changes. Watch for them. Do not assume that decisions made in working group meetings or during Country Dialogues are final. Be ready to take recourse. Reach out to your in-country partners or INPUD for help if agreed interventions are not included. Make noise.
- **There is still important work to do after the funding request has been submitted.** Community interventions and activities are often taken out of programmes at the last minute when the Principal Recipient and CCM make revisions in response to TRP recommendations. You must participate in these 'grant-making' negotiations to make sure this does not happen.
- **Reach out for help.** If you feel like something is going wrong, reach out for help. Contact INPUD or the CE SI or the country team to ensure the process is being conducted in accordance with Global Fund requirements.



## ANNEX 1 KEY CONTACTS AT INPUD

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## ANNEX 2 MINIMUM EXPECTATIONS - GLOBAL FUND'S COMMUNITY ENGAGEMENT GUIDE

Minimum Expectations	Actions
<p>1. The funding request development must include transparent and inclusive consultations with populations most impacted by HIV, TB, and malaria, across gender and age. This process will result in a document called “Annex of funding priorities of civil society and communities most affected by HIV, TB, and malaria.”</p>	<ul style="list-style-type: none"> <li>• CCM Secretariat develops and shares in a timely manner an engagement roadmap, including process (that sets out an access to 15% CCM funding for constituency engagement and a submission window for all CCM members).</li> <li>• Funding requests include a mandatory “Annex”, which should result from CCM-led country dialogue processes with communities.</li> <li>• Funding request documents are published externally following TRP recommendation.</li> <li>• Country Teams (CT) use the Annexes of Community Priorities to assess the effectiveness of country dialogue and gain a fuller picture of community needs.</li> </ul>
<p>2. To further their involvement in oversight, community and civil society representatives in the CCMs must have timely access to information on the status of grant negotiations and any changes to the grant.</p>	<ul style="list-style-type: none"> <li>• Copy all CCM members, including civil society/ community representatives on key automated grant-making milestone notifications.</li> <li>• CCMs will convene a minimum of two meetings during grant making for PR briefing on revisions to the funding request and plans for CBO/CLO implementation.</li> </ul>
<p>3. Community and civil society representatives on the CCM have timely access to information on program implementation.</p>	<ul style="list-style-type: none"> <li>• CCMs will provide pre- and post-CCM meeting support and access to 15% CCM funding for constituency engagement.</li> <li>• Best Practice: Country Teams will conduct at least one grant-making briefing with the community/ civil society representatives.</li> </ul>

## ANNEX 3 [LINKS TO KEY INTERVENTIONS IN THE MODULAR FRAMEWORK HANDBOOK](#)

### HIV Prevention and testing

Intervention	Module & Modular Framework Handbook Page
Needle and syringe programs for PWID	HIV: Prevention Package. Page 72
Opioid substitution therapy and other medically assisted drug dependence treatment for PWID	HIV: Prevention Package. Page 72
Overdose prevention and management for PWID	HIV: Prevention Package. Page 72
Condom and lubricant programming for PUD	HIV: Prevention Package. Page 73
Pre-exposure prophylaxis (PrEP) programming for PUD	HIV: Prevention Package. Page 73
HIV prevention communication, information, and demand creation for PUD	HIV: Prevention Package. Page 74
Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD	HIV: Prevention Package. Page 75
Community-based testing for KP programmes	HIV: Differentiated HIV Testing Services. Page 95
Self-testing for KP programmes	HIV: Differentiated HIV Testing Services. Page 96
TB/HIV - Community care delivery	HIV/TB Page104

### Sustainability of service delivery

Intervention	Module & Modular Framework Handbook Page
Community-led advocacy and monitoring of domestic resource mobilization	RSSH: Health Financing Systems. Page 19
Social contracting	RSSH: Health Financing Systems. Page 20

## Human Rights

Intervention	Module & Modular Framework Handbook Page
Removing human rights-related barriers to prevention for PUD	HIV: Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners. Page 76
Eliminating stigma and discrimination in all settings	HIV: Reducing Human Rights-related Barriers to HIV/TB Services. Page 106
Legal literacy (“Know Your Rights” campaign)	HIV: Reducing Human Rights-related Barriers to HIV/TB Services. Page 107
Ensuring non-discriminatory provision of health care	HIV: Reducing Human Rights-related Barriers to HIV/TB Services. Page 108
Increasing access to justice	HIV: Reducing Human Rights-related Barriers to HIV/TB Services. Page 108
Ensuring rights-based law enforcement practices	HIV: Reducing Human Rights-related Barriers to HIV/TB Services. Page 109
Improving laws, regulations and policies relating to HIV and HIV/TB	HIV: Reducing Human Rights-related Barriers to HIV/TB Services. Page 109

## Community Systems Strengthening

Intervention	Module & Modular Framework Handbook Page
Community-led monitoring	RSSH: Community Systems Strengthening. Page 13
Community-led research and advocacy	RSSH: Community Systems Strengthening. Page 14
Community engagement, linkages, and coordination	RSSH: Community Systems Strengthening. Page 15
Capacity building and leadership	RSSH: Community Systems Strengthening. Page 16
Community empowerment for PUD	HIV: Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners. Page 75

## ANNEX 4 AVAILABLE TECHNICAL SUPPORT

### The Global Fund Community Engagement Strategic Initiative (CE SI)

You can apply for a for short-term technical assistance (TA) specifically focused on Grant Cycle 7. You should apply the latest six months prior to your country's financial request window deadline. The CE SI provides the following types of assistance:

- Situational Analysis and Needs assessment
  - CE SI -related assessment – to generate strategic information for decision making to inform Grant Cycle 7 funding request development
  - Grant Cycle 7 program review to ensure community perspectives inform service delivery improvements under Grant Cycle 7
- Engagement in Grant Cycle 7 country dialogue processes
  - Virtual or face-to-face community consultations to inform priorities for Grant Cycle 7 funding requests
  - Coordinating input into Grant Cycle 7 funding requests and grant-making (e.g., review of draft funding requests or grant making documents)
- Costing support (e.g., virtual mentoring or in-country costing support)

Contact your [Regional CRG platform](#) for more information on how to apply and deadlines. You can also contact INPUD for support. Note that deadlines to apply for windows 1 and 2 have already passed. Deadline to apply for window 3 is end of February 2023.

### UNAIDS

UNAIDS provides technical support to countries throughout the Global Fund funding cycle, including the development of funding requests. This support comes before the funding request process in the form of informational support through the [HIV Policy Lab](#), the [Key Population Atlas](#), and the resource [AIDSinfo](#). During the process it provides technical support through consultants including community engagement. UNAIDS is also represented during decision making as a CCM member in about 70 countries. UNAIDS can be counted on to make decisions in line with the latest technical guidelines such as the new WHO Key Populations consolidated guidelines.

Additionally, [UNAIDS Technical Support Mechanism \(TSM\)](#) can be used to request technical support Grant Cycle 7 processes. TSM provides high-quality, short-term technical assistance to countries to support the development of data-informed, evidence-based Global Fund funding requests, as well as the removal of bottlenecks in grant implementation to effectively respond to the HIV epidemic. Please contact your [UNAIDS country offices](#) to get more information and request technical support or write to [tsm@unaids.org](mailto:tsm@unaids.org).

There is no deadline to apply for the TSM support and requests will be considered on rolling basis. However, it is recommended to reach out to your country office as early as possible as the development of a technical support plan will take a bit of time. Be very specific and strategic when requesting the support (e.g., if you receive any other technical support, identify what other gaps do you have and how can they be covered by TSM) and plan ahead.

TSM operates only in eligible countries (please see the list below). If your country is not on the list, please contact your [UNAIDS country office](#) to check what other technical support is available.

*TSM eligible countries (list valid until October 2023)*

- **ESA:** Angola, Botswana, Eswatini, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Sudan, South Africa, Tanzania, Uganda, Zambia, Zimbabwe
- **WCA:** Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Republic of Congo, Senegal, Sierra Leone, Togo
- **AP:** Bangladesh, Cambodia, India, Indonesia, Laos, Myanmar, Nepal, Pakistan, Papua New Guinea, The Philippines, Thailand, Viet Nam
- **MENA:** Djibouti, Morocco, Somalia, Sudan
- **EECA:** Belarus, Georgia, Kazakhstan, Kyrgyz Republic, Moldova, Republic of Tajikistan, Ukraine, Uzbekistan
- **LAC:** The Dominican Republic, Guyana, Haiti, Jamaica, Panama, Surinam

## INPUD

INPUD offers technical assistance in cooperation with the Global Fund CE SI (2021-2023):

- As part of the CE SI, INPUD is providing technical support to reinforce capacities of drug user-led networks to increase their representation in the decision-making fora and advocate for their priorities within Global Fund processes.
- INPUD is providing ongoing technical advice and support on the Global Fund policies and procedures, especially about increasing opportunities for community representation and influence. Regarding the Grant Cycle 7, in the end of September 2022 INPUD organised a peer [webinar on people who use drugs engagement in the new funding cycle 2023-2025](#), with a participation of the global drug user-led networks, UNAIDS and Global Fund Secretariat. INPUD will organise another webinar on Grant Cycle 7 in the first half of 2023 for those countries which submit their funding requests in window 2 and 3.
- Additionally, INPUD provides technical assistance to community-led networks to apply and submit request for Grant Cycle 7 short term TA. In this regard, INPUD works together with the regional platforms and ensures the TA request highlights key community priorities and amplifies harm reduction implementation in the countries.



### CCM 15% Funding Opportunity

In accordance with the [Global Fund Operational Policy Manual](#), at least 15% of the annual CCMs Funding Agreement amount must be allocated to support constituency engagement for non-governmental sector activities, including civil society and key population to promote and improve the quality of stakeholder participation. Two of many proposed activities include:

- To request input from civil society constituency into grant application documents, ensuring priorities indicated in the funding request are fully translated into programmes and reflected in key grant documents (e.g., Performance Framework, Budget, etc.).
- To support civil society, key populations and community engagement during grant-making, grant implementation and post-funding request submission.



## ANNEX 5 KEY RESOURCES

### Global Fund resources

- [Technical Brief Harm Reduction for People Who Use Drugs: Priorities for Investment and Increased Impact in HIV Programming](#) (2022)
- [Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle](#) (2022)
- [HIV Information Note](#) (2022)
- [TB Information Note](#) (2022)
- [Prisons and Other Closed Settings: Priorities for Investment and Increased Impact Technical Brief](#) (2022)
- [Resilient and Sustainable Systems for Health Information Note](#) (2022)
- [Removing Human Rights-related Barriers to HIV Services Technical Brief](#) (2022)
- [Modular Framework Handbook](#) (2022)
- [Applicant Handbook](#) 2023-2025
- [Community Systems Strengthening \(CSS\) Technical Brief](#) (2022)
- [HIV Programming at Scale for and with Key Populations - Technical Brief](#) (2022)
- [Global Fund Strategy](#) 2023-2028

### INPUD resources

- [Implementing comprehensive HIV and HCV programmes with people who inject drugs](#) (UNODC, INPUD, et al 2017)
- [Drug Decriminalisation: Progress or Political Red Herring?](#) (2021)
- [2021 Political Declaration on HIV and AIDS: Technical Brief](#) (2021)
- [Briefing Note: Global AIDS Strategy](#) 2021-2026 (2021)

### UN agencies resources

- [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#) (WHO, 2022)
- [UNAIDS Global AIDS Update, 'In Danger'](#) (UNAIDS, 2022)
- [UNAIDS AIDSinfo portal](#) (UNAIDS)
- [UNAIDS Data 2021](#) (UNAIDS, 2022)

### Other resources

- [Community-led monitoring of programs and policies related to HIV, tuberculosis and malaria. A guide to support inclusion of CLM in funding requests to the Global Fund](#) (IAS, 2022)
- [Implementing and scaling up programmes to remove human rights-related barriers to HIV services](#) (Frontline AIDS, 2020)
- [Making the Investment Case: Cost-effectiveness Evidence for Harm Reduction](#) (HRI, 2020)
- [The Global State of Harm Reduction 2022](#) (HRI, 2022)
- [The Stigma Index](#) (GNP+)
- [A Quiet Revolution: Drug Decriminalisation Across the Globe](#) (Release, 2016)

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. As an organisation, INPUD is focused on exposing and challenging stigma, discrimination, and the criminalisation of people who use drugs, and their impact on the drug-using community's health and rights. INPUD works to achieve its key aims and objectives through processes of empowerment and advocacy at the international level; and by supporting empowerment and advocacy at community, national, and regional levels. [www.inpud.net](http://www.inpud.net)

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International  
Network of People  
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