



International
Network of People
who Use Drugs

Country Coordinating Mechanism (CCM) Engagement and why it is important for People who Use Drugs.

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Introduction

Meaningful involvement of people who use drugs is essential to the effective implementation of the Global Fund mission and the key objectives that it aims to accomplish as a part of its 2023-2028 Strategy. The Strategy places more emphasis on community engagement and puts people and communities at the centre, and this principle should be embedded in one of its key instruments – a Country Coordinating Mechanism (CCM) and to be applied throughout Grant Cycle 7.

The CCMs are national committees that are responsible for the development and submission of the country's funding request to the Global Fund and grant implementation oversight¹. Given that the Global Fund is the largest donor of harm reduction programmes in low-and-middle-income countries (LMICs), it is crucial that people who use drugs are meaningfully engaged in CCM processes and decision-making and are enabled to hold CCMs accountable.

Apart from managing the implementation and oversight of the grants, one of the key principles of the CCM is to engage key populations in its processes, in a way that allows their input and voices to be heard². Yet, people who use drugs are still rarely represented in national CCMs, and too often are excluded from decisions and discussions that impact our lives.

The main objective of this report is to assess how this principle works in practice, shed light on drug user engagement in CCMs, and identify approaches to strengthen and support our community in Global Fund-related processes.

To accomplish this goal, INPUD spoke with community leaders in Nepal, Ukraine, Georgia, Kenya, Nigeria, and Costa Rica to showcase their successes and challenges; share tips and advice to support other drug user-led networks in LMICs in engaging with their CCMs; and to identify potential solutions to addressing existing barriers in CCM processes.

CCM context for people who use drugs

CCM is the core mechanism to engage in Global Fund decision-making processes. The Global Fund's CCM is guided by six eligibility requirements³ that are mandatory for all CCMs. These are:

1. Transparent and inclusive funding request development process
2. Open and transparent Principal Recipient selection process
3. Oversight planning and implementation, including engagement of key populations.
4. Membership of affected communities, including people representing key populations.

¹ The Global Fund (2023). *Country Coordinating Mechanism*. <https://www.theglobalfund.org/en/country-coordinating-mechanism/>

² The Global Fund (2018) *Country Coordinating Mechanism Policy Including Principles and Requirements*. https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf

³ The Global Fund (2023). *Country Coordinating Mechanism Eligibility*. <https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/>

5. Representation of nongovernmental members (including key populations) in CCMs through transparent and documented processes developed by each constituency.
6. Management of conflict of interest on CCMs.

To be eligible to receive funding from the Global Fund, CCMs must comply with these requirements, including ensuring the engagement of key populations throughout the grant life cycle⁴. However, the Global Fund allows CCMs to independently decide which key populations should be represented at the CCM.

This is due to the Global Fund’s country ownership principle which allows countries to tailor their own response to HIV, TB, and malaria, in consideration of their political, cultural, and epidemiological context. This often means that people who use or inject drugs are not included as CCM representatives of their countries or are excluded from engaging in CCM processes due to insufficient, incomplete, outdated or a complete lack of data, and primarily due to criminalisation, stigma, and discrimination.

Additionally, according to the Global Fund’s CCM Policy, “the Secretariat may waive the requirement of representation of key populations as it deems appropriate to protect individuals”⁵. There is however no clear requirement on providing proof of an actual threat for the Global Fund to waive this requirement. As a result, this creates space for CCM leadership to interpret and twist these ‘flexibilities’ in a way that fits their agenda to deny people who use drugs and other criminalised populations a seat.

For example, in **Nigeria**, the Drug Harm Reduction Advocacy Network (DHRAN) as well

as other key populations, are prevented by the CCM from becoming members. The legal framework of Nigeria criminalises the selling, possession, and use of drugs, which gives the CCM a reason to deny their representation at the table. This precedent also applies to other criminalised key populations. Using such language of concern and excluding communities based on a potential threat to their safety is in fact a tool to prevent them from being involved in decision-making processes. Essentially, this only works to “*maintain power in the government’s hands and the status quo of top-down development*”⁶.

As a result, key populations in Nigeria are represented on the CCM by a non-community-led organisation that has neither the knowledge, experience, or history of working or engaging with them. This means key populations, including people who use drugs, never receive timely information to fully engage in the Global Fund-related processes.

“They [CCM] don’t want anybody who has a dissenting voice. They want people with whom they can collude and agree as to what they want to do, and how they want to do it.”
(Community member, Nigeria.)

Being denied a seat in Nigeria creates a significant barrier to the meaningful engagement of people who use drugs in the CCM and other Global Fund-related processes.

“CCM is like a cult, you don’t get to attend or get any feedback from the meeting. You don’t get to see the reports. You don’t get anything from the CCM – we just know that CCM is there. So, they are not giving any feedback at all to the key populations, they are not supporting at all.”

⁴ The Global Fund (2018) *Country Coordinating Mechanism Policy Including Principles and Requirements*.
https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf

⁵ Ibid

⁶ Aidsfonds International (2023). *Statement Highlighting Contrasts Between the 2019 and 2023 UHC Political Declarations*
<https://aidsfonds.org/assets/resource/file/HLM%202023%20UHC%20statement%20.pdf>

(Community member, Nigeria.)

The engagement of people who use drugs in CCMs varies based on the country's context, adherence to Global Fund policies, and willingness of the CCM members to include us at the table and include our voices and priorities in Global Fund-related processes. However, our engagement in CCMs is fundamental to the success of Global Fund programming. Obtaining a CCM seat can be transformative for the community of people who use drugs and is an entry point for targeted advocacy to shape, implement, oversee, and monitor the Global Fund decision-making process and programming.

Obtaining a seat at the CCM: processes, challenges and lessons learnt

The process of obtaining a CCM seat is not an easy task. It often requires persistent and targeted advocacy, building partnerships and linkages with key decision-makers and allies (including the government, CCM Secretariat, UN partners, key population networks, etc.), as well as a commitment to represent and work in the best interests of our community.

As a first step, you and your community should make sure the seat for people who use drugs (or key populations) exists and if not, that it is created. If a dedicated seat for people who use and inject drugs does not exist, make sure to:

- Reach out to your CCM Secretariat or a Key Populations Platform to check and ask about when the next CCM election process is happening.

- If you are not connected with your CCM, reach out to INPUD (our contacts are provided at the end of this brief) or check with your CRG Regional platform, to provide support.
- Collect relevant evidence and provide information to the CCM to support your advocacy for the seat creation (including epidemiological data, access to services, country-specific assessments of human rights and gender, etc.)
- Find out who represents key populations on your CCM and get in touch with them to support your advocacy.
- Identify, build partnerships, and work with other allies to support your advocacy.

You may find that there are specific barriers, depending on context. For instance, in **the Latin America and Caribbean** (LAC) region, it is difficult for people who use drugs to have a CCM seat because in many countries they are not recognised as a key population in the response to HIV and tuberculosis. LANPUD' research from 2021 found that none of the 11 LAC countries that are eligible for Global Fund funding have a separate seat for people who use drugs on the CCM^{7, 8}.

"It's not easy at all especially when we talk about HIV response - injecting drug use is not common, because opioid use is not common in the region, so we have never had any funding. It's hard to push the agenda if you don't get any funding because we are not recognised as a key population. So, it's like a vicious cycle – there is no data and therefore no recognition, and so it goes on and on again."

(Community member, Costa Rica.)

It is important to note that as of Grant Cycle 7, Global Fund programmes can also address the

⁷ Latin American Network of People who Use Drugs (2021). *Inclusion and participation of people who use drugs in Global Fund processes: Report of findings from a Global Fund Community, Rights and Gender short-term technical assistance project* <http://www.redlanpud.net/recomendaciones-sobre-inclusion-pud-en-la-respuesta-al-vih/>

⁸ In 2022 a shared seat was created for people who inject drugs, female sex workers and homeless people in Colombia during the CCM elections. To read more, you can find more information in the following report: Via Libre, Regional Platform for Latin America and the Caribbean (2022). *Elections of community representatives in Colombia's CCM, case study of a technical assistance process of the Community Engagement Strategic Initiative of the Global Fund* <https://www.plataformalac.org/en/category/documents-bank/> .

needs of people who use drugs, not only of people who inject drugs⁹. This creates an opportunity for LAC countries (and other countries) to advocate for greater engagement in the Global Fund processes, including CCM representation.

In many instances, advocacy for a separate seat requires using your right to challenge the established norms and processes in the country. In **Nepal**, people who use drugs did not have a seat until they organised a demonstration in front of the Ministry of Health in 2005, demanding for the government to act in accordance with the Global Fund policies and allow a key population representative to become a CCM member.

As mentioned at the beginning, the Global Fund CCM Policy requires that CCM members representing key populations are selected by their own constituencies, based on a process that is transparent, documented, and developed within each constituency¹⁰. There are no strict criteria constituencies should adhere to when selecting their CCM representative, but it is recommended that a drug user CCM representative:

- ✓ Identify as a person who use(d) drugs
- ✓ Have an understanding and experience in engaging with the Global Fund processes and mechanisms; and
- ✓ Commit to allocating time and effort to represent and regularly report back to the community¹¹

The usual term for a CCM member is two to three years, at the end of which an election process is required to select new members and their alternates.

An INPUD and the Asian Network of People who Use Drugs (ANPUD) publication on CCMs¹² shared a suggested CCM election process amongst communities:

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 selection criteria and develop a voting guide. Each interested applicant who meets the criteria is then included in a voting ballot. Public elections are held, where the community votes through a specific channel. Votes are arranged by the selection committee and the person with the most votes is selected as the new representative.

In some countries, the CCM leads in defining the modalities of the election process. In others, people who use drugs lead in defining the modalities of the selection process and determining the criteria to identify a representative within their national context.

For example, in **Ukraine**, the debate amongst community centred on whether an eligible candidate should be a person who injects or

⁹ The Global Fund (2022). *Technical Brief Harm Reduction for People Who Use Drugs* https://www.theglobalfund.org/media/1279/core_harmreduction_infonote_en.pdf

¹⁰ The Global Fund (2023). *Country Coordinating Mechanism Eligibility*. <https://www.theglobalfund.org/en/country-coordinating-mechanism/eligibility/>

¹¹ Global Network of Sex Work Projects (2021). *Global Fund Basics: Country Coordinating Mechanisms* <http://nswp.org/resource/nswp-publications/global-fund-basics-country-coordinating-mechanisms>

¹² Asian Network of People who Use Drugs (2018). *Facilitating the Meaningful Engagement of People who Use Drugs in Country Coordinating Mechanisms* <https://inpud.net/wp-content/uploads/2022/02/Facilitating-the-Meaningful-Engagement-of-People-who-Use-Drugs-in-CCMs.pdf>

uses drugs, and whether they should be former or an active drug user.

As a result of an open and consultative process, it was eventually agreed that all drug users who publicly identify as such, as well as have support from peers, could apply for a CCM seat.

“We have always lived with trauma and stigma caused by doctors or others, with relation to our drug use, but now in Ukraine, we are all united and defined as “people with drug dependency”, therefore all of us are recognised as equal representatives of our community. The CCM Secretariat cannot step in or help identify the representative, it’s the community’s responsibility to be able to define this. It’s important to make sure that the process of selection is fair and transparent.” (Community member, Ukraine.)

Whilst the Ukrainian drug user community has been represented at the CCM since 2017 and is well established, there is still a lot of concern about the scale and level of responsibilities of a CCM representative – both within the community and by CCM members. People who use drugs are often reluctant to apply for a CCM seat due to the competitiveness of election processes, as well as the high workload expected of CCM members.

“When everyone checked the set of documents and requirements – they got scared, raised a lot of concerns, and eventually decided to stay away from it. I decided to apply as there were no candidates for an alternate seat.”
(Community member, Ukraine.)

As mentioned, people who use or inject drugs are not recognised in many LAC countries as a key population. This does not mean, however, that they cannot apply to be a general CCM member, rather than representing people who use and inject drugs specifically.

In **Costa Rica**, for example, the community member sits on the CCM as a civil society representative. This creates a double-edged sword – on the one hand, having a seat gives the community a space to be involved in strategic discussions about Global Fund funding in the region; whilst on the other, having a civil society

seat at the CCM is a piecemeal advance, as the representative is not solely representing the interests of people who use and inject drugs. In addition to that, our specific needs and priorities may be diluted in generic requests coming on behalf of the whole civil society sector.

“I was told that I was not representing people who use drugs, that I was representing civil society organisations, that I should take care of all of them all. So, it’s definitely relevant that we don’t have a seat as drug users and it’s time I put it on the table. I can see people are not comfortable that I have been saying that.”
(Community member, Costa Rica.)

In **Kenya**, the community of people who use drugs obtained an alternate seat at the CCM during CCM elections in 2020. Until then, the seat was occupied by a harm reduction service provider. The Kenyan Network of People who Use Drugs (KENPUD) made a complaint to the Key Populations Consortium signalling that their voices and needs were not being represented. As a result, and with support from the sex worker community, people who use drugs took part in the election process and managed to obtain an alternate seat, despite the process being challenged by the CCM.

Currently, the key populations constituency has two seats at the CCM and is represented by two LGBTQ members, and two alternates – one from the sex worker community and one from people who use drugs.

“The Key Populations Consortium Secretariat encouraged us to apply, they have been very supportive. They were the ones who want to see the movement of people who use drugs growing bigger in Kenya.”
(Community member, Kenya.)

The Kenyan experience demonstrates the critical importance of key population allyship, and how working in solidarity leads to achieving common goals. Obtaining a seat at the CCM is a result of a combination of advocacy, engagement, and collaboration with your peers and key population allies, CCM members, and others within the context of the Global Fund processes. While this

process can take time, be persistent in your efforts and continue to advocate for community representation even if initial attempts fail – but remember to put your safety and security first.

What Is the role of the CCM representative for people who use drugs?

Being a CCM member is demanding and can be challenging at times. By working closely with your community and representing it at the Global Fund decision-making fora, you have an opportunity to advance the rights of people who use drugs and advocate for the funding of community priorities that save lives.

As a first step, it is important to understand what CCM representation means in practice and how to maximise your impact. People who use drugs who sit on the CCM are elected to act and speak on behalf of their community, not as individuals or solely on behalf of their organisation.

Being a CCM representative for your community is not only about attending the meetings or taking part in the discussions, but it means advocating strongly for your community priorities to be taken forward, funded, and implemented. The process of engagement should be community-driven and demonstrate the active participation of the whole community. Elections should be transparent and documented, and the CCM representative should regularly seek inputs and feedback from the community on key decision areas¹³.

Secondly, enabling capacity to represent the community is critical for the success and meaningful engagement of key population representatives on the CCM. In the absence of systematic and regular capacity-building opportunities, people who use drugs will

continue to be left behind and unengaged with the Global Fund decision-making process. All key stakeholders, including most importantly the Global Fund and the CCM Secretariat, must commit to support key population capacity development, strengthen their skills, and facilitate knowledge exchange for the community to be meaningfully involved in Global Fund and CCM decision-making fora. It is worth being persistent in asking for funding support for capacity building and engagement initiatives, especially as CCM's are supposed to allocate 15% of their annual budget to activities that generate civil society and community participation in CCM's.

“We have a situation that the key populations don't have a clear understanding of the importance of being engaged in the CCM. And at the same time, the CCM itself does not initiate anything and is not interested in involving key populations in the discussion.”
(Community member, Nigeria.)

Moreover, the CCM members often stigmatise people who use drugs and question their abilities to represent the community's views and perspectives.

“They were saying we don't have the capacity, that we cannot perform. But we've proved them wrong. If today I speak on behalf of the community of people who use drugs – I have proved that the community of people who use drugs can do something, and we are very resourceful.” (Community member, Kenya.)

Thirdly, being a CCM member requires ensuring a *feedback loop* between the Global Fund, CCM, and the community. In other words, you need to be regularly communicating, coordinating, and consulting with people who use drugs concerning Global Fund programme implementation and monitoring¹⁴. Remember your legitimacy as a CCM representative comes

¹³ The Global Fund (2018) *Country Coordinating Mechanism Policy Including Principles and Requirements*. https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf

¹⁴ Global Network of Sex Work Projects (2021). *Global Fund Basics: Country Coordinating Mechanisms* <http://nswp.org/resource/nswp-publications/global-fund-basics-country-coordinating-mechanisms>

from your community and regular communication. As such, seeking of inputs and feedback will strengthen your capacity to carry out your role.

“We gather in advance, I collect questions and suggestions from everyone, summarise them in one document and send them to the CCM so that they study and give us time to discuss this or that problem. We bring together everything – both from civil society and from the community, we work together. And then after the meeting, I make a short report and send it back to my people.” (Community member, Georgia.)

Since 2019, people who use drugs in **Georgia** have held both a civil society seat as well as a separate seat for people who use drugs. The role and influence of the Georgian community of people who use drugs is strong and has been growing ever since the first Global Fund grant in 2003. As a result, Georgia was one of the first countries in the Eastern Europe and Central Asia region to start opioid agonist treatment (OAT), including in prisons, and the coverage of needle and syringe programmes have since been scaled up.

In recent years the Georgian drug scene saw several significant changes with the switch to new psychoactive substances (NPS). As a result of an alarming increase in the use of NPS¹⁵, community representatives and the civil society sector have been pushing to create an additional seat at the CCM to ensure non-injecting drug users also have a voice at the table.

In **Ukraine**, there is an established mechanism to ensure representatives of people who use drugs are held accountable for all the decisions they make at the CCM on behalf of the community. This is outlined in their constituency communication plan, which includes accountability and feedback mechanisms. As described in the plan, quarterly meetings should be held where the CCM representative reports

back and receives feedback and recommendations from the community.

“Whenever I receive communication from the CCM or other structures related to the Global Fund, I make sure to explain it to the community, simplify, and not overburden them. I also ask them to identify top three priorities to share with the CCM and make sure I include their recommendations for GF funding and technical assistance (TA) needs.”

(Community member, Ukraine.)

The role of a designated CCM member is crucial for representing the interests and needs of people who use drugs. The community representatives act as advocates and a voice for people who use drugs, translating insights and lived experiences into the planning and design of the Global Fund programmes.

Key population representatives ensure that the perspectives of constituents are considered during decision-making processes. This inclusivity leads to more effective programme design and implementation.

How to strengthen your engagement with the CCM?

CCMs are a core decision-making entity within the Global Fund. Full recognition and hands-on involvement of people who use drugs as experts should be at the forefront of CCM processes across all the regions and countries where the Global Fund operates. There is an urgent need to ensure resources are allocated to support people who use drugs in the CCM processes. Below you can find a list of tips and recommendations that our community leaders have provided to help you kickstart the path to meaningful engagement in the CCM:

“Everybody talks about the Global Fund, but you must understand the process in reality, how the decisions take place. We can influence our

¹⁵ Subeliani et al. (2019): *Patterns of use of new psychoactive substances and perceived benefits and negative effects: results of online survey in Georgia (country)*. Journal of Substance Use. <https://doi.org/10.1080/14659891.2019.1692927>

agenda. So, this is a very important thing, including our role in grant negotiation and shaping the programmes.” (Community member, Nepal)

1. Understand Global Fund processes and be a mentor:

Having a good understanding and insight into the Global Fund framework is critical. While the technical language of the Global Fund documentation is often difficult to digest, there are a wide range of guidelines, including those developed by INPUD and other global key population networks, to help you understand the framework and key functions of the CCM. Engaging with your allies and peers can also ease this task and help to understand the financial and political context in which the Global Fund operates.

Read more about the CCM and familiarise yourself with the key documents on the dedicated Global Fund page, which you can access [here](#). INPUD has also produced a technical [guide](#) on the CCM Evolution which highlights opportunities and tips for people who use drugs related to CCM strengthening, written from our perspective.

Additionally, the Global Network of Sex Worker Projects (NSWP) has produced a set of four [videos](#) that take you through the basics of CCM, the process of CCM elections, and the responsibilities and requirements of a CCM member.

If you are or have been a CCM member, mentor other people from the community to ensure continuity of knowledge, expertise, and skills. Transfer of knowledge is crucial for the sustainability of our engagement in the CCM. Try to develop concise, easy-to-understand messages about the CCM and the Global Fund processes and unpack their importance to the community.

2. Know your community needs:

‘It is important to have a sound understanding and correctly convey the problems of the community to the CCM, be uncompromising, and go until the end.’
(Community member, Georgia.)

To effectively advocate for the drug user needs at the CCM, it’s important to have a clear understanding of your community, the barriers they face in accessing services, and the key priorities that need to be addressed. Establish regular meetings with your community and work together to identify and document specific challenges, gaps, and bottlenecks relating to the implementation and oversight of the Global Fund grant in your country, including coming up with solutions and recommendations on how to meet your community needs and priorities. You can also apply for Global Fund short-term technical assistance (TA) on developing a country situational assessment to generate the evidence you need to identify and drive forward advocacy priorities.

Read INPUD’s [guide on how to apply for a Global Fund short-term TA](#) to learn more. Alternatively, you can also use data compiled by UNAIDS, Harm Reduction International (HRI), and other organisations that collect relevant data and promote evidence-based approaches to drug use.

3. Stay united

“Let’s work together to have a common voice. You know, sometimes, donors, the government - they try to divide us. We have to make sure to stay united, whoever represents us in the decision-making process – we need to have a collective understanding.”
(Community member, Nepal.)

Through uniting with your allies, sharing evidence, and developing a common agenda for the CCM, you can better influence regional and national policies on critical issues including harm reduction, community-led systems strengthening and responses, and gender and human rights programmes.

Allyship involves forming supportive relationships with diverse stakeholders, in particular other key population-led networks, and community-friendly NGOs, to work together towards a common purpose. This becomes

especially important in the absence of having a specific drug user seat at the CCM.

4. Stay consistent, committed, and determined.

“Consistency means you will need to join meetings every time, follow every conversation. You need to be very committed in terms of what you are meant to do and ensure you complete your tasks; you will need to support someone out there who is struggling.”

(Community member, Kenya).

Delivering consistent and targeted messages is vital. It also includes allocating enough time to attend all the meetings and be active and engaged in the discussions.

Consistency also means maintaining the commitment to put your peers in the centre. It is crucial to emphasise the urgency of your recommendations and to incorporate the life experiences and voices of the community. It will also help you build your relationships with different audiences.

“You need to be aggressive to ensure that nobody intimidates you because CCM people will just frighten you just because you are from a key population and just because you are a person who uses drugs, they will try to scare you. They may even stop you from asking a question, but you should know you need to be very aggressive. You need to be very keen; you need to be part of this environment.”

(Community member, Kenya.)

How to effectively get your point across?

Maximising your influence at the CCM requires a strategic and comprehensive approach, as well as a sustained commitment to make a meaningful impact at the national level. While the specific steps may vary depending on the country context and the issue at hand, here are some key steps to consider when planning to get community priorities taken up within CCMs.

1. Identify your key allies and partners

Identifying allies is crucial. Having allies, in particular within the CCM Secretariat, helps to amplify your influence and get ahead within the CCM. When those allies are sensitised to and supportive of your community needs, the meaningful engagement of communities can be immensely enhanced and facilitated.

Your potential allies may include:

- Key population and civil society representatives including community representatives from HIV, TB, and Malaria
- UN agencies (for example UNAIDS, WHO, or UNDP), international NGOs, and other donors (like PEPFAR)
- Government representatives (Ministry of Health, and other health and human rights authorities)

Bear in mind that not all CCM members are your allies. It is important to do your research to understand which members have a history of supporting communities or have an interest in promoting the priorities you have identified. Discuss with your peers who would be best to approach and work together to bring a stronger united voice to the CCM. **Georgia** provides an illustrative example where the representatives of the civil society and people who use drugs constituencies work closely together with allies within the CCM Secretariat to develop joint advocacy agendas.

“We have a very cohesive civil society sector; we can make proposals to the CCM as a united front. We support each other and always submit our proposals jointly.”

(Community member, Georgia.)

The effectiveness of the CCM representative is also influenced by how well the community is already mobilised and working together. For example, in Kenya, the Key Populations Consortium works as a united front and support the advancement of each community’s priorities in CCM decision-making. Improving the mobilisation, organisation, and communication mechanism for your constituency is also a key consideration.

“I am loyal to report to the Key Populations consortium and ensure to provide updates via WhatsApp group and emails. But if no one from the community of men who have sex with men is around and they have an issue, I have to speak on their behalf. If the sex worker is not around and they have an issue – I have to speak and represent their views as well.”

(Community member, Kenya.)

Identifying the right allies is however not always straightforward. Limited funding, resource gaps, and competing interests can make it difficult to establish and sustain partnerships. Maintaining partnerships over time can be challenging, especially as priorities shift and new challenges emerge.

“It’s very difficult to tag allies. Sometimes, you know, we have good allies, including from the government and other CCM representative. But, you know, we have also experienced a different approach because when the final decision takes place in CCM meeting, it’s all about the money game. Everyone has their own agenda; everybody wants to be a powerful petitioner.”

(Community member, Nepal.)

2. Know your audience

Knowing your audience is crucial because it allows you to tailor your advocacy message and approach to effectively communicate with those who you need to influence. These include decision-makers, donors, national and international partners, allies, and opponents, as well as media. You need to understand what their priorities are and find ways to negotiate – or when necessary, productively challenge them.

Decision-makers, including those on the regional, national, and local levels, are your primary audience. These are the individuals who oversee defining the framework of HIV programmes, including harm reduction delivery in your country.

You will need to discuss with your community how to frame your message and think about designing persuasive messages to each group. Different audiences may be moved by the

human cost of overdose, the financial cost of incarceration, or the framing of drug use as a public health concern, and you will need to preempt this and plan around this. Messaging may also have to be changed depending on your country context.

When planning your communication strategy, your peers' safety and security come first. Working in hostile environments where our community is stigmatised, criminalised, and discriminated against and where rights are violated daily, is very difficult and often dangerous. Make sure to discuss installing protective software systems, creating a rapid response team, and considering other measures to safeguard yourself and your peers from potential police raids or attacks.

3. Use the right language

To connect with your audience, you need to speak their language. Use the words, phrases, and terminology that they use. Use clear and concise language that would help your audience quickly grasp the main message and see its value.

When delivering your message, make sure that the language you choose to use does not further stigmatise people who use drugs. When using language that relates to people who use drugs, INPUD believes the views and preferences of our communities should be accepted as the basis for preferred language.

For example, avoid trivialising, victimising, or sensationalising people who use drugs or drug use – sayings things like *“has a drug habit”* or *“suffering from addiction”* can be very disempowering. Choose terms that are ‘strength-based’ and ‘empowering’ – avoid *‘non-compliant’* instead of *‘chooses not to’* *‘decided against’* – to emphasise our agency and choice.

Check INPUD’s [Words Matter Language Guide](#) to learn more about nuances and pointers when delivering your messages.

4. Tailor your messages

Be explicit and precise in how you frame your message. Develop your arguments based on data and the latest available evidence including national stigma index surveys, behavioural surveillance surveys, and other data obtained through community-led monitoring mechanisms, and many others. Remember to tailor your message to your audience. It is also important to link your message not only to the immediate needs or urgent requests from the community but plan your message with a longer-term perspective. Try to support your points with the most recent data, as well as provide real-life examples of human rights violations and stigma and discrimination faced by people who use drugs in your country.

In **Ukraine** as of 2018 the government started procuring opioid agonist treatment (OAT) directly, paying for it through the national budget. However, the community received multiple complaints from across the country about the poor quality of state-procured methadone and buprenorphine. Initially, the government refused to respond to these complaints and investigate their quality. Consequently, the Ukrainian Network of People who Use Drugs (VOLNA) took the initiative to cover the OAT quality assessment with their own funds.

Supported by the Eurasian Network of People who Use Drugs (ENPUD) Expert Council on Treatment (ECT), they were able to convince the Ukrainian government to take the concerns of clients seriously and test the quality of OAT across seven sites. Support from the ECT made it safer for activists to complain and helped push the government to respond to OAT quality issues¹⁶.

“As soon as we joined the CCM, we really began to be reckoned with. We brought the issue of drug checking and OAT quality control to the discussion of the CCM, which was then headed by the Deputy Minister of Social Policy of Ukraine. The CCM decided that it was necessary to ensure quality control, but no one wanted to do this because it was expensive. As a result, I carried out the analysis at my own expense and took it to the laboratory for examination. And it worked - the results were noted by the Ministry, and later they agreed to provide funds to establish a framework for OAT quality control.” (Community member, Ukraine.)

Learn more about hands-on experience and advocacy tips from the community by reading INPUD’s *Surviving and Thriving* report, which demonstrates how peer-led drug user networks have strategised and mobilised to leverage limited resources to positive effect, and how they are thriving in adversity and crisis in the context of insufficient and unstable resources.

Availability of funding to engage with the CCM

According to the Global Fund Operational Policy Manual¹⁷, at least 15% of the annual CCM funding must be allocated to support engagement for non-governmental sector activities — including key populations — to promote and improve the quality of stakeholder participation. Failure to comply with this requirement may affect subsequent disbursement decisions and total funding allocation¹⁸.

The Global Fund CCM Guidance Note¹⁹ explicitly outlines what activities may be supported, including for example:

¹⁶ International Network of People who Use Drugs (2022). *Surviving and Thriving: Lessons in Successful Advocacy from Drug-User Led Networks* https://inpud.net/wp-content/uploads/2022/04/Surviving_and_Thriving_EN-1.pdf

¹⁷ The Global Fund (2023). *Operational Policy Manual* https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf

¹⁸ The Global Fund (2021). *Country Coordinating Mechanism Guidance Note: Engagement*. https://www.theglobalfund.org/media/10732/ccm_02-useccmfundingconstituency_annex_en.pdf

- ✓ **Representation** e.g. supporting civil society, key populations, and community engagement during grant-making, grant implementation, and post-funding request submission; building capacities on CCM-related topics and processes.
- ✓ **Preparation** e.g. developing relevant materials and facilitating discussions; inducting new community representatives on CCM governance, ethical code, and key oversight aspects of CCM engagement.
- ✓ **Participation** e.g. including meetings for CCM representatives and their constituencies, collecting relevant data to provide evidence to voice constituency priorities; and
- ✓ **Communication** e.g. setting up a communication plan to ensure bi-directional flow between the CCM representative and its constituency, and a joint strategy to ensure alignment.

However, access to this funding stream is rather erratic and often unavailable to key population representatives at the CCM. It also largely depends on pre-established linkages and communication between the CCM member and the CCM Secretariat. In most cases, people who use drugs who sit on the CCM receive reimbursement solely for their travel expenses, accommodation, and per diem if the representative is based outside of the capital and needs to travel to the meeting destination. In other cases, compensation is insufficient, making it difficult for CCM members to participate in physical meetings.

“Yes, we do get some support. It’s just basic support. Food and transport and per diem. It’s almost nothing.”

(Community member, Costa Rica)

“People are often paid just peanuts. But we negotiated and said no, we need to allow people to be paid well, have a proper daily allowance for CCM members.”

(Community member, Kenya)

As mentioned before, CCM participation also requires a certain level of capacity to represent the community and to meaningfully engage with the Global Fund. It is therefore critical to fund and support mentorship and capacity-building activities for key population representatives on technical and thematic issues relevant to the community.

This includes support to strengthen community engagement and develop skills around Global Fund processes, advocacy, and communications. In this regard, it¹⁹ is important to remember that funding for capacity building for CCM representatives as well as setting up and maintaining community feedback mechanisms can be covered by the CCM.

Therefore, you should directly liaise with the CCM to request that funding be allocated towards the capacity-building of community representatives at the CCM.

“Capacity – it’s a major issue. We may know the Global Fund, and even work with GF, but we don’t have enough financial support to enhance our skills.” (Community member, Nepal)

Learn more about the importance of capacity-building and the progress of people who use drugs participating in the Global Fund in different countries from INPUD’s [case study](#) “From Invisibility to Influence: The evolution of participation of People who use drugs in the Global Fund”.

The report highlights the value and effectiveness of drug user-led organisations in successfully engaging in Global Fund processes. Ultimately, it shows with the right technical support and funding resources, those often left behind can move from invisibility to influence.

¹⁹ ¹⁹ Ibid

Conclusion

“Countries, CCM, and political situations are drastically different from country to country. There is no one universal solution for all countries. CCM engagement is important as it allows you to change attitude towards your community. It becomes a crucial instrument to change drug policies and legal frameworks at the country level. It’s an opportunity to interact with the government and other key partners, increases your visibility, you are invited everywhere.” (Community member, Ukraine.)

People who use drugs play a critical role in shaping Global Fund processes and programming by ensuring accountability and driving effective health outcomes. Efforts to ensure the meaningful involvement of people who use drugs are essential to develop holistic and effective strategies to end HIV and TB, and to address the stigma and discrimination we face, including during the process of advocating for our needs and rights.

In summary, the representation of people who use drugs in CCMs is crucial as it ensures a feedback loop between the community and decision-makers and helps us be directly involved and input into developing and implementing grants that affect our lives at the country level. Meaningful community engagement in the CCM can increase the chances for Global Fund programmes to be tailored to our needs and priorities, making them more impactful, effective, rights-based, and person-centred.

INPUD Contacts:

Judy Chang: judychang@inpud.net
Olga Szubert: olgaszubert@inpud.net
Gayane Arustamyan:
gayanearustamyan@inpud.net

Links to additional resources:

The Global Fund (2018) *Country Coordinating Mechanism Policy Including Principles and Requirements*. https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf

The Global Fund (2022). *Technical Brief Harm Reduction for People Who Use Drugs* https://www.theglobalfund.org/media/1279/core_harmreduction_infonote_en.pdf

Asian Network of People who Use Drugs (2018). *Facilitating the Meaningful Engagement of People who Use Drugs in CCM*. <https://inpud.net/wp-content/uploads/2022/02/Facilitating-the-Meaningful-Engagement-of-People-who-Use-Drugs-in-CCMs.pdf>

International Network of People who Use Drugs (2021). *From Invisibility to Influence: The evolution of participation of people who use drugs in the Global Fund* https://inpud.net/wp-content/uploads/2022/01/GFCCaseStudy_FromInvisibilitytoInfluence.final_.pdf

International Network of People who Use Drugs (2022). *The Global Fund Country Coordinating Mechanism Evolution. Guide for People who Use Drugs* https://inpud.net/wp-content/uploads/2022/04/INPUD_-_GF-CCM-Evolution-Guide.pdf

Global Network of Sex Work Projects (2021). *Global Fund Basics: Country Coordinating Mechanisms* <http://nswp.org/resource/nswp-publications/global-fund-basics-country-coordinating-mechanisms>

International Council of AIDS Service Organizations (2016). *More Than a Seat at the Table. A toolkit on how to meaningfully engage as HIV civil society CCM representatives*. <https://icaso.org/wp-content/uploads/2016/09/CCM-Toolkit-web-version.pdf>

Asia-Pacific Council of AIDS Service Organizations (2017). *Country Coordinating Mechanisms 101* <https://apcaso.org/ccm-101/>
Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (2023). *Recommendations for Developing Democratic Elections of CSO and Key Population Representatives to the Country Coordinating Mechanism*. <https://www.plataformalac.org/en/category/documents-bank/global-fund-documents/>

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. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs, and their impact on the drug-using community's health and rights.

INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels.

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Written by: Gayane Arustamyan, with contributions from Judy Chang and Olga Szubert

Designed by: Emily Arnold

Proofread by: Zana Fauzi

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INPUD Secretariat Unit

2c08, South Bank Technopark

90 London Road, London, United Kingdom, SE1 6LN

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