



International
Network of People
who Use Drugs

**From Invisibility to Influence:
The evolution of participation of people
who use drugs in the Global Fund**

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From Invisibility to Influence: The evolution of participation of people who use drugs in the Global Fund

Introduction

This case study will share the evolution of the participation of people who use drugs in the Global Fund and its national processes. It tells a story of the challenges drug user-led networks face nationally to participate meaningfully in Global Fund proposal development and decision-making. It highlights the progress that has been made with support from the Community, Rights and Gender (CRG) Strategic Initiative (SI). It also showcases the progress, impact and outcomes of people who use drugs participating in the Global Fund, showing the value and effectiveness of both national drug user-led organizations and the key role of the global network in facilitating successful engagement in Global Fund processes. Ultimately, it shows how with the right support, those often left behind can move from invisibility to influence.

Participating in the Global Fund national processes is an important step towards being recognized as an important key population and to achieving and directing funding towards more rights-based policies and programmes that meet the needs of people who use drugs. While in some regions and countries huge progress has been made, in others, drug user-led networks are still not included as part of CCMs and therefore have little recourse to influence decision-making. There remains resistance and a lack of political will and understanding to meaningful involvement of people who use drugs.

This case study will present key interventions implemented by and for communities of people

who use drugs. This includes specific strategies to build capacity on participation, community consultation, advocacy, policy and organizational development, made possible through the CRG-SI.

The International Network of People who Use Drugs (INPUD) implemented the CRG-SI programme from November 2017 to the end of 2020. The programme was first implemented together with regional networks in Latin America (LANPUD), Eastern Europe (ENPUD) and Asia (ANPUD). In 2020, INPUD received a top-up grant from CRG-SI to provide intensive technical support and national grants to six drug user-led networks in Kyrgyzstan, Tanzania, Zanzibar, Indonesia, Pakistan and India to enhance their engagement in the Global Fund 2020-2022 allocation cycles. Together this constituted 11 countries in Eastern Europe, 7 countries in 'Asia-Pacific, 7 countries in sub-Saharan Africa, 5 countries in middle east and north Africa and 9 countries in the Latin America and Caribbean region. The objectives of the programme funded by CRG-SI were to:

- Strengthen HIV key population networks, in particular people who use drugs with global reach, to support their country level constituencies to effectively engage in Global Fund-related processes during the whole grant cycle.
- Develop the capacity of marginalized and criminalized people who use drugs networks and communities to effectively and safely engage in all Global Fund related processes.

- Strengthen the capacity of people who use drugs networks to advocate for increased investment in rights-based and community responsive programs, as well as effective community led, human rights and gender related programming within Global Fund grants.

Key activities included:

- Adaptation of training tools to engage in Global Fund processes
- Advocacy
- Consultations, dialogues and meetings
- Core activities and small grants to partners
- Development/provision of guidance
- Information and communication
- Key population engagement in Country Coordination Mechanisms (CCMs)
- Monitoring and watchdogging
- Organizational strengthening/capacity assessment
- Training on key populations' implementation tools

Methodology

An Independent Consultant carried out structured interviews with focal points in Latin America, Pakistan and India as well as solicited written feedback from Kyrgyzstan, Indonesia and Zanzibar. This was combined with a desk review of documentation from regional and country level partners and supplemented with INPUD's monitoring and evaluation data. The study question explored was *'the evolution of the participation of people who use drugs in Global Fund processes: invisibility to Influence'*.

Background and context

Key populations and their sexual partners have higher HIV prevalence than the general population and 62% of global new HIV infections are amongst this group. UN agencies including UNAIDS, WHO, UNODC, UNDP, as well as the Global Fund, PEPFAR, bilateral donors and private foundations, such as the Bill and Melinda Gates Foundation recognize that effective and evidence-based HIV response must focus on key populations who are most vulnerable to HIV transmission. For example, in Pakistan, there is an estimated 37, 173 – 111,330 number of people who inject drugs, with a HIV prevalence rate of 38.4%, a mere 4.3% of which are virally suppressed, and low HIV prevention coverage of 29%.¹ In Ukraine, there are an estimated 319,500 people who inject drugs with a 19.1% - 22.6% HIV prevalence rate.² In Nigeria, the number of people who inject drugs is estimated at 80,000, with 9.2% HIV prevalence rate.²

People who use drugs are a population group disproportionately vulnerable to HIV and AIDS, and are often left out of HIV prevention and treatment services. Criminalisation, stigma and discrimination, including within health care settings, are some of the main barriers they face when accessing services. Accordingly, decriminalisation should be a core component of public health and HIV prevention responses. Moreover, policy makers often make political and moral judgements about who to prioritise in programmes. People who use drugs bear the brunt of these types of decision-making.

Imprisonment, arbitrary detention and compulsory forced rehabilitation is a reality for many people who inject drugs. UNAIDS estimates that

¹ Harm Reduction International (2019). Global State of Harm Reduction. Retrieved from www.hri.global/global-state-of-harm-reduction-2019

² UNODC (2018). Drug use in Nigeria. Retrieved from: www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf

56-90% of people who inject drugs will be incarcerated at some stage during their life.³ Therefore, it is essential to promote harm reduction and provide services in closed settings as well as in the community.

Harm reduction interventions are evidence-based and have a proven record of effectiveness and cost-effectiveness in the fight against HIV. Additional benefits include a reduction in criminal activity related to the need to access drugs, and individual, family and community social and health benefits. The unit costs of harm reduction interventions are relatively low, making it good value for money at \$100 - \$1000 per HIV infection averted.⁴

Whilst context and capacity differ, generally people who use drugs, harm reduction and meaningful community involvement face resistance from the public and stakeholders due to legal and cultural environments. Peers and peer workers face arrest and incarceration, torture and stigma and discrimination, all of which are barriers for access to HIV-related services, and barriers to participating in mechanisms such as the Global Fund. Moreover, there is a lack of community mechanisms for data collection to perform evidence-based advocacy, lack of space for amplifying participation and voices due to power differentials and inadequate community involvement.

The Global Fund is the largest funder of harm reduction services in low-and-middle income countries. It is essential that countries ensure that comprehensive harm reduction services for people who use drugs are included in their Global Fund funding applications. In order to enable that, drug user-led networks need particular support, such as that provided by the CRG-SI.

Findings

Drug user-led networks have started to gain traction in many countries and regions of the world. As their voice continues to get stronger, they are growing in their understanding and ability to navigate and influence Global Fund national processes. Despite COVID-19 and travel restrictions within and between countries during 2020, so much has been achieved. The unique combination of adequate funding and technical support by a peer-led global organisation, allows for support in the true sense of the word – professional and personal development of community leaders, organisational development and specific upskilling, education and hands-on assistance based on the needs of individual countries and regions.

INPUD's role as a peer-led global network of people who use drugs has been a foundational part of the journey from invisibility to influence. The need for flexibility can be seen from the diverse range of activities supported. These included activities such as mapping people who use drugs engagement in Global Fund processes; conducting trainings on improving understanding of Global Fund processes and normative guidance, publishing tools and resources on the Global Fund processes; and disbursement of small-grants to drug user-led networks. INPUD also provided technical assistance during Window 1 and 2 allocation periods for the 2020-2022 Funding Cycle as well as provided advocacy support for communities to receive financing under the Global Fund COVID-19 Response Mechanism (C19RM). INPUD has published a number of advocacy tools and resources, such as the *Sex Worker's and Drug User's Guide to Global Fund Transition* (1,089 ppl reached), the *IDUIT Brief Guide* (2,100) and *IDUIT Training Manual*

³ UNAIDS GAP Report 2014. Retrieved from www.unaids.org/en/resources/documents/2014/20140716_UNAIDS_gap_report

⁴ Cost effectiveness of harm reduction: www.sciencedirect.com/science/article/pii/S0955395914003119

(3,327) and the *Technical Brief on Universal Health Coverage* (7,795), as well as developed community-monitoring tools for gender-sensitive harm reduction services (5,386). In 2019, INPUD worked with the CRG Team to mitigate the impact of decision-making on Global Fund transition (Kyrgyzstan), producing a case study outlined below.

INPUD equipped national-level community advocates with knowledge of Global Fund processes and Global Fund Technical Proposal opportunity, normative guidance to enhance their advocacy efforts through trainings. These trainings, followed up by small-grants, resulted in regional and national networks becoming recipients of Global Fund grants for the first time (South Africa, Latin America and the Caribbean), enhanced meaningful community engagement through increased and improved constituency engagement on the Country Coordinating Mechanism (CCM) (e.g. Kyrgyzstan, India, Zanzibar), development of community-led mechanisms to systematically gather and make use of data with regard to drug policy and human rights (Kyrgyzstan) and the diversification of harm reduction treatment within Global Fund programmes (Belarus). Furthermore, sustainability of some networks was enhanced as drug user-led networks were strengthened in terms of governance, financial management and community engagement (India, South Africa, Latin America and the Caribbean). Specifically, in Pakistan, as a result of this programme the first ever drug user-led network has been formally registered with the government during 2020.

Communities increased their involvement in addressing human rights; women who use drugs (WUD) compiled community-generated evidence to develop a submission to the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (Kyrgyzstan) and community overturned government plans to roll-out biometrics (Kenya). Communities across multiple countries were able to submit their needs and

priorities, some for the first time, into Funding Request Submissions for Window 1 and 2.

Most countries submitted priorities under the prevention Module, some on treatment and care, human rights and resilient and sustainable systems for health (RHSS), but with different levels of success. Common to all submissions were needle and syringe programmes (NSP), opioid agonist therapy (OAT), overdose prevention and management, community-led monitoring, and stigma and discrimination. Legal literacy and paralegal services were also prominent. It is difficult to say if any of these priorities were fully accepted because often some or all parts of the services were placed on the Prioritized Above Allocation Request (PAAR). Indonesian Drug Users Network (PKNI) reported that many of their priorities were addressed, NSP, OST, community empowerment, but overdose prevention and provision of naloxone was not considered a priority. In Tanzania, TANPUD, faced problems because the Tanzanian grant was so heavily commoditised and they had limited success. In Kyrgyzstan, RANAR reported being satisfied with the outcomes of the grant negotiations, with NSP and OST continuing, which was seen as a success.

Clearly, despite the wealth of evidence in support of harm reduction and other priorities identified, there is still a long way to go to persuade governments, and the grant writing teams to base applications on evidence. In terms of influence, results and outcomes of this increased participation contributed towards the Global Fund strategy 2017 – 2022, particularly the human rights and gender equality pillars.

The biggest challenges reported by partners included lack of representation at the Country Coordinating Mechanisms (CCMs) and the effect of stigma and discrimination which can mean the contributions of people who use drugs are not seen as legitimate. This is further exasperated by criminalisation, which severely

limits the ability of full and meaningful participation. Understanding the processes and the opportunities presented by the Global Fund remains a key challenge, though is improving in most countries supported by this grant.

Success snapshots

As a result of funding from CRG-SI and with technical support from INPUD, a number of countries experienced and reported on communities of people who use drugs moving from invisibility to influence. Strong themes across all stories shared, include significant organisational development, capacity building of staff on advocacy, communications and participation, funding to support these activities and specific examples of improved services or policy change. It also highlights how countries and regions are very different in terms of evolution and development, with some taking initial steps towards establishment of a first harm reduction network while others are embedded within CCMs and a major part of HIV, TB and malaria responses.

Over the last few years INPUD has provided support and technical assistance to SANPUD. When the initial South African Global Fund grant for people who use drugs was awarded, INPUD encouraged SANPUD to build capacity to be able to apply for a grant in the next cycle. INPUD provided direct advice and technical input that has strengthened our Global Fund capacity and helped us submit two successful Global Fund grants, one with TBHIV Care for human rights and one as SANPUD alone for advocacy. These grants mean that SANPUD can capacitate regional networks to record human rights abuses, hold regular community consultations, appoint regional coordinators, advocacy officers and pay stipends to members of the people who use drugs community to attend policy meetings, join local drug action committees and play an

active role in the decisions that impact on them. Further, we will be able to launch a national multimedia campaign that documents the lives of people who use drugs and the role harm reduction and Global Fund programmes play in preventing HIV and improving their wellbeing. Without INPUD's support, I doubt this would have happened.

Shaun Shelley, South African Network of People who Use Drugs (SANPUD).

In **Zanzibar**, ZANPUD had good success on a number of strategic issues. With capacity building support from INPUD, ZANPUD was able to ensure a needle exchange programme was included in the National Strategic Plan in year one, rather than year three as originally intended. This was done through a series of advocacy and awareness meetings with law enforcement agencies. A number of trainings were jointly organised for ZANPUD members between Vocal Kenya and ZANPUD to equip people who use drugs on how to advocate to government and other key stakeholders. ZANUD were successful in having a representative on the CCM which meant they were very much a part of the grantmaking and grant negotiation process as well as involved in identifying needs during COVID-19. Specifically in 2020, as a result of advocacy to present the needs, issues and priorities of people who use drugs within the grant-making and grant negotiation Window application period, four methadone clinics will be supported in 2021 together with a needle and syringe exchange programme. As of yet, no key population network has as yet been directly involved as either principal or sub-recipient and that is the next goal of the people who use drugs community.

We have learned and understand how to effectively and efficiently engage and contribute to the CCM and the process of country dialogue around grant implementation.

ZANPUD Member

In **Pakistan**, a strong alliance between community networks was formed. The Drug User's Network (DUNE) and the Association of People Living with HIV (APLHIV) in collaboration with INPUD organized four provincial community consultation meetings and a national consultative workshop. This series of consultations was part of the dialogue leading to the revision of National and Provincial AIDS Strategies and the development of New Funding Request for GFATM's 2021-2023 funding cycle. Participants included leaders - people who use drugs activists from across Pakistan. The number of participants was kept small because of COVID-19. The meeting focused on highlighting the issues and needs of the people who use drugs community, prioritizing the needs and coming up with recommendations. In tandem, a joint advocacy session was held to present the needs and recommendations to the National Program Manager-National AIDS Control Program (NACP), Manager For Global Fund Grants on HIV, TB & Malaria in Pakistan and representatives of the World Health Organization. A report on monitoring of HIV treatment service for people who use drugs living with HIV was produced and an advocacy brief on Opioid agonist therapy (OAT) and availability of domestic resources for harm reduction also published.



Photo: DUNE

National Program Manager, NACP, giving his remarks



Photo: DUNE

A view of participants

As a result of support from INPUD through the CRG-SI, the first ever drug user-led network has been formally registered with the government during 2020 making for a stronger network. Links have been established and strengthened between community networks, with the Fund Portfolio Manager (FPM) and country team, and with the NACP.



Photo: DUNE

Community consultation meetings

Kyrgyzstan is a middle-income country facing declining donor funding for HIV. Challenges to participating in the Global Fund have historically included lack of people who use drugs community representatives on the CCM. As that started to change, the issues became recognition of the community as professionals presenting needs, issues and solutions. In addition, there were a number of important gaps in the quality of Global Fund supported services and programmes in the country including which needed to be addressed by the CCM.

INPUD technical support was very important, and most importantly on time. As part of the support we received during 2020, we were able to provide training for new members of the community of people who use drugs.

RANAR, Kyrgyzstan Drug User-led Network

Activities included mobilization and training of community advocates in investment and community-led, rights-based, and gender responsive programming and transition planning as well as a community-agreed Global Fund advocacy plan. Some of the training activities were directly supported by INPUD and others by the community itself.

For the first time, a representative of the people who use drugs community took up the role of Deputy Chairman of the CCM and four others sit on the CCM, including a person who injects drugs affected by TB. As a result of this, advocacy was possible within the CCM on the situation that drug use is changing within the country - while people using opioids is decreasing as an issue, people who use new psychoactive substances (NPS) is increasing and needs special attention. Activities to focus on people who use NPS are included in the 2021 – 2023 country proposal for the first time.



Photo: RANAR

More than 90% of people who use NPS have no connection with Global Fund programmes, prevention or treatment... the biggest success this year is that we got the attention of stakeholders in the CCM to the growing problem of NPS and programmes to address it included in the application for 2021-2023.

Sergei Bessonov, RANAR

In May 2020, the COVID-19 Response Mechanism (C19RM) meant that the people who use drugs community led by RANAR, was able to respond quickly to ensure maintenance of methadone therapy, transfer of services to locations closer to the service-user and that care packages of food were delivered to those most in need. As part of the CCM, representatives of people who use drugs were able to ensure the specific needs of peers were highlighted and met.



Photo: RANAR

Community meeting organised by RANAR

In general, there is increased visibility and influence of people who use drugs and improved relationships with the Principal Recipient (PR), CCM and the Fund Portfolio Manager (FPM) and country teams. Technical support from INPUD included consistent work with community members to provide training on Global Fund processes, identification of key messages, identifying opportunities for engagement and general sounding board throughout the year. INPUD also supported a rapid assessment of people who use NPS and through this, the community were able to show that only 10% of people who use NPS know about previous Global Fund programme and find it suitable. This informed advocacy that changed the funded activities.

Lessons learned include the importance of ensuring full involvement and attention to detail in preparatory stages of proposal development and also in the final stages of approval, where significant changes can and have been made by the PR that affect implementation. Also important is working closely with the PR to organise tenders and terms of reference to ensure they are programmatically correct and that appropriate and eligible community groups are aware of the opportunities.

In **India**, for the first time in 2020, the community of people who use drugs became a member of the Key Affected Populations Committee which is a formal part of the Indian CCM. Through this alliance, key population and community networks - sex workers, the transgender community and people living with HIV came together with the people who use drugs community to submit a proposal to the CCM and subsequently secure funding for the Global Fund CR19RM grant. This was a huge opportunity, in that the process of coming together and forming consensus around priority needs and issues also enabled understanding of Global Fund processes.

Under the CRG-SI grant, work is ongoing to build organisational development capacity, including the legal registration of the Indian Drug User Forum (IDUF) and support for ongoing engagement within the Global Fund.

INPUD taught us much about the way things work with the Global Fund system and what kind of checks and balances are needed to deal with them. Because of INPUD's support, we are understand and are aware of the many opportunities that are available through the Global Fund.

IDUF Member

Formation of a Key Affected Populations Committee: a Game Changer

During the first meeting of the newly formed Indian CCM, the people who use drugs representative suggested the need for a key population sub-committee to improve community engagement and bring the needs of specific key populations to the CCM, so that informed decision could be enhanced. This suggestion was accepted by the CCM and IDUF. The Key Affected Population (KAP) subcommittee was adopted as a formal part of the Indian CCM structure. The India CCM also offered funding support as well as meeting venue free of cost.

Perhaps the most significant lesson was the role played by people who use drugs in bringing different key populations together. It was people who use drugs who suggested the KAP sub-committee, led the successful negotiations with the CCM, convened the meeting to form the new sub-committee, and helped facilitate the drafting of the Engagement Plan. This level of



Key Affected Population Committee meeting in New Delhi

constructive, inclusive participation with both the formal structure of the CCM and the diverse key population communities has changed the perception of people who use drugs and provided tangible evidence of the value of what they can bring to the table.



Photo: Cortesia LANPUD

Consultation organised by LANPUD

In **Latin America**, a combination of INPUD financial and technical support and training, partnership in a Global Fund regional grant and commitment and hard work from LANPUD staff and members has seen LANPUD grow and evolve into a formidable drug user-led regional network. This has enabled amplifying of the voices of people who use drugs across the region, influencing Global Fund and other decision-making processes, and providing evidence of the catalytic connection between the global drug user-led network (INPUD) and the regional drug user-led network (LANPUD) to the benefit of people who use drugs, including people who use drugs from different communities, across the region.

INPUD's support really helps to link the dots around the world. It is constant support – support with funding, how to deal with the Global Fund, governance documents, making linkages, training and organisational development.

LANPUD Member

With support from INPUD, networks have focused on formalising their organisations, setting up governance structures, employing core staff, communication and advocacy plans, developing websites and membership committees. As a regional group, LANPUD convened

monthly online meetings of all country networks ensuring at least two representatives from each country attended as face-to-face meetings were not possible in 2020. In particular participation of young people who use drugs and women who use drugs has been a priority within the networks. Being part of the regional grant has brought key population groups together and has included education opportunities for all groups, and particularly for other key population groups to understand the issues for people who use drugs. INPUD provided training and support on advocacy, governance, technical issues and organisational development throughout.

Harm reduction in Latin America keeps the focus on the people, not only in the substance and that care goes beyond drug use to recognise vulnerability, diversity and citizenship. A key problem is the way harm reduction is currently funded means it focuses mainly on people who inject drugs, while that is not a common practice in the region.

Ernesto Cortes LANPUD Regional Network

Image: LANPUD



Although the networks are part of the groups that inform the CCM, as of yet, no people who use drugs representative is a member of any CCM in the whole region – this is a key barrier and continues to be the goal for 2021 onwards. In addition, ensuring the definition and understanding of harm reduction as not only those who inject drugs is necessary within the region. Lastly, key toolkits produced by UNODC and UNAIDS are still not available in Spanish or Portuguese presenting huge barriers to much needed support.

In **Nigeria**, until 2019, needle and syringe (NSP) and opiate substitution treatment (OST) programmes were unavailable. Currently, Drug Harm Reduction Advocacy Network Nigeria (DHARN) is involved in the implementation of Nigeria’s GFHIV 2019/2020 grant cycle across 10 states; which currently funds HIV prevention interventions, testing and treatment as well as advocacy for enabling environments.⁵ As part of the CRG-SI, DHARN is working closely with the Global Fund’s Principal Recipients (PR), the National AIDS Control Agency (NACO), FHI360 and Society of Family Health in the implementation of the pilot NSP across three states and was engaged on the KP Secretariat in the development of the Country Funding Request. In June 2019, DHARN mobilised its constituents to participate in the GFHIV survey *Characteristics of People who Inject Drugs: Needs and Barriers to Service Access*, ensuring that community were involved in monitoring and feedback mechanisms. However, there is currently no representative from the community of people who use drugs on the CCM.

⁵ The GFHIV project in Nigeria currently funds behavioural interventions, commodity distribution (condoms and lubricants) and community-based HIV counselling, testing and treatment, care and support for HIV positive people who use drugs, as well as STI/TB symptomatic treatment. Global Fund Technical Proposal No. T Global Fund – 20 – 065

Global drug-user network supports regional and national drug-user networks – A Model for Success

It is clear from each of the national and regional people who use drugs networks that the achievements related to national-level participation in the Global Fund would not have been possible without the support of INPUD. The support is unique in that it is provided by a global drug-user led network. The support takes many forms, including a unique accompaniment with full understanding of the many challenges unique to drug user-led networks.

...where INPUD respects how we implement, and they will send me an email [...] saying how is the process going, and is there anything we can do to help you guys, and [...] receiving such emails would always make us feel like it's our global network, and there is someone [...] offering support to us, so just having that in the back of our head while planning, implementing, also helps.

ANPUD, Asian Network of People who Use Drugs

Out in the cold : Community-led services abandoned as donor funding declines in Kyrgyzstan

In 2020, INPUD commissioned a case study report on documenting the real-life impact of transition in Kyrgyzstan on the lives of people who use drugs and living with HIV. A number of qualitative interviews were undertaken with the Global Fund Principle Recipient, UNDP, community advocates and programme managers, staff and clients.

The report identified the impact on beneficiary lives, but also pulled out the problems that arise and that need to be addressed in the face of irresponsible transition policies that fail to properly communicate and plan with their current recipients. It pointed out the advantages of community-led programming that are not easy to replace and are not easily captured by the quantitative indicators that the Global Fund and other donors prioritise. Furthermore, the case study documented key issues that need to be addressed when services and commodity provisions are transferred to other organisations, such as ensuring clients are not lost to follow up. The

case study concludes with a list of recommendations that will prove useful to community and civil society advocates, programme managers, as well as the Global Fund and other donors in the face of transition, particularly across the EECA region. INPUD also reached out to the Global Fund CRG-SI Team to identify bridge funding sources for the community-led organisations that had their funding abruptly cut. The process itself also led to the Principal Recipient working with RANAR to conduct a much needed quality assessment of harm reduction services in the country.

Working together on this case study highlighted the power and effectiveness of global, regional and local networks using their respective advocacy platforms, including membership of UN and government advisory and working groups, together with their knowledge to make positive change.

Full report: www.inpud.net/en/out-cold-community-led-services-abandoned-donor-funding-declines-kyrgyzstan (Russian and English)

Specific professional technical support includes work on proposal and concept note development, training on advocacy and Global Fund processes, links to key population regional and national networks through contacts, support on monitoring of Global Fund programmes, assessments, advice and feedback on organisational constituency set-up and translation and provision of key documents. Regular contact, online and face-to-face meetings mean partners feel supported and heard.

The INPUD approach to technical assistance is not to do things for members but to enable them to do things for themselves.

Global Fund Case Study Respondent

Leveraging INPUD's strategic alliances also contributes to success of this model. INPUD works closely and maintains a number of strategic collaborations with a wide array of actors;

UN agencies (UNODC, WHO, UNAIDS), global KP networks (MPact, NSWP, GATE, GNP+), civil society and regional and national networks of PUD. Additionally, INPUD holds seats on several advocacy forums, working groups and committees including the UNODC Civil Society Organizations Group, the Strategic Advisory Group to the UN on HIV and Drug use, the UNAIDS Steering committee for 2025 Target Setting, Impact and Resource Needs and the GF-CRG Advisory Group. These connections are vital and often provide a channel to ensure the needs and views of country-level drug-user led networks are heard in international policy spaces.

I already knew about the Global Fund, but in this workshop I learned many new things that I didn't know before. I thought I knew about the Global Fund but much of this training was new to me, thank you.

Participant from African Training Workshop

Harnessing the power of national and global networks to ensure funding for key populations under the C19RM grant

In May 2020, the Global Fund opened the COVID-19 Response Mechanism (C19RM). It was put in place for countries to access funds to fight COVID-19, mitigate the impact that the new pandemic is having on programs to fight AIDS, TB and malaria, and prevent fragile health and community systems from being overwhelmed. The Global Fund was committed to ensure funding filtered down to key populations. However, there were problems across a number of countries and lessons learned in making this a reality.

In India, responding to difficulties to access the grant, the community, through the Key Affected Populations Committee (described above) collect-

ed 10,000 signatures into an online petition to ensure funding support was made available to those most vulnerable key populations. Even when funding of 10\$million was eventually allocated, there were more problems and the allocation was threatened by politics and NGO infighting. The Indian Drug Users Forum (IDUF) reached out to INPUD for technical support. INPUD engaged with the Global Fund CRG team and the full amount was eventually made available for key populations. Lessons from this include the need for the Global Fund to do better in the context of global health security to make sure the most vulnerable communities benefit from their investment and are not left behind.

Lessons

- Having dedicated human and financial resources available for capacity building for drug user-led networks makes the difference between aspirations of reaching those hardest to reach and actually reaching those hardest to reach. Invariably drug user-led networks face enormous challenges to exist and implement ranging from structural barriers such as stigma and discrimination to barriers such as education and skills.
- Building capacity requires consistent support over time. This includes support to set up networks with strong governance and principles and support on skills around organisational development, advocacy and communications.
- When drug-user led networks are engaged meaningfully in the Global Fund and the national response to HIV, responses are more effective.
- Technical assistance from INPUD and other global key population networks is key to meaningful participation and engagement.
- Where key population networks come together, education and awareness within key population networks increases as does legitimacy – this is particularly powerful for drug user-led networks who often struggle to be seen as legitimate by policy makers.
- Funding through small grants enables support for core salaries and for simple and yet effective activities such as community consultations and trainings on the GF.
- COVID-19 presented an opportunity across many countries to work together as groups of key populations with CCMs to ensure prevention and treatment was continued to the community of people who use drugs.
- Stronger drug-user led networks are based on the foundation of strong organisations, advocacy, leadership and legitimacy.
- Recognising people who use drugs as experts and professionals should be a key Global Fund strategy to ensure resources are effectively allocated to address the needs of people who use drugs, ideally through separate funding streams.

Challenges faced by people who use drugs engaging in Global Fund National processes

Full participation and membership of the CCM remains a key challenge for drug user-led networks across the world. While some countries have made significant progress, others are still far away from this. Although there is much diversity across regions and countries, a common challenge for networks of people who use drugs is capacity as established and legally registered organisations. The challenge of language remains, for instance key toolkits produced by UNODC and UNAIDS still not available in Spanish or Portuguese. Structural barriers to participation continue to impede progress in some countries, where participation of people who use drugs is not welcomed. Lastly, there is still a long way to go so that people who use drugs representatives are seen and fully valued as the experts they are within the Global Fund.

Conclusion

Moving from invisibility to influence takes time, understanding, financial support, expertise, capacity and knowledge. INPUD's capacity building and technical assistance support has been key to building knowledge, confidence and opportunities for leaders within the community of people who use drugs to engage with Global Fund regional and national processes. This strategy has also facilitated greater networking among regional and national networks. National networks are now building movements in country and sharing knowledge about the Global Fund. This is leading to clearer priorities, stronger national proposals and better programmes targeted at those who need them most, tackling the real needs of people who use drugs. This in turn ensures better programmes within the Global Fund as a whole.

The Global Fund is complex and there are multiple layers of power at every level. Continuing to ensure targeted and specialist support for the community of people who use drugs through the CRG-SI is a key ingredient of success to ensure meaningful engagement and leave no-one behind. As can be seen by this case study, provision of technical support by a fellow peer-led drug user-led network is particularly effective as trust and respect is quickly built, and real understanding of the challenges as well as the opportunities facilitates empowerment. There is no doubt that drug user-led organisations, as the experts they are, are best able to identify the needs and to propose appropriate solutions to address the challenges faced by the people who use drugs community.

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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