

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

A report produced in the framework of the short-term technical assistance TA-LACLANPUD-2021 "Ensure the involvement and participation of people who use drugs (PWUD) in the processes related to the Global Fund funding cycle in the 11 countries of the ALEP multi-country project"

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With the cooperation of LANPUD



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Background

There are approximately **5.5 million people who use non-injected drugs in Latin America and the Caribbean**, while the number of people who inject drugs is low in comparison to other regions.

As international donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) withdraw from the region, the regional trend has been an increase in the proportion of harm reduction funding provided by national governments. However, **domestic funding consistently falls short of what international donors have previously provided**, leaving services without a sustainable source of finance and unable to provide continuous services to vulnerable populations.

Since late 2019, the Latin American and the Caribbean Network of People who Use Drugs (LANPUD) is part of a multi-country project of the Alianza Liderazgo en Positivo (ALEP) financed by the Global Fund.

During the first year of the project, **LANPUD noted that people who use drugs are not represented inside Global Fund Country Coordinating Mechanisms (CCMs) in the region.**

Part I: Global Fund Country Co-ordinating Mechanisms and Key Population representation

Key populations in Country Co-ordinating Mechanisms: “Nothing about us without us”

Country Co-ordinating Mechanisms (CCMs) are “national committees that submit funding applications to the Global Fund and oversee grants on behalf of their countries”. They are the principle means through which countries can access Global Fund financing for the response to HIV, tuberculosis and malaria. **Civil society is universally recognised by Global Fund staff and in published documents as an essential component of CCMs.**

In interviews with Global Fund staff, CCM representatives and civil society actors, there was **broad agreement that key populations have an important role to play in CCMs.** Their inclusion not only ensures that they can represent their interests in an important policy forum, but was also noted to improve the quality and effectiveness of interventions overseen by the CCM.

In cases where a CCM has no key population representatives, the Global Fund has legitimacy mechanisms to work with CCMs to comply with regulations.

People who use drugs and the Global Fund mandate

At the international level, the Global Fund has made it clear that **people who use (but do not inject) drugs are in fact a key population for HIV.** This is documented in their Technical Brief on Harm Reduction, Technical Brief on HIV and Key Populations, and Modular Framework Handbook. This is particularly true in relation to people who use drugs and are experiencing homelessness.

According to the Global Fund, the decision on which key populations should be prioritised at the national level for representation on the CCM should be taken in line with **national priorities in the response to HIV, tuberculosis and malaria.** This should be “based on **epidemiological as well as human rights and gender considerations**”.

CCMs, Global Fund staff and civil society all report that **people who use drugs** face barriers to accessing health services and are (at least in some cases) more vulnerable to HIV acquisition. They **are a key population, with regard to HIV**.

At present no CCM in Latin America has any representation of people who use drugs. When surveyed, CCM representatives universally cited the belief that there is not sufficient evidence for a link between people who use drugs but do not inject and vulnerability to the diseases concerning the Global Fund, and that they are therefore ineligible for representation.

Civil society, CCMs and representatives of people who use drugs agree that there is a **grave lack of data on the link between HIV and non-injecting drug use**.

Accessibility of health services and a human rights lens

In its guidance on the definition of key populations, the Global Fund does not focus exclusively on the prevalence of HIV, tuberculosis and malaria. It explicitly includes “human rights considerations” and accessibility, stigma and discrimination as factors to consider.

People who use drugs face criminalisation, stigma and discrimination when accessing health and social services, making them more vulnerable to HIV. Across the countries in this study, civil society and CCM representatives also reported that people who use drugs are excluded from CCMs and other policy processes due to criminalisation, stigma and discrimination.

Part II: Mobilising key populations for effective representation

Mobilisation through organisation

In addition to the absence of data, another key reason cited by CCMs for the lack of representation of people who use drugs is the **lack of organisation and leadership of people who use drugs at the national level**. Many CCMs reported that they are unaware of any organisation of people who use drugs in their country and asked that representatives introduce themselves to the CCM as a first step in engagement. This was echoed by staff at the Global Fund, who reported that **networks of people who use drugs need to engage in “public relations”, in order to raise their profile in CCMs**.

In some cases, in order to participate in CCM elections and CCMs themselves, organisations must be legally incorporated (noted explicitly in El Salvador and Honduras). However, **in some cases stigma and criminalisation may make formal organisation impossible or unfeasible**, in which cases Global Fund interviewees emphasised that key populations should still seek to organise and have a collective voice heard.

“Do not expect everything to come at once, but have more of a strategic vision”

Even when organised, there are few formal procedures people who use drugs can follow to guarantee representation in CCMs, because of the Global Fund’s commitment to country ownership (the principle that country should determine their own priorities in the response to HIV, tuberculosis and malaria). This means **organisations must have a structured advocacy plan with objectives for the short, medium and long term**.

CCM representatives, Global Fund staff and representatives of other key populations also noted the importance of **engagement in non-Global Fund policy processes as a way of establishing legitimacy and raising awareness**.

“Active and effective representation”

Of course, a seat at the table, whether in a CCM or another forum, is not sufficient in itself. **Representation must also be effective in promoting the interests of people who use drugs.** Actively engaging with the CCM Hub, the CCM Evolution project and the Community, Rights and Gender department can support capacity building, with all three entities increasingly seeking to work with key populations to support their organisation and increase their participation in Global Fund processes.

Mobilisation through bridge-building and intersectionality

Alongside organisation within the community of people who use drugs, many respondents also emphasised the **importance of engagement with other key populations.** According to both Global Fund staff and CCM representatives, key population delegates in CCMs should not only represent their own peers, but all key populations.

In some cases, key population representatives may not consider themselves to have interests aligned to those of people who use drugs. As such, another strategy to mobilise other key populations in the interests of people who use drugs may be to emphasise intersectionality and common interests.

Conclusions

As expressed in the findings presented here, there are two important means of demonstrating that people who use drugs (including non-injected drugs) are a key population. Firstly, there is **a need to gather evidence on HIV and tuberculosis among people who use drugs**, including not only data on prevalence but also data on threats to accessibility of services such as stigma, discrimination and criminalisation. Secondly, **there is a need to strengthen the organisation of people who use drugs and their co-operation with other key populations**, in order to ensure their voices are heard in all relevant fora.

The Global Fund (including the Community, Rights and Gender department and the CCM Hub) and the CCMs themselves can also play an important role in ensuring people who use drugs are represented in these processes.

Firstly, they can actively engage with networks of people who use drugs once contact is established, for example by inviting them to participate in open policy processes. Secondly, they can support efforts to understand HIV and tuberculosis among people who use drugs, including data collection on prevalence and service accessibility. Thirdly, they can support capacity building for organisations of people who use drugs and other key populations, including ensuring they have access to training materials. All of these actions are particularly important in contexts where the participation of people who use drugs is limited by stigmatisation, discrimination and criminalisation.

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