



Desk Review

Assessing participation of people who use and inject drugs in Global Fund Country Coordinating Mechanisms

June 2018

This report was prepared by Mr. Pascal Tanguay, on behalf of the Asian Network of People who Use Drugs (ANPUD) and the International Network of People who Use Drugs (INPUD), with support from the Global Fund to Fight AIDS, TB and Malaria (Grant number TGF-17-080), to support the development of a community engagement guide to facilitate meaningful PWID participation in Country Coordinating Mechanisms (CCMs).

Introduction

This summary report is designed to support the development of a research protocol to collect qualitative data among people who inject drugs (PWID) in Asia in order to inform the preparation of a capacity building tool and guidelines for meaningful PWID engagement with Country Coordinating Mechanisms (CCM). Although the Terms of Reference for this assignment focuses on five countries (Cambodia, India, Indonesia, Nepal and Vietnam) the outputs should cater to the needs of PWID across the globe.

The report is based on a desk review of published materials related to (1) engagement with Global Fund mechanisms; (2) engagement with CCMs; (3) meaningful involvement of civil society organizations (CSO); (4) meaningful engagement of key populations; and (5) meaningful engagement of people who use and/or inject drugs. Resources and documents were collected through internet-based searches, or provided by the Asian Network of People who Use Drugs (ANPUD). A total of 45 documents were collected and analyzed in the context of this assignment.

Among the 45 documents, nine (20.0%) were official publications by the Global Fund, including guidelines, plans and reports; ten (22.2%) were studies and reports documenting CSO and key population experiences of engagement with Global Fund mechanisms; seven (15.6%) were toolkits specifically designed to facilitate key population engagement in Global Fund mechanisms; 11 (24.4%) were guidance documents produced by CSOs to support CSOs working with the Global Fund; and eight (17.8%) were other documents, including media releases, position papers, tool development reports, assessment tools, and lists advertising technical support services related to Global Fund mechanisms. All documents reviewed in the context of this assignment are listed in Annex 1.

The publications included in this desk review were analyzed according to the following criteria: year of publication; content overview; content focus (Global Fund mechanisms, CCMs, other); countries covered; and objectives (explicitly stated or not). In terms of content, all publications were reviewed for information related to CCMs; pertaining to eligibility requirements; to CCM composition; to gender issues; to key population issues; specifically to PWID and people who use drugs; to regional grants; and to technical assistance. In addition, the content was analyzed against inclusion of information related to the Global Fund Secretariat; to the Global Fund Board (particularly the Communities Delegation to the Board); and to the Office of the Inspector General (OIG).

This report is divided into four sections, including the introduction. This section is followed by an analysis of the materials and publications, based on the criteria listed above. The later sections include conclusions and key findings based on the data analysis, as well as recommendations to guide the development of the data collection protocol and the toolkit for PWID engagement in CCMs.

Analysis of materials

The majority (n=38, 84.4%) of publications reviewed were published after 2012, with the highest volume having been released in 2015, 2016, and 2017 (n=25, 56.6%). Two publications reviewed did not include a publication date, and internet searches did not yield any information regarding publication dates. Table 1 below provides an overview of the year of publication for materials reviewed and analyzed for this report.

Table 1: Year of publication of documents reviewed

Year of publication	Number	%
No date	2	4.4%
2003	1	2.2%
2004	1	2.2%
2008	2	4.4%
2009	1	2.2%
2012	4	8.9%
2013	4	8.9%
2014	5	11.1%
2015	6	13.3%
2016	13	28.9%
2017	6	13.3%
TOTAL	45	100.0%

Out of the 45 publications reviewed, 23 (51.1%) focused on the CCM, 18 (40.0%) focused on wider Global Fund processes (reviews of national strategic plans, country dialogues, grant-making, grant implementation, and oversight mechanisms beyond CCMs), and four (8.9%) were focused on issues beyond Global Fund-specific mechanisms (mostly on technical assistance [TA] from the Community, Rights and Gender [CRG] department).

Out of the 45 publications reviewed, 10 (22.2%) offered a primer on Global Fund mechanisms (two [4.4%] of which were published by the Global Fund) and 13 (28.9%) offered basic information about CCMs (three [6.7%] of which were published by the Global Fund). These results show that there is significant amount of information about GF processes and CCMs in published materials, implying that the development of the PWID toolkit may not need to repeat what has already been published elsewhere.

Approximately a third of documents reviewed (n=15, 33.3%) included either a checklist (n=6, 13.3%) or a questionnaire (n=9, 20.0%). These can be very useful in guiding the development of data collection tools such as protocols, surveys and in-depth interview questionnaires related to the same topics but in other countries or regions. In the context of this assignment, it is recommended to review the checklists and questionnaires in the existing literature, before the development of the research protocol and other data collection tools.

The documents reviewed often contained specific country-level analysis including examples of good practice and challenges as well as lessons learned

from Global Fund-related mechanisms. Out of all documents analyzed for this assignment, six (13.3%) included information about Cambodia and India respectively, four (8.9%) about Nepal, three (6.7%) about Indonesia, and two (4.4%) about Vietnam. This implies that in the region, the countries covered by this project are the subject of regular documentation and reporting in the context of Global Fund mechanisms and projects.

A similar analysis of examples and country focus by region across the literature reviewed shows that the majority of publications focused on Africa (n=17, 37.8%), followed by Asia (n=14, 31.1%), Eastern Europe and Central Asia (EECA) (n=9, 20%), Latin America (n=5, 11.1%) and the Middle East (n=2, 4.4%). These results show that efforts focusing on Africa and, to a more limited extent, Asia seem to have priority in the context of Global Fund engagement, likely driven by geopolitical priorities rather than epidemiological needs.

The goals and objectives of each publication reviewed have been grouped into four categories, with analysis results presented in Table 2 below, in addition to the number of publications that did not explicitly state the objectives. Where objectives were not explicitly stated, these were inferred based on the content of that publication. This distribution shows that the majority of publications are still focused on informing, sensitizing, and supporting access to knowledge and information about meaningful involvement, by describing mechanisms and processes, rather than facilitating that engagement by exploring strategies and interventions that can stimulate key population engagement. In parallel, an equal amount of publications sampled in this review were focused on facilitating meaningful involvement of key populations as they were on assessing the performance of Global Fund mechanisms. Only a small proportion of publications did not fit under the three broad objectives.

Table 2: Objectives of publications reviewed

Objectives	Number of publications	%
Inform, advise, sensitize, support CSO and/or key populations in Global Fund mechanisms (including CCMs)	19	42.2%
Increase and facilitate meaningful participation of CSO and/or key populations	11	24.4%
Assess and evaluate Global Fund mechanisms (including CCMs)	11	24.4%
Other	4	8.9%
<i>Objectives not explicitly stated</i>	5	11.1%

A total of 25 (55.6%) publications reviewed mention, describe, or explain the Global Fund eligibility requirements for CCMs and/or the eligibility and performance assessment process, leaving 20 (44.4%) publications that remain silent on this issue. This is not surprising given that eligibility requirements were made official requirements by the Global Fund in 2013, with additional minimum

standards being introduced as mandatory for access to funding as of 2015.¹ However, out of the 25 publications that included the eligibility requirements, eight (32.0%) highlight the principles or historical building blocks behind the requirements, 11 (44.0%) only mention the requirements, only ten (40.0%) explicitly define and explain the requirements, and only three (12.0%) explicitly guide readers through the implementation of the assessment process.

In parallel, almost two thirds (n=29, 64.4%) of publications analyzed refer to the composition of CCMs as an important issue in considering meaningful involvement of CSO and/or key populations in Global Fund processes and mechanisms, with 16 (35.6%) remaining silent on this issue. Key population representation on CCMs is indeed important but the metrics used by the Global Fund can overshadow exclusion of certain groups, like PWID or transgender people. For example, "in 2016, 61 CCMs reported having at least one representative from KP groups on their CCM, and in 2015, only 17 CCMs had representatives from the transgender community."² In addition, a number of publications raise concerns about simple reliance on composition metrics as a measure of meaningful involvement:

*While presence of some key populations representatives on most CCMs is now standard, their ability to contribute, and the quality of their participation in the processes of these bodies remains unclear.*³

*Having a certain quota of women members does not guarantee that general principles will be integrated, gender analysis applied, or evidence used to support planning for more gender responsive HIV/AIDS programming. Nor does it assure Global Fund recipient and sub recipient organizations of obtaining the gender expertise they need.*⁴

Specifically related to CCMs and more broadly to Global Fund mechanisms, only 19 (42.2%) publications reviewed mentioned gender issues and gender balance (three [6.7%] which had gender as the main focus of the publication), with the majority (n=26, 57.8%) not addressing the issue at all. In contrast, 29 (64.4%) publications reviewed focused on key populations, while only 16 (35.6%) did not cover issues related to key populations.⁵ While the proportion of documents addressing key population issues is significant, almost three quarters (n=33, 73.3%) did not mention people who inject drugs (and even fewer mentioned people who use drugs) as an important population for Global Fund responses.

¹ Pullen, K. and Garmaise, D. 2014. *A Guide to Building and Running an Effective CCM*. Aidspace, Alliance Regional Technical Support Hub South Asia.

² Switzerland, Germany, and France. 2016. *Position Paper: The Global Fund Country Coordinating Mechanism: Fit for implementing the new strategy within the SDGs area?*

³ Kageni, A., Mwangi, L., Mugenyi, C. and Macintyre, K. 2015. *Representation and Participation of Key Populations on Country Coordinating Mechanisms (CCMs) in Six Countries in Southern Africa*. Aidspace.

⁴ Ashburn, K., Oomman, N., Wendt, D. and Rosenzweig, S. 2009. *Moving Beyond Gender as Usual: How the U.S. President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank's Africa Multi-Country AIDS Program are addressing women's vulnerabilities in the HIV/AIDS epidemic in Mozambique, Uganda, and Zambia*. Center for Global Development.

⁵ Some of the publications listed the key populations, as defined by Global Fund guidelines, though there was no discussion, explanation or focus on the role of these groups in Global Fund processes and mechanisms.

This is an important concern given that three (6.7%) Global Fund guidance documents⁶ in the sampled publications explicitly prioritize PWID in the global response, as well as for meaningful participation in key mechanisms like the CCMs. An assessment of key population representation in the New Funding Model in 13 African countries showed that no PWID had seats on those CCMs, and that no PWID were even reached by the survey conducted by the African Men for Sexual Health and Rights.⁷

Out of the 45 documents analyzed, 37 (82.2%) did not mention or include any discussion related to regional coordinating mechanisms (RCM) in the context of regional or multi-country grants. Meanwhile, seven (15.6%) mentioned RCMs and/or regional or multi-country grants but did not provide details regarding composition or assess the performance of those structures, essentially simply reporting that those exist. Only one (2.2%) document – an official guidance document published by the Global Fund – included specific yet seemingly contradictory information about RCM requirements:

The six requirements for CCM eligibility apply equally to sub-national CCMs and to RCMs [but...] For multi-country applicants, Regional Organization applications are an alternative to RCM applications. Non-CCM and RO applicants are not bound to the six requirements for CCM eligibility or the multi-stakeholder model.⁸

This is particularly problematic as a significant amount of Global Fund resources has historically been channeled through regional and multi-country grants,⁹ yet there are few documents discussing, reviewing, or assessing how these mechanisms are performing, especially in terms of CSO and key population representation. This is even more critical when we acknowledge that the Global Fund is using those grants to meet the needs of key populations through community-based advocacy and other non-service programming such as improving legal environments and strengthening human rights mechanisms.¹⁰ As another example to highlight the critical gap in terms of regional grants, Alliance India is currently the principal recipient (PR) for a regional grant focusing on harm reduction advocacy covering Cambodia, India, Indonesia, Nepal, Philippines, Thailand and Vietnam, yet no RCM was established since January 2017,¹¹ despite repeated requests from implementing partners.

⁶ Global Fund to Fight AIDS, TB and Malaria. 2016. *Achieving Inclusiveness of Country Coordinating Mechanisms*; Global Fund to Fight AIDS, TB and Malaria. 2016. *Gender Equality and Key Populations: Results, Gaps and Lessons From the Implementation of Strategies and Action Plans*; and Global Fund to Fight AIDS, TB and Malaria. 2017. *Key populations action plan 2014-2017*.

⁷ Nemande, S., Esom, K. and Armstrong, R. 2015. *Key Populations Experiences within the Global Fund's New Funding Model in Sub-Saharan Africa: Findings from a preliminary survey*. African Men for Sexual Health and Rights.

⁸ Global Fund to Fight AIDS, TB and Malaria. 2013. *Guidelines and requirements for CCMs*.

⁹ Baran, C. 6 March 2018. "As Global Fund multi-country grants enter a new phase, we map all ongoing and planned regional and multi-country grants" in *Global Fund Observer* #332, online at http://www.aidsplan.org/gfo_article/global-fund-multi-country-grants-enter-new-phase-we-map-all-ongoing-and-planned-regional.

¹⁰ Global Fund to Fight AIDS, TB and Malaria. 2017. *Multicountry Approach in the Global Fund's 2017- 2019 Funding Cycle*.

¹¹ See details online at <http://www.anpud.org/harm-reduction-advocacy-asia/>

Similarly, other multi-country grants that are led by AFAO and Save the Children lack such a mechanism.

A total of 26 (57.8%) of publications reviewed highlighted the value of mobilizing technical assistance (TA) in the context of Global Fund grants and strengthening CCMs, including for facilitation of meaningful involvement of key populations. Six (13.3%) recommended specific TA providers to support CSO and key populations in the context of Global Fund grants, with five (11.1%) emphasizing TA opportunities sourced through the Global Fund CRG department.

Very few (n=7, 15.6%) publications analyzed referred to specific roles and responsibilities of the Global Fund Secretariat in terms of facilitating meaningful involvement of key populations in its processes and mechanisms; even fewer (n=4, 8.9%) highlighted opportunities with the Communities Delegation to the Global Fund Board; and equally few (n=4, 8.9%) mentioned the role of the OIG in this context (with one [2.2%] of the publications mentioning the OIG having been written by the OIG).¹² These findings also seem out-of-line with the Global Fund's own policy goals and strategic objectives to increase meaningful participation of key populations and CSO in its processes and mechanisms.

¹² Global Fund to Fight AIDS, TB and Malaria. 2016. *Audit report: The Global Fund Country Coordinating Mechanism*.

Key findings

Analysis of the literature in the context of this assignment has shown that overall performance of CCMs across the globe has improved since the establishment of the Global Fund in 2002. Stakeholders – from government and development partners, to CSO and key populations – have a much better understanding of the role and responsibilities of CCMs, as well as their own roles and responsibilities vis-à-vis CCMs and their constituencies compared to 15+ years ago when the Global Fund was established. Evidence of the emphasis on effective CCM functioning can be derived for example from Table 1 in the analysis section of this report, showing an increasing number of studies, reports and toolkits about Global Fund mechanisms, and particularly about CCMs, being published over the years. With better country ownership of Global Fund grant-making processes and grant implementation, the responses to HIV (and TB and malaria to a lesser extent) have become more responsive to local needs of communities affected and vulnerable to the diseases.

The desk review, conducted to support the development of the protocol and ultimately of the toolkit to support greater meaningful involvement of people who use and inject drugs in CCMs, revealed that there have been numerous efforts designed to achieve those objectives, that considerable progress has been made, and that significant successes have been generated through those efforts. Initiatives launched by the Global Fund – such as eligibility requirements and minimum standards – have contributed to significant improvements in terms of CSO and key population engagement in CCMs. In parallel, efforts by CSO have also paved the way for lessons learned and good practices to be documented, shared and replicated to further support similar efforts in other countries and regions.

Despite those successes, major challenges and important gaps remain, especially in terms of involvement of key populations in decision-making processes, across all key populations. However, while numerous toolkits have been developed and published to stimulate, encourage and support meaningful CSO and key population participation, including in CCMs, there has been little focus or attention on PWID, a community that the Global Fund itself recognizes as a priority in the global response to HIV, especially in Asia and Eastern Europe.¹³ Despite this prioritization, people who use and inject drugs are rarely involved in official roles in Global Fund mechanisms, and they are rarely meaningfully involved in discussions that impact their lives and livelihoods, or even considered meaningfully by other stakeholders who design those responses to HIV at global, regional, national and local levels. Multiple publications reviewed highlight the negative impact of criminalization and the lack of institutional and individual respect for basic human rights as major barriers to meaningful engagement of this community.

In addition, no tool currently exists specifically to support PWID engagement in CCMs or broader Global Fund processes and mechanisms. Moreover, the toolkits

¹³ Global Fund to Fight AIDS, TB and Malaria. 2017. *Key populations action plan 2014-2017*.

that exist to support meaningful engagement of key populations in Global Fund mechanisms and in CCMs are generally focused on increasing rote knowledge of Global Fund processes and procedures – which is important, of course – but insufficient to really generate meaningful participation of the most affected and vulnerable communities impacted by HIV. For example, out of the seven toolkits specifically designed to support meaningful engagement of key populations in CCMs, only two¹⁴ provided concrete actionable advice about **how** key population representatives in CCMs could consult, formulate contributions, communicate, ensure that contributions are taken seriously by other CCM members, and hold CCMs accountable.

Too often the key population toolkits are stuffed with background information about Global Fund structures and mechanisms, basic functions of CCMs, as well as other rote information that does not directly contribute to better engagement. Essentially, what is now needed to support meaningful engagement of people who use and inject drugs in Global Fund CCMs is a ‘navigation tool’ that moves away from the ‘what’ and focuses on the ‘how,’ a toolkit that is directly targeted at people who use and inject drugs to address in concrete ways how they can work with their CCM representatives, how they can be elected to CCMs, and how they can influence decisions on those CCMs.

¹⁴ Especially: Davies, N. 2016. *More than a seat at the table: A toolkit on how to meaningfully engage as HIV civil society CCM representatives*. International Council of AIDS Service Organizations; and to a lesser extent: Zaidi, S. 2016. *Learning Guide: Strengthening Knowledge on The Global Fund Processes for Transgender Communities*. Asia Pacific Transgender Network.

Recommendations

1. The development of the toolkit should be global in scope and, therefore, efforts should be made to involve key stakeholders from the PWID community beyond the five countries in Asia that are explicitly highlighted in the project and assignment terms of reference.
2. The toolkit to be developed should be directly targeted at people who use and inject drugs to address in concrete ways how they can work with their CCM representatives, how they can be elected to CCMs and address the needs of their constituency, how they can influence decisions on those CCMs, and how they can hold CCMs to account.
3. The PWID toolkit developed under this assignment should not repeat the Global Fund and CCM primers commonly included in key population toolkits; instead, the PWID toolkit should refer readers to existing publications that contain the rote information about Global Fund mechanisms and processes.
4. Development of the interview questionnaire and online survey (to inform the development of the PWID toolkit) should be based on a thorough review of the 15 questionnaires and checklists included in the literature reviewed in this report.
5. The PWID toolkit should highlight the need of greater meaningful participation of PWID in RCMs, as well as the need for greater accountability from the Global Fund Secretariat in enforcing requirements for representation, participation and oversight in these regional structures.
6. The PWID toolkit should be responsive to the needs of women and girls who use drugs, as well as the overlap between drug use and other key populations.

Annex 1: Reference documents

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