

# The Global Fund grant-making for people who use drugs

The Global Fund Strategy 2023-2028 puts communities at the front and centre of the global HIV, TB and malaria responses and emphasises community engagement in all Global Fund processes<sup>1</sup>. It is, therefore, crucial that people who use drugs engage in and monitor all the stages of the Global Fund grant cycle, including funding request development, grant-making and grant implementation. This can ensure our community's more transparent and inclusive participation in the key Global Fund processes, including grant-making, and ultimately lead to implementing programmes that meet our needs.

Grant-making is the second stage of the Global Fund grant life cycle, which aims to translate the funding request into grants ready for implementation. The role of our community during this stage is to ensure that the final grant agreement between the Principal Recipients (PRs) and the Global Fund includes all the interventions and priorities that were proposed in the funding request, as well as addresses the comments provided by the Technical Review Panel (TRP).

At the start of Grant Cycle 7, the Global Fund has [introduced](#) three minimum expectations for community engagement to increase accountability, transparency, and opportunities for community engagement across the grant life cycle. In relation to the grant-making stage, Minimum Expectation 2 notes, "the community and civil society representatives in the Country Coordinating Mechanisms (CCMs) must have timely access to information on the status of grant negotiations and any changes to the grant". In practice, all CCM members, including community representatives, must be copied on key grant-making milestone notifications. The CCMs should also convene at least two meetings with the PRs during the grant-making to discuss the revisions to the funding request and plans for grant implementation led by community-led organisations<sup>2</sup>. It is, therefore, important to put these expectations into action, prioritise community mobilisation, and identify what we can do to guarantee our priorities are included in the grant-making stage.

## Key stages of grant-making

The grant-making stage starts when the CCM receives comments from the TRP, summarising key recommendations and changes that must be addressed before the grant agreement is signed. This is a window of opportunity for the community to push for changes and adjust the proposal following the key community priorities.

Although the TRP feedback is not publicly available, the recommendations related to communities, human rights and gender provide important opportunities for engagement. You can ask your community or civil society representatives on the CCM who should have a copy of the TRP feedback to send it to you; if you face any challenges, please refer to the Minimum Expectation 2<sup>3</sup>.

<sup>1</sup> The Global Fund (2022). *Fighting Pandemics and Building a Healthier and More Equitable World. Global Fund Strategy (2023-2028)*. [https://www.theglobalfund.org/media/11612/strategy\\_globalfund2023-2028\\_narrative\\_en.pdf](https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf)

<sup>2</sup> The Global Fund (2022). *Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle*. [https://www.theglobalfund.org/media/12649/core\\_community-engagement\\_guide\\_en.pdf](https://www.theglobalfund.org/media/12649/core_community-engagement_guide_en.pdf)

<sup>3</sup> Ibid

If you are not a member of the CCM, remember that you can also request observer status for these meetings to provide input as needed through your representatives at the CCM.

The grant-making process typically involves the following stages<sup>4</sup>:

- ✓ **Planning:** During the funding request stage, the PRs, Global Fund Country Team, CCM, and the Local Fund Agent (LFA) initiate a discussion on specific timelines and deliverables. Based on these timelines, it is important to be informed of these agreements and continue engaging with the CCM and your allies.
- ✓ **Negotiating:** as soon as the funding request is submitted to the Global Fund, the PRs work with the Country Team to finalise all the grant documents, including Performance Framework, Detailed Budget, Health Product Management Template, Implementation Arrangements Map and a risk assessment. Once the TRP feedback is available, CCM and PRs continue to work together to address the issues and submit the revised funding request to the Global Fund<sup>5</sup>. Examples of TRP issues could include a lack of evidence-based opioid agonist therapy (OAT) programme, insufficient domestic resources for HIV, TB and malaria, lack of strategic focus on gender due to insufficient disaggregated data and resources for key populations, and others. Such recommendations provide a great entry point for your community to push for changes and adjust the proposal.
- ✓ **Approving:** CCM submits the grant to the Grant Approvals Committee (GAC)<sup>6</sup>, which reviews and recommends the grant to the Global Fund Board.
- ✓ **Signing:** The Grant is signed off by the Board, followed by signing the legal contract between the PR(s) and the Global Fund. It has to be signed at least **one month** before grant implementation and
- ✓ **Getting ready:** the PR(s) and the Global Fund Country Team continue collaborating to ensure grants are ready for implementation. The Country Team then processes the first disbursement.

Another important area that is discussed during the planning stage is the selection of Principal Recipients (if they have not been selected earlier in the process), **Sub-Recipients (SRs) and Sub-Sub Recipients (SSRs)**. SRs and SSRs often play a pivotal role in the grant implementation. Hence, communities must monitor the selection process to ensure transparency and ensure that community-led organisations meet the criteria in review<sup>7</sup>.

The Global Fund also recommends that Country Teams hold at least one meeting with community and civil society representatives to provide an update and receive feedback on grant-making progress. Ensure to express your interest and participate in the meeting with the Country Team during their visit. This will allow you to voice key challenges and bottlenecks you face during the grant-making stage. You can contact your CCM and your respective Community Rights and Gender (CRG) Regional Advisors for further details.

<sup>4</sup> The Global Fund (2023). *Resources on grant-making* <https://www.theglobalfund.org/en/grant-making/resources/>

<sup>5</sup> The Global Fund (2022). *Grant-making for GC7*. <https://www.theglobalfund.org/en/video/2023/2023-05-25-grant-making-for-gc7/>

<sup>6</sup> The Grant Approval Committee (GAC) is a team of technical partners, representatives of civil society, and relevant staff and leadership from the Global Fund Secretariat, which reviews the recommendations made by the TRP and provides an independent review of funding proposals.

<sup>7</sup> The Global Fund (2023). *Grant Regulations, Version 2*. [https://www.theglobalfund.org/media/13342/core\\_grantregulationsversiontwo\\_regulations\\_en.pdf](https://www.theglobalfund.org/media/13342/core_grantregulationsversiontwo_regulations_en.pdf)

## Key barriers to engagement

People who use drugs often report that the grant-making process is done behind closed doors and solely between the PRs and the Global Fund Country Team. The community representatives who participated in the grant-making stage of Grant Cycle 6 (GC6) and Grant Cycle 7 (GC7) noted: *“diminished roles and engagements that were not as extensive as they should be, leading to missed opportunities and programmatic changes not agreed upon by the community”*.<sup>8</sup>

The following key barriers were identified by our community members from Kenya, Nigeria and Ukraine during their engagement in the grant-making stage of the GC6 and GC7:

- Restricted access to key information related to the grant agreement negotiation. Communities reported not having immediate access to documents, not being notified by the CCM of the key dates and timelines of the process, including a lack of transparent and inclusive community consultations.
- Ignoring community recommendations proposed at the funding request development stage. The community members of people who use drugs and sex workers in Kenya noted during Grant Cycle 6 that “community-led organisations wrote and shaped [community priorities] in the proposal but were not selected as implementing partners”<sup>9</sup>.
- Short timelines do not allow for more extensive, in-depth community consultations after the TRP review.
- Lack of reliable costing data and budget analysis is particularly important when advocating for community priorities while revising the funding request and finalising detailed budget and health product management submissions.
- Limited funding to support community representatives in participating in key strategic discussions related to the Global Fund grant(s).

## Key tips to improve your engagement in grant-making

Despite the challenges faced by the community, our peers collected and shared several practical tips to help overcome the barriers and achieve better outcomes during the grant-making stage:

- Establish communication with the representatives of the CCM Secretariat, PRs and SRs.
- Familiarise yourself with the TRP comments and follow the changes to the proposal after the TRP review.
- Have the data and evidence ready to advocate and support interventions for people who use drugs. Anticipate attacks on core harm reduction interventions and prepare your advocacy, including compiling the latest available epidemiological data, evidence of the effectiveness of harm reduction approaches, cost-effectiveness analyses, human rights and gender assessments, etc.

<sup>8</sup> The Global Fund Peer Technical Support Hub ‘GC7 Grant-making: Experiences and Lessons Learned from People who Use Drugs’ Webinar on 12 December 2023 <https://www.youtube.com/watch?v=ih94RZOTZF8>

<sup>9</sup> Ibid

- Build alliances with other key populations and civil societies across the three disease areas.
- Leverage and strengthen your alliances from the funding request stage and identify new potential allies (including key population and civil society representatives, UN agencies, international NGOs, and other donor organisations) ahead of time during the grant-making stage. Remember to do your research before considering partnerships and identify who among them has a history of supporting human rights and gender interventions relevant to your community.
- Understand the funding split among the three diseases, which is the percentage of the funds available for country funding designated for each disease . Familiarising yourself with the disease fund strategy allocation will help you develop priorities, cost them accordingly, and strengthen your advocacy.
- Make sure to request and track the grant-making roadmap developed by your CCM to identify, engage with, and monitor key advocacy moments and opportunities.
- Keep track of savings in the current grant and funds allocated in the Prioritised Above Allocation Request (PAAR). Continue advocating for it with the Global Fund Secretariat, including the Community Rights and Gender (CRG) Regional Advisors and respective Country Teams.
- When negotiating, highlight the linkages between community priorities and achieving the Sustainable Development Goals (SDGs), the Global Fund Strategy, and the National Strategic Plan.

Preparing and being fully involved in all the grant-making processes is important. This means dedicating a significant amount of time to attending the most important meetings and technical working groups where harm reduction and other programmes for people who use drugs are discussed.

Participation of people who use drugs in the Global Fund grant-making process ensures that critical needs and priorities are addressed and included in the final grant agreement. Involving people who use drugs in the grant-making stage increases the likelihood of implementing community-led and practical programmes that address barriers to accessing health and human rights-related services.

Meaningful participation in the grant-making process empowers communities and creates opportunities to be further engaged in grant implementation and grant oversight. It fosters a sense of agency and encourages individuals and groups to engage actively in health promotion and disease prevention efforts. Ultimately, involvement in grant-making promotes transparency across the Global Fund decision-making processes, holds stakeholders accountable for using funds, and ensures that resources are directed towards programmes and activities that benefit our community.

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**10** If the country allocation is up to USD 12 billion, the funds will be apportioned as follows: 50% for HIV/AIDS, 18% for tuberculosis, and 32% for malaria. For country allocation above USD 12 billion, the split is 45% for HIV/AIDS, 25% for tuberculosis and 30% for malaria.

**11** The CCM develops the roadmap as soon as the Allocation Letter is shared with the country. The roadmap outlines key timelines and stages for developing the funding request, country dialogue, grant-making, and grant negotiation, culminating in signing the grant agreement.