

The International Network of People who Use Drugs (INPUD)¹ and Harm Reduction International (HRI)² commend the Global Fund on reaching the penultimate stage of the strategy development process. This strategy comes at a critical time of the response as the last strategy before the 2030 deadline to end AIDS and therefore has a transformative potential.

Communities of people living with HIV and key populations, that is people who inject drugs, gay men and other men who have sex with men, sex workers, transgender people and prisoners, have been pivotal to the HIV response, yet too often, instead of being at the front and centre, we are left behind and paid lip service.

In light of this, and following on from our inputs into the strategy framework as well as first draft of the strategy narrative, we strongly request that the subsequent recommendations are included during the finalisation of the strategy narrative:

- 1. Communities must be truly at the centre of the response:** The strategy needs to be specific on *how* its objective to maximise the engagement and leadership of affected communities will be translated into action and delivered. It is crucial that communities are meaningfully engaged in decision-making about Global Fund work and programmes at all levels and with different partners. This engagement and leadership will contribute to smarter programme design, efficient allocations, effective oversight of programmes and better accountability, including through community feedback mechanisms such as community-led monitoring.
- 2. Dedicated funding streams for key populations:** Putting communities at the front and centre of the strategy means investing in them. The Global Fund must commit to establishing a dedicated funding stream for key populations, with representatives from networks and communities involved in their development at all stages. This would allow key population-led organisations and networks to determine how funds are used for community-led programming while strengthening community leadership and ownership in Global Fund processes. Too often it is larger NGOs that take over this space, with dual track financing being ineffective in supporting community-led programming. Without a specific reference to dedicated funding streams, communities of people living with HIV and key populations will continue to face additional barriers, further shrinking civil society space.
- 3. From global to local:** Communities need to be recognised for their technical expertise, rather than being strictly limited to roles that deliver on programmatic goals and objectives set by others. The role of global, regional, and national networks as technical and programmatic experts must be acknowledged and adequately resourced as such. Funding global and regional networks, in addition to national networks, ensures an advocacy loop that drives social and political change from the local to global.

We stand at critical moment for the response, grappling with multiple epidemics. Whilst acknowledging the role the Global Fund can play in pandemic preparedness and response, the focus on the three diseases cannot be compromised. There is still a long way to go in ending HIV, TB and malaria, as well as much to learn from these approaches to shape future emergency responses.

With only nine years left to reach the Sustainable Development Goals, we cannot afford to fail the response and communities again. For more than 40 years, communities have been pivotal to the HIV response, yet too often we have been overlooked and pushed to the margins. Now is the time to provide a clear and uncompromising roadmap that shifts power and resources to where they should belong.

¹ INPUD is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs.

² HRI is an international NGO which works through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies.