

**FIVE THINGS YOU
NEED TO KNOW
ABOUT HARM
REDUCTION AND
THE GLOBAL FUND
GRANT CYCLE 7**

On 5th December 2022, HRI, EHRA, NAPUD, GFAN and UNAIDS held a webinar to discuss the Global Fund replenishment outcome and how to strengthen funding for harm reduction in the 2023-2025 Grant 7 Cycle. Joining the discussion were Robin Montgomery (Matahari), Daniel Wolfe and Susie McLean (Global Fund), Francis Joseph (NAPUD), Iris Semini (UNAIDS), and Ganna Dovbakh (EHRA).

1. THE GLOBAL FUND HAS RELEASED A [NEW INFORMATION NOTE ON HARM REDUCTION](#).

This provides technical guidance on what is expected within funding requests and what is allowed to be covered by the Global Fund in Grant Cycle 7. The following developments are particularly important for harm reduction advocates:

- Harm reduction is now an HIV “program essential” – this means all countries must describe status of their harm reduction programs in their funding requests and those countries classified as high impact must describe their plan for implementation. Top priority harm reduction interventions are needle and syringe programming, opioid substitution therapy and naloxone for overdose.
- Programming for people who use drugs - funding requests can include programs for people who use/inject drugs and their sexual partners, rather than only people who inject drugs. This allows increased scope for stimulant harm reduction.
- Human rights “program essentials” – the following components must be included in funding requests - integrating human rights protections into HIV and TB services; removing stigma in health care and other settings; access to justice/legal support; and advocacy, including community led advocacy, on decriminalisation and other policy change.
- Emphasis on community-led monitoring – the info note highlights the key role for people who inject drugs in planning, delivery and evaluation of services and policy change.
- Clarity on hepatitis B and C – the Global Fund will fund hepatitis B and C treatment for people who inject drugs regardless of HIV status if strong epidemiological case and part of comprehensive HIV programming.

- The harm reduction information note is an annex to the Grant Cycle 7 updated [HIV information note](#).
- Other useful documents include: new information notes on programming in [prisons and other closed settings](#) and [removing barriers to HIV services](#). The Technical Review Panel have a set of criteria that they use to review funding requests which can be found [here](#).

2. FUNDING REQUESTS MUST MAKE THE LINK BETWEEN PROGRAMMING AREAS AND THEIR IMPACT ON HIV OUTCOMES.

Community advocacy, community engagement and rights protections for people who use drugs have an impact on HIV testing, diagnosis, prevention and treatment outcomes. Within funding requests, it is important to make this link explicitly, to show why these areas of programming are necessary components of an effective response to HIV among people who use drugs.

For example:

- Meaningful engagement of people who use drugs is central to delivering effective programmes (for example, ensuring the right kind of needles and syringes are procured and for effective outreach).
- Protection from police harassment and violence leads to greater use of needle and syringe programmes (NSP) and a lower risk of anti-retroviral treatment (ART) interruptions.
- Take home Opioid Agonist Therapy (OAT) provides greater flexibility for clients and leads to decreased unit cost which makes service delivery more cost efficient.

3. THERE ARE NOW MINIMUM EXPECTATIONS FOR COMMUNITY ENGAGEMENT AT DIFFERENT STAGES OF THE GLOBAL FUND GRANT CYCLE.

- During proposal development - transparent and inclusive consultation process with populations most impacted (across gender and age), with a mandatory Annex of Funding Priorities of Civil Society and Communities Most Affected. Country teams, along with the CRG team review and leverage annex (also known as the Community Annex) in note accompanying application to the Technical Review Panel.
- During Grant Making - community/civil society representatives on the Country Coordinating Mechanism (CCM) have timely access to information on grant negotiations/changes to grant.
- During Grant Implementation - community and civil society representatives on the CCM have timely access to information on program implementation.

4. COMMUNITY AND CIVIL SOCIETY CAN ENGAGE WITH NETWORKS AND ALLIES, AS WELL AS COUNTRY COORDINATING MECHANISMS (CCMS)

- CCMs will be able to update you on any changes to the timing of application deadlines (windows), provide information on an engagement roadmap and the process to engage. There are specific funds (15%) allocated to CCMs for constituency engagement.
- Engage with other communities of people who use drugs and harm reduction advocates as early as possible to define priorities. Link up with key population networks, civil society, allies, technical partners to make plans for identifying and agreeing cross-constituency costed highest priorities.

5. SUPPORT IS AVAILABLE, BUT TIMING IS KEY!

- Where direct engagement support is most needed reach out to HRI or INPUD.
- Consider requesting technical assistance. Through the Strategic Initiative (SI) on Community Engagement you can apply for technical assistance to strengthen the involvement of civil society and communities in Grant Cycle 7 processes.
- The three tracks of technical assistance that can be applied for are: A) Situational Analysis and Needs Assessment, B) Engagement in Grant Cycle 7 Country Dialogue Process and C) Costing Support.
- Timing for technical assistance applications are dependent on the application window of your country (check with the CCM on this).
- For a technical assistance application form, email crgta@theglobalfund.org or approach your regional CRG platform.