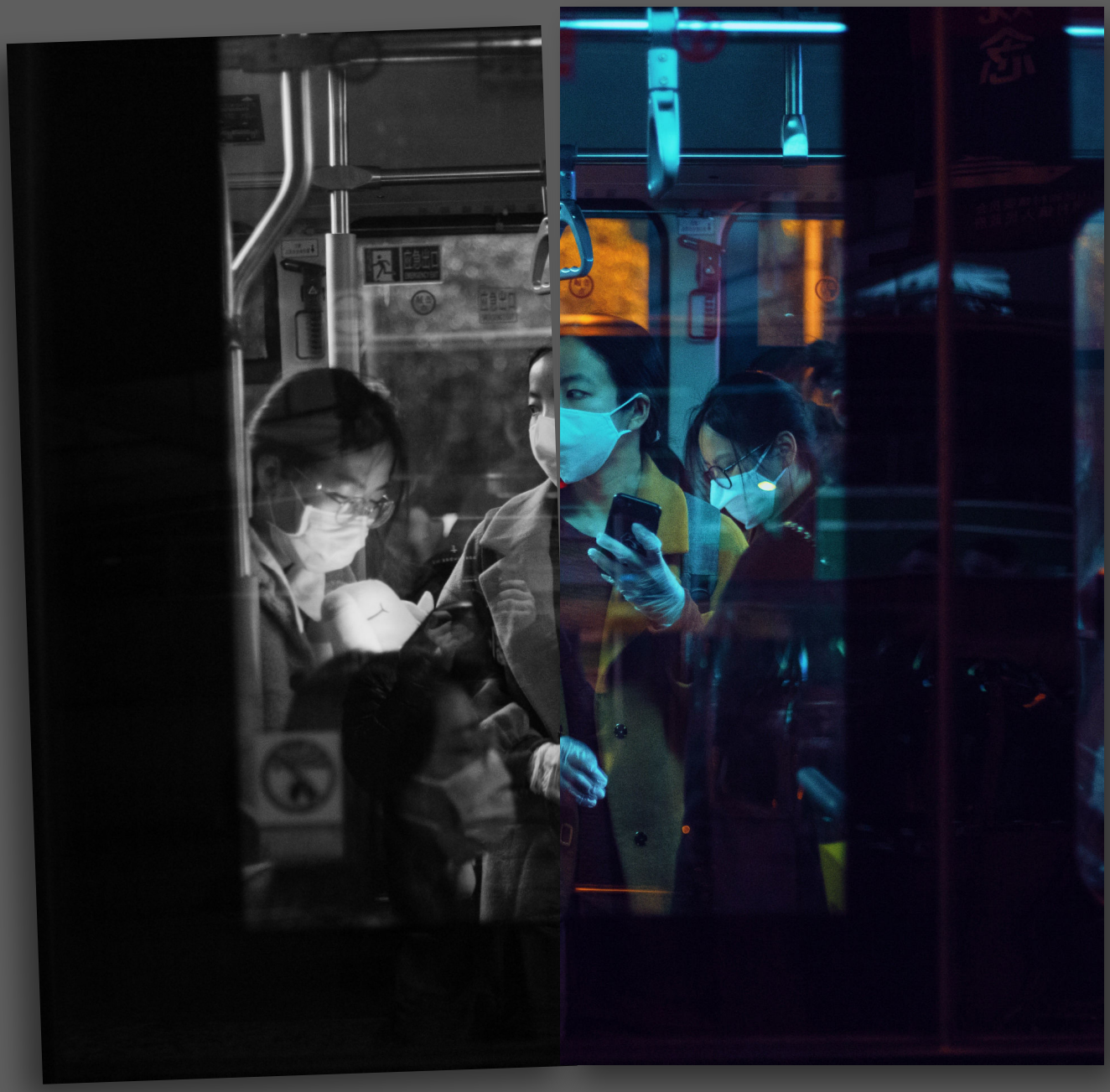

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ASIA-PACIFIC RAPID ASSESSMENT ON KEY AND EMERGING ISSUES OF HIV, TB, AND MALARIA AFFECTED COMMUNITIES AND CIVIL SOCIETY DURING THE COVID-19 PANDEMIC

Asia-Pacific Rapid Assessment on Key and Emerging Issues of HIV, TB, and Malaria Affected Communities and Civil Society During the COVID-19 Pandemic

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Asia-Pacific Rapid Assessment on Key and Emerging Issues of HIV, TB, and Malaria Affected Communities and Civil Society During the COVID-19 Pandemic

APCASO
APCRG Platform
Global Fund Advocates Network Asia-Pacific
2020

EXECUTIVE SUMMARY

The COVID-19 pandemic has tilted the world into an unprecedented situation. With most countries paralysed, its impact has put key and vulnerable populations disproportionately affected not only in terms of accessing the necessary services on HIV, TB, and malaria; it has also exposed populations to further stigma and discrimination, abuse, and inequalities, to name a few. To respond to this, the Global Fund has allocated an immediate funding of up to USD1 billion to help countries fight COVID-19 and to mitigate its impact towards HIV, TB, and malaria programs. However, it is imperative to understand how affected communities and civil society have advocated their governments or have utilised these funding to respond to the pandemic and at the same time reduce its impact in the fight against the three diseases.

APCASO, as the host of the Asia Pacific Community, Rights, and Gender (APCRG) Platform together with the Global Fund Advocates Network Asia-Pacific (GFAN AP) conducted a rapid assessment among CS and KP-led organizational partners in the Asia Pacific region envisaged to provide information for the Global Fund and its partners on the coping and mitigating mechanisms that CS and KP-led organisations have put in place in light of the COVID-19 pandemic and its measures, particularly with regards to engaging in the Global Fund processes at country level. This rapid assessment aims to (1) assess the impact of COVID-19 related measures to HIV, TB, and malaria community access to treatment and other medical and health-related services and information; and the undertaking of robust and community-inclusive country dialogue processes for the development of new Global Fund funding requests; (2) document the engagements and impact of HIV, TB, and malaria communities and civil society in country-level COVID-19 responses; (3) understand community and civil society uptake of, and any challenges in observing Global Fund-issued guidelines to mitigating the impact of COVID-19 in the implementation of Global Fund grants; and (4) seek perspectives on necessary further Global Fund COVID-19 related guidance and policy to mitigate negative impacts of the pandemic to HIV, TB, and malaria communities.

From the results of the rapid assessment survey conducted along with an online focus group discussion, it was found that existing HIV, TB, and malaria service delivery has been disrupted by these COVID-19 measures in varying levels. Services that provide prevention and treatment have either closed down or have enabled shorter operating hours since the beginning of the lockdown measures, which many clients find difficult to access. Key and vulnerable populations have experienced varying degrees of difficulty coping with this difficult situation brought about by the pandemic in terms of access to lifesaving services. At the same time, it was also observed that there has been an increase in gender-based violence (GBV) among key population groups, especially among sex workers. Specific vulnerable populations, such as migrant workers, have also experienced increased vulnerability due to their economic loss and impact of travel restrictions, making it difficult for them to access health services in their places of origin.

Results also show that the daily programmatic operations of civil society (CS) and key population (KP)-led organizations have also been severely affected by the COVID-19 pandemic. Some have reprogrammed their activities towards COVID-19 related activity. With the information from the Global Fund with regards to the COVID-19 Response Mechanism and grant flexibilities, CS and KP-led organizations were quick to mobilise and intervene in making sure that their needs and concerns will be addressed through these funds. However, many CCM members and technical working group partners were hesitant to implement these communications without direct instructions from the Global Fund Secretariat, making it difficult for communities to engage meaningfully in the design and utilization of these grant flexibilities.

With these findings, this report recommends the following:

1. **Global Fund and funding partners** to provide specific allocations to support civil society and key populations to augment immediate, medium, and long-term COVID-19 community-led responses. This is particularly applicable in responding to CRG-related issues that have emerged or intensified due to the COVID-19 pandemic. Such funding allocations should be provided on top of COVID-19 flexibilities and C19RM, either through a similar Matching Fund or a clearer guidance coming out of the C19RM Priority 2 support.

2. **CCMs and Global Fund Country Teams** to immediately rollout Global Fund Funding Request, grant implementation, and grant flexibilities guidance and policies in coordination with civil society and KP-led organizations.

3. Technical partners to develop further modelling exercises and situation reports on the regional and country-level impact of COVID-19 across the three diseases and disease responses and propose immediate and long-term recommendations to lessen the impact of the COVID-19 across the three disease responses.

4. Civil society and KP-led communities to be supported to work closely with CCM, national disease programs, and similar multisectoral bodies such as national coordinating committees or AIDS councils to fast-track the immediate delivery of life-saving HIV, TB, and malaria drugs across levels in the countries and to avoid further infections and deaths due to HIV, TB, and malaria as may have been possibly intensified by the COVID-19 pandemic.

5. All stakeholders, particularly civil society and KP-led communities to develop risk mitigation measures that would help sustain ongoing work around the health response especially in time of health and other emergencies. This includes support in policy and guidance development around reprogramming and other flexibility measures, establishment of digital platforms of working, and stakeholder partnership that would allow civil society and key population organisations to work in exceptional circumstances, especially when the work involves task-shifting or task-sharing roles with the government.

6. With the COVID-19 introducing a new normal in regional health advocacy and response, **governments** should be encouraged to explore inclusion of COVID-19 as well as possible future pandemics within the UHC framework. This includes strengthening and sustainability of health systems, improving strategic information sharing and data utilization, frontloading budgetary allocations on critical service delivery and vaccine and treatment research and development (R&D), and setting up systematic health emergency response that would involve health and non-health agencies and sectors.

ACRONYMS

ACHIEVE	Action for Health Initiatives
APCRG	Asia Pacific Community, Rights, and Gender Platform
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
COVID	Coronavirus Disease
CS	Civil Society
ERC	Emergency Response Cell
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GFAN AP	Global Fund Advocacy Network Asia Pacific
KP	Key Population
MoH	Ministry of Health
NACO	National AIDS Control Organization
OST	Opioid Substitution Therapy
PPE	Personal Protective Equipment
PR	Principal Recipient
R&D	Research and Development
SR	Subrecipient
WHO	World Health Organization

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INTRODUCTION

The COVID-19 pandemic has tilted the world into an unprecedented situation. Since its outbreak, SARS-CoV-2 has spread to more than 200 countries with a staggering 3.5M people infected by the virus and almost 250,000 deaths. In the Asia Pacific region, to date, 25 countries have recorded more than 210,000 infections and almost 9,000 deaths due to COVID-19[1] [2]. The increase in the number of new COVID-19 infections daily has thrusted many of these countries into several forms of restrictive measures aimed to "flatten the curve" – a public health measure that involves flatlining if not reducing the number of daily COVID-19 cases so as not to overwhelm the health system[3]. These measures range from restrictions in movement, limitation of assembly, and mandatory disclosure of travel history[4]. For instance, Thailand, on March 25, issued an emergency decree that not only ordered curfew hours and prohibition of public gathering across the country but also stringently bans reporting and/or spreading false COVID-19-related information and may cause public fear with severe penalties[5].

While COVID-19 has brought upon detriments to the health of almost everyone, its impact as well as the impact of the preventive measures that have been put in place have disproportionately affected vulnerable and disenfranchised populations brought about by increased limitation of movement, decreased employment opportunities and lack of income, lack of access to sanitation and clean water, and increased xenophobia[6]. If not properly addressed, this social crisis fuelled by the COVID-19 pandemic will only increase inequality, exclusion, and discrimination[7].

As the number of infections increase in many parts of the world, multilateral agencies have on their part tried to step up to address the expected burden that the pandemic has imposed on countries' health systems. One such example was the launch of a

[1]Centers for Disease Control and Prevention, "World Map." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 19 June 2020, www.cdc.gov/coronavirus/2019-ncov/global-covid-19/world-map.html.
[2]Johns Hopkins Coronavirus Resource Center, "COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE)," *ArcGIS Dashboards*, 2020, gisanddata.maps.arcgis.com/apps/opsdashboard/index.html
[3]Johns Hopkins University and Medicine, "New Cases of COVID-19 In World Countries," *Johns Hopkins Coronavirus Resource Center*, 2020, coronavirus.jhu.edu/data/new-cases
[4]International Center for Not-for-Profit Law, "COVID-19 Civic Freedom Tracker," *ICNL*, 2020, www.icnl.org/covid19tracker/.
[5]Executive Order. No. 2005 Decree on Administration in Emergency Situations, 2020, p. 7, http://www.ratchakitcha.soc.go.th/DATA/PDF/2563/E/069/T_0010.PDF
[6]United Nations Department of Economic and Social Affairs, "The Social Impact of COVID-19 | DISD," *United Nations*, United Nations, 2020, www.un.org/development/desa/dspd/2020/04/social-impact-of-covid-19/
[7]United Nations Department of Economic and Social Affairs. "Everyone Included: Social Impact of COVID-19 | DISD." *United Nations*, United Nations, 2020, www.un.org/development/desa/dspd/everyone-included-covid-19.html

Global Collaboration to Accelerate new COVID-19 Health Technologies. This landmark collaboration calls on health donors to include GAVI, Global Fund, UNITAID, and World Health Organization (WHO) to accelerate the equitable access to diagnostics, drugs, and vaccines to fight COVID-19, and to "provide the necessary resources to accelerate achievement of the objectives of this global collaboration"[8]. At the same time, the Global Fund, in itself, has allocated an immediate funding of up to USD1 billion to help countries fight COVID-19 and to mitigate its impact towards HIV, TB, and malaria programs. This USD1 billion available to countries that the Global Fund has supported, has been divided into two: a USD500M allocation through grant flexibilities, reprogramming up to 5% of underutilised funds and grant savings from existing Global Fund grants to COVID-19 activities and procurement of personal preventive equipment (PPE), surveillance improvement, and facility enhancement[9]. The other USD500M that has been allocated by the Global Fund will allow countries to request funds of up to 10% of the grant allocation that countries have received on top of the grant flexibilities that aim to control and contain the impact of COVID-19 at country level, to mitigate the impact of the pandemic on HIV, TB, and malaria, and to support systems for health[10]. To date, 15 countries and one multi-country grant operating in Asia and the Pacific have been approved with the 5% flexibilities amounting to almost USD 29M[11].

Despite these efforts, many civil society (CS) and community-led organisations that are engaged in Global Fund processes, both in the Funding Request and in the implementation of the grants, have been affected by both the COVID-19 pandemic and the measures that have been put in place in countries where they are operating. There is a necessity to understand, as the pandemic continues to unfold, the situation of CS and community-led organisations and how they are mitigating the impact of the lockdowns and continuing their work on the ground. Thus, APCASO, as the host of the Asia Pacific Community, Rights, and Gender (APCRG) Platform that facilitates the coordination and communication between Global Fund and civil society organizations engaging in the Global Fund processes; as well as the Global Fund Advocates Network Asia-Pacific (GFAN AP), conducted a rapid assessment among CS and KP-led organizational partners in the Asia Pacific region with the following objectives:

1. To assess the impact of COVID-19 related measures to:
a. HIV, TB, and malaria community access to treatment and other medical and health-related services and information;
b. the undertaking of robust and community-inclusive country dialogue processes for the development of new Global Fund funding requests
2. To document the engagements and impact of HIV, TB, and malaria communities and civil society in country-level COVID-19 responses
3. To understand community and civil society uptake of, and any challenges in observing Global Fund-issued guidelines to mitigating the impact of COVID-19 in the implementation of Global Fund grants, and
4. To seek perspectives on necessary further Global Fund COVID-19 related guidance and policy to mitigate negative impacts of the pandemic to HIV, TB, and malaria communities

This rapid assessment envisages development of pathfinders primarily for the Global Fund as it continuously sets a 'new normal' course in how Global Fund Funding Request and implementation processes will be operationalized at the country level. Further, and most importantly, this rapid assessment will provide information for the Global Fund on the coping and mitigating mechanisms that CS and KP-led organisations have immediately put in place to respond to the challenges amid the COVID-19 pandemic - highlighting possible good practices that can be replicated and supported in other countries in the region.

[8]World Health Organization, "Commitment and Call to Action: Global Collaboration to Accelerate New COVID-19 Health Technologies," *World Health Organization*, World Health Organization, 2020, www.who.int/news-room/detail/24-04-2020-commitment-and-call-to-action-global-collaboration-to-accelerate-new-covid-19-health-technologies
[9]Global Fund, "COVID-19," The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2020, www.theglobalfund.org/en/covid-19/
[10]Global Fund, "COVID-19," www.theglobalfund.org/en/covid-19/[4]International Center for Not-for-Profit Law, "COVID-19 Civic Freedom Tracker," *ICNL*, 2020, www.icnl.org/covid19tracker/.
[11]APCASO, "Global Fund Updates on COVID-19," *APCRG*, 2 June 2020, apcaso.org/apcrg/global-fund-updates-on-covid-19/
[6]United Nations Department of Economic and Social Affairs, "The Social Impact of COVID-19 | DISD," *United Nations*, United Nations, 2020, www.un.org/development/desa/dspd/2020/04/social-impact-of-covid-19/
[7]United Nations Department of Economic and Social Affairs. "Everyone Included: Social Impact of COVID-19 | DISD." *United Nations*, United Nations, 2020, www.un.org/development/desa/dspd/everyone-included-covid-19.html

METHODOLOGY

APCASO and GFAN AP developed a 28-question survey, which was divided into five sections reflecting the assessment objectives. Some questions were kept open-ended so that respondents can provide more details in their responses. The survey was published on Google Forms and was released on Mailchimp on 8th April and was extended on 15th April towards the end of the month to gather more responses. Link to the online survey was also posted on APCASO and GFAN AP's Facebook pages. Individual emails were also sent to both APCASO and GFAN AP partners to follow up on their responses.

The online survey was complemented with a virtual focus group discussion (FGD) where a number of key CS and KP-led partners were invited. The FGD, conducted last 22nd April, aimed to provide depth as to how CS and KP-led organisations are adjusting to this new situation amid the pandemic, gathering more information around GF-related implementation challenges with current grants, and understanding the utilization of Global Fund flexibilities, and exploring next steps to ensure that KP communities and CS are continuously engaged in the Global Fund Funding Request and grant implementation processes.

LIMITATIONS

Few limitations have been noted in the development of this report, particularly around data gathering. As will be presented in the next section, this rapid assessment has aimed to cover as many country responses and situations as possible. However, it must be noted that other countries that were not represented in this assessment may have different experiences both in the broader disease response, may they be HIV, TB, or malaria; as well as with engaging in the Global Fund process in the country. The survey was also initially published in English language. Given the diversity of languages being used in the region, those whose English may not be their operational language and could not access the survey due to language barrier have been excluded in the survey. Only one virtual FGD was also conducted during the course of gathering data, and this was mainly due to the availability of those who confirmed to attend the online discussion. Sending of responses in written form electronically or using the survey to register responses was encouraged for those who are unable to join the online discussion. There were also quite a number of surveys and assessments that have been facilitated and organized by various organisations and agencies relating to the COVID-19 response (or in coping with the pandemic), and so as not to duplicate these exercises, this rapid assessment will highlight CS and KP-led organizations' engagement in the Global Fund Funding Request and grant implementation processes as its centerpiece. This does not aim to represent all of the work that civil society and communities have done to mitigate the challenges amid the COVID-19 pandemic, but rather to present the experiences and realities on the ground specifically around Global Fund-supported affected community and civil society groups.

Lastly, respondents from both the survey and the online FGD were made aware that the data gathering exercises that they participated were not meant to provide immediate solutions to their situation, but rather to support the development of systematic changes in the way the Global Fund works and how it can strengthen and preserve the continued engagement of civil society and key population communities amid the pandemic.

DISCUSSION AND ANALYSIS

RESPONDENTS' PROFILE

Results of this rapid assessment reflects the views of the 22 respondents from 14 countries, including two respondents representing 'Asia-Pacific', gathered through the survey from April 8 to 31 (Figure 1). The online FGD, on the other hand, had 21 participants from almost all the countries who participated in the survey. Almost all of the respondents work at the national level, while the rest are either working at the regional (Asia-Pacific) level or global level.

Half of the respondents from the survey considered themselves a community-based organization (i.e. key population-led organization), while the other half consider themselves as non-government organisations.

Seventy percent of the respondents receive funding from the Global Fund. Of this proportion, more than half are subrecipients (SRs), while 19% are principal recipients (PRs).

As far as disease components are concerned, more than half of the respondents are engaged solely on HIV. Some of the organisations engaged solely on TB or malaria Global Fund grants, while others work on two out of the three disease components.This engagement is either as an implementer, key population served, and/or the advocacy focus and priorities of the CS organization.

IMPACT OF COVID-19 MEASURES TO HIV, TB, AND MALARIA COMMUNITIES

After the World Health Organization has declared COVID-19 a pandemic in 11th March, several forms of preventive measures have been put in place by many countries in Asia-Pacific as a way to protect the public and those at higher risk from getting infected[12]. Respondents from the survey noted that several forms of measures have been adopted in

[12] World Health Organization Western Pacific, "COVID-19 Outbreak," *World Health Organization*, World Health Organization, 2020, www.who.int/westernpacific/emergencies/covid-19

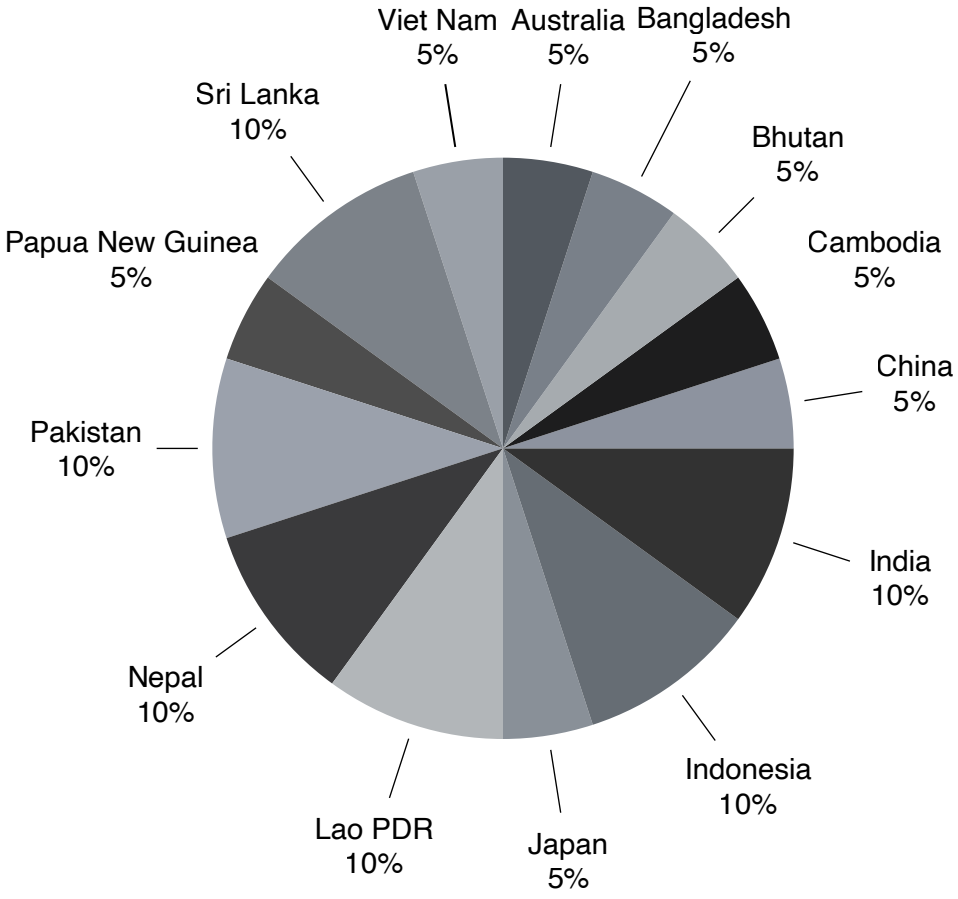

Figure 1. Country where respondent is based (n=22)

their respective locations, and they range from partial or full lockdowns to restrictions of movements, such as through enactment of curfews or limitation of international or inter-provincial travels (Figure 2).

Existing HIV, TB, and malaria service delivery has been disrupted by these COVID-19 measures in varying levels. Most respondents mentioned that the rollout of HIV, TB, and malaria services – from prevention, treatment, and care – have been moderately affected in the countries where they are located (Figure 3).

Treatment centres were closed down or have enabled shorter operating hours since the beginning of the lockdown measures, which many clients find difficult to access.

Similarly, prevention and testing interventions across the three diseases have also been interrupted and may result in backsliding from the progress of these

"Close to 50% of people who have been given appointments for ARV have not been able to come for their appointments. "
– Lao PDR KP representative, FGD

responses to HIV, TB, and malaria these past years. Modelling from Stop TB Partnership, for instance, have noted a 3.55% increase in incidence between 2020-2025 in India due to the country's two-month lockdown[13].

The closure of various testing and treatment centres for HIV, TB, and malaria, and the repurposing of many health facilities in countries with pandemic lockdowns have not only hindered populations in country to access these services but also migrant workers both living in country and were repatriated to their countries of origin. The Philippines, for instance, a country that sends a million Filipinos to work abroad each year, have repatriated over 28,000 Filipino migrant workers from all over the world[14]. These forms of assistance were augmented by information support from CS such as Action for Health Initiatives (ACHIEVE), Inc. to ensure that returning Filipinos and migrant workers are informed of the processes when they arrive in the Philippines[15]. Stranded migrants, however, may have differing experience. From the FGD, it was shared that migrant workers who are living with HIV in Lao PDR who were stranded in Thailand are lost in difficulties around translation and information on where to access their ARVs. With the loss of income and travel restrictions including border closures, these migrant workers are faced with tough decisions

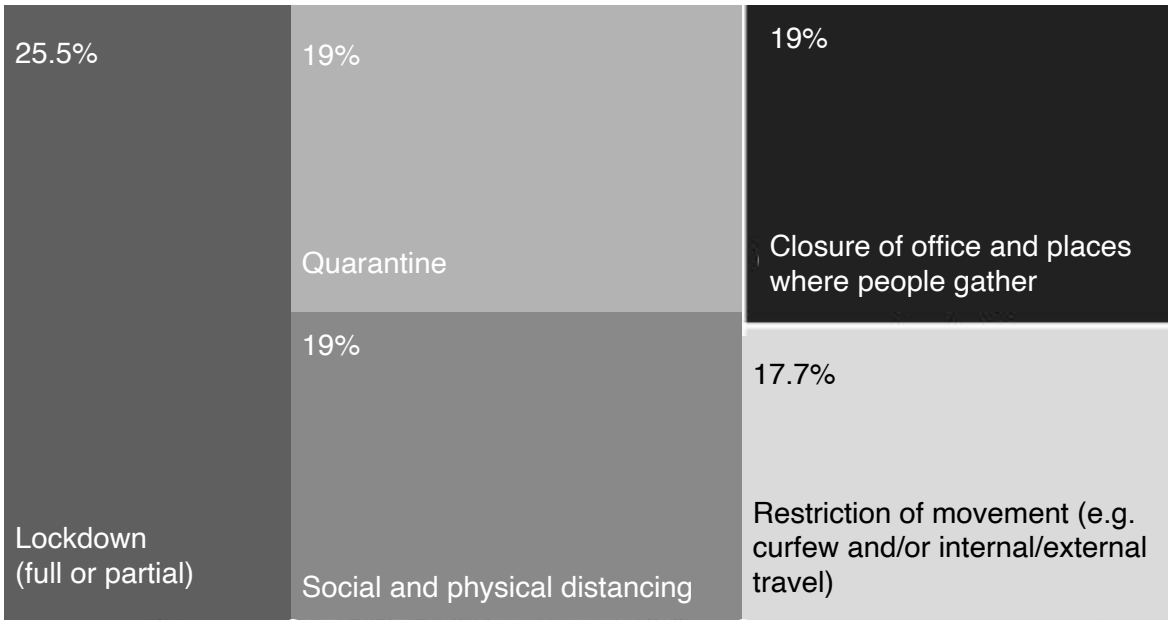

Figure 2. COVID-19 measures in place in Asia-Pacific countries (79 responses)

[13] Stop TB Partnership, et al. 2020, The Potential Impact of the COVID-19 Response on Tuberculosis in High-Burden Countries: A Modelling Analysis, www.stoptb.org/assets/documents/news/Modeling%20Report_1%20May%202020_FINAL.pdf

[14] Mercado, Neil Arwin, "Over 28K Overseas Filipinos Repatriated amid COVID-19 Pandemic." *INQUIRER.net*, 22 May 2020, globalnation.inquirer.net/187867/over-28k-overseas-filipinos-repatriated-amid-covid-19-pandemic

[15] ACHIEVE Inc., "ACHIEVE Inc.," *ACHIEVE Inc. - ACHIEVE Inc, One-Stop Shop for Arriving OFWs*, 2020, www.facebook.com/achieve.philippines.inc/photos/ms.c.eJw9y8ENADEIA8GOToAdwP03FulQ~_I52vSKTjaJnSPX5QLCoBLEgesLsLNQU9gCzYBf0D6EHDOtQHl2diRgv.bps.a.1726648194163015/1726648347496333/?type=3

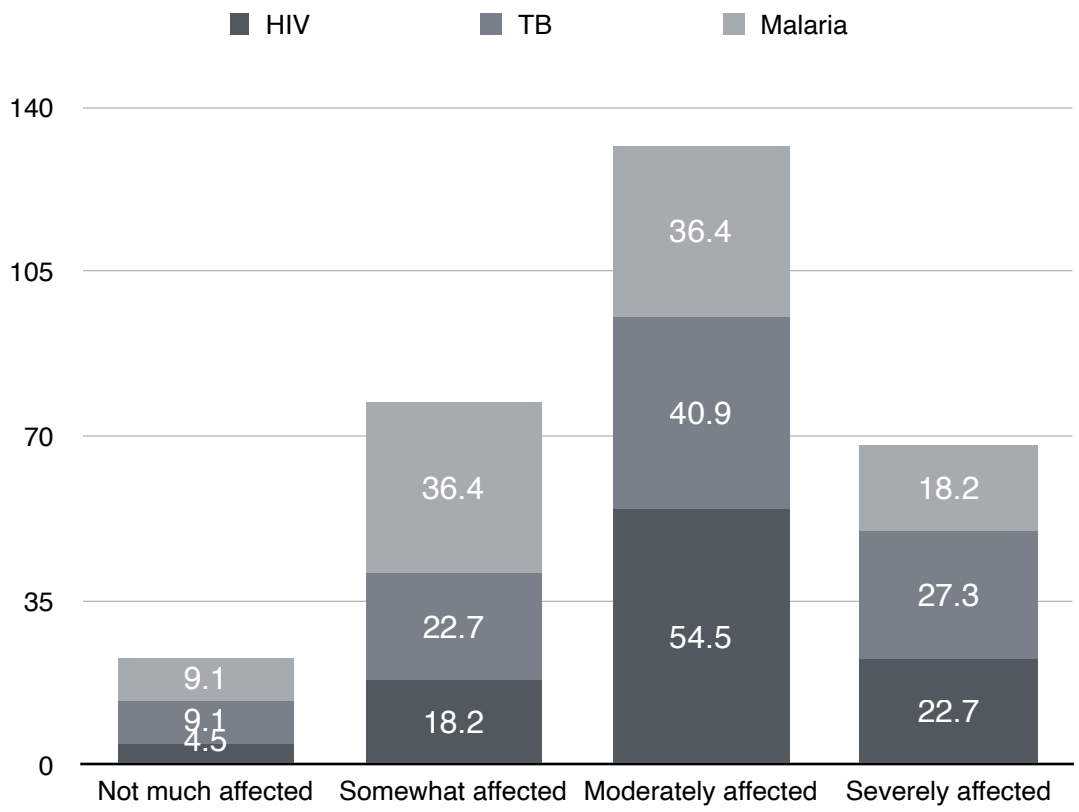

Figure 3. Percentage of respondents on the impact of COVID-19 to HIV, TB, and malaria services (n=22)

that would impact not only their economic status but also their health conditions[16].

Country partners have also observed an increase in gender-based violence (GBV) among key population groups, especially among sex workers. Since lockdowns have limited people's movements, escape from domestic violence perpetrators became more difficult[17]. Given the lockdowns, sustaining the availability of specific interventions by community organizations or local authorities to address GBV often proved be difficult.

These measures have also affected the daily programmatic operations of CS and KP-led organizations one way or the other. Surveys results showed that more than half felt that their operations have been severely affected due to the COVID-19 pandemic (Figure 4). Organizations working as either Global Fund Sub-Recipients (SRs) or Sub-Subrecipients (SSRs) had their operations put on hold so as not to expose their staff from COVID-19.

Despite this, CS and KP-led organizations were quick to integrate COVID-19 in all existing programmes, and to respond to the needs of their communities amid the COVID-19 pandemic. Eight in 10 survey respondents indicated that they are involved in a COVID-19 related effort in their countries. Some KP-led organizations have established mechanisms to bridge people living with HIV and/or those undergoing TB treatment with their treatment facilities through home deliveries using their own organizational funding. For instance, CS organisations in India have reallocated their resources

[16] Lodge II, William, et al, "COVID-19, HIV, and Migrant Workers: The Double Burden of the Two Viruses," *Mary Ann Liebert, Inc., Publishers*, 28 May 2020, www.liebertpub.com/doi/full/10.1089/apc.2020.0092
[17] International Planned Parenthood Federation, "COVID-19 and the Rise of Gender-Based Violence," *IPPF*, 24 Apr. 2020, www.ippf.org/blogs/covid-19-and-rise-gender-based-violence

for HIV, TB and malaria responses and diverted them to COVID-19 responses. Communities, national networks of key populations and organizations serving key populations have initiated such emergency COVID-19 responses that will aim to deliver antiretroviral (ARV) drugs, opioid substitution therapy (OST), as well as in providing dry rations and other living support. Organizations in China, on the other hand, have provided small grants to five PLHIV organizations to augment their ARV needs and daily financial support amid the lockdown. In Pakistan, an Emergency Response Cell (ERC) has been established to link people with HIV who are unable to access treatment with ARVs and other services delivered to them at their doorstep.

"By establishing an Emergency Response Cell [ERC], this Cell focuses on linking people in need of service with services, arranging ARVs for those who are unable to access treatment centres, monitoring of treatment centres, and their ARV supplies, provision of basic information on COVID-19, provision of nutritional support, and updating information on daily basis."
– Pakistan KP representative, FGD

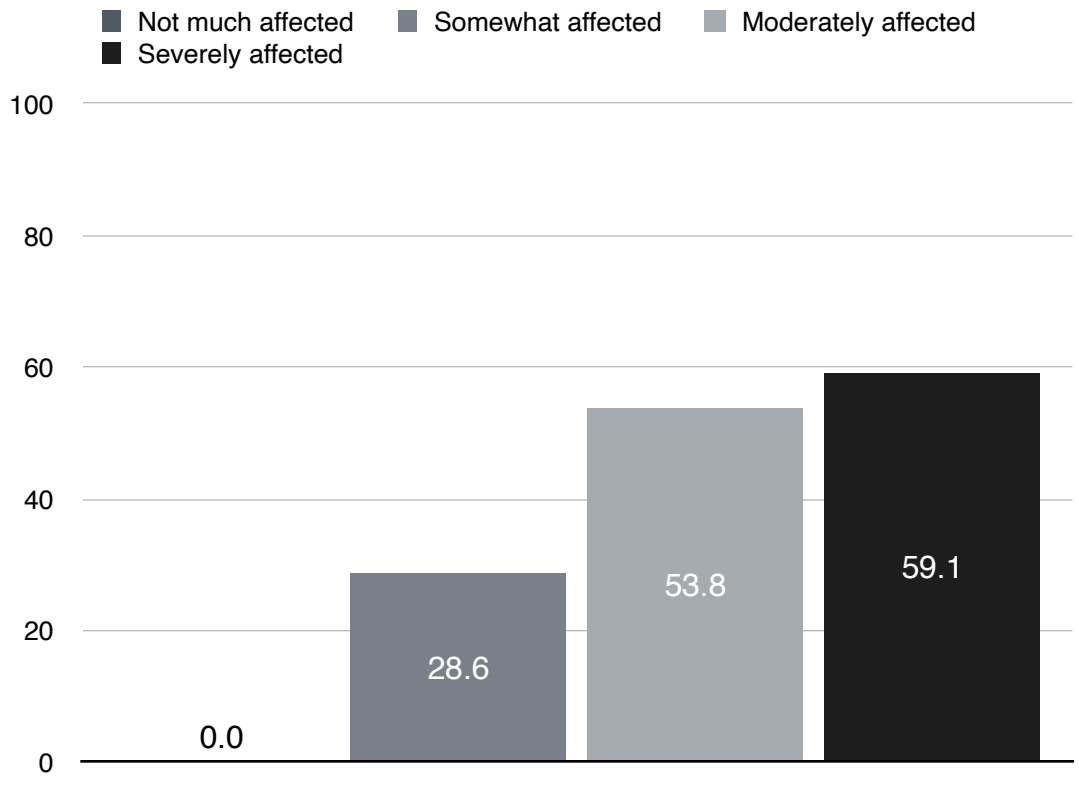

Figure 4. Percentage of respondents on how COVID-19 affected daily programmatic operations in the country (n=22)

The advocacy work of many CS and KP-led organizations at country level were sustained despite the lockdown measures. Some organizations have actively lobbied with their respective government authorities to not only ensure that treatment service delivery and additional means are not disrupted, but also advocated for the issuance of multi-month dispensing based on WHO guidance and to ensure that current stock levels of lifesaving HIV and TB drugs are available[18]. Donors and funding partners were also informed and coordinated depending on the situation of the country, and to seek support in reallocating or reprogramming available and existing funding to augment needs of their respective communities.

Many KP-led organizations have also integrated COVID-19 response as part of their work. Internally, many organizations have implemented work from home arrangements while keeping limited number of staff in their office on a rolling basis when possible. At the same time, some organizations increased their social media presence in sharing COVID-19 prevention messages to their partners and community members. Some KP-led organizations have also provided forms of psychological support especially to key populations who are in isolation. This includes setting up support groups online and conducting regular check-in calls through the use of online communication platforms such as WhatsApp, Facebook Messenger, and Viber.

"[We sought] re-appropriation for the activities budgeted for carrying out travel, meeting and public gathering events into COVID-19 response, and [to support] organizational development activities." – Bhutan KP representative, FGD

The immediate actions that CS and KP-led organisations have taken as COVID-19 pandemic unfolds show the level of their commitment to adapt and ensure that the communities that they serve – the marginalised, criminalised, and already left behind in existing pandemics – will not face added burden to their already existing circumstance. While the pandemic has magnified further social inequities and inequalities, civil society and KP-led organizations continuously engaged with their constituencies from the very beginning of the outbreak, resonating the central role of communities in avoiding further harm brought about by COVID-19[19].

Civil society's role in health responses has not only bridged the gap in service delivery through innovative approaches (e.g. home deliveries). Even the role of advocacy and social mobilization played key components towards ensuring that communities will not be heavily affected by the pandemic and the measures that are in place. While approaches of governments through lockdowns and limited movements were more top-down, communities' role in identifying solutions and figuring out ways in sustaining these approaches in close coordination and consultation with their peers and constituencies in the time of COVID-19 pandemic not only adds value to their critical role in health responses. This also shows how a robust community system that is participatory, meaningful, and adaptive to situations can complement health systems that can work hand-in-hand in curbing this present, as well as future, pandemics[20].

[18] World Health Organization, "Q&A: HIV, Antiretrovirals and COVID-19," *World Health Organization*, World Health Organization, 2020, www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals
[19] UNAIDS, "Rights in the Time of COVID-19: Lessons from HIV for an Effective, Community-Led Response," *UNAIDS*, 2020, www.unaids.org/sites/default/files/human-rights-and-covid19_infographic_en.pdf
[20] Marston, Cicely, et al., "Community Participation Is Crucial in a Pandemic," *The Lancet*, vol. 395, no. 10238, 2020, pp. 1676–1678., doi:10.1016/s0140-6736(20)31054-0

IMPACT OF COVID-19 TO GLOBAL FUND FUNDING REQUEST PROCESS AND GLOBAL FUND GRANT IMPLEMENTATION

This year has been considerably important for the Global Fund particularly as most countries prepare for the 2020-2022 Funding Cycle. Some of the existing grants will also begin to conclude this year; however, due to the COVID-19 pandemic, these processes have been slowed down and schedules have been adjusted.

Among the 16 respondents who indicated that they are involved in the Global Fund Funding Request process, half said that the COVID-19 preventive measures moderately affected their engagement (Figure 5).

Participants in the FGD mentioned that with the restriction in movement, country dialogues and consultations around the Funding Requests have shifted to mostly online. Meetings that were initiated through in-person processes have also shifted to virtual means. This includes conduct of online community consultations, online country preparatory workshop, and online outreach.

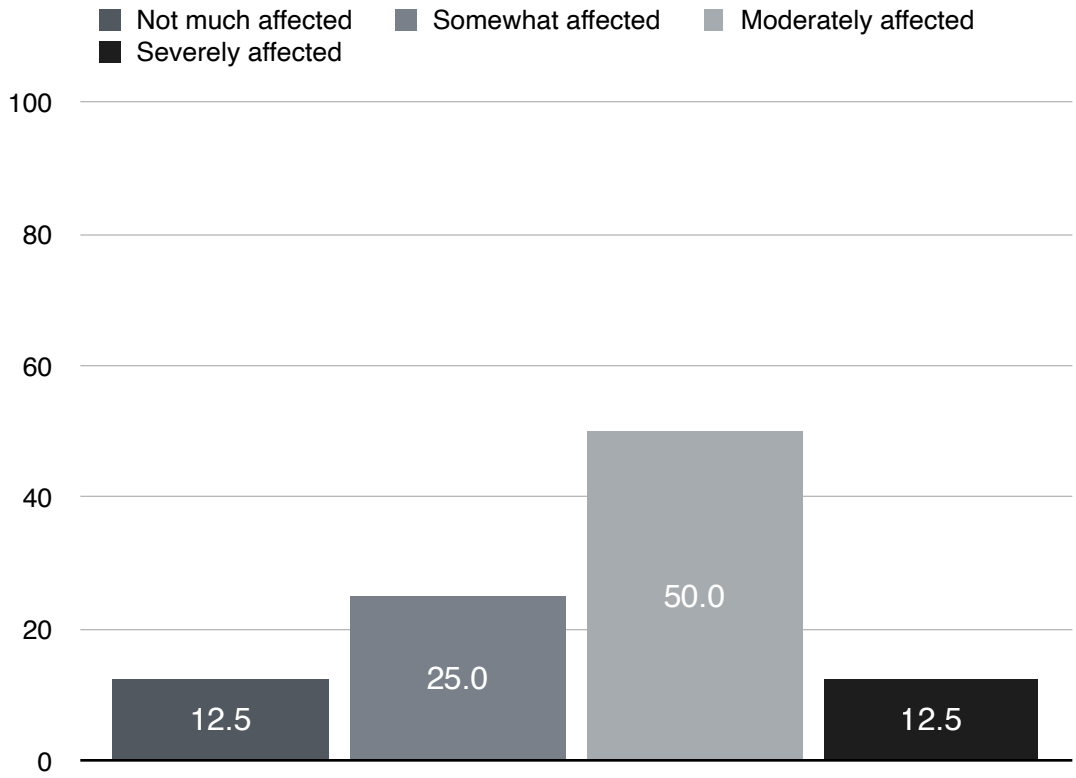

Figure 5. Percentage of respondents on how COVID-19 affected GF Funding Request process (n=16)

"All the networks have agreed to go ahead with virtual consultations for Funding Request development. Drafting will happen by end of May. Simultaneous consultations are ongoing with the government authorities."
– Nepal KP representative, FGD

Some countries have enacted limits in mass gatherings, but communities have worked around these by conducting concurrent or consequent meetings without breaking any lockdown violation.

The adjustments that the Global Fund made with regards to their Submission Windows have also been maximized by CS and KP-led organizations[21]. Civil society has extended their community consultations or undertook subsequent community consultations along with the country dialogues and meeting with other stakeholders in the country, either virtually or in-person. In spite of these, some CCMs still struggled in conducting virtual consultations, and would sometimes proceed without proper consultations with communities. Participants in the FGD noted that CS and KP representatives to the Country Coordinating Mechanisms (CCMs) often were excluded unless the former were eager to schedule meetings with the CCMs to discuss Funding Request-related concerns.

Civil society and communities' implementation of the Global Fund grant in the region have also been severely affected (Figure 6).

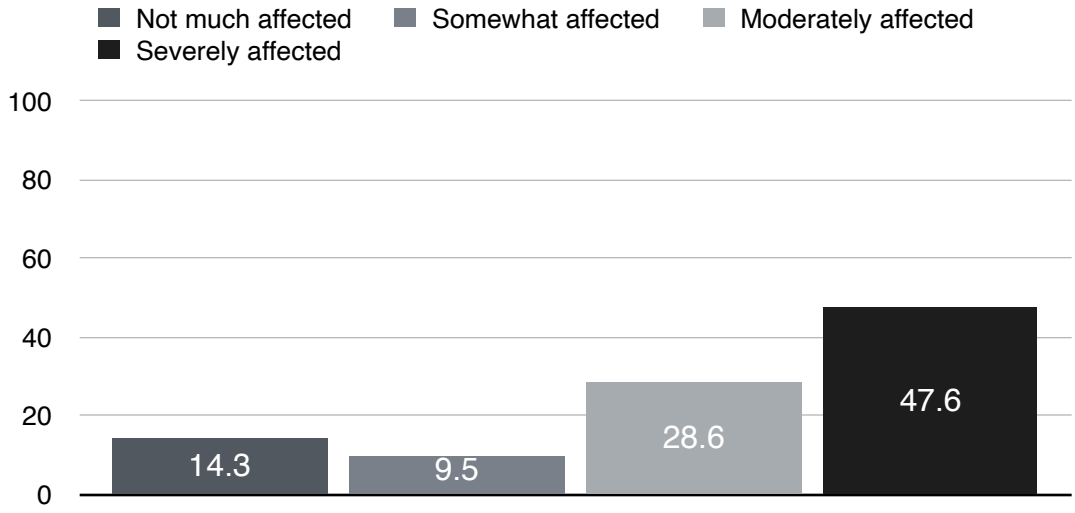

Figure 6. Percentage of respondents on how COVID-19 affected GF implementation (n=21)

[21] APCASO, "Global Fund Key Submission Dates 2020-2022," *APCRG*, 18 Mar. 2020, apcaso.org/apcrg/global-fund-key-submission-dates-2020-2022/

Many CS and KP-led organizations have immediately requested to reprogram their activities towards COVID-19 related activity while simultaneously gathering information on how SR and SSR organizations and key populations were affected by the COVID-19 pandemic and the lockdowns.

When the communication around the USD500M grant flexibilities were released by the Global Fund in April to respond to the needs at the country level, regional communication and coordination platforms such as the Asia Pacific Community, Rights, and Gender (APCRG) Platform, hosted by APCASO, have published bite-size information on its website and shared through online newsletters about the grant flexibilities and Global Fund's proposed new guidance of working based on technical partners' guidelines[22]. However, around half of the respondents find the information shared by the Global Fund somewhat moderately helpful (Figure 7).

"We have reprogrammed our activities on COVID-19 community impact and gathering information on the impact on SR organisations and key population in terms service delivery and access to treatment, health services and other essential needs, violence, stigma and discrimination." – Sri Lanka representative, FGD

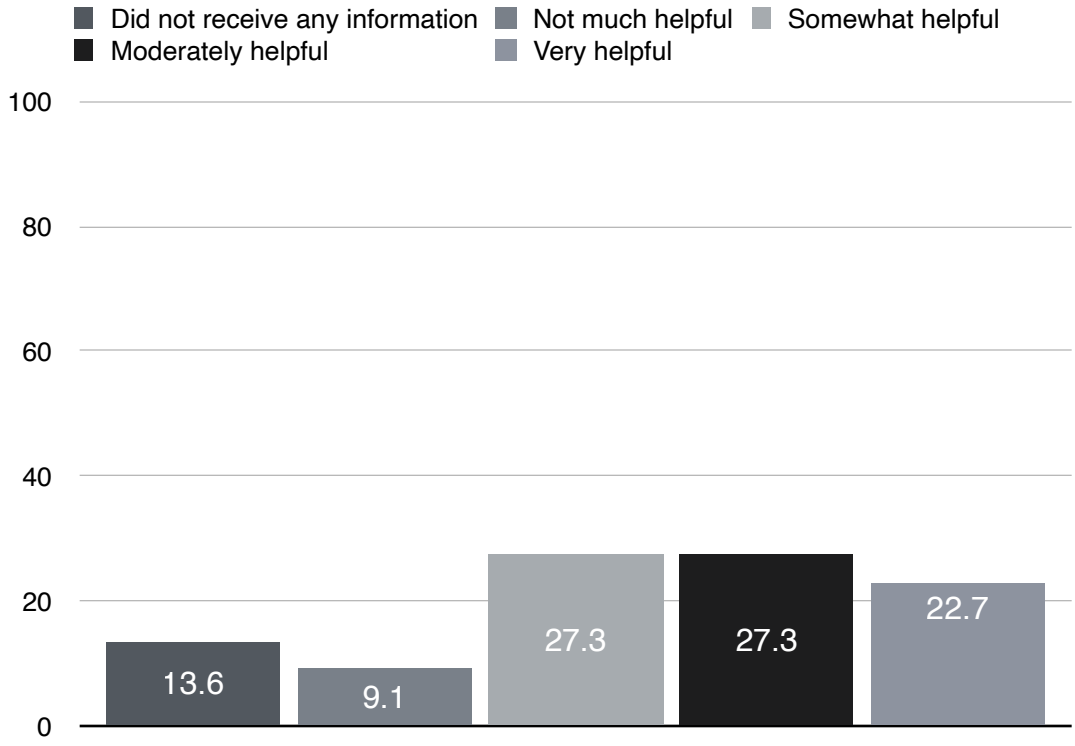

Figure 7. Percentage of helpfulness of communications received from the Global Fund or CCM in relation to COVID-19 reprogramming (n=22)

[22] APCASO. "Global Fund Updates on COVID-19." *APCRG*, 2 June 2020, apcaso.org/apcrg/global-fund-updates-on-covid-19/

While they may have access to information from the Global Fund and its partners, many CCM members and technical working group partners are hesitant to implement these communications without direct instructions from the Global Fund Secretariat or through their Fund Portfolio Managers.

There were also instances wherein information on the use of these flexibilities are not being shared fully with communities by the CCMs, thus communities are not being engaged meaningfully in the design and utilization of these grant flexibilities.

In some cases, however, especially when CS and KP-led organizations are Principal Recipients (PRs), they can immediately implement the flexibilities by proactively working with the Global Fund Country Team and Ministry of Health (MoH). One example of this was Indonesia, wherein they have advocated for the utilization of the 5% allocation to buy COVID-19 protective gears, pay for virtual applications to sustain their work online, and are working to provide food support to their beneficiaries.

The action and leadership that the Global Fund has undertaken to respond to the immediate and evolving challenges brought about by the COVID-19 pandemic and its possible disruptions in the existing and ongoing HIV, TB, and malaria responses, as well as its contribution in improving country's systems for health, including community systems, have benefited not only country recipients but most importantly its intended beneficiaries and community recipients. However, the effectiveness of these flexibilities and the relevant information to utilize these flexibilities are contingent with how civil society and KP-led organizations are being engaged in the process, both in the Global Fund Funding Request and grant implementation processes. In the FGD, participants noted that while the information on implementation activities have been helpful, there are still challenges around how these communications can be made more contextual based on country-level experiences, especially in mitigating issues that has driven some of the countries to ramp up its punitive approach to respond to the COVID-19 pandemic. When a number of countries have resorted to enacting emergency powers to enact draconian measures that further disenfranchise marginalised and vulnerable populations, and targeting criminalized groups in a more systematic manner, CS and KP-led organizations face difficulties circumnavigating these policies, especially when they themselves have been affected by the COVID-19 related measures[23]. Such measures not only invisibilized key population communities further, but also excludes them in crucial Global Fund processes.

The Global Fund has also encouraged countries to implement programmatic flexibilities and exemptions using technical partners' guidance and guidelines that are adaptive to the COVID-19 situation[24]. However, information and awareness on COVID-19 prevention needs to step up and materials needs to be developed more, and likewise, adaptive to the situation of the country and most importantly, the key populations who are mostly affected by the TB, HIV, and malaria, and are further impacted by COVID-19 pandemic.

"[We] have not received any official emails from the CCM on the priorities during this time – several communications have been sent to the National AIDS Control Organization (NACO) on the needs of the communities – no guidelines provided by the CCM." – India representative, FGD

[23] UNAIDS, "UNAIDS Condemns Misuse and Abuse of Emergency Powers to Target Marginalized and Vulnerable Populations," *UNAIDS*, UNAIDS, 9 Apr. 2020, www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200409_laws-covid19

[24] APCASO, "Global Fund Updates on COVID-19," *APCRG*, 2 June 2020, apcaso.org/apcrg/global-fund-updates-on-covid-19/

RECOMMENDATIONS

While few countries in the Asia-Pacific region have yet to achieve the flattening of the COVID-19 epidemic curve and how this will impact TB, malaria, and HIV responses in the long run, this region has proven, time and again, the critical role of CS and KP-led organizations in responding to the most immediate needs of the communities and populations that they serve, including their peers. While the COVID-19 pandemic has magnified the intersectional challenges of poverty, discrimination, and inequality in all fronts, the innovative solutions and actions that civil society and key populations have put in place across the care cascade – from service delivery, to social mobilization, to advocacy, and towards forward financing – has ensured that their constituencies will not be further impacted by the pandemic. It must be noted, however, that while current programmatic flexibilities target mostly closing the gap in service delivery, there are much broader issues around human rights, gender inequality, and community engagement, that will eventually widen in the region in COVID-19 pandemic and post-pandemic contexts.

At the same time, this report showcases the commitment and capacity of civil society and affected communities to prioritize their engagement in the Global Fund Funding Request and grant implementation processes. As the Global Fund continues to encourage country processes and country implementation of its grants to be inclusive of the engagement of communities, CCMs and Global Fund country teams are also reminded that communities will continue to demand their participation and ensure that their participation is effective and meaningful in spite of the COVID-19 pandemic.

Thus, this report recommendations the following:

1. **Global Fund and funding partners** to provide specific allocations to support civil society and key populations to augment immediate, medium, and long-term COVID-19 community-led responses. This is particularly applicable in responding to CRG-related issues that have emerged or intensified due to the COVID-19 pandemic. Such funding allocations should be provided on top of COVID-19 flexibilities and C19RM, either through a similar Matching Fund or a clearer guidance coming out of the C19RM Priority 2 support.

2. **CCMs and Global Fund Country Teams** to immediately rollout Global Fund Funding Request, grant implementation, and grant flexibilities guidance and policies in coordination with civil society and KP-led organizations.

3. **Technical partners** to develop further modelling exercises and situation reports on the regional and country-level impact of COVID-19 across the three diseases and disease responses and propose immediate and long-term recommendations to lessen the impact of the COVID-19 across the three disease responses.

4. **Civil society and KP-led communities** to be supported to work closely with CCM, national disease programs, and similar multisectoral bodies such as national coordinating committees or AIDS councils to fast-track the immediate delivery of life-saving HIV, TB, and malaria drugs across levels in the countries and to avoid further infections and deaths due to HIV, TB, and malaria as may have been possibly intensified by the COVID-19 pandemic.

5. **All stakeholders, particularly civil society and KP-led communities** to develop risk mitigation measures that would help sustain ongoing work around the health response especially in time of health and other emergencies. This includes support in policy and guidance development around reprogramming and other flexibility measures, establishment of digital platforms of working, and stakeholder partnership that would allow civil society and key population organisations to work in exceptional circumstances, especially when the work involves task-shifting or task-sharing roles with the government.

6. With the COVID-19 introducing a new normal in regional health advocacy and response, **governments** should be encouraged to explore inclusion of COVID-19 as well as possible future pandemics within the UHC framework. This includes strengthening and sustainability of health systems, improving strategic information sharing and data utilization, frontloading budgetary allocations on critical service delivery and vaccine and treatment research and development (R&D), and setting up systematic health emergency response that would involve health and non-health agencies and sectors.

APCASO is a regional network of community-based organizations and nongovernment organizations working on HIV, health, and social justice. As the host of the Asia Pacific Community, Rights, and Gender (APCRG) Platform, facilitates the coordination and communication between Global Fund and civil society organizations engaging in the Global Fund process - from country dialogue, implementation, and accountability.

Global Fund Advocates Network Asia-Pacific (GFAN AP) is a platform of community and civil society advocates for a fully resourced Global Fund. It supports community and civil society mobilisation in the areas of increased domestic financing for HIV, TB and malaria responses; increased donor contributions towards the Global Fund; and ensuring that policy frameworks on health financing take into account community, rights and gender issues.

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Strengthening community systems.
Advancing human rights.

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