

CONSULTATION REPORT

Section 1: Background Overview

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| Name of Organiser | ACT! AP |
| Date and Time of Consultation | Friday, 12 February 2021 13:00 Bangkok 11:00 Islamabad 11:30 New Delhi 11:45 Kathmandu 14:00 Manila 16:00 Port Moresby |
| Length of Consultation | 2 hours |
| # of Participants | 17 |
| General Composition of the Participants (e.g. KP, CS, NGO rep, CS CCM rep, etc.) (Please also include a list of participants in annex) | TB-affected Communities and Civil Society Organisations working on TB <i>(Please see the Annexes for the complete List of Participants)</i> |
| Disease Focus of Participants (HIV, TB, and/or malaria) | TB |

Section 2: Consultation Highlights Per Session

Session A: About the consultation

With the current Global Fund Strategy 2017-2022 already more than half its way, The Global Fund has already started to plan for its next Strategy beyond 2023. In light of this, a series of consultations from regional and national community and civil society have also already gone underway beginning December 2020, and these aimed to contribute towards a collective statement from the Asia and the Pacific regions.

It is equally important and necessary for the TB-affected communities and civil society organisations working on TB to participate in this process to make sure that the next Global Fund Strategy is still responsive to the needs and reflective of our priorities. In line with this, this virtual communities and civil society consultation was a follow-through of the virtual regional community and civil society consultation held by APCASO, as the APCRG Platform host, together with GFAN AP and in partnership with ACT! AP among other regional key populations and CSO networks and platforms in the Asia-Pacific region.

The **objectives** of this consultation activity included the following:

1. To share and update TB-affected communities and civil society in Asia-Pacific on the post-2022 Global Fund Strategy development process;
2. To facilitate a discussion among TB-affected communities and civil society on TB-specific issues and priorities that needs to be highlighted in the next Global Fund

Strategy; and

3. To refine the draft Asia-Pacific Communities and Civil Society Statement, “*The Global Fund That We Still Want*”.

Moreover, the **key outputs** of this consultation were as follows:

1. A consultation report highlighting key recommendations and inputs for the post-2022 Global Fund Strategy; and
2. List of recommended inputs and feedback to “The Global Fund That We Still Want” Statement;

Notes during the Preliminaries

In addition to the abovementioned objectives and key outputs of this consultation, the facilitator, Mr. Jeffrey Acaba of APCASO, also relayed to the participants the ground rules for this activity. These said ground rules included a number of reminders on the proper decorum during virtual meetings. Additionally, he also asked for expressed permission from the participants to record the session as well as to take still photos to be uploaded and shared on the APCASO Facebook page. Everyone present agreed to both of these requests.

Following the discussion of the ground rules, Mr. Acaba asked Ms. RD Marte, Executive Director of APCASO, to deliver a brief welcome address. She thanked everyone for being present in this event and said that she’s looking forward to the wealthy discussions that shall transpire. Subsequent to Ms. Marte’s welcome remarks, Mr. Acaba, also asked Ms. Elvi Siahaan, Co-Chair of ACT! AP, to give a few words to open this consultation activity. Ms. Siahaan first thanked the organizers of this consultation and also expressed her appreciation for the opportunity for the group to come together. She also wished everyone a fruitful and productive time together.

Before proceeding to the next part of the program, the facilitator also gave the participants the opportunity to introduce themselves. (*Please refer to the Annexes to view the complete list of participants.*) Lastly, Mr. Acaba gave a brief run-through of the Agenda to give the participants an idea on what to expect for the rest of the activity.

Session B: Overview of the Post-2022 GF Strategy and the Asia-Pacific Engagement Process

For this part of the consultation, Ms. Jennifer Ho, the Deputy Director of APCASO, was asked to share information about the Global Fund Strategy Planning Process. In her presentation, Ms. Ho mentioned that the Global Fund, like other organisations or networks, operates based on a strategy that gets updated regularly. She noted that the Global Fund Strategy has evolved over the years, from the initial set of objectives that focus on *grow, adapt, and innovate* in 2006, to the current set of objectives on *building resilient and sustainable systems for health, promote and protect human rights and gender equality, maximize impact against*

HIV, TB and Malaria, and mobilize increased resources. All of these, she said, have had significant implications and impact on how the Global Fund Board makes decisions on allocations, eligibilities, types of programs and interventions to prioritize and mechanisms to be put in place as requirement for countries in accessing grants.

Furthermore, Ms. Ho mentioned that due to the imminent culmination of the current strategy, the planning and the process of developing the next one have actually started since last year. In fact, around July 2020, an online open consultation requesting direct inputs from Global Fund stakeholders including communities and civil society, CCMs, government, donors, and technical partners was launched. In addition, the Virtual Regional Partnership Forum for the Asia-Pacific Region shall also happen early next month. This forum aims to convene representatives from across the Global Fund Partnership to actively contribute their expertise to help develop the aims and areas of focus for the next Global Fund Strategy.

Moreover, the Regional Partnership Forum will have breakout group discussions which will focus on several key topics. Conversely, for each of these key topics, other related aspects must also be brought to light. For instance, in addition to *delivering against HIV, TB and malaria*, questions must also be discussed around ensuring that interventions and investments are effective and impactful, that they are not just addressing the medical aspect of the diseases, and that they also aim to address the structural barriers that prevent the elimination of the diseases. As work towards *integration and systems for health* continues, there is also a need to ensure that community systems are strengthened and integrated as well. In *adapting to changing environment*, the Global Fund's role in responding to pandemics such as COVID-19 and in the context of global health security should also be discussed. And on questions around *equity, human rights, gender and key and vulnerable populations*, the continuing need to strengthen focus on these must also address structural barriers toward reducing health inequalities.

Additionally, Ms. Ho reiterated to the group that APCASO is also the host of Global Fund Regional Communities and Coordination Platform on Communities, Rights, and Gender. Included in its primary roles are to increase and coordinate technical assistance to communities and civil society groups through Global Fund grants engagement and implementation and to share information on Global Fund related policy. As part of APCASO's engagement with Global Fund and its role as APCRG, it must ensure that voices of communities and civil society from the region are included and reflected in the next Global Fund strategy given its significant impact and implication for the region and communities. As such, through a consultative process late last year, APCASO developed an engagement road map for communities and civil society organizations in Asia-Pacific. Some of the efforts and work APCASO has had undertaken over the last 6 months include the following:

- *Establishment of a regional engagement team of communities and civil society partners;*
- *Nominations of communities and civil society members to the Regional Partnership Forum;*
- *A virtual regional communities and civil society consultation and a series of in country and regional KP and CS consultations;*
- *The development of a draft Regional Position Statement on the Post-2022 Strategy of the Global Fund; and*
- *An online feedback platform to collect feedback on the position statement.*

To conclude this presentation, Ms. Ho encouraged the participants to check-out APCASO's website for more information on all the activities and processes she has mentioned. She added that they can also contact her directly if they have any questions or suggestions. Lastly, she also mentioned that they have a Facebook Page, where daily updates are posted and it would be appreciated if the participants would like and subscribe to the page so they can all be constantly updated.

After the input by Ms. Jennifer Ho, the floor was then opened to comments and questions from the participants.

One participant asked the organisers whether or not there shall be an opportunity for the group to discuss the draft Regional Position Statement at a later time because some of them have points to raise. She added that she truly appreciates this opportunity to provide input regarding the Global Fund Strategy which truly affects the community. She also said that openly discussing and deciding what the region wants from Global Fund is a great endeavor for the community. In relation to this, she shared that there has been a feeling by the community members that the process perhaps from the Global Fund side and from other partners haven't been as inclusive and transparent as it should have been. She also said that unfortunately, the mechanisms have been quite weak and she actually wrote to Global Fund expressing this, telling them that it is unacceptable. She added that she also reached out to Stop TB Partnership but they also have no idea and they also shared this kind of non-inclusive process.

To answer the inquiry, the facilitator, Mr. Acaba, responded and said that the discussion on the specificities of the draft Statement would actually be the focus of the breakout discussions later on. Then, Ms. Ho also gave a response to the question. She mentioned in relation to the issue raised regarding inclusiveness and transparency of the process that this is one of the reasons why APCASO on its own, separately and with the support of GFAN AP, decided to put in its own resources to support the additional in country and regional-specific processes because it is within its mandate. She added that whether or not Global Fund gives APCASO resources, they believe in the importance of making the communities' and civil society's voices be heard. In addition, Ms. Marte also chimed in and mentioned that even after this consultation, the Statement remains available online on APCASO's website as well as on GFAN AP's website. She added that they would really appreciate the support of groups, of the people who are present in this consultation, and of the GCTA to help promote and disseminate the draft Statement among the community members and gather their input. She said that that is another great way for people to provide feedback since there are a lot of barriers from participating in the activities, either language, internet connectivity, or the limited number of participants invited in the forums, among others.

Session C: Quick Snapshot of the TB Situation in the Region

Following the presentation and quick discussion on the Overview of the Global Fund Strategy Development, Mr. Acaba briefly shared with the group a simplified presentation of the context of the TB epidemic in the Asia-Pacific Region. He noted, however, that this brief presentation is not exhaustive and being part of the TB response themselves, the participants are more

aware of the situation and the activities being done with regards to TB in their respective countries.

In his short presentation, Mr. Acaba shared the following data on TB in the region with the group:

- Western Pacific and the Southeast Asia Pacific Region contribute 60% of the global percentage with the following countries found in the region being considered to be high-burden countries:
 - Bangladesh – 4%
 - China – 9%
 - India – 27%
 - Indonesia – 8%
 - Pakistan – 6%
 - Philippines – 6%
- There are 3 million people with TB that are not being reported, as of 2018.
- Drug Resistant-TB remains a public health threat where 1 out of 3 fell ill in 2018.
- Prevention is expanding but it needs to be intensified; Only 351,000 of 1.3 M children younger than 5 years old were given preventive treatment while preventive treatment for PLHIV is only around 36%.
- Funding fell by USD 3.38 in 2019, and foreign funding remains critical especially for low-income countries.

Additionally, he also mentioned that some of the actions being taken by civil society in the region with regards to TB are being done through the Activists' Coalition on TB Asia-Pacific (ACT! AP) which has 33 members in 13 countries across Asia and the Pacific. Incidentally, ACT! AP has the following *Keys to Actions*:

1. We will ACT to give TB the political attention matched with resources needed to reach the goal of ending TB by 2030;
2. We will ACT to advocate for people-centered approach and meaningful community participation that advances human rights and promotes gender equity;
3. We will ACT to overcome barriers to access services;
4. We will ACT to secure adequate and strategic investments for TB;
5. We will ACT to support coordinated TB activist movement.

Furthermore, Mr. Acaba also shared what ACT! AP has done so far:

- In country mobilization around UN High Level Meeting on TB in 2018, which includes letter-writing for country missions, speaking in mission visits in New York, and releasing regional community and civil society statements;
- Development of and rollout "Right to Breathe": Human Rights Training for People with and Affected by TB including rollout in three countries namely Nepal, Papua New Guinea, and

Viet Nam through the Challenge Facility for Civil Society Round 9 supported by Stop TB Partnership;

- Coordination and technical assistance support to seven countries in Western Pacific region to incorporate plans in increasing engagement of national TB programs with TB and TB-affected communities;
- Promotion and increased visibility of ACT! AP, its membership, and its work in various platforms and meetings, both regionally and globally.

To end his brief presentation, Mr. Acaba took the opportunity to invite the participants who are not yet part of ACT! AP to join the coalition. He said that the main role of ACT! AP is to ensure coordination and keep communities and CSOs in the loop in strategic processes in the regional and global levels. He added that they also ensure that the experiences at the country level are being shared throughout the region and the global partners as well.

Session D: The Draft Asia-Pacific Communities and Civil Society Position on the Post-2022 Global Fund Strategy

Next to the quick discussion of the TB Situation in the Region led by Mr. Acaba, he once again called Ms. Jennifer Ho to present to the group the *Draft Asia-Pacific Communities and Civil Society Position on the Post-2022 Global Fund Strategy*.

In this presentation, Ms. Ho shared to the body that in APCASO's effort to ensure that voices of communities and civil society from the region are included and reflected in the next Global Fund strategy, a number of processes and spaces for collecting feedback from communities and civil society partners in the region were developed and facilitated. From those feedback, a *Draft Asia-Pacific Communities and Civil Society Position Statement* was developed. Consequently, further feedback from the participants in this consultation would be considered before the statement is finalized and before moving into a wider endorsement process. Furthermore, Ms. Ho mentioned that APCASO has also participated in the drafting of the *Global Fund We Want Statement* developed by the Global Fund Advocates Network Asia-Pacific (GFAN AP) back in 2016, prior to the Global Fund Partnership Forum and then shared with the Global Fund Board as they moved into strategy framework development. She said that they'd like to believe that the communities' voices were heard through the sharing of the statement last time and thus the efforts to actively engage and develop a new regional position statement of communities and civil society for the next Global Fund strategy are pursued. Moreover, Ms. Ho also noted that the current draft of the position statement is a consolidation of a number of APCASO, APCRG-led and joined consultations with various key populations and civil society partners last year. It includes consultations on the impact of COVID-19 to the communities, access to health services, challenges around Global Fund implementation and implementation bottlenecks, increase in access to mental health services for vulnerable and marginalized population in the Asia-Pacific region including in the context of the pandemic, and issues related to universal health access (UHC). Those consultations cumulated to a Virtual Regional Consultation Process which took place at the end of 2020 which looked specifically at the role of the Global Fund post-2022 and was held jointly with regional key populations and civil society network partners.

Before proceeding to the actual statement and going through the priorities point by point, Ms. Ho expressed her apologies as the draft has been developed in English. She mentioned that efforts had been pursued to translate aspects of the statement into appropriate local languages for the purpose of this consultation but she noted the time limitations and constraints.

Recommendations – We still want the Global Fund

Mentioning that this new statement builds on parts of the previous position statement, Ms. Ho said that communities and civil society want to continue to say to the Global Fund Board including the donor agencies that the Global Fund is still wanted and needed in the Asia-Pacific Region. Specifically, investments on CRG and CSS by the Global Fund have helped build in the region dynamic movements and networks of communities living with and affected by the three diseases who push for and contribute to improvements in country health systems. These same networks have been instrumental in reaching out and serving key and vulnerable populations in most need of health interventions and would otherwise have been left behind, including in health emergency contexts. But despite significant progress, the agenda of ending the three diseases, strengthening community systems, achieving gender equality and advancing human rights very much remain unfinished. Ms. Ho highlighted once again that the **Global Fund is still needed and wanted in the Asia-Pacific region**. However, there is a common view and belief that Global Fund can and should do more, that there is space for the Global Fund to do better.

We still have wants from the Global Fund

Moving forward to the next strategy, the following calls are made by the members of communities and civil society in the Asia-Pacific Region.

1. **First, we want the Global Fund to put the money where its mouth is on CRG and CSS.** COVID-19 has exposed and magnified critical structural and systemic challenges in implementing CRG and CSS which the Global Fund has a role in addressing. We want the Global Fund to **maintain Achieving Gender Equality and Human Rights at the highest level of its Strategy Objectives**; we also want to see **CSS strongly embedded within a high-level Strategy Objective** of RSSH. Beyond prominence in the Strategy, we want to see **prominence of CRG and CSS in Global Fund funding allocations** and for the Global Fund to work more meaningfully with communities and civil society to address bottlenecks and barriers to effective grant implementation. We likewise want to see **concrete investments on women and girls and for gender equality to reach our region**. Gender- and sexuality-based violence, discrimination and other barriers to accessing quality health services do not have geographical demarcations, neither should funding for addressing them. All these point to the need for **more strategic investments to community systems strengthening, including for mobilisation, monitoring, and advocacy** channelled through country and regional level community and civil society networks and organisations.
2. **We want the Global Fund to effectively fulfill its mandate on HIV, TB and malaria, first and foremost; only if there are corresponding and real scale up of funding**

from donors should the Global Fund consider broadening this mandate. We see the Global Fund and its partnerships' contributions to HIV, TB, malaria, and RSSH, and towards CRG and CSS, as its contributions towards the achievement of the Sustainable Development Goals (SDG) on and beyond health. The Global Fund in fulfilling its mandate on HIV, TB, and malaria has provided a model for meeting the three fundamental conditions for Universal Health Coverage (UHC): expanded population coverage, expanded cost coverage, and expanded service coverage/protecting people from financial bankruptcy due to an illness. These are all enabled through investing in CSS as part and parcel of RSSH, and through upholding the principle of inclusion of the most marginalised – prerequisites for UHC. This track record, together with its capacity to work with different sectors, puts the Global Fund in a good position to take a leadership role in global UHC implementation. **Barring additional resources to take on expanded mandates, we want the Global Fund to champion and promote within the global community its model of community-centred and -driven multilateral funding.**

3. **We want the Global Fund to continue to put CRG and CSS approaches as cornerstones of pandemic and health emergency responses.** The Global Fund does have moral responsibilities in helping address new pandemics and emerging global health threats, but in doing so, it should not lose sight on the need to focus its efforts on guarding against: roll-back of gains in the three diseases, increased human rights violations against key and vulnerable populations, and increased fragility of systems that support the poorest and most marginalised. For its current responses to be truly effective, **co-infections and mental health interventions – as part and parcel of health responses, should be included in Global Fund programming and grant-making.** Last but not least, we want the Global Fund to not lose sight of non-biomedical pandemics that exacerbate vulnerabilities of certain populations from biomedical pandemics and health emergencies: **there is an age-old battle that still needs to be won against the pandemics of human rights violations, discrimination, and violence against key, vulnerable and marginalised communities, including women and girls.** This is where we see the Global Fund's mandate clearly is.
4. **We want a fully resourced Global Fund. We affirm the continued importance of the Global Fund,** be it in new pandemics, post- new pandemics, and existing pandemics contexts. We call on the **donor community to sustain commitments and scale up funding to the Global Fund and for implementing countries to increase their investments in health,** including CRG-oriented HIV, TB and malaria responses. Going into its upcoming Replenishments post COVID-19, a fully resourced and replenished Global Fund will continue to save lives, avert deaths and protect its considerable gains. Any actions or considerations by the Global Fund to broker in countries **innovative financing for health need to be underpinned by principles of development justice, equity, and community engagement** in decision-making, implementation, monitoring and evaluation.
5. **We still want a Global Fund that is truly global – one that does not leave key, vulnerable, and marginalised communities behind, regardless of their country income classification.** We call for all governments, including in our region, to step up on domestic and sustainable funding for health. For the effectiveness and equity, we expect for these investments to go towards rights-based interventions that respond to the needs of marginalised and criminalized populations. In a world such as ours where this is not yet the reality, we call for the Global Fund to continue devising provisions to not leave out communities in need from countries and regions no longer eligible for

Global Fund funding especially in the post-COVID-19 pandemic era. This requires mechanisms and **earmarked funding allocation for country- and regional-level community and civil society advocacy and peer support, beyond borders of country governments' eligibilities to access GF funding.**

We also call out for the critical need for the Global Fund to still strengthen its efforts in **ensuring responsible, long term and sustainable exit strategies** out of the countries. **Reversals in gains inevitable without securing enabling environments for the rights protection and advancement of key populations and marginalised communities** such as decriminalisation of punitive laws against key populations, setting up effective mechanisms and getting political will for government to fund community and civil society advocacy and services-provisions, among others. Furthermore **we continue to call on to Global Fund to ensure availability, affordability and accessibility of treatment and diagnostics for life-saving medicines** by addressing intellectual property (IP) and -related barriers, including by ensuring the application of full TRIPS flexibilities, and by reviewing and revising patent laws, legislations and frameworks through its involvement in global mechanisms and partnerships such as ACT-A and UNITAID.

To end the presentation, Ms. Ho once again urged the participants to provide their feedback, reflection, and further comments on the statement presented. She then added that they also want to hear if any of the participants disagree with any of the proposed key asks or if they have further recommendations that they would like to be considered in the final statement. She noted, however, that the statement is meant to be a regional one and there is a need to find a balance and prioritize the most common recommendations. Nevertheless, country-specific recommendations shall also be documented and shared as it is APCASO's role as the Regional Communication Platform. She ended by thanking everyone for their attention and expressed her anticipation for the rich discussion and feedback from the participants.

Following the presentation, questions and comments from the group were once again welcomed. One participant raised the question of how the statement is going to be communicated to the Global Fund. Ms. Ho responded and said that there are a few mechanisms and strategies geared towards the sharing of this statement to the Global Fund and some of them shall be covered during the later part of the consultation activity. Nonetheless, Ms. Ho mentioned that this statement shall be shared with the various delegations as well as the Chair and Co-Chair of the Strategy Board once it is finalized, including the Developing and Developed NGO and Communities Delegations to the Global Fund Board and the Implementation Group as well. They also intend to circulate this statement, she added, to all the donor agencies. Moreover, Ms. Ho noted that there are various mechanisms that they hope to utilize in sharing this statement to make sure that this reaches the Board and as widely as possible. There will also be an endorsement process once the statement is finalized and a wider support would be gathered through that. She then welcomed any additional ideas and thoughts from the group in case they have any.

Next, another participant submitted his comment to the statement through the chatbox. He said that the draft statement is already strong. He also mentioned that he has already given

some inputs during the in country discussion he participated in facilitated by JIP. What is needed, he added, is to make sure that the CRG and CSS in TB and malaria are emphasized because these aspects are still very challenging. He said that these aspects are most serious and more attention should be paid to them so they get strong support for existing and future grants.

To end this session, Mr. Acaba mentioned that this consultation activity is not a standalone process and there are other national level and regional level processes that are taking place as well. He once again urged the group to always check the schedule on the APCASO webpage to view other activities as well.

Session E: Thematic Discussions

For this part of the consultation activity, the facilitator divided the participants into two (2) breakout groups, assigning each group with specific *Priorities* in the draft statement as discussion points. The groupings were as follows:

Group A - Facilitated by Ms. RD Marte

- Priority 1: Putting money on CRG and CSS
- Priority 2: Fulfilling its mandate to HIV, TB and malaria
- Priority 3: GF responding to pandemic and health emergencies

Group B - Facilitated by Ms. Mangala Namasivaya

- Priority 4: Fully funding the Global Fund
- Priority 5: Funding civil society and communities

Before opening the breakout rooms, the facilitator mentioned that should any of the participants want to be transferred into another group, they could just inform him. The groups were given 30 minutes to discuss before everyone was called back to the plenary for the sharing of the discussion highlights.

THEME #1: "We want the Global Fund to put the money where its mouth is on CRG and CSS"

During their discussion, the members of the breakout group A expressed their **support for the draft statement, specifically for the first priority area**. They also mentioned that the **2018 Political Declaration has specific targets particularly regarding TB on children**. However, this is not highlighted in the Global Fund Strategy. This **approach is also biomedical and not contextualised to address CRG-related issues**, and, as the group emphasized, **needs to be more mainstreamed in the Global Fund response**. Additionally, the group also mentioned that although some gender identities and sexual minorities are included in HIV interventions and strategies, **there might also be a need to include sexual minorities in the strategy on TB as well, particularly for women and girls**. Furthermore, a question around CSS including meaningful engagement of TB-affected communities was also

raised. **This means TB-affected communities must be involved in all aspects, from the planning and decision-making processes as well as in the implementation, monitoring and evaluation aspects.** Another issue pointed out by the group was the **need to mention the area of treatment literacy or education awareness clearly** because this is still weak at present. **There should be some investment towards empowering and building capacity of the TB-affected communities in this area.** Lastly, the group also had a suggestion regarding the language used in this priority. They suggested using **“back-up words with money”** instead of the present *“put the money where its mouth is.”*

THEME #2: “We want the Global Fund to effectively fulfill its mandate on HIV, TB and malaria, first and foremost.”

For the second priority area, the group expressed their strong stand that the mandate with which the Global Fund came together 12 years ago was to end the epidemics of TB, HIV and malaria and the present situation is very far from that. Thus the **responsibility falls on the members of the community and CSOs to bring Global Fund’s focus back to their commitment to the communities.** While there is recognition that there are many needs and urgent health emergencies that need to be addressed, **addressing these should not be at the cost of its original mandate.** The group stands firm that HIV, TB and malaria should be the core and efforts to end these diseases should be fully-funded and fully-supported. Global Fund, as well as the communities and CSOs cannot lose focus on these diseases and cannot be distracted. In line with this, Priority #2 can still be made even stronger since the goal for the three diseases have yet to be achieved. **The Global Fund needs to be pulled back to its original commitment.** Even when additional funding becomes available, this additional funding should still be spent on the three diseases since this is Global Fund’s mandate and its goals have not been met yet. **Global Fund’s mandate should not be expanded until its goal to end HIV, TB and malaria is fulfilled.**

THEME #3: “We want the Global Fund to continue to put CRG and CSS approaches as cornerstones of pandemic and health emergency responses.”

Next, for the third priority, the group mentioned that **Global Fund’s support on CRG and CSS should not only accommodate mental health, but also the social and economic aspects** of the lives of people living with the diseases. Specifically for TB, it was brought up that there is difficulty in finding donor support and government funding in sustaining these aspects of the lives of people with TB. **Interventions must go beyond the biomedical approach and must look at the quality of life of the people.** The people-centered approach must be brought back. Moreover, the group also pointed out that the Global Fund must **forcefully bring the lessons that it has learned over the past two decades to the table, particularly around human rights, diagnostics, treatment pricing, TRIPS, particularly in the current COVID-19 pandemic.** Global Fund must use its position and strength to influence other partners.

THEME #4: “We want a fully resourced Global Fund.”

The fourth priority area was discussed by breakout group B. The group had a suggestion regarding the language used particularly on the last statement. They suggested these changes: *Any actions or considerations by the GF to broker in **countries'** innovative financing for health **needs** to be underpinned by principles of... and **human rights**.*

In addition to the suggestions regarding the language, the group mentioned their desire to see the **Global Fund amplify their support for the countries to be prepared in responding on their own**. While some countries do well in terms of CSR and mobilizing domestic resources, this is not the reality for all and thus support is still needed in this regard. The **Global Fund should make sure that the systems are in place to encourage domestic financing** and that countries are capable of handling the diseases on their own. Additionally, questions around the role of CCM in countries were also brought up. Since the CCM is part of the Global Fund as a whole, the group felt the **need to mention the CCM somewhere in the statement**. It then goes without saying **that the CCM, in its own accord, should be fully-funded, inclusive and supportive rather than having a token engagement**. Lastly, the possibility of adding a 6th task was also discussed by the group. They mentioned that the Global Fund needs to **put in a system of checks and balances to evaluate its own mechanisms**, like the CCM, are not **only malleable, but also transparent, inclusive and supportive to the communities**.

THEME #5: "We still want a Global Fund that is truly global - one that does not leave key vulnerable and marginalised communities behind, regardless of their income classification."

For the last priority, the group felt the need to add to the first sentence in last paragraph which reads: "*We call out the critical need for Global Fund to still strengthen its efforts in ensuring responsible, long term, and sustainable strategies out of... **all eligible countries**.*" The group also noted that although allocation is one important aspect, the **systems in the communities must also be strengthened and highlighted**. Additionally, **organizational development is another facet that communities and CSOs in some countries need support for**, especially since some governments do not fully support CSOs and communities. This is something that is still needed from Global Fund as well. Lastly, more edits in the language were proposed by the group. They suggested adding to the line "*life-saving medicines and **diagnostics for TB, HIV and malaria***" and using the word "**supporting** the application of full TRIPS flexibilities..." instead of the present language which used the word "*ensuring*".

Session F: General discussion/any other comments and feedback

After the discussion and sharing of the two groups on the 5 priority areas of the Asia-Pacific Draft Statement, the facilitator once again opened the floor for comments and questions from the plenary.

During the breakout discussion, members of Group B have also shared their general sentiments regarding the draft statement in addition to their discussion of the assigned priority areas. It was mentioned that since the pie of funding has been really very small, there has been a contestation on the allocation among the diseases. However, for TB, the Global Fund continues to be one of its major funders around the globe, contributing 73% of all international funding for TB. With this fact, affected communities feel that TB has been continuously falling off the radar especially on the post-COVID world. Thus there is an enormous need for communities and CSOs to continue to fight and say that these three diseases still need the support while at the same time making sure that TB does not fall off the radar. Furthermore, community members who are delegates carry a great role and must really advocate for the concerns of the communities, most especially in terms of funding and representation

Next, another issue was brought up to the plenary. A participant wanted to get the thoughts of the group regarding the TB33% Campaign. She shared that she has heard a lot of comments coming from both sides. On the one hand, she said that yes, TB indeed needs more funding but on the other hand, it is problematic to ask Global Fund to reduce the funding for HIV and malaria just so the funding for TB could be increased. She said that she personally thinks that this should not be pushed but she wanted to hear from the group especially those people who are in the CCM. To respond, another participant shared his thoughts. He said that decisions on funding allocation should be made by the key population representatives in the CCM since they are the ones who could actually provide more insight with regards to the needs of the communities. Thus, community-led networks must always be engaged and their capacities must also be built and strengthened.

Mr. Acaba also gave a response to the inquiry on TB33%. He said that for ACT! AP, the coalition hasn't had a discussion on it yet, noting that the Africa groups are the ones pushing for it and the Asia-Pacific Region does have a different context and experience as TB civil society and key populations. He added that this discussion really needs to take place either before the Global Fund Strategy, during or even after, so that ACT! AP can also bring its perspective on this issue to the table. Personally, he said that competition in terms of funding among the diseases must be avoided. He added that even if funding for TB is increased, having unfulfilled agenda for the two other diseases would just open another set of problems and challenges for TB, understanding that these diseases are interrelated. He ended by fully acknowledging the need for further discussion on the matter.

Ms. Marte also shared her thoughts on the issue where she expressed her total agreement with Mr. Acaba. She also noted that there is no position for the region yet, highlighting the need to be cautious against pitting the three diseases and the affected communities against each other just because the funding pie is not big enough. She, however, acknowledged the under resourcing to TB but also noted that if increasing the funding to TB leads to the disruption of services for the other diseases which impacts the lives and the quality of lives of other communities, then this would be very problematic. To end, she said that there is no support from the region for TB33%.

Session G: Closing and Next Steps

To formally close the consultation activity as well as to share with the participants what happens next, Mr. Acaba once again gave the floor to Ms. Jennifer Ho.

In her closing remarks, Ms. Ho thanked everyone for their time and contribution. She said that the discussions have been really thoughtful and reflective and the organising team would try their best to capture the key points raised here as well as in the other regional and country-level consultations. She also shared that they are looking into making the consultation reports available as they move forward in finalizing the statement.

As for the next steps, Ms. Ho shared the following information to the group:

- The **online feedback platform will stay open until the 17th of February** and it would really be helpful if everyone disseminates this so more feedback can be gathered.
- **The Regional Partnership Forum will be held in March.** In line with this, APCASO is organising a **pre-meeting of civil society and community representatives on the 26th of February** where the Final Draft Statement shall be shared and strategies can be made to ensure that the key points are raised during the Regional Partnership Forum.
- An **engagement activity** shall also be set-up with some of the **Global Fund Leadership**, including the Implementation Group, the Chair and Co-Chair, as well as representatives to the Global Fund Board. APCASO is also in constant communication with the Developing and the Developed NGOs delegations to the Global Fund Board as well as the Communities' Delegation, and they will continue to engage and communicate with them as the region moves forward with the statement as well as the advocacy and mobilization processes.

To end, Ms. Ho once again urged everyone to follow APCASO's Facebook page and to regularly check their webpage to be updated and informed of the upcoming events and activities. She also said that the process does not end here and while the Partnership Forum might seem to be the highlight of the Strategy Framework development process, there will be other processes following that, including the development of indicators, among others. She then said that APCASO shall continue looking for opportunities on how they can fully engage with these processes as Global Fund moves forward beyond the development of the Strategy Framework.

Before ending the consultation meeting, Ms. Marte also gave a brief parting message to the group. She noted that it is indeed excellent that there is a TB community dedicated space for consultation the way that there are other regional consultations and a number of country consultations. She also expressed her appreciation for the inputs raised earlier in the discussion. She said that the drafting team will try their best to reflect the different perspectives brought out in this consultation. Whatever is captured, she added, will also be

communicated to the Global Fund, one way or the other. She then said that the work does not stop here and then wished everyone a great rest of the day.

The consultation activity ended by taking a group photo. (*Please see the Annexes to view the group photo.*)

ANNEXES:

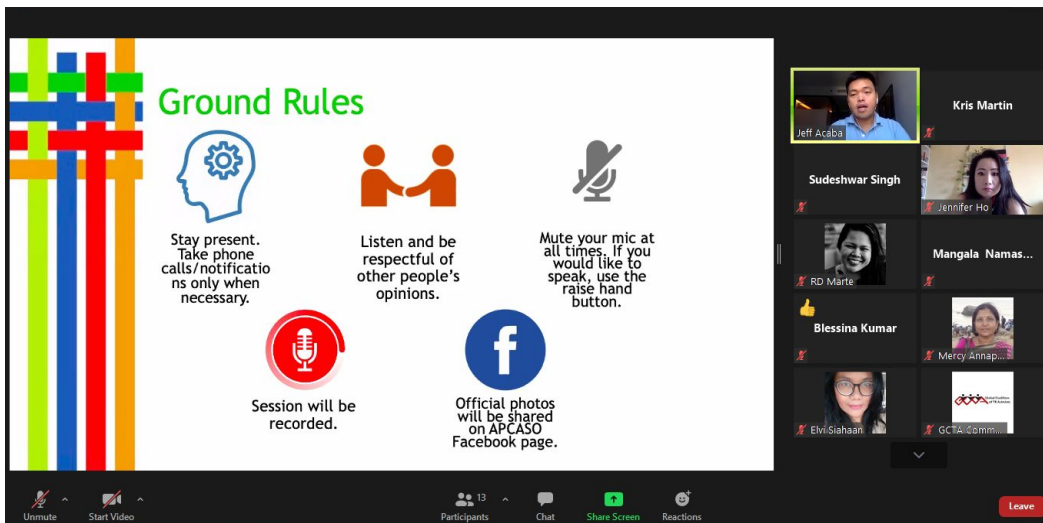
Annex 1: List of Participants


1. Blessina Kumar, *Global Coalition of TB Activists (GCTA), Global*
2. Daniel Marguari, *Spiritia Foundation, Indonesia*
3. Mercy Annapoorani, *Blossom Trust, India*
4. Priyanka Aiyer, *GCTA, Global*
5. Sudeshwar Singh, *REACH, India*
6. Thea Hutnamon, *Stop TB Partnership Indonesia, Indonesia*
7. Archana Oinam, *GCTA, Global*
8. Elvi Siahaan, *ACT! AP, Regional*
9. Anima Sharma, *consultant, India*
10. K B, Kajal Bhardwaj, *consultant, India*
11. Choub Sok Chamreun, *ACT! AP / KHANA, Cambodia*
12. Darren Perez, *GCTA, Global*
13. Jennifer Ho, *APCASO, Regional*
14. Mangala Namasivaya, *APCASO, Regional*
15. Jeff Acaba, *APCASO, Regional*
16. RD Marte, *APCASO, Regional*
17. Kris Martin, *Consultant/ Documenter*

Annex 2: Group Photo




Annex 3: Other Photos/ Screenshots taken during the Consultation Activity

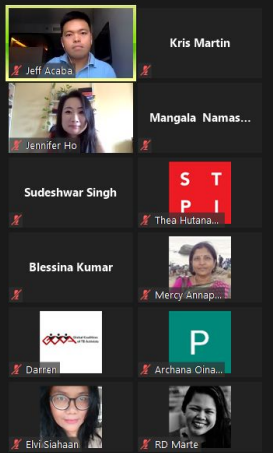


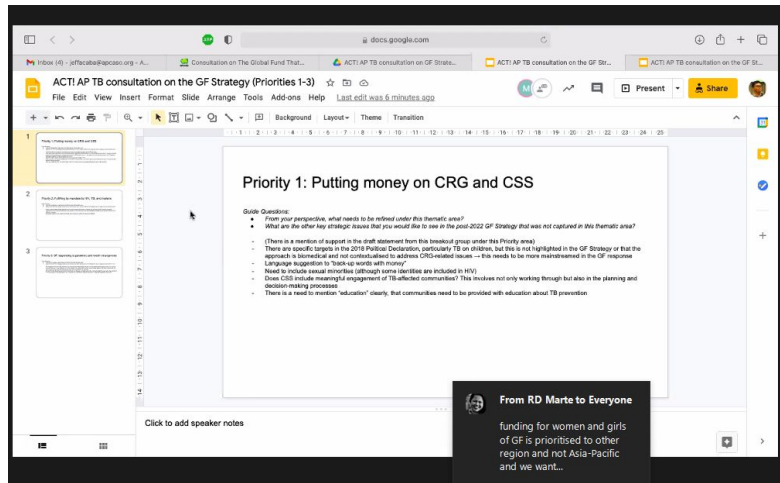


Overview of the Post-2022 GF Strategy and the Asia-Pacific Engagement Process

Jennifer Ho
 Deputy Director, APCASO
 Platform Manager, APCRG



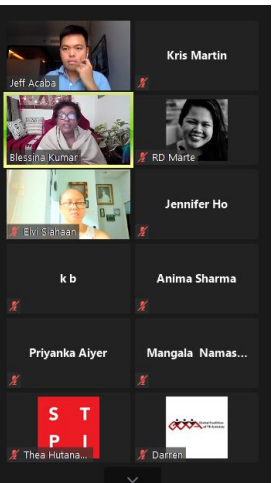




Priority 1: Putting money on CRG and CSS

Guiding Questions:

- From your perspective, what needs to be added under this theme/ area?
- What are the other key strategic issues that you would like to see in the post-2022 GF Strategy that was not captured in the thematic area?
- There is a mention of support in the draft statement from the breakout group under this Priority area.
- There are specific targets in the 2018 Political Declaration, primarily TB on children, but this is not highlighted in the GF Strategy or that the approach is detailed and not contextualised to address CRG-related issues -- this needs to be more robust/developed in the GF response
- Language suggestion to "link up words with money"
- Need to include sexual minorities (although some identities are included in HIV)
- Does CSS include messaging/ engagement of "hard-to-reach communities"? This includes not only working through but also in the planning and decision-making processes
- There is a need to mention "education" clearly, that communities need to be provided with education about TB prevention



From RD Marte to Everyone

funding for women and girls of GF is prioritized to other region and not Asia-Pacific and we want...