

CONSULTATION REPORT

Section 1: Background Overview

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| Name of Organiser | Asia Pacific Network of People Living with HIV/AIDS (APN+) |
| Date and Time of Consultation | February 15th, 2021 |
| Length of Consultation | 2 hrs and 20 minutes |
| # of Participants | 23 participants |
| General Composition of the Participants (e.g. KP, CS, NGO rep, CS CCM rep, etc.) (Please also include a list of participants in annex) | PLHIV |
| Disease Focus of Participants (HIV, TB, and/or malaria) | HIV |

Section 2: Consultation Highlights Per Session

Please kindly report highlights, include issues/comments/feedbacks that have general agreement/support from the group and specific issues/comments/feedbacks/questions that was also raised for considerations.

Session A: About the consultation

[Please note if permission to document (written, photos, and video) was obtained from the participants by the organiser. Noting that participants also have the right to decline any of those.]

The consultation was planned at first on 12 February 2021 but due to some participants has requested to postpone the virtual regional PLHIV consultation on 15 february 2021. As discussed with APN+ regional coordinator, it agreed for the virtual regional consultation which will be held on 15th February 2021 starting from 14:00 – 16:25 Bangkok Time. 23 participants have attended and participated in the virtual regional PLHIV and the consultation was facilitated by the APN+ program coordinator. At the begenning of the virtual consultation, the host asked if participants have objectioned if the consultation process was being recorded and as result no objections ware raised by all participants.

Session B: Overview

The Overview of post-2022 the Global Fund Strategy development was shared from the recorded presentation provided by APCRG and there was no question related to the overview of the Global Fund Strategy Development process including the Asia-Pacific road map on the engagement process.

Session C: The Draft A-P statement

Similar with the session B; the session C on the draft Asia-Pacific statement was shared through recording presentation prepared by APCRG and once again there were also no questions was raised after the presentation on the draft Asia-Pacific statements has been presented.

Session D/E: Thematic Discussions

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

Under this theme #1 some highlighted points of discussion that has been reiterated amongst participants were:

1. The Global Fund should put more investment on the CSS component, particularly investment for technical Assistants under the CSS component for advocacy, especially for the advocacy works related to removing any legal barrier that still impeded access to prevention, care support and testing thus to continue to provide the capacity building to support to community in order for 2030 target is achieved.
2. The Global Fund should able to push country that they supported for task shifting e.g. community health care, self testing, community satellite ART and possibility for allowing PLHIV to have access to Multi-Month Dispensing (MMD)
3. The Global Fund should expend their Key Performance Indicators (KPI) on CRG and CSS and to ensure the country is able to deliver on what they promised to deliver under the CRG and CSS component in the country grants.
4. The GF CSS component has been part of the Global Fund Strategy since decades but there is also high mobility of community therefore the CSS support should continue and people-centered should be the center of any response supported by the GF grant.
5. The CRG component should embed stigma and discrimination and to push country to provide a safe space for community to report on any violation and report a complaints related to stigma and discrimination.

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

Under the Theme #2, the summary discussion points were:

1. The Global Fund should continue to support its mandate on the three diseases by continuing to support through regional programs since this approach can foster and scale up the CSS component and 'south-to-south' can be used as the learning process to scale up programs among Key population and Civil Society affected by the three diseases.
2. The Global fund should continuing the people-centered approach and involving the people affected by the three diseases and GIPA principle back into the picture and should revisit

the roles at the CCM in all country where Key Population and people affected by the three diseases always and still have a mineaning engagement into the programs.

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

Under theme #3, the summary discussion points were:

1. As reflect from the COVID19 pandemic that still going on, social protection and psychosocial support is still need it by PLHIV in order for HIV treatment adherence and access to treatment will not once again to be disrupted and should provide recommendation to country grant for the possibility Multi-Month Dispensing (MMD).
2. Despite to strengthen Health System is very important during the emergency situation but the Global Fund should also allowing the community to access the emergency fund in order to using to support Key Population and Community affected.

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

Under theme #4, the Summary discussion points were:

1. There should be direct funding for community led intervention and to support community innovation on service delivery where it should be part of the CSS component.
2. Global Fund should also an investment on mental health issues particularly for newly diagnosis PLHIV where at the current situation almost no mental health support was provided by the healthcare workers and if it did, the support is very minimum.

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.”

Under theme #5, the summary discussion points were:

1. The Global Fund should put PLHIV and People living with disease should have a meaningful involvement into the country grant, starting from the development of program implementation until the monitoring and evaluation of the Global Fund Supported program.
2. As the world is keep on evolving and some countries have passed the threshold The global fund support requirement, we still want for The Global fund to continue support the CRG and CSS component for the new generation of Key Population and civil Society vulnerable by three diseases can still continuing the works for the sustainable access to the health care settings

Session F: General discussion/any other comments and feedback

As the thematic discussion is over to discussed, the consultation is continued to discuss issues related treatment, patents and access. The summary discussion points were:

- The Global Fund should push for the country grant is to support community to establsihe the Community Based Monitoring where the community will be able to monitor the supply chain of HIV commodities, reviewing the stigma and discrimination that still a barrier of community to access the healthcare facility.
- The Global fund should start to support access to treatment among people affected by the three diseases in order for them to continue their advocacy works related to Trade Related aspects of Intellectual Property Rights (TRIP).

- The Global should also starting to put their investment on Children living with HIV including to support for ARV pediatric treatment that still limited and also invest to support on HIV co-infection

Session G: What happens next. Closing and Thanks.

APN+ as the host of the virtual Regional PLHIV has requested the virtual consultation participants to joint the facebook page of APCASO or to joint the mailing list of APCASO-APCRG in order to get the latest update on the The Global Fund Strategy development post-2022 thus encouraged them reach out the APCRG platform if country need support related to Community Rights and Gender issues of the Global Fund grant.

The virtual meeting was ended at 16:20 PM Bangkok Time - Closing

ANNEXES:

Annex 1: Participants list/list of organisation (whichever is appropriate)

1. Harry Prabowo, APN+ - Host and Facilitator
2. Thann, VNP+, Vietnam
3. Abdurahman, NOP+, Bangladesh
4. Sanwar Hossain, NOP+, Bangladesh
5. Dr. Ahsanul Alom Kishore, NOP+, Bangladesh
6. Purajev, PLHIV Community Representative at CCM, Mongolia
7. Engkhtungs Tsetsgee, Youth4Health – PLHIV Officer, Mongolia
8. Nazarius Celcius Dorus, PLHIV CCM, Malaysia
9. Maura Elarpie, Igot Hope, PNG
10. Nith Seangpanya, Assistant Director-APL+, Lao PDR
11. Asghar Satti, APLHIV, Pakistan
12. Omer Haider, APLHIV, Pakistan
13. Seum Sophal, Program Manager, CNP+, Cambodia
14. Sorn Soethariddh, Director, CNP+, Cambodia
15. Rajesh Didiya, President of NAP+N, Nepal
16. Franky Baba, Advocacy Officer-Estrela+, Timor Leste
17. Ines Lopez, National Coordinator-Estrela+, Timor Leste
18. Dito Mota, SKAP Program Manager-Estrela+, Timor Leste
19. Min San Tun, Advocacy Manager –MPG, Myanmar
20. Than Htoon, Program Manager-MPG, Myanmar
21. Thawdar Htun, National coordinator-MPG, Myanmar
22. Manoj Pardeshi, NCPI, India
23. Dexa Pater, NCPI, India