REGIONAL MALARIA CSO CONSULTATION ON GLOBAL FUND POST-2022 STRATEGY

MEETING REPORT

2021 | FEB

APCASO
Strengthening community systems. Advancing human rights.

MALARIA FREE MEKONG
A Platform of NGOs

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
APCRG	Asia-Pacific Community, Rights, and Gender
ARC	American Refugee Committee
CCM	Country Coordinating Mechanism
CRG	Community, Rights, and Gender
CS	Civil Society
CSO	Civil Society Organization
CSS	Community System Strengthening
GF	Global Fund
GMS	Greater Mekong Sub-region
KP	Key Population
LLINs	Long Lasting Insecticidal Nets
NGO	Non-Governmental Organization
NMP	National Malaria Program
PDR	People's Democratic Republic
PR	Principal Recipient
PSI	Population Services International
RAI	Regional Artemisinin resistance Initiative
RAI2E	Regional Artemisinin resistance Initiative phase 2 to Elimination
RSC	Regional Steering Committee
RSSH	Resilient and Sustainable Systems for Health
SR	Sub Recipient
TA	Technical Assistance
TB	Tuberculosis
UNOPS	United Nations Office for Project Services
WHO	World Health Organization

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1. Background overview

In December 2020, a virtual regional communities and civil society consultation "Towards the Global Fund That We Still Want" was convened by APCASO, as the host of the APCRG Platform, and Global Fund Advocates Network Asia-Pacific (GFAN AP), in partnership with regional key populations and civil society organization, networks and platform: Activists Coalitions for TB Asia Pacific (ACT! AP), Regional Malaria CSO Platform Greater Mekong Sub-Region, Asia-Pacific Network of People Living with HIV (APN+), Asia-Pacific Network of Sex Workers (APNSW), Asia-Pacific Transgender Network (APTN), International Community of Women Living with HIV Asia-Pacific (ICW AP), Asia Network of People who Use Drugs (ANPUD), Youth Voices Count (YVC), and Youth LEAD.

This consultation resulted in the drafting of an Asia-Pacific Communities and Civil Society Statement - The Global Fund That We Still Want - that contains a list of positions in order for the Global Fund to continue prioritizing community, rights, and gender (CRG), and community systems strengthening (CSS) to be even more inclusive and responsive to the needs of key populations, affected and vulnerable communities, and civil society working on the three diseases and beyond to achieve the 2030 Agenda. Based on further input from a series of national and regional partner consultations, including an open online feedback platform, it is envisioned that a final regional statement will be finalized and released prior to the 6th Partnership Forums, which will be held from 3-5 March 2020.

As a part of the series of consultations, a virtual regional consultation meeting with malaria implementing partners in the GMS was organized by Malaria Free Mekong, a platform of Malaria communities and CSO on 15th February 2021. The consultation was supported and facilitated by the APCASO. There were 26 participants in the meeting from civil society, technical partner agencies, and donor agencies representing Thailand, Cambodia, Laos PDR, Viet Nam, and Myanmar. Participants representing regional offices, technical agencies, and development partners included: RAI RSC (CSO representatives) and PR-UNOPS. A full list of participants is included in Annex 1 of this report.

The Consultation meeting overview	
Name of Organizer	Malaria Free Mekong, a platform of malaria communities and civil society
Date and Time of Consultation	15th February 2021, 02:00 PM-04:30 PM Bangkok time
Length of Consultation	Two and half hours (zoom meeting)
No. of Participants	26
General Composition of the Participants	Civil society country partners, NGO representatives, regional network representatives, technical agencies, and development partners
Disease Focus of Participants	Malaria

2. Consultation Highlights

A. About the consultation

The virtual meeting was designed to inform and engage the participants in the broad discussion to receive fundamental feedback on AP Communities and Civil Society position statement for the post-2022 Global Fund Strategy development process.

The objectives of the consultation were specified as:

1. To share and update the communities and civil society in Asia-Pacific on the post-2022 Global Fund Strategy development process, including key emerging themes;
2. To facilitate an inclusive consultation process for discussing and collect feedback from AP communities and civil society on the emerging themes for the post-2022 Strategy of the Global Fund; and
3. To react and provide further feedback on the draft AP Communities and CSS position statement

Mr. Shreehari Acharya from Regional Malaria CSO Platform welcomed the participants and introduced the meeting's background and objectives. Permissions for recording (audio and video) the meeting proceedings and any written material were requested from the participants while affirming their right to decline any of these. Ms. Jennifer Ho (Deputy Director, APCASO) provided the overview of the process and key thematic topic for statement.

The meeting began with an overview of the Post-2022 GF Strategy and the Asia-Pacific Engagement Process from Jennifer Ho from APCASO. She proceeded on to present the draft of the Asia-Pacific Communities and Civil Society Position Statement. After the presentations, the participants were divided into two groups for a breakout session of about 30-40 minutes to discuss the themes of the draft position statement. The discussion points and concerns of the groups regarding the themes were then shared with all participants. The meeting ended with shared reflections on the discussion and calls for wider feedback from the malaria communities of the GMS region in the next steps ahead.

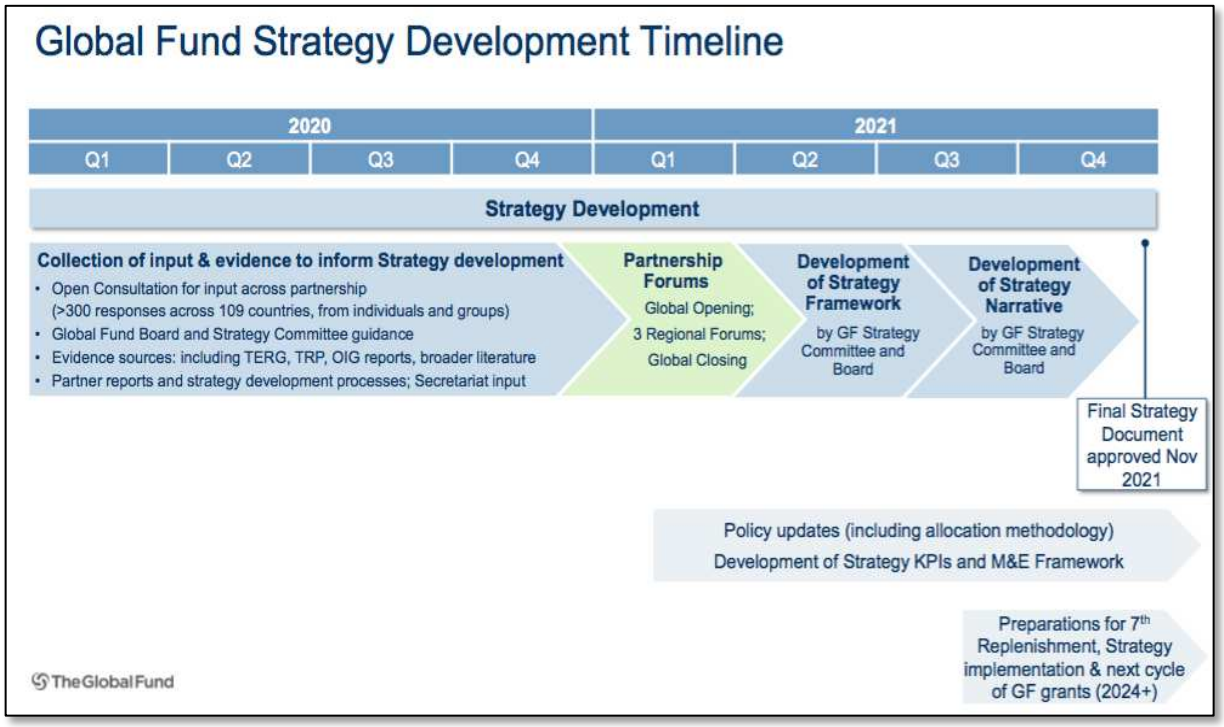
Some of the participants of the virtual meeting

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

The Global Fund strategy has evolved over the years from the initial set of objectives focused on growth, adapt and innovate in 2006, to the current set of objectives of 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.

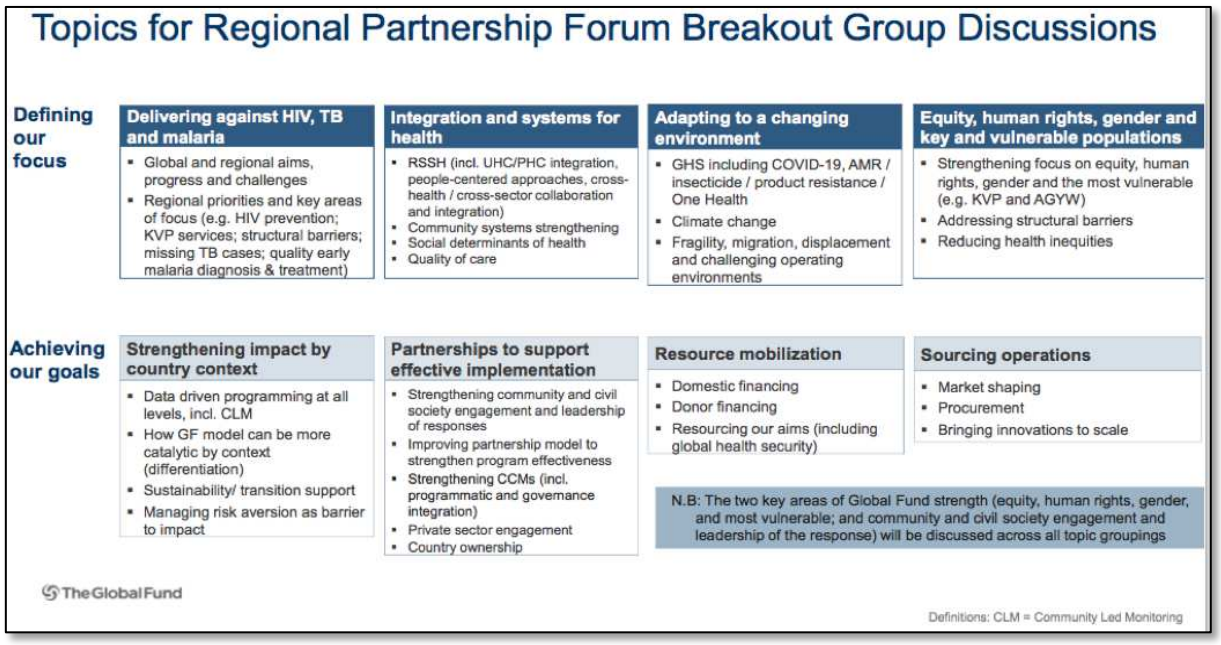
These strategic frameworks have had significant implications and impacts on how the Global Fund board makes decisions on allocations, eligibility, types of programs and interventions to prioritize, and mechanisms to be put in place to require some countries for accessing grants. For example, the requirement to ensure a percentage of CCM seats are held by people living and affected by the diseases and the requirement that interventions and programs be based on principles of human rights and be gender transformative.

The current strategy will end at the end of this year 2021. However, the planning and process of developing the next strategy have started since last year with online open consultation requesting direct input from Global Fund stakeholders including communities and civil society, CCMs, governments, donors, and technical partners as indicated in the timeline below:



Asia-Pacific engagement process:

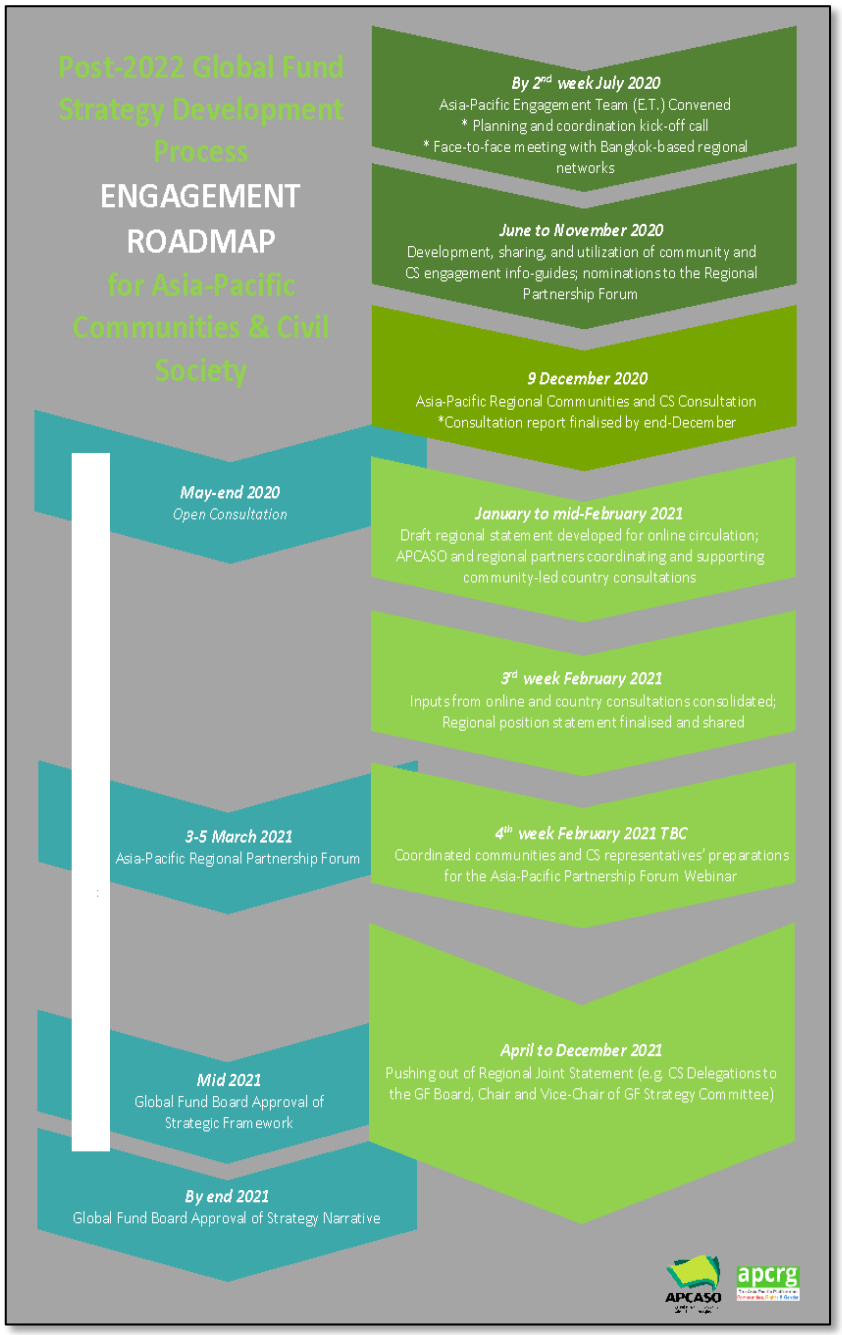
- A virtual Regional Partnership forum for our Asia-pacific region is planned for early March 2021 as part of the three regional partnership forums. The partnership forum application was open for self-nominations and third-party nomination late last year and it's by invitation only. Nevertheless, the process is extensive and aims to be as inclusive as possible.
- Following the partnership forum feedback, the Global Fund strategy committee will move into developing the next strategy framework.
- Specifically, the three Regional Partnership forums will focus on themes derived out of the analysis of the open consultation last year:
    - In addition to continuing to Delivering against HIV, TB, and malaria, the themes include Integration and systems for health; Adapting to a changing environment; and Equity, human rights, gender, and key and vulnerable populations.
    - To achieve these goals, the focus is on Strengthening impact by country context, Partnerships to support effective implementation, Resource mobilization, and Sourcing operations.



"APCASO is also the host of the Global Fund regional communities and coordination platform on communities rights, and gender (APCRG). Our primary roles are to increase and coordinate technical assistance to communities and civil society groups for GF grant engagement and implementation and to share information on GF- related policy. As part of our engagement with the GF and our role as APCRG, we wanted to ensure that voices of communities and civil society for our region are included and reflected in the next GF strategy given its significant impact and implications for our region and communities."

Jennifer Ho (Deputy Director, APCASO)

- An engagement roadmap was developed by APCASO through a consultative process for communities and civil societies in the Asia Pacific, aligning with the GF strategy development timeline.
- APCASO's efforts for Asia-Pacific engagement have included the establishment of a regional engagement team of communities and civil society partners, nominations of communities and civil society members to the Regional Partnership forum of virtual regional communities and civil society consultation, a series of in-country and regional KP and CS consultations, the development of draft regional position statement on the post-2022 strategy of the Global Fund, and then an online platform to collect further feedback on the position statement.



C. The Draft Asia-Pacific Statement

In 2016, GFAN AP developed the "The Global Fund that we want" statement. APCASO was also a part of that consultation and drafting process. That statement was developed prior to the GF partnership forum and shared with the GF board as they moved into strategy framework development. Sharing of position statements can make our voices heard, hence the continuing effort to actively engage and develop a new regional position statement of communities and civil societies for the next Global Fund strategy.

The current draft of the position statement is a consolidation of several APCASO APCRG-led and joint consultations with various regional key population and civil society partners last year and includes consultations on the impact of COVID-19 to our communities, on access to health services, challenges around global funding limitations and implementation bottlenecks, increasing access to mental health services for vulnerable and marginalized populations in our region, including in the context of a pandemic, and issues related to universal health access.

In this new statement, some parts of the previous position statement which the AP community want to continue to say to the Global Fund board, including the donor agencies that "We still want the Global Fund". Particularly, investment in CRG and CSS by the Global Fund have helped build dynamic movements and networks of communities living with and affected by the three diseases in the region, 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 who would otherwise have been left behind, including health emergency context. But despite significant progress, the agenda of ending the three diseases strengthening community systems, achieving gender equality and human rights very much remains unfinished, as such the AP community still need and want the Global Fund to help in the fight. However, the Global Fund can and should do more, as there is space for the Global Fund to do better as elaborated in "We still have wants from the Global Fund".

The draft statement of Positions of Asia-Pacific Communities and Civil Society on the Post- 2022 Strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria is presented with key points listed as bullets in the table below:

The Global Fund That We Still Want An Asia-Pacific Communities and Civil Society Statement of Positions on the Post- 2022 Strategy of the Global Fund to Fight AIDS, Tuberculosis, and Malaria
We Still Want the Global Fund • We want the GF to continue investing in and champion community, rights, and gender (CRG) approaches and interventions as fundamental components of health response. • We want the GF to continue investing in and champion community systems strengthening (CSS) as a cornerstone of resilient and sustainable systems for health (RSSH). • We still need and want the GF to help us in the fight
We Still Have Wants from The GF
1. **We want the GF to put the money where its mouth is on CRG and CSS** ◦ Maintain achieving gender equality and human rights at the highest level of its Strategy Objectives ◦ CSS strongly embedded with a high level Strategy Objective of RSSH

- Prominence of CRG and CSS in Global Fund funding allocations
- Global Fund to work more meaningfully with communities and CS to address bottlenecks and barriers to effective grant implementation
- Concrete investments on women and girls and for gender equality for reach our region
- More strategic investments to CSS, including for mobilization, monitoring, and advocacy channeled through country and regional level community and civil society networks and organizations

2. **We want the GF 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 GF consider broadening this mandate**
   - GF contributions to HIV, TB, malaria, and RSSH, and towards CRG and CSS are contributions towards the achievement of the Sustainable Development Goals (SDG) on and beyond health
   - Barring additional resources to take on expanded mandates, we want the GF to champion and promote within the global community its model of community-centered and -driven multilateral funding
3. **We want the GF to continue to put CRG and CSS approaches as cornerstones of pandemic and health emergency responses**
   - GF 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 marginalized
   - Co-infections and mental health interventions should be included in GF programming and grant-making
   - Not lose sight of non-biomedical pandemics - pandemics of human rights violations, discrimination, and violations, discrimination, and violence against key, vulnerable and marginalized communities, including women and girls
4. **We want a fully resourced GF**
   - We affirm the continued importance of the Global Fund
   - 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
   - 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 GF that is truly global – one that does not leave key, vulnerable, and marginalized communities behind, regardless of their country income classification**
   - All governments, including in our region, to step up on domestic and sustainable funding for health with these investments to go towards rights-based interventions that respond to the needs of marginalized and criminalized populations
   - GF to continue devising provisions to not leave communities in need from countries and regions no longer eligible for GF funding especially in the post-COVID-19 pandemic era.

- GF to earmarked funding allocations for country- and regional-level community and CS advocacy and peer support, beyond borders of country governments' eligibilities to access GF funding
- Ensuring responsible, long-term and sustainable exit strategies out of countries
- Reversals in gains are inevitable without securing enabling environments for the rights protection and advancement of key populations and marginalized communities
- GF to ensure availability, affordability and accessibility of treatment and diagnostics for life-saving medicines by addressing intellectual property (IP) and -related barriers.

D. Thematic Discussions

In the two-group breakout session that ensued after the presentations, the participants discussed and expressed their agreements or concerns with the themes of the draft statement. The discussions were facilitated by the RAI RSC CSO representatives (Prof. Maxine Whittaker in group one and Ms. Josselyn Neukom in group two). The participants focused on what they would like to see addressed in the new strategy under each thematic area, which may or may not have been captured in the draft statement. Key discussion points and summary from the group discussions are presented according to the themes of the AP draft statement.

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

There was an extended discussion around this theme and its contents which included the following points:

Tailoring the statements for better CSO advocacy

At the higher level, the group discussed considering whether the statements might be tailored slightly to better advocate for greater CSO contributions to elimination targets to in the near future. The participants felt that as caseloads fall and become concentrated in the more remote and border areas (which often fall outside of public health system coverage), the importance of engaging CSOs and communities to test, treat, and track every case will become more important.

Operational definitions

Several CSO representatives expressed concerns related to the implementation level. For them, it's not only about putting our money where our mouth is, but making sure that what these statements align with what they see needed at community level.

One participant from Myanmar pointed out that an operational definition of what is meant by mobilization and monitoring was needed to be clearly articulated in the sentence on the need for more strategic investments to CSS as these terms can mean different things to different people.

> *"We need to make the sentence very specific and understandable because it is quite technical. We need to have some operational definition for workable and achievable*

meaning as to how can we mobilize our community or how can we monitor our community. That's my concern."

Another participant from Myanmar agreed that a more measurable terminology was needed for the implementation level. For example, from his experience, he observed that more than 60% of the health workers in the villages were female. But it was difficult to measure it at the program level or how it that translated to mobilization.

What do we mean by mobilization? What do we mean by monitoring, particularly in transitioning? If there is no definition, it can be interpreted in ways that may not be how the civil societies want it to be.

Community capacity building

A participant from Thailand highlighted the missing point of capacity building of the community under more investments for CSS.

"I think we should include community capacity building for the capture of community system strengthening in addition to mobilization, monitoring, and advocacy."

The group participants emphasized on the need of building capacity and coordination across CSOs at subnational levels. Participants also felt that the CSOs should be strengthened for cross-border collaboration. For example, CSOs can support to facilitate cross-border collaboration between Thailand and Myanmar. In addition, there could be a potential role of the CSOs in contributing to the cross-cutting issues, including those that go beyond the three diseases such as climate change.

Meaningful engagement of CSO in CCM

Discussions also revolved around the community strengthening part to include increased role and capacity of CSOs on CCMs. In addition to capacity building, improving the representation of CSOs in CCM was believed to add the real voice of CSO in the CCM.

Another participant noted that while it was fairer that communities are given seats, but there were inherent power imbalances in the CCM composition as more than half of the seats are occupied by the government which impedes democratic decision making:

"So let's say if you have a 10 member or 11 member body, probably the government will take more than half of the seats and a few disease affected people will be given one to three seats. But in the critical decisions, it doesn't make for any dynamic democratic dialogue or decision making."

His suggestion was to emphasize the real situations in the position statement and elaborate how systems are formed, how more powers are given to the government, while civil societies have little space in those forums.

Which community, whose rights?

Another issue that emerged from the discussions was to illustrate the issue of whose right and how are they defined in CRG: e.g. who makes decisions on distribution of limited resources -

like say long lasting nets - whose rights are addressed when decisions are made on how many and to whom are these distributed.

As one participant expressed:

> *"I don't know who defines the community rights, because we have multiple communities, multiple needs, multiple ethnicity, multiple languages, and multiple countries. So what are we looking for when we say community rights in CRG, particularly in Malaria context?"*

> *"……in most of the instances that I've worked in GF project for the last 15 years, the decision to distribute LLINs is done by experts. It is not a bottom up demand structure. But if you go to the communities, everybody wants to have an LLIN because they think they need it. But we decided by dividing the country and the communities into strata. The Global Fund brings the money, and then they want us to decide. I think these communities are the ones who can tell us how best to define a right when it comes to distribution of limited resources."*

Another participant opined that it was essentially a question about definition. Civil society groups have been really trying to say that there are many communities, many rights, and many needs, and we don't want it all just captured into one sort of generic understanding of what we know rights are. If we don't define terms like community rights and who defines those because there are many different communities, so there's a real concern that they'll be defined for us and maybe too generic to be able to represent the various voices we're talking about.

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

Generally, in past consultations, CSOs have raised the concern that the GF money is not sufficient for the three diseases, therefore, it should continuously focus on these three diseases. Further nuanced discussions around this theme included:

Integrated approaches for TB, HIV, and malaria

The need to approach the three diseases in an integrated manner was noted in the discussion. One participant said that:

> *"I think what the Global Fund should be more focused in these three diseases is to kind of approach linking between the programs of TB, HIV, and malaria such as the volunteers. And I think a lot of countries are kind of initiating towards that integrated approaches, but I think there should be more."*

Some of the effectiveness can be due to joining together of HIV, TB and malaria program, particularly at community and civil society level. Some of the success in population coverage and cost coverage may be because there already are some coordination of activities and pooling of resources of the three disease programs. It should made clear that civil society needs to find ways to do this more effectively and more cost efficiently. Another participant added that the statement of the theme reads as though they were "three separate siloed programs". So it may be good to make this a bit more clear in this statement.

In the other group, integration was discussed more broadly than integration across the three disease areas supported by GF. The participants suggested that they advocate for GF

recognition of the fact that communities most at risk for malaria often care more about other health and non-health issues. Greater flexibility to reach these communities with integrated services they value, including but not limited to malaria, will help CSOs help the NMPs and GF achieve targets in future.

Funding from GF for other disease areas was not the focus of this discussion, but rather recognition of the value of incorporating some agility into community engagement activities supported by GF to be able to optimally address the needs of communities at risk of malaria. The main point emphasized during the discussion was the potential for subnational level coordination across CSOs—to minimize duplication and ensure targeted CSO support—to improve efficiency of GF supported programming and related results overall.

Role of CSOs and ground level volunteers

Another point the group would like to see addressed was the potential for the statement to emphasize the fact that CSOs and community health workers, and outreach workers volunteers have great potential to support elimination, both by increasing their contributions to case management and reaching the most hard-to-reach population in the remote areas. Currently, there are a range of scenarios with health workers, volunteers being able to do a range of services which is not consistent across the region.

In addition, village malaria workers at the ground level need to be motivated and supported to work more effectively. The role of village malaria workers and volunteers at the ground level should be considered for the integrated approach and their connections with the CSO should be made stronger.

Potentially, CSOs have a bigger role in malaria elimination which could be emphasized in the draft statement as one participant observed:

> *"Importantly, at this stage with countries such as Cambodia and Thailand, in particular, so close to elimination, and with the last mile coverage, issues extending beyond public health systems, that CSOs have even greater potential to contribute."*

This discussion point can be linked with the theme #1 as well, as it implies GF should reconsider overall allocation of support to CSOs given the potential for their contributions to proportionally increase.

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

COVID-19 vaccination

One participant suggested adding vaccination against COVID-19 as one of the additional interventions funded by GF.

Competing themes

An apparent discordance between theme number 2 and 3 was highlighted by few participants. Since the CSOs would like to see co-infections, epidemics, and others funded by GF in theme 3 but in theme 2, they don't want the funding to go beyond the three diseases of TB, HIV, and malaria, it seemed like a paradox. One participant questioned:

"Isn't that a paradox? I mean, here, we don't want GF to fund anything else but the three diseases and then we also want them to fund the co-infections and the epidemics. And then there are other things. So I don't know, how do we link that? I mean, on one side, you're really making a point that 'Oh, no more outside of TB, HIV and malaria', and then we want them to. So how do we how do we define that? I don't, I'm a bit confused."

Another participant agreed that although the draft statement tried to address this by saying there's a moral imperative to fund these but don't lose sight on the three diseases and the cross-cutting issues, this was a difficult issue to solve and could be seen as two competing areas:

"Okay. And I don't know that we're going to be able to solve that today. But I think we need to talk about that inherent paradox between number two and number three. I think they've tried a little bit, they say don't lose sight on it, they are saying there's a moral imperative, because, again, the same communities you're working in. And the systems you've set up, particularly in some of these very poor and marginalized areas are quite fragile. But we still need to focus not only on the three diseases, but also on these cross-cutting themes of human rights, violence, women and girls discrimination. So I think we can just note that this is a difficult one, this could be seen as two competing areas."

To clarify this point, observations from other consultations were taken as a reference, in which participants were explicit that the TB, HIV, and malaria community do not want GF to go beyond the ongoing support for the three diseases as the funding in itself is not enough. But if for any reason, GF would have to expand, then that expansion has to be to support and facilitate implementation of three diseases.

Social and legal protection

One participant from Myanmar suggested adding some kind of social and legal protection in this theme to make it more robust.

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

The discussion around this theme was very minimal. There was only one related point discussed related to this theme:

Reordering and rephrasing the themes

A suggestion from the group discussion to navigate the issue of competing themes was to possibly put theme 4 ahead of theme 3 and rephrase the theme number 3 by adding "*If more resources are provided for expansion,….*" such that it would be clear that first we want a fully resourced GF and if additional funding is available for these other things, then CRG and CSS need to be cornerstones of those responses as well.

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

Against equity

A concern that the phrasing of "regardless of income classification" may be against equity was highlighted in the discussion. One participant pointed out:

"…regardless of the country income classification means Global Fund will continue to support everybody irrespective of how improved they are. I think this is against equity. I don't know how Global Fund will take that because they are looking for sustainability. They want countries to take up their own funding as we go along. So, I don't know how this fits into that agenda."

Another participant agreed and remarked that GF funding requirements already state the country income classification for funding eligibility, therefore the focus should be on transition and sustainability.

It may be that as countries transition, key vulnerable and marginalized communities can be left behind. So the statement could be trying to negate that in some ways by saying that we want to move on to more sustainable funding, but not at the loss of keeping a focus on these marginalized communities. However, the participants agreed that this statement needed to be a bit clearer. Ultimately, it should be ensured that even in transition, the Global Fund should make sure that key vulnerable and marginalized populations are not left behind.

Some contradictory statements that could be seen should be clarified that CSOs do support some of these transition things. But there are real concerns about what can get lost in that transition, and how does Global Fund help keep those focuses.

Inter-country cross-border collaboration

Lack of cross-border issues and collaboration was missing from the description of the theme as detected by some participants. The statement may be improved by adding a particular focus on cross-border areas. Ensuring cross border coordination and activities should not be lost in the statement, especially as this may not be prioritized nor sustained as the move to domestic financing is occurring.

This point was discussed a little differently in the other group, where the suggestion from a CSO representative was to better emphasize the role that CSOs have to play addressing multiple cross-cutting issues including cross-border aspects of elimination programming and climate change-related challenges influencing communities at risk of malaria.

Transition plan for CSO contributions

So far, discussions have been around transition plan for governments, but there needs to be a proper transition plan for the CSOs as well as suggested by the group discussion. The point was not necessarily planning to sustain CSOs but rather planning to sustain CSO contributions to elimination as donor funding reduces.

Some participants also raised the issue of transition in the draft statement. A participant from Laos PDR expressed his concerns of smooth transition of GF at the country level. In Laos, the transition of TB and HIV programs went to the Ministry of Health. He further elaborated that

"There has been a loss of voice of CSOs, key population, and people living with the disease after the transition of country grant to the government."

Citing that this was very different from the previous GF grants, he wanted to emphasize on how to smoothly transition, not just for the government, but also for the CSOs and how this could be incorporated in the position statement.

The discussion also highlighted the need to encourage GF to support the inclusion of CSOs in national-level discussions related to transition planning for NMPs. Currently, in some countries-- those discussions are primarily focused on planning to sustain public sector malaria programming. There is a need to ensure that CSO perspectives and capabilities are integrated into ongoing transition planning across all five countries.

Role of CSO in facilitating private sector contributions to elimination

The role of CSOs in partnering with the private sector should be explored. One participant opined that the role of CSOs can be made more specific in the draft statement related to their potential to help NMPs engage private sector contributions - financial and otherwise - to elimination targets. For example, corporate social responsibility (CSR) investments can be facilitated through CSO groups so the investments in the health are supported by the private sector, at least for their own workers, if not for the general public. He further explained that:

> *"So this is something that can be added into this strategy in future. CSR will help support a lot of I mean, just recently, we have had two malaria outbreaks in Myanmar and both of them have happened in plantation sites. And there is a plantation Association in Myanmar. I am expecting the Chamber of Commerce and Industry in Myanmar who are the SR under the RAI grant to consult with those associations to invest in their own workers so that there are no more outbreaks or no more malaria. This will improve their work and their outputs as well. So I just wanted to bring that this is something that we can actually add on."*

The point raised in the group discussion related not only to CSR contributions, but also to engaging private sector actors to bring malaria information and services closer to communities at risk. For example, private sector workplaces as well as health facilities, pharmacies, and retail outlets can be leveraged to help NMPs expand coverage of communities at risk.

Another participant shared that there were some differences between community-private sector partnership and CSO- private sector partnership. The latter is not usually complimentary nor friendly. Therefore, it is a value add for CSOs. Disease elimination can be a good entry point for encouraging collaboration and building trust between CSO and the corporate sector where both parties see their goals aligned.

Interlinkages between the themes

A participant from Myanmar commented that we should also be aware of the interlinkages among these five statements to make sure that the statement covers all of the things, nothing falls between the cracks, and the interconnection between them is quite explicit to the reader.

> *"…although the statements are in draft forms, they are connected I would say. For example, the last one, we want to truly a global GF and we would like them to allocate some of the fund for civil society advocacy and peer support. So, I mean, we should also try to make sure that these points are getting well-articulated in our statement along the way."*

E. General discussion/any other comments and feedback

The need to articulate transition issue in the AP statement

Although making a slight distinction between strategy related recommendation versus operational, APCASO acknowledged that in the rush to trying to consolidate everything, the transition issue was not articulated well in the AP statement. Jennifer Ho reiterated that there was a need to engage and to involve community, civil society in the transition process as clearly in the current draft as possible, because this issue was also raised by colleagues in Cambodia, and Indonesia.

F. What happens next

The discussion was thoughtful, reflective, and captured the diverse perspectives of malaria communities and civil societies. The next steps included:

- The online feedback platform would stay open until 17th of February 2021.
- For participants attending the virtual partnership forum, APCASO and GFAN-AP will organize a Communities and CS strategizing call on 26th February 2021, from 10:30 AM to noon, Bangkok time. Shree will attend the meeting on behalf of the community delegation to the Global Fund board.
- The final draft of the document will be shared on that call and the strategies to coordinate and communicate with each other before during and after the forum, and how to mobilize, including reaching out to the Global Fund board members to support our key ask will be discussed.
- The call on the 26th will also include a dialogue with the chair and co-chair of the implementers group to the Global Fund board and also representatives from the two WHO offices from our region.
- The internal team will consolidate all the feedback and work towards a final statement. The final statement will be shared through various channels for endorsement and further dissemination.
- The final statement will also be shared with various delegations to the Global Fund.
- The process will not stop after the Global Fund board meets and confirms the strategy framework.
- The next step and process would be the development of the monitoring and evaluation indicator for the strategy framework, where a lot of the operational oriented focus recommendations will become really useful and helpful.

Annexes

Annex 1: Participants list/list of organization

Sn	Country	Name	Organization
1	Lao PDR	Viengakhone Souriyo	Community Health and Inclusion Association
2	Lao PDR	Thet Lynn	Health Poverty Action (HPA)
3	Myanmar	Moh Moh Lwin	Population Service International (PSI)
4	Myanmar	Ye Hein Naing	University Research Co. LLC (URC)
5	Thailand	Wasurat Homsud	Raks Thai Foundation
6	Thailand	Nyan Win Phyo	World Vision Foundation
7	Thailand	Aung Myint Thu	Shoklo Malaria Research Unit (SMRU)
8	Vietnam	Hien Nguyen Luong	Vietnam Public Health Association (VPHA)
9	Australia	Maxine Whittaker	RAI RSC CSO representative
10	Cambodia	Linna Khorn	RAI RSC CSO alternate representative
11	Thailand	Htin Kyaw Thu	RAI RSC CSO alternate representative
12	Vietnam	Josselyn Neukom	RAI RSC CSO representative
13	Myanmar	Faisal Mansoor	UNOPS
14	Myanmar	Eisa Hamid	UNOPS
15	Thailand	Jennifer Ho	APCASO
16	Vietnam	Tuan	VPHA
17	Myanmar	May kyi	
18	Cambodia	Naeem Durrani	UNOPS
19	Myanmar	Phone Si Hein	PSI
20	Myanmar	Myat Yi Lwin	UNOPS
21	Thailand	Manash Shrestha	
22	Myanmar	Attila Molnar	UNOPS
23	Laos	Yu Nandar Aung	UNOPS
24	Thailand	Jeffry Acaba	APCASO
25	Thailand	Thanadon Chanthathadawong	American Refugee Committee
26	Thailand	Shreehari Acharya	American Refugee Committee

APCASO is an Asia-Pacific regional civil society network of community-based and non-governmental organizations on HIV, health, and social justice, with focus on advocacy and community capacity development. It has presence in Australia, Cambodia, China, Indonesia, India, Lao PDR, Malaysia, Nepal, Philippines, Sri Lanka, and Vietnam.

For more details, visit http://apcaso.org

A platform of the communities and civil society. Hosted by ARC.

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Facebook: @Malariacsoplatformgms, @malariafreegms

For more details, visit http://malariafreemekong.org