

CONSULTATION REPORT

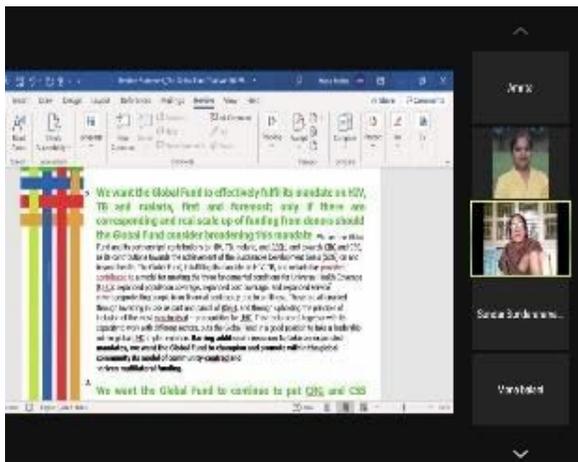
Section 1: Background Overview

Name of Organizer: APCASO and National Coalition of People Living with HIV in India (NCPI+)	
Date and Time of Consultation: 3 rd Feb 2021, 3:00 PM to 5: 45 PM 4 th Feb 2021, 3:15 PM to 5: 30 PM	
Length of Consultation. Five and Half hours	
# of Participants: 3 rd Feb 2021 – 19 participants And 4 th Feb 2021 – 12 participants	
General Composition of the Participants: Participants from HIV, TB and Malaria, CCM, CSO, KP	
Disease Focus of Participants (HIV, TB, and/or malaria): HIV, TB AND MALERIA	

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: APCASO had organized a virtual meeting for global fund and invited to all community members of Asia pacific region. They presented their position paper in front of Indian civil society and requested for feedback. During the consultation we invited to civil societies and community members as partners in national advocacy for GFATM, representation from community member from PLHIV, LGBTQ, TB, civil societies working for HIV, TB and Malaria. Position paper points has been discussed by all participants and suggestion has been taken in document which results track has changed.



Session B:

Overview: Background note:

We have initiated the dialog among the present members from different communities and civil societies partner organization to capture the broad outline of this community consultation for Still we want Global fund and background note provided by Mrs.Daxa Patel-President NCPIPLUS. At the end of virtual meeting Indian civil society community and PLHIV have concluded the discussion with following points.

1. We want global fund to prioritize Gender Equality and Human Rights
2. we also want to see CSS not only strongly embedded within a high- level Strategy Objective of RSSH, but positioned as a non-negotiable facilitator process in the overall change agenda.
3. Beyond prominence in the Strategy, we want to see **prominence of CRG and CSS in Global Fund funding allocations** through establishment of institutional oversight mechanisms at regional and national levels **which are community led and community inclusive to ensure** that Global Fund works more meaningfully with communities and civil society to address bottlenecks and barriers to effective grant implementation.
4. We likewise want to see **concrete investments on women and girls, while addressing issues across the gender spectrum.**

5. More strategic investments to community systems strengthening, including for mobilization, monitoring, and advocacy

6. **Barring additional resources to take on expanded mandates, we want the Global Fund to and within the global community its model of community-centered and driven multilateral funding.**

7. 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 marginalized communities, including women and girls.** This is where we see the Global Fund's mandate clearly is.

8. We call on the **donor community, especially richer economies, 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

Session C: The Draft A-P statement

Session D/E: Thematic Discussions

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

1. 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 **prioritize Gender Equality and Human Rights** we also want to see **CSS not only strongly embedded within a high- level Strategy Objective** of RSSH, but positioned as a non-negotiable facilitator process in the overall change agenda. Beyond prominence in the Strategy, we want to see **prominence of CRG and CSS in Global Fund funding allocations** through establishment of institutional oversight mechanisms at regional and national levels which are community led and community inclusive to ensure that Global Fund works 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, while addressing issues across the gender spectrum.** Gender- and sexuality-based violence, discrimination and other barriers to accessing quality health services do not have geographical demarcations, neither should be funding for addressing them. All these point to the need for **more strategic investments to community systems strengthening, including for mobilization, monitoring, and advocacy** channeled through country and regional level community and civil society networks and organizations.

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

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 contributed to 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 marginalized – prerequisites for UHC. This track record will be strengthened through a specific and renewed investment on social protection for HIV key populations. **Barring additional resources to take on expanded mandates, we want the Global Fund to and within the global community its model of community-centered and driven multilateral funding.**

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

While the Global Fund has a moral responsibility to take into account new pandemics and emerging global health threats, 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 marginalized. 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 marginalized communities, including women and girls.** This is where we see the Global Fund's mandate clearly is.

THEME #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, especially richer economies, 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.

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.”

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 marginalized 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 Global Fund funding.

We call out the critical need for the Global Fund to still strengthen its efforts in **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**; i.e., decriminalization of punitive laws against key populations, setting up effective mechanisms and getting political will for governments to fund community and civil society advocacy and services-provision, amongst others. Furthermore, **we continue to call on the 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.

We still want the Global Fund. We still have wants from the Global Fund. We trust that the Global Fund will listen to our voices and reflect our positions and interests in an ambitious post-2022 Strategy.

Session F: General discussion/any other comments and feedback
Participants of the consultation demand to add a sixth point given as below:

6 - APCASO's position statement could include the 6th point on **GLOBAL FUND internal governance: what will global fund do to strengthen CCM process? Functioning and constitution norms need to be strengthen for LFA mechanism - link with communities? Regional funding processes? CRG functioning? Need a focused discussion on this.**

Session G: What happens next. Closing and Thanks.

Participants of Indian civil society community and PLHIV want another virtual meeting to discuss about 6th point mentioned as above.

ANNEXES:

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

	Name of Participants	Organization	Remarks
1	Dr Rita	India HIV AIDS Alliance	CSO
2	Dr Rochna	Plan India, Delhi	CSO
3	Dr Subha	SAATHII, Delhi	CSO
4	Ms Mona Mishra	Delhi	CSO
5	Ms Mona Balani	NCPI+, India	TB

6	Ms Priyanka	GCTA, India	TB
7	Mr Sundar	Chennai	CSO
8	Dr Shampa	Delhi	CSO, Malariya
9	Mr Vijay Nayar	Udaan, Mumbai	KP (MSM/TG) CBO
10	Mr Naresh Yadav	UPNP+	PLHIV network
11	Mr Tarit	West bengal	TB
12	Mr Pratik Rawala	CCM member	PLHIV constituency
13	Ms Jahnai Goswami	CCM Member	PLHIV constituency
14	Ms Pooja	Bihaar	TB
15	Mr Manoj Pardeshi	NCPI+	HIV
16	Mr Sunil Goswami	G SNP+ , Gujarat (YOUTH)	HIV
17	Ms Amitawa	Delhi	TG
18	Mr Firoz Khan	Delhi	HIV
19	Ms Daxa Patel	NCPI+	HIV