

CONSULTATION REPORT

Section 1: Background Overview

Name of Organizer	Association Of People Living With HIV [APLHIV]-Pakistan
Date and Time of Consultation	3rd Feb 2021 from 1400 to 1700 hours 11th Feb 2021 from 1330 hours to 1630 hours
Length of Consultation	Six [6] Hours in total [3 hours for each of the consultations]
# of Participants	28
General Composition of the Participants (e.g. KP, CS, NGO rep, CS CCM rep, etc.) (Please also include a list of participants in annex)	1. CCM members from HIV and Malaria constituencies 2. CSO's CCM Members from Punjab, Sindh and Baluchistan Provinces representing Civil Society from respective provinces 3. HIV related KPs including PUDs, MSM, TGs 4. TB activists 5. PLHIV
Disease Focus of Participants (HIV, TB, and/or malaria)	HIV & TB

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 organizer. Noting that participants also have the right to decline any of those.]

Yes! The permission was sought. All participants agreed to allow and share photographs and short video clips of the sessions

Session B: Overview

The APLHIV organized two physical consultations engaging 27 participants representing HIV, TB and Malaria constituencies, PLHIV, HIV KPs, TB activists, members of TB Community Support Groups [CSGs], CSO's CCM members representing CSOs from Punjab, Sindh and Balouchistan provinces. Additionally, 5 activists were reached out through electronic means. The physical sessions were organized in Karachi and Quetta.

The participants were amicably introduced and oriented about the aims and objectives of the consultations.

Supporting material and Power Point Presentations shared by the APCASO were used during the consultative process.

National Coordinator facilitated the consultations whereas Deputy National Coordinator was assigned the responsibility to shoot the photos, video clips and take the notes.

After thorough orientation of the consultation position statement was read to the participants and specific questions given to the participants to provide their feedback

The participants were divided into groups for detailed consultations and providing the feedback

Each group made the presentations of key points as result of discussions.

Based on the key points the report has been developed.

Session C: The Draft A-P statement

Already available with APCASO

Session D/E: Thematic Discussions

THEME #1: "We want the Global Fund to put the money where its mouth is on CRG and CSS"
The thematic area was discussed and key points developed which included following: -

1. There is a dire need that GF develops a mechanism where the strategy is implemented at the country level in true spirit. Only writing and making the commitments is not sufficient. There is a dire need that all civil society organizations, communities and community based organizations and their systems are strengthened from within resources allocated. The country implementers [PRs] must have indicators in their respective PFs.
2. Community based monitoring should be part and parcel of each of the grant at the country levels to ensure a system of feedback from grassroots level. This can also establish a direct link among GF and communities. This will provide a direct reflection of community prospective from the grassroots level. Some mechanism at regional level [AP] may also be developed to ensure this.
3. The HIV constituency thinks that more focus has gone on prevention and testing limiting the PLHIV [only to get treatment] and their role. It is important that engagement of PLHIV in a meaningful manner needs to be strengthened during all the processes from consultation to implementation. PLHIV national networks should be strengthened and used to provide oversight.
4. To ensure broader engagement of Communities and CSOs, respective CCMs need to be strengthened. CCM needs to be taken out of government influence and be independent in decision making. Some mechanism at the regional level can be developed to ensure this.
5. Legitimate community based organizations must be promoted and strengthened.

6. GF must influence the country during grant making to ease up the restrictions imposed on CSOs, NGOs, and CBOs working for three diseases.
7. TB and Malaria constituencies needs to be encouraged to replicate the activism of HIV in their respective disease response.
8. The needs of women folk including young girls infected by HIV in particular and TB and Malaria in general must be reflected clearly in Funding Requests and addressed in the grants. All the grants need to follow Human Based approach leaving non one behind.
9. To ensure accessibility by all to health services without any stigma and discrimination DSD approach needs to be followed with clear role of PLWDs, Civil Society and communities. The communities, PLWDs and CS needs to be strengthened to play its role in this regard.
10. GF through its strategy must influence the countries to ensure availability of domestic resources for CSS.
11. National networks need to be strengthen, widen and linked with stakeholders. GF must pay special attention in strengthening national networks through its grants.

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

The discussions under this thematic area resulted in developing some of the key recommendations which includes: -

1. The GF needs to focus that how the successes will be sustain after and when the GF makes an exit from the countries on becoming no more eligible for GF support. This is in particular reference with continuation of life-long HIV treatment.
2. With evolving diseases there is dire need to develop the guidelines, protocols and tools in close consultations with relevant key stakeholders including the communities and civil society to ensure that changing needs are adequately addressed.
3. The communities and civil society must have easy access to such guidelines, protocols and tools.
4. With changing needs, there is a dire need to look forward for innovative prevention, diagnostics techniques and treatment therapies.
5. In case of HIV, lifelong treatment has its unique side effects on PLHIV particularly on aged PLHIV, which necessitates a focus on HIV vaccine. GF needs to invest strategically in this area. This is also relevant in case of TB as heavy doses and pill burden results in loss to follow up and non-adherence to treatment. The viable option is to ensure to invest on vaccine.
6. In case of HIV self-testing needs to be promoted.
7. The people infected by HIV and TB needs to be prioritized for COVID vaccination and for diagnostics of HCV and its treatment especially people who used drugs.
8. People who use drugs need to be included into service cascade [currently only injecting drugs users avail services]. This is important as the pattern of drug use remains versatile and links of this groups with other key populations puts them more

vulnerable and prone to HIV and TB infection.

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

The key points include: -

1. COVID-19 has far-reaching effects on people infected by HIV and TB, which to some extent may result in jeopardizing the achievements under GF grants. Thus there is dire need to leverage the investment in HIV/COVID and TB/COVID infrastructures.
2. The GF needs to influence the countries and ensure to have well planned, costed and doable contingency plans to address the pandemics like COVID-19.
3. The role of communities and CS needs to be clearly defined while developing such contingency plans.
4. Communities and CS must be strengthened to effectively make a response to pandemics.
5. Innovations like tele-medications needs to be promoted to ensure PLWDs are not left behind during any such pandemics.
6. Communities and CS needs to be capacitated to address the mental health issues of PLWDs. Data generation is need of time on mental health issue.
7. Co-infections like HCV are becoming leading causes of death in HIV Community thus making it more relevant for GF to invest in this area to save the achievements and save the human lives.

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

The only proposal under this thematic area which was offered is that during replenishment the communities should be engaged, success stories from within communities should be used as

an evidence to ensure increased and sustainable resources for GF.

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."

The points/recommendations offered include: =

1. Close networking among the communities and their networks at global level to ensure that GF is influenced to serve the communities in all countries without any classification, division and discrimination.
2. GF needs to advocate more effectively in protecting gender equality, human rights, abolition of punitive laws that restrict access of KPs to human right based health services and sustainable role of communities in disease response.
3. The exit strategy of the GF must ensure continued and sustainable role of communities and PLWDs at respective country levels.
4. GF must over ensure strengthening the engagement of communities in all countries. The recommendations from the communities must take priority on all
5. Where the role of communities is missing, the GF must seek the ways and avenues to ensure promoting the role of communities.

Session F: General discussion/any other comments and feedback

NIL

Session G: What happens next. Closing and Thanks.

The participants look forward to hear from APCASO about finalized statement to influence post 2022 GF strategy.

ANNEXES:

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

1. Attendance Sheets attached separately
2. Photo documentation attached below







