CONSULTATION REPORT

Section 1: Background Overview

Name of Organiser	**Action for Health Initiatives, Inc. (ACHIEVE), The Philippines**
Date and Time of Consultation	**February 1 to 12, 2021**
Length of Consultation	**Separate Interviews with nine (9) civil society organizations working on AIDS, TB and Malaria**
# of Participants	**16 individuals**
General Composition of the Participants (e.g. KP, CS, NGO rep, CS CCM rep, etc.) (Please also include a list of participants in annex)	**All the participants were from civil society organizations who were members of KPs, Community organizations, Former CCM reps, Global Fund PRs and SRs and implementers**
Disease Focus of Participants (HIV, TB, and/or malaria)	**AIDS, TB and Malaria (1 organization was both HIV and Malaria PR)**

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

Instead of one consultation, we opted to have individual interviews with civil society key players in HIV and AIDS, Tuberculosis and Malaria. This was done to make sure that each organization was given adequate opportunity to share their experiences and insights on the Global Fund grant implementation at the country level, as well as their thought on the Post-2022 Global Fund Strategy.

Interviews done via Zoom and Microsoft Teams were recorded. Those done over Facebook, which was the preference of some of the participants were audio-recorded, with permission from the participants. Interviews were done in the local language for ease, especially for the community participants.

Most of the interviews were done with selected key informants from the respective organizations that were also hand-picked for the interviews. There were three organizations, however, that requested to have their team be part of the interview: TLF

SHARE Collective, Pilipinas Shell Foundation, Inc. and Breathe Free PH. The team members were those who were involved in implementing or managing Global Fund grants or were community representatives to the CCM.

Session B: Overview

The interviewees were all given an overview of the Global Fund processes related to the development of the Post-2022 strategy. The consultation that was done by APCASO/GFAN in December was also shared with them so they have a context for the draft statement that was developed out of said consultation.

Session C: The Draft A-P statement

The draft AP statement was shared with all those who were requested for interviews prior to the scheduled interview to give them time to review it. During the some of the interviews, the AP draft statement was used as springboard for discussion.

There was unanimous agreement to the key issues and asks included in the draft statement. However, there were interviewees who observed that the asks (themes) were quite general and "mother-hood". But there was also realization that the country-level perspective would naturally be more detailed, particularly in terms of operational issues and grant implementation, because such are the concerns of those involved in implementing the global grants and delivering results.

Session D/E: Thematic Discussions

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

Community Systems Strengthening (CSS)

There was unanimous agreement from the interviewees that CSS is an important strategy in the response for the three disease. However, the level at which CSS has been advanced in the country varies greatly among the HIV, TB and malaria communities. There are also different interpretations as to what CSS means and how it is operationalized. Additionally, there is a need to develop clear indicators for CSS. When do you say that the community system has been strengthened?

CSS is more robust in the HIV response. Civil Society Organizations and organizations of PLHIV and other KPs are directly engaged in provision of HIV services and are officially

recognized as members of Service Delivery Networks that Local Government Units have set up. There exist community-led HIV testing and treatment facilities that have also received support from the Global Fund.

For TB, CSS is interpreted in a different way. Community is defined more in geographic terms, like the barangay (smallest unit of government) so CSS in the context of TB is about mobilizing the various local government officials, community health workers and community-based organizations to deliver TB services at the local and community level. With such a set-up, community health workers who are paid by the local government unit to delivery various health services to the community are the ones who are mostly involved. Unlike in the case of HIV, there are no TB survivor-led of TB KP-led organizations that are capacitated to provide TB services at the community level.

There are patient groups organized by the treatment facilities or the Global Fund grant implementers. These groups are mobilized to provide treatment support to patients undergoing TB treatment. They are also mobilized to encourage their community, e.g. relatives, neighbors, to access TB screening at the health centers. These patient groups who are engaged in this way are volunteers and there are rarely any resources channeled to their groups for their operations. Instead, they answer to the doctors or nurses who organized them

In Malaria, the PR was able to train members of the indigenous communities in the project sites to perform rapid diagnostic tests (RDT) to make the communities more receptive to malaria services. However, there has been no attempt to organize these communities. Instead, the individuals who were trained to conduct RDT were chosen based on their power and influence over the members of the village or tribes.

The Global Fund has not yet adequately invested in CSS and Community Engagement across the three diseases. To enhance and expand these various forms of CSS, the participants agree that the Global Fund needs to prioritize is by ensuring that there is sustained allocation of resources for CSS.

However, there is observation that CSS within the Global Fund grant implementation is geared towards service delivery only and that the provision of support for community-led organizations is for the purpose of delivering the Global Fund targets. For HIV TB and Malaria, it's to delivery the testing and treatment targets or to find so-called "missing cases".

Community systems strengthening has not prioritized building and capacitating community organizations for the purpose of community-led advocacy or community-led monitoring for program accountability, whether of government or of the Global Fund grants. But because resources for advocacy is very limited, and government resources would most likely not be allocated for CSO-led advocacy, the Global Fund should be responding to such gaps.

Communities, Rights and Gender (CRG)

Similar to CSS, there is varying appreciation of CRG and how it is operationalized across the three diseases. Generally, human rights and gender have long been integrated in HIV advocacy, although there are gaps in its integration in service delivery, as well as in government-led responses. Community engagement is also more institutionalized in HIV policy and programming compared to TB and malaria. In fact, the HIV and AIDS Policy Act (Republic Act 11166) mandates community engagement at the highest level of decision-making through the Philippine National AIDS Council, as well as in all levels of policy and program planning, implementation, monitoring and evaluation, and service delivery. However, Global Fund grants have not contributed substantially in these processes, thus far. It was only in the previous and current funding requests, through the Matching Fund for Human Rights became available that Global Fund has started to allocate resources to contribute to ensuring that the provisions of the new law that are related to CRG are realized.

According to the PR for TB, this is the first funding request where there is explicit inclusion of CRG via the Matching Fund Request for Human Rights. Before this current funding request, the language used in TB was not CRG but patient-centered care, which focused primarily on patient rights. The previous matching fund for TB was for finding “missing cases”.

In both TB and HIV, the feedback above show that CRG has not been fully integrated yet within the Global Fund grants, that without the Matching Fund for Human Rights, there is a perception that there was no CRG components to the grants. Furthermore, even with these matching funds, there is still perception that CRG, although funded, remain separate from the main grant whose main concern is service delivery.

According to one of the interviewees, “I feel like the human rights aspect is merely decorative in the whole program. The main focus is always service delivery with the way they give primary importance to reach, screen, test. At the end of the day, the Global Fund is accountable to the donors and they will only see success in terms of numbers. Human rights, on the other hand, is more outcome level and not so much output.”

In order to make sure that the CSS and CRG component of the Global Fund grants become fully integrated in the other aspects of the grant, particularly in its main focus of delivering service delivery targets, there should be a clear metrics for CSS and CRG to measure how they contribute to achieving such targets in the long run, given that the CRG component is more for long term outcomes and impacts and CSS is the community’s contribution to the targets. This is missing at the moment.

The connection between CRG or human rights matching fund to the main grant remain conceptual. As such, at the operational level or grant implementation, those involved

treat human rights as just something the SR for human rights needs to deliver rather than something that all implementers need to ensure become infused or fully integrated in their work.

Also, Global Fund, especially those who deal directly with the countries receiving the grants, should be able to demonstrate a clear understanding of CRG and how it should be integrated in the whole grant, and how it contributes to the achievement of the overall targets. If the Global Fund Country Teams also treat the CRG component as a separate funding, apart from the main grant and its deliverables, then the implementers will also continue to treat them separately and isolated from each other.

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

The Global Fund should ensure that its main strategy should continue to be anchored on the SDGs and the unfinished agenda on ending AIDS, TB and Malaria. These three diseases should remain to be the Global Fund's main agenda but it should now be prepared to address emerging pandemics as added threats to ending the three diseases. This means the Global Fund should have a more adaptive plan in its strategies for AIDS, TB and malaria, which requires mobilizing more resources to make sure that as it addresses the challenges posed emerging global health concerns, it does not take resources away from its primary mandate.

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

The COVID-19 pandemic, which led to community quarantines and lockdowns, greatly affected the delivery of services in HIV, TB and malaria in 2020. It has exposed the weaknesses in the country's health system, the lack of health human resource and the overall unpreparedness of the government to respond to health emergencies.

When the government rallied to respond to COVID-19, the volunteers were left to try to sustain delivery of services in HIV. The nurses were doubly burdened to ensure that TB patients undergoing treatment continued to have access to their medicines. The affected communities, especially in HIV, were able to show that they could fill in the gaps in the health-sector's response. This should merit more support from the Global Fund.

COVID-19 will be part of our reality from now on. It should be treated as a new challenge to effective responses to HIV, TB and Malaria, and as a barrier to ending the three diseases. Response to COVID-19 or any other pandemic should not be separate from the responses to AIDS, TB and Malaria. Instead, resources should be augmented so that responses to the three diseases can include addressing COVID as an additional barrier and not as a separate agenda of the Global Fund. With the demonstrated

capacity of the community to provide community-led services for HIV and TB, the Global Fund should ensure that it continues to support CSS and CRG as integral components of any response to emerging pandemics. And as mentioned earlier, this should include support for community-led advocacy so that KP organizations can continue to demand for accountability from government and human rights and gender transformative interventions in any health emergency.

The Global Fund should have the plan and resources to automatically respond to emerging pandemics without taking away resources from the three diseases. Such plans should be integrated in the overall strategy to end AIDS, TB and Malaria.

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

As the Philippines is still unable to fully fund its own responses for AIDS, TB and malaria, there is agreement from the interviewees that the Global Fund should be able to mobilize more resources for countries to access. There is also agreement that should resources for the Global Fund increase, there should be greater allocation going to capacity building of CSOs and KP organizations so they can sustain their operations, and the advocacy.

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."

The interviewees agree that the Philippines is not yet ready to transition out of Global Fund support. There is also recognition that KP organizations need more support for organizational strengthening so they can lead TB and HIV responses, as well as continue to engage in advocacy.

For battle against malaria is nearing its completion with just a few more provinces to be declared malaria-free. **The PR for malaria expressed concern that if the Global Fund decided to transition out in the next funding cycle, it would have left the country without seeing its victory to the end. There is also concern of possible resurgence in malaria, which has happened in other countries. As such, there is a need for the Global Fund to ensure that they support countries until these diseases have been fully controlled before they decide to leave.**

Session F: General discussion/any other comments and feedback

Global Fund Policies and Operational Issues

1. The System of the Global Fund is very rigid. When COVID-19 hit in 2020, there was expectation that the Global Fund should also be more flexible in revising the targets and revisiting or revising the deliverables. This was not the case. The implementers

were still required to deliver the targets within such constrained environment, which meant they had could catch up on their targets only when the government-imposed lockdowns were lifted.

2. Lack of transparency in Grant-making and Post-grant-making process. Once the funding request is submitted, the CSOs and the communities are no longer part of the grant-making process. Only the PR is being engaged by the Global Fund. Traditionally, PR's are expected to fulfill grant management roles, and not so much grant implementation. But when the grant-making process is limited between Global Fund and the PRs, there may be issues and concerns on CRG that may not be well-represented, discussed nor articulated.

   SRs are also selected only after the grant has been approved. This means that although the SRs are expected to implement the grant, they had no opportunity to input during the grant-making process, which means they have no choice but to receive a grant that may not be perfectly clear to them. For instance, during implementation planning, there is difficulty on the part of the SR in comprehending how the different components of the grant synchronize and integrate with each other, especially for the SRs for the matching fund requests. This may also be why there is a perception that the matching funds are treated as separate from the main grant.

3. There is a perception that the Global Fund has a tendency to dictate on countries and is too influential in the choice of PRs and SRs. With the above sharing on the grant-making process, there is also this perception of a top-down type of decision-making. Even when the FPMs or country teams are understanding towards the expressed limitations and challenges expressed by the PRs, it seems there is nothing they can do because they seem to only be following Global Fund policies. This rigidity in the system is also reflected in the difficulty to review or revisit and revise targets even in the face of challenges, as experienced in 2020.
4. The Global Fund has always been focused on outputs, the numbers as targets. As such, even support and resource allocation for CSS is also only geared towards contributing to reaching the targets. It has only recently allocated resources for human rights and gender but still is treated separately from the main grant. But if Global Fund truly want to see results in the long run, they need to fund the process. Process is where human rights and gender aim to effect positive changes.

Session G: What happens next. Closing and Thanks.

Most of the interviewees were not aware of the Partnership Forum that's happening this February to March 2021. Only the PR for HIV has shared that they were informed by the FPM

about it and that they have a slot to attend. However, it is not clear whether they would be participating.

ANNEXES:

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

1. **HIV and AIDS Support House (HASH)**
    a. **Andrew Ching**
2. **Philippine Coalition Against TB (PhilCAT)**
    a. **Amy Sarmiento**
3. **Philippine Business for Social Progress (PR for TB)**
    a. **Arnyl Araneta**
4. **TLF SHARE Collective (SR for Matching Fund Request for Human Rights)**
    a. **Anastacio Marasigan, Jr.**
    b. **Noemi Leis**
    c. **Marcy Oculto**
5. **Breath Free PH**
    a. **Darwin Tantianco**
    b. **Eden Mariano (former CCM Rep)**
    c. **Maricel Buen (former CCM Rep)**
6. **Family Planning Organization of the Philippines (FPOP) – Iloilo**
    a. **Robert Figuracion**
7. **Pilipinas Shell Foundation, Inc. (Currently PR for Malaria and HIV)**
    a. **Marvi Trudeau**
    b. **Dr. Stella Flores**
    c. **Rigil Kate Leyva**
    d. **Rey Angluben**
8. **AIDS Society of the Philippines**
    a. **Joshua Young**
9. **ACHIEVE Board**
    a. **Ruthy Libatique**