

Towards the Global Fund that We Still Want

Asia Pacific Communities and Civil Society Regional Consultation on the Beyond 2022 Strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria

9 December 2020

Summary

Civil society groups, representatives of key populations and communities came together to voice out their ideas of how the Global Fund to Fight AIDS, Tuberculosis and Malaria should shape its next strategic objectives after 2022. They spoke about the four main thrusts that have been identified by the Global Fund: global health security; resilient and sustainable systems for health (RSSH), partnership models. Their collated suggestions support a collective call for more meaningful support to community engagement.

Communities, key populations and civil society are taking every opportunity to ensure that their voices are heard, their perspectives integrated and their issues addressed when the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) adopts a new strategy beginning 2023. With the guiding statement “Our communities and constituencies voices and concerns must shape the new Global Fund Strategy” APCASO/APCRG, Global Fund Advocates Network Asia-Pacific (GFAN AP), and related networks in the region gathered on 9 December 2020 to be able to share their inputs towards the next GF Strategy while highlighting gaps where they see more that still need to be done.

One goal of this meeting was to draft a statement from Asia Pacific communities and civil society which will be contributed towards the GF strategy development process.

Making Sure Community Voices are Heard

For this meeting, 47 participants, representing important stakeholders and partners in the region, expressed their vision and contributed suggestions and demands that would be key to making the Global Fund’s work more effective and responsive while upholding principles and standards of rights and health care provision.

“By convening this meeting it also demonstrates the belief that we have the power to shape the Global Fund towards something that serves best the communities and constituencies we serve ... to make sure that the next GF strategy remains relevant, remains responsive to the most marginalised, most vulnerable communities.”--Rodelyn Marte, Executive Director, APCASO

Global Fund’s Commitment to Inclusiveness

Global Fund has committed to holding inclusive processes for developing its next strategy. Speaking as the Head of the Global Fund Community, Rights and Gender Department, Kate Thomson emphasised that community and key populations guidance and inputs are critical in assisting the GF Board and Secretariat to create community-led and

community-developed strategies that are funded to scale and linked to broader systems for health. She also said that GF with the help of civil society is committed to addressing issues such as human rights barriers to access, the diverse needs of key and vulnerable populations across the life cycles, taking a gender equality lens in disease responses and other dimensions of equity, as well as issues of transition and sustainability.

Civil society and communities had previously responded to the Global Fund's efforts to include the voices and inputs of its stakeholders, as in 2015¹ when 30 representatives of these communities and CS networks gathered in Bangkok, Thailand, where they asked for a Global Fund that is

- Truly global and does not leave key populations behind;
- Places lives and health of people ahead of profits;
- Invests towards human rights and gender equality; and
- Acknowledges and builds upon the strength and contributions of communities and civil society

Now that it has reached beyond the midpoint of its strategy for 2017-2022, GF initiated processes for developing a new strategy going beyond 2022 in which it aims to “contribute to achievement of the ambitious 2030 goals for HIV, TB, malaria, and health more broadly as set out in Sustainable Development Goal 3 (SDG 3).”²

The two SDG targets under SDG 3 that are primary in the GF's aims are:

SDG3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

SDG3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

These aims would also have to be in keeping with the other SDG goals of gender equality, ending poverty, reducing inequality, forging strong institutions and at working as global partnerships.

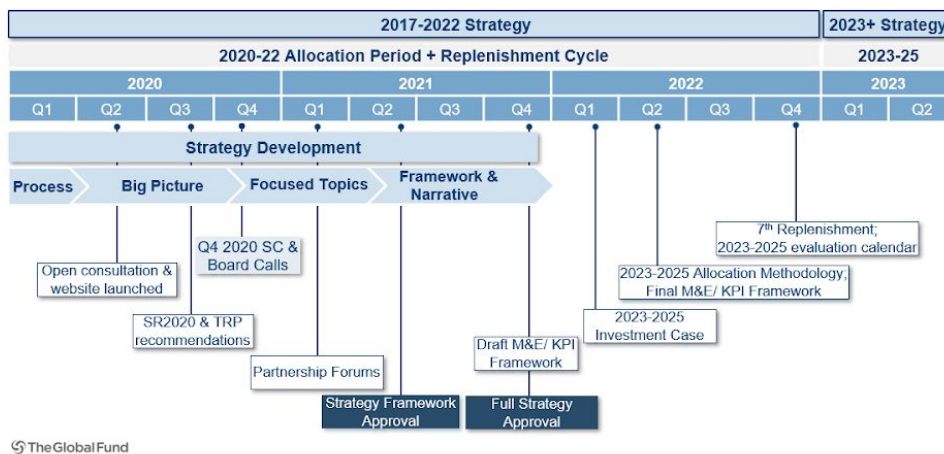
Further, GF has recommitted in its next strategy to building resilient and sustainable systems for health (RSSH); promoting and protecting human rights and gender equality; and mobilising resources.

Jessica Kraus, from the Strategy Department of the GF Secretariat, outlined how civil society and community inputs can participate in developing this strategy, through: open consultations, inputs on the GF website and partnership forums.

¹ The Global Fund We Want for 2017-2021 Strategy and Towards 5th Replenishment of the Global Fund, 2015, Bangkok, Thailand (meeting report) [add link]

² Presentation by Jessica Kraus

Global Fund Strategy Development Timeline



She cited how at this critical stage, they have received a good amount of responses from civil society and communities. Some of the main points being raised from the feedback are that:

- It is critical to increase focus on equity, human rights and gender, most vulnerable populations to improve health outcomes
- There is a need to better define the scope of GF RSSH investments; respondents frequently recommended strengthening support for Community Systems Strengthening (CSS)
- It is important to strengthen coordination with development and technical partners; and to engage new (and local) providers of technical support

Some of these points were echoed later in the meeting from civil society representatives presenting during plenary and when inputs from communities were collected through the breakout sessions.

Country-level Community and CS Perspectives on Emerging Issues

Several civil society network representatives shared their analysis of the key emerging issues in the GF Strategy Development: global health security (GHS); universal health care systems (UHC); human rights, gender and community (CRG); and resilient and sustainable systems for health (RSSH). These presentations served as focus for reflection and discussion for the breakout sessions.

A. The Global Fund's Role in Global Health Security

Masaki Inaba of the Africa Japan Forum observed that the Covid 19 pandemic became a severe test for a concept of global health security, as responses had to be coordinated and resources mobilised to counter the impacts and threats brought by the pandemic. Inaba shared that while pandemic response mechanisms had been set by G7 and G20 countries, it was the Global Fund that did act to mobilise and coordinate provision of financial resources to low and middle income countries and also supported the creation of the Access to Covid19 Tools, which was a collaborative effort among public and private researchers to develop COVID-19 diagnostics, therapeutics, and vaccines.

Nevertheless, COVID-19 also created more serious threats that undermine the efforts to global health provision, including the inadequate funding situation for producing and supplying vaccines to poor countries, the profit orientation of private sector vaccine developers, and the curtailment of human rights and shrinking civic spaces imposed by governments.

Inaba urged the participants to think of new ways to look at health-related vulnerabilities in the light of the pandemic, specifically the vulnerability of aged and ageing populations, poverty that also exposes populations to life-threatening environments and living conditions, and socio-economic vulnerabilities that also contribute to loss of employment, reduced access to education, and increase in gender-based violence.

B. The Global Fund's Future in RSSH to achieve UHC

Khuat Thi Hai Oanh, Center for Community Development Initiative (SCDI) spoke on how resilient and sustainable systems for health is the necessary factor in ensuring universal health coverage. She said that in aiming for universal health coverage, GF has been consistently able to meet the three conditions for these: population coverage; services coverage; and access to financial protection for HIV, TB and malaria. The principle of UHC upheld by the Global Fund has enabled reaching health services to the most vulnerable populations such as refugees, people deprived of freedom, people in deepest rural areas, the poorest, the undocumented. Oanh emphasised that GF was able to do it in collaboration with civil society and the community to mobilise and deliver services.

GF has a lot of capacity to work with different sectors: private sector, public sector and civil society; and it can also mobilise resources and has been involved in prevention and promotion. procurement, supply, access to services. Thus, one can consider it well equipped to become a global actor that could take on the leadership in global UHC implementation.

C. Strengthening partnerships to improve programme effectiveness.

Global Fund has successfully initiated and sustained partnerships between private sector, public sector and communities, acknowledges Dr Htin Kyaw Thu, of the Malaria Consortium, Myanmar. Because of these partnerships, country health systems have been able to achieve quality diagnosis, treatment and prevention services coverage, achieving a better surveillance resolution, stepping up leadership, setting up stronger management systems, providing convenient access to health care with less financial burden, and encouraging inter-sectoral, inter-government cooperation. Dr Htin cited the example of how malaria treatment services have improved due to partnerships mainly with the private sector. He noted that this kind of partnership can be replicated with the community. He proposes a more effective partnership based on resource distribution, which he termed a 'paid' partnership, where public health mechanisms partner with communities on logistics, training and employment of community health care workers, as well as delivery of supplies. He showed that there are further opportunities in involving the private sector through incentives, innovations and better operational planning.

D. Leveraging and refining positions on equity, human rights, gender, and community and CS engagement in the Global Fund

The Global Fund has put community, rights and gender (CRG) at the core of its implementation since 2012 and yet challenges remain on how countries are able to adhere to these principles in the course of their health care provision. As her organisation has been documenting these challenges through the years, Jennifer Ho, Deputy Director of APCASO, also the host of the Asia Pacific Communication and Coordination Platform on CRG (APCRG) notes that questions still need to be raised on how countries are able to have meaningful and sustainable community engagement, to ensure the rights of marginalised and vulnerable populations are protected, or to address gender equality and apply a gender transformative approach.

Ho pointed out that within the Global Fund grants cycle, impediments exist in the processes that prevent the effective application of CRG principles. For example communities cannot have meaningful engagement with the GF cycle because their Country Coordinating Mechanisms (CCMs) focus more on financial rather than programmatic aspects of health provision, or they are reluctant to give feedback for fear of not receiving funding. At the same time the application of CRG priorities differs across the three diseases, where HIV responses in terms of CRG has been more advanced compared to TB and malaria. Also, human rights and gender are poorly understood particularly in terms of malaria and TB responses. Ho stressed that there is a critical need to review how CRG is operationalised, to translate these into key performance indicators, and to capture progresses in GF grants. If left unresolved and unrecognised, these bottlenecks will continue to impede effectiveness of GF grants and countries' ability to achieve overall objectives,

Further Inputs from Regional and Global Perspectives

Rachel Ong, Regional Coordinator, GFAN AP emphasised the collective effort that needs to be done on the part of civil society to engage the Global Fund. She mentioned that while organisations such as UNAIDS has already defined the concept of “community led”, they are still trying to define “key populations led”, and that these working definitions should come from communities themselves and relayed to the Global Fund, that they may guide implementation and access to resources on the ground.

These conversations and input processes have already been held in various other regions. For this meeting, sharings from the members of Communities and Developing Countries NGO Delegations to the Global Fund Board presented their perspectives on various issues that have emerged from the Strategy development process.

Civil society from developing countries are represented on the Global Fund Board where they are able to raise issues of CRG and implementation from a community perspective. Sonal Mehta, a member of Developing Countries NGO Delegation GF Board, highlighted what the civil society is hoping to achieve within the GF. Mehta reported that the NGO delegation have been pushing for Community Systems Strengthening to be the key focus of the next GF Strategy, where they would contribute to achieving the other priorities (GHS, RSSH, or Partnership Models). They have envisioned that by 2028, GF would have genuine civil society and community leadership at all levels and that human rights, gender and equity be integral to grants and national programmes towards accomplishing the Sustainable Development Goals.

Mehta proposed that there should be adequate funding for communities and civil society, and to put key performance indicators for this to be achieved. Performance indicators should also be put in place for removing human rights related barriers. Further she proposed that restore regional grants, reassess sustainability and co-financing in light of the Covid-19 pandemic's impact on country capacities, and impose dual track financing as a requirement to better allocate resources to communities by channeling these resources through a non-government principal recipient.

Maurine Murenga, also a member of Communities Delegation to the GF Board meanwhile observed that GF's intention to expand mandates might reduce the effectiveness of addressing HIV, TB and malaria. Murenga reports that the NGO delegation proposed that GF should keep a strong focus on these three ongoing pandemics, and keep the strategy to promote human rights and gender equality in its project implementation.

She noted that if GF really has to play a role in global health security, it would need to address broad societal threats such as criminalisation, to increase focus on inequality and gender rights, to take a people centered approach, and support sustainable transitioning where countries are supported.

The NGO delegation has also proposed that the GF should fund community-led responses and do it through more creative financing mechanisms, not just dual track financing. GF should also prioritise community-led organisations to increase integrated rights based services, including sexual and reproductive health services and mental health. In reference to the plan to strengthen and develop partnership models, GF already works in partnership, but acts in parallel to country programs. She asked how GF could make this partnership system more integrated and also increase accountability between partners.

On implementation of CRG, she sees an improvement in performance of programmes for human rights and gender equality. Countries are leading, but GF should leverage these partnerships to increase resources to support advocacy and remove barriers to response to HIV and TB malaria.

Asia Pacific Community Feedbacks

The latter half of the meeting was devoted to enabling discussion and collecting recommendations from participants on 4 specific topics. Below are the specific feedbacks that were collated from the breakaway sessions:

A. Leveraging and refining positions on equity, human rights, gender, and community and CS engagement in the Global Fund

- Global health security has an impact on LGBTQIA & KPs and intersectional issues on their SOGIE, causing double jeopardy in accessing healthcare. GF needs to address human rights more concretely and access to services

- GF should look at funding regional networks for the support of country partners. Strategic Objective (SO)3e³ should translate to investments in community- & key population-led regional networks in Global Fund-related processes rather than just “support meaningful engagement”. How are community-investments tracked and not just in terms of money value.
- TB and malaria investments in community and civil society need to be increased to protect the rights and equitable/equal access
- Scaling up biomedical approaches to PMTCT is important, but does not ensure that all communities have control of their SRHR in their lives. For example: 83% of women and girls don’t have access to SRHR services during the Covid-19 pandemic (based on research in Asia Pacific region done by ICWAP)
- Address human rights violations and gender-based violence faced by all populations (including women and girls, young people, KPs)
- Universal Health Care should be interpreted as a right to health. Highlighting that mental health issues as part of a comprehensive and holistic response especially within and amongst KPs need to be addressed
- Strategic Objective 3a. Don’t see how this applies in the AP region.
- New infections are increasing in the AP region amongst young people, the GF needs to be able to disaggregate the investments/information
- With COVID-19, we are seeing more exacerbation of rights of KPs and vulnerable populations. CRG is key to the 2030 Agenda and not just a health related issue.
- How do we measure key performance indicators (KPIs) concretely in this SO GF needs not just operational objectives, but concretely measurable objectives

B. The Global Fund’s Role in Global Health Security

- In responding to GHS, GF needs to focus on mitigating the impact of global health threats to the most marginalised communities, making sure we don’t roll back on gains in the 3 diseases
- CSS investments are investments to addressing GHS threats - community systems on HIV, TB, malaria are the same communities that support resilient country responses when there are global health threats or pandemics
- GHS issues to be addressed should also include non-biomedical issues
- Ensure role of communities in decision making in countries related to health pandemic responses
- GF should emphasise not only three diseases but also other communicable diseases such as Hep B, C because most of the persons who inject drugs (PWID) community are facing difficulty to access Hep C treatment in the AP region.
- Work on demand of community in pandemics: example needs of migrant communities during COVID-19; but otherwise neglected > migrants go on deaths, can’t go back to their countries; Japanese MSM community have the

³ “Protect and Promote Human Rights and Gender Equality” is strategic objective 3 under the 2017-2022 Global Fund Strategy. Accessed from https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf

experience of how to prevent infections on HIV but hesitated to do prevention work on COVID-19 because of stigma associated; sex workers were rejected as beneficiaries of business support subsidies (discrimination); need to have community-based approach to COVID-19 responses but this entails funding to such communities from govt or others

- Role of GF in global partnerships on GHS, but again, with an emphasis and focus on most vulnerable and marginalised communities
- GF needs not to only fund disease itself but also impact of the pandemic. In Indonesia, 2 million people lost their jobs-- suicide/mental/psychological problems have been reported because of the pandemic

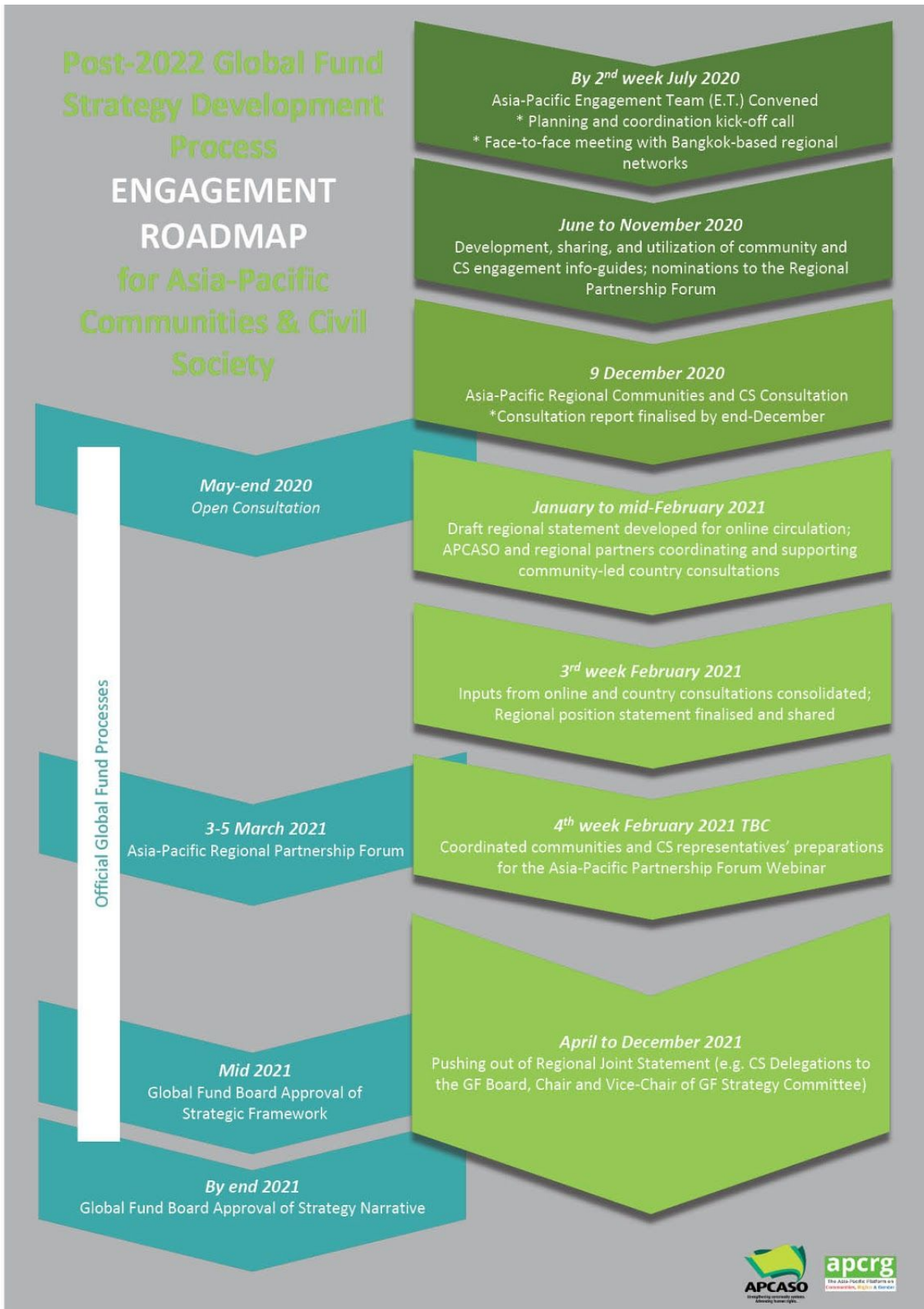
C. The Global Fund's Future in RSSH to achieve UHC

- GF should develop a clearer definition of RSSH beyond the emphasis on the roles of community health workers
- GF should support meaningful participation of community and KP in CCM and national strategies--Community empowerment should be priority in terms of financial support
- Also support for advocacy and recognition of role of KP service providers
- Why should RSSH become a standalone grant when it could dilute the mission for addressing TB, HIV, malaria?
- For RSSH, there should be a value for promoting the demand side. Meanwhile, government should be accountable for the supply side, but for the demand side, it should be a co-investment into KPs: people living with HIV, TB, and other coinfections. GF should have a role to play in managing services provided by health care providers.
- GF should set a specific percentage of funding has to go to communities and community will decide how to spend it

D. Strengthening partnerships to improve programme effectiveness

- GF needs to be future-scoping & horizon-scanning rather than responsive in current challenges (e.g. pandemic preparedness, issues of ageing populations, mobile populations, economic citizenship)
- GF needs to deepen solidarity across other social justice movements and engage in joint struggles, by dedicating resources
- Resources must be utilised across disease programs
- What needs to be refined?
 - i. Allocate resources for multisectoral and cross sector-movement partnerships
 - ii. Identify overlapping and intersecting issues that can instigate partnerships across different sectors, focus on the national level
 - iii. Clear guideline in incentivising private sector engagement in supporting The Global Fund
- How to operationalise?:
 - i. Involve SSRs more inclusively in making decisions rather than just implementers (CCM evolution improvement)
 - ii. GF Country Teams need to be more prescriptive in ensuring that civil society and key populations and affected communities can be more impactful and meaningful - need policies and guidelines

Annex 1: Roadmap for future engagements on the GF Strategy Development process



Annex 2: Key Asks from Asia Pacific Regional Key Populations Networks

Asia Pacific Network of People Living with HIV/AIDS:

Background

Data on HIV treatment coverage showed increased but varies between countries on linkage to HIV treatment care and service, including retention and achieving the viral suppression (UNAIDS, 2019), despite many countries have rolled out “Testing and Treatment” - it also apply on HIV/TB enrollment

An emergence issue on HIV drug resistance (amFAR, 2018), LTFU (TAHOD data) and Advance HIV Disease (AHD) and its diagnosis – data still limited.

Covid19 pandemic not only causing disruption in the economy but it also shaken the health system in many countries. It creates problems on ARV procurement/supply chain and other HIV related commodities, LTFU cases have also increased among HIV & TB patients. Issues on heavy reliance on ARV raw material supply come from one country.

Key Ask: What will be TGF strategy to ensure country health response to continue scale up on treatment care and support with robust and concrete intervention using evidence of effect on improved HIV and health outcomes by reflecting to the current COVID19 pandemic that has potential disruption long-term impact on treatment /commodities and the health system?

International Community of Women Living with HIV Asia Pacific:

Background: It is widely acknowledged that gender inequalities are a key driver of the HIV epidemic and influence the vulnerability of women and girls. There are urgent necessities of Investment in gender transformative programs and interventions that integrate gender because we know Gender inequality creates significant health disparities in the HIV response. There is no progress in addressing the human rights violations faced by women and girls. Women and girls need services that integrate issues such as gender-based violence, comprehensive sexual and reproductive health education, bodily autonomy among others. When SRHR are not addressed and gender is marginalized, many women and girls are left behind. There is a need for specific investment in programmes that empower women and girls to advocate for their rights.

Key Ask: The Global Fund should step up their monitoring of gender and ensure that health programmes are addressing gender inequality and injustices. Capturing adequate data to assess whether programmes are effectively responding to the needs and rights of women and girls.

Youth Lead

Background: The Global Fund has KPI 8 to reduce gender and age related disparities and inequities in health. The tangible response is limited to adolescent girls and young women (AWYG) programs in Africa. There is limited response to YKP, YPLHIV or other young people at risk to HIV, TB and Malaria from Global Fund investment.

Key Ask: We demand for the specific key performance indicator (KPI) to measure the Global Fund investment on YKP, YPLHIV, and young people at risk to HIV, TB and Malaria and [for this KPI] to be reviewed in every board meeting.

Youth Voices Count

Key Asks

1. *The Global Fund's role in Global Health Security:*
 - *Rethink how to address global health security issues that affect key populations, especially sexual and gender minorities, recognizing their unique needs and the other intersection issues which pandemics and diseases bring to populations*
2. *The Global Fund's future role in RSSH to achieve UHC*
 - *In investing on RSSH and UHC, the GF must put health equity at the forefront of the work and address the systematic and structural barriers to accessing healthcare.*
3. *Strengthening partnerships to improve programme effectiveness*
 - *Strengthen partnerships by taking on a consultative and supportive approach while working with grassroots organizations and movements led by key populations and young people*
4. *Leveraging and refining positions on equity, human rights, gender and community and CS engagement in Global Fund implementation*
 - *Recognize the unique needs of sexual and gender minority populations, such as LGBTIQ, who face double jeopardy as they face discrimination in healthcare due to their SOGIESC which cuts across the three diseases.*
 - *Invest and promote human rights and gender equity work that would look into specific issues faced by sexual and gender minority populations in the three diseases through the GF CRG.*