

# **DRAFT**

## **CS input into GF strategy development: Summary report of recommendations from April 29 kick off meeting Amsterdam**

### **Introduction**

The Global Fund (GF) is in the process of developing its 2017-21 strategic plan to guide its work in the post-MDG era. In discussions with the secretariat, ICASO and ICSS initiated a consultation process to help develop and validate strategic priorities that civil society (CS) will want to see expressed in the new GF strategy. The Community, Rights and Gender team at the GF provides input and advice to ensure that the ICASO/ICSS initiative is complementary to other processes being undertaken by the GF and others. The first step was a kick off meeting of global and regional civil society and key affected population networks held in Amsterdam on April 29, 2015. The participants reviewed a draft discussion paper developed by the Communities and NGO delegations, and considered reports on gender and human rights consultations. Findings in this report build on recommendations previously agreed upon.

The conclusions from the meeting will be shared with civil society participants at GF partnership forums, and feedback will be incorporated. ICASO will also commission region- and community-specific in-depth e-surveys and consultations to further elaborate CS priorities. The collated findings will be shared with the Communities and the two NGO Global Fund board delegations in time for their work to negotiate the new strategy later this year.

In preparation for the meeting, participants received background information on other consultation processes and research papers developed to inform the strategy. The meeting agenda and background materials are available at [www.icss.org](http://www.icss.org) and the following URL: [Open](#)

The GF secretariat provided a detailed summary of the strategy development process and the current thinking as agreed upon by the Strategy Investment and Impact Committee (SIIC).

Asia Russell, the NGO representative on the SIIC, gave background on SIIC discussions to date, and presented priorities for consideration which were discussed between the Communities and NGO Delegations that reflected key areas of tension where advocacy may be required. Following brief introductions, participants were asked to consider the following six topics:

1. strengthen the strategy to promote, protect, and defend human rights and gender equity
2. reinvigorate support for community responses and CSS
3. examine the funding model and whether it works or needs changes
4. consider co-infection and co-morbidity vis a vis the GF mandate

5. discuss how the GF should influence the access to treatment agenda
6. promote resource mobilization

The working group discussions were highly productive – participants provided many excellent suggestions. There was a strong degree of overlap between the groups on key priority concerns and recommendations and a continuity with input provided so far from other consultations.

### **Comments on current draft strategic framework (April 2015)**

There is a concern that some of the language is overly bureaucratic and bio medical. For example, a phrase like “evolve and improve the allocation model for impact” is void of meaning, even to the initiated. Clearer language focusing on people and improving health would be more appropriate.

While human rights and gender are discussed in strategic objective 2 (*Respect and Promote Human Rights and Gender Equality*), there is a concern that this approach isolates and marginalizes these priorities. Participants suggested embedding human rights and gender equity language throughout the objectives (in addition to the text already shown in objective 2). They also suggested revisions to the mission and vision – proposed edits on this topic and others are included in Annex 1.

The strategic framework does not reflect the importance of community’s role in the response to the three diseases. Rather than lumping health and community system strengthening together in objective 3 (*Build Resilient Health and Community Systems*), participants recommended several changes that will help clarify the relationship the GF envisions with communities. The new strategy should confirm a strong commitment to encourage community-based responses, to build capacity and to support the role of CS in advocacy and accountability. The prominence given to human rights and gender in the last strategy was constructive in catalyzing the progress made by the GF on these fronts since 2013. It is hoped that the same kind of clarity will have similar benefits to enhance understanding and commitment to community response.

It was noted that strategic objective 3c) (*Strengthen country data systems and support gender and age disaggregated data*) could be strengthened to include reference to accessing disaggregated data on vulnerable and KPs. Underlining this request is the principle of empowering groups to gather and analyze data relevant to their communities.

Participants recommend that the strategic framework contain more explicit language about poverty, inequality, and inequities. The framework should be clear that it is the GF’s mandate to address access to care, treatment, and support for people in need, and to serve underserved populations: those in need due to poverty, rights violations, or other obstacles.

Supporting responsible country transitions as articulated in 4c) (*Support responsible country transitions*) was lauded, but participants wanted to ensure

that the principles related to this idea are embedded in the strategy. Responsible transitions will embrace the principle that “no one is left behind”, and every effort will be made through country dialogues, transition support, regional approaches, non-CCM proposals, and other mechanisms to make ethical transitions; these will consider country readiness, appropriate timeframe, human rights, and impact on vulnerable and key populations. In addition, objective 5 concerning resource mobilization will need to reflect the principle that the costs of ethical transitions are included in the resource mobilization and advocacy efforts.

### **CS recommendations: operationalizing the new strategy**

After the GF board approves the high level strategic framework in November, a detailed plan to implement the strategy will be developed. Participants in the consultation identified several priority activities that will need to be included in the plan to ensure that the CS priority objectives are to be achieved.

In implementing the strategy, CS recommends that the GF:

- Continue and expand targeted capacity building programs for CS to access GF programming through technical assistance channels such as the GF’s special initiatives fund and Robert Carr Networking Fund (RCNF) and expand these to include to human rights and gender equity.
- Work with CS, KP networks, and country partners to achieve a more coherent and consistent understanding of what is meant by a robust CS response and CSS. This includes building the evidence to justify funding community responses and CSS.
- Enhance community capacity to access the non-CCM funding mechanism, particularly in programming to address key gaps in country proposals.
- Promote the role of communities as watchdogs of CCMs and GF processes, including building expertise in community-led monitoring and evaluation.
- Develop a stronger feedback loop for communities experiencing challenges at the country level with CCMs to identify concerns and seek resolutions.
- Increase understanding on human rights and gender equity that reflect the specific country and community level challenges and promote strategies to improve well-being and better health outcomes.
- Develop better resources and tools to deepen country level expertise in the community response and CSS.
- Provide technical support and funding to CS so they can participate in ‘country dialogue’ for transition planning.
- Support and expand ‘regional approaches’ to addressing vulnerable populations.
- Provide targeted and urgent organizational development to equip NGOs to court alternate donors in countries where GNI is going up and GF support will be waning.
- Articulate, in advance, a country-specific protocol to deal with situations where governments don’t follow through on their transition

commitments to provide support to vulnerable and key-affected populations.

### **Key performance Indicators (KPIs)**

In addition to these specific technical assistance and programming suggestions, participants provided recommendations on how key performance indicators (KPIs) can be framed to provide a better indication of the extent to which objectives are achieved. The Global Fund's KPIs should include measuring quality of service and level of community strengthening. Measurements of success need to change from the number of syringes, condoms, nets, or drugs delivered to include info on who uses them. KPIs should take into account whether services are provided to the poorest, those in rural areas, women, and youth.

### **Other recommendations and comments**

Participants recognized that the evidence base to justify biomedical interventions in addressing the three diseases is well developed. Information about what works in the community response is less well articulated – CS programming is sometimes discounted by CCMs. It is also acknowledged that there is not a consistent understanding of community systems strengthening and how it is distinct from health systems strengthening. The GF should lead efforts to explain the role of the community response by building and strengthening the evidence base for community-based responses. Participants suggested a number of research activities to address this deficit, including documenting successful GF funded CS programming on delivery of services as well as human rights and gender equity. CS programming in India, Ukraine, and Senegal were suggested as best practices that can be replicated in other settings. In addition, there is limited appetite on the part of the public sector in sub-contracting to civil society. However, the success of this type of programming in South Africa can be shared as an example for other countries.

The allocation model allows a country to decide where and how to allocate its counterpart contribution therefore creating a perverse incentive for the country not to fund human rights and key population programming as it can be taken up by the Global Fund.

### **Improving resource mobilization and the GF**

Perhaps the most urgent concern regarding the new strategy is that the current cost estimate exercise being used to set the target for the next three years will result in an inaccurate measurement of the real needs to address the three diseases. The needs assessment should assess ambition at the country level to ending the epidemics and be a reflection of this ambition. It should take into account the costs to support residual demand in countries transitioning from low income countries (LIC) to middle income countries (MIC) – particularly the costs related to advocating for increased levels of domestic investment and putting in place contingency plans so no one is left behind.

As reported in the development continuum working group report, and the discussion of the sustainable development goals, there are many shifts taking place in the global health-financing environment. In light of this, participants recommended that the GF urgently devise and implement a resource mobilization plan that better coordinate and collaborate with other health financing initiatives such as GAVI, UNITAID, and the World Bank. There are significant synergies between these financing agencies that can be tapped to achieve better results with less investment. Participants also recommended that the GF more proactively engage with innovative financing mechanisms, such as the financial transaction tax (FTT) to help shape the future of innovative financing for health.

Participants recommended exploring the cost of achieving other additional health benefits to address co-morbidities or co-infections for people living with any of the three diseases, and include these in the resource mobilization targets.

### **Co-infection and co-morbidity (COIM) and the GF mandate**

Without a significant increase in funding for COIM interventions, the current guidance cannot be integrated into the new strategy in a responsible way. Participants were broadly in agreement that with additional resources the mandate of the GF could be expanded to support Hepatitis C Virus (HCV). However, in the current financial climate, this is an ambit ask.

### **GF role in influencing the access to treatment agenda**

Participants acknowledged that since inception, the GF has encouraged countries to abide by national laws and applicable international obligations in the field of intellectual property including the flexibilities provided in the TRIPS agreement concerning issuing compulsory licenses. This information is included in GF procurement guidelines; however, the technical support needed to realize this has been lacking.

There is an agreement that the GF should increase its efforts to support countries to avail themselves of TRIPs flexibilities. The GF should increase its engagement in the access to treatment arena. The GF is ideally placed to provide expert advice about the potential impact on health of free trade agreements.

## Annex 1

### **Vision**

A world free of the burden of HIV/AIDS, tuberculosis and malaria with better **right to** health for all

### **Mission**

Investing the world's money to end AIDS, tuberculosis and malaria and to support attainment of the SDGs

### **Draft April 2015 Strategic Framework**

#### **DRAFT Strategic Objectives—CS suggested edits**

#### **April 2015**

##### **1. Accelerate the end of HIV, TB and malaria**

- a) Focus investments on highest burden countries with the least ability to pay and populations disproportionately affected by the three diseases **with the principle that the GF will leave no one behind**
- b) Differentiate investments for impact across diverse epidemiological, political and economic country-contexts
- c) Focus combination prevention, treatment and care on high transmission geographies, key and vulnerable populations including adolescent girls to reduce HIV incidence **regardless of GNI**
- d) Reduce TB incidence and slow the spread of MDR-TB through innovation and optimization of prevention and treatment
- e) Leverage synergies in health and community **systems strengthening and civil society engagement to** address co-infection with TB and HIV
- f) Reduce transmission, prevent resistance, and invest in elimination of malaria
- g) Increase equal opportunity for **the right to** health

##### **2. Respect and Promote Human Rights and Gender Equality**

- a) Strengthen programs that remove human rights barriers to accessing HIV, TB and malaria services
- b) Invest in women and girls to reduce gender-related disparities in health
- c) Ensure the Global Fund does not finance programs that infringe human rights
- d) Support key and vulnerable populations and networks, and **their** meaningful participation in Global Fund-related processes and programming

##### **3. Build Resilient Health and Community Systems **and community engagement****

- a) Maximize investments for impact on health systems
- b) Maximize investments in community responses and community systems strengthening
- c) Strengthen reproductive, maternal, newborn, child and adolescent health (RMNCAH) impact and platforms for integrated service delivery across the three diseases
- d) Strengthen country data systems and support gender, age and key population disaggregated data with a focus on empowering communities to collect and analyze their own data.
- e) Strengthen procurement and supply chains and support human resources for health
- f) Increase flexibility and partnerships in challenging operating environments
- g) Support and enhanced community responses, meaningful engagement of and CSS
- h) Support and enhanced understanding of human rights and gender equity and accelerate programming focusing on these areas.

#### **4. Innovate for Sustainable Impact**

- a) Evolve and improve the allocation model for impact
- b) Integrate sustainability throughout the grant cycle
- c) Support ethical country transitions based on the principle that no one is left behind
- d) Support market shaping and the introduction and scale up of effective new health technologies

#### **5. Sustain the gains, mobilize resources**

- a) Attract additional financial and programmatic resources from current and new public and private sources
- b) Increase the sustainability of programs through effective co-financing and increasing domestic resource mobilisation
- c) Increase collaboration and cooperation with other health financing mechanisms to achieve greater synergy in health
- d) Present evidence based input on the health impact of trade agreements and take the lead on innovative financing for health initiatives