

# The Global Fund e-Forum Strategy Consultation

## Contributions by Theme

Please find all contributions received assorted by themes and question. In cases in which the contributions responded to multiple themes, the contribution was split and placed with appropriate themes.

To go directly to a particular theme or question, please click on the link below:

### [1. General](#)

- 1.1 [Please tell us one or two priorities that you would like to see appearing prominently in the next Global Fund Strategy and why.](#)
- 1.2 [Do you have any big-picture concerns about the strategic direction of the Global Fund today?](#)
- 1.3 [How can the Global Fund best support countries in achieving greater programmatic impact?](#)

### [2. Priorities for the Three Diseases](#)

- 2.1 [What should be the major priority areas for investment for each of the three diseases \(HIV/AIDS, TB, Malaria\) over the period of the next Global Fund Strategy \(2017-2021\)? Please consider epidemiological, social and financial aspects in arriving at your response.](#)
- 2.2 [In order to end the three epidemics, resources must be geared to interventions and populations that are most strategic to achieve impact. For each of the three diseases, how can the Global Fund make best use of resources to maximize impact? What further improvements and changes should be adopted?](#)

### [3. Gender](#)

- 3.1 [The Global Fund is committed to addressing gender inequities in its operations, investments and supported interventions. What are the three main barriers to achieving this?](#)
- 3.2 [How can the Global Fund reduce inequities in accessing HIV, TB and malaria services?](#)

### [4. Human Rights and Key Affected Populations](#)

- 4.1 [The Global Fund is committed to protecting and promoting human rights as part of its Strategy. What can the Global Fund do better or do differently?](#)
- 4.2 [What can the Global Fund do to ensure equity in access to services for key and vulnerable populations?](#)

### [5. Sustainability and Transition](#)

- 5.1 [How can the Global Fund best support efforts to increase domestic financing and domestic support for health?](#)

- 5.2 [What has the Global Fund done well in its engagement with countries that have transitioned or are in the process of transitioning from Global Fund financing. What can it do better in the future?](#)

#### [6. Funding Model Feedback](#)

- 6.1 [The funding model was designed based on the principles of flexibility, simplicity, shorter approval processes, enhanced engagement and improved predictability of funding. To what extent has it delivered on these principles?](#)
- 6.2 [What can be done to enhance input from technical partners in the planning and implementation of grants?](#)

#### [7. Challenging Operating Environments](#)

- 7.1 [What can the Global Fund do better in its engagement in challenging operating environments?](#)
- 7.2 [How can the Global Fund better support services for communities affected by HIV, TB and malaria, including women and girls, in conflict and post-conflict settings?](#)

#### [8. Health Systems Strengthening](#)

- 8.1 [How can the Global Fund better support efforts to build resilient health systems while maintaining investments in the three diseases?](#)

#### [9. Community Systems Strengthening](#)

- 9.1 [How can the Global Fund better support sustained community systems and responses for health?](#)

### **General**

**1.1 Please tell us one or two priorities that you would like to see appearing prominently in the next Global Fund Strategy and why.**

Response:

- Improve the geographic coverage through the CSO's that have a proven community basis.
- Involve the key populations in the design, implementation and monitoring/evaluation through the community CSOs.

Reason:

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- The members of the community CSOs are close to the patients and are in the front line against the diseases, even ahead the CDS<sup>2</sup> care providers.
  - The key populations are going to take ownership of the project.
- (Ficard Ndayimirije, Burundi Alliance against Tuberculosis and Leprosy, Burundi, Fr)

Medication and pharmacy services, strengthen the regulatory authorities and the drug control authorities, coordinate the procurement of health products.  
(Christophe Rochigneux, European Union Project, Ivory Coast, Fr)

The HIV pandemic needs a specific response in term of medicine. The global fund needs' to address the response putting as priority the access of TAR at all level. another point is related with vaccine access. FG needs to be committed with the research focused in the vaccine to stop AIDS in 2030  
(Rui Maquene, Handicap international, Mauritius, En)

Globalfund Innovation Hub should give priority to Multi Drug resistant Tuberculosis, & counter the effects of TB& HIV co-infection ref-  
[http://www.who.int/tb/publications/m\\_and\\_e\\_document\\_page/en/](http://www.who.int/tb/publications/m_and_e_document_page/en/)  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Focus on adolescent and young adult health  
- Often overseen as a population  
- Opportunity for identification and modification of consequences due to high-risk behaviour which can lead to life long conditions  
(Casey McCusker, THINK, South Africa, En)

Strengthen country processes at various levels of engagement  
(Anonymous, Nepal, En)

Stick to GF led innovations such as CCM and dual track funding engaging private sector, direct funding of CSOs  
(Anonymous, Nepal, En)

Keep up the good work of focusing on key populations and introduce remote and poor areas for programming  
(Anonymous, Nepal, En)

Looking at disease burden, HDI and absorption alone for resource allocation is not sufficient, introduce GDI too.  
(Anonymous, Nepal, En)

To make a sustainable and significant contribution against Aids we are to improve the health of mothers and children . This will be a investing for impart .

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I suggest funds to be channeled to counseling and testing of women of childbearing age in their communities not to wait for them visit health centers (Silungile Moyo, Ministry of Health Mpilo Central Hospital, Zimbabwe, En)

Globalfund should have flexible grant design as disease landscape are constantly changing (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund should have capacity building framework for identification of capacity gap at the beginning of resources allocation & grant implementation (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

**PRIORITY 1:** Young people with legal rights in the development of a new social order.

The current struggle in all corners of the world, and especially in areas with left wing or progressive governments, leads us to mobilise young people, rescuing them from the attributes of the oppressive system in force, showing them that they, whether male or female, all have a role to play in the fight to create a fair society, participatory democracy and solidarity. We can't allow young people to be left out of this political process, mainly because of the crisis of representation we are currently experiencing. Each young person should be made aware of their political role so that he/she can see they are not currently represented in the fight against the capitalist system and its variants.

**PRIORITY 2:** Analysis of the national and international geopolitical situation. We live in constant change. The present is based on the past and the possibilities for the future. Therefore, for the struggle to achieve better results we need to understand the national situation and its relevance to international politics. Everything is connected, and the change from the capitalist system is only possible if all the populations of the world join together. All the platforms, movements and international organisations need to link up over the different countries, starting with the United Nations.

(Sylvia Siqueira Campos, Movimento Infantojuvenil de Reivindicação (MIRIM BRASIL), Brazil, Sp)

Interventions for young people aged 15-24 and global support (Anonymous, Benin, Fr)

2016-2017 strategy is to achieve a Zero HIV infection by targeting women of child bearing age as well as children born to HIV positive mothers at community level. Door to Door campaigns have to be strengthened and community involvement as well. For every success of a program it has to be client centered where they say their views.

(Silungile Moyo, Ministry of health Mpilo central hospital, Zimbabwe, En)

- Capacity building to bring HIV, TB, Malaria to work together to with Legal, Human Rights, Gender, Economic and Agriculture groups fill in gaps of each other. Many time sex workers are raped by clients but no police or lawyer support case. Many discrimination cases against PLHIV drug users sex worker LGBT and young people ..none of legal and rights groups are handed to support the clients.  
-Economic empowerment to allow those people who are at Risk of HIV, TB and Malaria survive esp..to raise their children. Eg. Most of PLHIV in Cambodia, Vietnam, Myanmar, Indonesia and i think many others countries are homeless, jobless or discriminated by colleagues and classmates..where they are not afford to live without jobs...give them vocational trainings is not enough but train and support them how to work, or start business with giving loan 2-300\$usdollar will help them. I did this in Cambodia with 290\$ can help one family with a small business.  
(Sron Srun, CamASEAN Youth's Future, Thailand, En)

Given the prominent role of commodity procurement in the GF portfolios of high-impact countries and the comparative advantage of the Pooled Procurement Mechanism in the global market for medicines, the next Global Fund strategy should ensure that the allocation formula better reflects countries' commodity requirements for maximum impact.

In the context of HIV and AIDS, the strategy should continue to prioritize the use of PPM for ARVs and RTKs in high-impact countries to reach the UNAIDS testing, treatment, and viral suppression targets for 2020 and 2030.

(Anonymous, United States of America, En)

Ensuring more integration of services (eg. Community Health Workers across health areas), funding for smaller but more impactful organizations and maternal health. CHWs provide a package of essential services at the community level that all need to be taken into account, not just the disease area of the grant. Many smaller organizations are doing amazing work but are unable to access funding due to their size, however are much more effective in service delivery than many large NGOs (e.g. Hope Through Health in Togo, West Africa). Maternal mortality and morbidity is a huge problem throughout the world however is not currently being addressed by GF programs. Addressing this could increase impact significantly across all three disease areas.

(Anonymous, Mali, En)

I wish to see Global Fund proactively strengthen and support CSOs full participation in implementation of grants. Also I wish to see flexibility to make community volunteers more impactful with less stressful conditions. They should also be more appreciated and allowed allowances for work done.

(Ibrahim Umoru, Network of People Living with HIV and AIDS in Nigeria, Nigeria, En)

The GF has made significant advances in incorporating human rights into its work over the last few years. Human rights and key populations must remain central in the next strategy in order to sustain progress on all 3 diseases.

(Anonymous, Canada, En)

Strengthened community-based PICT for PMTCT and priorities for the OVC:  
For the sustainable impact of using the GF, I believe that that PMTCT and OVC programs should be strengthened.

Programs for community-based PICT for married couples should be encouraged and make it happened.

(Anonymous, Myanmar, En)

In my own point of view as an adolescent I think we should focus on young girls and young women. This is because nowadays young girls are the ones who are more likely to be infected by the virus. Some are infected because they are initiated into being sex workers. They become sex workers because some are forced into it and some don't do it in search of money. Other young girls are sexually active and there is very high risk of them getting infected by the virus. Others are forced into marriages not knowing the status of their partners, this also leads to them getting infected. Some get raped by people who are already positive making them infected also. However there are some things that should be done to support the above to improve;

1-There should be support for community system strengthening-working with civil society, youth network, youth serving

2-Advocacy work for and by young people and adolescent

3-Data/evidence of the pandemics affecting or challenging adolescents and young adults so that we can come up with strategies, interventions to address the gap and the needs of young people

(Thandiwe Mudhumo, Africaid Zvandiri, Zimbabwe, En)

Strengthening civil society communities and the laws that benefit the populations that are in a vulnerable situation for individual and collective empowerment

(Maria Consuelo Raymundo, Movimiento de Mujeres Orquídeas del Mar, El Salvador, Sp)

Globalfund should give priority to coverage as specified population reached/participation & human resources for health.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

I agree. The Fund must strongly beef up its support to strengthening the care and support component of to the country coordinating mechanisms, and must require stronger submissions on care and support of children--including early child development programming as linked to HIV, pediatrics, and PMTCT

(John Miller, The Coalition for Children Affected by AIDS, Canada, En)

Sexual health and reproductive health: in DRC, specifically in the province of North Kivu, young people and adolescents do not know how their bodies work; hence the presence of pregnancies and early marriage. These children often have babies before the age of 15 or 16; hence the presence of unmarried mothers in the community.

Financial support to community-based organizations and building health care structures: the national organizations are often forgotten in the Global Funds' strategy. The assistance provided is often managed by international organizations, which do not provide support to national organizations in terms of capacity-building and community mobilization (awareness-raising), and advocate taking over after assistance. DRC has always deplored the lack of health care structures. In rural areas, populations need to travel over 60 km to find health care. Building such structures will contribute a great deal in terms of support to those suffering from HIV, tuberculosis and malaria in terms of medical care. (Appolinaire Zagabe, Pleaders of Children and Elderly People at risk, (PEPA/Organization), Germany, Fr)

As our country is currently at war, prevention of an HIV/TB epidemic development remains a priority for us in the Global Fund's strategy (Larisa Melanich, Fund Chernivtsi Charity Foundation 'My Family', Ukraine, Ru)

Three diseases: Prioritizing resources

The current GF focus on health system strengthening should be further promoted and resourced as it is a vehicle to sustainability, integration of services for the three diseases into primary health care, and addressing serious gender issues. For example, someone who is female, PLHIV, a mother, and lives in a Malaria and/or TB prone area should be able to access an integrated primary health care service to have all needs met within a single consultation (or a minimal number). This means GF programs will have to resource and train health staff to be able to provide such consultations. Mobile services run by either national staff or CSOs will be needed to reach remote and vulnerable communities. All these service improvements should be planned and documented within Ministry of Health Strategic Plans including donor contributions, and plans to contract CSOs to provide services where appropriate. Prevention components would need to be coordinated through MoH and again can be contracted out to relevant CSOs or private sector partners and be included in MOH Strategic Plans. This is application of - one national plan, one M&E framework and a sector wide approach.

(Annonymous, Australia, En)

Increase allocation on maternal health and behavior

Third world countries have the serious burden of child under nutrition. Usually under nutrition occurs after six month of age of the child when complementary feeding is not started properly. It depends upon maternal knowledge and behavior. So, we should invest more on maternal health program , Newborn care program and behavior change of mother rather on mitigation initiative of under nutrition.

(Santosh Datta, World Vision Bangladesh, Bangladesh, En)

Based on our experience on the ground, our 2 priorities are, firstly, expanding education in post-conflict zones because there are a large number of children who are unable to go to school in the DRC and, this year, we have identified more than

1800 children in the territories of Rutshuru and Nyiragongo in the east of the DRC. The schools are destroyed as a result of armed conflicts and the economic status of the parents is very poor as a consequence of repeated displacement. The second priority is economic support for the populations affected by the conflicts in the DRC since, if today the UNDP surveys show that in the east of the DRC more than 70% of the population are living on less than 3 USD per day, it is at the economic level that action must be taken in particular by reviving agricultural activities as a primary sector able to influence the stimulation of the other areas of life.

(Anonymous, Democratic Republic of the Congo, Fr)

If the Global Fund can also invest in the water sector. The reason is that access to water remains a major challenge in the DRC in general, and in North Kivu in particular, and has a significant impact on the health of the population.

(Mazambi Mayele, GOMA, Democratic Republic of Congo, Fr)

Funding for countries should be based on disparity indicators rather than average income levels

Scrutinizing and evaluating CCM partnerships and communications and ensuring good governance at national level, not just at CCM

(Omid Zamani, Iran, En)

Strengthening Regulation of Health care providers

Countries appreciate the work done by Global Fund, may I please request that as they strengthen the health system regulation of professionals especially nurses who are the backbone of every African country, is strengthened in terms of resources and capacity.

(Glory Sibongile, Swaziland Nursing Council, Swaziland, En)

## **1.2 Do you have any big-picture concerns about the strategic direction of the Global Fund today?**

Regarding the *BP*, *BSs* and *SSBs* who are unsure what to do.

A clear explanation of the arrangements for the work: the selection, the management of the project, the monitoring/evaluation of the project, the initial indicators, the eligible financial supporting documentation found in the field.

(Ficard Ndayimirije, Burundi Alliance against Tuberculosis and Leprosy, Burundi, Fr)

Focus on general practitioners throughout countries with training to treat TB/HIV in line with national disease strategy and international treatment guidelines. , Health Clinics throughout the country should cover remote/village/semi urban population. Training to the Community Health Volunteers, and technical support to doctors to use data entry tools so that the patients they treat are documented in national health data—an essential part of efforts to effectively combat TB/HIV



ref- [http://www.who.int/tb/publications/m\\_and\\_e\\_document\\_page/en/](http://www.who.int/tb/publications/m_and_e_document_page/en/)  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15,  
India, En)

Yes, in Benin, I think the priority areas are young people and women, but the Global Fund arranges mandatory modules such as HSS and IDU. In my opinion, we also need to take into account the realities of each country. HSS and IDU do exist but for the time being, the problems are elsewhere. The Global Fund also needs to strengthen those agencies which coordinate programmes, so that they can best equip themselves to ensure good governance.  
(Anonymous, Benin, Fr)

Yes, To be honest the GF dont have specific strategic of how to monitor their PR and SR whether they really make or hand support to the beneficiary..eg. TB person in Community still have no medecine and they die. PLHIV have no enough food and in big dept because they thought the desease can be cured..many of them sell all house and land then borrow money from creditors with very high rate.. ... Then what else can PLHIV people do survive??? Three Zero not apply in reality ..if we want it to apply..GF team need to create a tool how to sustain people life but not sustain provider..it means if people know how to survive they will find ways to access the service provide.  
(Srorrn Srun, CamASEAN Youth's Future, Thailand, En)

There has been a lack of transparency around the country allocation formula. This should be opened up to global technical scrutiny through a mechanism such as the Technical Review Panel to ensure that Board decisions are better informed. The incentive funding policy should only be enacted if the Fund's replenishment targets reach a certain threshold, ensuring that countries have adequate minimal resources within their allocations. Additional standard guidance should be provided to countries on how to divide funding within and above their allocations by year.  
(Anonymous, United States of America, En)

No, other than making sure that the GF tries to understand the complex realities of implementing these projects in challenging places and to take that into account when interacting with field teams.  
(Anonymous, Mali, En)

Globalfund should also monitor climate change/floods affected/earthquake affected population & the most vulnerable women—pregnant/ lactating mothers/the elderly for TB & Malaria prevention .In many less GDP countries ,there is not accountable social civic framework for climate change affected population.

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[https://www.globalfundforwomen.org/15nepal?utm\\_medium=email&utm\\_campaign=Nepal%20earthquake%20crisis%20appeal%202&utm\\_content=Nepal%20earthquake%20crisis%20appeal%202%20Version%20A%20CID\\_7eb49539979](https://www.globalfundforwomen.org/15nepal?utm_medium=email&utm_campaign=Nepal%20earthquake%20crisis%20appeal%202&utm_content=Nepal%20earthquake%20crisis%20appeal%202%20Version%20A%20CID_7eb49539979)

fe4bd5c9bde5d63ef8a1e&utm\_source=housefile&utm\_term=100%20of%20your%20gift%20will%20go%20directly%20to%20womens%20groups%20in%20Nepal%20and%20India

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

I don't believe the Global Fund manages to strengthen and link the national initiatives with the regional ones. The focus of its actions on both levels is centred solely on not duplicating financial resources, with no strategic vision to reinforce the actions already carried out on one or another level.

(Elena Reynaga, RedTraSex Red de Trabajadoras Sexuales de Latinoamerica y Caribe, Argentina, Sp)

Yes they are withdrawn from our under developed countries.

(Maria Consuelo Raymundo, Movimiento de Mujeres Orquídeas del Mar, El Salvador, Sp)

We have major concerns about the strategic focus of the Global Fund, which we can summarise in the points below:

- the slow pace of management of the concept notes;
- the poor distribution of areas with high rates of disease;
- the choice of international actors with low level of collaboration with national actors; and
- the poor distribution of funds allocated to these three diseases.

(Appolinaire Zagabe, Pleaders of Children and Elderly People at risk, (PEPA/Organization), Germany, Fr)

GF funding cuts for supportive care programmes, specifically for replacement therapy starting from 2016, is a matter of concern. This concern is caused by the current social, political and military situation in Ukraine. All funding goes to support the military forces, the treasury is running out of money, and healthcare is on leftovers. We have strong doubts about government support for substitution maintenance therapy in 2016-2017.

(Larisa Melanich, Fund Chernivtsi Charity Foundation 'My Family', Ukraine, Ru)

Absolutely. Robust NSPs arrived through an inclusive dialogue are key to successful implementation. GF should continue supporting countries to develop robust NSPs which include HSS/CSS strategic plans.

To help improve integrating and realize more efficiency, the development of the CNs of all 3 diseases should be linked right from the beginning. A HSS/CSS Strategic Plan informed by all the three and other disease programs could be a good starting point.

(Celestino Basera, MOHCC, Zimbabwe, En)

Maybe it is my lack of knowledge, or not knowing where to find this information, but I believe that there is a lack of transparency and clarity on where the funding is going, how it is being spent within the countries and communities it is serving,

and what the results are. I understand that in some of these countries, the economic-political situation makes this type of transparency difficult or complex to monitor. However, without such transparency, it is impossible to assess what is working, what is not, and how to create sustainable working models for the future.

(Joan Daidone, Ninos del Lago, United States, En)

In particular, we have some concerns because, ever since the Global Fund began in the DRC, the most heavily financed sector has been HIV/AIDS and malaria and therefore the decisions are taken from the top down. The strategies for evaluating the impact of these funds are not known and, moreover, we as national organisations<sup>3</sup>; the fund users do not have time to involve us.

(Anonymous, Democratic Republic of the Congo, Fr)

No concerns about the current strategic directions.

(Mazambi Mayele, GOMA, Democratic Republic of Congo, Fr)

### **1.3 How can the Global Fund best support countries in achieving greater programmatic impact?**

A. Bring health, economic, agriculture, interior, education and culture ministries and department work together with building capacity (don't need to create new actions as all ministries have their existing work just yet they don't work together) to ensure all patients and pre-patients are aware of services provided by different ministers.

B. GF fund should look carefully to see if SCOs and NGOs are adding value toward government work?? I have seen the reason the GF and other donors do not sustain because CSOs work or provide services where government are responsible. Eg., we, [www.oneworld.org](http://www.oneworld.org), create an e-learning tool to allow students and teachers learn about sexual reproductive health in school. We just use life skill curricula made by the ministry of education convert it into animation then we train master trainers who are teachers and students to train their peers...so we don't create new jobs but ADD VALUES TO GOVERNMENT.

(Sororn Srorn, CamASEAN Youth's Future, Thailand, En)

Train the potential *BPs*, *BSs* and *SSBs* on the programme before its implementation.

(Ficard Ndayimirije, Burundi Alliance against Tuberculosis and Leprosy, Burundi, Fr)

By working together with the state authorities and civil society to provide educational results for all communities. The new financing plan is a very good strategy to involve the state system and the civil society communities and we all feel committed.

(Maria Consuelo Raymundo Candido, Movimiento de mujeres Orquideas Mar

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El Salvador, Sp)

Focus should be given to the Strategic Review on areas of importance to the new Strategy: health systems strengthening, sustainability, human rights, gender and monitoring & partnerships.

Global Fund strategy is reaching out across different categories of countries benefiting from Global Fund financing & strategy and will be used to collect more in-depth and qualitative & quantitative information.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Ensure participation and accountability with stakeholders so that the end result is obtained and the people who may benefit most, can.

(Casey McCusker, THINK, South Africa, En)

The GF should focus on funding interventions for which its funding stream provides a comparative advantage over other funding sources. Interventions for which host-country governments have a comparative advantage, such as government-provided training and salary support should be discouraged.

(Anonymous, United States of America, En)

Trying to trust the country implementing partners to do their work the best they can, continue in person dialogue in country especially for the NFM and providing necessary guidance..

(Anonymous, Mali, En)

The Global Fund should focus more on the involvement of key populations, not just as simply implementing the proposals, but considering them as key aspects when it comes to designing and making strategic decisions.

(Elena Reynaga, RedTraSex Red de Trabajadoras Sexuales de Latinoamerica y Caribe, Argentina, Sp)

Globalfund should ensure, country level mechanism in less GDP countries should follow national plan of action /clear policies & guidelines/ updated & genuine information for an appropriate action. Fund receiver should follow & implement on Globalfund & country level mechanism guidelines.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund should create mechanism to deal with conflict of interests/increased transparency & provide diseases prevention technical assistance.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Funding long-term programmes

(Maria Consuelo Raymundo, Movimiento de Mujeres Orquídeas del Mar, El Salvador, Sp)

Response: for a better response to the countries in which the Global Fund is involved, it might focus its strategy on:

- aiming the working choice international organizations towards community-based organizations to ensure continuity of project achievements;
- according more importance to the building of health care structures for the provision of medical care;
- revising the repatriation of zones at risk and also funds, to increase awareness-raising measures with local actors;
- aiming a number of measures at young people and adolescents leading an active sexual and reproductive life, to combat these diseases; and
- simplifying procedures in terms of the conception and implementation of the concept note.

(Appolinaire Zagabe, Pleaders of Children and Elderly People at risk, (PEPA/Organization), Germany, Fr)

The picture is very clear; the DRC needs funds to provide more support for the activities and its priorities. However, strengthening the government authorities as regards governance by highlighting admissibilities

(Anonymous, Democratic Republic of the Congo, Fr)

In addition to its intervention approach which focuses on international organisations, also promote interventions through local organisations and train the leaders of those organisations for a transfer of skills.

(Mazambi Mayele, GOMA, Democratic Republic of Congo, Fr)

The coexistence of an HIV National Programme together with a team that manages the Global Fund grant presents additional challenges for the governance and sustainability of some programmes. In areas of weak or variable institutionality, the greatest influence can lie with the group managing the funds (the team implementing the grant) and not with the Programme workers.

(Lucrecia Peinado, United States of America, Sp)

## **Priorities for the Three Diseases**

**2.1 What should be the major priority areas for investment for each of the three diseases (HIV/AIDS, TB, Malaria) over the period of the next Global Fund Strategy (2017-2021)? Please consider epidemiological, social and financial aspects in arriving at your response.**

- Commission an epidemiological study for each disease.
- Specific training for health professionals and an increase in their workforce, across the three diseases, in order to offer services adapted to

- the needs of the key and vulnerable populations (MSM<sup>4</sup>, PS<sup>5</sup>, young people and adolescents).
- Formally identify the key and vulnerable populations and set up a proper outreach strategy within their environment through the community-based CSOs.
  - Direct the funding towards the needs of the key and vulnerable populations (MSM, PS, young people and adolescents).

(Ficard Ndayimirije, Burundi Alliance against Tuberculosis and Leprosy, Burundi, Fr)

The major priority should be the socio-economic factors (poverty), level of epidemiology and weakness of government systems. Because however rich countries may be, where there is a country with a high level of ungovernability the population finds it difficult to access health care, especially vulnerable sectors of the population.

(Julio Cesar Aguilera Hurtado, Fundación Hábitat Verde, Bolivia, Sp)

Major priority areas for investment should check critical areas, as supply chain management, information /evaluation systems and human resources, where the Global Fund has an accountable impact,& measure those and give specific guidance/initiatives.

Addressed #DefeatMIP event to SocialGoodSummit2015 & Globalfund Global Innovation Hub & consultancy by Ashish Shrivastava to SocialGoodSummit2015

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

The investment area for global fund should clearly identified because its a serious matter and we need to invest money on area which needs these kind of revolutions. I think we fairly select areas first from different countries by making polls and then moved to the cities followed by areas, in this we our approach will be better

(Mohsin Muntazir, Young researchers of Bio Sciences, Pakistan, En)

The problems confronting control of malaria from clinician and epidemiological angle should be to delineate degree of chloroquine resistance and remedial measures, Even quinine resistance is reported in select areas of South East Asia. The disease remains under diagnosed or misdiagnosed when malaria and more so falciparum variety presenting with pernicious forms. Long term follow up of pernicious forms after recovery will be challenging and gratifying. Globalfund should also integrate new products/ drugs/ diagnostics/ vaccines& active ingredients ,strategic intervention, universal coverage , for program implementation. Globalfund application should be completed in implementation, follow up & evaluation phase.

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(Gopinathan Pisharath, Mother Hospital Trissur, India, En)

HIV/AIDS: ART, PMTCT, Community Linkages to Care and Treatment  
TB: Facility Case Detection, Community Case Detection, MDR-TB case management

Malaria: ACT, mRDT, and LLIN commodity support, differentiation of malaria and non-malaria febrile illnesses

(Anonymous, United States of America, En)

For HIV/AIDS integration with TB, the focus needs to be on access to treatment as well as continued prevention communication with a focus on target groups. Access to care could be through CHWs who are trained in a variety of health areas, including HIV/AIDS, early detection of TB and other essential primary health areas. This would address the majority of new infections as well as ensure better adherence to drug regimens.

For Malaria, the continued focus should be on universal coverage but perhaps with some thought to the sustainability of this coverage through subsidized socially marketed nets following mass campaigns. RDTs, SP and ACTs should continue to be free for target groups, however other drugs could be socially marketed as well. IRS should only be used in places where it makes sense as it is localized and can be expensive relative to other preventative measures. Drug resistance monitoring should also be a key component of malaria programs to further emphasize the importance of diagnosis before dissemination of correct treatment.

(Anonymous, Mali, En)

Addressing the needs of key populations and removal of laws that criminalize and stigmatize people living with HIV, sex workers and people who use drugs are key impediments. Programs that address stigma and criminalization, and improve access for key populations should be prioritized.

(Anonymous, Canada, En)

In my own point of view as an adolescent I think Global Fund should focus on funding for more machines to be used in clinics ,hospitals. Machines like cd4 and viral load tests. Since there has been a challenge in clinics and in hospitals. The machines were not been working or were most times down. So I think there is a lot needs to be done since those tests are more relevant. Hence in the Global Fund concept note paper there should be a mandate claiming that if there is no healthy system strengthening priorities. In order for the issues above to be approved.

(Rumbidzai Prisca Chifamba, Africaid, Zimbabwe, En)

Ref-1.Global Fund's regional initiative to fight resistance to artemisinin as an example of a partnership between multilateral agencies, technical partners & Ministries of Health of the five countries. Under the three-year initiative known as the Regional Artemisinin Resistance Initiative.

2. Distribution of bed nets as Côte d'Ivoire's campaign to distribute 13 million nets is nearly finished, 2.8 million mosquito nets in Liberia. These disease specific program & interventions should be followed by country level mechanism in consistent manner & accountability.

REF- Globalfund NewsFlash

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

HIV\_ Screening (innovative approaches) and access to treatment;

HIV\_ Promotion and means of prevention for young people and groups at risk and key populations;

Malaria\_ Access and use (CCC) of means of prevention and early treatment;

TB\_ TB screening, multi-drug resistant TB research, treatment and new drug research;

All\_ Governance, appropriation and alignment;

All\_ Reinforcement (technical and material) of implementation actors

All\_ Improvement of legal environment

(Amadou Ouedraogo, Programme d'Appui au Monde Associatif et Communautaire (PAMAC), Burkina Faso, Fr)

HIV and AIDS: measures should be very focused on screening and medical care, followed by awareness-raising to combat the stigmatizing of people living with HIV (40% of funds);

Tuberculosis: screening and care of infected people in the zone (20% of funds);

Malaria: this disease which, in Africa, kills more people than even HIV/AIDS, requires our attention in terms of medical care. The strategy of distributing mosquito nets has markedly reduced the disease, but only the consequences are being tackled, whereas we need to set in place measures targeting the causes (40% of funds). The main causes are:

- an unhealthy and inappropriate environment in both rural and urban areas (household waste, rubbish and refuse, air pollution, lack of pipes for stagnant water, etc.);
- mosquitos and consequences; and
- non-prioritization of health policies in Africa in terms of modernization of health care structures.

(Appolinaire Zagabe, Pleaders of Children and Elderly People at risk, (PEPA/Organization), Germany, Fr)

Different countries cannot have the same approaches to strategy development.

Ukraine remains among the countries where the HIV epidemics is at its concentrated stage and where it is spread among certain population groups exposed to high risk of HIV infection. Today the HIV epidemic situation in Ukraine is again showing growth in the number of registered HIV infection cases in most parts of Ukraine and is creating new problems. Prevention, diagnostics and treatment of HIV/AIDS and TB must remain priority issues in the GF strategy. Our government cannot provide financial support to NGOs to carry out



prevention work among the most vulnerable communities in 2017-2020. Most of the funds have been allocated to restore the military and to support the anti-terrorist operation. The government traditionally assigns prevention work to existing institutions (primary, secondary and high schools) which do not cover the most HIV vulnerable population groups.  
(Larisa Melanich, Fund Chernivtsi Charity Foundation 'My Family', Ukraine, Ru)

The CN processes are quite involving eating into the implementation time. Is it possible to extend the implementation period to 5 years from 3 and align with other global health initiatives?  
(Celestino Basera, MOHCC, Zimbabwe, En)

It requires an objective assessment of the situation in the country; the programmes must be tailored to specific features of the epidemic in the country (prevailing vulnerable populations that determine the development of the epidemic). For example, in Ukraine, most new cases are among women and male homosexuals. The role of migrant workers is ignored (statistics shows an increase in the number of AIDS cases and mortality in the western areas where labour migration into the EU countries and Russia is very high). People come back home in an extremely grave condition when it is already very difficult to provide any real assistance. The other side of the problem is timely government procurement. The GF must make timeliness and quality of drug procurement by the government conditional on grant allocation (transparent procurement system, elimination of corruption, continuity of drug supply)  
(Natalia Moiseyeva, Women's Forum, Ukraine, Ru)

For HIV/AIDS:

- Financing access to antiretroviral drugs since the DRC has a very high number of cases which do not have access to treatment
- Expanding preventive actions by highlighting the fight against stigmatisation and the involvement of primary and secondary schools in the fight
- Support for treatment equipment and structures, in particular VCT [Voluntary Counselling and Testing]; the structures that have the PMTCT [Prevention of Mother-to-Child Transmission] programme
- Strengthening support for healthcare providers

For tuberculosis:

- Expanding preventive actions by highlighting the fight against stigmatisation and the involvement of primary and secondary schools in the fight
- Supporting the equipment and structures for the treatment of patients
- Purchasing drugs and treatment from providers.

For malaria:

- The distribution of mosquito nets is a necessity for pregnant women and children aged under 5 years in the areas where malaria is endemic, [which

is the] case in the health areas of Rutshuru and Rwanguba in the east of the DRC in North Kivu.

- Procurement of essential drugs
- Refurbishment and provision of equipment for the health structures
- Expanding the capacities of the healthcare providers.

(Anonymous, Democratic Republic of the Congo, Fr)

For AIDS, if the Fund can invest more in advocacy for financing research into a vaccine; in the meantime, consider supplying the health institutions with high-quality ARVs [antiretroviral drugs]. For malaria, consider a mechanism to promote access to care for poor people living in rural areas (particularly through subsidies). (Mazambi Mayele, GOMA, Democratic Republic of Congo, Fr)

HIV: Solution is easy: Teaching how to prevent, it is cheap and effective, but it needs strong infrastructures.

(Hooshang Ranji, Canada, En)

Testing gaps, Treatment Gaps and Viral Suppression gaps

In terms of ending the AIDS Epidemic as a public health threat, the GF should concentrate 75% of its HIV resources on scientific evidence that works in these 3 specific areas: More testing, more treatment and an increased percentage of PLHIV virally suppressed.

(Jorge Saavedra, AHF, Mexico, En)

Education is paramount. In South Africa one of the "tools" we use are playing cards. It creates an alternative recreation to sex and increases knowledge and allays fears. We have been producing these for 15 years for South Africa but sadly it seems to get them into the rest of Africa comes with too many hurdles and we do not have know the correct channels to do so. Who do we approach?

(Donavan Roscoe, Protea Playing Cards, Mauritius, En)

Amazing tool, I appreciate if you can kindly give more information about the copyright and possibility of independent printing of it elsewhere.

(Omid Zamani, Iran, En)

Across all diseases, I would like to see more investment in improving country-level data systems so that relevant, regular and reliable data can be both produced and used to analyse the epidemiological situation and make appropriate management decisions.

(Anonymous, Senegal)

Epidemiological: Real studies that are programmed and carried out by communities. This would be very useful for applying measures based on the specific needs of these communities.

Social: Well... there is a lot to say about this. Let's start with Human Rights, and you'll tell me that Human Rights is a massive area... well, let's start by listing the problems of each community and the impact they have on a social level with their specific issues.

Financial: This issue is linked to the sustainability and local contributions of each country. We should work more on the issue of business responsibility and try to get the presidential agendas and those of the departments of economy to include the equitable distribution of resources. This part is very political... but we have to start somewhere.

(Enrique Chavez, United States of America, Sp)

**2.2 In order to end the three epidemics, resources must be geared to interventions and populations that are most strategic to achieve impact. For each of the three diseases, how can the Global Fund make best use of resources to maximize impact? What further improvements and changes should be adopted?**

The concept note does not define the results expected at base level for each of the three diseases. Carry out further work on the results and the OVIs<sup>6</sup> at base level. (Ficard Ndayimirije, Burundi Alliance against Tuberculosis and Leprosy, Burundi, Fr)

More focus should be on the remote areas. Resources should be channelled for mobile services in remote areas especially mobile testing centres for HIV and empower villagers with more resources for community outreach especially in home visits to those infected and affected by HIV.

(Samantha Nyamayedenga, Africaid Zvandiri, Zimbabwe, En)

As Global Fund partnership recognizes the effective role of strong health systems in preventing and treating HIV/ tuberculosis /malaria, with beneficial effects for the response to all diseases, Globalfund interventions should focus on capacity building for good governance, financial and risk management, health systems strengthening, monitoring and evaluation, information & communication system , strategic assessments and facilitating the participation of key affected populations. Addressed Globalfund mechanism at SocialGoodSummit2013/14/15 (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund should develop M&E (Monitoring & Evaluation) & provide user friendly tools & update/review program implementation. (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

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Globalfund should create capability model & capacity building framework for an accountability, transparency, information & communication ,& decision making at country mechanism level.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Three devastating diseases HIV/AIDS, Tuberculosis and Malaria, the Global Fund should ask itself if when trying to combat these diseases it should also fight against inefficient Health Care Systems, which are corrupt and not very effective. Every time the Global Fund launches a campaign involving millions, it is the groups with all the power who line up for the scant resources, leaving aside their commitment, as sovereign States, to mitigate the impact of diseases, not only encouraging unfair competition for the funds, but also neglecting their political and financial responsibilities for the sustainability of the global strategies in the affected countries. <http://mesatematicanacionalsobrevihside.blogspot.com/> (Julio Rondinel Cano, Asociacion CCEFIRO, Peru, Sp)

Inadequate healthcare systems should be monitored by GLOBALFUND with country level mechanism in many developing countries, resilient basic health services should be focused at village & semi urban region. Countries governance & Globalfund should widely circulate grant application information & performance.

Globalfund should also integrate new products/ drugs/ diagnostics/ vaccines& active ingredients ,strategic intervention, universal coverage , for program implementation. Global fund application should be completed in implementation, follow up & evaluation phase.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Despite the availability of potent anti TB drugs,the disease continues to be rampant.Smear positive pulmonary tuberculosis is well known for spread to household/working areas.The latter group should be isolated at least for 6 weeks and followed up for smear negativity before permitted to work.More stress should be laid ensuring continue therapy for the recommended period,rhythm and dose.Those having HIV/Diabetes should be evaluated for drug resistance to reduce the morbidity and mortality.The results on such categories support my impression.Concurrent therapy for the latter diseases improve the chances for recovery.

(Gopinathan Pisharath, Mother Hospital Trissur, India, En)

M&E is essential to take the right operational decisions. Only one caveat: the specific GF information system should be integrated in the national information in order to avoid parallel systems and increased data burden for health workers. (Anonymous, Italy, En)

AIDS key population: Mother to child transmission, MSM, Transporters and Professional sex workers as well as transactional sex among adolescents.

TB key population: People living with HIV/AIDS

Malaria Key population: Pregnant women and children Under the age of 5  
(Anonymous, Mali, En)

Globalfund should ensure country level mechanism & its stakeholders should be accountable ,active in strategic plan implementation & establish mechanism with national, public & private health strategies.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

The only way to effectively combat these diseases is fight against them  
(Tonakpon Arnaud Fabrice Azelokonon , APEPAH, Bénin, Fr)

By ensuring strategic allocation of funds and actors for implementation; the latter should be local actors, such as local organizations. This will enable the following allocation of funds to these three diseases: HIV/AIDS (40% of funds), tuberculosis (20% of funds) and malaria 40% of funds).

(Appolinaire Zagabe, Pleaders of Children and Elderly People at risk, (PEPA/Organization), Germany, Fr)

Therefore the Global Fund for AIDS, TB and Malaria should begin to pay more attention on empowering the key drivers of the diseases, especially those that are HIV & AIDS-related to take action for health on their own (Health Promotion). Emphasis should be on the preventive rather than on the treatment or on getting the government and people to retool all policies and hospital infrastructure to accommodate them KAPs.

(Obasi Ogbonnaya, CEDCTRE, Nigeria, En)

Being a specialist in TB Infection control, it is very important for me to look at things which are often not looked at or ignored.

It's nice to know that Global Fund has been providing Open UVGI units to be put up at various health facilities in Tajikistan and Uzbekistan, however it would be better if the lamps being provided were the closed type so that these lamps would be on all the time when TB Patients are inside the premises. The open UVGI units are a source of Inconvenience to the patients as the patients are made to go out into the hot sun every time the room or ward needs to be disinfected. When we talk of quality patient care I feel it also means providing treatment to patients in a more comfortable manner since TB treatment itself is so painful.

My second Point is on the quality of N 95Respirators being provided. Respirators need to be certified Kimberly Clark or 3M and not any other ones that are meant for Industrial purpose. Respirator fit test were conducted and most of the health care workers failed the fit test. It would be really good if Global Fund looked into this more seriously as we are providing equipment to protect and not the other way around.

(Thomas Albuquerque, Medecins Sans Frontiers, Uzbekistan, En)

In order that the resources are used to achieve impact, it is a question of involving local organisations that can render the actions sustainable. Targeting women, vulnerable girls, children, and PLHIV is essential.

(Anonymous, Democratic Republic of the Congo, Fr)

In addition to the curative aspects (availability of input), consider also leadership and empowerment actions among the most vulnerable populations in the efforts to prevent and/or combat these diseases.

(Mazambi Mayele, GOMA, Democratic Republic of Congo, Fr)

This is our teaching product but to get it beyond our South African borders is difficult. To find the right people to implement a program is very confusing. Botswana is no problem but we would like to increase our footprint. Recreation and education literally hand in hand.

(Donavan Roscoe, Protea Playing Cards, Mauritius, En)

Aeras comments on the e-forum Global Fund consultation on the next strategy:

Continue the support for research:

The most effective way to counteract drug-resistance is to ensure that people do not become sick in the first place and the most effective way to protect people from getting sick with TB would be an effective TB vaccine. New vaccines that will protect against all forms of TB in all age groups, and that will be safe in people living with HIV, will be essential and the most cost-effective tool for controlling and ultimately eliminating TB, both drug-resistant and drug-sensitive strains. Even a partially efficacious preventive TB vaccine for adolescents and adults could potentially avert 40-50 million new cases of TB over the course of 25 years. A new, effective, TB vaccine could have a transformative impact on the TB epidemic.

The development of new tools such as an effective TB vaccine can be accelerated by new collaboration models such as product development partnerships, which have experienced success. PDPs manage a global portfolio of products, which minimizes risks and maximizes the overall chance of success. Working on a portfolio basis helps reduce the burden on governments and donors to fund the entire development process of a particular product, and ensures that only the best products are developed.

Furthermore, it is important to build a supportive environment in TB high-burden countries where TB vaccine research is conducted. Strengthening support for TB vaccine research through increased awareness and understanding of the TB vaccine development process among key constituencies such as civil society, policy makers, the media and medical professionals is essential.

Therefore the next strategy of the Global Fund 2017-2021 should:

- acknowledge the WHO's 2014 landmark declaration, that new tools such as vaccines are essential to ending the threat of TB.
- prioritize and support R&D of new TB vaccines.
- support innovative approaches such as PDPs who accelerate the development of new tools.

- support capacity building, education and awareness raising for clinical TB vaccine trials in affected countries.

(Nadia Rozendaal, Netherlands, En)

## **Gender**

### **3.1 The Global Fund is committed to addressing gender inequities in its operations, investments and supported interventions. What are the three main barriers to achieving this?**

- The representative inequality in the intervention bodies mentioned in the concept note.
- Women's dependency on their husbands.
- The absence of laws on gender inequality.

(Ficard Ndayimirije, Burundi Alliance against Tuberculosis and Leprosy, Burundi, Fr)

The three principal obstacles are the social context, the working conditions and the health situation

(Ephraïm Djoumbe, PNL, Chad, Fr)

Religious, cultural and economic barriers. Some religious sectors in Zimbabwe plays a blind eye to child marriages whereby some religious beliefs encourages polygamy which risks most girls to HIV infection. Women and girls are not allowed to make any decision when it comes to their health and many are reluctant in accessing health services as they wait for the male decision. Economic challenges prevent people from accessing health facilities for example some do not even afford bus fare to go for HIV test and counselling, treatment at the clinic.

(Samantha Nyamayedenga, Africaid Zvandiri, Zimbabwe, En)

Addressed GirlsCountAct 2013/2014 @GirlUp for girls basic rights of social/economical/educational/societal development. Countries national/state govt/community/CSO should address legal aspect of gender equity/women's right of health policies, human resources development, financing, supplies, service delivery and information.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund should check social , cultural & legal norms/restriction & risks for gender equity.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

As a psychologist and HIV carrier since 1998, I believe that investment is very closely linked to the UNAIDS programme; they determine the investment priorities, focussing their strategies on high prevalence groups, MSM, Transsexuals, neglecting the public health issue that affects the whole community as it is a viral epidemic; women and children with HIV are not included in the investment programme, native communities or indigenous people are not included in the investment programme either, and neither are inmates or prisoners. This makes us think that the disease is linked to discrimination regarding sexual orientation and not linked to gender and social vulnerability; women are infected in different circumstances and children are another sector of the population that needs special care. The Global Fund is limited to quantitative indicators, in that the number represents a statistical figure. As far as the MINISTRY OF HEALTH is concerned it is fulfilling the MDG and the vertical transmission of HIV is down by 2%, but this does not acknowledge the presence of 2,400 infected children according to UNAIDS

3 attachments:

1. [Note on 1st December](#)
2. [Chalaca press](#)
3. [Atazanavir case](#)

(Julio Rondinel Cano, Asociacion CCEFIRO, Peru, Sp)

Addressed #BeTheSpark. for women & girls technology skills to help break the cycle of poverty and end early and forced marriage;

Global Fund for Women's Technology Fund is helping close the gender gap in technology and are ensuring women around the world can use technology to advance their rights, Globalfund should integrate "Globalfund for Women "for technology/innovation/social media use in women& girls rights,

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

I agree, this is an essential step for promoting women's health. Unfortunately many countries do not apply CEDAW through keeping many reservations and bureaucratic obstacles.

(Omid Zamani, Iran, En)

Social/Economical/cultural rights for women could bring gender equity, as #WomenProgress2015 & progress.unwomen.org stated

It is clear: the global economy is not working for women. This report offers a new economic agenda, one firmly rooted in the human rights framework, and brings rights—the right of all women to a good job, with equal pay and safe working conditions; the right to an adequate pension; the right to healthcare, and water and sanitation—into economic policymaking.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)



To meet this requirement, the following preliminary points need to be taken into consideration:

- the low level of participation by women in decision-making at all levels;
- women's lack of independence and political involvement; and
- discrimination of women and men's consideration of women as a sexual object and object of pleasure in the community.

(Appolinaire Zagabe, Pleaders of Children and Elderly People at risk, (PEPA/Organization), Germany, Fr)

While developing programmes, the really vulnerable populations must be taken into account. For example, among new HIV cases in Ukraine, homosexuals and young women (15- 24) are in the lead, followed by older men. In spite of the data about HIV spread among the homosexuals, they are not currently a driving force in the epidemic. The shift of priorities (and funding) towards MSM automatically cuts down on the programmes for girls and women. An NTP assessment conducted in Armenia shows that migrant workers do not receive enough attention, although they and their families account for the main bulk of new HIV cases.

(Natalia Moiseyeva, Women's Forum, Ukraine, Ru)

Women in rural environments are not sufficiently informed about their rights and are not involved in decision-taking.

The non-involvement of men in the gender issue remains a major challenge in the DRC.

(Anonymous, Democratic Republic of the Congo, Fr)

The main barriers to gender promotion are, in particular, (1) the poverty of women compared to men linked to maternity/early marriage, (2) the cultural aspects (a woman cannot occupy a position of command, women's illiteracy, women's inferiority complex, the woman regarded as a production and procreation tool, etc., (3) religion (the woman must be submissive and not take any decisions; women must not speak in front of men, etc.).

(Mazambi Mayele, GOMA, Democratic Republic of Congo, Fr)

- 1.lack of political will to address gender inequality
- 2.cultural beliefs around masculinity and patrimony
- 3.limited capacity and inadequate training on gender issues

(Omid Zamani, Iran, En)

1.- Lack of knowledge and ignorance on all levels... from Governments regarding issues of gender, gender identity, sexual orientation, sex and sexual behaviours.

2.- Communities with a lack of resources for their empowerment and growth on all levels.

(Enrique Chavez, United States of America, Sp)

### **3.2 How can the Global Fund reduce inequities in accessing HIV, TB and malaria services?**

Empower women and promote gender equality among the State parties.  
(Ficard Ndayimirije, Burundi Alliance against Tuberculosis and Leprosy, Burundi, Fr)

In order to reduce the inequalities as regards access to healthcare and to health services, it is necessary to analyse several individual social and crucial factors in the use of healthcare from the point of view of income, resources and access.  
(Ephraïm Djoumbe, PNL, Chad, Fr)

By working with the communities affected by these three diseases on issues such as masculine attitudes and behaviour.  
(Maria Consuelo Raymundo Candido, Movimiento de mujeres Orquideas Mar El Salvador, Sp)

Paediatric treatment is still low especially in remote Zimbabwe. More funds should be availed to remote parts of Africa so that young people living with HIV can access more mobile services when it comes to HIV treatment.  
(Samantha Nyamayedenga, Zimbabwe, En)

Globalfund should integrate world women/ girls organization as @Globalfundforwomen/ AWID/GirlUp/ @UN\_Women , & countries specific women national organizations/govt/CSO/NGO for addressing cost effective approaches /inequities in access.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund should integrate (CEDAW) as " Elimination of all Forms of Discrimination against Women" at countries level mechanism.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Due to lack of health system strengthening in developing countries , women along with children are disproportionately affected in remote/village/semi urban regions. Globalfund should address country level mechanism with women organizations participation & communities they serve. Women organizations should address specific needs of women in crisis/ needs /prevention of diseases /relief efforts .These national/state/local women leaders should also ensure that women's voices are heard and that they play an essential role in reducing inequities in accessing basic health services & diseases prevention.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Grassroots women's groups like Women for Human Rights are on the ground and will be there long after global attention turns. These groups address challenges that are specific to women and girls  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Address, Progress 2015 draws on the experiences of those working toward gender equality and women's rights around the world. It provides the key elements of a far-reaching new policy agenda that can transform economies and make women's rights a reality

Ref- #WomenProgress2015 , [progress.unwomen.org](http://progress.unwomen.org)  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

- conduct awareness-raising campaigns concerning the fight against any kind of gender-related discrimination towards individuals suffering these three diseases;
- develop activities promoting women's independence and their capacity to make decisions within their communities;
- stop screening being a condition of getting a job in public institutions and agencies in the United Nations system;
- enabling individuals affected by these diseases to take part in decision-making and provide strategic guidance on these issues.

(Appolinaire Zagabe, Pleaders of Children and Elderly People at risk, (PEPA/Organization), Germany, Fr)

By involving men, women, boys and girls in the activities, projects and programmes at all project cycle levels.

(Anonymous, Democratic Republic of the Congo, Fr)

Implement a programme that promotes among women a better understanding of these diseases, their devastating effects and the means of combating/preventing them.

(Mazambi Mayele, GOMA, Democratic Republic of Congo, Fr)

1. Ensure that policies and interventions explicitly include the most excluded and disadvantaged populations and put women at the center.
  2. Incorporate the equity lens for evidence based programming and policy, which requires the systematic collection of disaggregated data by sex, age, race, ethnicity, income, location and disability.
  3. Establish holistic, life-long responses and inter-sectoral policy approaches that address multi-dimensional and overlapping deprivations experienced by women.
  4. Incorporate an equity lens into institutional, organizational and policy frameworks
  5. independent gender assessment and review of projects/programs
- (Omid Zamani, Iran, En)

## **Human Rights and Key Affected Populations**

### **4.1 The Global Fund is committed to protecting and promoting human rights as part of its Strategy. What can the Global Fund do better or do differently?**

As Globalfund addressed " promotion & protection of human right to health "in strategy framework 2012-2016 ,Globalfund should also ensure right investment in human rights addressing & sustainability. Globalfund should also develop innovative mechanism as Globalfund for Education , proper understanding of resources mobilization, inclusive governance , capacity development & specific country solutions with human rights considerations.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Knowledge of human rights is pre-requisite for getting human rights. In most marginalized populations, poverty is universal, illiteracy is dominant, and subjugation of powerful feudal lords and rural elite, makes it nearly impossible to talk about human rights. Denials of human rights and keeping people ignorant of their rights is all part of an exploitive system that prevents schooling, easy access to law and order and justice, in many countries.

\*To bring an effective change, international community will treat corrupt influential in the developing world as terrorists and not allowed to bank, invest, buy property without proper audit and proof of solid support to health and education in their countries.\*

One action which can be effective and has never been taken is identification of such individuals, building a blacklist, at the national level and to take action against them at the international level. Such a blacklist can be supervised by international organizations such as Amnesty

International and other reputable local NGOs. Suitable indicators can be developed to identify anyone for inclusion in the blacklist. These indicators may be:

- Ratio of literate population in their constituency.
- Prevalence of communicable diseases compared to better areas in the country.
- No. of functioning and adequately equipped medical facilities in their constituencies.
- Crime rate
- No. of times a person has by his/her activities shown genuine concern for promoting education and health in the community (through financial contribution, voting at appropriate forums, and investing in community institutions.
- Other indicators concerning their source of income, tax payments, and influence on health and education policies, can be identified.

For example by denying them opening of bank accounts, and investment accounts. They can be declared persona non grata and denied purchase of property in any country. To do this, industrialized world and other safe havens will be required to implement and modify their own laws. Such a change can very quickly and peacefully bring change in the poor and under developed countries. Such a change will bring radical changes in the health, education and social welfare areas.

On the other hand until and unless corrupt politicians and influential who have done nothing but lip service for the betterment of their societies, are allowed to hide their ill-gotten wealth in developed countries and other safe havens, no amount of funding will improve situation of the poor.

Global Fund cannot directly change this situation. However, in collaboration with other international organizations, NGOs, and powerful donors, Global Fund can change environments that:

- Ensure advocacy of human rights in the developing world is included in its mandate.
- Ensure human rights are embedded in the primary school curriculum in every country
- Innovate and introduce methods and materials that enlighten out-of-school and never schooled population on human rights. For example through popular television programs, music and songs, and use of folk media, among others.
- Awareness of local laws that support and strengthen human rights.
- Creating awareness of duties and responsibilities of the law enforcement institutions in recognizing human rights and not persecuting citizens for enforcing human rights. This can be done through supporting conferences, seminars, research, and involvement of influential and community leaders, particularly religious leaders.

(Javed Sajjad Ahmad, United States of America, En)

Globalfund should support KAP participation & program/education with specific attention of human rights to reduce discrimination & avoid the diseases .Many UN organizations are functioning & addressing human rights aspects. In less developing world there is risks of social,cultural,legal discrimination to KAP ,specific UN organization as WFP,UNDP,USAID,UN sustainable development networks solutions could support Globalfund mechanism at country level .

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

My submission on this forum is that Global should support countries and KAP organizations to implement the Community System strengthening as a strategic action to achieve the Human Rights and Gender challenges and access to services. With the Community system strengthening we can have a way to negotiate issues on advocacy for policy change, challenge stigma and discrimination and criminalization that affect the human rights and Gender issues of MSM, PWIDs and FSW.

Some countries are strong on denial for discussing issues dealing with MSM and PWIDS and FSW so there is a challenge to bring those issues at the front of concept note development. But if the KAPs are strengthened to implement the Community System strengthening with human and Gender issues as a strong action to achieve this will contribute in breaking some barriers to services and improve programs targeting these vulnerable groups.

Secondly the aspect of community system strengthening needs to be linked to the health system but if clarification are not clear on who should do what the CSS will be swallowed by the HSS which affected the community support to achieve all lost to followups, defaulter tracing and lack of male participation on health care issues which affect women's rights. Moreover, if affected community base organizations, networks and association are funded in terms of office rental, payment of salaries (not as unpaid volunteers), financing core and administrative support, the National PRs could find it difficult to support core cost organization that are implementing the Global Fund project. so provision should be made through the CSS framework as it is highlighted in this new funding model to support the CCS. Some countries had already done their budget split with no allocation for Community systems are community organization to apply for the incentive funding under the new funding model?

(Anonymous, United States of America, En)

REF- Cartagena Data Festival in Colombia. Addressing & solving critical gaps in global development data and creating opportunities for improved data collection for the post-2015 development agenda . Globalfund should align global development data & improved data collection for promotion & protection of human rights.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

It is necessary to develop International Recommendations (Code) for healthy population and for TB patients in order to explain/separate the interests of public healthcare (healthy population) and patients' rights (TB patients). That will allow us to reduce discrimination among the patients and increase social responsibility among the population. Best practices and examples of human right violation from various countries would supply the best evidence. As no government funding is provided for this sort of research, the Global Fund could account for it while examining the applications

(Svetlana Doltu, NGO AFI (Act For Involvement), Ukraine, Ru)

Well, protecting human rights is a very important issue, but in many countries there is a drive against Gays, MSM, female sex workers or transgender people because although it is true that we are prioritised under the new funding strategy there are countries, such as Nicaragua, where there is a discourse that does not allow transgender people to access human rights, and therefore, citizens' rights. (Silvia Rosibel Martinez, REDTRANS, Nicaragua, Sp)

Human rights are for all men and women without discrimination.

The Global Fund supports vulnerable communities from an Epidemic point of view and because agencies like UNAIDS state that it should, but in order to respond to this Pandemic we need public opinion to be more favourable to preventing and controlling the damage. People living with HIV, like me, contribute by showing our faces, revealing our vulnerabilities and we feel that we only manage to achieve small changes that don't last for long. On the other hand, the levels of STATE CORRUPTION and the scant resources given to address the social determining factors of HIV and to link the sectors and programmes are insufficient; the NGOs always receive more technical and financial resources from the Geneva Funds, which often have no solidarity with the Community Organisations, and are not committed to continuing their work without funding, while we do continue, monitoring things, having an impact and demanding answers and changes, often using means of communication and then after the scandal it is the NGOs that use this evidence for their projects. I believe the GLOBAL FUND could enforce a BALANCE OF POWER although they always tell us that they do not interfere, they observe and observe and will carry on observing for centuries on end.

(Julio Rondinel Cano, CCEFIRO Association (Association Creating Hope Against Injustice, Rejection and Neglect), Peru, Sp)

Nicaragua is a very complicated case, here in Peru the CCM cancelled the LGBT community project and left the community interventions unfinished, this was a strategy designed by the MINISTRY OF HEALTH

(Julio Rondinel Cano, CCEFIRO Association (Association Creating Hope Against Injustice, Rejection and Neglect), Peru, Sp)

To strengthen its technical cooperation and promote alliances with Human Rights agencies. To promote national, supranational, regional or global connections for agents committed to public health, the response to each disease, human rights, etc. to strengthen public and private links and encourage dialogue to comprehend the unbalanced realities of power, in which the key populations, the civil society organisations, particularly the national ones and community based ones, have less power than other agents with financial, political or social power. The continuance of inequities in terms of cooperation that prioritises on an international and often governmental level with regards civil society, deepen the rifts instead of encouraging equitable dialogue with the ability to make real progress.

(Amira Herdoiza, Corporación Kimirina, Ecuador, Sp)

The Global Fund's commitment to promote and protect human rights as part of its strategy must involve:

- Strengthening the promotion of the legal services associated with tackling HIV/AIDS through: developing the abilities of men and women living with HIV to defend and claim their rights and meet their obligations, developing the abilities of government departments (Ministry of Justice, Ministry of Families, Ministry of Labour, etc.), AIDS prevention organisations, human

- rights organisations and parliamentarians to defend the rights of people living with HIV/AIDS, and administering expanded legal protection services to infected people and people affected by HIV/AIDS.
- Strengthening promotion of rights to the promotion of OVCs [Orphans and Vulnerable Children] through: support for enrolment of OVCs aged over 14 years with no schooling or who have not completed school in the accelerated course programme or for apprenticeship and placement of OVCs at the end of apprenticeship.
  - Advocacy among private entrepreneurs in favour of developing and implementing an HIV/AIDS prevention policy in the workplace.

(Anonymous, Benin, Fr)

Appropriate representation for KAPs in the CCMs of countries where MSM, FSW/CSW and Lesbianism are criminalized will be difficult to reach and maintain.

A quick and acceptable excuse is always that KAPs as broadly defined by GF are already well-represented in various constituencies. PLWDs, Women and girls, and migrants are indeed KAPs and are represented in multiple organizations.

The argument often used by advocates for "the other" KAPs (MSMs, FSW/CSWs and Lesbians) human rights are left to keep referring to the fact that "the other" KAPs are the key drivers of the diseases and should, therefore, be given a seat at the CCM Board to better bring their issues forward and better address their issues as the key drivers of the diseases. How then can we successfully navigate the barriers to their representation on the CCM?

By splitting the KAPs into two groups. One group will consist of those who are affected by the diseases although their sexual orientation is not a threat to the deeply religious and does not predispose them to be grouped among the key drivers of the diseases, especially those that are HIV & AIDS related. The other group should be an aggregation of all other categories that constitute the key drivers of the diseases. While the first group should continue to be called KAPs, the other group should be remained to show their significance to the solving the problems of the diseases.

(Obasi Ogbonnaya, CEDCTRE, Nigeria, En)

All the GF activities related to TB control, including protecting and promoting human rights need to be in line with the new WHO End TB Strategy. One of the principles of this Strategy is "Protecting and promotion of human rights, ethics and equity".

Care for migrants, who are one of the most important key effected population. There are approximately one billion migrants in the world today. In low and middle income countries TB and HIV among foreign-born population are much higher. The GF should encourage applicants to pay special attention to migrant workers, undocumented migrants, migrants in detention centres or trafficked persons, forced displacement of persons after conflicts or natural disasters, etc. To continue to pay significant attention to prisoners. Just in the European region about 6 million people are imprisoned annually. Among them



HIV and TB are much higher than among general population. For instance, the risk to get TB in penitentiary system is almost 23 times higher than among the general population.

The delay in diagnosing HIV and TB among vulnerable population (migrants, prisoners, urban slums, remote areas, refugees, homeless, etc.) is a great problem today. Therefore, systematic screening for HIV and TB should be done as a compulsory intervention among others despite the high cost.

(Anonymous, Latvia, En)

Globalfund with guiding principle as " promoting human right to health" should ensure meaningful contribution to affected population as elimination of stigma, denial & discrimination due to diseases. In many developing African & Asian countries, there is a risk of social/cultural restriction towards affected populations, Globalfund "human right to health "should empower & educate people on how to avoid the diseases.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

It will make a significant contribution with strategies leading to a change in the population in general, with a focus on those populations affected by the three diseases, so that human rights are recognised, making it possible to arm the population in order to make an effective impact; the GF's negotiations with the countries must consider a focus on Human Rights, and involvement of key actors in human rights in order to comply with existing national and international legislation; this could contribute significantly to the quality of life of the affected populations.

(Joel Estiwen Ambrosio Arrecis, Association of Persons living with HIV of the Guatemala Social Security Institute – Life association, Guatemala, Sp)

It is vital to ensure effective involvement of communities. Without communities around the table for discussions and decision-making, all actions merely become good intentions expressed by third parties. This is particularly the case in countries with a high level of stigma and discrimination, which have punitive laws against sexual practices. As a donor agency, the Global Fund is in a position to influence the eradication of laws which stigmatize key populations.

(Erika Castellanos, United States, Sp)

I understand that one of the main actions which the Global Fund must support to help States guarantee respect of human rights is completion of programs which promote empowerment of men and women so that rights are enforced; direct agreements should also be established with governments which support citizens' involvement in developing public policies.

These include:

Health, education, participation; housing, employment, among others  
(Isidro Pérez Polanco, Dominican Institute for Supporting Adolescents (INDAJOVEN), Dominican Republic, Sp)

At the national level, it is necessary to create a monitoring system for human rights abuse and for access to prevention, treatment and care for HIV-infected people and for those populations who run the highest risk of exposure to the infection. In Belarus, those populations are usually not among the priorities of advocacy groups. HIV service NGOs and government institutions must take up some activities to safeguard human rights. However, at present, the Global Fund does not make grant allocation conditional on the human rights component. It would be better to have such a component in the future.

(Oleg Yeremin, BelSet antiSPID, a research and development association, Poland, Ru)

It should be a requisite that agencies involved in protecting human rights are involved in the Country Coordinating Mechanisms (CCM) and countries should be asked to include goals and result indicators in their proposals relating to strengthening the institutional, national and local agencies in order to protect these rights in places where the projects are implemented. Strategic activities should be included in the projects that strengthen participatory planning in health issues with focus on social determinants.

(Anonymous, Colombia, Sp)

As 15 years ago the UN Security Council met to discuss HIV, the first time in history the Council discussed a disease as a threat to global security in developing & least developing world, UN Security council should monitor discriminatory social & legal environment, unsupportive political policy setting & severe human rights violations in developing world & support Globalfund, WHO, & UNAIDS human rights based approaches & programs to reduce diseases impact.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Free & equal is an initiative of the United Nations Human Rights Office, promoting human rights.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund should align "The United Nations Human Rights Office"

The United Nations human rights office leads UN efforts to promote and protect human rights around the world. Headed by the High Commissioner for Human Rights – the UN's most senior human rights official – the Office works to inform individuals of their human rights, identify and address human rights challenges, and assist governments, which are legally responsible for the protection of human rights, in fulfilling their human rights obligations. It also provides substantive and secretariat support to the inter-governmental Human Rights Council and to the committees and independent experts tasked with monitoring compliance with international human rights standards. A part of the United Nations Secretariat, the

Office is supported by a multinational workforce of more than 1,100 staff based in Geneva, New York and field presences in almost 60 countries around the world.

REF-UN HUMAN RIGHTS OFFICE

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

#### Protecting and Promoting Human Rights

Global Fund should strengthen its engagements and work with governments in affected countries particularly in the areas of advocacy and technical support for respective government organizations.

In this regard, such institutions would understand the rights based approach to the work they do.

(Kabiru Elayo, National Human Rights Commission, Nigeria, En)

Globalfund has strategic objective 4th as promote & protect human rights should also monitor gender-based health needs, Planned Parenthood,&issues with affordability and insurance.

Ref- Texas Policy Evaluation Project

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

1. Invest in assessment of human rights violations concerning KAPs, provision of mechanisms to overcome those violations and ensure that projects for human rights training within health sector, law enforcement bodies, police and elsewhere, are included in the country/regional proposals

2. Asking for explicit addressing of MSMs, FSWs and other KAPs in national strategies, concept notes and project plans to prevent denial, neglect and misrepresentation

(Omid Zamani, Iran, En)

#### Human Rights Protection

It is been my real concern that the Global Fund finances projects in many parts of the world, while it is difficult to ascertain whether these projects actually support and protect the rights of those communities and individuals for whom funds are allocated. The substitution therapy programmes in Ukraine are an example. The rights of people in receipt of that therapy can be violated even in those projects (Дмитрий Чехов, Ukraine, Ru)

Specific Human Resources actions... withdrawing support from countries that breach the basic principles of Human Rights for people based on race, gender identity, gender, sexual orientation, among other things. This would be true protection and promotion.

(Enrique Chavez, United States of America, Sp)

## **4.2 What can the Global Fund do to ensure equity in access to services for key and vulnerable populations?**

As Globalfund addressed investments on improving the health of mothers & children , should be followed by inclusive governance for an equitable access for vulnerable populations as women,girls,children in diseases specific conditions/less economical & societal opportunities.Country level mechanism should give specific health attention to key affected population in disasters/specific diseases conditions/risk of cultural conflict & restrictions. (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

MDR-TB survivor and Advocate here! On the Last CCM/E board meetings we had some arguments about the Key population specially Trans sexual population. # Is there any Steps ahead from Global Fund to conceptualize issues at the country level; sometime it is good to put issues on the ground not on the other country shoes. After that we can assure equity of service for the key population by paving the big stumbling Block. (Endalkachew Fekadu, Volunteer Health Services-VHS, Ethiopia, En)

Awareness of the existence and access to services are inevitable tied together. One without the other doesn't work. My impression is GF's project have weakened or even discontinue funding awareness and behaviour change programs. This needs a serious look and review by internationally recognized program auditors.

1. How can the Global Fund best support efforts to increase domestic financing and domestic support for health?

This is most difficult aspect of national financing. Governments usually cannot collect enough revenue and cut on health, education and social welfare programs. There are very few possibilities:

- Use GF grants as leverage. It should be tied to govt. program expenditure on health services. (This would exclude any expenditure on payroll and recurrent expenditures).
- Governments should be encouraged to introduce new levies such as on property ownership, on outgoing (non-business related) foreign exchange transactions.
- Fund raising in collaboration with mosques /temples / churches etc.
- GF grants on matching principles to NGOs.
- Advocacy campaigns supporting Funded programs and the need for local support.

(Javed Sajjad Ahmad, United States of America, En)

As Globalund has integrated human rights consideration throughout grant cycle should be followed by specific country mechanism & its members/participants for equitable, non discrimination, access. Globalfund mechanism should be well defined in terms of human right principles as gender equity, transparency & accountability to country level members/stakeholders for affected communities.

Globalfund should give empowerment rights to social organizations for ensuring human rights & equitable access.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

There is a general feeling in Africa that Europe is pushing for gays as lesbians recognition and prominence groups through their throats. This has created some sentiments and bad feelings. The reasons why we must provide for the needs of everyone is understandable but the arm twisting not only through Global fund but also political and economic fronts is killing the noble cause even to the liberal Africans. The many visits by USA dignitaries including the president Obama and the high court ruling registration of gays as a non governmental organization is not taken as a coincidence. I have had a hard time getting Gays to come out so that I help them fight for their rights and managed to get only one person in the whole country. It need quite some innovative approach to deliver quality service to this constituency in small towns outside the city otherwise large NGO's will allocate budget but not use those funds for its intended purpose. It is time we have this constituency at the top of decision making process even at the lowest level.

(Peter Ng'ola Owiti, Wote Youth Development Project, Kenya, En)

The eligibility criteria for CCMs has addressed this.

(Celestino Basera, MOHCC, Zimbabwe, En)

As Globalfund mechanism "Investing for Impact" addressed MDG 5TH as improve maternal health. Globalfund should also align SDGs- Sustainable Development Goals include a commitment to "achieve gender equity & empowerment of all women and girls." To monitor progress toward this goal and other goals/objectives for health, education, & poverty reduction, data disaggregated by gender equity will be needed.

REF-

Data2X, which works to build partnerships for better data for girls and women, introduced a session on data disaggregation as part of a program titled "Counting What Counts."

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

G.F should take into consideration information coming from people working at the grass root level, not only consider official data & statistics which leave most in need persons out of focus - GF should fund and supervise small scale projects to obtain these information in selected places such as that described below

(Michelle Lafay, les Amis des Manobos – NGO, France, En)

I am particularly trying to help against TB in vulnerable populations - as it is recognized as a disease of poverty , it is logical that living conditions of poorest people be improved , starting with families where TB cases have been detected ,

especially in term of Nutrition : additional food as part of treatment and livelihood project as incentive for treatment completed  
(Michelle Lafay, les Amis des Manobos – NGO, France, En)

I completely agree with that - in fact I suggest creation of a Ministry of Equity and Human Rights with Delegates supervising by in the field visits the good implementation of a Social Welfare program  
(Michelle Lafay, les Amis des Manobos – NGO, France, En)

It is quite right , but health care will only be successful if there is a minimum Basic Education general and regarding health - it is sometimes very useful to learn about Local health system , KAP, and always to seek the active participation of "beneficiaries" . Human behavior is essential and good behavior is based of understanding of one's interest .  
(Michelle Lafay, les Amis des Manobos – NGO, France, En)

As Globalfund mechanism has given attention to set targets of 50% for universal gender representation in the CCM. Globalfund should develop clear procedure to comply with its rule. Globalfund should also develop survey mechanism for vulnerable population/specific diseases patients.could give affected population behavior & interest for Globalfund equitable access & services.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund has defined strategic action for increased domestic investment in specific diseases prevention program. Globalfund should empower domestic sources & domestic resources mobilization , to follow & develop funding base ,predictable funding opportunity , sustainability, additional funding from existing sources.Domestic sources should understand & implement on Globalfund strategically resources investment for better impact & improved alignment.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

As Globalfund strategy framework 2012-2016 "Investing for impact" was based on guiding principles as financing instrument, sustainability, country ownership, partnership, human rights, performance based funding, money value,effectiveness,efficiency, transparency & accountability ,implementing countries should develop integrated & balanced approaches in resources mobilization, protection of health &economical gains, scaling up program & capacity building in reverse the diseases devastating impact.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Community health workers bear the burden of Global Fund  
Community health workers have been recognized as key in delivering services to the poorest and most undeserved communities. Community health workers have added advantage of being people who are living with the disease or live with

people living with the disease, live in hard to reach areas and understands the environment in which they live in and their need. They include family members, self-help groups, community based organizations faith based organizations and non-governmental organizations have added a In global fund structure round structure indicated 1)capacity building of the core processed of community based organizations through: Physical infrastructure development, organizational systems development, systematic partnership building and sustainable financing creating an environment. Unfortunately this does not happen for small community based organization. I have been implementing global funds as a sub recipients for the last 6 years until u gave up in 2015

These community based has the disadvantage of being resource poor but have the heart to fight the 3 diseases. Unfortunately they always end up carrying the burden of implementation. Large NGO's who are the principle recipients and sub recipients are able to allocate themselves money to pay staff, run the office and monitor programs while these small organizations are given such a small amounts that they have to pay from their pockets. With a budget of 44 dollar a month they are supposed to pay an accountant, program office M and E officer as well as office administration. In most cases these useful people either give up or just become volunteers. This makes it difficult for community systems to grow and sustain their involvement. Apart from bicycles there are no structural inputs from GF.

This has been discouraging key populations to fully participate in Global funds implementation and just become recipients of services. A number of key population constituent feel they are being used by their well-educated, well organized partners in NGO's to make money while they languish in poverty as they struggle with the disease. Community system strengthening should be evident that key population are drivers and is community centered (Peter Ng'ola Owiti, Wote Youth Development Project, Kenya, En)

Activities for key affected populations are conducted only by NGOs funded by donors. Therefore, when external funding stops, there is a danger that NGOs can lose their good skills, while the government may be unwilling to carry on with the activities for affected populations. One must insist that the governments develop a mechanism for engaging NGOs in providing services to affected populations and/or develop standards for medical and social interventions among the affected populations and monitor their implementation. (Svetlana Doltu, NGO AFI (Act For Involvement), Ukraine, Ru)

Hello, with regards this question, firstly, the directives of the Fund are followed so that the key populations feel involved in the beneficial actions, one of the difficulties is that in some nations discrimination based on sexual orientation can have adverse effects; many of the people within the health systems stick to their religious beliefs, breaching human rights. The directives should be compulsory for everyone.

(Silvia Rosibel Martinez, REDTRANS, Nicaragua, Sp)

To support producing evidence regarding the situations of inequity or rifts that exist in reality, from the most excluded agents and making the difference in opportunities become smaller. Therefore, the Global Fund needs to put forward a vision of financial cooperation, towards sustainable development cooperation as a response to the diseases.

(Amira Herdoiza, Corporación Kimirina, Ecuador, Sp)

To ensure equity in access to services for key and vulnerable populations, the Global Fund can support the following interventions:

- access to microcredits for the development of IGAs [Income Generating Activities],
- socio-professional integration of qualified PLHIV [people living with HIV],
- integration of health services for the prevention of HIV/AIDS in the services tailored to STD prevention and treatment interventions among sex workers and their clients, prison clinics and treatment centres for psychiatric diseases,
- strengthening the capabilities of health personnel in the prevention and treatment of STDs/HIV in terms of the health structures accredited to carry out STD/HIV prevention activities.

(Anonymous, Benin, Fr)

It is difficult to talk of equitable access to vulnerable populations in the context of some categories of KAPs in a country where they are criminalized and where bad governance makes KAPs only one of the many categories of individuals/organizations/communities and levels of government that are rightly or wrongly asking for the same right of access.

(Obasi Ogbonnaya, CEDCTRE, Nigeria, En)

Working with Government by engaging government

Government's coordinating body for HIV, AIDS and STD (NCASC) was managing GF money on its own and there has been changes in this modality. Because of this, it is noticed that there are gaps in terms of providing support to Government and taking lead in implementing and monitoring programs in Nepal. As we had a big earthquake followed by series of after-shocks, the issue of ongoing program related to HIV and AIDS can be disturbed. How can we make a balance?

(Deepak Dhungel, AIDS Healthcare Foundation (AHF), Nepal, En)

Globalfund should give human rights to affected population for participation in preventive & educative campaign/programs to reduce the stigma surrounds specific diseases at country level. Globalfund should empower affected population in proposal development process/oversight role & enforce accountability.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)



Globalfund addressed promotion & protection of "human rights to health", strategic enablers, civil society organization, community system health officials & partners should be able to recognize the importance of community engagement. Health teams should understand community leadership & social structures, with clear lines of credible authority. Health Teams should integrate village chiefs, religious/local leaders, women's associations, and youth groups for equitable access for vulnerable population.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Address <https://youtu.be/8x634KuFsNk> as

For over two years, UNICEF and the Global Fund to Fight AIDS, TB and Malaria helped affected women & their pregnancies in South Africa and Malawi, for delivering healthy babies free from diseases as protection of "human rights to health"

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

To facilitate access to services for all who need them, we must depart from the standard definitions of vulnerable populations. I could never understand why there were so many interventions for MSM until I saw the statistics for new HIV cases in the USA (up to 80% for MSM and MSM/PIN). Considering how widespread HIV is among the heterosexuals in Ukraine (and this group includes a large percentage of those who cannot be assigned to any traditionally defined affected population) I suggest that we depart from the set definitions of vulnerable population, which become stigmatising by themselves. We have already formed an opinion among the general public that HIV means MSM, ACS and prisoners. It is time that we changed our philosophy.

(Natalia Moiseyeva, Women's Forum, Ukraine, Ru)

The Fund has definitely achieved non-discrimination and inclusion regarding the key populations in the region. My recommendation relates to developing decentralisation of resources, because only small institutions (Organisations) have access to those resources. They are also limited to organisations, movements, collectives and networks which are not legally constituted. Ideas converted into actions to prevent discrimination and HIV-AIDS could be a major contribution at this point.

(Luis Hernán Torres Cruz, Nicaraguan Sexual Diversity Alternative, ANDISEX, Nicaragua, Sp)

First of all, it is very important to consider all aspects related to HIV, malaria or tuberculosis, which are diseases which demonstrate that there are still gaps between the rich and the poor, between people from the gay/trans community or sex workers, and people outside these communities.

(Silvia Rosibel Martinez, REDTRANS, Nicaragua, Sp)

We need to strengthen the production of information, as the states do not have enough information, or it is not updated and it does not let them see the real needs. Additionally, it is essential to decentralise the services, but they should uphold standards so that people trust them and approach them to make use of them. We need sustainability strategies from the State through the Ministry of Public Health in order to maintain this decentralised care, the population is increasing every day and the people need to belong, socially, culturally and in terms of language.

(Joel Estiwen Ambrosio Arrecis, Association of People with HIV of the Guatemalan Social Security Institute – Life association, Guatemala, Sp)

The project proposals need to be produced with a focus on equity. In the case of HIV the large Latin American cities have the greatest concentration of cases and key places; these cities also have the greatest capacity in terms of resources, with the inhabitants of small towns being neglected and left behind, as the State actions don't reach them.... The Fund should take this into consideration in its guidelines for assessing proposals. For the sake of equity it is also necessary to highlight epidemics for which in cases of indigenous people or street people, among others, there is no data and no efforts are made to address this.

(Anonymous, Colombia, Sp)

As Globalfund addressed strategic action based on evidence & lessons learned, improve health services access for an affected communities, Globalfund should provide incentives for developing & least developing countries to include human rights based program for equitable access ,funding mechanism to CSO & strategic enablers for implementation of programs,sustainability, transparency & accountability.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

A proper monitoring and evaluation of interventions will reveal gaps encountered in previous intervention, thus it serves as a basis for proper planning for future intervention.

(Kabiru Elayo, National Human Rights Commission, Nigeria, En)

Globalfund should develop family planning support health systems as promotion of human rights to health & check restrictions, funding for family planning services,country& state's network of family planning & Planned Parenthood. Globalfund should invest in Health System Strengthening(HSS)&give priority to family planning network women's health clinics , low-income and rural women to access basic preventative services like Pap smears, STD tests, & birth control consultations, immigrant communities living in rural parts of the country, for prevention of human rights violations.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

I agree with the comment made by Michell Lafay (9 May) on the importance of nutrition in the treatment of TB patients. As this is a disease that affects mainly poor households, the use of food (nutritious food) as an incentive to complete treatment has great effects. It can also have an effect on the overall nutritional status of the TB patient and his/her household. I would further add that poor adolescent girls are also a key population that need special attention and care. Food and nutrition assistance helps adolescents adhere to treatment, and can be linked to PMTCT services, if adolescents become pregnant, increasing the chance of an HIV-free birth.

(Erin Tansey, UN World Food Programme, South Africa, En)

1. Fostering an infrastructure of community-based support services
2. Aligning efforts between the health care delivery system and public health services
3. Focusing on comprehensive, coordinated, team-based approach to prevention, care and treatment

(Omid Zamani, Iran, En)

## **5. Sustainability and Transition**

### **5.1 How can the Global Fund best support efforts to increase domestic financing and domestic support for health?**

Globalfund should consider impact, money value, risk coverage & performance aspects to increase domestic financing. Domestic financing should follow qualitative aspect of national strategies & systems.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

In as much as most countries do not like to be dictated to, I am of the opinion that the GF ought to invest some monies for supporting health systems not only in the training of their health workers, but also helping the systems to function. A simple idea that comes to my mind is providing solar energy to power hospitals, clinics and other health institutions. Often, there is some numbers of health workers, some polices are in place but there is simply no electricity to work with. I know the initial input into solar energy can be huge, but it is so cost-effective in the long run. If there is no power to run a machine, how good is the machine or the health worker?

(Frances Owusu-Daaku, Ghana, En)

Globalfund has strategic objectives based on investment, funding model & grant implement success. Domestic financing could be increased with strategic enablers & partnership as to deliver results, improve Globalfund program sustainability & fiduciary aspect.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Support countries to set up in country structures and mechanisms to strengthen mobilization of domestic resources.

eg Health insurance initiatives

Public private partnership initiatives

(Celestino Basera, MOHCC, Zimbabwe, En)

It would be a good idea to determine the domestic contribution to funding the key components of the national programme. Often, domestic funding covers the historically 'medical' components, such as procurement of drugs or equipment. Domestic funding does not cover ACSM and activities for affected populations (Svetlana Doltu, NGO AFI (Act For Involvement), Ukraine, Ru)

Strengthening the technical and cooperation discussion focusing on development. We need to prevent the possibility of cooperation being identified as "colonial" vertical or authoritarian, as this leads to appropriation problems, particularly with governmental bodies, and can possibly put the civil society participating in the grant in a position of inequity and even potentially in a position of "competition" with the state. There are useful cooperation practices that focus on human rights, developing medium or long-term support, cultural realities, that are successful and have proved their benefits. With the important financial resources that the Global Fund contributes, an effective and practical respectful approach would lead to not only national commitment, but would also mean a qualitative step forward in the response to the epidemics in countries. (Amira Herdoiza, Corporación Kimirina, Ecuador, Sp)

To best support efforts to increase domestic financing and domestic support for health, the Global Fund must:

- involve the countries' political authorities (government) in the coordination and organisation of the interventions it has financed,
- work to ensure that the coordination [and coordination<sup>7</sup>] team has a strong leadership,
- support and stimulate the involvement of all the actors at the various levels through good governance,
- ensure clear traceability of the financial contributions from the various partners with regular audits and reports.

(Anonymous, Benin, Fr)

Public Private partnership sounds good for the sustainability though the tangible partnership activities as a part of corporate social responsibility with the investment also from Private sector is missing especially in a country like Nepal where there is poor growth and development of private sector. In addition to this,

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what can be the outcome of just having engagement or participation without investing money or revenue that was generated by private sector itself?  
(Deepak Dhungel, AIDS Healthcare Foundation (AHF), Nepal, En)

This is really a great problem. For instance, some countries in Easter Europe have already received several grants from the GF, but financial support from domestic resources has been very poor. I think the GF should collaborate very closely with National civil society organizations and communities towards strengthening government political and financial commitment.

My opinion also is that the GF should develop some criteria for the number of applications to the GF, i.e how many grants from the GF a country can receive from the GF for certain disease. This is of course is a radical measure, but I think such step could increase domestic support for health.

(Anonymous, Latvia, En)

It is really challenging to talk on the allocation of domestic fund for the GF supported projects in countries with poor GNI. However, GF can ensure a solid commitment of the government and increase in budget allocation if its initiatives are expanded under the framework of Public Financial Management system reform.

(Furkat Lutfulloev, UNDP, Tajikistan, En)

Countries with higher income levels should broaden domestic sources,resources mobilization, sustainability plan,donor base.

Ref- Globalfund NewsFlash-12thMay

Mobilizing domestic resources: A Domestic Financing for Health Strategy requires countries to match 15 percent of every grant with an increase in domestic resources for health investments – of any kind. It is catalyzing investment: Additional domestic funding is up 51 percent for the 2014 to 2016 period, accounting for nearly US\$3.9 billion in additional funding.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

States and Ministries must be involved so that, in terms of planning, this variation of the 3 diseases (malaria, tuberculosis and HIV) is regarded as a problem of development and therefore, a problem relating to combating poverty: our governments talk about this problem but we do not see this translated into concrete action.

(Silvia Rosibel Martinez, REDTRANS, Nicaragua, Sp)

It is essential to produce information that gives the State the tools to make decisions in line with the real needs of the population, and gives the civil society the tools to be in a position to demand a better quality of life. It is important that the Global Fund considers the governmental situations of each country, as we are facing bureaucratic processes, economic interests and politicians that do not allow this vision of the future, and are even less prepared to increase the budget spent on health in general, not even specifically on issues of HIV, Malaria and TB.

(Joel Estiwen Ambrosio Arrecis, Association of People with HIV of the Guatemalan Social Security Institute – Life association, Guatemala, Sp)

Domestic funding should not be penalized

Many middle income and upper middle income countries are already paying for their fair share on the response to the three diseases, in Latin America several countries are already contributing around 80% and up to 97% of their total response with domestic resources. How can we ask them to contribute more?. The point here is that middle income countries, when they join trade blocks or unions, they immediately face the need to have the same patent rights protections than the US or EU, and therefore if they want to use their domestic resources to do so, the prices get dramatically high. We can not penalize a country by asking them to increase domestic resources and at the same time force them to pay higher prices for the health commodities

(Jorge Saavedra, AHF, Mexico, En)

Investments in corrupted systems may not yield desired impact. There is a need for more democratized and participatory approach to prevention, care and treatment. There should be more emphasis on sustainable solutions through asking for a transition plan for national investment in three diseases and their underlying causes  
(Omid Zamani, Iran, En)

This sounds good though the continuous efforts and technical assistance / support seems limited. Just offering capital and one off event will not help achieve even if we cry a lot.

(Deepak Dhungel, AIDS Healthcare Foundation (AHF), Nepal, En)

I think we should insist on the Debt2Health initiative ...the way I see it, more pressure should be put on governments in this respect. If we don't do this, they will always come up with reasons not to provide resources.

(Enrique Chavez, United States of America, Sp)

## **5.2 What has the Global Fund done well in its engagement with countries that have transitioned or are in the process of transitioning from Global Fund financing? What can it do better in the future?**

Globalfund has addressed "Investing the Impact" to save 10 million lives & strategic objectives & actions, partnership, Globalfund governance, & transformation plan. Globalfund should focus on country ownership to deliver results in future mechanism after 2016.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund addressed grant implementation through CCM as country coordinating

mechanism for ensuring consistency between Globalfund & national policies.

Now

as per Globalfund strategy framework 2012-2016 ,funding model has been introduced as more flexible, participation, predictable funding opportunity,& existing investments consideration. Globalfund should ensure & maximize the impact of Globalfund investments on Health System Strengthening in less GDP & less health care infrastructure countries.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Increasing the domestic component in the funding is a good control mechanism but it often exists at the level of the Health Ministry only, while there is no interest on the part of the Finance Ministry.

It is necessary to have close integration between the Health/Finance Ministries in various countries and to share good practices in adopting alternative sources of funding. To develop and distribute a brief selection of models for the European region from various countries.

(Svetlana Doltu, NGO AFI (Act For Involvement), Ukraine, Ru)

I don't have any information or experience regarding transition situations in other countries. I believe, as I have said before, that the cooperation of the Global Fund has been an excellent opportunity to strengthen, raise interest and promote the responses to the epidemics affecting key populations that are not always noticed, prioritised or accepted in countries. However, I think that in terms of transitions it is important that the Global Fund takes into account the fact that to date the grants have been designed with an artificially short time span from 2 to 3 or 5 years at most. Although then extensions have been added or follow-on phases, substantiating the short-term premises is a weak point. This has been a big problem given that basically work is undertaken concerning cultural transformations that are medium and long-term processes. I believe that this situation has led to, potentially, inefficiencies in the impact and temporary sustainment of the progress. That is why I think it is very important to develop explicit transition processes that have suitable timescales and are not just "closing stages" which to date have been particularly noticeable in aspects of administrative-financial management. In order to consolidate the participation of CP and NO, etc., the Global Fund should strengthen bridging projects that link processes of political incidence and social control of the public policies. I believe that support, with the active, empowered participation of the national agents, for the systematisation and documentation of experiences, lessons learned, methodological support and encouraging communication between supranational, regional and global agents, can strengthen transitions so there is no abrupt withdrawal of the Global Fund. Civil Society, particularly community based agents, can often be weakened because of this, given that in the few years the grant is available, the financial injection can lead to competition of fragmentation of the CS. In fact, the Global Fund could consider supporting strategic and synergistic links between CS and CP agents.

(Amira Herdoiza, Corporación Kimirina, Ecuador, Sp)

The Global Fund always respects the financing of the interventions chosen with the countries. But the desire would be that, in the future, it will no longer steer a country towards choosing the strategy to implement an intervention since the socio-cultural and economic contexts differ from one country to another.  
(Anonymous, Benin, Fr)

If the government can be convinced and it starts allocating resources, this is possible and can sustain in future. An example can be the inclusion of First Line ARVs can be included in the list of basic medicines to be made available by the government. The process has begun though expecting enough resources by poor country like Nepal itself can be a question.  
(Deepak Dhungel, AIDS Healthcare Foundation (AHF), Nepal, En)

Globalfund should create more proactive reprogramming approaches for an improved transition to countries. In higher income/developing countries/less developing countries, uniform funding model can not be applicable & needs different strategic actions, sustainability plans, design work, policies & functional features. In less developing countries, more technical consultation is needed for specific strategic implementation & country's response to the diseases. (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

While GF projects are being implemented, international standards must be incorporated into the procurement processes, which will allow us to save government funds. The involvement of private business in funding socially important programmes from national to local level can become a good mechanism for problem solution, however the dialogue should start before GF project leave the country. Social mandate can become another such mechanism  
(Natalia Moiseyeva, Women's Forum, Ukraine, Ru)

#### Transition of Countries

Transition away from GF grants needs to be based on epidemiological data of the three diseases as the entry point and not as it is right now. Right now the first indicator to transition away countries from the GF, is primarily based on: if the country changed its income classification according to the World Bank. We need to remember that the GF was created to fight 3 diseases and not to invest on economic development. On the other hand, the World Bank responsibility is to invest on economic development of countries.  
(Jorge Saavedra, AHF, Mexico, En)

Proactive reprogramming needs to be based on scientific evidence on what has proven to work and not on apparently good ideas that sound politically correct even knowing that there is no evidence that they really produce a significant change on the health status related to the three diseases  
(Jorge Saavedra, AHF, Mexico, En)



## Transition based on Epidemiology

The transition of countries should be based primarily on epidemiological data of the three diseases: If the incidence is going down, if the prevalence rate is below i.e. 0.1% in the case of HIV; if the treatment gaps are below 20% of the total estimated number of people living with the disease; if the 90-90-90 has been already achieved, and secondarily on the change of the income classification provided by the World Bank. Currently it is exactly the opposite, the primary reason to transition a country is economic classification

(Jorge Saavedra, AHF, Mexico, En)

Globalfund has addressed invest more strategically & focus on highest-impact countries ,highest impact interventions ,shaping demand & better determine who needs the money most. Globalfund should also ensure investment on quality national strategies & through national systems , transparency. Globalfund should also maximize investment impact on Health System Strengthening(HSS) in less GDP countries.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund should also consider specific country socio-economical status as GDP ,financing gap & opportunities, different income level status, absorptive capacity & capacity building, most-at-risk populations, could determine highest impact intervention. Globalfund should also support relevant technological resources , research ,reprogramming & renewal negotiations for highest impact interventions. (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

## **6. Funding Model Feedback**

### **6.1 The funding model was designed based on the principles of flexibility, simplicity, shorter approval processes, enhanced engagement and improved predictability of funding. To what extent has it delivered on these principles?**

The Global Fund's funding model enables strategic investment for maximum impact. It provides implementers with flexible timing, better alignment with national strategies and predictability on the level of funding available. The Global Fund's funding model is based on active engagement with implementers and partners throughout the funding application and grant implementation to ensure greater global impact.

(Anonymous, Ukraine, Ru)

As Global fund funding model element C consist more flexible, predictable funding opportunities can facilitate the strategic refocusing of existing investments ,reprogramming to boost the impact as proposing changes to the scope & scale of

proposals ,support refocus funding interventions & small scale reprogramming for better use.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

As Globalfund addressed strategic action based upon more flexible & effective model & with 3 elements

A. An iterative, dialogue based application process

B. Early preparation of implementation

C. more flexible, predictable funding opportunities could bring proactive, better informed, maximize impact, money value & improved risk management in funding process for countries lacked predictability of funding amount.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

a main challenge in some countries is participation of NGOs and CSOs in country dialogue. Usually the governmental bodies have the majority of seats in the CCM and there is not a systematic approach to country dialogue. Where there is not good governance in place, the governments consider GFATM as a money pool they can use for their deliberate use out of the territory of the weakly present national audits.  
(Omid Zamani, Iran, En)

Thank you. We think that the granting of subsidies should take into account the needs experienced by the people. Also, help to build up the capacities of the civil society organisations.

- [http://www.aedh.org/new\\_en/index.php?option=com\\_content&view=article&id=263:march-2015-vicar-batundi-hangi&catid=6:temoignages&Itemid=15](http://www.aedh.org/new_en/index.php?option=com_content&view=article&id=263:march-2015-vicar-batundi-hangi&catid=6:temoignages&Itemid=15)
- [http://www.aedh.org/agir/index.php?option=com\\_content&view=category&layout=blog&id=43&Itemid=72](http://www.aedh.org/agir/index.php?option=com_content&view=category&layout=blog&id=43&Itemid=72)
- <http://www.minorityvoices.org/news.php/en/1730/drc-congolese-journalists-learn-to-report-on-indigenous-groups>

ATTACHMENT: FDAPID Article AEDH Quarterly letter

(Vicar Batundi Hangi, Hope for Indigenous People, (FDAPID), Rwanda, Fr)

I believe that the funding model of the Global Fund considers among other things the programme loopholes, and under this criteria it also considers the needs of the more vulnerable populations, another consideration is how the response supported by the Global Fund is aligned with the national investment in HIV.

(Silvia Rosibel Martinez, Nicaragua, Sp)

In our country the concept note is in the very early stages of development, I think the data requested is very complex, I don't think there will be any flexibility in the review from the CN and in the approval processes the Global Fund takes too long to make decisions within its financial structures

(Anonymous, Colombia, Sp)

The NFM [New Funding Model] really is a major improvement in the country financing process. It is flexible, short and simple with predictable financing. However, the Global Fund would do better to explain for each country the bases of allocations for each thematic component. In addition, the national dialogue makes it possible to seek the consensus required to define the priorities and successfully implement the interventions. The support from the Global Fund should take place in keeping with the consensual arrangements obtained at the national level and prevent the review of the proposals and the negotiations to determine the funding from being frameworks for "contradicting" the consensus obtained as part of the national dialogue.

(Amadou Ouedraogo, Burkina Faso, Fr)

Flexibility, I don't think so but if it were more focused on the need for better, more cost effective interventions, that were relevant to the key populations.

(Silvia Rosibel Martinez, Nicaragua, Sp)

As per Globalfund strategic action & element C ,more flexible,predictable funding opportunities could enable effective time schedule as more timing flexibility & improved knowledge of potential funding level & funding process for countries with less implementation success ,less knowledge of risk factors & absorptive capacity. (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

- Concept note and Funding Model -

I believe that it is essential for the Funding model to incorporate a component of social audit so that the implementing organizations are held accountable by those communities that are beneficiaries of the strategies.

- Fund allocation

Development of country solutions should include proper democratically conducted community consultations including e-consultations with civil society organizations and community based organizations prior to decision on the solutions.

Grass Root Level Impact assessment of previous allocations should be done for previous allocations by neutral agencies prior to continuing the same.

- Transparency and accountability

The CCM model in many countries including India is operated closely by the country's government agencies and thus have many of the same bureaucratic issues that the government's own agencies have in implementing large scale programs.

There is a constant effort towards showing the national program and its proposed strategies in good light in absence of transparency. Many-a-times, these strategies are not sustainable beyond the GF project period.

CCM will have to be more democratically formed and monitoring of activities by CCM should include better feedback mechanisms. Social audits will help increase Transparency and accountability.

(Nochiketa Mohanty, India, En)

The NMF is not at all simple. As we can see from the fact that several countries have had their concept notes refused, whilst others have been delayed. I would like to see the NMF being more flexible and specific.

The definition of key populations poses a serious problem for some diseases, such as tuberculosis and malaria. Because Burundi is in an endemic zone, more than half of the population has suffered these illnesses at least once. It is therefore difficult to define the key population in terms of malaria.

Malaria and tuberculosis are diseases which can be cured, but which confine those suffering the disease to bed. How can we get the patient out of a hospital bed to go and advocate the cause, mobilise efforts or raise awareness? I believe that this is a less relevant comparison.

Social dialogue has been reorganised, in order to involve everyone, not for acceptance of the concept note but for providing information to and establishing the real priorities of communities. Therefore, social dialogue must be organised in communities, and not in the form of seminars.

The NMF should not link the granting of finance to promises from other donors, because there are those who do not honour commitments, and this adversely affects planning.

(Frédien Bizimana, Burundi, Fr)

**CONCEPT NOTE AND FINANCING MODEL:** Ensure financing of activities focused on research in emerging countries.

**ALLOCATION OF FUNDS:** Define direct terms for financial negotiations and settlements; provide direct support to any partner benefitting from funds without being a burden; ensure that local partners can easily access the funds without an intermediary.

**TRANSPARENCY AND RESPONSIBILITY:** Encourage all parties, partner or otherwise, public or private, to report any corruption noted and envisage heavy sanctions for this.

**POPULATION:** establish confidence in actual data on the ground without overly relying on figures and indicators in documents.

(Rémy Sangulu, Rwanda)

The feedback we received from most of the countries of this region (Latin America and the Caribbean) states that the areas that can be funded by the Global Fund are not at all open to a substantive discussion, to the “equitable dialogue” with the local partners to identify the priorities, or the definition of which key populations they want to prioritise in each place. The impression held in this region is that nearly everything comes already decided and imposed, with minimum flexibility to adapt the response to the needs of the country and the priorities identified locally.

An added problem: given the enormous influence the Global Fund has on the definition of the policies against HIV/AIDS, these limitations the Global Fund establishes for its funding are not only reducing the international cooperation funds available for other priorities, but they are also wiping out the national policies. In other words, if the Global Fund has no interest in funding prevention programmes for adolescents (for example), this doesn't only affect the resources of the Global

Fund available for this matter, but it also influences the fact that this strategy disappears from the national programmes and policies, although it could be funded by other means...

(Anonymous, Panama, Sp)

1. Flexibility: this is very relative and only if compared to the previous funding model.

The Global Fund should bear in mind that many countries even make plans based on the schedule of the current funding model, and not based on the schedules of the country, so the challenge remains

2. Simplicity: This is also very relative, a Concept Note is neither a “note” nor is it conceptual, it is long and complex.

3. Improving the predictability of funding: knowing the budget ceiling is a great step forward.

(Lucrecia Peinado, United States of America, Sp)

Content:

In responding to the funding model and the challenging operating environments, the following elements emerge:

- The financing from the Global Fund reaches only the international organisations that have continuous foreign financing, omitting the grassroots organisations;
- The period of time set aside for the development of the concept note is very long and does not immediately give appropriate responses in the area there are multiple needs and its different ;
- The limited involvement of the local community, given that it is this community which [is at risk of ] problems in the intervention areas, as is the case in the DRC;
- Limited outreach in the community which is restricted purely to large urban centres, omitting the territories and villages, hence the ineffectiveness of the action in the area;
- The local associations have limited involvement in the process, yet it is they who work with these communities even if there is no funding.

By targeting some of the strategies for dealing with these concerns, the work of the Global Fun will be effective and the desired effects will be visible in the community, since the major challenge to be met is to communicate the message to the population and to tell them [in ] addition about the people who are responsible for actions implemented in the community, and it falls to the national associations in the regions to intervene, as in the DRC and the other countries in the continent.

To the moderator: please note these answers and take account of [the] grievances [of] the members of the associations that work with the communities.

(Djino Mamboleo Mwindo, Rwanda, Fr)

In terms of flexibility and simplicity, there doesn't seem to be much of this... the formats are still complicated and bothersome... something I do fully agree with is

raising CN based on evidence, this leads us to elaborate proposals based on the needs and, above all, to document them.

In terms of shorter approval processes, this may be true but they are still not as short as they claim to be.

I think predictability is a good thing, but together with greater guarantees when we carry on playing at being judges or gods regarding who is or isn't invited to present CN when the truth of the matter is that we are still seeing countries with average revenue as well as rich countries and we are well aware that this isn't right when the most vulnerable populations are still affected by poor management and unfair distribution of the national resources.

(Enrique Chavez, United States of America, Sp)

As per element C -more flexible predictable funding opportunities could also help grant implementation success by addressing required technical assistance,human resources capacity,determine real cost of health commodities,procurement & supply chain.Countries variable implementation ability & absorptive capacity could be dealt with flexible ,predictable funding opportunities.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

My opinion is that the GF funding model is rather simple, reliable, transparent and quite flexible.

However, some strengthening and improvement of the model could be done as follow:

Applicants in the concept notes should present:

- More clearly increased political commitment including adequate funding for requested interventions
- Emphases on the research (including new diagnostics, drugs and treatment regimens).
- Engagement of communities, civil society organizations, and public and private care providers
- Social protection, poverty alleviation and actions on other social determinants
- Multi-sectorial approach

Recommendations to the GF:

- Take into account the availability of domestic funding. Some countries have already received several grants from the GF, but financial support from domestic resources has been very poor. I think the GF should collaborate very closely with National civil society organizations and communities towards strengthening financial commitment.
- Do not provide support to the countries with known corruption
- Provide adequate support to local community organizations and civil society
- Support transparency and accountability

(Anonymous, Latvia, En)

Ukraine: The existing funding model is too bureaucratized and does not account for the inflation rates and recipients' needs in the country. It would be a good idea to involve representatives of NGOs that work with vulnerable communities in the discussion of the funding strategy/model.

(Roman Marchenko, Ukraine, Ru)

The basic proposal to simplify the process is to reduce the amount of detail required. Second, might it be feasible for countries to send key national documents to the GF accompanied by briefer explanations or justifications for the actual application. This would put more burden on the GF but would make a huge difference to the countries - which is, after all, where the essential programming has to take place.

(Helen Jackson, Mauritius, En)

Funding to partners

Funding to be more to preventive measures than to the already infected.

(Silungile Moyo, Zimbabwe, En)

As Globalfund funding model element C addressed more flexible, predictable funding opportunities could support multi-stakeholder engagement, transparency & commitment to comprehensive strategies. Funds misinterpretations could be avoided by inclusion of technical review, standards, & emphasis on places & affected population.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

I totally agree with Enrique and if we also look at developing or low-income countries, it may seem that they are increasingly missing out on opportunities based on the opinion that they are becoming middle-income countries, when in reality they suffer terrible inequities as is common in countries in poverty and extreme poverty. However, they are emerging with a raised category of middle-income countries.

(Alma De León, Guatemala, Sp)

## **6.2 What can be done to enhance input from technical partners in the planning and implementation of grants?**

As Globalfund funding model element A consist Iterative, dialogue based application ,required technical standards for proposal development .TRP recommendation can provide & help in "development & review", reprogramming for effective implementation. TRP review opportunities could technically integrate partners, applicants & Secretariat to strengthen better proposals.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund addressed new funding model with 3 elements ,element A included TRP review for proposal development & at pre-proposal & proposal stage ,TRP should also responsible for application process, development & review, required technical standards, applicants interaction, align national strategies & research projects for identifying high risk conditions & implementation challenges.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

It is a difficult issue because the agencies, in particular UNAIDS, only have one person, or two people at most, in some countries to support the process, one single support person cannot do much. The same thing happens when financial support is requested for an advisor for example, several agencies including UNAIDS say they don't have enough money. Other agencies like the UNDP focus their work on young people and if the CN does not include young people there won't be any technical or financial support.  
(Anonymous, Colombia, Sp)

I agree that the support of the partners of the fund involves having the technical resources so that when the concept note is developed it is backed up by the system or by UNAIDS and the preparatory technical committee of the concept note considers the key populations, in every respect.  
(Silvia Rosibel Martinez, Nicaragua, Sp)

Globalfund should integrate TRP review opportunities & "development&review" process for higher proposal quality of countries, better targeting, improved proposal efforts, risk management, capacity building & more informed decision making . TRP should also incorporate more extensive evaluations, sustainability assessment & consistency of services delivered.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

With regards this matter, I believe we should continue, because we did it in the past, we formed platforms of technical partners in regions. That's what we did about five or seven years ago. The bi and multilateral agencies, along with the Global Fund and some civil society partners worked hard as technical partners to provide support on a national and regional level. This is what happened in Latin America and the Caribbean, and it should be upheld as a good practice.  
(Enrique Chavez, United States of America, Sp)

Globalund should consider TRP & Technical partners objectives in broader consolidated transformation plan ,proactive reprogramming approach, iterative engagement model, planning & research, & design work for strategy implementation based on Globalfund's principles & technical consultation.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)



Technical review panel & technical partners could give significant strategy implementation actions as planning, design work, operational efficiency, technical consultation for appropriate policy & operational feature elaboration in country's lacked knowledge of possible programming & reprogramming linked with grant management cycle & risk management.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

MDF technical partners

I think it is fundamental. Their expert eye for technical matters, and their perspective of realities that have worked or not in different countries, the knowledge of methodological developments, good practices, etc. will help countries to improve their results. They can also facilitate dialogue between national agents and help to articulate proposals with a common goal, overcoming the potential individual interests that may exist.

(Amira Maria Herdoiza, Ecuador, Sp)

## **7. Challenging Operating Environments**

### **7.1 What can the Global Fund do better in its engagement in challenging operating environments?**

Globalfund strategy includes two strategic enablers as 1.enhance partnership to deliver results 2.Transform to improve Globalfund governance, operations & fiduciary control & as Globalfund as financial institution with specific global presence but in conflict region & country ,it needs specific country strategic enablers & partnership for resources mobilization, risk management, oversight role, absorptive capacity for conducting effective implementation.Improved partner accountability mechanism could give effective engagement in challenging environments.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Where a country is simultaneously in a state of war albeit undeclared and in an economic crisis (Ukraine), the need of such country for the Global Fund's assistance and support should be prioritised. The 2 factors mentioned above have an impact on both the new infections and the spread of HIV and TB. The approach should be adapted to meet the specific needs of any person taking a direct part in hostilities and to include such persons into Key populations to be covered by HIV and TB prevention programs.

(Anonymous, Ukraine, Ru)

Globalfund addressed strategic action as support for the highest-impact interventions & technologies suitable to the country situation, could bring

effective engagement in challenging environments. Globalfund should consider country local context priority, operational research, proactive engagement & negotiations with partners, alignment with national systems & structure could address relevant approaches in challenging environments.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

As Globalfund addressed strategic objective for an increase investment in programs that address human rights- related barriers to access, should consider better targeted tailored programs, evidence based demand & diseases control priorities set by its partners in specific country's at state & local political & social context.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

While focusing others, it should also focus on 1) advocacy and 2) community engagement.  
At the same time, the hand-on experiences should be given to the government so that the government departments and staff could internalize systematic procedures and as a result, their ownership and capacity on effective management of resources will be increased.

In the conflict areas, as there could be many challenges on political and socioeconomic condition, the GF should develop more flexible framework for effective and timely usages of its resources to reduce the burden of the diseases born by the community.  
(Anonymous, Myanmar, En)

It would be useful for the GFATM to clearly define a list of criteria what constitutes a challenging operating environment. This can be subjective and there are many countries dealing with challenging operating environments.  
(Barbara Rijks, IOM, Switzerland, En)

As Globalfund addressed , not support programs that infringe human rights , Globalfund should ensure suitable mechanism in place for conflict region with its partners & stakeholders .Suitable mechanism should include prevention of human rights violation, identify risks, iterative & dialogue based application approach , proactive & respond & promote humanitarian approaches.  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Globalfund & country level mechanism should give more consideration & support to projects that address KAP & organization ,groups represented by people living with the diseases.Check bureaucratic complexities & sustain good program practices, openness & transparency. Globalfund should also check communication,information access & structural hierarchy, update latest development & evidence ,provide flexibility to investment approach adjustment as more knowledge & diseases conditions evolve.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Addressed

<http://livestream.com/plussocialgood/worldhealthplussocialgood2015?t=1432132949086> as #WHA68 & #SocialGood ,As #WHA68 addressed various global challenging health issues as prevention of maternal mortality, refugees health, Global Malaria Action Plan, Aging, world immunization initiatives,NCDs with country,regional perspectives.These global challenging health issues also affects health system strengthening of countries. Globalfund should also consider new technologies , interventions &communities engagement in health planning & delivery.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

From my experience undertaking TRP work and from discussions with CCM members in one crisis country, the requirements in the new funding modality are better in the sense of more flexible timelines, but are as complex and time consuming as they previously were. They are very cumbersome for CCMs to complete, and take key people away from their priority work for extended periods of time. In crisis countries where there is a serious shortage of skilled human resources, these costs remain far too high.

(Helen Jackson, Mauritius, En)

The Global Fund should ensure that interventions are also tailor made to reach and support young people in challenging operating environments and that they are not treated as a subset of the general populations because their lack of access to services and vulnerability is high than the older population.

(Charles Siwela, Zimbabwe, En)

The effort to make more effective use of resources is very commendable. In my country no evidence of this process has been seen yet in practice. Despite what I have heard from others it seems very useful to know the maximum funding amounts, this allows for predictability. The other intentions of making things simpler and more dynamic seem to be merely good intentions at the moment, rather than a practical issue. It would be necessary to assess and define methodological supports and additional tools that would help achieve these intentions. I think that the basic requisites (CCM, OK and RPOK) are a good way of initiating the process, as they help countries make their processes more transparent and strengthen more democratic participation

(Amira Maria Herdoiza, Ecuador, Sp)

## **7.2 How can the Global Fund better support services for communities affected by HIV, TB and malaria, including women and girls, in conflict and post-conflict settings?**

Address <http://blog.red.org/2015/04/rrethinking-way-we-approach-hiv-aids-in.html#!/2015/04/rrethinking-way-we-approach-hiv-aids-in.html>

Globalfund addressed promote & protect human rights, Human rights consideration should monitor Power Structures for girls & women & address approaches linked with poverty, gender discrimination, lack of education, and the gendered distribution of power in society.

Globalfund should also integrate with multisectoral Cooperation including finance, justice, women's affairs, agriculture, and education, for women rights, better educated women could address delay marriage, birth registration, incomes, societal & economical opportunities.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

How can the Global Fund better support services for communities affected by HIV, TB and malaria, including women and girls, in conflict and post-conflict settings? Consider including, as one of the stages, educational and prevention programs focused primarily on: year 9 - 11 students, vocational courses' students, college students, university and academy students covering HIV infection, TB and viral Hepatitis B and C.

(Anonymous, Ukraine, Ru)

As Globalfund has strategic objective based upon promote & protect human rights, should include knowledge & increased Emphasis on the science of HIV/AIDS, counseling, for most-at-risk-populations.

Better understanding the science of HIV/AIDS, data, multi-sectoral co-operation could contribute in designing better programs to keep young women & girls healthy. A better understanding of the science of diseases & preventive measures can help the development of more targeted, innovative therapies & interventions for most-at-risk-populations.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

To take care pregnant mothers are there families and community's people are centralization care children and mothers to be organize or formation network (Raju Prasad, Environmental Preservation Services For Development (ENPRED), Nepal, En)

Globalfund & its stakeholders should get accurate data of affected populations existence & needs for comprehensive response. KAP as marginalized populations, inject drugs users, AP's groups are directly face stigma, social ostracizing & discriminatory legal norms that infringe human rights for seeking AIDS treatment and prevention services. Globalfund & its strategic enablers should develop better targeted programs tailored to the political/social sensitivities on country's regional & local context. Globalfund & its partners should also address

selected services for appropriate interventions to the diseases context as for KAP, hospital services should have separate HIV/TB clinic , PMTCT, & diagnoses .  
(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

When I worked for the GF-PR with one of the INGOs, some of the areas included the conflict area. For the monitoring purpose, it is necessary to do field observation whether the grant support reached to the intended proposed beneficiaries. In the conflict/post conflict zone, it is quite difficult to reach the beneficiaries as they are migrant in nature (to avoid the conflict situation). In order to reach those communities, one of the options for the GF is to include m-health portion to provide treatment suggestions or consultation. Other possible options included 1) supporting series of training to the locally based community health workers in the conflict area to provide rapid testing and basic care and treatment, 2) advocating government to allow community health workers to provide basic care and treatment, 3) providing basic essential medical kits including job aids to the Community Health Workers.  
(Anonymous, Myanmar, En)

This is challenge in that countries hosting refugees and/or IDPs are often reluctant to include them in national strategic plans for HIV/AIDS, Malaria, and TB. It helps when the question is not if the host countries should include refugees but how. Providing partner countries flexibility and surge funding in the event of unexpected conflict or disaster helps. Countries including refugees and IDPs can be models.  
(Bryan Schaaf, U.S State Department (Bureau of Population, Refugees and Migration), United States, En)

I think more emphasis should be on community-based approaches and grass-roots initiatives, helping the refugee communities to organize themselves, avoid chaos and ensure a participatory methodology is in place.  
(Omid Zamani, Iran, En)

Address <https://www.globalcitizen.org/en/content/6-reasons-why-girls-must-be-counted/>

Many developing countries do not have birth registration laws, this disproportionately affects the lives of adolescent girls & deeply limiting their access to life-changing resources and opportunities.

Girls and young women are among the vital growing segments of the population should be part of strong economy or healthy communities

Birth certificate for girls & women as official form of documentation for social, economical, financial independence , educational, health representation in society.

Girls Count Act could enable women rights in formal economic, legal and political sectors in her country. She can vote, raise her voice & participate in elections, owning property and accessing health services.

Potential risks such as forced labor, child marriage, underprivileged conditions could be cause of diseases & without better data on girls and women, these challenges will continue to exist

Improved birth registration systems will help more effective policies, close gender gap, better leverage investments & progress areas.

Globalfund should promote Girls Count Act in Gender Equality Strategy & Gender Identity Strategy.

(Ashish Shrivastava, (Global Fund)/ Social Good Summit 2013/14/15, India, En)

By supporting, in material and financial terms, the local structures and initiatives that provide rapid and sustainable responses to the diseases, as in the case of Pharmakina in South Kivu Province in DR Congo, which produces not only antimalarial drugs but also antiretroviral drugs.

(Florent Babi, Forum for the National Humanitarian and Development Organisations, Rwanda, Fr)

It is becoming more and more evident that we must concentrate on the socially and psychologically vulnerable patients with TB and HIV. It is with this category of patients that the healthcare institutions have the greatest difficulties and require assistance from civil society. The young people, high school and university students are also in need of attention as regards their awareness of HIV and TB prevention. (Виталий Моршан, Republic of Moldova, Ru)

In my perspective, I think there is need for GFTAM to come up with clear criteria that facilitates existing structures and community leadership in deciding the best options rather than imposing tailored made solutions to communities when supporting services in challenging environments.

(Jeff Okello, United States of America, En)

It is important to raise awareness and publicise what is happening in colombia. In my city, ipiales in nariño, colombia, it is important that we do not just have the campaign on 1st december to commemorate people who have died of hiv, it would be better to have something more continuous so the prevention campaign has more impact, especially on young men and women. This would prevent the number of people with hiv from increasing. Young leaders and officials should be authorised to replicate these issues, and become a support network, with prevention material.

(Richard Bairon Prado Chamorro, Colombia, Sp)

It is important that the processes continue to be supported and are not just left to drift. This is a continuous task, so that the resources are used well in favour of the young, as they are what is important here.

(Richard Bairon Prado Chamorro, Colombia, Sp)

Respect for sexual orientation needs to start within the family, because making a person aware of something starts with love and respect within the family nucleus,

then people start to change their mentality and accept each other with respect and recognition of the rights that everyone has.

(Richard Bairon Prado Chamorro, Colombia, Sp)

You already have the knowledge and the processes that have already worked and your efforts are recognised, therefore it is good that you to continue to teach young people's leaders so we can carry on supporting them.

(Richard Bairon Prado Chamorro, Colombia, Sp)

Health care providers like health promotion agencies (eps), health care institutes (ips) and those that offer these services, need to provide their services with respect and confidentiality, so that people can go to them without the fear they have when they go to see a doctor.

(Richard Bairon Prado Chamorro, Colombia, Sp)

As Globalfund addressed maximize the impact of Globalfund investments on strengthening health system ,should consider KAP participation in comprehensive proposal development as for oversight role, rights based approaches & ensure accountability from national governance ; country level mechanism & interventions should reach most affected countries & communities .Globalfund should also consider religious organization's dimensions, affected group interest, women & children organizations for meaningful contribution.

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

The Global Fund can improve intervention in communities, by going through local associations characterised by transparency and accountability. The Global Fund also needs to reduce the number of staff of national coordination services in order to reduce costs, clearly define who the beneficiaries are with specific criteria and avoid the slow progress in decision-making. I am a member of the CCM BURUNDI and I find it hard to understand the length of time taken by Global Fund officials in decision-making, despite the multiple observation missions. Reinforcing the capacities of the Observatories on Global Fund action can improve the impact of subsidies within communities.

(Frédien Bizimana, Burundi, Fr)

All of this is related to strengthening the health systems, as well as making sure the services offered by health centres are appropriate for the different communities.

I believe, and this is no joke, what is done to raise awareness so that the LGBT community is accepted and diversity in the world is recognised... we should do the same with the health sector... health is diverse and specific and with its idiosyncrasies that should be considered.

The Global Fund should start to look at not only quantitative indicators, but also qualitative indicators that should be taken into account to change the realities of a country in the field of health.

To date the Global Fund has tried to please everyone, and this is impossible... if there are countries that do not start to change these realities and they demand more changes from one country, then cutting back on the grants would be a good idea. (Enrique Chavez, United States of America, Sp)

It would be an efficient process to collect data (e.g. by launching an online questionnaire) on the service needs of vulnerable communities and on the performance of current services among the sub-recipients and main recipients (if services are provided directly). (Roman Marchenko, Ukraine, Ru)

Globalfund should align organizations like <http://whiteribbonalliance.org/why-mothers/> for safe childbirth & prevention of maternal mortality. White Ribbon Alliance addressed the voices of women at risk of dying in childbirth identified problems in communities and created specific solutions at country level across Africa and Asia. White Ribbon Alliance unites citizens to address & demand the right to a safe child birth for every woman. Globalfund should consider safe childbirth in strategic objective 4th as promote & protect human rights. (Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Good idea, if you really care (Adaobi Onwuasoeze, Nigeria, En)

The cooperation of the Fund must continue to put a stop to the HIV epidemic. It is essential that efforts are concentrated on the most exposed communities and within these we need to know who is most at risk so we can determine successful focal points so we can control the transmission of the virus, based on what we have already learnt from science. We need to work on combined prevention: behaviours, condoms and lubricant; TASP, Prep, according to what the countries take on as a commitment to include in their policies, programmes and public services, so the Global Fund resources can complement this, trigger initiatives, strengthen bridges, etc. (Amira Maria Herdoiza, Ecuador, Sp)

## **8. Health Systems Strengthening**

### **8.1 How can the Global Fund better support efforts to build resilient health systems while maintaining investments in the three diseases?**

GlobalFund strategies and processes so far have treated HIV, TB and Malaria as three separate and vertical programs. To maximise effectiveness, for sustainability and to reach more people, including hard to reach KAPs, especially women and girls, it's time to give more priority and resources to health system strengthening (HSS) to enable and resource countries to include prevention and treatment of these diseases



to be addressed under primary health care (PHC) in their National Health Strategies. This can be achieved through GF supporting Ministries of Health to develop integrated services (especially sexual and reproductive health) to resource health service providers (government and CSO) to deliver integrated PHC services. This would also decrease CCM administration time and costs. Maintain a separate focus on the three diseases but swing more resources over to HSS to encourage integration of prevention and treatment services into PHC. Strengthening PHC to do this will require policy and protocol development, staff training and capacity development.

(Anonymous, Australia, En)

## **9. Community Systems Strengthening**

### **9.1 How can the Global Fund better support sustained community systems and responses for health?**

#### **General comments not addressing a specific question:**

Hello, this space is important to gather evidence of the need to have some priorities in hand that should be taken into account when negotiating with the Global Fund, the different needs of populations in the context of the greatest risk, especially when the key population of HIV is the trans-female population. To date in Nicaragua we have made some progress with preventive actions but we still need a lot more interest from the state to invest in these matters.

(Silvia Rosibel Martinez, REDTRANS-Nicaragua, Nicaragua, Sp)

How will Transgender as third gender and sexual minorities group play a role in next funding model?

(Pinky Sikder, Badhan Hijra Sangha, Bangladesh, En)

The active participation of boys, girls and young people in the process of social change

The current situation needs ongoing work on issues like analysis, mobilisation, political education for citizens and strategic action. Countries with a left wing or progressive government face a daily struggle against oppressive forces, neo liberal groups, that use the cruellest of strategies to gain power and destroy the ideology with a system of oppression. Young people play an essential role in this struggle for a historical rescue and the vision of a fair society. In view of this, how can we involve young people in the process of social change, offering them an active role along with other generations?

(Sylvia Siqueira Campos, Movimento Infantojuvenil de Reivindicação (MIRIM BRASIL), Brazil, Sp)

Rifampicin one of the potent bactericidal drugs in the recommended dose and rhythm is very effective for the disease. The drug unfortunately causes orange colored urination which is misinterpreted for blood, prompting them to stop! Similarly Pyrazinamide in chronic alcoholics can cause hepatic toxicity. In India we are tempted to regulate the dose keeping a close watch on them. Clinicians while placing them on the drugs referred to, must discuss this issue to avoid dropouts. The latter drug invariably causes ensures sputum conversion.  
(Gopinathan Pisharath, Mother Hospital Trissur, India, En)

Unprotected sex cause HIV. New diagnose every day.  
(Sharon Cooper, Jamaican Community of Women Living with HIV (JCW+), Jamaica, En)

The Global Fund is a great aid in helping to include the response of key populations in the public policies of regions or countries with concentrated epidemics of HIV. However, I believe that is it essential for it to strengthen the approach in subsidies for: strengthening the civil society national organisations from a sustainable perspective; it should, therefore, examine the management of human rights and empowerment and not just the pivotal management of financial and administrative issues; and, it should strengthen its technical support teams to work on the local and cultural realities, and specifically, real possibilities of participation with the power to make decisions, in the communities that are potentially made very vulnerably by epidemics. Another area where the Global Fund needs to progress is in promoting eligibility transition processes that do not “penalise” countries that have been successful in their responses, particularly in their community responses. For example, the malaria situation in Ecuador. The community strategy has contributed towards the current success; however, the Global Fund has withdrawn because the country has progressed adequately. The transition process towards the community strategy is worrying as the problems may all build up again, in adverse situations.  
(Amira Herdoiza, Corporación Kimirina, Ecuador, Sp)

If we focus on health as an individual and collective status that is more comprehensive than the mere absence of disease (which is also important), the empowered participation of people and communities is definitively necessary, especially from those that are most affected or those living with the diseases. I believe that from a theoretical point of view this assertion is supported by the cooperation of the Global Fund; however, in reality, it is often shown to be an empty statement. In our experience in Ecuador we have seen that the population, due to cultural situations or stigma and discrimination, is still difficult to access and that just offering responses providing health services is not enough. That's why in order to tackle the three diseases the cooperation needs to strengthen the "social capital" effectively and provide not just the control of financial resources management for the grants or counting the coverage, but also support the response of the community and civil society. It needs to overcome the practices in which the “functionalist” cooperation of providing financial resources from a

numerical perspective, often leads to the division of the civil society or the exploitation of civil society national organisations.

Additionally, I believe that the Global Fund, in terms of the premise of the empowered participation of communities, should provide for the intervention of high impact pilot schemes for combined prevention, prevention treatment, technological advances, etc., coordinated together with the nationally sustainable public or private systems.

For the three diseases and cooperation, particularly within the framework of the new funding model, which is a very positive step forward for interaction and optimisation, I believe that the Global Fund should strengthen the technical team department, with additional profiles not solely concerned with financial management control necessarily.

I also believe that the definition of eligibility should not continue to be based on the response to epidemiological needs, simply from the perspective of the statistical information or the macroeconomic indicators; but additional variables should be included concerning the situation of the population most affected or living with HIV along with the diagnosis variables of social equity situations within collectives and based on real distinctions that go beyond the homogenisation of averages.

(Amira Herdoiza, Corporación Kimirina, Ecuador, Sp)

What does basic healthcare mean?

- The provision of minimum fundamental healthcare access to the generality of the people including 'far-to-reach' distal populations, vulnerable populations, and the poorest of the poor
- The provision of healthcare to the people at the base of the pyramid
- The provision of healthcare to 'underserved populations'

The Global Fund should not be accessed by people who have access to in-country health systems; rather it should be accessed by the poor, the vulnerable, and the 'invisible' populations (vulnerable immigrants)

(Anonymous, Nigeria)

<http://livestream.com/plussocialgood/momspussocialgood2015/archives> as Moms +SocialGood has drawn attention to some of the greatest challenges facing by women and children. Globalfund should encourage MNCH, maternal health & child health .

(Ashish Shrivastava, Consultant (Global Fund)/ Social Good Summit 2013/14/15, India, En)

Sharing our experience in Peru

In Peru, there are 900 children with HIV, but according to UNAIDS there are about 2,400, we don't know what their living conditions are or whether their development is protected as required under the Convention on the Rights of the Child from 2003 in general observation No. 03

(Julio Rondinel Cano, CCEFIRO Association (Association Creating Hope Against Injustice, Rejection and Neglect), Peru, Sp)

Thank you for the great work.  
(Nelson Akerele, Civil Society for HIV/AIDS, Nigeria, En)

When when contacted GFATM Pakistan CCM none reply. They ignore like we are scams. Are you going to provide them IT training or some course they reply to everyone email what comes in their mail box nor delete all the time.  
An other question how we request to GFATM for small funding for HIV prevention among PWIDs or FSWs.  
(Zeeshan Ayyaz, Amitiel Welfare Society, Pakistan, En)

Terrorism as a missed health problem throughout the world  
In my opinion Terrorism could be considered as a missed health problem. Impact of Terrorism on health of societies can be a great issue for discussion. Nowadays Terrorism is going to be a treat for mental health, physical health and other aspects of human health. Terrorism has not considered as a health problem until yet. I am not sure this topic could be an appropriate subject for your discussions but it is one my preoccupations when I think about health globally or locally. Please contact with me if this can be a topic to send on discussion board and let me to put other possible details into that.  
I used to be a family doctor in my home country, Iran, and right now I am living in Canada as an immigrant. I am in the process of being eligible to practice as a family physician in my new destination.  
(Hooshang Ranji, Canada, En)

Engagement of Lacol CSOs can change the face of Reproductive and Maternal Health Testing gaps, Treatment Gaps and Viral Suppression gaps  
(Adeleye Adewale, Civil Society for Family Planning in Nigeria, Nigeria, En)

The role of Male involvement in elimination of mother to child transmission  
Research documents to day review that male involvement can contribute to improvements in maternal health behaviors and utilization of maternal and newborn health services. Positive results have been documented that suggests that engaging men can yield benefits relating to the use of family planning and contraceptives in long - term couples. However the activities or interventions used have worked only in some parts of the community settings, Periurban and rural areas. I would like to know more on how urban men can be involved in eMTCT services?  
(Ezra Kwiimba, Pride Community Health Organization, Zambia, En)

Prolonged exposure to electromagnetic fields, which causes [8...]short-, medium- or long-term diseases, in Congo Brazzaville.  
In 2012, our NGO wrote to the major mobile telephone companies operating in Congo Brazzaville, with copies to the relevant authorities, to inform them that the

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positioning of mobile phone masts next to households causes short-, medium- or long-term diseases such as Alzheimer's, palpitations or cardiovascular diseases. The then *Directeur général de la Santé et de la Population* [Director-General for Health and the Population] endorsed our denouncement and asked us to establish a partnership with the *Direction de l'Hygiène générale* [General Hygiene Directorate] to monitor the diseases linked to this exposure.

However, the *Directeur général de la Santé et de la Population* recognised that the issue was economic, to the extent that it was not easy to tackle it successfully.

However, some six months later, the *Directeur général de la régulation des Postes et télécommunications électroniques* [Director-General for Post and Electronic Telecommunications Regulation], who received a copy of our denouncement, gave the major operators three months in which to adapt their pylons to meet the universal standards. Since then, nothing has been done. The pylons are still scattered around here and there as if nothing had happened, without regard for the law or the international standards.

By way of illustration, we will shortly be sending you:

1-Our letter of denouncement,

2-The response to our denouncement sent to us by the then *Directeur Général de la Santé et de la Population*,

3-The address given by the *Directeur général de la Régulation des Postes et télécommunications électroniques* to the major mobile telephone operators, asking them to remove, within eight days, the pylons that did not meet the universal standards, or face a penalty,

4-Our letter as cause for satisfaction to the *Directeur de la Régulation* for the life-saving measure taken in favour of limiting the indiscriminate installation of pylons, without taking account of the regulations.

We wish to establish dynamic collaborative networking to work towards the eradication of this scourge which was duly approved by Professor Elira NDOKEKIA, the then *Directeur Général de la Santé et de la Population*. This will involve monitoring these diseases which are linked to the exposure of innocent people to electromagnetic fields.

(Victor Kaya, *Pan African Consortium of Human Rights and the Fight Against Drug Addiction*, Congo, Fr)

Thank you, but to be more explicit give the strategic direction for the forum for the three diseases which the participants will take as their basis.

(Ismael Chikuru Zirhahera, *Vision of community action for development*, Kuwait, Fr)

