Summary Report:
Pre-Meeting of the Community and Civil Society Constituency
Addis Ababa Partnership Forum 5-9th May 2015

Background and Context
In an effort to enhance civil society and community engagement and input into the development of the Global Fund to Fight AIDS, Tuberculosis and Malaria 2017-2021 Strategy, the Community, Rights and Gender (CRG) Department initiated a process to foster more effective inclusion into these strategic development processes. One of the beginning phases of this engagement was in advance of the first Partnership Forum (of three) designed to focus exclusively on strategic issues. This initial phase involved: a two-day pre-meeting of approximately 35-40 civil society and community actors based in or working with organizations in Sub-Saharan Africa, concentrated support during the main Partnership Forum meeting held in Addis Ababa, and a shorter post-briefing the day after the main conference to situate the experiences of community members over the four days. There were four objectives for the pre-meeting. The objectives were:

1. To strengthen conceptual and practical understanding of current and emerging Global Fund strategic priorities and practices through a participatory and inclusive process with the goal of influencing the development of the Global Fund 2017-2021 strategy both during the Partnership Forum and in the following months during which the Strategy will be developed.
2. To identify community and civil society core priorities with the Global Fund 2017-2021 Strategy.
3. To outline primary opportunities to raise strategy-related issues prioritized by civil society participants in the Partnership Forum through the provision of an overview of the current strategy, critical issues under discussion, and an orientation of the Partnership Forum structure and aims.
4. To strengthen the capacity of civil society and relevant community actors across the different regions to effectively engage in the Global Fund processes.

Civil Society and Community Key Issues and Priorities
The pre-meeting was ultimately designed to concentrate on knowledge generation/transfer and consolidation, as well as the development of key messages to reflect community and civil society priorities for the 2017-2021 Global Fund strategy (see Annex 1 for summary of meeting process and participant feedback). Throughout the two days of the pre-meeting approximately six strategic areas were reviewed and elaborated by the participants. From these discussions involving group work, presentations and plenary dialogue, challenges and key messages emerged from the broader group. Through the development of the case study briefs participants developed practical country examples and key messages for each of the issues (the specific key messages/issues are presented in Annex 2).

Among the participants there were several areas of common concern and consensus with issues on gender, key populations, human rights and community responses featuring most prominently. Cross-cutting themes across the participant discussions included the overall need for the Global Fund to ensure the meaningful engagement of key populations, to invest
further in communities and to develop clear/consistent indicators and measurement. While the group acknowledged the strong work of the Global Fund to date on issues concerning key populations, gender and human rights, specifically in relation to their prominence in the current strategy, there was also agreement that the new strategy must:

- Build upon existing human rights, gender and key populations foundations in the 2012-2016 Global Fund Strategy
- Ensure access to quality and comprehensive services for women, young people and key populations
- Collect the most appropriate indicators on gender and human rights (for example more robust disaggregated data)
- Increase the evidence base to scale-up gender and human rights programming

Furthermore, participants stressed the need to further invest in and monitor funding for community systems strengthening (CSS). As a result members of the group advocated the need to develop a standalone strategic objective to invest in and track funding for community systems strengthening. Reflecting upon their role as equal partners in the institutions of the Global Fund and as stakeholders with significant expertise in implementation, civil society and community participants also stressed that they have always played a vital role in advocating Global Fund replenishment. Therefore, the Global Fund should be accountable to ensure the resources come back to communities. Finally, key messages among the participants in particular relation to the strategic themes challenging operating environments and sustainability and transition were to “leave no one behind” and to “focus on people not countries.” The core content of these discussions is presented below in more detail alongside the some of primary case examples and concerns raised by participants during the pre-meeting and main Partnership Forum.

**Differentiation**

There was some confusion among participants about how this concept was being defined by the Global Fund as well as concern over how this would be understood and applied at country level. The group noted that a differentiation strategy could be in direct tension with the principle of country ownership however acknowledged that countries with varying sizes and diseases burdens, i.e. Nigeria and the Solomon Islands, should indeed have different grant-making processes.

**Community Systems Strengthening and Community Responses**

In Moldova it was reported that the CSS framework helped civil society actors to include advocacy, community mobilization and capacity building activities into the budget of the concept note. In addition, in Zambia when community health workers were paid by Global Fund projects, the government recognized better outcomes, including access to treatment for hard to reach young people and families. Despite some of the positive examples of CSS cited by participants there are still contexts in which the comparative advantage of community responses remains under-recognized. A considerable amount of discussion centered around the notion of better defining and monitoring CSS at country level, and collectively there was consensus that CSS and community responses was the area where the participants needed to be the most vocal and articulate in the Partnership Forum and in advocacy on the strategy. The overall lack of attention and understanding of CSS and community responses to the three diseases was a concern for all participants. In particular, broader discussions on CSS raised the following key issues:
• There has been a decline in investment by the Global Fund and technical partners such as UNAIDS on CSS over the last two years.
• There is a lack of clarity on the Global Fund’s overall existing policies and guidance on CSS, as well as only a few robust mechanisms to monitor CSS at country level.
• A Global Fund KPI could be an effective tool to monitor and demonstrate the ongoing necessity for CSS and support the sufficient development of an evidence-base; this was also raised by a community representative as an intervention during the opening plenary of the main Partnership Forum
• A considerable amount of resources have been mobilized by community actors since the inception of the Global Fund. Consequently the Global Fund should be in a position to determine how much of those resources have gone directly to communities.
• As a result of these collective concerns the community constituency at the main Partnership Forum called for “a standalone strategic objective to invest in and track funding for community systems strengthening.”
• There was also consensus that CSS and HSS should be considered separately and that furthermore, advocacy and monitoring of CSS should be prioritized, not simply service delivery.
• Consequently the group participants agreed to draft a statement calling for the standalone strategic objective to scale up the community response to the three diseases focusing on the impact of community responses to be sent to the Board Chair, SIIC and shared with the pre-meeting participants of the Bangkok Partnership Forum in June 2015 (see Annex 3 for more details on the statement).

Sustainability and Transition
While the participants did discuss this issue, the strategic area of sustainability and transition did not feature significantly in the hierarchy of concerns for strategic prioritization. There was some discussion on the current methods used by the Global Fund to determine income classification and eligibility (i.e., the World Bank Atlas and GNI per capita metric) as well as concern that rather than to focus on country income levels, the Global Fund should be prioritizing populations in need. Participants also discussed that as a country transitions to more domestic spending on the three diseases, there will be an even greater need to hold leaders accountable to how finite resources are spent. Civil society actors underscored the challenge of a lack of government accountability to community voices in some contexts and the risk of taking the response and achievements made on the three diseases backward. There was also a high degree of consensus that the Global Fund should articulate fully what it means to support and effectuate “responsible” transitions. Finally, during the opening plenary, the representative from the communities group expressed during her opening address the necessity for the Global Fund to “leave no one behind” and that the focus should be on “people not countries” referring to the needs of not only key populations affected by the diseases, but also the necessity to ensure an ethical approach to responsible transitioning.

Challenging Operating Environments
In Country X in Sub-Saharan Africa there is a current legal stipulation that criminalizes same-sex behavior. There is concern that in this challenging environment men having sex with men and other key populations would not be able to freely access services and that vulnerable populations would be further driven underground. Furthermore, recently in some countries of West Africa, HIV and tuberculosis clinics were temporarily transformed into Ebola clinics to combat the spread of infectious disease effectively hindering access to HIV and TB services. Therefore, strategic issue on challenging operating environments generated varying concern among the participants, in particular those who are based in countries with complex
humanitarian emergencies. Of concern to participants, was not only the country experiencing the challenging operating environment, i.e. the particular country in conflict, but the knock-on effect this often has in neighboring countries in terms of migrants and refugees who can also strain the provision of services and finite resources. Finally, the issue was raised as to whether or not countries that criminalize key populations, such as men who have sex with men, would fall under the category of having a challenging operating environment. Overall the parameters of this concept were not necessarily clear to the participants and there was a general agreement that the criteria of what constitutes a challenging operating environment should be clearly articulated in the strategy.

**Human Rights**

In Country X in Sub-Saharan Africa community actors working with key populations can be targeted, arrested and detained by police simply on the basis of working with these vulnerable populations, a clear indication of the abuse of human rights in some areas of the region. Human rights and gender, alongside CSS, were the most heavily featured strategic areas of debate during the two-day pre-meeting, for the community participants in the main Partnership Forum and the post-meeting. In addition, some of the pre-meeting participants were also involved in complementary initiatives on human rights, such as the Global Fund’s Human Rights Reference Group and the work being taken forward by the Open Society Foundation on human rights as it relates to Global Fund strategy development. The core discussion points on human rights during the pre-meeting included:

- The existing indicator for progress on human rights in terms of complaints measured and addressed is not sufficient; a more robust KPI on human rights could be more effective.
- The way in which the strategic objective on human rights has been interpreted in the current Global Fund Strategy (2012-2016) has led to a narrow focus on key populations—this has the effect of excluding other populations facing rights abuses that increase their vulnerability to the three diseases, especially women.
- There are real challenges to integrating the “removal of legal barriers” into country concept notes/proposals given the often varying conflicts of interest on the CCM, such as police members who do not necessarily want to integrate these reforms for key populations.
- There is a necessity to measure the overall impact of human rights work which goes beyond “removing legal barriers,” as effectively some participants argued “we do what we measure.”
- In many contexts there is limited technical experience on issues related to human rights and key populations among members of CCMs and National AIDS Committees. This applies equally to concept note writing teams whereby there is limited capacity to detail the existing human rights context in the country.
- The importance of having a longer-term objective with human rights programming and monitoring—“what will remain when the Global Fund has done its job? What will be left behind? How resilient, safe and inclusive will communities be?”
- It is important that how human rights is reflected in the new strategy complements how human rights is framed in the Sustainable Development Goals, for example Goal 16 which indicates the necessity to “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.”
- How human rights in framed in the new Global Fund Strategy must also reflect the needs of communities living with and affected by malaria and tuberculosis, and must also echo the strategic priorities of other UN agencies working on human rights.
**Gender:**

The example sited by the participants examined the case of Country X in Sub-Saharan Africa whereby mosquito nets were distributed to a family for the prevention of malaria, but the male of the home insisted that the net was for him since he was the head of the household. He refused to release the mosquito net to his wife and the other members of the family putting them at risk of acquiring malaria. Another example focused on Country XX where a transgender person requested a name change in court. The court granted request that her name be changed to reflect her present status. However, upon change of name, it became impossible for her to access services as she was often referred to as a man, discriminated against and traumatized. The National AIDS Control Council by not officially recognizing the needs of transgendered populations, did not acknowledge the vulnerability of these populations to HIV.

Gender was a key discussion point for the community participants of the pre-meeting, as some members are engaged in other initiatives considering how gender should be framed in the upcoming Global Fund strategy such as the Women4Global Fund movement. A principal area of discussion was again around creating and sustaining the necessary evidence base (similar to the issues of human rights and community systems strengthening) to advocate the importance of investing in gender programming. Some participants also articulated the necessity to frame (and monitor) gender more holistically for example beyond bio-medical interventions (e.g. PMTCT programming) to address the structural and to socio-cultural practices which greatly impact upon women and young girls. An additional point raised by the participants was the importance of national gender policies when considering gender programming and responses, with the Global Fund encouraged to ensure governments integrate effectively gender, health and HIV policies. Some of the additional points raised by the Women4Global Fund initiative were:

- There are still very few gender champions working to advocate more holistic responses to the three diseases
- It is important to frame gender in terms of “women in all their diversity” rather than an exclusive focus on women and girls from key populations.
- It is critical that the Global Fund makes a determination to collect the right data through the right indicators

**Key Populations**

One example provided by participants was the case of Country X where the criminalization of sex workers inhibits them from using health care services. Sex workers and LGBTI are encouraged to bring their partners to access treatment for STIs effectively discouraging these populations from seeking services for HIV. Overall, specific issues facing key populations tended to be integrated into discussions of gender, human rights, and CSS/community responses during the pre-meeting. It was also noted throughout the discussions middle income countries where HIV epidemics are concentrated among key populations were going to be a flash point for strategy development in relation issues of sustainability and transition.

The overall group discussion and points raised by the participants focused on the issue of language and definition in terms of how key populations are understood by the Global Fund and consequently by governments. The point was raised that the current Global Fund definition does not include people living with the three diseases (infection). In addition, the work being undertaken by the ICASO/ICSS Civil Society Consultation in Amsterdam (April
2015) put forward a recommendation to develop a protocol, an effective plan and the necessary resources to manage situations whereby governments do not effectively deliver the right to health for key populations. Moreover, a representative from UNDP endorsed two pre-meeting participants in the main Partnership Forum open plenary calling for a mechanism to promote the alignment of law, policy and strategy in relation to key populations specifically. Finally, during the break-out session of the main Partnership Forum one of the community representatives called for corporate KPIs on gender and key populations.

**Resource Mobilization**

While resource mobilization is not likely to feature as a core strategic issue or priority in the 2017-2021 Global Fund Strategy, it remains a priority in particular for civil society and communities. There were two presentations during the pre-meeting on the status of resource mobilization and replenishment (Linda Mafu with the Global Fund Secretariat and Nombasa Gxuluwe with the Africa Hub), as well as some feedback from the civil society actors involved in the ICASO/ICSS meeting held in Amsterdam in April 2015. The core content from these sessions and meetings included some of the following messages:

- There is a necessity to document lessons learned from domestic health financing and Global Fund Replenishment to facilitate the development of health investment cases to demonstrate to different governments the case for investing in health.
- Partnership in domestic health financing is essential for example, civil society stakeholders can have expertise in budget analysis and tracking that can support the development of a more robust evidence base.
- The need for further deliberation on the mechanisms that can be used to facilitate increased South-South collaboration and investment with regards to resource mobilization.
- Resource mobilization must be based on a full expression of demand by countries.
- The Global Fund should expand research into innovative financing mechanisms and take leadership in this area.

The group also recognized the notion that an ambitious strategy will be meaningless without sufficient funds to implement it, thereby explicitly linking resource mobilization to strategy development.

**Concerns to Address**

Throughout the post-meeting and main Partnership Forum a number of concerns were raised by the pre-meeting participants about the overall content of the Partnership Forum and with regard to the responses by governments and donors to some of the issues being advocated by communities from other meeting stakeholders. With this in mind, some of the concerns of the participants included:

- There was the necessity for a more detailed and robust presentation of the concept of “differentiation” during the pre-meeting so that participants could more adequately understand how this tied in practically to concept note development and grant implementation.
- During the main Partnership Forum the lack of attention and understanding of CSS and community responses to the three diseases was a principal concern of all community participants.
Members of Parliament and other government officials at the Partnership Forum remained significantly uncomfortable discussing sexual orientation and gender identity issues.

Tuberculosis was under-discussed at the Partnership Forum. The Stop TB meeting should have been better integrated.

There was some disappointment that the Ethiopian Minister of Health did not respond to or react to the speech delivered by the community representative (Phelister Abdallah) during the opening plenary.

The group should have been more prepared for meeting with the Board Chair as there was not a clear strategy for expressing key messages and concerns. For the next Partnership Forum, community representatives could run this meeting and do additional pre-meeting preparation.

There is concern about how gender equality issues will fare in the strategy. African governments at the Partnership Forum did not seem interested in a corporate KPI on gender. They were perceived to be of the belief that if you “get access to services right, then women will be taken care of.”

In addition, the discussion of gender during the break-out groups and plenaries of the Partnership Forum was limited to women and girls.

There was barely any discussion of disease/infection prevention at the Partnership Forum.

Community representatives did not feel the main Partnership Forum facilitators were sufficiently knowledgeable on the core strategic issues enough to be able to articulate the different technical nuances of the issues. Where possible members of community delegations should also be considered as facilitators for future Partnership Forums.

**Recommendations for Future Civil Society and Communities Pre- and Post-Meetings**

The medium to longer-term vision of community engagement in the upcoming strategy by the Community, Rights and Gender Department within the Global Fund Secretariat allows for the refinement of processes across the three Partnership Forum Meetings (and pre-/post-meetings). The pre- and post-meetings with civil society actors in Addis Ababa represented the first phase in a continuum designed to effectively ascertain how can the Global Fund genuinely engage communities in its institutions and processes. From the first meetings a range of recommendations were put forward by both the civil society and community representatives as well as Global Fund Secretariat members. They are:

- To maintain the strategy issues briefs designed for the pre-meetings to facilitate knowledge generation. These issues briefs were found to be very valuable for the participants and through their development at the pre-meeting, and can be revised for the pre-meeting participants in Bangkok and eventually Panama.
- To consider disseminating the revised issues briefs to participants in advance of the pre-meeting for Bangkok so that a knowledge base on the Global Fund strategic areas can be established in advance of the pre-meeting.
- The issues briefs should be translated into French, Spanish and Arabic.
- To allow members of the pre-meeting to present some of the issues briefs themselves, as these are denser sessions that could be made lighter through the use of different presenters.
- The group work exercise on day one designed to generate and consolidate knowledge was very effective, however it should be explained to participants in a more accessible manner in advance.
Consider adjusting the group work throughout the pre-meeting to reflect the break-out groups of the Partnership Forum; in addition, pre-determine members of the group work to effect quantitative balance and technical expertise among participants.

Ensure that the messages introduced and discussed in the plenary sessions of the pre-meetings are adequately reflected in the case study briefs and key messages, as well as returned to in day two; this could be tasked to participants themselves who are responsible for rapporteuring one issue each.

A structured de-brief is needed if possible on the first night of the Partnership Forum to consolidate and plan interventions during day two.

Attempts should be made to articulate a common agenda among the community participants for the Partnership Forum (on areas of common ground) even if only on one core strategic issue such as community responses.

Following the development of the case study briefs with key messages, it would be useful to have one page disseminated in hard copy at the end of the two day pre-meeting with the key messages under each issue to use as supporting material during the Partnership Forum.

Ensure that the participant list is finalized at least 2-3 weeks in advance of the pre-meeting to allow for the participants to be more adequately briefed and to better guarantee that the attendees for the CRG pre-meeting are not designated to be attending other pre-meetings taking place around the Partnership Forum.

Follow-Up from Addis Ababa

Following on from the recommendations outlined above, key actions should be considered in advance of the pre-meetings planned for Bangkok and Panama. Moreover, deliberations are necessary to further determine what initiatives/actions the CRG and facilitators should support and those that should be for community representatives to lead on themselves. With this in mind the following considerations could be made:

- To set aside designated time during the next Partnership Forums for civil society and community representatives to meet with Parliamentarians and representatives of national diseases control programs, if possible before the start of the main conference.
- Develop a mechanism to update community participants of evolving strategy developments following the meetings.
- Disseminate the summary report from the Pre- and Post-Meetings in Addis Ababa.
- Either the CRG or other initiatives perhaps external to the Global Fund (ICASO/ ICSS) could develop a list serve to keep communities better informed of strategic developments to facilitate advocacy.
- Disseminate the revised versions of the issues briefs to the civil society and community participants.
- Revise Bangkok agenda to give sufficient time to language barriers and to better understanding the core strategic issues content.

Annex 1: Summary of Pre-Meeting Process and Participant Feedback (Addis Ababa 5-9 May)

Prior to the pre-meeting the participants were sent a short survey intended to solicit feedback on the draft agenda as well as to initially assess the participants’ knowledge of the different strategic areas to be addressed during both the pre-meeting and main Partnership Forum conference. The areas where participants felt they had the least amount of knowledge were on: sustainability and transition, challenging operating environments, and HSS; where
participants felt they had more knowledge was on issues including: human rights, gender, key populations and community responses. The pre-meeting itself was designed to concentrate on knowledge generation/transfer and consolidation throughout the first day, and then the development of key messages to reflect community and civil society priorities for the 2017-2021 Global Fund strategy during day two.

The pre-meeting in Addis Ababa was introduced by Kate Thomson, Director of the CRG, to emphasize the essential role of community and civil society engagement in the global response to the three diseases, as well as the future strategic direction of the upcoming Global Fund strategy. She underscored that the pre-meeting was the first step in enhanced community engagement in these processes over the coming several months. The welcome introduction was followed by two sessions designed to frame the overall objectives of the pre-meeting, the first on the roles of civil societies and communities in the Global Fund institutions and processes then and now, and the second on the current Global Fund strategy including the timeline for the development of the subsequent strategy. Some of the challenges and successes framed during these sessions by the participants included (presentations and broader group discussion):

- There are **varying levels of understanding of Global Fund processes** at community level, and therefore civil society actors do not necessarily feel comfortable/confident enough to participate and engage, for example in country dialogue processes; a question of how do we better support community engagement to “know their content” as access can still be a barrier.
- This leads to **questions concerning “meaningful engagement”** through which individuals and organizations engage in Global Fund processes, such as CCMs and concept note development; this remains a real challenge—there are concerns over the capacity of members selected to engage or represent communities. Voice is an issue.
- The ongoing **challenge of including and engaging key populations** as well as recognizing **the role of civil society and communities beyond implementation**—has Global Fund, and by extension, HIV, TB, and Malaria advocacy, lost some of its power because key advocates are in one way or another part of the Global Fund apparatus and as such is their independence and effectiveness compromised?
- There are very good opportunities to engage in Global Fund processes however **how can communities more effectively and meaningfully engage in national strategy development**—integrating necessary interventions into national strategies (rather than revising the national strategic plan based on the content of the concept note)?
- There is concern that the **strategic drive toward sustainability and transition could undo some of the gains made** on combating the three diseases as the focus is shifted onto greater domestic financing.
- **The challenge of the full expression of demand** as countries are still worried that by asking too much the concept notes would be rejected; this raises issues concerning remaining gaps in terms of adequate country understanding of the Global Fund funding model—the model is not necessarily working efficiently on the ground.
- The challenge of ensuring that not only is human rights reflected in the new strategy but that the work done so far is carried forward and advanced.

The remainder of day one involved presentations alongside concentrated group work to support participants to understand the key strategic themes under review and to allow for opportunities for the participants themselves to generate practical case examples of how these issues are unfolding in their own countries/contexts. The presentations outlined each
key strategic issue including: the definition, its representation in the current Global Fund strategy, a case example and issues for consideration. These issues briefs were then used by the participants themselves to articulate more detailed case examples and to consolidate knowledge on the specific strategic issues under consideration. The group work developed by the participants would then form the base for the work to be undertaken during day two of the pre-meeting.

During the second day of the pre-meeting participants were presented with the case study briefs each group had produced and encouraged to then critically put forward key messages under each strategic issue. In this exercise participants were able to choose which group to work in based on the group break-out sessions outlined in the main Partnership Forum agenda. Prior to this exercise the co-facilitators took participants through the main conference agenda and worked with the participants to highlight the format of the different sessions, as well as to emphasize opportunities for engagement. Additional sessions throughout day two provided the opportunity for the meeting participants to hear about other community consultations on Global Fund strategy development that have taken place or are underway by civil society groups including ICASO/GFAN, the Global Fund Human Rights Reference Group, the Women4Global Fund initiative. There was also a session on Global Fund resource mobilization strategies and goals and the ways in which they are linked to strategy development.

After participants worked to articulate and develop key strategic messages and “asks” all messages were then presented to the broader group for reflection and input. In addition, the group was encouraged to nominate a representative of the group to present a civil society/communities statement during the opening plenary of the Partnership Forum. Key points were developed during a side meeting and then reviewed with the group for feedback. The final session before the closing of the pre-meeting then focused on successful advocacy strategies acknowledging the different skills among the participants and helpful techniques to carry forward during the main Partnership Forum.

Participant Feedback from the Pre- and Post-Meetings

There were approximately 35-40 participants in attendance of the pre-meeting in Addis Ababa and another 10-12 who stayed on for the post-briefing following the Partnership Forum. Overall the primary positive outcome expressed by the participants was a real sense of solidarity in taking some of the key issues for civil society and communities forward during the Partnership Forum, and beyond in their country contexts upon their return. The pre and post-meetings provided opportunities for knowledge generation, exchange and an overall better understanding of Global Fund policies and processes. Some participants remarked that they had never been to a civil society meeting where everyone was “on the same page”, where everyone supported each other and that there was a shared recognition that everyone’s views were of importance. Some of the additional comments from the participants on the pre and post meetings included:

- “The meeting has prepared us and we feel this is a strong safe space,” “we are happy to have participated and happy with the process;”
- “There is a power to the community as together we can make decisions over billions, it has been great.”
- “The facilitation, presentations and group work were strong, and prepared us to be better prepared on a range of issues.”
• “The last few days have been quite exciting to see what processes to engage in, all the acronyms and learning so much to feed back to our communities and to empower them with the knowledge they have learned. Thank you.”

• “Knowledge is power, and we have been lacking knowledge to participate and to speak. This has been an opportunity to meet new faces and to have the power in our hands.”

• “The community, rights and gender team is doing some really good work.”

• “The community pre-meeting is critical. Those who did not attend felt that they were at a disadvantage in advocating for community priorities related to the strategy.”
Annex 2: Key Messages by Each Core Strategic Area

Key Populations:
- Funding the key populations directly
- Respect the human rights of key populations
- Adhering with the global fund definition of key populations
- Ensure access to quality and comprehensive services for key populations
- The necessity to merge the issues: these issues (human rights, gender and key populations) should in principle stand-alone for added visibility and attention
- Cross-cutting issue: meaningful engagement, investing in communities, having clear indicators and measurement

Gender:
- Collecting the right indicator(s) around gender—more need for robust disaggregated data
- Necessity to move beyond bio-medical to understanding the impact of the three diseases on gender
- Meaningful engagement and representation at all levels
- Supporting communities in need
- Increased investment in communities of women and girls, and young people
- Supporting the right programs
- Addressing structural issues
- Stronger links to sexual and reproductive health and rights

Human Rights:
- Increase human rights investments for key populations, women led CSOs and human rights organizations
- Exploring non-traditional mechanisms where necessary whereby human rights programs are crucial such as where key populations cannot access support at country level, can seek support from other initiatives which support communities
- Ensuring government compliance of the five human rights standards, for example in countries which receive funding that does not reach the community
- It is essential that human rights performance and reform can be measured—having clear measurement and indicators
- Increasing evidence base to scale-up health-related human rights programs
- The necessity to merge the issues: these issues (human rights, gender and key populations) should in principle stand-alone for added visibility and attention

Challenging Operating Environments:
- Clear criteria that will be used to categorize a country within a challenging operating environment
- Strategy needs to include components around how the GF will respond in challenging operating environments—to be able to respond quickly in situations of conflict, by reprogram a grant, to have the mandate to have a different approach to risk and therefore the strategy needs to define the skills needed in the secretariat to develop this area further

Sustainability and Transition:
- “Leave no one behind” focus on people not countries
- CSS needs to be prioritized to stress the importance of sustainability and transitions plans, particularly the role of communities monitoring these plans
- Controlling the epidemics is one of the key components of sustainability

**Community Systems and Health Systems Strengthening:**
- Merging HSS with CSS will weaken attention given to CSS which does not have the same strong backing HSS has
- HSS has considerable support form other partners working around biomedical interventions
- Community led responses including CSS should be separated from HSS and more investment given to it
- Clear definition structure of CSS with KPIs and budgets attached to them should be part of the strategy
Annex 3: The Prioritization of Community Systems Strengthening and Community Responses

Background:
- During the plenary on day two, the community constituency at the Partnership Forum called for a “standalone strategic objective to invest in and track funding for community systems strengthening.”
- The Board chair followed up outside the plenary to say, “Great idea, we will do it.”
- The report back from the CSS/HSS breakout group was all about “supporting governments to support communities”
- The final document out of the Africa Bureau meeting (that took place before the Partnership Forum) also deprioritized CSS.
- The group agreed that CSS and HSS should be considered separately and we have to prioritize advocacy and monitoring, not just service delivery.
- The group agreed to draft a statement that calls for a standalone strategic objective on community response for the Board Chair, the SIIC, and to share with the participants in the Bangkok partnership forum

Discussion of Strategy for Calling for the Prioritization of Community Response
- The focus of the demand should be about the impact of community responses not just about investments.
- Example: “To end the epidemic, there needs to be greater scale of community responses. To scale up community responses you need strong community systems: accountability, monitoring, and investment in advocacy, to ensure those investments have impact on the three diseases.
- If you calculate the time that has already been invested by volunteer community members in advocacy, service, delivery, etc. it would be worth billions.
- During the Partnership Forum the community constituency was asked by the Board and the Secretariat to consider what the Global Fund can do in relation to the three diseases that no one else can do. The response could be that many other institutions such as the World Bank, GAVI and others are supporting health systems strengthening. The Global Fund is revolutionary in its commitment to supporting the community response. This is where the Global Fund can contribute to the sustainability of the response to the three diseases.
- Statements made by the Board, the Secretariat, and expert consultations on human rights and gender all mention that investment in the community response is critical in reaching strategic goals. Yet there is not a clear strategy to scale up community responses.
- The group agreed to shift the discussion away from “building capacity” and “empowering communities”. Communities know how to do their work. Sometimes this work is distinct from formal health services, and sometimes it is connected and complementary.
- Evidence: The group agreed that while it’s important for the Global Fund to build the evidence base showing that the community responses work, we should also acknowledge that such evidence already exists.
- The group discussed the idea of asking for a target on spending for CSS and the possibilities of harmonizing with the UNAIDS Fast Track discussion. The Fast Track document states that: “to optimize efficiencies, UNAIDS projects that community-
based service delivery will need to be ramped up to cover at least 30% of total service delivery.”

- This UNAIDS statement only refers to a scale up of community-based service delivery, which is just one piece of the community response. Community systems also include advocacy to ensure environments are conducive to the effective delivery of services (human rights are protected, no stigma in health care settings, etc.) and monitoring for access and quality. All of these activities comprise an effective community response that needs to be resourced together with, or as a part of, community service delivery. So this 30% target may be something to work from.