

GFAN call, 26 January Summary notes from the call

Main topic area: Two civil society pre-meetings that have just been held, hosted by the Secretariat, in advance of the Partnership Forums. The joint EECA-LAC pre-meeting was over two days (20-21 January), with the Africa meeting a full day on 25 January

1) Call out about a high-profile discussion at both pre-meetings:

- A **presentation and discussion on global health security** at both pre-meetings was the most interesting part of the gathering, in many people's views. The engagement consisted of a pre-recorded video presentation by **Suerie Moon**, Professor of Practice & Co-Director, Global Health Centre, Graduate Institute of Geneva. She then participated during a plenary discussion on the presentation

2) Report-backs / observations from call participants who attended the EECA-LAC and Africa pre-meetings

List of issues/priorities highlighted re EECA discussions:

- GF should focus on the **underlying political and structural barriers** (e.g., regarding human rights) in HIV and TB. One practical recommendation: expand and deepen the **Breaking Down Barriers** initiative.
- Emphasis that community systems are part of overall systems for health – should not be distinction. The overall **community systems strengthening (CSS)** approach needs to be renewed and promoted by the GF as part of its work on resilient and sustainable systems for health (RSSH). Practical recommendation: **30% of all funding on HIV and TB** should go to community-led services
- GF should find ways to sustain community-led approaches even **beyond country grants**, especially since there are many huge challenges/problems in countries that transitioned from GF support or are no longer eligible.
- **Multi-country grants** are critical for KPs and communities. We need more of them and with more money for them.
- **Civil society fiscal space** is decreasing, a trend exacerbated by Covid-19. Global Fund must recognize this issue and consider it a priority to address.
- Strong message from the region that the whole approach and strategy should be **based on human rights and science**
- Regarding **global health security**, there was agreement that the Global Fund should focus on the three diseases primarily. Whatever is done in those areas already strengthens health systems.

- The GF should play a more **political role in countries**. It has political leverage it should use more proactively, including in areas such as human rights, decriminalization, gender, etc.

List of issues/priorities highlighted re LAC discussions:

[These are additional / specific to some of the main priorities noted by EECA participants above, as there were many commonalities.]

- **Data** was a big topic of discussions. There were concerns around the data the GF is using around KPs such as sex workers and people who use drugs. Often the GF did not have good or reliable data in many important areas. The importance of community-generated and -supported data can be seen by the fact that the GF relied largely on such data when designing and implemented the emergency funding for Venezuela
- Communities' involvement overall in delivering and supporting the Venezuela emergency project is one reason it functioned so well. This underscores **need for more CSS**.
- Also regarding data: agreement on a need to **use different metrics to measure success and grant outcomes**. Need to reconsider what should really be measured – e.g., not just the number of HIV tests done but also issues related to empowering sex workers (for example) and addressing all of which makes them vulnerable

List of issues/priorities highlighted re Africa discussions:

- Maintain **focus on 3 diseases and RSSH**. Concerns about expanding the mandate when we have not yet addressed the 3 epidemics adequately.
- GF must work to ensure that **human rights and equity** are at the center of all components of **global health security** activities. This should be lens through which it approaches the overall area of work. As part of this prioritization, the GF could use its influence and leverage to get partners in global health security to do better on human rights and equity.
 - For the GF to expand its work in global health security, huge resources might need to be available. This could be a concern if resources are taken from the three diseases, etc.
- More needs to be achieved around **community engagement**, including to ensure that it is meaningful in related. Efforts to achieve this need to be followed throughout grant implementation.
 - KPIs should be developed around key populations and community engagement, including on CCMs.
 - Best practices should be shared and used as models in other places.
- Strong ask for a **separate pool of funding for communities/KPs**. This money should reach real people doing real work on structural interventions and in all things regarding human rights and gender.

- Differentiated approaches should be used, however they are defined in a country context
- Communities and civil society should be **recognized as experts**, including in influencing how GF programs are implemented
- More can be done on **strengthening alliances** across partners at country level
- Investment needs to be done in **both treatment and prevention**. For HIV, for example, it is not possible to treat our way out of the epidemic. More attention and investments therefore must go to primary prevention, reaching KPs and other vulnerable, etc.
- The GF should become **more direct and prescriptive**, especially to counter the bad effects of country ownership (e.g., exclusion of KPs and communities).
- The current **arrangements regarding PRs and SRs** should be reviewed and scrutinized more carefully. More should be done to ensure there are more local PRs, for example, and to ensure that organizations working on the ground continue to get support to ensure sustainability of services
- Concern about **community health workers (CHWs)**, especially those working in malaria, are not compensated well if at all. Reports in some countries of some CHWs not being paid for several months.
- **Domestic resource mobilization (DRM)** should be a priority, with more efforts to engage and support communities and civil society focusing on this issue.
- The challenges of **stigma, discrimination and criminalization** persist. Push for the GF to consider how it can address these issues better.
- **People-centered approaches to health provision** should be a core focus for the GF in integration and health systems strengthening (**HSS**) areas. Including in its activities and work around universal health coverage (**UHC**) and primary health care. The GF should strengthen referral pathways to help users get better, more integrated and people-centered health care

3) Process issues/concerns regarding the pre-meetings

- Lack of clarity in advance or during the pre-meetings about **what the main focus should be**. On repeating what advocates have already been saying? Confirming what has been agreed on? Coming up with something new?
- Limited and **unrepresentative participation**. Impossible to know how many participants were truly from the community, for example, or from the Secretariat. Similar dynamic in break out rooms: often huge numbers of Secretariat and relatively few from communities/CS.
- Lack of access to pre-meeting **participants lists** made it difficult to assess the representation of people in breakout rooms and in the plenary. The lack of information also made it impossible to reach out in advance, if needed, or to coordinate strategically.

- **Lateness of invitations** to both Partnership Forums themselves and pre-meetings
- Confusion about **how to apply** and for what; also, lack of response to applications. Selection criteria not as opaque as it should have been.
- Only limited time for **cross-regional discussions** (e.g., between EECA and LAC participants) during pre-meeting
- Concern that the pre-meetings are being **dominated by the CRG Regional Platforms**, which are closely aligned with the Secretariat.
- CS needs to organize itself to maximize use of the space to be provided in the Partnership Forums – including by gathering and taking into account what has been discussed in pre-meetings

Next steps / other issues

- CS participants across all three pre-meetings are collectively involved in drafting a joint **civil society statement** based on what they discussed and prioritized at the pre-meetings.
- Strong call for CS to **organize itself** to maximize use of the space to be provided in the Partnership Forums – including by gathering and taking into account what has been discussed in pre-meetings
- Concern that as we move forward, we risk making this Strategy development more complicated for us. We should **think strategically about what we want and make it relatively clear and simple** – if we talk about everything, it deletes our arguments/asks overall. One option could be to focus on one overarching goal such as how to support communities better at global, regional and national levels. Real action in that area would then help to address challenges such as inadequate representation on CCMs and not enough money for KPs, etc.
- GFAN AP and APCASO are in the process of finalizing a **statement document, ‘The Global Fund That We Still Want’**. The goal is to have this finalized in advance of the Partnership Forums. Inputs are still being gathered in the region to influence the final draft.

Next GFAN call Wednesday, 3 February

This meeting will be used to assess all pre-meetings and plan for the main Partnership Forums, which run from mid-February to mid-March, as well as plan for how to be most impactful over the Strategy development process through to when the new Strategy is finalized.

- **Issues to discuss include:** coordinating and highlighting ongoing CS priorities; reaching out to and engaging the wider CS community; how and when to engage with Board Members, GF Secretariat staff, etc.; meaningful tools and support GFAN might provide, etc.

Call details: Wednesday, 3 February (6 am EST / 13:00 SAST / 6 pm IT).
Location: <https://zoom.us/j/99864203859>
Meeting ID: 998 6420 3859