

6th Partnership Forums Meeting Report

Regional Partnership Forum I: Eastern Europe and
Central Asia and Latin America and the Caribbean

9-11 February 2021

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1. Background

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”) organizes Partnership Forums approximately every six years as part of its Strategy development process. The Partnership Forums are mandated by the Global Fund Bylaws and aim to provide an inclusive platform for stakeholders from across the partnership to come together to collect ideas, review evidence, and help identify areas of future Global Fund Strategy focus, with an emphasis on obtaining the perspectives of implementers who are not regularly engaged in Global Fund strategic discussions. Due to restrictions in relation to the COVID-19 pandemic, the 6th Partnership Forums – held in the first quarter of 2021 – were convened entirely virtually for the first time. The outcomes of the 6th Partnership Forums feed directly into the ongoing development of the post-2022 Global Fund Strategy.

A total of five distinct virtual consultations were convened over six weeks (2 February–15 March 2021): a joint Global Opening followed by three regional Forums¹ and a joint Global Closing. Four reports documenting the outcomes of the Partnership Forums have been developed – a summary report for each of the three regional Partnership Forums and an overarching final report that covers all five consultations with overarching recommendations and lessons. To support independent reporting from the Partnership Forums, the drafting of these reports was led by an independent rapporteur.

The Regional Partnership Forum for Eastern Europe and Central Asia (EECA), Latin America and the Caribbean (LAC) (the “Regional Forum”) was held virtually over three consecutive days (three hours each on 9–11 February 2021). Guided by the Participant Methodology for the 6th Partnership Forums², a total of 71 people participated, including 25 people from EECA, 33 people from LAC and 13 people from the Global North (Annex 1 includes a breakdown of participants). Participants represented the diverse range of stakeholders that make up the Global Fund partnership, including from local, regional and global civil society and communities living with and affected by the three diseases; implementing governments; technical partners; the private sector; and donors.

The Regional Forum included a mix of plenary sessions and breakout group discussions. The opening plenary set the stage, with a panel discussion to contextualize the development of the Global Fund’s new Strategy within the rapidly changing global and regional environment, with a decade to go to the 2030 Sustainable Development Goals (SDGs), and amid the COVID-19 pandemic that is threatening to set back progress against HIV, TB and malaria by decades. Speakers included the Chair of the Global Fund Board, Dr. Donald

¹ Regional Partnership Forum I for Eastern Europe, Central Asia, Latin America and the Caribbean, held 9-11 February; Regional Partnership Forum II for West and Central Africa, East Africa, Southern Africa and Middle East North Africa I (Morocco, Egypt, Djibouti, Sudan, Somalia, Tunisia, Algeria, Mauritania, Djibouti and Eritrea), held 15-17 February; and Regional Partnership Forum III for South West Asia, East Asia, the Pacific, and MENA II (Iraq, Syria, Jordan, Lebanon, Yemen and Palestine), held 3-5 March.

² Participants were invited through a formal nomination process based on criteria determined in conjunction with the Global Fund’s Strategy Committee. The criteria aimed to ensure a balance between familiar voices and those stakeholders who have fewer opportunities to engage in Global Fund strategic discussions, and bring a balance of perspectives, experiences, geographical backgrounds and areas of expertise from across the Global Fund partnership to contribute to the discussion.

Kaberuka, and representatives from the LAC and EECA regions, including Dr. Lena Nanushyan, Deputy Minister of Health of Armenia; Dr. Alejandra Acuña, Vice Minister of Health, Costa Rica; Keren Dunaway, Gender Equality Officer for ICW and Youth Coordinator for Llaves Foundation, Honduras; and Daniyar Orsekov, Advocacy Coordinator at Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, Kyrgyzstan. Subsequent plenaries, held after breakout group sessions, centered primarily around discussing, synthesizing and refining the feedback from across the breakout groups (see Annex 2 for the full Partnership Forum agenda).

The facilitated breakout groups were at the heart of the Regional Forum. The topic groupings were defined based on input and evidence gathered during the Strategy development process throughout 2020, including from an online Open Consultation that received 324 submissions representing over 5,450 individuals.³ As indicated in Figure 1 below, the breakout group topics spanned two categories, with six within the ‘**defining our focus**’ category and four within the ‘**achieving our goals**’ category. These topics encapsulate ~25 sub-topics as shown in Annex 3. Participants were assigned to one breakout group from the ‘defining our focus’ topics and one from the ‘achieving our goals’ topics based on pre-identified preferences, with participation balanced across stakeholder groups. Breakout discussions were held separately for the EECA and LAC regions due to time differences between the regions, but with plenaries bringing together participants from both regions to discuss common challenges and interlinkages.

Participant rapporteurs worked together with their respective breakout groups to capture the main takeaways from their conversation in summaries that were then discussed in plenary. These summaries form the basis of this report, and are part of the full scope of inputs being used by the Global Fund Secretariat, Strategy Committee and Board to develop the post-2022 Strategy.

Figure 1. Topics for Regional Partnership Forum I breakout group discussions



N.B: The two key areas of Global Fund strength (equity, human rights, gender, and most vulnerable; and community and civil society engagement and leadership of the response) were discussed across topics

* Except in the case of EECA where there were only five 'Defining Our Focus' break-outs (as there was no 'Delivering outcomes against malaria' break-out)

³ Information about the online Open Consultation, including synthesis of inputs, is available at: www.theglobalfund.org/en/strategy-development/.

2. Overview of breakout group discussions and recommendations by topic

Brief summaries from the ten breakout group topic areas are provided below. Multiple breakout groups were organized for each topic due to the large number of participants and the desire to keep each breakout group limited in size to ensure space for all participants to actively contribute to the discussions. Therefore, the ten summaries present a consolidated overview of inputs from across all breakout groups and across all regions for that topic. A specific region is mentioned only in reference to areas that were highlighted specifically in relation to that region. In certain instances, substantive input given in a topic breakout group that is closely related to another topic has been described within the latter topic section (e.g., substantive input related to addressing human rights barriers received within the 'Resource Mobilization' breakout group has been reflected in this report under the 'Equity, human rights, gender, and key and vulnerable populations' topic section).

These summaries aim to capture the key points from the extensive discussions and numerous recommendations brought forward in breakout group sessions and in plenary. The detailed breakout group and plenary notes are being used to inform development of the Strategy Framework and Narrative throughout 2021 and will be used to prepare for the implementation of the next Strategy.

2.1 'Defining our focus' topics

a. Delivering outcomes against HIV

In general, it was participants' opinion that an **embedded human rights lens** is essential to maximize outcomes against HIV, as this structural lens is essential to avoid leaving people behind, including hard-to-reach populations such as migrants, prisoners, indigenous people, etc. In terms of practical recommendations, participants suggested that the Global Fund focus on:

- **Strengthening interventions focused on reaching key populations** in areas such as testing, prevention, treatment access and adherence, and psychosocial and other support;
- Catalyzing and strongly supporting interventions to **address structural barriers** such as criminalization, stigma and discrimination that impede key populations' access to the HIV services and support they need and deserve; and
- Ensuring more **financial and other support for community-based work**, including in areas such monitoring and advocacy, to enhance their full participation.

Other recommended priority areas of work included support for the gathering of **more robust and granular data** and operational research to better understand what is most effective to find, bring into care, and support populations most vulnerable to HIV. It was also suggested that the Global Fund promote and expand the implementation of tools and innovations that could be highly beneficial for key populations of all ages, such as pre-exposure prophylaxis (PrEP) and HIV self-testing. The Global Fund giving increased attention and support for

transition preparedness and sustainability, an issue discussed in several other topic areas, was also highlighted as important for improved HIV outcomes in EECA and LAC.

b. Delivering outcomes against TB

To promote and achieve bolder and more accelerated TB responses, participants called on the Global Fund to more directly use its **political leverage to hold governments accountable** for co-financing and allocative efficiency of funding for TB. Another suggested way to promote accountability was the inclusion of further **milestones in grant implementation** to promote increased country responsibility for implementing activities as expected and needed.

A consistent message from both regions was for **community systems strengthening (CSS)** and a **community-, rights- and gender-focused approach** to be prioritized in all Global Fund-supported TB interventions. For grants and activities to be well-tailored to local needs and contribute to sustainability, participants highlighted the importance of communities being equal partners and leaders in the design, implementation, monitoring and reporting of all aspect of Global Fund-supported programming on TB.

A third priority area highlighted was that **key populations and vulnerable groups** outside the reach of formal structures – e.g., **migrants and indigenous communities** – should be an important focus for all TB interventions, including through more extensive early case finding efforts. Several participants called for the Global Fund to fund more **multi-country grant** programs (and allocate more resources to them). They highlighted that based on their experience and observations with previous multi-country grants in both regions in the past several years, these grant arrangements can be an effective approach to reach stigmatized, discriminated and criminalized populations in both EECA and LAC with access to TB prevention, treatment and care services.

Several participants also urged the Global Fund to be more assertive in addressing **multidrug-resistant TB (MDR-TB)**, which could include by providing technical support to governments to ensure access to innovative treatments and diagnostics.

c. Delivering outcomes against malaria

Flexibility, reducing health inequities, and partnerships were emphasized during discussions about how to improve impact on malaria in LAC. These areas were seen as important in the following ways in particular:

- Closer attention should be given to the impact of malaria on **women (especially pregnant women), children and vulnerable and indigenous populations**. Reducing inequities in their access to malaria prevention and treatment services requires better monitoring of the effect of malaria on them, which is a role well-suited to communities because they have knowledge, connections, and trust to undertake such work effectively.
- As has been made clear by the devastating health and economic impacts of the COVID-19 pandemic in LAC and the upsurge of malaria cases in Venezuela in recent years, it was noted that **flexibility** is important for addressing the effects of **crises and**

emergencies, including population movement. Considering these recent developments, it was recommended that greater **flexibility in transition** be afforded by the Global Fund and other partners, including by assessing the option of putting transitions on hold in relevant contexts, and making it easier for countries experiencing setbacks to be re-eligible for malaria funding. Participants highlighted that maintaining the gains and preventing the resurgence of malaria in areas where it has been eliminated are vital priorities even in the most challenging circumstances.

- To have greater impact against malaria, the Global Fund should be more open to supporting highly **differentiated activities** based on the specific context, which requires tailored combinations of interventions. The value of a differentiated approach was also referenced by participants in other topic areas, including the ‘strengthening impact by country context’ topic area.
- According to several attendees, **regional approaches** based on coordination, cross-border collaboration, and **multi-stakeholder partnerships** (e.g., with multilateral banks, the private sector and civil society) can be efficient and effective ways to optimize malaria investment impacts.

d. Integration and systems for health

Regional Forum attendees called on the Global Fund to **promote and lead on integration**, including by synchronizing its investments with in-country health care reforms, universal health coverage (UHC) processes and other health strategies. A key goal in these efforts should be to sustain and increase access to HIV, TB and malaria services through integrated national health systems.

The Global Fund was recommended to use learnings from COVID-19 responses when **contributing to structural reforms** at country and local levels in areas such as strengthening health information management, procurement and supply management, laboratories, and epidemiological surveillance. An underlying message from participants was that all integration-related activities should aim to **institutionalize the role of communities and civil society in health systems**, which means the Global Fund should be the leader in promoting a global vision in which community systems play an essential and leading role and are adequately funded, supported and engaged.

Participants recommended that the Global Fund also play a **stronger leadership role** at country level in all policies, processes and agendas related to integration, including through diplomacy and **using its political leverage**. Objectives should include ensuring that:

- Key populations are effectively integrated, engaged and empowered;
- More support and respect be given to community-generated data; and
- Systemic challenges that affect programs’ capacity, quality and sustainability be identified and addressed by countries and its partners.

In these efforts, the Global Fund was urged to be more catalytic in **supporting governments to be more innovative** – e.g., to use new and better tools and technologies and to prioritize the introduction of methods such as social contracting that can integrate

communities and key populations into **overall systems for health** and ensure that key services are delivered and sustained.

e. Equity, human rights, gender, and key and vulnerable populations

The case was made by many participants that leaving no one behind, which the Global Fund has championed as being at the core of its work, can only be achieved through the **full integration of human rights, gender and equity in all its grants, structures and systems**. For this to become a reality, they noted that the Global Fund must listen more to communities and key populations, and ensure that their voices and needs are reflected in all policies that guide the work of the Global Fund.

It was suggested that the Global Fund could take a few key steps to **better reach and support key populations, uphold human rights** and improve access to services for all in need. These steps include:

- Using its **political leverage** and high-level influence to advocate for policy change, including the decriminalization of key populations;
- Providing more **capacity-building and financial support** for key populations and communities in the lead up to, during and after **transitions**, which could include expanding the 'NGO rule'⁴ to post-transition countries and making available special post-transition grants to support community-led monitoring and advocacy;
- Expanding the use of and funding for **multi-country grants**;
- Tailoring the **eligibility and allocation criteria** to account for regional political and epidemiological contexts, including data on human rights violations against key and vulnerable groups;
- Expanding the **Breaking Down Barriers initiative**⁵ to all countries with significant legal and policy barriers for key populations' access to health services; and
- Ensuring that the **definition of 'vulnerable' and 'key' populations** is used throughout the Global Fund system includes 'people on the move' (refugees, migrants and internally displaced and mobile populations).

An overarching recommendation that came up in plenary as well as breakout group discussions was for the Global Fund to **create a direct funding mechanism for key and vulnerable populations** separate and distinct from the current structure that requires flowing through Country Coordinating Mechanisms (CCMs) and existing processes. Different participants' inputs suggested that a funding stream should focus on gender and human rights, would not be dependent on government approval, would eliminate the bureaucratic processes and bottlenecks that communities and key population groups face in accessing funding, would allow funds to be directed to community groups' core costs and advocacy work, and could address the shrinking civil society space in many parts of EECA and LAC and the lack of sufficient financing for communities in the regions for communities to play a leading role in HIV, TB and malaria responses.

⁴ The "NGO rule" allows for upper-middle income countries not on the OECD-DAC list to be eligible for financing of non-governmental organizations under special circumstances (e.g., political barriers to services). For more information: https://www.theglobalfund.org/media/7052/bm38_20-revisingglobalfundeligibilitypolicy_report_en.pdf

⁵ The Global Fund's **Breaking Down Barriers** initiative aims to address structural and other barriers to access to services and engagement by key and vulnerable populations. It has been piloted in a small number of countries to date.

It was also noted that the introduction of such a funding mechanism would be an important step towards meeting the commitment of “expanding community-led service delivery to cover at least 30 percent of all service delivery by 2030”.⁶ The Global Fund was asked to make the achievement of this 30% goal a priority in its new Strategy, including by using its leverage to hold governments accountable to achieving that percentage level.

f. Adapting to a changing environment

Participants noted that new and emerging pandemics such as COVID-19 and climate change are just two of many major developments that will continue to influence the environment in which the Global Fund operates. There was broad agreement among most participants that the Global Fund cannot and should not ignore or avoid them, but that its engagement in pandemics and climate change must not come at the cost of advancing the mission to end the three diseases. The suggestion was that in its efforts to adapt and make the Global Fund ‘fit for purpose’, the Global Fund should **center on HIV, TB and malaria in all actions and interventions** that aim to address issues categorized as ‘global health security’.

Participants identified several approaches and principles that should guide the Global Fund’s engagement in adapting to a changing environment:

- Building the **capacity of communities and civil society** in areas such as monitoring and advocacy – and working to support adequate funding and availability of ongoing technical support.
- Ensuring that all Global Fund responses within global health security include **context-specific, tailored approaches to address stigma, discrimination and other persistent human rights barriers**, such as the criminalization of key populations, and provide support for key and vulnerable populations to build more inclusive, non-discriminatory societies that are more resilient in the face of pandemics and other crises.
- The Global Fund has a role to play in **building regional strategic alliances** to address crises in challenging operating environments (e.g., migration displacement). It should intensify and leverage these partnerships and ensure that critical HIV, TB and malaria services continue to be made available to those in need, including by working closely with civil society.
- The Global Fund’s **actions and interventions in crisis situations** should be monitored and assessed, with particular attention to the impact on people living with and affected by HIV, TB and malaria. Indicators introduced to guide these assessments should include those that measure equity (or inequity) and economic and social inequality.
- Efforts to better respond to **climate change** could also include **developing new indicators** to improve tracking across a wide range of epidemiological, social, and systems areas (e.g., of the impact of climate change on TB and malaria vulnerability, and access to prevention and treatment services for all three diseases). **Promoting and prioritizing education on climate change among all partners**, from communities to governments, could be a useful programming component that is associated with better HIV, TB and malaria outcomes.

⁶ [2016 UN Political Declaration on HIV and AIDS](#)

2.2 'Achieving our goals' topics

a. Strengthening impact by country context

Participant inputs centered around supporting an inclusive partnership and strengthening data and strategic information. One key recommendation for how the Global Fund could strengthen impact by country context was for it to **prioritize and require data-driven programming and decision-making**, at the political and operational level, in relation to Global Fund-supported programs and request the same of its partners at country level. It was observed that improved and more rapidly generated and reliable disaggregated data – including in areas such as number of new cases and deaths, incidence and mortality – are critical to addressing inequities because they indicate which populations are being left behind, in which geographies this is happening and which services these groups may be missing.

Participants' recommendations were for the Global Fund to focus on:

- More **concrete technical and financial support** being made available to gather, assess and use data (including through improved surveillance systems);
- **Data being highly disaggregated**, including at subnational levels;
- **Communities having the capacity and space to be involved** in all aspects of data generation and use; and
- **Stronger monitoring and evaluation (M&E) processes** being in place, with community-led monitoring as a significant and influential component.

Relatedly, some Regional Forum attendees also highlighted that more support for **operational research** could hasten progress in countries by laying the groundwork for more rapid identification and use of **innovations**.

Actions aimed at **making transitions work better for all stakeholders** were highlighted as important for the EECA and LAC regions in terms of strengthening impact. Suggestions for how the Global Fund could facilitate improvements include starting the transition planning process earlier; introducing and monitoring concrete measures of progress toward sustainability; allowing more flexibility (e.g., putting some transitions on hold) based on country context such as key populations' access to services and human rights protections; and broadening country ownership (e.g., through involvement of Ministries of Finance).

As was also highlighted in other topic groups (including those focused on partnerships, as summarized in the sub-section below), an improved balance of power among partners on **CCMs** was identified as an important priority for strengthening impact in many countries in the two regions. Two recommended approaches were to strengthen community engagement and leadership on CCMs and to take measures to address power being concentrated in Principal Recipients.

As part of a more flexible approach, the Global Fund was also encouraged by some participants to take a **longer-term view towards impact measurement**, i.e., beyond the three-year funding cycles, including in specific areas such as performance frameworks reported to the Global Fund, because success in many important areas (e.g.,

decriminalization of key populations or integrating HIV, TB and malaria programs into national systems) in EECA and LAC countries often takes multiple cycles to demonstrate.

b. Partnerships to support effective implementation

The main message from participants was for **partnerships to be strengthened and broadened**, with particular attention on communities and more broadly representative country-based structures. Many of the observations and recommendations focused on **CCMs**, including the following:

- The role of CCMs should be strengthened through **technical and financial support** so that they can be involved in all relevant policy processes regarding the three diseases, as well as more broadly in other health and development agendas and policies, at the national level. One suggestion for a priority action was to make **impact and process results indicators** accessible to all who want to see them, which could increase CCMs' transparency and accountability.
- CCMs should be **more inclusive both internally and externally** to ensure that the holistic needs and challenges of people living with and affected by HIV, TB and malaria can be better addressed.
- Changes within CCMs should focus on building the **capacity of communities, including key populations, to be meaningfully engaged and serve as leaders** on CCMs while also removing and addressing obstacles that create imbalances among different partners' influence.
- CCMs should pursue more efficient and effective use of funds by expanding partnerships through CCMs **beyond HIV, TB and malaria responses**, including by setting up coordination and collaboration mechanisms with representatives and agencies on mental health, non-communicable diseases (NCDs), maternal and newborn child health (MNCH), etc. Another recommendation was for the Global Fund to support the establishment of communication mechanisms outside CCMs that collect and amplify the voices of those who are not members in taking forward decision making.

Throughout all these suggested areas of work on CCMs, participants highlighted the urgent need to **expand the role of communities** in national decision-making, which requires increased investments in CSS. Targeted support to **build malaria and TB communities** is especially needed to improve their representation and advocacy capacity, with more investment in **community-led monitoring**, which is important to allow communities to be more equal partners across all Global Fund processes and structures.

c. Market shaping, procurement, supply chain, and bringing new innovations to scale

Participants highlighted the importance of all activities and decisions around market shaping, procurement, supply chain, and bringing new innovations to scale being seen through one unifying vision: All Global Fund investments being directed towards the overarching goal of ensuring affordable, quality, consistent, sustainable and safe access to all services and support needed by all people living with and affected by HIV, TB and malaria.

Discussion about how to maximize innovation and change coalesced around a few suggested approaches and specific methods:

- At the *regional and global levels*, the Global Fund should promote **learning and introduction of new tools and new technologies** as well as the **sharing of experiences and best practices**. At the *country level*, the Global Fund's focus should include expediting the **roll-out of new tools and digital solutions** (including through the use of catalytic investments focused on 'doing things better' and hastening the availability of new innovations); supporting robust, accurate and transparent integrated **information systems**; and capitalizing on **other stakeholders' expertise** through strategic partnerships.

To address high-priority obstacles in the two regions, participants recommended that the Global Fund facilitate access in all countries to **quality and affordable medicines and diagnostics beyond Global Fund grants**. This could include direct support to overcoming capacity constraints and lack of technical knowledge about how to go about securing quality and affordable medicines and diagnostics – including in many upper-middle-income countries (UMICs), where continued and expanded access is a critical concern across the transition continuum.

Regional Forum attendees also highlighted that a stronger emphasis by the Global Fund and partners on transparency and openness in all aspects of **procurement** is essential to address corruption, with capacity-building for **community monitoring** of programs and supply chains viewed as an important component of comprehensive efforts to address such concerns. Also, it was noted that many barriers require intensified **political leveraging and advocacy** by the Global Fund, with some participants saying that more direct engagement in international discussions on **intellectual property** is an especially urgent priority.

d. Resource mobilization

As was observed by the Chair of the Global Fund Board during his plenary remarks, global HIV, TB and malaria responses are currently not adequately funded. That is one reason, according to participants, that the Global Fund should **focus on securing funding for and financing its current, far-from-finished mandate on the three diseases**. A strong call was made for the Global Fund to **not divert resources** from the three diseases, meaning any work related to new and emerging infectious diseases or other health crises requires additional resources.

Participants emphasized that the lack of sufficient funding is also why the Global Fund should do more to **stimulate domestic financing**. One approach should be to more proactively and frequently use its **political leverage and conditionalities** (e.g., co-financing) to hold governments accountable for their commitments and to more closely monitor and track progress of domestic commitments to three diseases and health more broadly. At the same time, a strong recommendation was for the Global Fund to **support communities, civil society and national and regional networks of key populations** to be bigger players in domestic resource mobilization, including through advocacy. This kind of support for domestic resource mobilization was seen by participants as a critical way to **increase investment in sustainable interventions** and to ensure continued engagement post-

transition by communities and civil society in financing for HIV, TB, malaria and broader health services that reach all in need.

3. Conclusions and recommendations

The key overarching recommendations from the EECA and LAC Partnership Forum are grouped across three main areas: the recommended 'directional' trends for the Global Fund in its next Strategy; recommended cross-cutting areas of focus 'across domains'; and recommended 'ways of working'.

Directional

- **Keep the main focus on HIV, TB and malaria**, and use Global Fund investments to enhance integration and strengthen systems.
- **Redouble efforts to address equity, human rights, gender and other structural barriers, and support community-based programs for and led by key and vulnerable populations** – recognizing these are the biggest barriers to HIV and TB progress in the regions. The Global Fund must seek to maximize its influence through country grants, specific catalytic funding, and increased use of political engagement to accelerate progress.
- **Be a leader: use the Global Fund's leverage to advocate for its core principles** – especially those related to human rights, equity, gender equality and other structural determinants of the three diseases – to keep HIV, TB and malaria on the agenda; safeguard the role of communities and civil society; and mobilize domestic resources.
- **Leverage the strengths and flexibility of the Global Fund as it positions itself to act nimbly, efficiently, and in a rights-based manner in a changing global landscape** – including to address emerging epidemics, climate change, and migration/fragile settings to protect progress against HIV, TB and malaria.

Across domains

- **Commitment to strengthen community (including key and vulnerable populations) and civil society engagement and leadership of the response, including through:**
 - leadership of and greater engagement in programs;
 - community-led monitoring (CLM);
 - creating avenues for direct community funding;
 - promotion of dual-track financing principles (and excluding international non-governmental organizations (INGOs);
 - multi-country grants;
 - meaningful engagement on CCMs; and
 - advocating for engagement in other national processes.
- **Strengthened cross-sector collaboration, enhanced partnerships and accountability** (regional, in-country and with communities and civil society) to support sustainability and integrated service delivery, address social determinants of health, and harmonize with UHC agendas.

Ways of working

- Strengthened transition support – including for:
 - Domestic resource mobilization;
 - Advocacy for policy change and rights-based, equitable responses; and
 - Government capacity building on community and civil society engagement and the sustainability of key and vulnerable population programs.Priority additional steps could include:
 - Introducing flexibilities regarding pace of transition (especially in the wake of COVID-19); and
 - Facilitating access to technical support, recognizing that in EECA and LAC the Global Fund is sometimes the only or main funding mechanism.
- **Ensure that Global Fund processes promote and support differentiation at all levels according to context**, including:
 - Support for regional approaches to strengthen cross-border collaboration and jointly advocate for policy change;
 - Longer horizons for investments that deliver change over longer periods (e.g., equity, human rights, gender); and
 - Better use of catalytic investments and other tools to achieve aims.
- **Increased use of timely and quality data to inform decision making**, including support and use of CLM, subnational data and cross-sectoral data, and support for operational research – with routine sharing of data and best practices to local-levels for use.
- **Use of the Global Fund’s leverage to ensure transparency of costing and supply chain information, and to support access to affordable commodities (including in the context of transition)**, to support sustainability and continued progress, accountability and community engagement.

4. Next steps

Along with other inputs throughout the wider Strategy development process, the detailed Partnership Forum recommendations and input is being used by the Global Fund Secretariat, Strategy Committee and Board to develop the post-2022 Global Fund Strategy Framework and Narrative. The Global Fund will continue to engage with participants at key points in the ongoing process, prior to the Strategy’s anticipated final approval by the Board in November 2021.

Following the Strategy’s approval, preparations will be made for implementation, including the development of the M&E Framework and KPIs to measure the performance of the next Strategy and relevant policy updates. It will also kick off preparations for the 7th Replenishment in 2022. The next Strategy is planned to commence in 2023.

Annex 1: Attendance at Regional Partnership Forum I

By Region	# of Participants	%
Eastern Europe and Central Asia	25	35%
Latin America and the Caribbean	33	47%
Global North	13	18%
Total	71	100%

By Stakeholder Group	# of Participants	%
Country stakeholders	35	49%⁷
Implementer (Principal Recipient/ Sub-recipient)	6	9%
Country Coordinating Mechanism (CCM)	6	9%
Parliamentarian/Government Official or Lawmaker	8	11%
Other In-country Stakeholders ⁸	5	7%
Communities (including key and vulnerable populations)	10	14%
Stakeholders with an existing Global Fund governance, funding or assurance role	12	17%
Donor (including donor governments, private foundations, private sector donors)	1	1%
Board and/or Committee Member	4	6%
Local Fund Agent	3	4%
TRP / TERG member	4	6%
Global and regional stakeholders and partners	24	34%
Civil Society	15	21%
Multilateral and Bi-lateral Partner	7	10%
Technical expert	2	3%
Total	71	100%

⁷ Due to rounding, the total % provided does not correspond with the sum of the individual percentages

⁸ Other in-country stakeholders included local private sector, health insurance providers, healthcare providers, government agencies, local academia, and local representatives of international (UN) organizations.

Annex 2: Agenda

Regional Partnership Forum I: Eastern Europe and Central Asia (EECA) and Latin America and the Caribbean (LAC)

Day One – 9 th February	
EECA/LAC joint plenary session	
Time	Session Description
09:00-09:25 Bogota time 15:00-15:25 Geneva time 16:00-16:25 Kyiv time	<p>Welcome/ Bienvenue: <i>Setting the Scene</i></p> <p>With representatives from across the Global Fund partnership in the region, this session will highlight the purpose and motivation for this Partnership Forum. It will mark the start of three days of lively and in-depth discussion to help identify areas of future focus for the next Global Fund Strategy.</p> <p>Session Chair: Gunilla Carlsson, Vice-Chair of the Global Fund Strategy Committee Speakers: Dr. Donald Kaberuka, Chair of the Global Fund Board Lena Nanushyan, Deputy Minister of Health of Armenia Alejandra Acuña, Vice Minister of Health, Costa Rica Keren Dunaway, Gender Equality Officer for ICW and Youth Coordinator for Llaves Foundation Daniyar Orsekov, Advocacy Coordinator at Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Kyrgyzstan</p>
09:25-09:50 Bogota time 15:25-15:50 Geneva time 16:25-16:50 Kyiv time	<p>Global Fund Strategy Development Topics: <i>Cornerstone issues and key considerations</i></p> <p>An interactive session to highlight regional challenges and obtain input from all participants on key Strategy development questions.</p> <p>Session Chair: Lead Facilitator Speaker: Dr. Harley Feldbaum, Head Strategy & Policy, The Global Fund</p>
09:50-10:00 Bogota time 15:50-16:00 Geneva time 16:50-17:00 Kyiv time	<p>Programme, principles and practices: <i>Making the most of your participant journey</i></p> <p>A walkthrough of the Partnership Forum Programme including collaborative principles, logistics for joining break-out groups, including how to access interpretation and contact the Help Desk.</p> <p>Session Chair: (Co-)Lead Facilitator</p>
Health Break (10 min)	
Latin America and the Caribbean only	
BREAKOUT DISCUSSIONS – LAC	

10:10-11:20 Bogota time 16:10-17:20 Geneva time	<p>Defining Our Focus: <i>Unpacking the issue(s) - focus group discussion 1</i></p> <p>Participants join small breakout groups to discuss the ‘Defining Our Focus’ Strategy development topic areas. Each group is asked to discuss what the Global Fund should keep doing, what can be improved and what should be let go to catalyze greater progress on the respective breakout group topic areas.</p> <p>Session Chair: Breakout Facilitators</p>
11:20-12:30 Bogota time 17:20-18:30 Geneva time	<p>Pathways to Achieving our Goals: <i>Making choices- focus group discussion 2</i></p> <p>Participants join new small breakout groups to discuss the ‘Achieving Our Goals’ Strategy development topics. Each group is asked to discuss what the Global Fund should keep doing, what can be improved and what should be let go to catalyze greater progress on the respective breakout group topic areas.</p> <p>Session Chair: Breakout Facilitators</p>
12:30-13:30 Bogota time 18:30-19:30 Geneva time	<p>Topic Booths</p> <p>The Topic Booths are informal spaces open for participants to: engage in interactive discussions with other participants on the respective Strategy development topics outside of the breakout groups; exchange with the breakout group facilitators on the day’s discussions and provide input on topics for facilitators to take back to the breakout groups the next day; connect with the Global Fund Secretariat staff to address any questions; and access background materials related to the relevant breakout group.</p>

Day Two – 10th February	
Time	Session Description
Eastern Europe and Central Asia only	
BREAKOUT DISCUSSIONS - EECA	
12:30-13:40 Geneva time 13:30-14:40 Kyiv time	<p>Defining Our Focus: <i>Unpacking the issue(s) - focus group discussion 1</i></p> <p>Participants join small breakout groups to discuss the ‘Defining Our Focus’ Strategy development topic areas. Each group is asked to discuss what the Global Fund should keep doing, what can be improved and what should be let go to catalyze greater progress on the respective breakout group topic areas.</p> <p>Session Chair: Breakout Facilitators</p>
13:40-14:50 Geneva time 14:40-15:50 Kyiv time	<p>Pathways to Achieving our Goals: <i>Making choices - focus group discussion 2</i></p> <p>Participants join new small breakout groups to discuss the ‘Achieving Our Goals’ Strategy development topics. Each group is asked to discuss what the Global Fund should keep doing, what can be improved and what should be let go to catalyze greater progress on the respective breakout group topic areas.</p> <p>Session Chair: Breakout Facilitators</p>
<i>Health Break (10 mins)</i>	

EECA/LAC joint plenary session

(During the break, please join the plenary discussion by clicking the link in 'My Schedule' on the 6th Partnerships Forums website)

PLENARY – EECA & LAC

09:00-09:45 Bogota time 15:00-15:45 Geneva time 16:00-16:45 Kyiv time	Collective Wisdom: <i>Deliberations and discussions</i> Rejoin all Regional Forum participants in a fast-paced recap of the first two breakout group discussions. Rapid fire Q&A and discussion with breakout group rapporteurs capturing key outputs from small breakout group discussions. Participants' time to reflect on the breadth and depth of discussion across two days in advance of upcoming sessions which seek to find linkages, prioritize key areas and agree on key takeaways. Session Chair: (Co-)Lead Facilitator
09:45-10:30 Bogota time 15:45-16:30 Geneva time 16:45-17:30 Kyiv time	Piecing it Together: <i>Interlinkages and Emerging topics & themes</i> Reflections from the Global Fund Secretariat on the emerging themes so far, followed by an interactive discussion about what might be missing and key considerations and tradeoffs. Session Chair: Facilitator Speaker: Dr. Harley Feldbaum, Head of Strategy and Policy, The Global Fund

Latin America and the Caribbean

BREAKOUT DISCUSSIONS - LAC

10:30-11:15 Bogota time 16:30-17:15 Geneva time	Partnership Driven priorities I: <i>Making recommendations that matter- 'Defining our Focus' breakout discussions</i> Participants return to their 'Defining our Focus' groups to prioritize recommendations for the next Global Fund Strategy. Session Chair: Breakout facilitators
11:15-12:00 Bogota time 17:15-18:00 Geneva time	Partnership Driven priorities II: <i>Making recommendations that matter- 'Achieving our Goals' breakout discussions</i> Participants return to their 'Achieving our Goals' groups to prioritize recommendations for the next Global Fund Strategy. Session Chair: Breakout facilitators

Day Three – 11 th February	
Time	Session Description
Eastern Europe and Central Asia only	
12:00-13:00 Geneva time 13:00-14:00 Kyiv time	Topic Booths
<i>Health Break (30 mins)</i>	
Eastern Europe and Central Asia only	
BREAKOUT DISCUSSIONS – EECA	
13:30-14:15 Geneva time 14:30-15:15 Kyiv time	Partnership Driven priorities I: <i>Making recommendations that matter- 'Defining our Focus' breakout discussions</i> Participants return to their 'Defining our Focus' groups to prioritize recommendations for the next Global Fund Strategy. Session Chair: Breakout facilitators
14:15-15:00 Geneva time 15:15-16:00 Kyiv time	Partnership Driven priorities II: <i>Making recommendations that matter- 'Achieving our Goals' breakout discussions</i> Participants return to their 'Achieving our Goals' groups to prioritize recommendations for the next Global Fund Strategy. Session Chair: Breakout facilitators
<i>Health Break (10min)</i> <i>(During the break, please join the plenary discussion by clicking the link in 'My Schedule' on the 6th Partnerships Forums website)</i>	
EECA/LAC joint plenary session	
PLENARY – EECA & LAC	
09:10-10:10 Bogota time 15:10-16:10 Geneva time 16:10-17:10 Kyiv time	Towards Greater Impact: <i>Harmonizing recommendations</i> Harmonize recommendations of the Partnership Forum as input into the Global Fund Strategy development process. Session Chair: (Co-)Lead Facilitator
10:10 - 10:30 Bogota time 16:10 - 16:30 Geneva time 17:10 - 17:30 Kyiv time	Reflect and Review: <i>Commitment in Action</i> Closing remarks. Session Chair: (Co-)Lead Facilitator Speakers: Dr. Marijke Wijnroks, Chief of Staff, the Global Fund Dr. Donald Kaberuka, Chair of the Global Fund Board

Annex 3: Overview of Breakout Group Topics

Defining our focus	Delivering outcomes against HIV, TB and malaria* <ul style="list-style-type: none"> Global and regional aims, progress and challenges Regional priorities and key areas of focus (e.g. HIV prevention; key & vulnerable population (KVP) services; structural barriers; missing TB cases; quality early malaria diagnosis & treatment) 	Integration and systems for health <ul style="list-style-type: none"> Resilient & sustainable systems for health (RSSH) (incl. Universal Health Coverage/Primary health care integration, people-centered approaches, cross-health / cross-sector collaboration and integration) Community systems strengthening Social determinants of health Quality of care 	Adapting to a changing environment <ul style="list-style-type: none"> Global health security including COVID-19, antimicrobial / insecticide / product resistance / One Health Climate change Fragility, migration, displacement and challenging operating environments 	Equity, human rights, gender and key and vulnerable populations <ul style="list-style-type: none"> Strengthening focus on equity, human rights, gender and the most vulnerable (e.g. KVP and adolescent girls and young women) Addressing structural barriers Reducing health inequities
	Achieving our goals	Strengthening impact by country context <ul style="list-style-type: none"> Data driven programming at all levels, incl. community-led monitoring Enhancing impact by tailoring to country context Sustainability/ transition support Managing risks as potential barriers to greater impact 	Partnerships to support effective implementation <ul style="list-style-type: none"> Strengthening community and civil society engagement and leadership of responses Improving partnership model to strengthen program effectiveness Strengthening Country Coordinating Mechanisms (incl. programmatic and governance integration) Private sector engagement Country ownership 	Resource mobilization <ul style="list-style-type: none"> Domestic financing Donor financing Resourcing our aims (including global health security)

N.B: The two key areas of Global Fund strength (equity, human rights, gender, and most vulnerable; and community and civil society engagement and leadership of the response) were discussed across all topic groupings

* 'Delivering outcomes against HIV, TB and malaria' was further broken into three breakout group topics, i.e., one for each of the diseases.