



6th Partnership Forums Meeting Report

Regional Partnership Forum III: Western, Southern, South-Eastern
and Eastern Asia, the Pacific, and Middle East and North Africa II

3-5 March 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 Western, Southern, South-Eastern and Eastern Asia, the Pacific, and Middle East and North Africa II (MENA II) (the “Regional Forum”) was held virtually over three consecutive days (three hours on each of 3-5 March 2021). Guided by the Participant Methodology for the 6th Partnership Forums², a total of 122 people participated, including 66 people from Western, Southern, South-Eastern and Eastern Asia and the Pacific, 26 people from the participating countries in the MENA II region and 30 people from the Global North attended the Regional Forum (Annex 1 includes a breakdown of participants). Participants represented the broad and 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.³

¹ Regional Partnership 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 The MENA countries included in this Partnership Forum were Iraq, Syria, Jordan, Lebanon, Yemen, and Palestine.

³ 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.

The Regional Meeting 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 Vice-Chair of the Global Fund Board, Lady Roslyn Morauta, and representatives from Asia, the Pacific, and MENA II regions including Her Excellency, (Dasho) Dechen Wangmo, Health Minister, Royal Government of Bhutan; Dr. Riyadh Abdul Amir Al-Halfi, Director-General of Public Health, Ministry of Health, Iraq; Justin Francis Bionat, Executive Director, Youth Voices Count, the Philippines; and Cathy Ketepa, Chair Lady for the National Key Population Advocacy Consortium and National Coordinator for National Sex Workers' Organisation 'Friends Frangipani Incorporation', Papua New Guinea. 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.⁴ As indicated in Figure 1 below, the breakout group topics spanned two categories, with six within '**defining our focus**' and four within '**achieving our goals**'. 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.

Participant rapporteurs worked together with their respective breakout groups to capture the main takeaways from their conversation in summaries that were 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.

⁴ Information about the online Open Consultation, including synthesis of inputs, is available at www.theglobalfund.org/en/strategy-development/

Figure 1. Topics for Regional Partnership Forum III 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)

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 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 featuring community, rights and gender in the next Strategy received within a 'Delivering outcomes against HIV' 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 recognition of 'unfinished business' in HIV, participants recommended that the Global Fund maintain its primary **focus on the three diseases**. They also emphasized that the Global Fund could have greatest impact by concentrating its funding and attention on reaching and supporting key and vulnerable populations (KVPs) while also recognizing and treating communities, including KVPs, as **leaders and experts**, not only beneficiaries.

Participants recommended that the Global Fund **increase the amount and share of financing that goes to communities and civil society groups and key population networks**, for a full range of purposes – from core funding to service delivery to monitoring to advocacy – to better enable them to have the capacity and resources to lead HIV responses. It was suggested in this and other topic areas that the Global Fund create a **direct funding stream** to provide more money directly to these groups and organizations, independently of the standard process of going through country dialogues and Country Coordinating Mechanisms (CCMs) – as participants noted that, in their view, community-led programs are often not prioritized for funding through the country dialogue or in CCM decision-making. A related idea was to establish an '**organizational development fund**' for KVP-led organizations.

Participants highlighted several other areas of focus that could help to bolster the engagement and impact of communities and civil society to more broadly improve outcomes against HIV, including:

- Promote and support services for, and the engagement of, high-risk populations not always defined as 'key and vulnerable', including **young people and incarcerated people**. It was suggested that a similarly expansive view should be taken in terms of prioritizing services available for those living with and affected by HIV, including support for sexuality education, mental health and gender-based violence.
- Promote and support **innovation**, including in areas such as expanding access to pre-exposure prophylaxis (PrEP), self-testing, local community and online research, and tele-health.
- Support increased financing to **research and academic institutions** in implementing countries to promote the availability of locally-provided and innovative technical support tailored to local contexts.

The following are other priority issues and suggested approaches raised in HIV breakout discussions that were also referred to in other topic areas:

- **Expand and improve data used to guide and assess investments**, including qualitative data and indicators (e.g., provider competence, friendliness of services).

- Strengthen work through **health systems**, including through close cooperation with partners, with strong emphasis on reducing stigma and discrimination and enhancing quality of services and care.
- Recognize **best practices** in programming (e.g., from Vietnam, the Philippines, India and Malaysia) and support their adaptation and replication, including by promoting **South-South learning**. This type of learning should also be emphasized in terms of enhancing the meaningful participation and engagement of KVPs on CCMs – which in turn will greatly **strengthen CCMs** and their ability to oversee Global Fund programs.

a. Delivering outcomes against TB

Participants grouped ideas and recommendations in delivering outcomes against TB across four general categories, all of which are understood to overlap to some extent: financing, community and civil society engagement, innovation, and health systems.

- In terms of **financing**, participants recommended that the Global Fund prioritize its work with partners to **close the funding gap for TB** and to target and increase financing for community systems strengthening (CSS) to build the capacity of communities in the TB response.
- CSS was seen as a central component for ensuring the **participation of TB communities** across all components of TB responses, including on CCMs, and was suggested as essential for increasing investments in community, rights and gender. Participants also suggested that the Global Fund emphasize and support the **engagement of TB survivors**, including in areas such as case identification and treatment retention (e.g., through peer outreach and support) as well as in planning, implementing and monitoring programs.
- More sustainable investments in **innovation** was also highlighted as an area in need of greater attention going forward, including to identify, develop and roll out new TB drugs; to encourage innovative programs by communities to address loss to follow-up; and to support countries' **readiness and preparedness** to scale up diagnostics and commodities in the innovation pipeline.
- Regarding **health systems**, participants suggested that the Global Fund provide more support to ensure longer-term and sustainable impact against TB, including through resilient and sustainable systems for health (**RSSH) funding** and support for **universal health coverage (UHC)** development and implementation.

Other more general focus areas highlighted by participants as important to deliver outcomes against TB included **improving data** collection and analysis to better identify 'missed' people with TB and bottlenecks; increased **private sector** support and engagement; **aligning investments** with other related health areas (e.g., HIV and COVID-19); and applying a **gender lens** and analysis to TB responses.

b. Delivering outcomes against malaria

Participants' inputs and recommendations around malaria were largely around three themes: communities, differentiation and integration. The importance of **communities living with and affected by malaria and civil society** being more engaged and playing leadership roles was emphasized as being essential for progress against malaria to be sustained and increased. Participants suggested that the Global Fund:

- Ensure sufficient resources for community, rights and gender-related investments within malaria responses;
 - Support community contributions to gathering and using data; and
 - Ensure inclusive, meaningful and effective **representation from the malaria community** on CCMs and other key decision-making and implementing structures – including **during and after transitions**. There was also a call for the malaria community to be viewed more flexibly (e.g., to include ethnic minorities and religious groups) to help ensure that all voices are heard.

Participants also called for more **targeted, differentiated approaches**:

- Revisiting the metrics used for malaria within the Global Fund's **country allocation model** to take into account the **cost of elimination** rather than disease burden. Participants noted that this could be helpful as when disease burden declines, malaria becomes concentrated in remote places and among the most marginalized, including migrants, internally displaced people, and indigenous groups – which requires more resources and deeper community engagement to reach them.
- Being more open to supporting **innovation and non-traditional solutions** along the entire malaria-elimination continuum.
- Allowing more flexibility to respond to **contextual changes**, e.g., conflict and emerging drug resistance.

Participants observed that the Global Fund's activities and approaches to **integration** should also be differentiated by context. In this area, they further suggested the following:

- **Cross-border coordination** that emphasizes a people-centered approach to help address some of the biggest challenges to progression towards elimination, given the huge vulnerability and risk among migrants.
- Linking malaria programming and planning services to **other febrile diseases** could help to keep the focus on malaria in elimination settings.

Other more general focus areas highlighted by participants as being important to deliver outcomes against malaria include:

- **Strengthened collaboration** with other development partners (e.g., donors and ministries other than ministries of health) in (a) malaria, (b) health work more broadly, and (c) related sectors (e.g., humanitarian actors, housing and education).
- **Prioritized CSS** (including by making more funding available for it).

c. Integration and systems for health

Participants approached the integration topic area from several different angles. One underlying message was that the Global Fund should ground its work through a **'people-centered' approach**, which would involve some system-wide reconceptualizing away from viewing much of its work through a disease lens, as well as greater consideration of longer-term timeframes and impact. The following are specific recommendations for the Global Fund in moving toward this overall goal:

- Provide more **clarity and leadership on RSSH**, including how it is defined, implemented, measured and gauged for success (e.g., indicators), to inform prioritization in countries.
- Invest in and support **holistic systems** for health guided by the principle of country ownership, including by facilitating integration beyond disease sectors through approaches such as joint TB/HIV proposals and by devising and implementing strategies for how Global Fund processes, policies and incentives could push integration beyond disease sectors.
- **Invest more in CSS**, including to build capacity for community-led data collection and use, community-led monitoring, efficient and flexible service delivery, and identification and use of innovation by communities and civil society.
- Incentivize and build the capacity of governments to **integrate community and civil society-led programming into national health systems**, including through mechanisms such as **social contracting**. This is especially important during transition phases and should be considered as essential for sustainability.
- Take stronger action aimed at boosting the **quality of care and services**. This could include support for funding better tools to measure both quantitative and qualitative impact, integrating parallel data systems into national systems, and more intensively disaggregating data.
- Further define **metrics and key performance indicators (KPIs) for CSS activities** and support their rigorous reporting. Improved measurement approaches could help to ensure accountability on the part of governments and other actors, including the extent to which CSS work was funded and implemented in practice.

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

Equity, human rights, gender and KVPs were highlighted across several breakout and plenary sessions as a key priority. It was suggested that strengthening the Global Fund's efforts in these areas should be at the core of everything it does, and that this importance

should be **reflected in the Strategy and in its associated operational plans that can be monitored and assessed**. One recommendation made during the Regional Forum was for **community, rights and gender (CRG) to be a strategic pillar** in its own right, not a cross-cutting priority within the next Strategy and associated operational plans.

The following suggestions are among those mentioned by participants as needed for further facilitating this prioritization of equity, human rights, gender and KVPs in Global Fund-supported programs:

- Acknowledging that civil society and communities, including networks of KVPs at national and regional levels, must be at the **center of all responses** for progress to be made on equity, human rights and gender equality – and ensuring that this centrality is reflected in all systems, structures, partnerships and activities.
- Substantially increasing **financial resources and other investments to communities** and community-led work, including for CSS, to build capacity for engagement, decision-making, monitoring and advocacy. Recommended actions included:
 - Expanding the **CRG Department** within the Global Fund Secretariat and the funding available through the CRG Strategic Initiative;
 - Earmarking at least **30% of all investment for community-led service delivery**, in line with the 2016 UN Political Declaration on Ending AIDS⁵;
 - Enhancing **multi-country grants**, including through increased financing; and
 - Requiring **dual-track financing** for all disease programs.
- Using the Global Fund's **political advocacy and leverage** to advance strong and consistent messages with respect to addressing structural barriers, such as criminalization.
- Using **funding opportunities as incentives** – e.g., matching funds for community, rights, and gender-related investments.
- Introducing **KPIs** that focus on the quality of program implementation, which include milestones for addressing **legal, policy and other structural barriers** to equity, human rights, gender equality and access to services by KVP populations.

e. Adapting to a changing environment

Feedback from participants was structured around three topics: global health security, climate change, and challenging operating environments (COEs).

Regarding **global health security**, the Global Fund was encouraged to:

- Use its **leverage to encourage access to affordable medicines** as part of an effort toward sustainable UHC. This could include market shaping efforts such as supporting countries to use flexibilities in the global Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) that allow countries to declare health emergencies

⁵ The 2016 UN political declaration on Ending AIDS sets a target that least 30% of service delivery is community-led by 2030. For more information, see https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/june/20160608_PS_HLM_PoliticalDeclaration

and apply national laws that override intellectual property barriers, thereby facilitating access to more affordable drugs and health technologies in countries;

- Ensure that **community, rights, and gender and CSS are cornerstones** of its engagements on global health security, which would mean upholding community, rights and gender, and prioritizing equity in access;
- Use the **language of ‘solidarity’** instead of ‘security’;
- Ensure that **data and lessons learned from the COVID-19 pandemic** are made available and shared across the partnership to help strengthen future activities under the global health security umbrella; and
- **Abroader health and well-being issues** (e.g., mental health, psychosocial problems and needs) when designing, implementing and supporting work associated with global health security.

Regarding **climate change**, it was recommended that the Global Fund:

- Coordinate, with partners, the collection of **data and knowledge-sharing** related to climate change, so that countries have more guidance on what could be done at country level to mitigate its impacts on HIV, TB and malaria responses; and
- Promote and support access to new **innovations**, particularly for malaria.⁶

Regarding **COEs**, participants called on the Global Fund to:

- Update the COE policy, with particular attention to the **definition of COEs** so that factors that heighten and sustain risks to the safety and inclusion of **KVPs** in programs— e.g., legal barriers and situations that jeopardize their lives – are used to determine the Global Fund’s COE classification and better tailor responses accordingly;
- Recognize and respond to the need for **regional approaches** for COEs (e.g., cross-border issues with refugees and migrants).

2.2 ‘Achieving our goals’ topics

a. Strengthening impact by country context

The overarching suggestion made by participants for strengthening impact by country context was for the Global Fund to invest in and support the collection of **better-quality data at national and subnational levels** that is also more rapidly and regularly generated and used. Specific areas of focus and components of work in this area included:

- Supporting and valuing the use of **qualitative data**, which can aid in recognizing the full spectrum of barriers that KVP face and ensure no one is left behind;
- Requiring the collection and use of **KVP disaggregated data** that is accessible at the community and local level;

⁶ More extensive discussion of innovation can be found in the summary of discussions in the ‘market shaping, procurement, supply chain, and bringing new innovations to scale’ topic area.

- Investing in and encouraging **community-led data generation and monitoring**, and developing the evidence-base on the effectiveness of CSS and community-led monitoring and impact;
- Supporting the **simplification and consolidation of data collection** tools, including through the use of **digital options** – such work should encompass capacity building for communities to engage in all protocols, systems and support for monitoring and evaluation (M&E) systems that include integrated and accessible dashboards; and
- Building in more **flexibility in data reviews** by the Global Fund Secretariat and Local Fund Agents (LFAs) to balance risk, impact and benefit to the community.

Other recommendations focused on the Global Fund prioritizing the following:

- **Holding countries accountable** for progress against issues raised in gender and vulnerability analyses and assessments on the needs of key and vulnerable populations – similarly, governments should be held accountable to co-financing commitments;
- Ensuring **representation and meaningful engagement** by KVP in all steps of a funding cycle, from grant design to M&E;
- Continuing to invest in communities and civil society **during transition for at least two cycles (six years)** to ensure sustained advocacy for social contracting and human rights and investment in structural barriers; and
 - Making **risk management** frameworks less prescriptive and risk averse, as countries should have more room for innovation and the ability to respond with contextual risk mitigation if needed.

Two other suggestions highlighted by participants, both in regard to **transition**, are closely associated with the resource mobilization and integration and systems for health topic areas, respectively:

- Strengthening funding (by amount and scope) for **civil society advocacy** for domestic resource mobilization and promotion of UHC as part of sustainability- and transition-related activities; and
- Adopting a **long-term approach to RSSH** throughout and beyond transition, which should include specific mechanisms such as performance milestones on progress made in integrating community systems with health systems and ensuring that CSS is fully integrated into transition plans.

b. Partnerships to support effective implementation

The top-line message from participants was that the Global Fund partnership is generally effective, but that improvements are needed to make **communities and civil society more equal partners**. Recommended ways for the Global Fund to encourage this include:

- Encourage increased and meaningful **inclusion of communities in all aspects of Global Fund processes** (e.g., from proposal development to monitoring for program

impact) and structures (e.g., CCMs). This may require the Global Fund to more proactively understand and **address power imbalances** and introduce requirements that lead to effective and sustainable representation by communities.

- Ensure that more Principal Recipients are civil society groups, by providing increased support and promotion of the **dual-track financing principle**.
- Guide **country teams** towards better recognizing their critical role in facilitating the **engagement of civil society and communities** as well as ensuring that funding gets to these groups.
- Increase the engagement of communities and civil society in **operational research**.
- Increase the space for **young people**, including young KVP, to have their voices heard and inputs recognized in decision-making across Global Fund structures and supported programs.
- Continue to invest in communities and civil society during **transition** to ensure sustainability of programs.

In its efforts to strengthen partnerships, the Global Fund was also urged to:

- Promote a move away from disease-specific silos within CCMs and emphasise **coordination and synergies** with national systems and processes – an approach that is vital for sustainability;
- Promote and support the **wider engagement of CCMs and partners** with other national, provincial, and district coordinating bodies; and
- Push for partners, including the private sector, to better support **domestic resource mobilization** efforts.

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

Many participants approached this topic area through the lens of what it would and should mean for **transition and sustainability**. Within this context, there were strong calls for **strengthening systems and processes** – including health systems in general, supply chains and distribution, and procurement management – and for further **supporting the inclusion of market shaping and procurement expertise** on CCMs and within Principal Recipients. Other areas highlighted for attention include:

- Supporting **national systems in data management** to ensure resilience and manage supply chain-related risks;
- Increasing clarity on the Global Fund's **mandate on market shaping** in the areas of local manufacturing, licensing and intellectual property;
- **Mapping successful global initiatives** to inform the design, development and monitoring of grants, and explore how these initiatives might be scaled up;

- Maintaining investment in procurement and supply chain systems through RSSH, including for an open pooled procurement mechanism (**PPM**) as a source of quality-assured commodities available to national governments as well as Global Fund grantees;
- Supporting **quality control testing** throughout the supply chain;
- Increasing the visibility and importance of **laboratory work** within Global Fund grants; and
- Supporting **infrastructure improvements** at even the most basic level (e.g., facilities that provide diagnostic tests but have no access to electricity or running water, etc.).

d. Resource mobilization

Recommendations related to domestic and international resource mobilization focused on leveraging more extensive and clear **evidence**; increased and more targeted **advocacy**; and leveraging **best practices, partnerships and experience** (e.g., mobilizing resources based on the Global Fund's added value in efforts to end the three diseases; monitoring the impact of domestic financing, etc.)

Participants suggested that the Global Fund could:

- Emphasize the gains that the Global Fund has contributed to through its **focus on the three diseases**, which should be a powerful central message for resource mobilization purposes. One approach suggested was to explain and highlight the **lessons learned from COVID-19 pandemic** – e.g., the value and effectiveness of Global Fund programs, including the participation and actions of communities and civil society groups, in responding to disruptions and sustaining services for people living with and affected by the three diseases.
- Increase funding for building community capacity to advocate for and monitor increases in **domestic budgets for health** at national and sub-national levels;
- Fund **advocacy activities across the partnership**, including those undertaken by communities and civil society – this could include policy advocacy briefs and more effective communication (e.g., through the media) on the impact of investments;
- Promote and support **CCMs to be more accountable** for resource mobilization efforts, especially in regard to domestic resource mobilization efforts;
- Lead on and support the consideration of and use of innovative and differentiated **health financing mechanisms** and instruments;
- Identify and support efforts to bring in the **private sector** at country and global levels to support resource mobilization efforts; and
- **Leverage donors** in the partnership to lobby and pressure other donors to further invest in the Global Fund.

3. Conclusions and recommendations

The key overarching recommendations from the Regional 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 the recommended 'ways of working'.

Directional

- **Keep the focus on HIV, TB and malaria**, while leveraging Global Fund strengths to make related contributions to RSSH and global health security through solidarity and rights-based approaches.
- **Put communities front and center of the next Global Fund strategy:** 'Walk the talk' on community and civil society engagement and leadership of the response (from CCMs to the Global Fund Board and Secretariat levels). Strengthening community engagement and systems is one of the Global Fund's unique comparative advantages. It should use its leverage to:
 - Safeguard an equal place for communities at the table with government in decision making around the grant lifecycle, to leverage each stakeholder's comparative and complementary strengths in program implementation and M&E;
 - Ensure direct and increased funding for community-led responses (including through dual-track financing and multi-country grants); and
 - Focus on people-centered approaches rather than on just the diseases.
- **Addressing stigma, inequities, human rights and structural barriers** (including legal/policy changes at national and regional levels) must be viewed as essential to stepping up progress against HIV, TB and malaria and leaving no one behind, with clear, wider benefits beyond disease responses. The Global Fund should use its political leverage to advance these issues with all partners, and at all levels. Investments should be accompanied by appropriate metrics to measure impact, including beyond the grant lifespan.

Across domains

- **Integrating HIV, TB and malaria programs into national systems** to build sustainability, contribute to UHC and maximize impact, including by:
 - Seeking integration with related areas of health provision (e.g., sexual and reproductive health, febrile illnesses, mental health); related sectors (e.g., social protection, education, environment); and community systems and responses; and
 - Building government capacity, working on national policies (e.g., public financial management), and ensuring mechanisms for directing public financing (such as

social contracting) are in place prior to transition, while supporting communities' and civil society's critical advocacy role.

- **Generation and integration of timely, quality and open data for comprehensive decision making and ensuring every person counts**, with focus on:
 - Understanding, valuing and supporting KVP and those left behind (respecting confidentiality concerns);
 - Expanding community-led monitoring;
 - Supporting electronic management systems and innovations; and
 - Integration across platforms to inform comprehensive, people-centered responses.
- **Augment HIV, TB and malaria programs** to respond and contribute to the COVID-19 response, including by leveraging global health security momentum to prioritize ending AIDS, TB and malaria; better integrating communities in the COVID-19 response; and ensuring flexibility to adapt to evolving contexts and priorities.

Ways of working

- **Addressing power imbalances on CCMs** to safeguard empowered and equal representation of TB and malaria, and of communities (including KVP, migrant populations, indigenous communities) in decision making throughout the full grant lifecycle.
- **Bringing innovations to scale** across the three diseases, including through strengthened partnership with the private sector, academia and communities for evidence generation, operational research, technical support, developing investment cases, capacity building and support for rapid scale-up and use of new tools.
- **Supporting market shaping and access to commodities** – including in advance of, during and after transitions – through addressing barriers to access to affordable medicines, strengthening supply chain infrastructure and leveraging quality assurance mechanisms at national levels.
- **Supporting resource mobilization** through innovative domestic and external resource mobilization approaches and partnerships (including with the private sector), strengthened investment cases and data.
- **Increasing Global Fund Secretariat flexibility to support countries to tailor programs to country contexts**, including by addressing rigidity around risk appetite to allow space for innovations and improve program quality, promoting local solutions, and ensuring country teams are capacitated to promote community roles and to support tailoring of programs across country contexts.

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 III

By Region	# of Participants	%
East Asia & Pacific	46	38%
South West Asia	20	16%
MENA-II	26	21%
Global North	30	25%
Total	122	100%

By Stakeholder Group	# of Participants	%
Country stakeholders	51	42%⁷
Implementer (Principal Recipient/ Sub-recipient)	13	11%
Country Coordinating Mechanism (CCM)	8	7%
Parliamentarian/Government Official or Lawmaker	3	3%
Other In-country Stakeholders ⁸	19	16%
Communities (including key and vulnerable populations)	8	7%
Stakeholders with an existing Global Fund governance, funding or assurance role	21	17%⁷
Donor (including donor governments, private foundations, private sector donors)	3	3%
Board and/or Committee Member	5	4%

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

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

Local Fund Agent	7	6%
TRP / TERG member	6	5%
Global and regional stakeholders and partners	50	41%⁷
Civil Society	25	21%
Multilateral and Bi-lateral Partner	15	12%
Technical expert	10	8%
Total	122	100%

Annex 2: Agenda

Partnership Forum III: Western, Southern, South-Eastern and Eastern Asia, the Pacific & MENA II ⁹

Day One – 3 rd March 2021	
Time	Session Description
08:00 – 08:35 Geneva time 14:00 – 14:35 Bangkok 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: Rico Gustav, Global Fund Strategy Committee Chair</p> <p>Speakers: Lady Roslyn Morauta, Vice-Chair of the Global Fund Board Her Excellency, (Dasho) Dechen Wangmo, Health Minister, Royal Government of Bhutan Dr. Riyadh Abdul Amir Al-Halfi, Director-General of Public Health, Ministry of Health, Iraq Justin Francis Bionat, Executive Director, Youth Voices Count, the Philippines Cathy Ketepa, Chair Lady for the National Key Population Advocacy Consortium and National Coordinator for National Sex Workers' Organisation 'Friends Frangipani Incorporation', Papua New Guinea</p>
08:35 – 09:00 Geneva time 14:35 – 15:00 Bangkok 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 facilitators Speaker: Dr. Harley Feldbaum, Head Strategy & Policy, the Global Fund</p>
09:00 – 09:10 Geneva time 15:00 – 15:10 Bangkok time	<p>Program, principles and practices: <i>Making the most of your participant journey</i></p> <p>A walkthrough of the Partnership Forum Program including collaborative principles, logistics for joining break-out groups, including how to access interpretation and contact the Help Desk.</p> <p>Session Chair: Lead facilitators</p>
<i>Health Break (10 min)</i>	

⁹ MENA II includes Iraq, Syria, Jordan, Lebanon, Yemen and Palestine

BREAKOUT DISCUSSIONS	
09:20 – 10:20 Geneva time 15:20 – 16:20 Bangkok time	<p>Defining Our Focus: <i>Unpacking the issue(s)</i> - focus group discussion 1</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>
<i>Health Break (10 min)</i>	
PLENARY	
10:30 – 11:15 Geneva time 16:30 – 17:15 Bangkok time	<p>Collective Wisdom I: <i>Synopsis & Wrap-Up of Day One</i></p> <p>Taking stock of the outcomes of the small breakout discussions including emerging themes and insights that address the six 'Defining Our Focus' topics. The session will include summaries of key debates, insights and themes from across the breakout group discussions.</p> <p>Session Chair: Lead facilitators</p>
11:15 – 12:00 Geneva time 17:15 – 18:00 Bangkok time	<p>Topic Booths</p> <p>The Topic Booths are informal spaces open for participants to:</p> <ul style="list-style-type: none"> 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

Day Two – 4 th March 2021	
Time	Session Description
BREAKOUT DISCUSSIONS	
08:00 – 09:05 Geneva time 14:00 – 15:05 Bangkok 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>	
PLENARY	
09:15 – 10:00 Geneva time 15:15 - 16:00 Bangkok time	<p>Collective Wisdom II: <i>Deliberations and discussions</i></p> <p>Rejoin all Regional Forum participants in a fast-paced recap of the ‘Achieving our Goals’ 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.</p> <p>Session Chair: Lead facilitators</p>
10:00 – 11:00 Geneva time 16:00 - 17:00 Bangkok time	<p>Piecing it Together: <i>Interlinkages and Emerging topics & themes</i></p> <p>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.</p> <p>Session Chair: Lead facilitators Speaker: Harley Feldbaum, Head of Strategy and Policy, the Global Fund</p>
11:00 – 12:00 Geneva time 17:00 - 18:00 Bangkok time	Topic Booths

Day Three – 5 th March 2021	
Time	Session Description
BREAKOUT DISCUSSIONS	
08:00 – 08:40 Geneva time 14:00 - 14:40 Bangkok 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
<i>Health Break (10min)</i>	
08:50 – 09:30 Geneva time 14:50 - 15:30 Bangkok 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>	
PLENARY	
09:40 – 10:55 Geneva time 15:40 – 16:55 Bangkok 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: Lead facilitators
10:55 – 11:15 Geneva time 16:55 – 17:15 Bangkok time	Reflect and Review: <i>Commitment in Action</i> Reflection and closing remarks. Session Chair: (Co-)Lead Facilitators Speakers: Dr. Marijke Wijnroks, Chief of Staff, the Global Fund Lady Roslyn Morauta, Vice-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) <p>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</p> <p>* 'Delivering outcomes against HIV, TB and malaria' was further broken into three breakout group topics, i.e., one for each of the diseases.</p>	Market Shaping, Procurement, Supply Chain and Bringing Innovations to Scale <ul style="list-style-type: none"> Market shaping Procurement Bringing innovations to scale