



6th Partnership Forums

Meeting Report

Regional Partnership Forum II: Western, Central, Eastern
and Southern Africa and the Middle East and North Africa I

17-19 February 2021

Table of Contents

1. Background 3

2. Overview of breakout group discussions and recommendations by topic 5

2.1 'Defining our focus' topics

- a. Delivering outcomes against HIV
- b. Delivering outcomes against TB
- c. Delivering outcomes against malaria
- d. Integration and systems for health
- e. Equity, human rights, gender, and key and vulnerable populations
- f. Adapting to a changing environment

2.2 'Achieving our goals' topics

- a. Strengthening impact by country context
- b. Partnerships to support effective implementation
- c. Market shaping, procurement, supply chain, and bringing new innovations to scale
- d. Resource mobilization

3. Conclusions and recommendations 15

4. Next steps 17

Annex 1: Attendance at Regional Partnership Forum II

Annex 2: Agenda

Annex 3: Overview of Breakout Group Topics

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, Central, Eastern and Southern Africa & MENA I (the “Regional Forum”) was held virtually over three consecutive days (three hours on each of 17–19 February 2021). Guided by the Participant Methodology for the 6th Partnership Forums², a total of 152 people participated, including 77 people from Western, Central, Eastern and Southern Africa, 37 people from the participating countries in the MENA I region and 38 people from the Global North attended the Regional Forum (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.³

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 The MENA countries included in this Partnership Forum were Morocco, Egypt, Djibouti, Sudan, Somalia, Tunisia, South Sudan, Algeria, Mauritania, and Eritrea.

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

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 Kaberuka, and representatives from the Western, Central, Eastern and Southern Africa & MENA I regions including Dr. Charles Mwansambo, Secretary for Health at the Malawi Ministry of Health; Marie Solange Ngoueko, Executive Director at the Public Health International Consulting Centre, Cameroon; Professor Zoubida Bouayad, CCM Chair, Morocco; and Liberty Glenton Matthyse, Executive Director, Gender Dynamix, South Africa. 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 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 participants 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 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.

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.

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 II 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 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

Participants noted during both breakout group and plenary discussions that improved impact through HIV responses in both sub-Saharan Africa and the Middle East and North Africa requires **more targeted, differentiated approaches and interventions to reach those most vulnerable – including adolescent girls and young women (AGYW) and key populations**. Suggested strategies for reaching these populations through Global Fund investments included increased **funding to communities living with and affected by HIV** for service delivery, monitoring and advocacy, and for **building the capacity of communities, including key populations**, to lead programs and interventions. Participants highlighted the need for non-financial capacity building as part of **community systems strengthening (CSS) efforts**, such as technical support and support for community-led efforts to remove barriers to communities' engagement (e.g., on Country Coordinating Mechanisms (CCMs)) and to challenge national laws and policies that restrict civil society's work.

Other priority areas of action suggested for strengthening outcomes against HIV include the following – all of which were described as being complementary and mutually reinforcing:

- **Enhanced focus on and funding of prevention**, with particular attention and support to activities **led by the most vulnerable and affected populations** (e.g., key and vulnerable populations, including men who have sex with men, sex workers, people who inject drugs, transgender individuals and prisoners; and AGYW and their partners).
- Supporting countries to use **data and information for strategic planning** by, e.g., ensuring that data systems and practices are harmonized and readily available at Global Fund Secretariat and country levels. Both are needed to bring to scale the interventions that will make a difference in HIV responses, including those requiring longer-term investment.
- Providing more dedicated funding to ensure faster and more effective **integration of HIV responses within national health systems**, including closer alignment and **linkages between HIV programming and sexual and reproductive health services**.
- Strengthened and more direct efforts to **address harmful social norms and human rights barriers**, including through political advocacy with governments and support for longer-term investments in areas such as decriminalization and stigma reduction. Work in this area should also include more support and focus on **gender-based violence** and the needs and vulnerabilities of **children and people living with disabilities**, among others regularly left behind in current HIV responses (similar priorities are highlighted in the topic area on equity, human rights, gender and key and vulnerable populations).

b. Delivering outcomes against TB

According to participants, the Global Fund could play a more **catalytic role in mobilizing more funding for TB**, including by **using its leverage** in countries to increase domestic financing for TB responses and among current and potential new partners at the global and regional levels. Other inputs called for the Global Fund to focus on the targets and ‘asks’ of the 2020 UN High-Level Meeting on TB, while also helping to bring other actors together to **harmonize TB control activities** and avoid duplication.

From a programming standpoint, participants highlighted the need for **people affected by TB to be recognized as experts** in all aspects of ensuring an effective TB response. They recommended that the Global Fund prioritize **building and strengthening TB community systems**, including local and national civil society groups that can provide services and undertake community-led monitoring and advocacy. This was noted as necessary to help people living with and affected by TB to be engaged meaningfully in decision-making at country level (e.g., on CCMs), as well as regionally and globally. Participants underscored that strengthened communities and the specialized approaches they provide (e.g., peer-to-peer outreach) are also a prerequisite for greater success in finding missing people with drug-sensitive TB and drug-resistant TB.

In addition to strengthening communities, other recommendations for the Global Fund to deliver outcomes on TB included:

- Support to increase understanding amongst country-level decisionmakers about the barriers to quality TB care and support, including those related to **gender and the specific vulnerabilities of key populations**;
- Support to improve **data collection and use**, as well as metrics and key performance indicators (KPIs) to measure accountability based on evidence; and
- Support for assessments on how and where **social determinants of health and human rights challenges** affect TB responses – and then supporting focused programming efforts to overcome them.

c. Delivering outcomes against malaria

According to participants, addressing the **weaknesses of health systems** should be a key area of focus to improve malaria responses in these regions. They highlighted the need for more investments in the following areas:

- **Strengthening resilient and sustainable systems for health (RSSH)**, including for **building sustainable infrastructure**, e.g., laboratories and supply chains. In addition to dedicated funding for RSSH, the Global Fund should **use its leverage** to strongly

encourage governments to meet their co-financing commitments and increase funding for health systems in general.

- **Community-led responses**, including by supporting decentralization of resources and programs to the community level and ensuring that the voices and needs of people affected by and vulnerable to malaria receive adequate **attention and representation on CCMs**. A suggestion was made for the Global Fund to require that a percentage of grant financing should be given to community-based organizations and civil society groups, to help ensure the sustainability of these organizations in responding to malaria.
- Scaling up new tools and innovations, such as encouraging research and investing in the introduction of tools that, for example, increase indoor residual spraying (IRS) in high burden areas and address drug resistance.

Participants also suggested that the Global Fund could prioritize certain other approaches and strategies to maximize future investments, including using and expanding **existing strategies and tools**, such as the *Malaria Matchbox*⁵; using more (and better funded) **transborder malaria control** financing options, such as **multi-country grants**; and promoting and supporting programming that makes quality malaria prevention and treatment services available to **high-risk groups**, including people living in rural and isolated areas, refugees and displaced persons (including in war zones and other fragile environments).

d. Integration and systems for health

The importance of the Global Fund continuing its efforts and increasing its investments in systems for health was highlighted throughout breakout group reports and plenary discussions. Several suggestions were offered for what should be prioritized in terms of approaches and activities, including the following:

- Supporting the mapping and analysis of **health systems blockages and gaps** in countries, the outcomes of which local partners can use to determine the type and scope of new investments.
- Investing in and incentivizing the **integration of community and civil society responses** with overall health systems. Several participants noted that governments should be encouraged to work with communities and civil society more closely, which is essential for community systems to be institutionalized. A related suggestion was for the Global Fund to promote and support the engagement of communities and civil society in the development and monitoring of **national strategic plans for health**.
- Creating a distinct RSSH funding stream or specifying set amounts of country allocations that should be used for building RSSH. It was suggested that funds for civil society groups be ringfenced within RSSH country allocations as a way of supporting **RSSH activities and interventions** that are equitable and responsive to the most vulnerable and marginalized groups, including through community-led 'last miles' in service delivery.
- Creating more **strategic, consistent, durable and deeper partnerships to advance integration and improved systems for health** in areas of key Global Fund strength (e.g., supply chain infrastructure). Working more closely with health ministries could also help to foster country ownership and results over time.

⁵ The *Malaria Matchbox* is an assessment tool designed to improve malaria responses, by highlighting how social, economic, cultural, and gender-related barriers shape malaria and malaria services in a country or region.

Differences in opinion emerged in some breakout group and plenary discussions about how, whether and to what extent the Global Fund should be engaged in work and efforts aimed at **integrating HIV, TB and malaria responses into broader health systems and structures**. Several participants cautioned that integration could increase the risk of exclusion of key populations and marginalized groups and the disappearance of services that are indispensable to them.

Similar dynamics were at the heart of some discussions about the Global Fund's **mandate and reach**. A message from many attendees was that the Global Fund should do more to support resilient systems for health in general, with some also saying that it should position itself as a broader global health mechanism and not one focused on three specific diseases. Those views were countered by others who expressed that an expanded mandate and extensive emphasis on health systems strengthening would limit the Global Fund's impact on the three diseases and to respond to the needs of key and vulnerable populations living with and affected by HIV, TB and malaria. A 'middle ground' approach was brought up by other attendees through the message that it is not possible to maximize impact against the three diseases without stronger systems for health.

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

There was consensus among participants that a sufficiently strong commitment to equity, human rights, gender and key populations already exists in the current Strategy. It was observed, therefore, that the main focus instead should be on operational issues, with the Global Fund doing more to **make its commitments a reality in practice**.

Participants highlighted several recommended focus areas for future attention and emphasis, including:

- **Provide more direct funding to organizations and initiatives led by communities living with and affected by the three diseases, including those led by members of key and vulnerable populations**, with a preferred approach being the creation of a dedicated funding stream for them with limited 'red tape' and 'bureaucracy'. Such funding should have highly flexible parameters, as it should include core funding for organizations as well as support for their service delivery, monitoring and advocacy efforts.
- **Expand and bring to scale approaches that have succeeded** in raising the profile of, catalyzing funding for, and improving results in equity, human rights and gender equality. These include multi-country funding; the Community, Rights and Gender (CRG) Strategic Initiative, and the Breaking Down Barriers initiative.⁶
- **Address power imbalances on CCMs** to safeguard the place of communities and key populations as equal partners. This requires efforts to provide guidance to CCMs to

⁶ Priority goals of both the [CRG Strategic Initiative](#) and [Breaking Down Barriers](#) initiative include addressing structural and other barriers to access to services and engagement by key and vulnerable populations. Multi-country grants, also referred to as regional grants, have often proved more successful in ensuring that financing gets to key and vulnerable population groups and networks, especially in national contexts where they are criminalized and/or highly marginalized. Information and guidance is available at www.theglobalfund.org/media/9639/fundingmodel_2020-2022multicountryfunding_guidelines_en.pdf.

embrace communities as experts and encourage community-generated data in decision-making.

- **Introduce KPIs that promote a cultural shift and accountability** across the Global Fund to mainstream its top-level principles and commitments in these areas. It was suggested that specific KPIs are needed to measure performance regarding human rights, gender and equity not only in grant programs, but also at the Secretariat-level.
- **Strengthen data collection and monitoring** so that key and vulnerable populations are not left behind (more detailed suggestions are included in the 'Strengthening impact by country context' focus area summary below).
- **Leverage the Global Fund's voice and political space** to challenge human rights-related barriers. Partnerships should be a key component of this long-term objective, for example working with the African Union to encourage countries to meet existing commitments on human rights and gender and hold them accountable. Partnerships with regional and international human rights bodies could also help to accelerate progress and improve the Global Fund's impact.

f. Adapting to a changing environment

Participants discussed a range of ways that the Global Fund could further work with partners to address **ongoing and future 'external' challenges to continued progress against HIV, TB and malaria** – including pandemics such as COVID-19, challenging operating environments (COEs), and the impacts of climate change.

The fact that the Global Fund **cannot and should not focus on everything** was emphasized by participants regarding its work in COEs, and on global health security and climate change; instead, many emphasized that it should **focus primarily on the three diseases** while relying on other partners to focus on other areas. On the other hand, some participants encouraged the Global Fund to focus on ensuring that **marginalized communities are not further marginalized** in responses to COVID-19 and other such crises, including in areas such as prevention and access to treatments and vaccines.

Regarding **pandemic preparedness and responses**, it was suggested that the Global Fund focus on **strengthening and leading partnerships and collaboration**. This could include playing a convening role with key decision makers and global stakeholders to prepare for and monitor health security challenges, and to coordinate responses. Participants added that collaboration should seek to avoid duplication of activities, resources and competencies.

With respect to **COEs**, participants highlighted the need for **more funding and support for CSS** to help ensure that the most vulnerable (including mobile and internally displaced populations (IDPs)) can be reached, and that communities are at the forefront of implementation and monitoring. Another highlighted priority was for more attention on, and Global Fund-supported programs for, **IDPs** who are often not included in country data, thereby obscuring their true HIV, TB, malaria and broader health needs. It was suggested

that the Global Fund continue to provide direct funding to humanitarian agencies engaged in assisting IDPs and refugees as part of this heightened attention.

Participants recommended that health be the frame through which the Global Fund approaches **climate change**. Strategies and lessons learned from work in COEs could be useful in this context, especially since internal and external migration and food security are two of the most common climate change impacts and they are directly associated with health. At country level, the Global Fund was encouraged to build in flexibility to allocate contingency funding to **support social protection intervention measures in countries susceptible to natural disasters**, including in areas such as shelter and sanitation.

Across all its work associated with adapting to a changing environment, participants recommended that the Global Fund focus on identifying and supporting improved generation and use of **data** to assess the impact of such crises and changes on people living with and vulnerable to HIV, TB and malaria, to improve program responses; building the **resilience** of health systems and communities; maintaining strict standards on **human rights, gender and equity**; and **ensuring flexibility** to deal with context-specific problems and priorities rapidly and nimbly so that adaptation can take place in a timely manner.

2.2 'Achieving our goals' topics

a. Strengthening impact by country context

Participants frequently brought up the need to better leverage data and impact measurement to strengthen impact by country context. They suggested that the Global Fund could do more to support **data generation and sharing**, including in terms of the quality and scope of data – e.g., 'real-time' data disaggregated by populations and subnational geographies as well as basic evidence needed to assess impact (such as key population size estimations).

Detailed and reliable data was seen as a cornerstone of efforts by the Global Fund and partners to better tailor programs based on evidence of need and impact. Recommended approaches to improve and effectively use data for strengthening impact included:

- Supporting **national data systems**, including by developing and implementing a common approach in the use of data management technology at the national level;
- Prioritizing the role of communities in generating and using data to improve Global Fund programming. Specifically by ensuring that communities are better supported to engage in generating routine data, including through further investments in **community-led monitoring** and through investments in **data literacy** (a suggestion was made that RSSH budgets could be used for initiatives to build the capacity of health care workers on data use); and by ensuring civil society have access to timely data regarding all aspects of Global Fund programming in their communities (including budgets), which is vital for transparency;

- **Incentivizing and supporting communities and community-led organizations** to use data, in addition to collecting it, to strengthen their advocacy efforts.

Regarding higher-level strategic issues and directions, the Global Fund was encouraged to:

- Uphold its **country ownership** guiding principle more consistently and effectively. One approach highlighted by participants would be to **embed greater flexibility across the funding cycle** so that countries can adapt their programming as needs and priorities evolve, while also minimizing 'red tape' to allow reprogramming to take place more quickly and efficiently.
- Provide incentives to encourage **more risk taking** and 'permission to fail' at the programming and implementation level.
- Focus on the **quality and fidelity of programs**, including by being more willing to 'let go of' programs that are not working over the longer term.

Some concern was noted during breakout group discussions and plenary about an impression emerging from discussions that governments' roles, responsibilities and engagement should be curtailed or minimized. It was noted that while efforts should be made to expand and support the leadership and engagement of communities and civil society, the **central role of governments** to manage national resources for health must be acknowledged and upheld for HIV, TB and malaria responses to improve and scale up.

b. Partnerships to support effective implementation

To a significant extent 'partnerships' was a cross-cutting theme across all breakout groups at the Regional Forum, with the Global Fund consistently being recommended to strengthen and build them as part of overall efforts to improve impact. Priorities highlighted in this area included the following:

- More effectively and extensively supporting the capacity building of community-based organizations, networks of key populations, and other civil society groups at all levels, with particular focus on the subnational and community levels. Increased availability of and access to CSS support was highlighted as essential for the ability of these groups to engage not only in service delivery, but in governance spaces (e.g., CCMs and the Global Fund Board). It was noted that this would require addressing compensation for community health workers, peer networks, and other community-led health cadres.
- Shifting the Global Fund partnership's culture so that communities, key populations and civil society groups are recognized and treated as experts throughout the Global Fund ecosystem. In practical terms, participants observed, this could include recognizing community data and technical support provided by communities as essential and complementary to other partners' information and support (e.g., through the UN system).
- Recognizing community data and technical support provided by communities as essential and complementary to other partners' information be for the Global Fund to take steps toward ensuring that community and civil society activities are fully incorporated into

Global Fund-supported programs, and therefore reflected in final grant agreements. Another was for the Global Fund to identify and expand the use of approaches to respond to partners that do not uphold core human rights principles, including homophobia and the criminalization of key populations. Participants urged the Global Fund to use its leverage to more proactively address these issues.⁷

- Strengthening engagement with the private sector, which participants considered important to ensure a diversity of resources and service delivery options and to increase access to and use of innovations to achieve results. Caveats noted by participants included that it's important for the Global Fund to ensure that all private sector engagement and partnerships uphold the Global Fund's principles of inclusiveness, non-discrimination and 'leave no one behind', and that private sector components complement but do not replace public sector and local health coverage.
- Strengthening CCMs, including by enhancing the meaningful representation of key populations, communities and civil society.
- Supporting country-led coordination and alignment of Global Fund resources with other health and development agencies and partners for greater efficiency. Supporting and engaging with governments and other local partners to develop and improve national RSSH plans was seen as important as well to help ensure that Global Fund investments in this area of work are better aligned with local needs and priorities.

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

At an overarching strategic level, participants highlighted the following priorities in relation to this topic:

- Increasing **information** at the country level;
- Bringing **innovations** to scale;
- Engaging **civil society** groups early and throughout all activities and programming; and
- Leveraging **expertise** (e.g., from the private sector).

The importance of **partnerships, coordination and resource sharing** was a common theme, specifically:

- **Building the capacity of civil society** to influence decision making on complex technical matters, to demand specific tools on behalf of their constituencies, and to monitor effectiveness, impact and corruption.
- The Global Fund was encouraged to **coordinate closely with Unitaid and engage with civil society, and other stakeholders** to bring innovations to scale and create demand and use of tools.
- The Global Fund's proactive **interaction and engagement with manufacturers** earlier in the supply chain was mentioned as a strategic partnership approach that could boost access to innovative products.
- In terms of innovations, suggestions made were for the Global Fund and partners to prepare and regularly update (a) lessons learned documentation on **innovative tools and**

⁷ One example mentioned during the Regional Forum of a successful approach was a UNAIDS multi-country grant in MENA to a consortium of civil society groups that has been focusing on broadening partnerships (e.g., with women's rights groups) and engaging with parliamentarians and human rights institutions.

approaches and (b) an overview and toolkit of the innovation pipeline, as well as other resources that can help to ensure better visibility and procurement at country level by increasing information availability.

Many of the recommendations focused on **ensuring longer-term stability and sustainability** at the country level regarding essential commodities. Some specific suggestions included ensuring that:

- Qualified smaller and **local providers** can apply for and be involved in Global Fund procurement – part of a larger, necessary effort to **diversify procurement channels** to allow for changes based on context differences and needs;
- Global Fund **preferential pricing** be maintained during transition phases;
- **Quality assurance** of systems be a priority before, during and after procurement and supply chain responsibilities are fully transferred to national systems; and
- **The Global Fund’s pooled procurement** mechanisms be made more flexible by increasing eligibility beyond Global Fund-eligible countries, especially to facilitate transition away from Global Fund financing.

d. Resource mobilization

Discussions around resource mobilization fell into two main categories: how and what to do to influence developments in the domestic sphere and context, and what should be prioritized more generally across the Global Fund ecosystem. A key emphasis at the national level was on **improving governance and accountability**, including through the Global Fund being more proactive in facilitating **domestic resource mobilization**. Efforts in this area could include:

- Pushing for governments to live up to **commitments** on co-financing and the Abuja Declaration⁸;
- Promoting **collaboration** across government agencies and other partners to reduce redundancy and duplication;
- Supporting the **capacity** of other actors (e.g., civil society) to advocate for domestic resource mobilization, including by working through African Union forums; and
- Building **parliamentarians’** capacity on human rights, gender and equity and Global Fund processes, which could lead to more domestic resources for the three diseases and the Global Fund.

More broadly, participants suggested that the Global Fund be more assertive and engaged in **leveraging innovative financing**. This would include it playing a bigger role in identifying and supporting the use of innovative resource mobilization mechanisms (e.g., debt swaps, loan buydowns, risk pooling, etc.) and working with partners such as the World Bank to unlock resources.

Other recommendations were for the Global Fund to:

⁸ The 2001 commitment by African Union governments to allocate 15% of their national budgets to health.

- Leverage work already being done at regional and global platforms, such as advocating for and lobbying donors to meet **official development assistance (ODA) commitments**; and
- Supporting **governments' investment case** development, including through the use of better quality and more timely data based on specific contexts, to support resource mobilization efforts.

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 recommended 'ways of working'.

Directional

- **The Global Fund should maintain its core focus on HIV, TB and malaria** to ensure progress against its core mandate, and clarify an engaged role and niche in global health security, RSSH and on funding coinfections and comorbidities. All investments should consider the benefits of people-centered service integration while ensuring catalytic approaches given limited resources.
- **Place communities at the center**, including by recognising and supporting their leading role in the response, and give far greater attention to:
 - **Addressing structural barriers to and social determinants of HIV, TB and malaria** (including human rights, gender barriers, and specific barriers faced by key and vulnerable populations, youth, and women);
 - Shifting from a predominant Global Fund focus on biomedical interventions to also include greater focus on behavioral, structural and systems-wide areas; and
 - Supporting the generation and collection of indicators to track progress in these areas.
- **Maximize use of the Global Fund's political leverage** in support of its core principles and strategic priorities, including to:
 - Advocate for political leadership in overcoming structural barriers (including human rights) and addressing social determinants of HIV, TB and malaria;
 - Advocate for increased domestic resources for health; and
 - Act as a catalyst to encourage other partners (development, government, Global Fund governance officials) to leverage their role. The guiding principle should be to demonstrate, at global, regional and national levels, what good human rights programming looks like.

- **Enhance the sustainability of programs through:**
 - Strengthened integration of people-centered Global Fund disease investments into national health and community systems (especially for key and vulnerable populations);
 - Support for integrated, meaningful and sustained community engagement in HIV, TB and malaria responses;
 - Support for inclusive development of national strategic plans; and
 - More **catalytic support for domestic resource mobilization** (e.g., use of co-financing to address health system barriers, more health for money, leveraging cross-sectoral investments).

Across domains

- Strengthened support for generation and use of quality, disaggregated data for decision making at all levels, including:
 - Support for electronic management systems;
 - Platform integration across sectors and partners;
 - Support for and integration of community-led monitoring (CLM);
 - Ethical collection and use of quality disaggregated data on key and vulnerable populations;
 - Strengthening the availability and transparency of program data for in-country partners at all levels; and
 - Strengthened technical support to help prioritize program focus on most affected populations.
- **Embolden and scale up community and civil society leadership of programs,** including through:
 - Direct funding channels (including dual-track financing) that address access barriers at the CCM level;
 - Support for CLM;
 - Addressing lack of risk appetite for community-led work;
 - Recognizing communities' roles as experts;
 - Addressing commensurate compensation (e.g., of community health workers, peer networks, etc.);
 - Providing capacity building; and
 - Ensuring integration with national systems.
- **Support country ownership by articulating distinct and complementary roles** that governments, communities, civil society, the private sector and technical and other partners play, to ensure mutual inclusion, respect and accountabilities, and address barriers to inclusive leadership and decision-making.

Ways of working

- **Address implicit CCM power imbalances**, including between governments and communities, civil society, key and vulnerable populations and youth, and address the limited voice of malaria and TB, to ensure meaningful engagement and balanced decision making.
- **Strengthen market shaping, procurement and innovation uptake** by incentivizing local and regional manufacturers; ensuring transparency of data quality assurance of systems; leveraging private sector expertise; supporting preferential pricing for domestic resources; and through Global Fund transition.
- **Improve the flexibility and responsiveness of the Global Fund Secretariat operations** throughout the grant lifecycle to better deliver the Global Fund's strategic priorities according to country context and in response to a changing environment (e.g., global health security, COEs, climate, governance challenges, etc.).

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 II

By Region	# of Participants	%
East Africa	41	27%
Southern Africa	17	11%
West & Central Africa	19	13%
MENA-I	37	24%
Global North	38	25%
Total	152	100%

By Stakeholder Group	# of Participants	%
Country stakeholders	65	43%
Implementer (Principal Recipient/ Sub-recipient)	12	8%
Country Coordinating Mechanism (CCM)	14	9%
Parliamentarian/Government Official or Lawmaker	8	5%
Other In-country Stakeholders ⁹	14	9%
Communities (including key and vulnerable populations)	17	11%
Stakeholders with an existing Global Fund governance, funding or assurance role	34	22%
Donor (including donor governments, private foundations, private sector donors)	5	3%
Board and/or Committee Member	17	11%

⁹ 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	6	4%
TRP / TERG member	6	4%
Global and regional stakeholders and partners	53	35%
Civil Society	36	24%
Multilateral and Bi-lateral Partner	9	6%
Technical expert	8	5%
Total	152	100%

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

Annex 2: Agenda

Regional Partnership Forum II:

Western, Central, Eastern and Southern Africa & MENA I¹⁰

Day One – 17 th February	
Time	Session Description
14:00-14:35 Geneva 15:00-15:35 Johannesburg	<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.</p> <p>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:</p> <p>Dr. Donald Kaberuka, Chair of the Global Fund Board</p> <p>Dr. Charles Mwansambo, Secretary for Health at the Malawi Ministry of Health</p> <p>Marie Solange Ngoueko, Executive Director at the Public Health International Consulting Centre, Cameroon</p> <p>Professor Zoubida Bouayad, CCM Chair, Morocco</p> <p>Liberty Glenton Matthyse, Executive Director, Gender Dynamix, South Africa</p>
14:35-15:00 Geneva 15:35-16:00 Johannesburg	<p>Global Fund Strategy Development Topics: <i>Cornerstone issues and key considerations</i></p> <p>An interactive Mentimeter (www.menti.com) session to highlight regional challenges and obtain input from all participants on key Strategy development questions.</p> <p>Session Chair: Lead Facilitators</p> <p>Speaker: Dr. Harley Feldbaum, Head Strategy & Policy, the Global Fund</p>
15:00-15:10 Geneva 16:00-16:10 Johannesburg	<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, participant journey, logistics for joining break-out groups, including how to access interpretation and contact the Help Desk.</p> <p>Session Chair: Lead facilitators</p>
Health Break (10 min)	
BREAKOUT DISCUSSIONS	
15:20-16:20	Defining Our Focus: <i>Unpacking the issue(s) - focus group discussion 1</i>

¹⁰ MENA I includes Morocco, Egypt, Djibouti, Sudan, Somalia Tunisia, Algeria, Mauritania and Eritrea.

Geneva 16:20-17:20 Johannesburg	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. Session Chair: Breakout Facilitators
<i>Health Break (10 min)</i>	
PLENARY	
16:30-17:15 Geneva 17:30-18:15 Johannesburg	Collective Wisdom I: <i>Synopsis & Wrap-Up of Day One</i> 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. Session Chair: Lead facilitators
17:15-18:00 Geneva 18:15-19:00 Johannesburg	Topic Booths 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.

Day Two – 18 th February	
Time	Session Description
BREAKOUT DISCUSSIONS	
14:00-15:05 Geneva 15:00-16:05 Johannesburg	Pathways to Achieving our Goals: <i>Making choices- focus group discussion 2</i> 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. Session Chair: Breakout Facilitators
<i>Health Break (10 mins)</i>	
PLENARY	
15:15-16:00 Geneva	Collective Wisdom II: <i>Deliberations and discussions</i>

16:15-17:00 Johannesburg	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. Session Chair: Lead facilitators
16:00-17:00 Geneva 17:00-18:00 Johannesburg	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: Lead facilitators Speaker: Dr. Harley Feldbaum, Head of Strategy and Policy, the Global Fund
17:00-18:00 Geneva 18:00-19:00 Johannesburg	Topic Booths

Day Three – 19 th February	
Time	Session Description
BREAKOUT DISCUSSIONS	
14:00-14:40 Geneva 15:00-15:40 Johannesburg	Partnership Driven priorities I: Making recommendations that matter- 'Defining our Focus' breakout discussions Participants return to their 'Defining our Focus' groups to prioritize recommendations for the next Global Fund Strategy. Session Chair: Breakout facilitators
Health Break (10min)	
14:50-15:30 Geneva 15:50-16:30 Johannesburg	Partnership Driven priorities II: Making recommendations that matter- 'Achieving our Goals' breakout discussions Participants return to their 'Achieving our Goals' groups to prioritize recommendations for the next Global Fund Strategy. Session Chair: Breakout facilitators
Health Break (10min)	
PLENARY	
15:40-16:55 Geneva 16:40-17:55 Johannesburg	Towards Greater Impact: Harmonizing recommendations

	<p>Harmonize recommendations of the regional Partnership Forum as input into the Global Fund Strategy development process through an interactive discussion with all participants. Session Chair: Lead facilitators</p>
<p>16:55- 17:15 Geneva 17:55-18:15 Johannesburg</p>	<p>Reflect and Review: <i>Commitment in Action</i> Reflection and 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</p>

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