



# The Global Fund Partnership Forum Meeting Report Bangkok, 24-25 June 2015

Summary of the 2015 Global Fund Partnership Forum in Bangkok, Thailand, 24-25 June 2015

# I. Introduction

The Global Fund Partnership Forum is a core component of the broad, inclusive and participatory partnership that is essential for effective investment in global health. The Partnership Forum provides all partners a dedicated venue for contributing critical input, suggestions and views about strategy and policy matters that affect work on the Global Fund's mission to make a sustainable difference in the fight against HIV, tuberculosis and malaria.

The theme of the Global Fund Partnership Forum in 2015 is "Shaping Our Future: Collaborating for a Healthier World". The Partnership Forum is taking place across three multi-stakeholder meetings held in Africa, Asia and South America. All regions across the globe are represented in the three meetings. The main objective of all three in-person consultations is to gain substantive guidance and input for the development of the next Global Fund Strategy through the participation of a broad range of stakeholders. As second in the series of three, this meeting report summarizes and synthesizes the proceedings, highlights and input from the Partnership Forum meeting held from 24-25 June in Bangkok, Thailand.

## II. Overview

About 110 representatives from more than 40 countries and from a wide range of stakeholder groups participated in the gathering in Bangkok to provide guidance and input for the development of the next Global Fund Strategy. Stakeholder groups included, in alphabetical order:

- Civil society and community groups;
- Country Coordinating Mechanisms (CCMs);
- In-country implementers, i.e., Principle Recipients (PR) and Sub-recipients (SR) of Global Fund grants;
- Local Fund Agents (LFAs);
- Donors;
- Parliamentarians;
- Private foundations;
- Private sector;
- Academia;
- Technical Partners;
- Technical Evaluation Review Group (TERG) and Technical Review Panel (TRP).

Members of the Global Fund Board and its Committees as well as staff of the Global Fund Secretariat were also present.

### Meeting Agenda

The meeting agenda was designed to optimize opportunities for stakeholders to express their views and suggestions, and to maximize consultation time. The main input of the lively consultations conducted among a rich diversity of participants will be feeding into the development of the new Global Fund Strategy commencing in 2017.

The Partnership Forum meeting opened with a welcome by Dr. Suriya Wongkongkathep, Deputy Permanent Secretary at Thailand's Ministry of Public Health and Global Fund Board Member for the South East Asia Constituency. Dr. Suriya spoke of the importance of sustainable transition as countries transition to middle-income status, while acknowledging the challenges of making sure key populations, poor people, migrants and internally displaced people are not left behind. Dr. Suriya's welcome was echoed by Apirat Sugondhabhirom, Director of Social Division at Thailand's Ministry of Foreign Affairs. Following a speech by Aida Kurtovic, Global Fund Board Vice Chair, who also chaired the opening session, a recorded message from Mark Dybul, the Global Fund Executive Director, addressed the room and highlighted Thailand as an example of country ownership, partnership, resilient and sustainable health system building, and stated that the Global Fund could learn from its experience. David Stevenson, Global Fund Strategy, Investment and Impact Committee (SIIC) Chair then delivered a speech, followed by Maura Elaripe<sup>1</sup> and Zakaria Bahtout<sup>2</sup>, representing communities most affected by the three diseases, who made statements to stress the importance of inclusiveness and the role of communities. Following this, Harley Feldbaum, Head of Strategy and Policy at the Global Fund outlined the process for the development of the Strategy and current thinking on the Strategic Framework. A consultation in the

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<sup>1</sup> Maura Elaripe is one of Papua New Guinea's most prominent HIV activists and works for IGAT Hope

<sup>2</sup> Zakaria Bahtout is Program and Communication Officer of International Treatment Preparedness Coalition in Morocco.

plenary session was conducted on a set of strategic themes, which enabled participants to lay the groundwork for the group discussions.

The Partnership Forum was also preceded by fruitful side meetings with civil society, disease experts, the private sector, and other stakeholders on a variety of topics including human rights, gender, key populations, sourcing, malaria and TB.

The two-day Partnership Forum meeting itself primarily consisted of working group consultations on strategic themes with the ultimate goal of eliciting recommendations for consideration in the next Global Fund Strategy. Participants were organized into eight working groups, with approximately 10-15 participants each. The groups brought together individuals of diverse backgrounds, which in turn, resulted in a balanced array of views and recommendations.

Each working group addressed two thematic issues of the eight, which had been identified ahead of the meeting and had also been used in the first Partnership Forum Meeting in Addis Ababa:

1. Health Systems Strengthening (HSS);
2. Community Systems Strengthening (CSS);
3. The Funding Model;
4. Priorities for the Three Diseases;
5. Gender;
6. Human Rights and Key Affected Populations;
7. Challenging Operating Environments (COEs); and
8. Sustainability and Transition.

The working groups were tasked with:

1. Outlining broad challenges related to the thematic issues
2. Identifying opportunities for action resulting from these challenges; and
3. Producing specific recommendations for the Global Fund to consider as it develops its 2017-21 Global Strategy in relation to the thematic issues.

The working groups were facilitated by independent facilitators, and were supported by resource staff from the Secretariat who also functioned as rapporteurs. Each working group identified a participant as spokesperson and fed back their comments and recommendations in plenary sessions.

The Partnership Forum Meeting concluded on 25 June with a summary of the key messages and takeaways delivered by David Stevenson, Carole Presern, Head of Office of Board Affairs, Harley Feldbaum and Aida Kurtovic.

## III. Summary of working group discussions and recommendations

Over the two days, participants engaged in substantive discussions that focused on key strategic themes previously identified as crucial to the next Global Fund Strategy. At the conclusion of the Meeting, several broad priorities had emerged from the discussions, many of which are crosscutting. Participants shared a strong commitment to end the epidemics of HIV, tuberculosis and malaria. There was also a consensus achieved that the strengthening of health systems and community systems plays a key role in the fight against the three diseases. The need for greater flexibility in the Global Fund's approach to specific regional needs was also stressed by participants across the multi-stakeholder groups. Meanwhile, the centrality of rights-based approaches and the idea of "leaving no one behind" ran through all of the discussions and became a recurring theme in many interventions.

### I) Crosscutting Key Messages

#### 1 Regional Focus

Across all thematic areas, participants emphasized the need for greater flexibility by the Global Fund to address the specific needs of the region. The need for greater regional focus could be seen not only in recommendations relating to the implementation of the existing funding model, to transition and sustainability strategies, but also in disease specific

interventions. Specifically, participants considered that there is a unique opportunity for the Global Fund to support efforts to eradicate malaria in the region.

## 2 Transition to Domestic Funding

In their discussions, while most participants accepted the need for greater financial responsibility and country ownership, a crosscutting theme emerged for the Global Fund to assist countries to prepare for the transition earlier in the process.

Many participants recognized that generating greater domestic funding has not been internalized by many CCMs, PRs and SRs. This concern was reflected in a range of recommendations, including that the highest levels of government (i.e. senior to the Ministries of Health) be involved in grant submissions, that the Global Fund should provide continued support to key-affected populations, who may be vulnerable to both discrimination and reduced funding after the Global Fund grants terminate, and develop specific transition strategies for countries at different stages of economic development. Based on the discussions in Bangkok, it could be argued that the range of issues relating to transitioning from the Global Fund investments is one of the greatest challenges to address for the 2017-21 Strategy.

## 3 Human Rights and Gender

Many participants centered their attention on rights-based approaches to all Global Fund investments. A number of participants recommended that the Global Fund explicitly enshrine human rights in programs in its transitions, almost as a central legacy of its investments.

Participants also urged that the next Strategy ensure a strong focus on human rights, gender and key populations within transition planning.

## 4 Meaningful Engagement of Communities

The Partnership Forum had strong representation from civil society, and this was reflected in a range of strong recommendations for greater engagement of civil society and communities in CCMs and the implementation of Global Fund supported programs. Some participants commented that the Forum's recommendations were, themselves, not adequately specific. Nonetheless, moving forward, a critical priority is believed to be identifying very concrete ways – beyond advocacy – for this to be achieved.

## 5 Systems for Health

Furthering the views by many participants in Addis Ababa, who pointed out the linkage between the Health Systems and Community Systems, participants in Bangkok viewed health systems and community strengthening strategies as being more intimately related. Recommendations in these thematic areas focused on promoting greater integration – with services being delivered either in facilities or in communities, depending on where and who was best placed to deliver in the most effective manner. Participants held the view that strengthened integrated health systems that fully engage communities were considered as another potential “legacy” of the Global Fund investment. Furthermore, there was consensus among participants that in delivering effective programs for the three diseases, other sectors needed to be actively involved, including education and law enforcement, which lead to an overall “systems for health”.

## II) Thematic Highlights

### 1 Health and Community Systems Strengthening (HSS and CSS)

Participants in Bangkok agreed that HSS and CSS are intimately linked components to overall systems for health and suggest that the Global Fund's 2017-2021 Strategy should address the two themes in an integrated way that prioritizes areas of investment to strengthen and coordinate the complementary nature of responses by all sectors (e.g., government, private sector, community). Both HSS and CSS should take prominence in concept notes as a means to achieve impact, quality outcomes and promote sustainability for the three diseases. Participants pointed to the need to

acknowledge that systems strengthening is a longer-term process that extends beyond a three-year allocation period or the life cycle of an individual grant.

As a result, recommendations for these two themes have been merged. Recommendations included that the Global Fund should:

- As part of overall systems for health invest in and promote the empowerment and scaling-up of community responses that are sustainable and tailored to the country context and includes actions to strengthen community responses;
- Ensure that the approach to building resilient and sustainable systems for health is coordinated with the need to differentiate based on country context, and aligned with national strategic goals;
- Communicate the need to prioritize synergies and integration across disease programs;
- Invest in data and information systems that can reflect the role of various actors in the systems for health;
- Use various funding mechanisms and partnerships to invest in and develop local capacity to support continued inclusion and complementarity of community responses in the systems for health;
- Utilize local and international partnerships so that investments in systems for health, including community responses, are prioritized and coordinated; and
- Foster policies, processes and a funding environment that is conducive to an inclusive CSS model (changes to indirect costs for Civil Society Organizations (CSOs)).

Participants also provided detailed feedback on the draft Strategic Framework presented in the plenary session, suggesting that Strategic Objective 2 be restated as “Build responsive, resilient, inclusive and sustainable systems for Health.”

## 2 Challenging Operating Environments (COEs)

Within this theme, topics discussed included definition of COEs, health systems, partnerships, the Emergency Fund, allocation model and data challenges.

Recommendations that arose from the discussions include that the Global Fund:

- Building on existing Secretariat work, develop a clear definition of criteria and a diagnostic framework for COEs (e.g. acute emergencies and chronic crisis);
- Articulate and allow flexible modalities for COEs in grant application and management, monitoring, oversight and performance evaluation, and partnerships, to enable differentiated responses, taking into account risk tolerance (Board), and appropriate risk management (Secretariat). These could include, among others, the Emergency Fund, material reprogramming, risk management approaches, data requirements, and counterpart financing requirements;
- Promote innovation on program delivery, partnerships, and data collection, access and utilization;
- Increase investments in appropriate, environment-specific health systems, including capacity building of human resources, integration of three diseases within an integrated package of health services, data collection, and supply chain management for continuity of services;
- Define how to engage with humanitarian response architecture and effectively partner with humanitarian actors (for acute health and humanitarian crises);
- Continue the Emergency Fund and address outstanding questions through an evaluation, including size, scope, access, focus, implementing entity, and decision making power; and
- Increase investment in a wider range of situations including acute and protracted crises, conflict and displacement of populations, recognizing that this may involve cross border approaches. The Global Fund should factor COE considerations (additional costs), into its allocation model including a funding envelope for the Emergency Fund and increased country-level allocations for increased costs and HSS/CSS needs.

## 3 Transition and Sustainability

On the themes of transition and sustainability, participants discussed issues such as the need to establish a “mentality of sustainability” in the Global Fund culture, the role of civil society, key affected populations, and communities, the link with HSS and CSS, donor engagement, and the roles that monitoring, human resources and partnerships play during the process.

Participants recommended that the Global Fund:

- Define its responsibilities and funding at different stages of the development continuum;
- Revise eligibility criteria for Global Fund funding beyond disease burden and income, especially where services for key populations may not be sustained;
- Refine its approach to HSS in the context of SDGs and move towards universal healthcare, including engagement with different partners;
- Place greater emphasis on sustainability across the Global Fund business model. A stronger focus on HSS and CSS is central to this effort as are country level partnerships with significant HSS/CSS funders and appropriate technical partners;
- Require early sustainability planning to be undertaken in all countries and not only in those ones that are anticipating transition away from Global Fund financing. The Global Fund should support transition to a national platform for interaction between state and civil society, including the private sector to mobilize resources and maintain service delivery, particularly for vulnerable populations. It should set out early transition planning with milestones linked to performance incentives (e.g. transfer of recurrent costs to government over time such as human resources costs and commodities, increase in co-financing, transitioning programmatic elements such as CSO service delivery, and funding model elements such as the CCM and risk management); and
- Address sustainability challenges faced by key affected populations, civil society, and communities (long tail of investments, regional approaches). The Global Fund should maintain engagement with post-transition countries at the regional level for advocacy and technical support.

## 4 Gender, Human Rights & Key Affected Populations

The critical importance of commitment to gender, human rights and key affected populations was a principal message throughout the discussions. Participants cited the considerable evidence that investments in human rights, gender and key affected populations lead to better health outcomes.

Key crosscutting recommendations for consideration in the new Strategy include:

- The challenge to move from recognition of human rights and gender barriers and existence of key populations in concept notes to devoting adequate funding to programming on human rights, gender and key populations. Incentives need to be created for greater investment in human rights and gender programming, as well as funding for key population programs. One way to do this would be to reserve a portion of a country's allocation specifically for funding such programs;
- The need to engage in a concerted effort with partners to model health impact and develop a better monitoring and evaluation framework for gender, human rights and key affected populations programs. Participants recognized that it can be challenging to measure the impact of some gender and human rights interventions on health within the short time frame of grants and that some calls for "more data" reflect an unwillingness to invest in these programs;
- The need to prioritize processes and mechanisms to fill gaps and remove barriers to ensure meaningful representation and expertise in country dialogues and on CCMs (specifically key populations, Members of Parliament, and human rights experts); and
- The reality that when countries transition out, there is a real challenge in ensuring any gender, human rights, and key populations programs are sustained. In the transition process, until other sources of funding can be identified and other mechanisms for funding are put in place, the Global Fund should have an ongoing role in such settings and ensure continued funding for cross-border issues (e.g. malaria), sensitive human rights issues, continued community responses and CSS through various mechanisms such as regional proposals, or smaller dedicated allocations to countries.

Specific suggestions for consideration in the development and implementation of the next Global Fund Strategy on each sub-theme topic (gender, human rights, and key affected populations) are summarized as follows:

### 4.1 Gender

The Global Fund should:

- Create incentives for funding of comprehensive gender programs (including programs not only for women and girls but also for boys, men and transgender) for HIV, TB and malaria, clarify existing guidance on comprehensive gender programming (if needed), and work with partners to raise awareness and facilitate technical assistance;
- Enhance focus on gender dimensions for TB and malaria for women and girls;
- Develop Key Performance Indicators to measure equitable gender outcomes for women and girls for the three diseases;
- Adequately address gender based violence within concept notes and in-country programming, especially in crisis settings;
- Address the lack of nuanced data around gender e.g. for key affected women; and
- Go beyond gender representation on CCMs to ensure dedicated expertise for gender transformative programming.

#### 4.2 Human Rights

The Global Fund should:

- Continue building awareness of all elements of the removing legal barriers module; and
- Focus on operationalizing policies to promote and protect human rights at the country level including by expanding and leveraging partnerships and participation (e.g. via ESCAP Roadmap as opportunity for collective advocacy and subsequent action on decriminalization, IP issues etc.). It should also allocate dedicated human resources and funding to support transformation of human rights policies into practice.

#### 4.3 Key Affected Populations

The Global Fund should:

- Expand the definition of key affected populations to include other key populations, particularly prisoners, pre-trial detainees and migrants;
- Resource and invest in key populations through community systems strengthening, and encourage innovative approaches to expand access for hard to reach communities.
- Support generation of nuanced age and sex-disaggregated data (size estimation, prevalence, key populations, etc.) for good and effective investment cases, and to direct/drive resources towards key population interventions across the three diseases.

## 5 Priorities for the Three Diseases

Recognizing that resources are limited, participants in these sessions considered issues such as the balance between treatment and prevention, scope for innovation and flexibility, need for higher-level engagement, as well as domestic financing and additionality of resources. After much discussion, participants agreed that country-level prioritization should achieve a balance between treatment and prevention, especially for key populations.

Participants recommended that the Global Fund:

- Require Governments to take on the financing of treatment and prevention programming, including for key populations, and with an integrated response, in order to free up Global Fund financing for other priorities (especially countries that are in Band 4, or are transitioning out, or have low disease burdens but concentrated epidemics). “Willingness to pay” as currently designed and required by the Global Fund is not strong enough. Governments should be required to not only increase contributions, but focus on specific interventions, to ensure the long-term sustainability of treatment, and to ensure Governments are also taking responsibility for interventions required for key populations;
- Where appropriate, consider regional approaches and projects for more harmonized work and cost efficiencies while maintaining national programs and country ownership, for instance:
  - For defining a country’s allocation;
  - Defining a regional approach to addressing epidemics;
  - Strengthening regional decision-making mechanisms;
  - Managing funds; and

- Sufficiently delegate decision-making to the regional- and country-levels to allow for more opportunistic and tailored responses to the three diseases. This includes empowering and providing flexibility to fund portfolio managers (FPMs) in negotiation and decision-making and making it clear to FPMs that they are expected to operate in this manner;
- Increase its engagement with the Private Sector (e.g. pharmaceutical industry) to catalyze innovation and promote- though not to fund- research and development. Early TB diagnostics and treatment was provided as an example.

Opposing views were expressed during the sessions about whether the Global Fund should fund further Hepatitis C and other related co-morbidities and co-infections. Some considered that there is a need for a more robust strategy on Hepatitis C given the Global Fund's rights-based approach, its focus on key populations, and rapidly evolving market dynamic. Others felt that the current policy is sufficient.

## 6 The Funding Model

During the discussion, several pivotal elements related to the funding model were broadly addressed, ranging from prioritization to conditionality of funding to performance-based funding model.

Recommendations that arose from the discussions include that the Global Fund should:

- Evolve the allocation formula to consider not only Gross National Income and disease burden, but also any regional features (e.g. malaria in the Mekong area) and concentrated epidemics (i.e. disease burden in key populations and whether activities for these are sufficient and supported by the Government). A one-size fits all formula that does not take a country's specificities into account does not work. Some participants suggested that a special mechanism may be needed to achieve this;
- Evolve the funding model to incentivize countries to prioritize the following issues not through what is currently termed "incentive funding" but through providing access to additional funding if the priorities are addressed:
  - Interventions for key populations (treatment and prevention);
  - Gender equality for all;
  - Human rights issues;
  - Legislative reform;
  - Key prevention interventions such as harm reduction;
  - Interventions for youth including appropriate treatment and prevention;
  - Access to medicine and diagnostics;
  - Ending HIV and tuberculosis and eliminating malaria;
  - Transitioning to the Government assuming long-term financing;
  - And any other country-relevant issues;
- Regularly review the up-front global disease split considering trends in the three diseases;
- Focus its performance-based funding model on maximizing impact through incentivizing reductions in morbidity, including by tying such results to future funding allocations;
- Engage in higher-level political dialogue at the country-level with the Ministry of Finance and other development partners to maximize and leverage the impact of its investments and ensure sustainability. The Global Fund should evaluate whether all funding (not just 15 percent) should be conditional on increasing levels of co-investment;
- Consult with CCMs and communities to finalise allocation amounts before they are communicated; Representatives from the communities especially want to see that community needs are considered.