

# CIVIL SOCIETY GLOBAL FUND STRATEGY DEVELOPMENT CONSULTATION



1 – DEC. 4TH



Regional platform for communication and coordination on HIV/AIDS,  
Tuberculosis and Malaria for Anglophone Africa

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## **ABBREVIATIONS**

AGYW Adolescent Girls and Young Women AYP Adolescent and Young People CBM  
Community Based Monitoring CBS Community Based Surveillance CCM Country  
Coordinating Mechanism CG Community Groups  
CLM Community Led Monitoring CS Civil Society  
CSO Civil Society Organization GF Global Fund  
HR Human Rights  
KVP Key and Vulnerable Population PR Principle Recipient  
RSSH Resilient and Sustainable Systems for Health SR Sub Recipient  
THE Total Health Expenditure UHC Universal Health Coverage

## **BACKGROUND**

The Global Fund Strategy is a multiyear road map for its partnership's future, setting out priorities how the Global fund can accelerate progress against HIV, tuberculosis and malaria and improve global health. The current Global Fund strategy 2017-2020 is over halfway through its implementation and the process to develop the next GF strategy beginning in 2023 has already started. Recently the Global Fund's Strategy Committee approved the final dates for 6th Partnership Forum in early 2021 – a key moment in the development of the Fund's post-2022 Strategy.

Following these developments, the Global Fund Community Rights and Gender department found it essential to provide an opportunity for communities and civil society to discuss and provide concrete input on regional priorities to inform the development of the next Strategy.

As such, the CRG Department proposed to convene regional consultations with Platforms to; 1) discuss collective priorities for the post-2022 Strategy, and 2) identify concrete recommendations/input to be included in the Strategy development process.

The CRG department acknowledged the work that platforms are already undertaking in engaging communities and civil society in the GF strategy development and expressed its desire to see these consultations happen within the framework of existing efforts to foster participation in the process.

Following the review of the inputs received through the Strategy's Open Consultation process, the Global fund secretariat identified specific topics that require concentrated discussions and guidance from the global fund partnership. These topics included;

1. The Global Fund's role in Global Health Security
2. The Global Fund's future role in RSSH to achieve UHC
3. Strengthening partnerships to improve program effectiveness
4. Equity, human rights, and gender
5. Community and civil society engagement and leadership in the response

The secretariat thus envisaged a guided process that aims to provide an opportunity for

participants to discuss what issues they felt were most relevant to them considering the topics that require in depth consultations.

The CRG Department welcomed this opportunity and extended an invitation to work with the platforms and developed the agenda as well as ensured participation of relevant Global Fund Secretariat staff in the consultations.

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## **INTRODUCTION**

The Anglophone Africa Communication and Coordination platform and GFAN Africa have been spearheading the process of engaging communities and civil society during the Global fund Strategy development open consultation period.

The platform and GFAN Africa conducted a survey across all Anglophone Africa countries that aimed to get opinions from communities and civil society on how successful the current Global Fund strategy has been, what could have been missed and what the new strategy needs to consider. The survey sought to focused on three objectives;

1. To evaluate how Anglophone Africa CS and CG perceive how the 2017-2022 SP objectives have been achieved
2. To identify key areas and new strategies that require to be integrated in the next GF strategy.
3. To identify and consolidate inputs and key suggestions from CS and community constituency that represent the voice from Anglophone Africa.

The survey brought useful highlights on what has been achieved so far and what new areas require to be integrated and given priority in the next GF strategy. Among the highlights included; 1) Prioritizing community led monitoring, 2) Scaling up human rights and gender integration in all GF programs 3) Equity, transparency and accountability and 4) Strengthened partnerships with local actors and scaling up information sharing on Global fund processes.

### **The Purpose**

With the current opportunity to further the consultations, Anglophone Africa Platform used the already existing processes developed and created during the open consultation process to engage key constituencies to further discuss on the key recommended topics that the Global Fund secretariat has highlighted as needing more in-depth discussions to further enrich the consultations and came up with a comprehensive consultation report to be shared with the CRG department.

The overall objective was to provide an opportunity for communities and civil society in

Anglophone Africa to discuss issues they feel were most relevant to them for the new GF strategy specifically on the following areas;

1. The role of the Global Fund in global health security
2. To get contributions from communities and civil society on the Global Fund's future role in RSSH to achieve UHC
3. How best the Global Fund can strengthen partnerships to improve program effectiveness
4. What needs to be done to improve Equity, human rights and gender for GF programs
5. How communities and civil society can be effectively engaged and take a leadership role in the response.

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## **APPROACH AND STRUCTURE**

The consultations were structured to allow for in-depth discussions and sharing of practical experiences relevant to the five topics of discussions. The structure included; • *Identification of participants*; the Anglophone Africa Communication and coordination platform built upon existing engagement processes on the GF strategy development and identified participants across Anglophone Africa countries representing different constituencies. The participants also reflected geographical representation and well as constituency representation, ensuring all community groups are represented. • *Development of discussion guides*; to ensure the consultations are structured, discussion guides for each of the five topics were developed, to facilitate focused, relevant and in-depth discussions.

- *Identification of key speakers*; key speakers were identified, with extensive knowledge of the GF architecture and understanding of the trends of the three epidemics, and Human Rights issues in the region. The presenter provided a contextual understanding of the five topics in line with the overall vision of the GF.
- *Plenary presentations*; to share theoretical and contextual background on each of the five topics. This provided an opportunity to provide clarity and define the parameters for discussions.
- *Groups discussions*; participants retreated into small constituency group discussion for in depth consultation and identified key priority issues and proposals for the next GF strategy, 2023-2027. The participants reflected on the progress made to date under the five topics, examined gaps and proposed approaches to closing the identified gaps. The following small groups were constituted;
  - *Malaria Community, TB Community, HIV Community, KVP Community, Human Rights and Gender Community and Women Community and AYP Community.*

- *Group presentation*; the small constituency group presented their prioritized proposal at plenary, for comments review and adoption.
- *Synthesis and report writing*; the views, recommendations and proposal captured during the five days consultations were analyzed and this report was developed. This report contains key highlights and proposals for consideration for inclusion into the GF new strategy 2023- 227. Participants also proposed that, in cases where the proposal might not be capture in the strategy, the GF should consider such proposal as a guiding principle in the delivery of the new strategy. This report will be shared with all participants.

## **PARTICIPANTS**

The Civil Society (CS) consultations sought to capture recommendations from the CS leaders and community representatives on the future role of GF on aforementioned five key thematic, with a special focus on the aspiration and vision of CS and communities in the region. The consultations therefore targeted CS leaders representing CSOs across playing a role in the design and implementation of GF programs as well as those supporting HIV, TB, Malaria, Sexual reproductive health and human rights programs.

Participants were also drawn directly from communities, including community leaders representing Key and Vulnerable Populations (KVP); Sex Workers, Men who Have Sex with Men (MSM), Injecting Drug Users (IDU), People Living With Disabilities, Women Living with HIV, and Adolescent Girls and Young Women (AGYW) and Youth.

Other participants included representative regional CSOs, Development and Technical Partners, and representative from the Global Fund (GF) who played a key role in providing contextual background on status of the epidemic as well as progress towards achieving GF targets as set out in the current strategic plan.

The participants reflected regional representation, with CS and Community Leaders from across the English-Speaking African continent. For five days running discussing the various themes, an average of 50 participants were present across all days.

## HIGHLIGHTS AND RECOMMENDATIONS

Participants, in constituency group discussions, identified key highlights under each of the five topics and proposed key recommendations for consideration and inclusion into the next GF strategy, 2023 -2027. Participants also proposed that, where specific proposals cannot be included into the new strategy, the GF should use the proposal in question to inform its future policies and prioritization process.

### Issue 1

#### Highlights

Participants discussed the role of communities in minimizing the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries. Participants noted that population growth, rapid urbanization, environmental degradation, and the misuse of antimicrobials pose critical risks to public health and are factors that can be attributed to emergence of new diseases. Reference was made to the current COVID 19 pandemic and its unprecedented disruption to people's health and causing negative



social and economic impacts.

Learning from the current COVID-19 pandemic, participants highlighted the following factors influencing the CS recommendations to the GF with regard to the future role of GF in global health security;

1. Communities are at the **front line** when responding to new public health challenges, and with limited knowledge of new diseases, and lack of tools put communities at high risk and limit their effectiveness to adequately respond to new public health challenges.
2. **Women** are **mostly affected** by new diseases as they are home based care givers, economically marginalized and **vulnerable** to abuse due to gender inequality.
3. **Weak** regional **health systems** and **community systems for health** limit the capacity of countries in the region to effectively respond to emerging diseases and public health challenges.
4. **Limited** investments in **research** inhibit countries in the region to generate knowledge and information of epidemiology of new diseases and thus limit national responses.
5. **Inadequate investments** into **national health sector** limit the capacity of national ministries of health to respond to emerging public health challenges

### **Recommendations**

With the above realities and factors, participants outlined the following proposals for consideration to inform the next GF strategy, 2023 -2027.

1. **Community Based Surveillance (CBS);** Participants pointed out that communities can play a key role in preventing avoidable outbreak, detecting threats early, and respond rapidly and effectively when outbreaks occur. With this regard, participants proposed that the GF should integrate CBS as part of the RSSH components of GF grants. Including building CBS systems and tools and enhancing CBS knowledge for effective monitoring and responding to emerging public health incidences by communities.
2. **National Legislation and Policy Framework;** Participants noted that having adequate national legal and policy framework is necessary to support and enable implementation of the

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International Health Regulations (IHR) that the continent has signed up to. With this regard participants proposed that the GF should consider adoption/domestication and implementation of IHR a critical component in its next strategy. The GF should consider investing in supporting countries to assess, adjust, and align legislation, policies, and administrative requirements for implementation of IHR.

3. **Research;** The capacity to generate utilize strategic information is critical to enhanced understanding of public health challenges including new emerging diseases. The African continent has relatively limited infrastructure and resources for research. With this regard, participants proposed that the GF should support research to generate strategic information on possible public health emergencies, based on current trends; such as current drug resistance.

4. **Domestic Resource Mobilization;** most countries in the region allocate limited resources to national health emergencies, thus limiting their capacities to prevent and respond to emerging public health challenges. Participants therefore proposed that the GF should prioritize developing and implementing structured strategies that target to push countries to increase domestic resource mobilization to finance public health emergencies.
5. **Drug Resistance; Participants noted that;** Antimicrobial resistance (AMR) is one of the biggest threats to the region health and can reverse health gains across the three epidemics. AMR is evident across the three epidemics and infections are becoming more resistant to the current antimicrobial medicines, resulting in prolonged illnesses and preventable deaths. Participants proposed that the GF should consider investing in activities that support countries to develop and implement a national response to combat AMR, these include; i) enhance capacity of laboratories to identify priority WHO AMR pathogens, ii) prevent AMR transmission in health care facilities and in the community through infection prevention and control measures; iii) train health care and community health workers on basic infection prevention and control policy guidelines and practices; iv) implement evidenced-based internationally endorsed guidelines on appropriate antimicrobial use and v) implement drug quality surveillance.
6. **Diagnostics Infrastructure;** the region exhibits gaps in disease diagnostics capacities with poor national and regional laboratory infrastructure, limiting the capacity to detect and investigate new diseases. Participants proposed that the GF should prioritize disease diagnostic infrastructure and training, to support rapid identification and treatment of diseases.
7. **Health Information Management Systems and Community Data;** the quality of health data and information is relatively poor across the region, with community data rarely tracked and mostly not linked to national Health Management Information Systems. This has resulted to gaps in national disease surveillance systems. Participants propose that the GF should consider increasing resources and efforts to support enhancing generation and utilization of routine data and support digitalization of routine health data. Special emphasis should be towards strengthening communities capacities to capture and utilize community generated data, and linking the same to national HMIS.
8. **Harmonization of Health Sector Protocols;** little progress has been made to harmonize health protocols and policies in the region. This has weakened coordination, partnerships and collective efforts in preventing and responding to emerging health challenges in the region. Participants proposed that the GF should invest in harmonization of health sector protocols across countries in the region to ensure collective action and enhanced quality and standards across the region.

9. **Impact of Public Health Challenges on Women;** participants noted that women are, in most cases fast responders and home based care givers at household level, exposing them to high risk of contracting diseases. It was also noted that women are

relatively vulnerable to abuse and bear the most impact of pandemics. With this regard participants proposed that the GF should invest in mechanisms and approaches that protect and limit health risks facing women and caution women from the health and economic impact of new diseases and pandemics.

10. **Effects of Treatments of HIV Treatment;** there are concerns that the HIV treatment has negative effect on patients. Participant proposed that the GF should invest on monitoring the effects of current treatments to avoid emergence of public health challenges and complications.

## Issue 2

### Highlights

Participants reflected on commendable progress to date with regard to GF support to building and strengthening health systems, including community systems for health. It was also noted that the GF investments in RSSH has enabled a number of countries improve provision of health services, and contributed to establishment of sustainable systems and infrastructure. Reflecting on existing experiences in building and strengthening RSSH participants highlighted the following key highlights;

1. Support to community health volunteers/resource persons has improved access to health services and has strengthened the linkages between health facilities and communities.
2. Current models of human resource support, especially to community health systems (community health volunteers) is critical but not sustainable.
3. Community empowerment through sensitization and information sharing is key to enhancing service demand and uptake.
4. Focus on human rights is essential to attainment of UHC
5. Policy gaps on UHC such as; i) lack of definition and description of essential service package for UHC, ii) lack of clarity on models of delivery of UHC, and iii) lack of clarity on financing for UHC, has slowed down rolling out of UHC across the region.

### Recommendations

Reflecting on these highlights, participants proposed the following as areas of focus to be considered in the next GF strategy to ensure RSSH goes beyond supporting GF programs implementation but also contribute to attainment of UHC.

1. **Domestic Financing;** participants noted that increased government total health expenditure (THE) per capita is critical to attainment of UHC, and sustaining the impact of GF programs at country level. Participants proposed that the GF should design mechanisms to enforce increased domestic financing of health services to increase availability and sustainability of free quality health services. Participants proposed that increasing THE should be a key performance indicators and part of GF eligibility requirements. Participants emphasized that the GF should change its

approach to enforcing domestic financing and adopt a more strict compliance

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requirement approach anchored in GF policies, with structured and all inclusive monitoring mechanisms that also bring the communities on board.

2. **Break Down Barriers to Accessing Health Services**; it was noted that key and vulnerable populations (KVP) are systematically prevented from accessing health services, and this is big blow to UHC. Participants proposed that the GF should scale up investments in programs that focus on removing service access barriers through adoption of more focused and targeted approaches, targeting most affected populations.
3. **Resource Allocation for Relatively Low Funded Diseases**; It was noted that some diseases, such TB, traditionally receive relatively low resource allocation even when they are high burden diseases. Participants proposed that the GF should consider increasing the resource allocation to TB to ensure free access and avoid rolling back gains, these include TB.
4. **Community Education on UHC**; it was noted that there is limited flow of information to communities on UHC and how UHC related to human rights. This has a direct impact on demand, access and uptake of free quality services. Participants proposed that the GF should consider investing in community education and strengthening of sharing of information to communities on UHC and its corresponding human rights.
5. **Human Resources for UHC**; adequate numbers and skills mix is critical to attainment of UHC. Participant proposed that the GF should consider increasing investments of on building adequate human resource for health, numbers and skills mix, to support increased service provision at primary health care, also targeting CHW and community peer educators and community volunteers.
6. **Increase Number of Health Facilities**; number of functional health facilities directly determines the number of people accessing health services. With this regard, participants proposed that the GF should work in partnership with major donors and establish complementary approaches that will facilitate increased investments in building and strengthening health facilities to ensure availability of services, especially at the point where UHC services are provided. Priority should be given to countries under challenging operating environments, and fragile states.
7. **Legislative and Policy for UHC**; participants noted that there is inadequate legal backing for UHC and proposed that the GF should consider supporting countries to enact laws and policies that mandate attainment of UHC, as a KPI. Specific proposal include i) UHC should start at primary health care level, and ii) comprehensive UHC packages should include SRH and cervical cancer screening and treatment, preexisting conditions and all critical services for women, youth and young people services.
8. **Expand the Scope of CBM**; communities capacities to monitor implementation of

UHC is critical, with this regard participants proposed that the GF should support expanding the scope of CBM to include monitoring and reporting on UHC.

9. **Direct Funding to Communities**; participant noted that very little resource trickle down to communities and that there is need to directly fund community action in ending the three epidemics. Participants proposed that the GF should design approaches and frameworks that allow funding to community units that complement service delivery to enhance UHC.

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## Issue 3 | Strengthening Partnerships to Improve Program Effectiveness

### Highlights

Participants brainstormed on the current partnerships within the GF architecture at global and country levels, noting the critical role of stakeholders across sectors collaborating and in a complementary manner to enhance the impact of GF programs and capacity for GF mobilize resource for the three epidemics. The following were key highlights that informed the proposal to GF for consideration in the new GF strategy 2023-2027;

1. Multi stakeholder partnership has been the most contributing success factor for GF, contributing to; enhanced coordination, strengthening accountability, enhancing program impact and supported resource mobilization.
2. Ending HIV, TB and Malaria call for even stronger stakeholders' partnerships to support;
  - sustainability of GF programs and impact
  - strengthening global health security
  - ensuring attainment of human rights
  - scaling up community action and leadership,
  - ensuring availability of Technical Support
3. Current partnerships have narrowed the gap between public and private sector. 4. Gaps still exist in tapping into the commercial private sector, and the legislative arms of governments.

### Recommendations

Reflecting the nature and strengths of the current partnerships, participants proposed the following recommendation targeting to enhance partnerships in the next GF strategy period;

1. **Expanded Role and Scope of CCMs;** the CCM structure has proven viable in bringing together all sectors and constituencies into one coordination, oversight and policy body. Participants proposed that the GF should consider supporting CCMs to expand their mandates to include formal relationships with other national coordinating platforms at national level.
2. **GF/CCM Proposed Strategic Partnerships;** participants recommended that the GF and CCMs should prioritize strategic partnership that support the following critical results;
  - Attainment of equity and human rights
  - Increased resource mobilization and sustainability of GF programs and smooth transitioning from GF support
  - Enhancing availability and access to technical support by CS and Community Groups (CG)
  - Enhancing accountability and transparency
  - Strengthening community action, engagement and community leadership in addressing the three epidemics.
  - Support community participation in budget tracking.
3. **Proposed Partnerships;** participants proposed that the GF and CCM should consider establishing structured and formal partnerships with the following entities, and this should be anchored in GF/CCM policies as a KPI;

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- National parliaments and local legislative structures
- The private sectors and business community
- Entities and agencies that work with and support internally displaced people
- Regional economic blocs, should formally engage with GF and CCMs

4. **Dual Track Financing;** it was noted that some countries have not embraced the dual track financing mechanism. Participants proposed that the GF should fully implement dual track financing policies in all countries to ensure a complementary partnership between the public sector, civil society and private sector. This should be formalized as a mandatory requirement and captured as KPI.

## Issue 4 | Equity, Human Rights, and Gender

### Highlights

Participants examined the current status and progress towards achieving equity, human rights and gender equality and appreciated the role played by the CS, with the support of GF, in advancing HR programs through mainstreaming HR into existing health programs as well as adoption of HR approaches in health service delivery. The following highlights were noted with regard to issues around equity, HR and gender;

1. The CS is better positioned to ensuring HR, equity and gender are integrated into health programs.

2. Equity, HR and Gender disparities are exhibited through social exclusion, where sub populations are left out and marginalized in social and economic processes and services.
3. Addressing social exclusion require;
  - Increase access to financial resource
  - Support establishment all inclusive of platforms and structures where all are represented and participate in social, health and economic processes.
  - Increase access to technical support to ensure increased capacity to design quality services as well as enhance meaning full engagement.
4. There are gaps in understanding what HR entails by the CS and this results to poorly designed HR interventions.
5. There are concern that once GF transition out of countries, programs that support equity, HR and gender issues will not be sustained by national governments.

### **Recommendations**

The following proposals were recommended for consideration to be included and or reflected into the new GF strategy, 2023-2027;

1. **Scale Up investments in Breaking Barriers Programs;** the GF should scale up and adopt new approaches to addressing the structural and social barriers to realization of equity, human rights and gender equality. Focused approaches targeting KVP should include.
    - Allocate funding to address legal barriers including criminalization laws and policies
    - Consider all global and domesticated policies as part of national guiding policies and mandatory reference policies for country funding requests.
    - Increase funding to support KVP programs
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- Increase support and focus to people with disabilities, a population that has been left out on current investments.
2. **Strengthening the GF CRG Unit;** participants noted that the GF CRG unit has been very critical in addressing equity, HR and gender issues, as well as supporting meaningful participation of communities and CG in critical GF processes. Participants proposed that the GF should strengthen the CRG unit in the following areas;
    - Increased resources to the CRG to support the overwhelming needs of the communities.
    - Expanded scope CRG to be able to engage and support equity, HR and gender programs in a more ***a long term manner.***
  3. **Increased Knowledge on HR;** it was note that even the CS has knowledge gaps around equity, gender and HR. Participants proposed that the GF should increase investments to create awareness and educate the CS and other stakeholders on equity, HR and gender issues to enhance the quality of programing.
  4. **CLM for Enhancing HR, Equity and Gender Equality;** it was noted that there are limited tools and resources for monitoring HR issues at community level. Participants proposed that the GF should scale up utilization of CLM as a tool and strategy for monitoring and reporting human rights violations, and gender inequality. There is need for scale up investments to ensure CLM is and its related tools are widely

utilized.

5. **Human Rights a Key Performance Indicator (KPI);** the Global Fund Current Strategy includes HR, equity and gender as a KPI, however the decision to mainstream this KPI at country level has largely been left at the discretion of country CCMs and stakeholders hence in some countries this does not make part of the country priorities. Participants therefore proposed that this Indicator should be made mandatory for all CCMs and be tracked as an eligibility performance indicator for CCMs in order to ensure that all CCMs mainstream this KPI at the national level.
6. **GF Multi Country Grants;** participants noted that the GF regional grants were impactful in addressing HR issues across the region, and took HR programs that are better addressed through a cross border and regional mechanisms. Participants recommended that the GF should prioritized bring back multicounty and regional grants to address HR issues.
7. **Engagement of Indigenous Organization;** GF should prioritize engagement of indigenous organizations that understand the country human and physical terrain, in GF program design and more so in GF grant implementation.
8. **Differentiated Approach;** participants noted that countries are at different levels of designing and integrating equity, HR and gender interventions into their national programs. With this regard, participants proposed that the GF should adopt a differentiated approach based on country context in addressing human rights, equity and gender issues.

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## **Issue 5** | Community and Civil society Engagement and Leadership **in the response**

### **Highlights**

Participants reflected on the level of CS and community engagement in GF programs, as well as the extent to which communities play a leadership role in GF programs. It was noted that despite tremendous progress in CV and community engagement in GF programs, there exist numerous gaps in community role in leadership and ownership of GF programs. The following highlights were noted;



1. Power dynamic exists in CCMs that limit the participation on KVP and CS representatives, with public sector and technical partners (bilateral and multilaterals) playing a more visible role in CCMs. CS and KVP, due to lack of resource and limited access to TS are not able to maximize on their full potential to contribute to GF programs.
2. Some constituencies are not visible (such as malaria constituency), limiting full representation and participation in GF programs. Limited support for strengthening malaria networks was cited as one of the challenges impacting on the growth and vibrancy of the Malaria constituency.
3. CCM elections for CS and community groups are still a challenge that need adequate attention to ensure the communities elect effective leaders. The KP constituency is normally overcrowded with only a few of the KP groups taking the lions share in representation. Groups such as the Trans and intersex do not have an opportunity to succeed in leadership during elections because of their low numbers hence miss out in leadership positions.
4. CCM composition and size keeps evolving and there is need for innovation to agree on more flexible model or approach.
5. Mis-reflection of representation of Communities and Civil Society in the response. Participants concurred that there is a wrong narrative being passed forth that communities are meaningfully engaged in national and GF processes yet in reality this representation is loop sided. While the Global Fund requires that Communities and Civil society are engaged during the Fund Request process, the same requirement is not mandatory during the grant implementation phase leading to some of the community priorities either being delivered through mainstream government structures or directly being implemented by PRs. The same way the global fund requires community participation during the fund request as an eligibility criterion, a more robust approach should also be put in place to ensure during grant implementation it becomes mandatory for communities to be involved as implementers.

## **Recommendations**

The following are recommendations on that proposed for inclusion in the next GF strategy;

1. **Resources for Constituency Engagement;** unlike the public sector and development and technical partners representatives at CCMs, the CS and Community Representatives had adequate financial and technical resources for effective engagement. This has limited their capacity to provide feedback to their constituencies, and in most cases are not able to capture the inputs and proposals from communities to CCMs. Participants therefore proposed that the GF should increase resource to support CS and community groups constituency engagement to ensure the CCM representative are bale to meaningfully engage with their constituencies and establish a more effective feedback mechanism. Some Constituencies, such as the KVP, malaria and TB constituencies need increased resources for i) mapping of constituency members, and ii) development of constituency engagement frameworks.

2. **Constituency Mapping;** participants noted that some constituencies are not full

represented due to lack of clear definition of the constituency. This includes the malaria constituency. Participants proposed that the GF and CCM to prioritize identification and mapping of “tricky” community constituencies, such as KVP and Malaria and TB communities.

3. **Constituency Representative Capacity Building**; the CS and community representatives have limited technical knowledge and capacity to participate in policy processes. Participants proposed that the GF should scale up structured capacity building initiatives for community constituency representatives to empower communities to effectively engage on GF programs and play a more leadership role in CCM processes.
4. **Access to Technical Support**; access to TS is critical to meaningful engagement at CCM level, and most CS and Community groups do not access TS to help them articulate HIV, TB and malaria issues. Participants proposed that the GF should consider availing technical support to CS and community representatives at CCM, with more focus and emphasis on KVP representatives.
5. **CS CCM Representative Elections**; most civil society representative at CCM face credibility challenges effecting the mandate to represent the communities. This is as a result of CS CCM election that are marred impropriety, corruption and lack of fairness. This results in election of leaders that are not accepted by the CS and communities at large. Participants proposed that the GF should establish mechanisms for resolving Civil Society CCM constituency representatives’ elections disputes and challenges, and establish a more structured process and requirements. There is need to outsource CS CCM election processes to independent entities that can guarantee a fair, open and transparent process. Participants proposed that the GF should allocate resource to CS CCM election process.
6. **CCM Composition**; it was noted that the current push for lean and small CCMs is not effective for all countries, especially countries with large population and vast geographical sizes. To ensure meaningful representation at CCM, these countries need relatively bigger CCM. Participants proposed that the GF should review the requirements and guidelines for CCM composition and size to allow and adopt a differentiated approach reflecting country context.
7. **CCM KVP Membership**; KVP, especially the LGBTI community, are still not well represented at CCM level, especially in countries with criminalization laws. Participants proposed that the GF should consider reviewing KVP CCM membership to allow direct representation of all KVP sub groups.
8. **Youth and Young People**; it was noted that the youth and young people join CCM with limited knowledge and experience. Participants proposed supporting and investing in long-term capacity building for youth and young people by integrating capacity building and mentorship for young people into all GF grants.

## NEXT STEPS

After successful five-day consultation process, the contribution, views and proposals were synthesized, and this report was developed. The next steps include;

1. *Peer review*; Sharing of the report with the platform partners for peer review and quality assurance to ensure the report captures the CS and Community groups aspirations and that the recommendations are well articulated.
2. *Develop final report*; comments and inputs from peer review will be capture and a second final draft will be developed.
3. *Presentation to the GF*; the final report will be shared with the GF as proposals from CS and community groups for consideration and inclusion in the new GF strategy.
4. *Dissemination*; the report will also be disseminated to the wider CS and Community groups.

## Annex I: Consultation Program

**Day 1: 30 November 2020**

<b>TIME</b>	<b>CONSTITUENCY</b>	<b>SPEAKER</b>	<b>Session Moderator</b>
<b>Theme: The Global Fund's role in Global Health Security</b>			
3.00 – 3.05	Opening Remarks Anglophone Africa Platform	Olive Mumba - EANNASO	John Beku
	Remarks from GFAN Africa	Rosemary Mburu-WACI Health	

3.05 – 3.15	Introductory Remarks from CRG – GF Strategy development timelines and expectations from the open consultations	Jack Macallister – Global Fund CRG	
3.15 – 3.25	GF Strategy development – perspectives from the Developing country NGO Constituency	Leisley Odendal – GF Developing Country NGO Constituency	
3.25 – 3.35	Global Fund role in Global Health security	Rukia Mannikko – Global Fund	
3.35 – 4.10	Community Perspectives on the role of Global Fund in Global Health security: <b>What role should the Global Fund play?</b> (Break away session)	<b>Break away sessions:</b> 1. Malaria Community 2. TB community 3. HIV community 4. KP Community (Sex Workers, MSMs, PWIDs, Transgender) 5. Human rights and gender 6. Women 7. AYP	<b>Session chairs</b> Edward Mwangi Austine Arinze Ibrahim Umuro Wamala Twaibu  Nana Gleeson  Sophie Dilmitis Charles Ziwela
4.10 – 4.35	Plenary presentations from Break away groups	Select Break away Chairs	John Beku
4.35 – 4.55	Q&A	All	
4.55 – 5.00	Closing Remarks	Gemma Oberth – Global Fund CRG	

**Day 2: 1 December 2020**

TIME	CONSTITUENCY	SPEAKER	Session Moderator
<b>Theme 2: The Global Fund's future role in RSSH to achieve UHC</b>			
3.00 – 3.05	Recap of Day 1	Olayide Akanni- JAAIDS	John Beku
3.05 – 3.15	Introductory Remarks: Significance of RSSH in Global Fund programming towards achieving UHC	Keith Mienies – Global Fund CRG	

3.15 – 4.00	Community Perspectives on the Global Fund's future role in RSSH to achieve UHC	<b>Break away sessions:</b> 1. Malaria Community 2. TB community 3. HIV community	<b>Session Chairs</b> Olivia Ngou Carol Nawina Abdulkadir Ibrahim Richard Lusimbo
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		4. KP Community (Sex Workers, MSMs, PWIDs, Transgender) 5. Human rights and gender 6. Women 7. AYP	Brian Kanyemba  Lilian Mworeko Sibu Malambo
4.00 – 4.30	Plenary presentations from Break away groups	Select Break away Chairs	John Beku
4.30 – 4.50	Q&A and further contributions	All	
4.50 – 4.55	Closing Remarks	Keith Mienies – Global Fund CRG	

**Day 3: 2 December 2020**

TIME	CONSTITUENCY	SPEAKER	Session Moderator
<b>Theme 3: Strengthening partnerships to improve program effectiveness</b>			
3.00 – 3.05	Recap of Day 2	Angela Muathe-WACI Health	John Beku
3.05 – 3.15	The Global Fund's role in Strengthening partnerships to improve program effectiveness	Linda Mafu – Global Fund	
3.15 – 3.25		Joephant Kakoma – African Constituency bureau for the GF	

3.25 – 4.00	<b>Constituency</b> 1. Malaria Community 2. TB community 3. HIV community 4. KP Community (Sex Workers, MSMs, PWIDs, Transgender) 5. Human rights and gender 6. Women 7. AYP	<b>Presenter</b> Ayo Ipimmoye Evelyne Kibuchi Maurine Murenga Berry Nibogora  Lwazi Mlaba Rosemary Mburu Aaron Sunday	
4.00 – 4.30	Plenary presentations from Break away groups	Select Break away Chairs	
4.30 – 4.50	Q&A and further contributions	All	
4.50 – 4.55	Closing Remarks	Olive Mumba - EANNASO	

**Day 4: 3 December 2020**

TIME	CONSTITUENCY	SPEAKER	Session Moderator
<b>Theme 4: Equity, human rights, and gender</b>			
3.00 – 3.05	Recap of Day 3	Yvonne Kahimbura	John Beku
3.05 – 3.15	The Global Fund's role in supporting Equity, human rights, and gender	Ed Ngoksin – Global Fund	
3.15 – 4.00	Community Perspectives on the Global Fund's role in supporting and mainstreaming Equity, human rights, and gender in its programs	<b>Break away sessions:</b> 1. Malaria Community 2. TB community 3. HIV community	<b>Session chairs</b> Abdulai Sesay Thokozile Nkhoma Tendayi Westhof Grace Kamau

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		4. KP Community (Sex Workers, MSMs, PWIDs, Transgender) 5. Human rights and gender 6. Women	Dora Kicoco  Martha Nakato Joyce Ouma
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		7. AYP	
4.00 – 4.30	Plenary presentations from Break away groups	Select Break away Chairs	John Beku
4.30 – 4.50	Q&A and further contributions	All	
4.50 – 4.55	Closing Remarks	Rukia Mannikko – Global Fund	

**Day 5: 4 December 2020**

TIME	CONSTITUENCY	SPEAKER	Session Moderator
<b>Theme 5: Community and civil society engagement and leadership in the response</b>			
3.00 – 3.05	Recap of Day 4	Angela Muathe-WACI Health	John Beku
3.05 – 3.15	Introductory Remarks: Community and civil society engagement and leadership in the response	Maureen Murenga - Global Fund communities' delegation	
3.15 – 3.25	The Global Fund's role in supporting Community and civil society engagement and leadership in the response	Deepanjali Sapkota – GF CCM Hub	
3.25 – 4.00	Community Perspectives on the Global Fund's role in supporting Community and civil society engagement and leadership in the response	<b>Break away sessions:</b> 1. Malaria Community 2. TB community 3. HIV community 4. KP Community (Sex Workers, MSMs, PWIDs, Transgender) 5. Human rights and gender 6. Women 7. AYP	<b>Session Chairs</b> Olivia Ngou Austine Arinze James kamau  John Kashiha  Lwazi Mlaba  Olive Mumba Aaron Sunday
4.00 – 4.30	Plenary presentations from Break away groups	Select Break away Chairs	John Beku
4.30 – 4.45	Q&A and further contributions	All	
4.45 – 4.50	Next Steps	Onesmus Mlewa - EANNASO	



4.55 – 5. 15	Closing remarks from GF	Linda Mafu – Global Fund	
	Closing Remarks from CRG SI	Kate Thomson – GF	
	Closing Remarks from GFAN Africa	Rosemary Mburu – WACI Health	
	Closing Remarks from Anglophone Africa Platform	Olive Mumba – Olive Mumba	