

Report

Consultation of WPR for Strategy Development

6 Aug 2020, Phnom Penh, Cambodia

Introduction

HE Senior Minister Mouly Ieng, Board Member

1. HE Senior Minister Mouly Ieng welcomed to Lady Roslyn Morauta, Vice Chair of the GF Board, to all the WPR Constituencies, the panelists, the additional speakers and especially to Dr. Jim Tulloch, Member of Strategy Committee to the GF strategy development consultation.
2. Excellency introduced the topic of the consultation by presenting the 2 questions that have been communicated all WPR members:
 - a. Should the Global Fund continue its current four strategic objectives?
 - b. Should we build a stronger health system, supporting health security and the Universal Health Coverage, or accelerate progress on HIV/AIDS, TB, and malaria response until the end of the epidemics.
3. Excellency mentioned that few countries had submitted the response to the online questionnaires namely Cambodia, Philippines, Malaysia, Mongolia, Samoa, and Viet Nam.
4. HE Senior Minister Mouly Ieng reiterated that the purpose of this meeting is to stimulate all constituencies to actively engage in the consultation, at least answering the GF questionnaires and to hear strategic approach which may help GF to develop the new strategy.

Lady Roslyn Morauta, Vice-Chair of the Global Fund Board

1. She reminded all constituencies that COVID-19 has a potential to reverse decades of gains made in the fight against HIV TB and malaria and that COVID-19 also looms large over the strategy process raising questions about the Global Fund role in global health security and pandemic response.
2. Lady Roslyn urged constituencies to ask critical question such as the relevancy of the current strategy, the financing the RSSH, the promotion of human rights promote human rights gender and equity in the context of fighting HIV TB and malaria,
3. While encouraging WPR constituencies to contribute to GF Strategy and she added other crucial questions, “What should we change in how we work? “; “What is working? “; “what should we do more of to really scale up impact against the three diseases.” and “What should we do less?”.

Mr. Eamonn Murphy, Director, UNAIDS Regional Support Team, Asia, and the Pacific

1. Mr. Eamonn presented the Vision for AIDS Response starting with the update situation in the region and a number of evidence-based interventions as inputs contributing to the Strategy Development.
2. Mr. Eamonn stated that there is highly unequal progress in AIDS responses in Asia and the Pacific. Because the achievements have not been shared equally within and between countries, the regional HIV targets set for 2030 will not be reached. The progress toward the 90-90-90 cascade targets is only at 75% 60% and 55% in the region. Stigma and discrimination, together with other social inequalities and exclusion, are proving to be key barriers in region's AIDS response.
3. He added that the response could be set back further if the COVID-19 pandemic results in severe disruptions to HIV services. To tackle this set back, he mentioned that innovation matters - innovative tools and programs such as PrEP and HIV self-testing are promising, but these are needed to be scaled up at national level.
4. He warned that the gains made could be lost and progress further stalled if we fail to act, and there is an urgent need for countries to double down and act with urgency to reach those that are still left behind. Greater global and regional solidarity is needed to tackle entrenched inequalities to end epidemics.

Dr Rodel Nodora, WHO Western Pacific Regional Office

5. He pointed out that WHO supports on HIV, TB, and Malaria to all country constituencies in the region for quality and evidences- based interventions. In this year, WHO assists 14 country members for the development and application to GFATM with an amount of more than 400 MUSD. The allocations of funding to WPR countries increase 45% for the 2020-2022 as compared to previous period.
6. He added that GFATM also contribute to the successful outcomes in the fight against the 3 diseases. However, rapid development of the WPR countries will lead LMIC graduation and become non eligible for GFATM support leaving to the country to shoulder the responsibility to sustain the gain.
7. WHO is continuously supporting the country health system to deliver quality health services to population and hopefully to better prepared for transition.

8. While raising the concerns of the negative impact of COVID-19 to the three diseases, he concluded that WHO and allied partners will continue to find innovative channel of support to countries and this requires coordination, harmonization and alignment among all players to achieve success in this new reality.

Ms. Sofia Cordero, the GF Strategy Team:

1. She presented the Context of the Development of the Next Global Fund Strategy, timeline, Evidence and Resources for gaining input into Global Fund Strategy Development, Alignment with Partner strategy-development 2020-2030.
2. She ended her presentation by presenting the next steps and the two questions for the consultations.

Dr. Jim Tulloch, Member of the Strategy Committee, WPR constituency

1. He urged that Asia and the Pacific Constituencies to voice views throughout the process either by open consultations or by keeping representatives on the board and on strategy committee well informed
2. He reminded all constituencies to look at the context in which we go into the next strategy phase. Although enormous progress has been made, the critical question is whether we are or not on track towards achieving 2030 targets.
3. In the open consultation, he asked all constituencies to check whether those four objectives are broadly relevant and continue to be relevant up to 2023. Perhaps with some adaptations of the question need to be made in other areas where increased spikes might be needed.
 - a. Dr Jim thinks that we would probably all agree that first strategic objectives which is maximize impact against AIDS, TB and Malaria is the overarching goal with the Global Fund. He believes that this first strategy objective would not be subject to a very radical change.
 - b. The strategy objective 2 “Build resilience and sustainable systems for health (RSSH)” is going to serve and help us to achieve Strategic Objective 1. Hence, he reminds us to keep that clearly in our mind. One problem with the current strategy is that it is not clear where are the priorities and the limits for GFATM’s involvement in RSSH? From this ground, he stated that there many different interpretations among constituencies and partners about what the Global Fund should or should not be doing in the areas of RSSH. Some constituencies want global funds do to much more broadly while other think differently. He urges constituencies to provide inputs to

2 important questions : “What could be a role in the Global Fund in strengthening health system and in the same time accelerate the progress of AIDS, TB and malaria programs and prepares us for the next health crisis which will be sooner or later? “; “What role is the GF uniquely positioned to play supporting the country to RSSH including to improve outcomes and contribute to universal coverage? “

- c. On Strategic Objective 3, he stated that it is still relevant to the new strategy. As presented by Mr. Eamonn, there are gaps on human rights and gender equality, and it is also extremely hot topic in the discussions in the Board and Strategy Committee. There is a wealth of analysis and guidelines that have been developed around this topic. It is more a question of how the Global Fund do better in addressing human rights and gender equality and providing services to key populations.
4. He prompted that WPR constituencies should ask GF on how to work more effectively with development partners and technical partners to support the country to fight the three diseases. All constituencies can express views on how the partnership at country level could be improved. Do we make sense if many of the issues and interventions remained the same? Are we becoming too complacent, or conservative? Is there some way in which the GF or the process of the grant preparation has become too fixed? What hold us back from being more creative, more bold, more innovative?
5. Lastly, he strongly recommended to all constituencies to go online and express views as well as speaking up today in this meeting. He added that the earlier in the strategy development we get your inputs, the sooner your ideas can be incorporated into the discussion in the Strategy Committee, in the Board and in other parts of the discussion on the strategy development.

Panel discussions

H.E. Prof. Pham Le Tuan, Chair of CCM and Former Vice-Minister of Health, Vietnam

1. He briefly the achievement, the lessons learned and the experiences of more than 15 years of cooperation with GFATM where Viet Nam

received more than 500MUSD for the prevention control of the three diseases.

2. On political commitment , he pointed out that the government approved the National Action Plan for HIV/AIDS, TB and malaria control and established the National Committee for HIV /AIDS prevention and control, the National Committee for TB ending securing the budget for HIV/AIDS prevention and control along with the development of Viet Nam health network for HIV/AIDS, TB and Malaria prevention system from central to grass root level.
3. Regarding to the two questions on the Strategy Development:
 - a. Viet Nam CCM would like to support the current Strategy Objectives of the GFATM since they are still relevant to the country context.
 - i. However, attention needs to paid for the following: 1) Prioritize interventions that bring direct impact to highly focus on the Objective 1 2) Mobilize resources and prioritize activities that bring direct impact to the control for ending the HIV/AIDS, TB and Malaria epidemics by 2030 3) We should not spread the investment that have little impact on the ending of the three diseases.
 - ii. Sustainability of the response to three diseases needs special attention. Interventions and services delivery system related to the three diseases need to be integrated into the national health system. Domestic financing resources for example state budget, social health insurance etc. need to be mobilized. GFATM and other development donors will help the country to go step by step to enhance the sustainability in the response to the three diseases.
 - iii. Regarding HIV AIDS, Viet Nam has taken three important actions to ensure sustainability namely, Integration, Decentralization and Domestic financing.
 - iv. Viet Nam recommends gender equity instead of gender equality especially in the field of HIV and AIDS where are a big gender differences in term of epidemiology, access to services and interventions related to HIV and AIDS prevention and control.
 - b. For the second Option, CCM Viet Nam implementing many innovative solutions such as strengthening the grass root health care, primary health care, developing basic health services practices, developing universal health insurance, implementing financial support policies for the poor and disadvantage groups, increasing state subsidize essential health services. However, strengthening health system and UHC is big and long-term

objective which requires a lot of resources for implementation. Thus, it should be financed by state budget and some other sources. If the resources are to be invested in the health system and UHC, they may be used for other priorities and investment for HIV/AIDS, TB and Malaria seems not sufficient to achieve of ending the three diseases by 2030.

Ms. Shiula Bulu, Chair of CCM, Vanuatu

1. Because of the timing and low internet connectivity, few Pacific islands representatives can participate in this virtual consultative meeting.
2. She felt that the four strategic objectives of the current strategy seem to be still relevant in 2023.
3. As Vanuatu and other Pacific Islands, she stated that more investment needs to be allocated in the areas of gender equity and gender equality and human rights.
4. The four Strategy Objectives should be kept (Option 1). But there is a need to figure out how to operationalize and implement these Strategy objectives given the changing landscape of world (e.g. COVID -19, cyclone, or other natural disaster). A new way of working is suggested to assist countries to still be able to achieve the goals of the GFATM.
5. However, she feels uncomfortable to choose between Option 1 and Option 2. This because those two options are depending on each other. The success of option 1 depends on option 2. To accelerate the progress against the three diseases, we need to build stronger health system, people need to have health security and having access to UHC. Then we need to put resources to both options and making those options work to improve areas that need attention.

Mr. Choub Sokchamreun, Vice-Chair of CCC and Executive Director of KHANA, Cambodia

1. On the option 1, he stressed out that Strategy Objective 2 and 3 are the most important and enable the Strategy Objective 1 to be achieved. Strategy Objective 1 is somehow an impact of Strategy Objective 2 and 3. The support of Strategy Objective 4 is also a critical part because it ensures a sustainable response to 3 diseases and more importantly contribute in achieving the UHC and SDG by 2030. He reiterates that

Strategy Objective 2 and 3 should be enforced as a direction in the next GFATM strategy but also re-invested.

2. On the option 2 which is looking for a strong RSSH, efforts need to be put on the Community Ownership and strong leadership enabling the government to move forward to achieve the results of the three diseases. It will also contribute to the achievement of UHC which aims at leaving no one behind.
3. He pointed out that community should be invested and be capacitated so that they can play other additional roles to service provision such as monitoring interventions and watchdogging service delivery and building accountability in the services provision of the supply side to guarantee the quality by the demand side. This will strengthen equal partnership for participation allowing KPs to contribute their voices in developing the policy and framework that can enable their participation in the response to ensure that service provision respond to their needs.
4. For the next strategy, he suggested that the investment of resources should keep the multi-sectoral approach not just with the 3 diseases but also other health problems as well. Moreover, the participation of private sector should contribute resources for RSSH. Thus, Private Sector should be consulted, and should participate from the beginning to ensure that they can properly contribute to the Strategy development.
5. On domestic resource, GFATM needs to work with government to develop an Accountability Framework which also include the resources from Private Sector supporting RSSH.
6. He agreed with other speakers that it is hard to choose either Option 1 or Option 2. However, he strongly ask to keep up the Option 1 in the sense that this option will contribute greatly to build a stronger health system, supporting health security and the Universal Health Coverage and this will accelerate the 3 programs to end the epidemics.
7. He also calls for more investment and a better public health system to avoid the upcoming challenges the same way we are facing new health emergencies such as the current COVID-19 epidemic. Finally, he reiterates that GFATM should invest to build stronger health system while engaging government institutions to lead and to own the response with values shared among stakeholders, affected community, civil society organization and private sector.

Additional Speakers

Dr. Vladanka Andreeva, Country Director, UNAIDS, Cambodia

1. She pointed out that WPR constituencies has plenty of opportunities to contribute to Strategy Development including online surveys.
2. She agreed with the first Option: “Are the current whole strategic objectives of the GF still relevant for the new strategy? “. The answer is Yes. But she stresses out that all four strategy objectives are inter-linked. For instance, to end AIDS epidemic, it is an imperative to strengthen a resilient system for health and put human-rights-based responses in place.
3. With other speakers and she thought that we do not have a dilemma among the two options. However, the change of the world landscape caused by COVID-19 with overwhelmed health system and work disrupting essential services, lockdown and loss of jobs is even more deadly than the virus itself. And the socio-economic impacts on communities and key population is immense. This is something that GF needs to design and respond in the coming years. So, the dilemma is not about continuing the four objectives, but how we are going to implement those objectives and make sure that we not only restore the essential services, but we also restore community-based organizations. They must be in the center of the GF strategy, and they need to continue in the cornerstone of country’s efforts.
4. She warned that we should not becoming complacent and designing basically the same proposals that we have done in the past. She believes that innovative interventions and new models of service delivery need to be tested. And this point needs to be considered in the further deliberations when the strategy is designed.
5. She brought the issues of governance and suggested that the Global Fund revisit the governance principles in particularly the partnership with some of the key institutions and organizations including UN systems. She expected that communities continue to be at the table but with stronger voices and stronger influence.
6. With the second option, she thought that building stronger health system or really aiming towards universal health coverage is not mutually exclusive but are in fact inter-linked. However, what is really missing is Community System Strengthening. She emphasizes that with RSSH we need to build resilient communities. Because CBOs have been delivering lifesaving prevention and care services and supporting their peers and across the region and specifically in Cambodia.
7. Another reason why we should be seriously mindful on future financing modalities for the communities as COVID-19 causes

devastating impact on the communities and even countries like Laos, like Cambodia. We are the first country in this region to develop a sustainability roadmap; we have been preparing to respond to possible community transmission of COVID-19. In Cambodia, we will continue the dialogue on the social contracting but do not expect any funding from the national budget to CBOs anytime soon.

8. Lastly, she stated that the above-mentioned reasons are probably like other countries in the region. She concluded that building communities and financing communities will be particularly important to accelerate progress on AIDS, TB, and malaria.

Ms. Anna Maalsen, Team Leader, Universal Health Coverage/ Health Systems, Life-course, and Healthier Populations, WHO, PNG

1. She believed that we are coming into a new and different world and the next few years are going to be quite different. This may challenge a lot of the underlying assumptions that we have been planning around in this latest funding request process.
2. She asserted that the four strategy objectives are and will be highly relevant and particularly on the increasing in the mobilizing of resources as all countries need to be prepared for a dramatic and massive global economic contraction caused by COVID -19 epidemic. The prioritization for health and for budgets is going to be a challenge in many low- and middle-income countries and affecting the progress towards our UHC targets. The rising debt levels will likely imply much fiscal pressure for many years to come and makes GF to extremely relevant or even more important over the coming period.
3. She agreed that GF is not global fund for everything. She really sees GF space in RSSH as a catalyst in activities but not necessary a big funder and acts a precursor for larger reform projects.
4. As COVID is going to have massive impact on the health system and health workforce, she pointed out how we can use GF in this next phase of the strategy to accelerate innovation in some of these areas such as health infrastructure. For instance, in PNG the virtual training for COVID curatives and clinical services cannot be done with poor access to internet.
5. She added that we need to invest in communities to really build resilient and strengthened health systems. But she agreed that the current structure for GF funding makes it difficult to innovate. Based on experience in PNG she urges the Global Fund to really think in its strategy how offer countries flexibility to address essential services component.

6. UHC is also going to be critically important and continuing to be advocated within the new strategy for Primary Health care systems and Community care.
7. On the global health security and based on lesson learned from COVID, she thought that more investment needs to support surveillance systems for HIV, TB, and malaria.

Ms. Ingrid Glastonbury, PNG CCM Private Sector Representative and Former SC Member

1. She agreed that GF is not fund for everything and believes that the four objectives are still relevant and Strategy objective 1 is the most important one.
2. But the world is changing and evolving, the objective too needs to be changed and more flexible. In this we should constantly challenge ourselves to do better. In our recent grant applications CCM really struggle up to really articulate how we would do this differently, to be innovative, to be different. We need to coordinate better with others to ensure the impact and reduce duplications. COVID-19 brings a whole range of new issues for us to consider as part as objective too.
3. Referring to the selection of the options for Strategy development, she argues that there is not either/or. Both are not mutually exclusive. What is important is to build a strong health system to increase the impact on the three diseases.
4. Having seen the fragility of health system in the last six months caused by COVID epidemic, the challenges on the government for financing the resilient sustainable systems for health need to be considered.
5. Partnerships are going to be even more important topic for moving forward. She asserted that GF is uniquely positioned in this area while looking for comparative advantage.

Question & Answers

Mr. Eamonn Murphy, Director, UNAIDS Regional Support Team, Asia, and the Pacific

1. Mr. Eamonn agreed with Dr Anna Maalsen on UHC and he warned that there should not be a dialogue for a competition between the two options but rather looking for a complementary support and the links between the two options.

2. He stressed out that the contribution of GFATM to contribute to tackle the COVID-19 epidemic should not be underestimated. Likewise, the UN officials are also contributing to fight the COVID-19 epidemic around the globe.
3. However, GFATM have been moving around narrow path of the diseases program and not the context of those diseases. COVID-19 epidemic is showing that the socio-economic impact on the key populations for HIV and many other diseases is far greater than the disease impact itself.
4. The GFTM should look at other angle such as the loss of income, the inability to have access to a whole range of services and the human rights which are the context where the diseases are linked to. In the past, much have been said about enabling environment, but there was no investment from development partners (GFATM, PEPFAR,) in this area.
5. The partnership in the government health system is another issue where the health care workers cannot do for themselves. Cambodia is exemplary in fostering the partnership for AIDS response.
6. UHC is an opportunity and we need to ensure that not the treatment only focus but linked to prevention efforts. Innovation should be considered as a shared opportunity which has shown in the COVID-19 response.
7. However, there are other opportunity within the three diseases such as the synergy between diseases particularly TB and HIV. Although, there was a joint proposal TB and HIV, there are a lot of things to be done to improve the synergy between the two programs and build a bridge between the two silo efforts and make sure that the bridge will not collapse once the joint proposal comes to the real implementation. TB needs to take lesson from the strong model of HIV program in many countries to increase the success in coverage and adherence
8. Finally, he pinpointed that UNAIDS cannot do well without GFATM contribution.

Summary

Dr. Jim Tulloch, Member of the Strategy Committee, WPR constituency

1. Dr Jim urged WPR constituencies to be active to provide reasonable amount of inputs contributing to the strategy development, and he appreciates that this meeting had gone well.
2. He draws few summary points that support for the current strategic objectives.

- a. Human rights and gender should be essential parts of what the Global Fund is trying to promote and support AIDS, TB, and malaria programs. A lot of thinking is needed on how we can do better on human rights and gender and getting services to key vulnerable populations.
 - b. It is not surprisingly that most of the speakers said that they want to do both options. When it comes to the epidemics of AIDS, TB and malaria, GF took it as their main objective and does not hesitate to fully support. However, strengthening and building resilient and sustainable systems would be a more difficult question for GF because it entails a huge demand to cover numerous components of RSSH.
 - c. Because the consequences of not doing enough we see in the current strategy, and we see that it is not clear what, where the limits are. And that leaves it open to all sorts of board members, constituencies, and partners, and everybody having different views on what should be done and complaining.
3. We cannot just simply say we want both. On one side, we know we want as much as we can get, on the other side, we need to help the Global Fund define what it needs to do or what we think it should be doing.
- a. Global Fund inputs to strengthen country's capacities to respond to COVID-19 is an important point. Building stronger surveillance will be not only necessary for AIDS, TB, and malaria but also for everything else. COVID-19 raised several issues which are relevant to the Strategy Development discussion.
 - b. Community systems, surveillance, health security are other important areas to be considered in the strategy development of the GF. He added that Global Fund should take on RSSH because it encompasses community system.
 - c. Besides, sustainability another critical area where Global Fund should try to emphasize with support on transition and co-financing policy.
 - d. It was also raised the issue of engaging with the private sector much more actively. Besides, constituencies suggest more engagement of the communities themselves i.e. engagement of affected communities to make those community systems more effective.
4. Dr Jim will send summary of the meeting. But I think, further down the line, we will be looking more formally for the members of the constituency to formalize our statement or to input to end agree with the statement that we're going to make to the strategy committee on specific issues, or to the GF board.

Closing remarks

Dear Participants,

As our virtual meeting comes to an end, I wish to thank everyone for their attendance, making this gathering a full representation of our constituency from many of the Pacific Islands and some important Asian countries.

I thank all our key speakers, panelists, moderator, and all those who expressed their views and comments on the strategy development.

I thank Lady Ros for her insights.

I thank Mr. Eamonn Murphy of UNAIDS and Dr. Rodel Nodora, the Representative of WHO Regional Office, for their presentation, strengthening the partnership between UNAIDS, WHO, and the Global Fund.

We are working closely with each other to accelerate the end of the three epidemics while, at the same time, building a stronger system of health to support health security and the Universal Health Coverage. To this end goal, tremendous efforts must be made because the world is full of uncertainties: economic downturn, climate change, natural disaster, pandemics such as Covid-19, terrorism etc...

Furthermore, I hope you get a clear picture of where the Global Fund currently stands in relation with the strategy development process. I would like to thank Ms. Sofia Cordero for her slide presentation.

I also hope you can benefit greatly from the summary of the key points of discussion, provided by Dr. Jim Tulloch. I sincerely thank him for his helpful work which will enable our members to understand more the direction of GF strategy and to additionally help them to fill out answers to the questionnaire of the Global Fund.

For those who have not filled out the questionnaire, I urge them to do so as soon as possible. Please send us a copy of the answers so that we can sum up the different positions.

I hope to see you all again in the next meeting. I will circulate a proposal on the meeting, its format, and its agenda soon. I wish you and your loved ones all the best. Stay safe from COVID-19.

Thank you. The virtual meeting on the GF strategy development is now closed.

Summary Report

Emerging messages from the WPR constituency on the development of the Global Fund strategy 2023-2030

1. There was strong agreement that all four strategic objectives of the current Global Fund strategy would continue to be relevant in 2023.
2. Building RSSH and protecting and promoting human rights and gender equality were critical to the achievement of the overall objective of the Global Fund of ending the epidemics of AIDS, TB, and malaria.
3. There was consensus that investing in accelerating progress towards ending the three diseases and building RSSH were not mutually exclusive but mutually reinforcing. However, given resource limitations it is a question of identifying where the Global Fund investments can be most catalytic and in which parts of the health system there was the most synergy between AIDS, TB and malaria needs and those of other health issues. If the aim of Global Fund investments in RSSH is to be catalytic they need to be selected and designed with that in mind; that needs careful reflection.
4. Attention was drawn to the fact that building strong health systems and achievement of UHC are necessarily long-term pursuits and must be funded primarily from domestic resources. Given the competing

demands on the health system that governments must tackle continuously, an effort to accelerate progress on a specific subset, particularly if it is for the global good, such as ending the epidemics of AIDS, TB and malaria can, realistically, only happen with external support. It is important to seize such support to make maximum progress.

5. The COVID-19 crisis has shown that health security both requires a strong health system and is essential to ensure health systems are not overwhelmed by health crises. Specific elements of health security are common to the fight against AIDS, TB, and malaria. These include, for example, effective surveillance systems, community systems (that are based on genuine community engagement, including with affected populations), efficient laboratory services and tackling growing antimicrobial resistance.
6. The meeting drew attention to the fact that post-COVID-19 period will pose serious challenges because of the need to catch-up on setbacks in progress on the three diseases and because of the widespread general economic impact. This will inevitably disproportionately affect the most vulnerable populations directly affecting their health and making it more difficult for them to access services. It was suggested that the world will have changed post COVID-19 and the Global Fund strategy will need to be able to adapt to the changes and to future uncertainty.
7. The response to COVID-19 was, however, seen as providing lessons of relevance to the GF strategy. For example, it has illustrated the importance, and possibility, of flexibility, innovation, and effective engagement with communities.
8. The meeting drew attention to the fact that in the WPR region 73% of all new HIV infections in 2019 were among key populations and their partners, with around a quarter of them in the 15-24 age group. This underlines the pressing need for more effective action to reduce discrimination and stigma and remove barriers in access to services for key populations including young people. More effort was needed to give those without a voice the possibility to participate in development of activities aimed at serving them. This is an area where more innovative approaches are needed. Prevention of HIV transmission was emphasized as an area requiring much greater effort.

9. More investment in strengthening of community systems, with strong community ownership, was emphasized. Community organizations should not only be involved in service provision but also in monitoring and accountability.
10. Several participants observed that current GF processes the grant development process tend to perpetuate entrenched approaches and provide insufficient opportunities to introduce innovations and take reasonable risks. In the new strategy period Global Fund procedures, including the process of grant development, should create more such opportunities and encourage stakeholders to reflect on and develop innovation in interventions and programming and ensure programs are designed to be adaptable to changing circumstances. This needs full engagement of the technical support agencies but also a process to interact in a different way with the many consultants who work on grant funding requests.
11. The meeting recognized that several countries of the WPR constituency may, despite the COVID-19 setback, move into the category of middle-income countries and eventually become ineligible for Global Fund support before 2030. Sustainability and preparation for transition must remain priorities of the new strategy.
12. The importance of mobilization of resources was considered likely to become even more important as a strategic objective, especially in the context of the economic disruptions caused by the COVID-19 crisis. Greater effort should be made to engage the private sector including by engaging them early in the strategy development process to promote ownership.



