



# Global Fund Partnership Forum Consultation Report e-Forum, 20 April - 30 June 2015

August 2015  
Geneva, Switzerland

## List of abbreviations

CCM	Country Coordinating Mechanism
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
LFA	Local Fund Agent
MDR	Multidrug-resistant
UNAIDS	Joint United Nations Programme on HIV and AIDS
WHO	World Health Organization

A.	Introduction.....	4
1.	Developing Global Fund’s Strategy 2016-2021 .....	4
B.	Summary of the input from e-Forum consultation .....	4
2.	Cross-Cutting Issues .....	4
3.	Priorities and future strategic direction for the three diseases .....	7
3.1.	Key issues .....	8
3.2.	Summary of the opinions and perspectives shared by members .....	8
4.	Gender.....	12
4.1.	Key Issues .....	13
4.2.	Summary of opinions and perspectives shared by members .....	13
5.	Human Rights and Key Populations.....	14
5.1.	Key Issues .....	15
5.2.	Summary of members’ opinions and perspectives.....	15
6.	Sustainability and Transition .....	18
6.1.	Key issues .....	18
6.2.	Summary of opinions and perspectives shared by members .....	19
7.	Funding Model Feedback .....	21
7.1.	Key issues .....	21
7.2.	Summary of opinions and perspectives shared by members .....	22
8.	Challenging Operating Environments .....	24
8.1.	Key issues .....	24
8.2.	Summary of members’ opinions and perspectives.....	24
9.	Resilient and Sustainable Systems for Health.....	27
9.1.	Key issues .....	27
9.2.	Summary of members’ opinions and perspectives.....	28
10.	Community Systems Strengthening.....	31
10.1.	Key issues.....	32
10.2.	Summary of members’ opinions and perspectives .....	32
C.	Methodology for e-Forum.....	34
11.	Process.....	34
12.	Platform.....	35
13.	Participation.....	35
D.	Feedback on E-forum.....	39
14.	e-Forum evaluation.....	39

## **A. Introduction**

### **1. Developing Global Fund's Strategy 2016-2021**

The Global Fund is a 21st-century partnership, working closely with a wide diversity of partners – implementing governments, donors, civil society, international development organizations, the private sector and communities living with and affected by the three diseases. The organization actively supports country-owned approaches that develop and implement effective, evidence-based programs to accelerate the end of AIDS, TB and malaria as epidemics.

In order to be best prepared for future challenges and opportunities of a rapidly shifting landscape in global health and development, the Global Fund has started the process of developing its new 2017-2021 Strategy. This new Strategy is expected to be adopted by the Board of the Global Fund in spring 2016.

As an integral part of this extensive consultation process, the e-Forum is uniquely positioned to engage all sectors of society, in an inclusive and participatory way, to collectively shape the future work of the Global Fund. This year's e-Forum began on 20 April and ran over a 12-week period, through mid-July. It was moderated simultaneously in four languages, English, French, Russian and Spanish. All stakeholders were invited to discuss eight high-level strategic thematic areas of the Global Fund, including several cross-cutting issues, which are as follows:

1. Priorities and future strategic direction of the three diseases;
2. Gender;
3. Human Rights and Key Populations;
4. Sustainability and Transition;
5. Funding Model feedback;
6. Challenging Operating Environments;
7. Resilient and Sustainable Systems for Health; and
8. Community Systems Strengthening.

The new 2017-2021 Strategy, “Investing to End Epidemics,” is being developed in close cooperation with Global Fund partners and a wide range of stakeholders. The 2015 e-Forum has provided the opportunity for stakeholders to help shape the development of the new strategy and ensure the Global Fund's increasing impact for the three diseases and global health. As summarized in this report, participant contributions will help define the organization's strategic framework to most effectively fight the three diseases.

## **B. Summary of the input from e-Forum consultation**

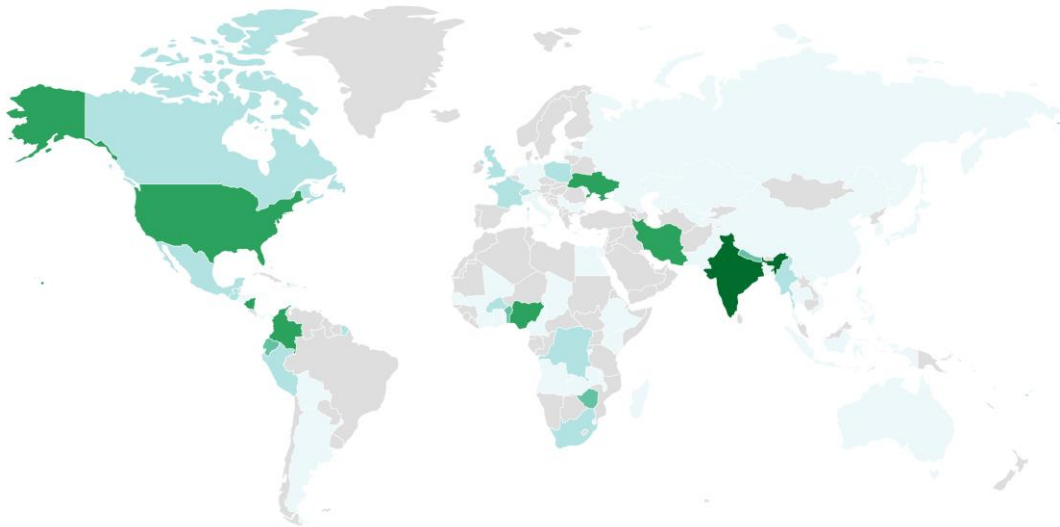
### **2. Cross-Cutting Issues**

The Global Fund e-Forum Strategy Consultation has been a dynamic and productive discussion. Participants have been impressive in their willingness to share their experience and contribute such detailed and well-considered responses.

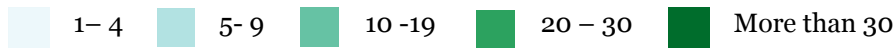
Each section of this report is structured to provide a brief introduction to the thematic issue discussed and includes key recurring issues, a summary of the of the different opinions and perspectives shared by members in and across countries, as well as the “voice” of the members expressed through actual contributions received.

The cross-cutting issues are concerns members repeatedly raised throughout the discussion and are relevant across the eight Strategic Themes.

**Figure 2.1: Map of contributions to cross-cutting issues by country**



**Key to country contributions**



Refer to Annex 2 for a list of contributing countries.

There were several cross-cutting issues identified within the eight themes, which members feel should be integrated into the entire strategy (Figure 2.2). These include: Address country specific needs; incorporate a rights-based approach; integration and equitable access; effective coordination with national and international organizations; more flexibility in the funding model; transparency and accountability; and evidence-based models.

**Figure 2.2: Cross-cutting issues identified in the e-Forum discussion**



**Country specific needs**

- Acknowledge country and regional differences and requirements and reconsider the traditional focus of the fund, as it no longer responds to the needs of populations. Do not predetermine priorities but address country or regional specific needs as opposed to international priorities.
- There is a specific concern regarding funding for middle-income countries and members suggest funding should be based on level of inequity indicators rather than traditionally used income levels to address major inequalities between and within population groups. Additionally, the criteria for transitioning should be reassessed to make sure it meets the needs of country specific priorities.

**Rights-based approach**

- Adopt and require rights-based approaches across all strategies and processes, so as to address human rights challenges and cultural, social, legal and policy environments that result in inequity, of the

fulfillment of sexual and reproductive health rights, denial, stigma and discrimination, in accordance with monitored key performance indicators.

- When identifying key and vulnerable populations, ensure responsiveness to the needs of people with diverse sexual orientations and gender identities, occupations, indigenous communities, and migrant populations, the homeless, prisoners, , people who use drugs, youth and adolescents, women, children, people living in slums, rural and remote communities, as well as those impacted by natural disaster, crisis and conflict, Ensure that these communities and populations are priorities in national responses and in Global Fund and other investments.

### **Integration and equitable access**

- As a priority ensure that equitable access to services is prioritized and that the provisions of services extend beyond cities, to provinces, towns, villages and remote areas. Focus on integration of services, advocacy, education and prevention, to offer a continuum of preventive and healthcare services, as this will have a greater impact and make more cost-effective use of human and financial resources.
- Foster meaningful and active engagement with community-based organizations, civil society and communities. Ensure involvement is maintained across the whole process, funding is more easily accessible to these entities, and that their capacity is developed to support the implementation of national strategies designed to strengthen community-based services.
- Address, together with partners, the country specific challenges, such as implementing parallel systems of procurement with different logistics and reporting requirements. Work in collaboration with international partners and public and private sectors, to support governments to create one integrated system for registration, regulation and procurement of essential medicines and commodities, and strengthen supply and logistics management systems.

### **Effective coordination with national and international organizations**

- Strengthen technical support beyond fiscal and administrative accountability. Acknowledge comparative strengths and collaborate with partners that share similar health related goals, to support countries develop coordinated national plans based on World Health Organization's priority building blocks to strengthen health systems.
- Harmonize approaches and strengthen coordination to engage with the private and public sectors, so as to foster political will, legislation, financial allocations and appropriate policies to build the capacity of the health system to provide integrated community-based services, supported by effective referral systems, particularly for sexual and reproductive health, youth and adolescents, women and children.
- Within the context of achieving the Sustainable Development Goals, strengthen engagement with the private sector, international and other departments within the Ministry of Health, other ministries and sectors such as the Ministry of Planning and Finance, Women's Affairs, Education, Social Welfare, Water and Sanitation, in order to support a comprehensive approach to addressing fundamental social determinants of health.

### **A more flexible funding model**

- Reduce the complexity of the funding model, particularly the application process, and address the issue of lengthy approval processes. Improve predictability of funding opportunities to enable countries and recipients to have a better understanding of the maximum funding available, in order to proactively manage gaps to maximize impact and improve risk management.
- Collaborate with other international partners and donors and engage in multi-sectoral dialogue to jointly undertake more meaningful transition planning with governments, by defining long-term transition roadmaps with strategic reduction in resources supported by a gradual exit strategy.
- Define challenging operating environments and be flexible in the Global Fund's response by providing surge funding in the event of unexpected conflict and natural disasters. Coordinate with other major

international initiatives to integrate all services and ensure sustained access to essential medicines, particularly at the community level.

### **Transparency and accountability**

- Ensure that transparency and accountability on how funds are being allocated and used is easily accessible, in order to replicate models of success and reduce the possibility of misuse of funds. Work with other international organizations and financial institutions to reduce corruption, misallocation of funds, conflict of interest, unfair competition and the transfer of funds from one country to another.

### **Evidence based models**

- Coordinate with partners to strengthen the use of evidence-based approaches and scale-up proven effective high impact practices. Encourage countries to use qualitative and quantitative research to strengthen monitoring and evaluation, improve reprogramming, performance-based funding, as well as the documentation, sharing and scaling-up of proven effective practice.
- Strengthen, streamline and harmonize the use of information technology and data collection systems to reduce duplication, decrease the burden for the collection of data on healthcare providers, and ensure systems can be integrated into the national health databases.

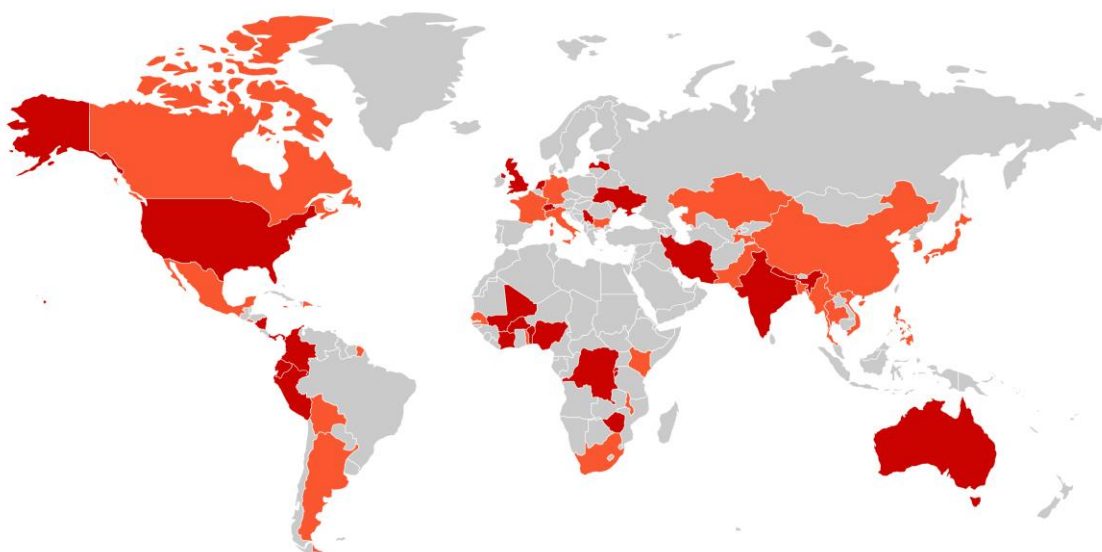
## **3. Priorities and future strategic direction for the three diseases**

The first thread of this discussion forum focused on addressing several major strategic issues. Members were asked to identify two priorities they would like to see appearing prominently in the next Global Fund Strategy and explain why they have selected these priorities.

Members were then requested to discuss any major concerns they have regarding the strategic direction of the Global Fund, and to share their views on how best the Global Fund could help countries achieve greatest impact. They were also asked what should be the major areas of investment for each of the priority diseases and how the Global Fund could best use resources to maximize impact.

In this section, the issues raised align with the opinions and perspectives expressed by members from 53 countries (figure 2.3) who raised issues relevant to the questions asked in this thematic discussion.

**Figure 3.1: Map of country participation to priorities discussion**



## Key to country contributions

- 1 contribution
- 2 or more contributions

Individual and multiple contributions were received from the following 53 countries:

Argentina, *En*; Australia, *En*; Bangladesh, *En*; Benin, *Fr*; Bolivia, *Sp*; Bulgaria, *Ru*; Burkina Faso, *Fr*; Burundi, *Fr*; Canada, *En*; China, *En*; Colombia, *Sp*; Côte d'Ivoire, *Fr*; Democratic Republic of Congo, *Fr*; Dominican Republic, *Sp*; Ecuador, *Sp*; El Salvador, *Sp*; France, *En*; Germany, *Fr*; Italy, *En*; India, *En*; Iran, *En*; Japan, *En*; Jamaica, *En*; Kazakhstan, *En*; Kenya, *En*; LAC Region, *En*; Latvia, *En*; Malawi, *En*; Mali, *Fr*; Mauritius, *En*; Mexico, *En*; Myanmar, *En*; Nepal, *En*; Netherlands, *En*; Nicaragua, *Sp*; Nigeria, *En*; Panama, *Sp*; Pakistan, *En*; Peru, *Sp*; Philippines, *En*; Serbia, *En*; Senegal, *En*; South Africa, *En*; South Korea, *En*; Switzerland, *En*; Tajikistan, *En*; Thailand, *En*; Togo, *Fr*; Ukraine, *Ru*; United Kingdom, *En*; United States of America, *En*, *Sp*; Vietnam, *En*; Zimbabwe, *En*.

### 3.1. Key issues

This strategic thematic area launched the e-Forum, and issues associated with these questions continued to be raised by members throughout the discussions related to other thematic areas. The key recurring issues discussed related to priorities and relevant to the future strategic direction of the Global Fund, were identified as follows:

#### Summary of key issues - Priorities and future strategic direction for the three diseases

- **Tailor support to meet country specific needs.**
- **Integrate services and scale-up effective practices**
- **Ensure equitable access to services**
- **Strengthen governance and coordination**
- **Improve the accessibility of grants**
- **Ensure transparency and accountability**
- **Access to essential medicines and commodities**
- **Enhance research, data collection, monitoring and evaluation**

### 3.2. Summary of the opinions and perspectives shared by members

The issues raised by members and summarized in this section are outlined below and will continue to be elaborated throughout the other thematic areas of this report.

#### Tailor support to meet country specific priorities

- Comments received during this thematic period touched upon the cross-cutting need identified above for the Global fund to tailor its approach to country specific needs as well as put in place a more flexible in its funding so that certain regions, such as Eastern Europe, Central Asia and Latin America and the Caribbean are not neglected.
- Recognize that high and middle-income countries also have substantive foci of high burden priority diseases, challenged by inequitable access to services, stigma, discrimination, marginalization and extreme poverty.
- Minimize the work of countries needed to manage Global Fund grants. Simplify the concept note and establish realistic timeframes that acknowledge the complexity of implementation and determining impact.

#### Member's Voice

*The impression is funding priorities seem to be already decided by the limitations of available funding and may therefore not meet the priorities of a country.*

*The Global Fund has enormous influence on the definition of the policies against HIV/AIDS. The limitations the Global Fund establishes for its funding are not only reducing the international cooperation funds available for other priorities, but they are also wiping out the national policies.*

*For example: If the Global Fund has no interest in funding prevention programmes for adolescents this doesn't only affect the resources of the Global Fund available for this matter, but it also influences the fact that this strategy disappears from the national programmes and policies, although it could be funded by other means.*

**Latin America and Caribbean Region, Sp**



- Work towards long-term sustainability by ensuring internationally coordinated strategies with members addressing similar goals, strengthen domestic funding allocations and take responsibility for meeting the needs of all vulnerable populations.
- If sustainability is to be achieved reassess the criteria for transitioning countries and projects. Continued funding is important to capitalize and scale-up demonstrated progress to combat increasing burdens of multidrug resistant TB, decrease prevalence of HIV in concentrated epidemics, and move towards the control and elimination of malaria. Support the development and introduction of effective innovations and technologies new treatment regimes, and simpler more cost-effective diagnostics.

**Member's Voice**

*We need a comprehensive strategic approach beyond grant management to strengthen community services. Make better use of ICT to engage with communities and consider subsidizing advocacy so that the public makes the decision to strengthen the responses from communities.*

**Ecuador, Sp**

**Integrate services and scale-up effective practices**

- Stop vertical programs and making funding competitive across the three diseases, as this approach is harmful to strengthening health systems and the provision of services. Integration enables more cost-effective use of human and financial resources; strengthens systems of referral at the primary level for specialist support; reduces the burden on healthcare facilities to provide multiple services; and allows patients to have their needs met more efficiently.
- Review and update policies and ensure they are not limited to paper but applied in practice. Reduce duplication and work in coordination with other major international partners, such as UNAIDS and WHO, to update and support the use of evidence-based best practice guidance. To maximize impact sustain and scale-up approaches proven to be effective, such as PMTCT, MDR-TB prevention, and ART therapy. Use the Core List of Health Indicators recommended by World Health Organization (WHO) to monitor and determine impact.

**Member's voice**

*Build for future sustainability, as a continuum of care maximizes the use of resources and prevents long term debilitating chronic conditions that require additional resources to manage and maintains independence and optimum health.*

**Tajikistan, En**

**Ensure equitable access to services**

- Strengthen and reinvigorate funding to support advocacy and preventative strategies, particularly for women, children, youth, adolescents and key populations. Ensure policies and monitored program performance indicators include gender equity, protection of human rights, and sexual and reproductive health as mandatory components of all strategies funded by the Global Fund.
- Maintain focus on priority diseases but align goals with other major initiatives to enhance impact and adopt a rights-based approach to the provision of services. Support governments to build, fund and sustain a network of community-based services linked to effective referral systems. Support the provision of a continuum of care at each level of the health system to meet the needs of populations and prevent co-morbidities and long-term costly and debilitating chronic conditions.
- Improve the infrastructure and the organization and management of services. Support the provision of a holistic and integrated approach that is people rather than disease focused and includes the protection of human rights,

**Member's voice**

*Global fund would be prudent to invest in strengthening community systems that promote equal powers that prevent new infections alongside strengthening health systems that handle the curative services.*

**Malawi, En**

promotion of gender equity, advocacy and education and improved access to community and home based health services.

- Coordinate the response to fund and support emergency, post-emergency and reconstruction efforts more effectively with humanitarian organizations and partners.

### **Strengthen governance and coordination**

- Align goals and strengthen engagement with international partners to foster political will and effective engagement with non-HIV Ministry of Health departments, non-health Ministries, and other sectors to develop comprehensive national strategies designed to not only support the provision of health services but also promote the protection of human rights, gender equity, education, environmental conservation, water and sanitation, social and economic development, in accordance with the attainment of the Sustainable Development Goals.
- Work with international agencies to provide coordinated, competent technical support, that responds to the country's needs rather individual agency priorities. Strengthen the strategic review process and technical support to improve the quality and implementation of proposals.
- Increase engagement with the private sector and commit to strengthening coordination and making funding more accessible to community organizations, civil society groups and national partners.
- Be accountable for ensuring key populations and women are meaningfully represented throughout the decision-making process structures, including the Country Coordinating Mechanisms (CCM).

#### **Member's Voice**

*Support organizations to coordinate with, strengthen and add value to the Government strategies.*

*Coordinate with health, economic, interior, education, culture, works departments to work collaboratively with their strategies to enhance impact.*

**Thailand, En**

### **Improve the accessibility of grants**

- Although the current funding model is an improvement it is still overly complicated, time consuming, bureaucratic and not sufficiently flexible to meet country priorities. Partners need to be able to be better informed, understand the level of funding available to proactively manage gaps in funding so as to maximize impact and improve risk management. The model needs to be more realistic about timeframes required for implementation.
- Technical and financial grant management cycles and risk management must be aligned with national budget planning and harmonized with the provision of technical support, as advisers must be aware of these financial requirements before they undertake a technical review and strategic planning.
- Focus on funding interventions for which funding streams provide a comparative advantage over other funding sources. Ensure flexible and responsive frameworks for the use of resources in order to meet emerging and changing needs. Be flexible and provide surge funding in the event of unexpected conflict or natural disasters.
- Support countries to strengthen domestic funding in real terms and seek funding from other sources including the private sector to cover priorities not covered by the Global Fund. Address inefficiencies associated with the national management of funds and programs based on international guidance, as this determines the effectiveness of the funding model.

#### **Member's voice**

*We have strong concerns in the DRC for the strategic direction of the fund that can be summarized as, slowness in the management of concept note; poor distribution of areas with high attentiveness to disease; the choice of international players with weak collaboration with national actors and the misallocation of funds for these three diseases.*

**Democratic Republic of Congo, Fr**

## Ensure transparency and accountability

- Ensure that systems of governance, transparency and accountability, underpin the allocation of funds and implementation of all strategies supported by the Global Fund. Work with other international organizations and financial institutions to reduce corruption, misallocation of funds, conflicts of interest, unfair competition and the transfer of funds from one country to another.
- Financially penalize countries with known corruption and human rights abuses, and use these acquired funds to support local community organizations focused on protecting the legal and human rights of individuals and equitable access to services. Ensure allocation of funds is conditional on meeting specific, monitored indicators of rights-based approaches to the provision of all services, particularly sexual and reproductive health rights, gender inequity and the Sustainable Development Goals.

### Member's voice

*Global Fund should create mechanism to deal with conflict of interests/increased transparency & provide diseases prevention technical assistance.*

**India, En**

## Access to essential medicines and commodities

- Strengthen government procurement systems by working with partners to integrate parallel systems of procurement, budgeting and reporting requirements.
- Work in coordination with the public and private sectors to improve quality assurance systems and regulation of quality assured essential medicines and commodities, in accordance with international guidance. Mainstream and integrate procurement processes and strengthen integrated supply chain and logistics management systems. Outsource to the private sector, if deemed more effective.
- Consider pooled procurement and direct source financing. Make more effective use of social marketing strategies, particularly for access to bed nets, diagnostics and other preventative measures, such as male and female condoms. Support the introduction of proven innovative diagnostics and treatment regimens and monitor more effectively drug resistance. Strengthen the National List of Essential Medicines and systems of regulation, and support countries to develop policies and strategies to introduce and maximize the use of the new generation of ARVs and proven effective underutilized technologies and innovations.
- Be innovative in the use of new and emerging technologies, such as an ultrasonic anti-malaria devices and scaling-up the use of larvacides to move towards the control and elimination of malaria.

### Member's voice

*Coordinate with others major donors to support countries to address the challenges of strong patent regimes introduced by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) against the enforcement of TRIPS-plus Agreements to improve access to generic medicines.*

*Continue efforts to reach negotiated pricing for the cost of the new generation of ARVs and other relevant essential medicines.*

**United Kingdom, En**

## Enhance research, data collection, monitoring and evaluation

- Coordinate with other international and national organizations to strengthen, streamline and harmonize the use of information technology and data collection systems to reduce duplication, decrease the burden for the collection of data on healthcare providers and ensure systems can be integrated into the national health databases.

### Member's Voice

*Support the appropriate use of ICT and build more equitable health systems that support public health monitoring.*

*Use ICT to break down barriers and unlock potential by ensuring the ability to connect local and national levels.*

**United Kingdom, En**

- Strengthen countries so that they may undertake effective research and collect both qualitative and quantitative evidence to determine priorities, the impact of programs and barriers to effective implementation. Use the outcome of research to improve reprogramming, performance funding and the documentation, sharing and scaling-up of effective practices.
- Ensure that communities are involved in the process of monitoring and evaluation, as they know their needs and understand their deficiencies. Undertake specific research to determine the extent to which services meet the needs of marginalized populations.
- Work with international partners, donors and the private sector, to prioritize and continue to support research and development of essential tools to end the epidemics, such as the development of TB and HIV vaccines; and, innovative diagnostic and pharmaceutical tools to respond to quinine resistant malaria, drug resistant TB and improve treatment regimens to enhance compliance and address co-infection and misdiagnosis.

**Member's voice**

*New tools such as vaccines are essential to ending the threat of HIV, Malaria and TB.*

*Prioritize and support research and development through innovative public and private sector development partnerships.*

*Support capacity building, education and awareness raising for clinical trials in affected countries.*

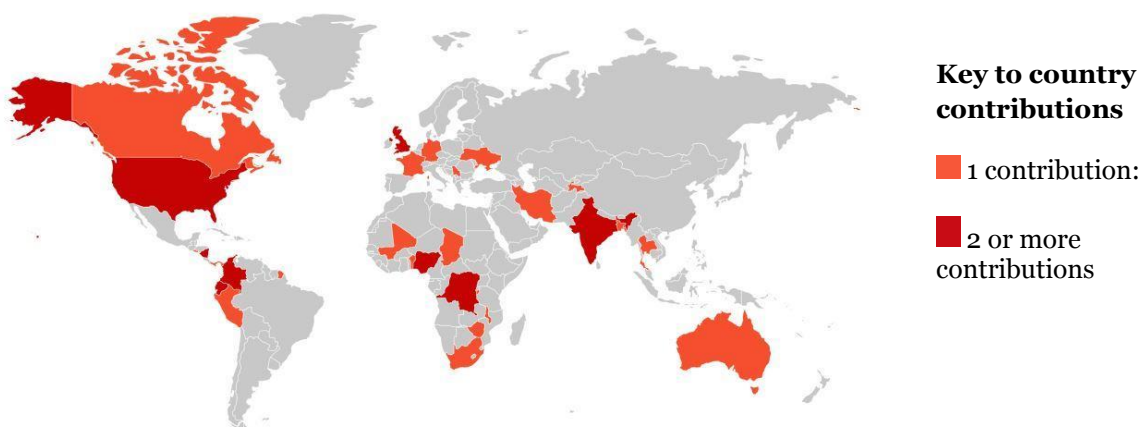
**Netherlands, En**

## 4. Gender

Members were asked to identify and discuss barriers to the Global Fund achieving its commitment to address gender inequalities, and how the Global Fund could reduce gender-related barriers to services. The discussion identified many barriers to addressing gender inequality linked to the social determinants of health and health equity, such as lack of governance, poverty, lack of education, lack of access to resources and decision making, discrimination and lack of access to health and social care.

Across the e-Forum the issue of how to reduce barriers to gender equality, and foster more equitable access to health care, were repeatedly addressed generally in the context of adopting a rights-based approach to comprehensively address human rights, sexual and reproductive rights, and stigma and discrimination. Within the context of this section, only contributions that specifically discussed gender inequality and inequity have been included.

**Figure 4.1: Map of participation by country for gender discussion**



Individual and multiple contributions were received from the following 29 countries:

Australia, *En*; Bangladesh, *En*; Benin, *Fr*; Burundi, *Fr*; Canada, *En*; Chad, *Fr*; Colombia, *Sp*; Democratic Republic of Congo, *Fr*; Ecuador, *Sp*; El Salvador, *Sp*; France, *En*; Germany, *Fr*; India, *En*; Iran, *En*; Mali, *Fr*; Malawi, *En*; Mauritius, *En*; Nicaragua, *Sp*; Nigeria, *En*; Panama, *Sp*; Peru, *Sp*; Serbia, *En*; South Africa, *En*; Tajikistan, *En*; Thailand, *En*; Ukraine, *Ru*; United Kingdom, *En*; United States of America, *En*; Zimbabwe, *En*.

#### 4.1. Key Issues

Two major issues emerged from these contributions: i) strategies to address gender inequality should be inclusive of all gender identities including the trans\* people and ii) be mandatory in all proposals funded by the Global Fund. Contributions were received from 29 countries (Figure 2.4) and the following key recurring issues were discussed:

##### Summary of key issues - Gender

- Strengthen governance and support legal action
- Strengthen coordination and strategies
- Advocate for economic, educational and social cultural rights

#### 4.2. Summary of opinions and perspectives shared by members

Members raised the following strategic issues as essential to address in all operations and investments in order to reduce gender inequity and ensure more equitable access to services.

##### Strengthen governance and support legal action

- Be a champion for action by aligning goals and strengthening collaboration with international partners to advocate and support either the introduction and/or application of laws to both enhance the rights of girls and women, and reduce stigma and discrimination for all vulnerable populations.
- Foster effective collaboration and coordinated action between organizations such as the Global Fund for Women, UNWomen, Association for Women's Rights in Development (AWID), IGNITE, and Girl Up, to identify collaborative strategies, linkages and cost-effective approaches to reducing inequities.
- Be proactive through financial and technical support to organizations, particularly community and civil society organizations, to provide the legal, educational, and social welfare support needed to empower communities to enhance reproductive rights and reduce gender inequality, discrimination, and criminalization. Ensure marginalized communities, such as transgender, indigenous, internally displaced and migrant populations are recognized and properly supported in all strategies.

##### Member's Voice

*Key populations must be part of country dialogues in the preparation of Concept Notes and implementation of country strategies, particularly women, as beneficiaries, implementers and decision makers.*  
**Nigeria, En**

##### Member's Voice

*With regards TRANS women, there are other barriers relating to gender, like the stigma, discrimination, persecution and social exclusion, that put their freedom, their physical well-being and even their life at risk.*  
**Colombia, Sp**

- Prioritize interventions focused on prevention, advocacy and education, access to services, essential medicines, and meeting sexual and reproductive health needs of all individuals. Ensure that interventions for the prevention and management of gender-based violence, particularly in crisis and conflict situations, are included in all strategies.

##### Strengthen coordination and strategies

- Many policies supporting gender equity remain on paper and are not translated into practice. Ensure that policies and programs take gender equality into consideration, aligning with international and national standards and recommendations.
- Engage men and vulnerable populations in meaningful dialogue and make a point of ensuring that strategies reach out and include marginalized populations in high, medium and low income countries.



- Foster accountability and action by ensuring the allocation of funds from the Global Fund for any purpose is conditional on meeting specific, monitored indicators of rights-based approaches to the provision of all services, particularly sexual and reproductive health rights, gender equality and Sustainable Development Goals.
- Work in coordination with international members to strengthen communities ability to address all forms of gender inequality, sexual abuse and sexual violence particularly, in crisis and conflict situations. When transitioning projects, assess the willingness-to-pay and strengthen the ability of countries to continue to support and monitor the impact of strategies to address and combat gender inequality, lack of reproductive rights, inequitable access to services and human rights abuses.
- In collaboration with other members, strengthen the collection of relevant qualitative and quantitative data not only from projects but also recipients of services. Establish and use indicators to monitor effectiveness and impact to both enhance accountability and ascertain whether projects support gender equality.

#### **Member's Voice**

*Gender transformative HIV response interventions should be invested in as opposed to gender sensitive responses which merely introduce a subject of gender equality but fail to yield meaningful change.*

**Malawi, En**

### **Advocate for economic, educational and social cultural rights**

- Advocate for and support legal frameworks and strategies that empower girls and women to have equitable access to education and equal opportunities in the work place, so as to foster economic autonomy. Take action to increase the representation of women at decision-making levels in the workforce and politics.

#### **Member's voice**

*In our country, in accordance with the Civil Law and the Constitution, all men, women, boys and girls have equal rights of access to health care, social issues and other services.*

*However, due to cultural tradition and the mentality of the population, which is characteristic for the countries of Central Asia, for women, these rights are not realized.*

**Tajikistan, En**

- Advocate for the enactment of legal frameworks that support the implementation of laws that promote gender equity and equality.

- Support coordinated strategies at all levels and with all sectors, particularly civil society, to address known socio-cultural and human rights issues, in order to reduce discrimination, enhance equality and reproductive health rights, and address religious barriers, early marriage, polygamy, trafficking and lack of autonomous decision-making.

- Focus on literacy and education, as this empowers

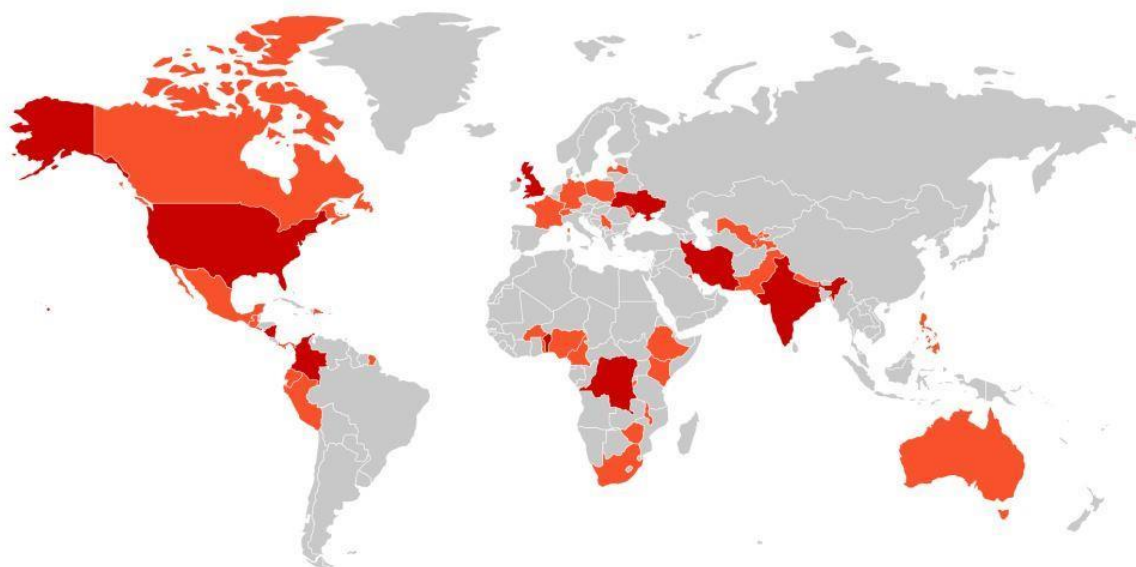
not only girls and women but also all individuals to protect their rights, their health and gain economic independence. Use innovative approaches, such as the media, television and radio, and information communication technology, to educate and inform populations of their rights, and monitor effectiveness.

## **5. Human Rights and Key Populations**

In this section, members were asked to discuss what the Global Fund could do better or differently to protect and promote human rights and ensure equitable access for key vulnerable populations groups.

Contributions from 44 countries (Figure 5.1) were shared by members either during this thematic discussion, or raised as relevant within the context of contributions received while discussing other strategic areas throughout the e-Forum.

**Figure 5.1: Map of participation by country**



**Key to country contributions**

- 1 contribution
- 2 or more contributions

Individual and multiple contributions were received from the following 44 countries: Australia, *En*; Benin, *Fr*; Burundi, *Fr*; Burkina Faso, *Fr*; Cameroon, *Fr*; Canada, *En*; Colombia, *Sp*; Democratic Republic of Congo, *Fr*; Dominican Republic, *Sp*; Ecuador, *Sp*; El Salvador, *Sp*; Ethiopia, *En*; France, *En*; Germany, *Fr*; Guatemala, *Sp*; India, *En*; Iran, *En*; Kenya, *En*; Kuwait, *En*; LAC Region, *Sp*; Latvia, *En*; Malawi, *En*; Mauritius, *En*; Mexico, *En*; Nepal, *En*; Nicaragua, *Sp*; Nigeria, *En*; Peru, *Sp*; Philippines, *En*; Poland, *En*; Republic of Moldova, *Ru*; Serbia, *En*; South Africa, *En*; Switzerland, *En*; Tajikistan, *En*; Togo, *Fr*; Ukraine, *Ru*; United Kingdom, *En*; United States of America, *En/Sp*; Uzbekistan, *En*; Zimbabwe, *En*.

**5.1. Key Issues**

Members emphasized that protecting and promoting human rights, gender equity and ensuring equitable access to services for all population groups, were fundamental to achieving impact on health and the goals of the Global Fund. The majority of members proposed that human rights-based approaches in all country strategies should be a mandatory and monitored requirement by the Global Fund. The following key recurring issues were identified:

**Summary of key issues – Human Rights and Key Affected Populations**

- Governance and legal protection
- Equitable access and effective coordination
- Education, advocacy and equitable access to services

**5.2. Summary of members’ opinions and perspectives**

The members’ contributions can be summarized in the following key three strategic areas. The most frequently recurring strategic issue raised was that the Global Fund should ensure that the allocation of funds is conditional on meeting specific monitored indicators of rights-based approaches to the provision of all services, particularly reproductive health rights, gender inequity and the achievement of the Sustainable Development Goals.

## Governance and legal protection

- Stop observing and take action to address human rights abuses. With international and national partners, create or link with an internationally recognized 'Code of Practice' to address human rights issues, inequity, stigma and discrimination, based on evidence and best practices. Ensure the Code of Practice is reflected in all country specific strategies financed by the Global Fund.
- Engage with political authorities and civil society groups to strengthen governance to support the formulation or enactment of legislation and policies that strengthen gender equity, and promote and protect human rights.
- Financially penalize countries with known corruption and human rights abuses, and use these acquired funds to support local community organizations focused on protecting and promoting equity and human rights of individuals.
- In collaboration with other human rights organizations, monitor human rights abuses, gender inequity, sexual abuse and lack of reproductive health rights. Use the evidence to address political and technical barriers to acknowledge, generate dialogue and provide services to protect human rights and meet the needs of vulnerable, marginalized and criminalized groups, such as men who have sex with men and transgender people.

- Strengthen community organizations to champion and advocate for action with parliamentary, ministerial and national organizations to support either the enactment or formulation of laws, along with the provision of legal services, to defend human rights. Ensure countries support the Convention on the Rights of the Child and identify invisible populations of at-risk children, such as the very poor; displaced; those facing crisis and conflict situations; and street children who are not educated nor supported, and without access to services.

## Equitable access and effective coordination

- Strengthen engagement with national, community-based organizations and affected populations, to foster equitable dialogue and the recognition of the needs of all key-populations, including those considered to be politically sensitive. Do not define populations as "at-risk" as this fosters discrimination and propagates blame within communities.
- Stop vertical programs and work with members to integrate services to equitably and comprehensively meet the common needs of all population groups, such as youth and adolescents, women and children. Focus on prevention but provide continuity of care free from stigma and discrimination. Adopt a multi-sectoral approach and work in accordance with internationally accepted standards of practice. Coordinate and ensure equitable access meets the educational, health and social welfare needs of populations across priority diseases.
- Provide accessible funding to strengthen the technical and managerial competence of local partners to support the transformation of policies into practice. Strengthen support at the community level to provide

### Member's Voice

*The Global Fund should coordinate with international organizations and integrate action with multi-sectorial cooperation including finance, justice, women's affairs, agriculture and education.*

*Better educated people, especially women, can seek economic opportunities and act to protect their rights and their health.*

**India, En**

### Member's Voice

*Due to armed conflict and repeated displacement, our population is incredibly poor with 70% living on less than 3USD per day and facing serious human rights abuses, sexual violence and lack of access to services and essential medicines.*

*We need the Global Fund to strengthen local government while providing more effective support to local organizations working with these populations in difficult and challenging circumstances, as they are the first hand witnesses and responders of events unfolding.*

**Democratic Republic of Congo, Fr**



the legal and social welfare services needed to monitor and address sexual and human rights abuses, and ensure the provision of innovative approaches to advocacy and education in order to reduce inequity, stigma and discrimination.

- Focus on vulnerable populations marginalized by poverty and lack of education, who are unable to protect their rights. Create awareness of the responsibilities of law enforcement to support and protect the rights of individuals.
- Acknowledge in strategies, that changing attitudes and behaviors takes time, and requires continuity of support for sustainable impact. Ensure transitioning countries dedicate funding in real terms and not just on paper.

### **Education, advocacy and equitable access to services**

- Improve local organizations' ability to engage with local businesses and charitable sources to challenge issues, such as stigma, discrimination, equal employment opportunities, socio-professional integration, and services such as procurement and distribution. Be realistic when promoting public/private partnerships in countries with poor economic growth, as investment in real financial terms is not a viable or discernable outcome.
- Strengthen the quality of technical support and engage all stakeholders in Country Coordinating Mechanisms to ensure equitable access to available funding. Support national and community members to develop rights-based strategies and strengthen managerial and technical competence of community-based organizations and community health workers.
- Do not automatically shift financial allocations and technical priorities based on globally acknowledged priorities, but respond to research that defines country specific priorities. Otherwise other vulnerable population groups become marginalized by the switching of funding priorities.
- Create a system that allows clients the right to complain and seek redress in the event of dissatisfaction. Provide information regarding the assessment of the quality and accessibility of available services. Support additional research to define and respond to specific local needs and priorities, and to influence allocation of funds.

#### **Member's Voice**

*In Africa we need to prioritize action on needs and not ideas that are politically correct. Vulnerable groups live in fear of stigma and discrimination within their communities.*

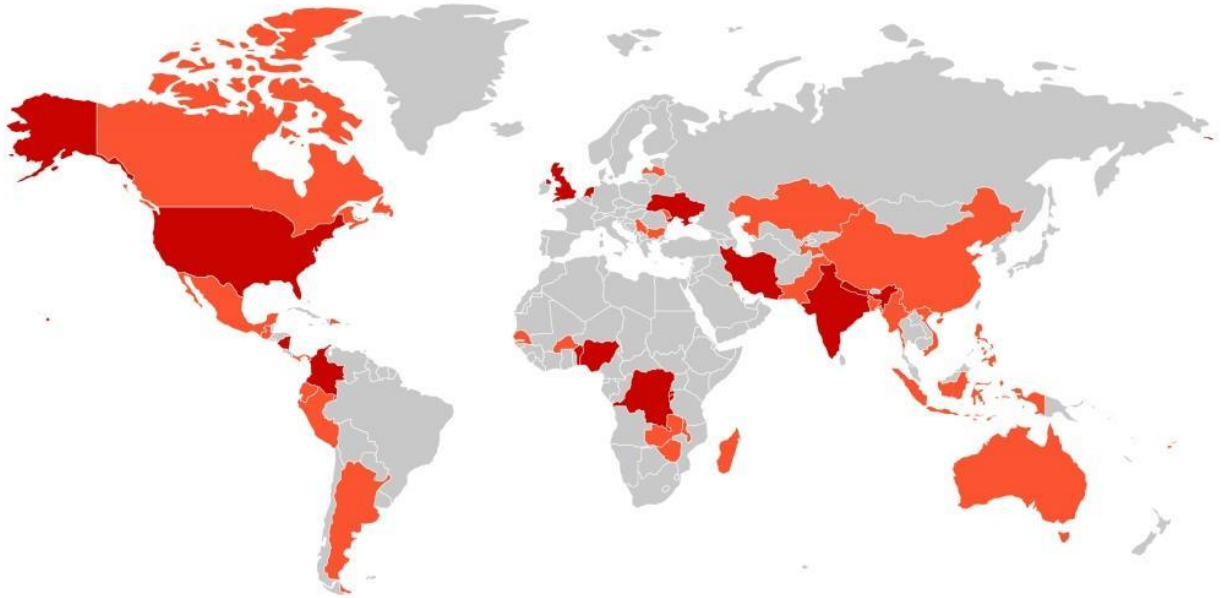
*Empower and support local community groups to use innovative approaches to promote and protect the rights of individuals from inequity and discrimination.*

**Kenya, En**

## 6. Sustainability and Transition

The questions members responded to related to how the Global Fund could best increase domestic financing and domestic support for health and how the Global Fund could build on successful engagement and transitioning to improve the process in the future.

**Figure 6.1: Map of country participation to sustainability and transition discussion**



### Key to country contributions

■ 1 contribution ■ 2 or more contributions

Countries from which members shared individual and multiple contributions on this thematic issue:

Australia, *En*; Benin, *Fr*; Bulgaria, *Ru*; Cameroon, *Fr*; Canada, *En*; Colombia, *Sp*; Democratic Republic of Congo, *Fr*; Ecuador, *Sp*; France, *Fr*; Guatemala, *Sp*; India, *En*; Kenya, *En*; Latvia, *En*; Mexico, *En*; Nicaragua, *Sp*; Panama, *Sp*; Peru, *Sp*; Poland, *Ru*; Serbia, *En*; Tajikistan, *En*; Togo, *Fr*; Ukraine, *Ru*; United Kingdom, *En*; United States of America, *En*; Vietnam, *En*; Zimbabwe, *En*.

### 6.1. Key issues

Both individuals and a number of partners from 26 countries contributed to this theme and identified from **four reoccurring thematic areas** which they deem require further consideration or strengthening. The key issues emerging from the discussion are summarized as follows:

#### Summary of key issues – Sustainability and Transition

- Realistically assess domestic funding
- Engagement with communities
- Technical support and coordination
- Financial transparency

## 6.2. Summary of opinions and perspectives shared by members

### Realistically assess domestic funding

- The illusion of averages of income and epidemiological profiles belies the reality of enormous inequities within populations, particularly in middle-income countries. Support middle-income countries to strengthen political will, national strategies and domestic funding allocations. Foster accountability for addressing politically sensitive interventions, such as harm reduction, human rights, and specific sexual orientations, indigenous, displaced and migrant populations.
- Use research and evidence to identify the huge inequity that exists within populations. Base decisions on evidence of proven effectiveness.
- Assess willingness-to-pay, particularly for the more politically sensitive issues. Adopt a comprehensive approach to planning that engages political authorities, health and other key Ministries, such as finance, education, agriculture, international, national, and community partners, in defining an integrated national health plan. Review domestic funding allocations to define funding gaps. Stimulate and ensure equitable representation of all actors, and provide strong leadership and coordination.
- Domestic allocations are not adequate to offset anticipated declines in funding, particularly for countries and projects in transition. Determine the domestic contribution for key interventions beyond medical components such as preventive, economic, educational, social welfare, essential medicines and equipment. Support a strategic approach that progressively demonstrates increased self-reliance resulting in the strengthening of health systems, capacity to manage disease surveillance, prevention and control programs, the provision of quality healthcare and sustained access to essential medicines.

#### Member's Voice

*Respect and do not steer the interventions of a country.*

*To gain domestic funding, foster coordination and effective leadership, involve the political authorities with the organizations of the interventions, including civil society and the community organizations and ensure clear traceability and accountability.*

**Benin, Fr**

### Engagement with communities

- Ensure equitable support to community organizations providing services that are included in the funding model and supported in practice. Be realistic when working with countries as to the accessibility of domestic funding in real terms to support the provision of community-based services and provide the additional support needed to supplement budget lines.

### Technical support and coordination

- Strengthen Country Coordinating Mechanisms and prevent the perception of vertical leadership as this leads to problems of engagement with governments and organizations. Reframe the issue of sustainability by adopting a process of strategic reduction of resources supported by a graduated exit strategy.

#### Member's Voice

*Support countries to set up in-country structures and mechanisms to strengthen mobilization and use of domestic resources.*

**Zimbabwe, En**

- Scale up what is working and do not penalize success. It is vital to continue support to countries to sustain and increase impact, particularly in countries with foci of the epidemics and moving towards elimination of malaria. Success can be demonstrated, but if support is not maintained then impact cannot be sustained in the longer term and integrated into nationally supported strategies.
- Contribute to achieving the Sustainable Development Goals by creating linkages with other strategies to ensure a coordinated approach to address fundamental social determinants of health, such as lack of education, gender inequity and poverty.

#### **Member's Voice**

*So far the countries have been required to provide counterpart financing but the way it is used is not efficient.*

*Engage consultants who are aware of the issues and procedures of the Global Fund, listen to the people and understand the country. Create a package of interventions based on country data and validate through engagement with all stakeholders.*

**Togo, Fr**

#### **Financial transparency**

- Strengthen the implementation of managerial and audit systems to ensure the clear allocation of funds, transparency in funding and accountability for their use in order to prevent corruption. Clarify and simplify the modalities for managing funds, particularly at the community level, during natural disasters, crisis and conflict situations.
- Ensure 15% of every grant provided by domestic financing exists and is used effectively as this is catalyzing investments. At the same time be realistic about financial requirements from middle-income countries and ensure they have equitable access to essential medicines and commodities at affordable prices and are not penalized by current systems.

#### **Member's Voice**

*Do not penalize a country by asking them to increase domestic resources and at the same time force them to pay higher prices for health commodities.*

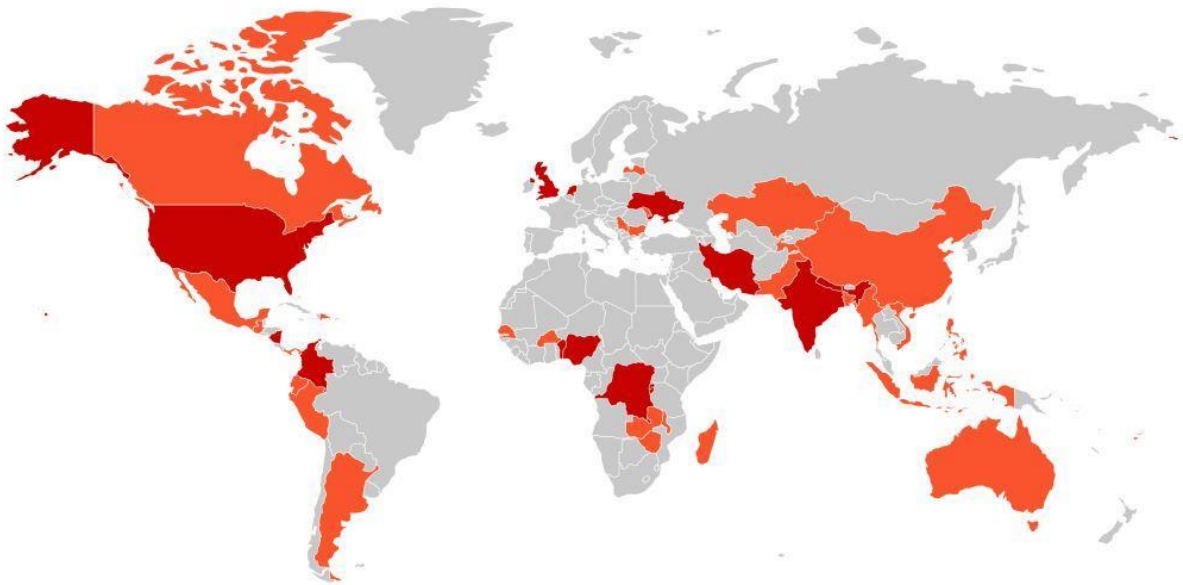
*Middle-income countries need the same patent rights protection as the US or EU; if they want to use their domestic resources the prices get dramatically high.*

**Mexico, En**

## 7. Funding Model Feedback

The issues raised for discussion focused on responding to two key questions. To what extent the funding model had met its principle of flexibility, simplicity, enhanced engagement, improved predictability and shorter approval processes, and what can be done to enhance input from technical members in the planning and implementation of grants.

**Figure 7.1: Map of country participation to funding model discussion**



### Key to country contributions

- 1 contribution ■ 2 or more contributions

Individual or multiple contributions were received from the following 46 countries, refer Figure 2.8:

Argentina, *Sp*; Australia, *En*; Bangladesh, *En*; Benin, *Fr*; Burkina Faso, *Fr*; Bulgaria, *Ru*; Burundi, *Fr*; Canada, *En*; China, *En*; Colombia, *Sp*; Democratic Republic of Congo, *Fr*; Dominican Republic, *En*; Ecuador, *Sp*; Guatemala, *Sp*; Fiji, *En*; India, *En*; Indonesia, *En*; Iran, *En*; Kazakhstan, *En*; Kuwait, *En*; LAC Region, *En*; Latvia, *En*; Mauritius, *En*; Madagascar, *Fr*; Malawi, *En*; Mexico, *En*; Myanmar, *En*; Nepal, *En*; Netherlands, *En*; Nicaragua, *Sp*; Nigeria, *En*; Pakistan, *En*; Panama, *Sp*; Peru, *Sp*; Philippines, *En*; Republic of Moldova, *Ru*; Rwanda, *Fr*; Senegal, *En*; Serbia, *En*; Tajikistan, *Ru*; Ukraine, *Ru*; United Kingdom, *En*; United States of America, *En & Sp*; Vietnam, *En*; Zambia, *En*; Zimbabwe, *En*.

### 7.1. Key issues

Although some of the members stated that the current model is an improvement on the last model, 79% suggested it is still overly complicated, time consuming, bureaucratic and not sufficiently flexible to meet country rather than international priorities.

#### Summary of key issues – Funding Model

- Simplify and accelerate the funding approval process
- Ensure a flexible and responsive model
- Improve transparency and accountability
- Improve management and address inefficiencies

## 7.2. Summary of opinions and perspectives shared by members

### Simplify and accelerate the funding approval process

The complexity of both the funding process and language used along with the length of time it takes from conception to approval of funding, were issues constantly discussed across regions and countries and can be summarized as follows:

- Ensure that the technical and financial grant management cycle and risk management is harmonized with the provision of technical support.
- Simplify the concept note as it cumbersome to complete and takes key people away from their work for extended periods of time which can have cost implications. Align planning with national budget cycles and ensure it is grounded on evidence, considers all key populations and focused on the integration of HIV, Malaria and TB.
- Reduce the burden on countries by setting realistic timeframes and lengthening project cycles. Use alternative approaches of communication to review and follow-up draft proposals, such as video and telephone conferencing. Streamline national coordinating mechanisms and invest the resources saved in strengthening communities. Ensure easier, simpler, and speedier access to funds without using intermediaries. Analyze and respond to why – even after multiple observation missions – decision making is so slow and complex.

#### Member's voice

*The concept note is in the early stages of development. The data requested is very complex and I don't think there will be any flexibility in the review of the Concept Note and in the approval process.*

*The Global Fund takes too long to make decisions within its financial structures.*  
**Colombia, Sp**

### Ensure a flexible and responsive model

- Be realistic about time frames required for implementation, as this is dependent on multiple factors such as absorptive capacity and emerging implementational challenges.
- Ensure the financing allocation formula, particularly for emerging nations, is not just based on economic indicators but considers health disparity and genuine progress indicators. Capitalize on progress and address the reality of large tracks of poor vulnerable populations in which there is still a need to address increasing burdens of multidrug resistant TB, decrease prevalence of HIV in concentrated epidemics, and move towards the elimination of malaria.
- Invest in south-to-south cooperation, such as pooled procurement. Incorporate in the coordinated planning process a monitored long term graduated exit strategy in which all countries are progressively able to demonstrate increased self-reliance and the capacity to manage disease surveillance, prevention and control programs, and the provision of equitable quality healthcare.
- Only link funding to promises from donors when the funds are committed and available.
- Acknowledge country and regional differences and requirements. Base funding on disparity indicators rather than income and the homogenization of averages. Address funding based on coordinated national strategies through national systems, to define and enhance country ownership.

#### Member's voice

*The existing model is too bureaucratic and does not account for inflation rates and the recipients' needs in countries.*

*It would be a good idea if discussion on funding strategy/model involved the representatives of NGOs that work with vulnerable populations.*  
**Ukraine, Ru**



### **Improve transparency and accountability**

- Improve the predictability of funding opportunities to enable partners to have a better understanding of the maximum funding available, and proactively manage gaps in funding to maximize impact and improve risk management.
- Ensure transparency and accountability in the allocation of funds, and identify and block loopholes. Ensure systems of transparency and accountability are easily accessed and implemented.
- Implement the Debt2Health Initiative, while ensuring that domestic funding is being allocated and exists in reality. Strengthen national, political and economic support to improve the quality of decision making and enhance transparency. .
- Do not invest in corrupt systems that do not yield the required impact. Encourage all public and private sector partners to report corruption and apply heavy sanctions.

### **Improve management and address inefficiencies**

- Ensure limitations of available funding from the Global Fund do not limit nor constrain the implementation of national strategies needed to meet national priorities. Support countries to strengthen domestic funding in real terms and seek funding from other sources to support priorities not covered by the Global Fund.
- Incorporate into the production of proposals more specific and extensive evaluations to identify gaps, ensure consistency and build on what is working. Use social audits to enhance the transparency and accountability of implementing organizations for demonstrating outcomes. Strengthen accountability frameworks and ensure both the donor and the countries receiving aid are able to assess the transparent receipt and use of funds.
- Be willing to address the issue of poor management, unfair distribution of national resources and discriminatory decisions, and put predictability together with greater guarantees of coordinated action. Collaborate with other international organizations to coordinate and define both limitations and terms of financial negotiation.
- Address inefficiencies associated with the national management of funds and programs, based on international guidance and monitored performance indicators, as this determines the effectiveness of the funding model. Funds designated for a country should be received by that country as this would bring in much needed foreign currency into the country and strengthen the economy while being used for its designated purpose.

### **Strengthen coordination and equitable access**

- Align goals and strengthen engagement with international members to foster political will and effective engagement with non-HIV Ministries of Health departments, non-health Ministries and other sectors to develop comprehensive national strategies.

#### **Member's voice**

*You continue to forget grass root organizations. Low participation and engagement is a problem, as we work with and represent the communities, even if there is no funding.*

**Rwanda, Fr**

#### **Member's voice**

*To bridge the gap there is a need to strengthen monitoring and evaluation systems at local areas.*

*For some reasons best known to the implementers, interventions, especially in developing countries do not affect vulnerable populations.*

**Nigeria, En**

- Put more emphasis on the use of existing high-impact evidence-based practices and cost effective interventions that strengthen health systems and meet the needs of key populations.
- Support engagement with multi-sectoral stakeholders to foster support for the development of comprehensive national strategies. Ensure effective engagement with community-based organizations and civil society beyond capital cities, and create a more systematic and equitable approach for country dialogue and allocation of funds. Interact more effectively with larger health reform and health sector financing issues that may impact on disease specific budget allocations and programming.

**Member's voice**

*The Global Fund should integrate with multi-sectoral cooperation including, finance, justice, women's affairs, agriculture, and education, for higher proposal quality, better targeting of proposal efforts, risk management, capacity building, informed decision making and consistency of evaluations and quality of services offered.*

**India, En**

- Coordinate and strengthen both national systems for research, data collection and analysis to monitor impact of programs, particularly at the community level and inform decision making. Continue to prioritize and fund research into AIDS/TB vaccines as this is the most cost-effective measure to both control and ultimately eliminate TB/HIV/AIDS.

## 8. Challenging Operating Environments

The issues for discussion focused on what the Global Fund could do better in its engagement in challenging operating environments, and how could the Global Fund better support services for communities affected by the priority diseases.

### 8.1. Key issues

Individual and multiple contributions responding to these questions were received from members from 26 countries. A major issue emerging from the discussion was that the Global Fund should clarify the definition of what constitutes a challenging operating environment and coordinate more effectively with humanitarian organizations. Other recurring issues raised by members were:

**Summary of key issues - Challenging Operating Environments**

- Strengthen governance and technical support
- Enhance quality of community care
- Coordinate and integrate responses to all affected populations

Gender equity and human rights

### 8.2. Summary of members' opinions and perspectives

Members identified four key areas to strengthen in order to improve levels of engagement and performance in challenging operating environments (Figure 8.2).



## Strengthen governance and technical support

- To accelerate the response to crisis situations and natural disasters, coordinated contingency plans are needed, as the systems of government healthcare and procurement crumble and people no longer have access to vital services. This is particularly important for the procurement of essential medicines, as access is dramatically reduced in such situations and countries face a re-emergence of the epidemics with more severe forms of drug resistance. It is also important to prioritize prevention not only within populations but also within the armed forces, as evidence suggests the risks are similar.
- Improve the quality of technical support and financial and risk management in order to make funding more accessible to meet emerging needs in natural disasters and crisis situations, particularly for community members.
- Sustain technical and financial support to help re-build infrastructure and services. Collaborate with partners to strengthen health systems and achieve a greater impact. Invest in improving coordinated data collection and analysis systems to monitor the epidemiological situation, foster transparency and accountability, and determine impact of response.

### Member's voice

*In emerging crisis situations the termination of funding or any significant reduction will mean that the funds which have been spent may be wasted as the services disintegrate. Without the Global Fund support in such situations for medical and social programs we may face a new wave of the epidemic, in more severe drug-resistant forms*

**Ukraine, Ru**

## Enhance quality of community care

- Introduce innovative approaches to training and supporting community health workers, such as mobile health (mHealth) and virtual networking, to meet the needs of refugee, displaced and migrating populations.
- Adopt a rights-based approach and scale-up high impact practices that have proven to be effective. Identify and support such practices and innovations, particularly those focused on prevention produced by community-based organizations, and that build the capacity to research and demonstrate the impact of approaches supported.
- Strengthen systems to ensure the competence, supervision and regulation of all healthcare providers to provide essential non-discriminatory care.

### Member's voice

*The diversity of conflicts requires creative coordinated and contextual responses that must be well planned and adapted as the emergency and conditions progress.*

*Ensuring continuity of programs over the entirety of these crucial periods increases impact and effectiveness.*

*Document and learn from the experience of countries operating in challenging conditions.*  
**(Iran, En)**

## Coordinate and integrate responses to all affected populations

- Support local organizations who work with the population in order to reduce costs, define action, and monitor impact. Coordinate action to integrate with other major initiatives focused on maternal and neonatal health, sexual and reproductive health, child health, gender equity and human rights, in order to create more cost-effective and sustainable impact. Use both qualitative and quantitative indicators to ensure specific needs, and the diversity of needs of different minority groups such as LGBTI, are recognised and met.
- Ensure registration and data collection systems are harmonized to enhance efficiency and are appropriate to individual circumstances. Support smaller non-governmental and civil society organizations to undertake the research needed to demonstrate the effectiveness of approaches and scale-up innovative approaches for prevention.

## Gender equity and human rights

- Enhance multi-sectoral cooperation to address human rights considerations, stigma, discrimination and gender inequality and inequity in all strategies and levels of engagement.
- Collect relevant data, not only from projects but the recipients of services, in order to monitor effectiveness and impact, so as to enhance accountability and ascertain whether projects support and protect the rights of individuals, particularly at the community level.

### Member's voice

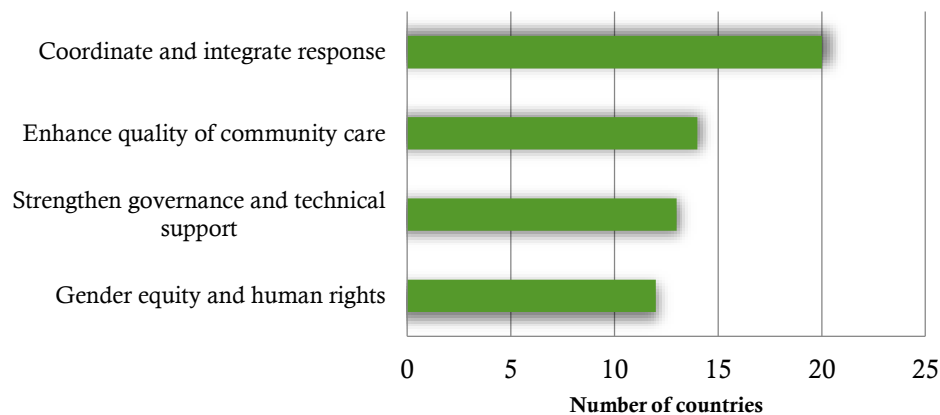
*Armed conflict affects internal and external migration in native, temporary and receiving countries.*

*Recognize these populations and strengthen the focus based on human rights and attainment of sexual and reproductive rights, in the supply of services for internally displaced and migrant populations.*

*Support equitable access to services without fear of stigma and discrimination.*

**(Colombia, Sp)**

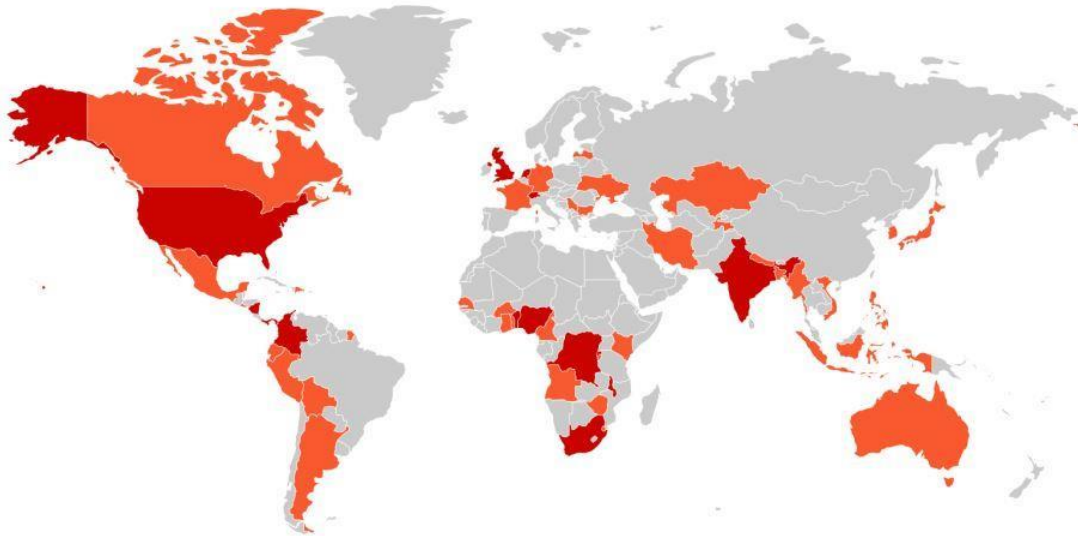
**Figure 8.2: Challenging Operating Environments**



## 9. Resilient and Sustainable Systems for Health

Throughout this topic, members discussed how the Global Fund could better support efforts to build resilient health systems while maintaining investment in the three diseases.

**Figure 9.1: Map of country participation to RSSH discussion**



### Key to country contributions

- 1 contribution ■ 2 or more contributions

Individual and multiple contributions were received from members from the following 51 countries:

Angola, *En*; Argentina, *Sp*; Australia, *En*; Bangladesh, *En*; Benin, *Fr*; Bolivia, *Sp*; Bulgaria, *Ru*; Burkina Faso, *Fr*; Burundi, *Fr*; Cameroon, *Fr*; Canada, *En*; Colombia, *Sp*; Democratic Republic of Congo, *Fr*; Dominican Republic, *Sp*; Ecuador, *Sp*; El Salvador, *Sp*; France, *En*; Germany, *Fr*; Ghana, *En*; India, *En*; Indonesia, *En*; Iran, *En*; Japan, *En*; Kazakhstan, *Ru*; Kenya, *En*; Latvia, *En*; Malawi, *En*; Mauritius, *En*; Mexico, *En*; Myanmar, *En*; Nepal, *En*; Netherlands, *En*; Nicaragua, *Sp*; Nigeria, *En*; Panama, *Sp*; Peru, *Sp*; Philippines, *En*; Rwanda, *Fr*; Senegal, *En*; Serbia, *En*; South Africa, *En*; South Korea, *En*; Swaziland, *En*; Switzerland, *En*; Tajikistan, *En*; Togo, *Fr*; Ukraine, *Ru*; United Kingdom, *En*; United States of America, *En*; *Sp*; *Ru*; Vietnam, *En*; Zimbabwe, *En*

### 9.1. Key issues

Contributions were received from 51 countries (Figure 2.10). Several members suggested the Global Fund should use the World Health Organization's (WHO) framework for action which contains 6 essential "building blocks" needed to improve health system outcomes: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance.

#### Summary of key issues – Health Systems Strengthening

- Service delivery
- Health workforce
- Information Management
- Medical products, vaccines and innovative technologies
- Financing
- Leadership and governance

## 9.2. Summary of members' opinions and perspectives

Member contributions identified areas of concern and areas to strengthen, which align with the WHO's "Building Blocks." However, contributions particularly focused on improving coordination with international members to both generate political will, and increase multi-sectoral cooperation to strengthen health systems that support the provision of integrated and cohesive primary healthcare strategies, particularly at the community level.

### Service delivery

- Many stakeholders are supporting strengthening health systems for the same population groups but for different purposes. Acknowledge comparative strengths, and at the country level coordinate with international and national partners from the public and private sectors and community, to adopt a multi-sectoral and multi-departmental approach within the Ministry of Health (MoH), so as to support the strategic planning and implementation process.
- Stop vertical programs and integrate prevention and management of priority diseases within the primary healthcare system, particularly for sexual and reproductive health, youth and adolescents, women, and children. Effective integration contributes to building resilient health systems, as it makes more cost-effective use of human and financial resources and supports the principle of providing continuity of care.
- Acknowledge that health system strengthening will require long-term support as management must be strengthened and the infrastructure reorganized to ensure that the provision of comprehensive services can be met at all levels of the health system. It may also require the reorganization of some services, redistribution of funds and decentralization of management.

#### Member's voice

*Vertical approach to disease control can have serious negative interventions for health system. Integration of interventions strengthens health systems. Funding should not compete with diseases, as is the case now.*

*A proportion of funding should be allocated exclusively to health system strengthening.*  
**Switzerland, En**

#### Member's voice

*Many developmental policies and strategies are limited to paper. In many deserved places, in many areas that are harder to reach, practical implementation is not seen.*

**India, En**

- Provide continued technical assistance to develop national health strategic plans. Adopt a strategic problem-solving approach to developing strategies, in order to define and address the root cause of health system weaknesses. Strengthen managerial skills and competence to support the implementation of national plans and strategies.

- Review policies, national guidance and standard operating procedures to ensure they are in accordance with international guidance, such as the provision of ART therapy, patient safety, infection control and prescribing practice. Ensure interventions to develop and sustain the infrastructure to support the provision of services, such as laboratories and systems of referral exist, as a critical requirement of all strategies supporting the provision of community-based services.

- Incorporate a rights-based approach to the provision of healthcare as a stipulation for funding to reduce inequity, stigma and discrimination. Work in coordination with other major international partners such as UNAIDS and WHO to strengthen management and support for the use of evidence-based best practice guidance, beyond cities to ensure services reach either poorly served or remote and marginalized populations.

#### Member's voice

*You do some work with health system strengthening but the new strategy should include strengthening government institutions at the province, district and community level.*

**Tajikistan, Ru**

- Build on success and use existing knowledge and experience to maximize impact by sustaining and scaling-up approaches proven to be effective, such as PMTCT, MDR-TB prevention, and ART therapy. Incorporate these approaches into national primary healthcare strategies, and ensure implementation is not restricted to quotas by financing.

### **Health workforce**

- Invest in developing the infrastructure and management of human resources as part of the national health plan implemented in coordination with other donors supporting similar approaches. Ensure pre-service education, in-service training and supervision is accountable for producing competent providers able to comprehensively meet the healthcare needs of individuals, rather than providing disease specific management.
- Address human resource policies to ensure professional regulation in both the private and public sectors, and strengthen management to improve employment conditions, and career progression to reduce 'brain drain' and enhance retention, particularly that of nurses at the community level. Foster inter-professional coordination and recognition, particularly between the medical and nursing professions to improve the quality of service provision. Do not overly rely on volunteers at the community level, but rather focus on strengthening the managerial and technical competence of providers.
- Monitor and evaluate impact to gradually develop health systems that can be strengthened, scaled-up and sustained, as the crisis moves into phases of transition and reconstruction.

**Member's Voice**

*I agree with everything that has been said.*

*However, I would like to emphasize strengthening the abilities of members of community-based associations as they are close to the people affected by these diseases.*

**Burundi, Fr**

### **Information Management**

- Make better use of information technology to connect with community, national and international players, and to more effectively monitor performance and impact.
- Coordinate effectively to reduce duplication and harmonize patient registration and data collection systems so as to lessen the burden on health workers and strengthen systems of confidentiality, systems of referral and national health information systems.
- Use and apply the WHO "Global Reference List of 100 Core Health Indicators" as this is a standard set of 100 indicators prioritized by the global community to provide concise information on the health situation and trends, including responses at national and global levels. Commit to and support the MA4 Health Agenda to support systems that ensure accountability for results in health.
- Strengthen the capacity of countries to undertake effective research to determine impact and identify barriers to effective service provision. Collect both qualitative and quantitative evidence and document, share and take to scale effective practices.
- Do not impose new tools and requirements without examining implications of such an approach. These changes can adversely affect other areas, such as under reporting and access to essential medicines. Identify what works regionally and scale it up rather than untried, untested new approaches.

### **Medical products, vaccines and innovative technologies**

- Continue to prioritize research into the development of vaccines for HIV and TB as they have the potential to achieve the greatest impact for the control, and ultimately elimination of both diseases.

- Work in coordination with the public and private sectors to ensure continued access to essential medicines by mainstreaming and integrating regulation, procurement and logistics management systems. Strengthen supply chain management, particularly at the community level, with other key partners.
- Consider direct source financing when appropriate to reduce fraud or diversion of funds.
- Take active interest in waste management to avoid environmental contamination and wastage of products that unnecessarily pass their expiry date. Ensure that standard operating procedures and channels for accountability for effective management exist.

#### Member's Voice

*Do not support large pilot programmes, such as the introduction of Truvuda, unless ALL HIV positive people have access to and regularly receive anti-retroviral therapy.*

*To begin providing expensive new medicines when basic ART therapy cannot be accessed at the community level is both problematic and sending the wrong message to the communities.*

**South Africa, En**

- Advocate for including underutilized technologies such as female condoms and lubricant and the addition of new generations of drugs to combat emerging drug resistance, are included in national essential lists of medicines and commodities.

### Financing

- It is essential for the Global Fund to interact with existing health reform or health sector financing, when supporting the formulation of country strategies that may then impact on disease-specific budget allocation and programming (e.g. for HIV).

#### Member's voice

*The Global Fund and other HIV donors need to better understand the relevant health financing issues and considerations, including for example, where efficiency savings could contribute the financial space necessary for the funding of HIV services by government, what the primary bottlenecks are to domestic resource mobilization.*

**Vietnam, En**

- To support health system strengthening and integration adopt a more flexible approach to funding and set realistic time scales that meet the needs of individual countries. Use performance-based funding to support strengthening specific components of the health system and a coordinated approach, by using performance-based indicators to monitor impact and the effective use of funds. Do not close successful projects but take to scale and document effective practice.

- In coordination with major humanitarian organizations create comprehensive strategies that support the health needs of populations in crisis and conflict, adjusted to the specific situation. Create systems that can be used and expanded on during the transition to reconstruction.

### Leadership and governance

- Strengthen south-to-south collaboration and engagement with key national stakeholders in the public and private sectors, to generate both political will, national stewardship and national health plans that harmonize the multiple approaches to strengthening health systems. Strengthen national ownership to improve governance, health policies and, efficient use of human and financial resource, to maximize effectiveness and be accountable for the transparent use of international and local resources.
- Support governments to create a road map to strengthen health systems across a care continuum, as this will have the added benefit of not only helping to manage more effectively co-morbidities but also reduce the burden on

#### Member's Voice

*Sharing pillars among the international members to strengthen the health systems would avoid duplication and be more efficient.*

*The State should strengthen the human resource system with support but with planned quantifiable indicators to achieve.*

**Togo, Fr**



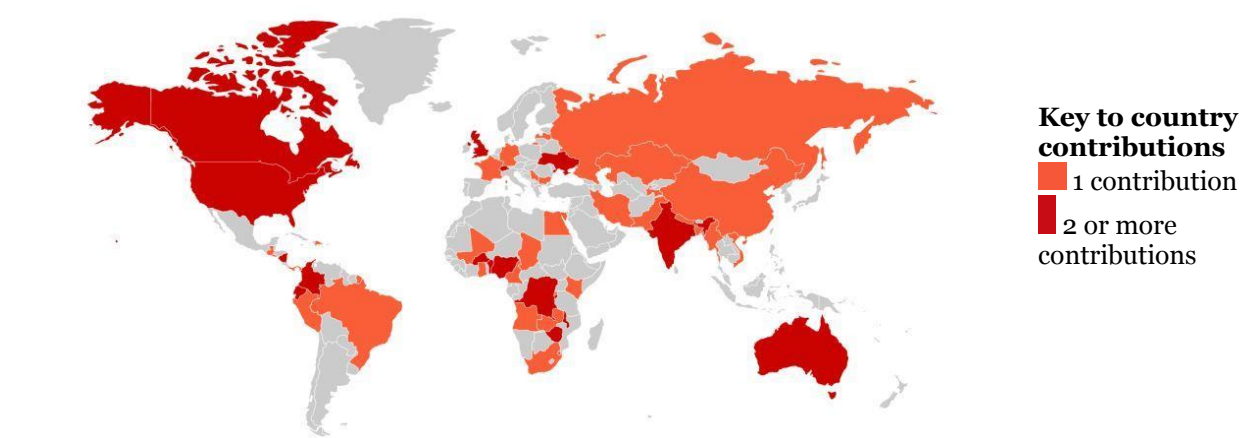
the health system of chronic disease. Prioritize prevention and education as well as the provision of curative services.

- As a policy supporting good governance, meet country specific needs that are not modified in favor of international priorities and take into consideration cross-border and regional specificities.
- Ensure strategies are inclusive, defined to meet the changing needs of vulnerable populations and that no population is ignored, either through political sensitivities or under-reporting, such as specific sexual orientation and occupations; people who use drugs ; migrants; internally displaced people; and indigenous populations. Address the reality of high to middle-income counties that still have vast tracks of neglected populations affected by poverty and inequitable access to healthcare.

## 10. Community Systems Strengthening

Many of the issues discussed in this section have been raised in other thematic areas of this report, particularly health systems strengthening. However, members from 46 countries (Figure 2.11) provided multiple contributions specifically responding to and discussing their perspectives on how the Global Fund could better support sustained community systems and responses to health.

**Figure 10.1: Map of participation by country**



Contributions were received from members from the following 46 countries:

Angola, *En*; Australia, *En*; Bangladesh, *En*; Benin, *Fr*; Brazil, *Sp*; Bulgaria, *Ru*; Burkina Faso, *Fr*; Burundi, *Fr*; Cameroon, *Fr*; Canada, *En*; Chad, *Fr*; China, *En*; Colombia, *Sp*; Democratic Republic of Congo, *Fr*; Dominican Republic, *Sp*; Ecuador, *Sp*; Egypt, *En*; El Salvador, *Sp*; France, *En*; Germany, *Fr*; Ghana, *En*; Guatemala, *Sp*; Japan, *En*; India, *En*; Iran, *En*; Kazakhstan, *Ru*; Kenya, *En*; Latvia, *En*; LAC Region, *En*; Malawi, *En*; Mali, *Fr*; Mauritius, *En*; Myanmar, *En*; Nepal, *En*; Nicaragua, *Sp*; Nigeria, *En*; Pakistan, *En*; Peru, *Sp*; Russian Federation, *Ru*; Rwanda, *Fr*; Serbia, *En*; South Africa, *En*; South Korea, *En*; Swaziland, *En*; Switzerland, *En*; Tajikistan, *En*; Ukraine, *Ru*; United Kingdom, *En*; United States of America, *En*; Vietnam, *En*; Zambia, *En*; Zimbabwe, *En*.

## 10.1. Key issues

Many of the members involved in this discussion suggested that effective international and national collaboration is needed to strengthen political will and national support for the provision of integrated primary health care services at the legislative, policy and practice level, particularly for sexual and reproductive health, youth and adolescents, women and children. Members considered that such an approach would make a valuable contribution to achieving the goals of the Global Fund. Other key recurring issues discussed are:

### Summary of key issues

- Integrate and improve the quality of health service provisions
- Strengthen political will, governance and multi-sectoral support
- Funding models and financial support
- Strengthen engagement with communities
- Scale-up implementation of evidence-based policies and practices
- Innovative Information Communication Technologies

## 10.2. Summary of members' opinions and perspectives

Although partner contributions to this theme were very similar to the issues raised in health systems strengthening, the key difference was that the primary messages are to strengthen technical support and engagement with communities and go beyond the provision of services in major cities, in order to focus on developing community health services as a major and essential component of health systems strengthening.

### Integrate and improve the quality of health service provisions

- In strengthening health systems, support governments to prioritize building, funding and sustaining networks of community-based services linked to effective referral systems.
- Through integration, strengthen the management and prevention of all three diseases, particularly for women, children, youth and adolescents. Build for future sustainability, as a continuum of care maximizes the use of resources and prevents long-term debilitating chronic conditions that require additional resources to manage.
- Work in coordination with appropriate ministries and governmental departments to focus on improving human resource management and employment conditions as part of a coordinated process to further enhance managerial capacity and technical competence at the district and community level, particularly in isolated and challenging areas.

### Member's voice

*Investing in vertical interventions can be detrimental and harmful to strengthening the health system and provision of services that meet the needs of communities.*

*Such an example is establishing specific centres for Voluntary Testing and Counselling. Such centres require medical and nursing personnel and have been evaluated as having a low impact.*

*These resources and services if integrated with the provision of other services, would make the service more accessible and personnel could cover a wider range of services to the population.*

**Switzerland, En**

### Strengthen political will, governance and multi-sectoral support

- In the preparation of strategies, it should be mandatory to coordinate and engage with all relevant ministries and departments that are involved in strengthening health systems and the provision of community-based services, in order to ensure confluence between the Global Fund strategy and national strategies.



- Support strategies to identify and reduce barriers to the provision of community-based services. Adopt a rights-based approach to reduce inequity, stigma and discrimination.
- To support a process of comprehensive development and achievement of the Sustainable Development Goals, work with international and national members to foster effective multi-sectoral cooperation focused on strengthening community services, such as legal and human rights organizations, social welfare, environmental conservation, education, nutrition, peer-to-peer counseling, women's groups, community-based health services, and home-based care.

### Funding models and financial support

- Strengthen coordination and management, and ensure local organizations are funded and accountable for collaborating with the government to help build national capacity.
- Current policies and procedures for engagement with community and civil society organizations are quite strict and limiting. Be more inclusive and supportive of dialogue and engagement with community-based and civil society organizations, beyond cities. Improve funding procedures to ensure easier access to allocated funding, while ensuring that systems for transparency and accountability for the use of funds are monitored.
- Do not close successful projects, but rather capitalize on success and support scaling-up, as many non-governmental organizations provide community-based services when government supported services are not available, particularly in remote areas. On-going activities are only maintained if funding continues.

**Partner's voice**

*Limited outreach in the community is restricted purely to large urban centres, omitting the territories and villages, hence the ineffectiveness of the action in the area*  
**Democratic Republic of Congo, Fr**

### Strengthen engagement with communities

- Strengthen the capacity of Global Fund representatives to engage with community-based organizations and civil society groups and support community-based services, beyond cities to reach out to provinces, districts and hard to reach communities.
- Strengthen community participation and engagement, particularly with men, women and adolescents from the community throughout the process of inception, development, planning and implementation to ensure both ownership and accountability for outcomes. Empower volunteers to support services, but do not rely on them to provide services, as this is a financial imposition that cannot be sustained by poor people.
- Strengthen managerial competence of leaders and decision makers to implement integrated, community-based systems of healthcare using performance improvement techniques. Strengthen workforce capacity through improving the quality of pre-service education and

**Member's Voice**

*Civil society and communities should be actively involved in the entire process. Development of civil societies and communities are capped by the funding allocated so are not able to scale up their work - which is much needed.*

*Full recognition from governments of the role and legal status of civil societies and communities is crucial.*  
**China, En**

**Member's Voice**

*I believe that the support of technological and communication innovations could be an element to give local, national and even supranational communities a voice.*

*It is also essential that the Global Fund considers subsidising advocacy so that the public makes the decision to strengthen the response at the community level and they surpass the visions and actions merely on offer.*  
**Ecuador, Sp**

in-service training, supervision, managerial and technical competence of all healthcare providers, at each level of the healthcare system.

### **Scale-up implementation of evidence-based policies and practices**

- Use the *Core List of Health Indicators* recommended by WHO to monitor and determine impact. Focus on advocacy, education, empowerment and prevention at the community level, particularly for youth, adolescents, women, children, and minority populations. Allocate funds to support these activities across all regions including Eastern Europe and Central Asia.

### **Innovative Information Communication Technologies**

- Use innovative approaches to strengthen the competence and management of community-based services, such as mHealth, Telemedicine and the use of technological and communication innovations, such as e-Forums to support strategies and give communities a voice, especially in challenging operating environments. Engage communities in sharing knowledge to enhance the competence of community healthcare providers, community and civil society organizations.
- Foster relationships with community leaders and champions, to protect and support the rights of individuals and improve access to services. Document effective practices at the community level, share and exchange with countries and scale-up.
- Use information and communication technology (ICT) more effectively to strengthen and harmonize community information systems for the collection and analysis of data to support national health systems. Align with and use other sources of data, such as civil registration, health statistics and census data. Strengthen national research to capture both quality and quantitative evidence to support community interventions, foster accountability and monitor impact.

#### **Partner's Voice**

*Malaria is spreading at a high rate in Nigeria affecting rich and poor. It kills more people in Africa than HIV/AIDS.*

*Mosquito nets are necessary for women and children but we need to be more proactive. Larviciding remains our next option.*

*Why don't we use the same approach as the Ebola crisis to treat Malaria? Some NGOs distribute bednets and others go into full larvaciding.*

*We connect all the organizations through either the use of ICT/emails or Mobile Phones to plan and coordinate action and monitor progress. We can do this and lead the way.*  
**Nigeria, En**

## **C. Methodology for e-Forum**

### **11. Process**

The Global Fund e-Forum Consultation was hosted over a ten-week period from 20 April to 30 June 2015, and extended for a further two-week period in July due to the high volume of responses received in the final weeks. The discussion was offered in four languages: English, French, Spanish and Russian. Virtual communities were built for each language and discussions, interactions and communications were held simultaneously. The e-Forum was managed by two e-moderators, and a group of linguists assisted with translations.

Every two weeks the e-Forum disseminated new topics for discussion. These topics included General Questions as well as eight strategic themes identified by the Global Fund (see Box 1). To focus and catalyze the discussion, one to three framing questions were included for each strategic theme (see Annex 1).

The e-Moderators used a key word content analysis technique to synthesize and summarize the contributions received into a number of documents designed to provide feedback and catalyze further engagement. Weekly Synthesized Digests provided a quick snapshot of the issues raised by members during the previous week and participants were asked to add their voice, opinions and perspectives to the dialogue. Summary Reports were larger, more in depth reports that synthesized the contributions for each two-week theme. These reports highlighted and provided graphical representations of the key strategic issues discussed. All contributors were acknowledged by name and country, unless anonymity was requested.

**Box 1:**  
**e-Forum Strategic Themes**

1. Priorities for the Three Diseases
2. Gender
3. Human Rights/Key Affected Populations
4. Sustainability and Transition
5. Funding Model Feedback
6. Challenging Operating Environment
7. Health Systems Strengthening
8. Community Systems Strengthening

During the final two weeks of the e-Forum all thematic topics were open again for feedback and more in-depth discussions. Upon completion of the discussion, an online survey was conducted for feedback on the content, methodology and opinions of the e-Forum. The responses received have been analyzed and included in this report.

## 12. Platform

The Global Fund e-Forum was hosted on a technical platform that enables e-Forum users to contribute both through email and directly on the online discussion board. The platform also adapted low bandwidth technology to function in even the most technically challenged countries, ensuring that the e-Forum remain participatory, accessible and inclusive for participants from across 143 countries in the world.

Community Cloud was the technical platform used which was originally developed by the World Health Organization for the purpose of supporting virtual knowledge networking and fostering the sharing and exchange of resources, knowledge and experience in and across countries. For further information please go to: <http://communitycloud.io>

## 13. Participation

### Introduction

The Global Fund e-Forum Strategy Consultation has supported a key principle of membership by enabling stakeholders around the world to share and exchange their opinions, experiences, challenges and knowledge in and across countries. This has not only helped to catalyze the discussions contributing input into the development of the new Strategy but also provided individuals with an opportunity to communicate with each other on specific issues of relevance to their working environment.

Over the course of the e-Forum discussion, over 1200 members contributing and observing members registered from 143 countries, spanning all regions of the world (Figure 13.1).

**Figure 13.1: Global map of participation by country**

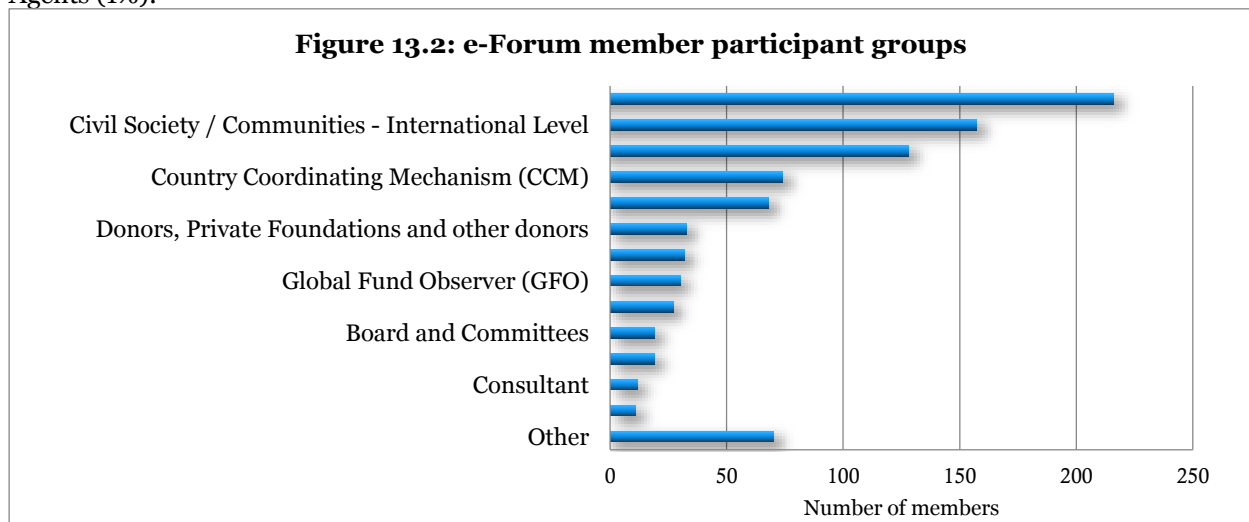


In total, 528 contributions were submitted to the four language communities: 355 in English, 48 in French, 85 in Spanish and 40 in Russian. E-Forum members provided well-considered responses to each framing question asked within each general and thematic discussion.

**Stakeholder participant groups**

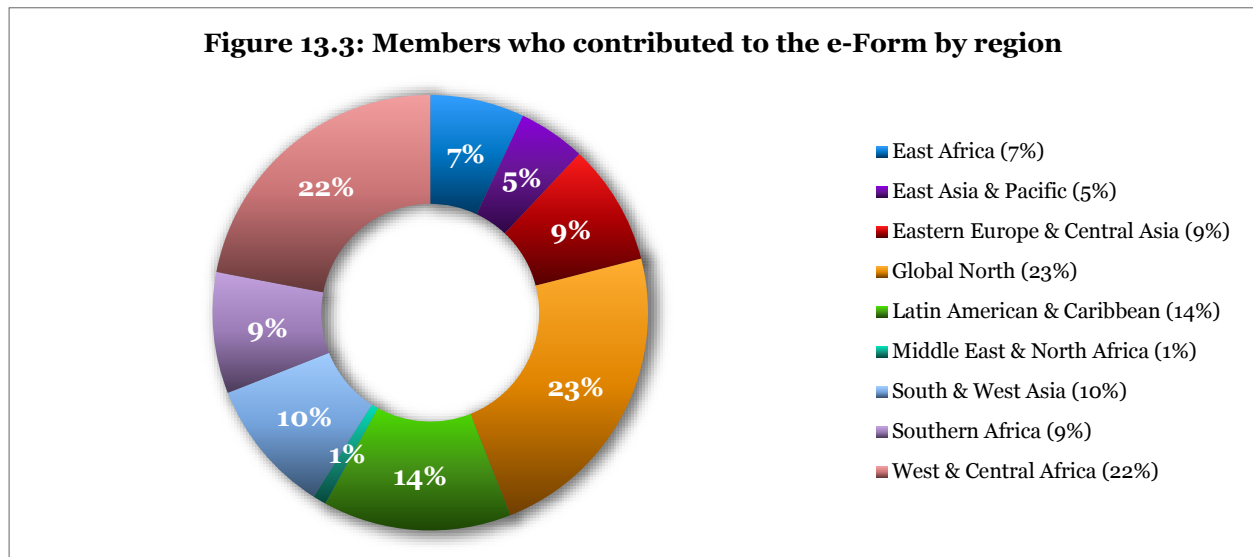
There is a clear, widespread interest in the consultation process to review the Global Fund Strategy and this was made evident not only through the global registration of members, but also through the vast number of participant groups represented in this e-Forum (see Figure 13.2). The majority of participants were from civil society, national and international organizations, as well as those who registered themselves as implementers of Global Fund funded grants. As such, 56% of E-forum participants were associated with either organizations or activities that directly relate to the work of the Global Fund at the country level.

Participants from the following stakeholder groups were represented: Country Coordinating Mechanisms (8%), private sector (8%), donors/private foundations (4%), multilaterals (4%), Global Fund Observer (3%), bilaterals (3%), Board and committees (2%), Technical Review Panel (2%), consultants (1%) and Local Fund Agents (1%).

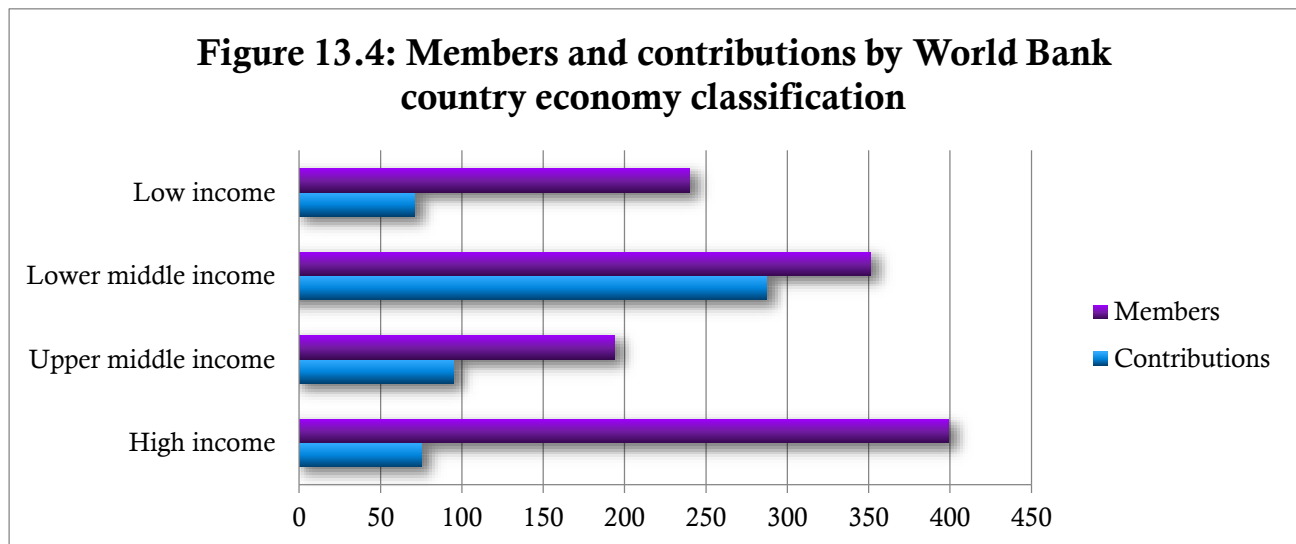


## Regional Data

Contributions to the e-Forum were received from members from 73 countries (Annex 2) and represented all 9 Global Fund Regions (Figure 13.3).

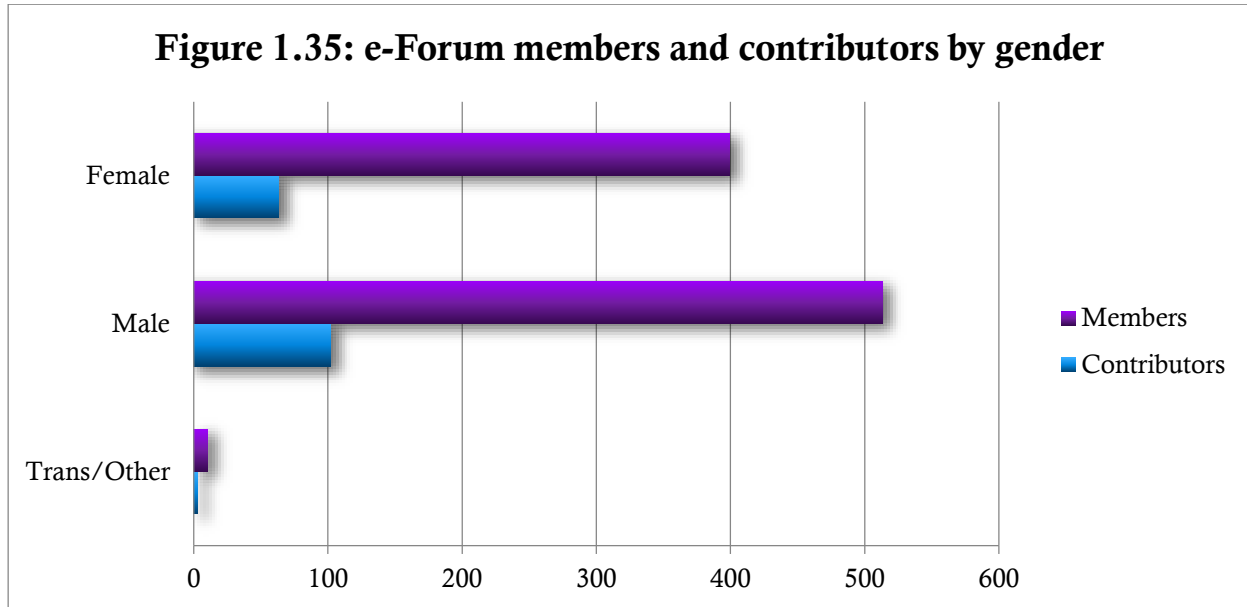


The majority of contributions (54%) were received from lower middle-income countries (Figure 1.4). This was followed by upper middle-income (18%), high-income (14%) and low-income (13%).



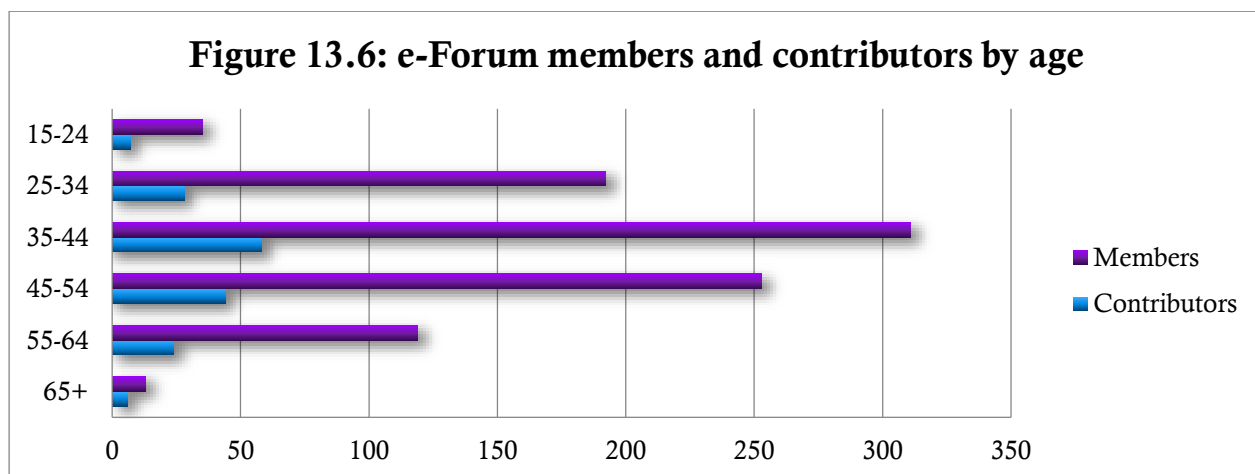
## Gender and age

The majority of the registered members (55%) were male, 42% were female, and 1% identified as transgender or other. Of the registered male members, 20% submitted contributions registered females, 16% submitted contributions (Figure 13.5). Looking at all of the members that submitted contributions in total, 61% were male, 37% percent female and 3% identified as transgender or other.



Participants represented a wide range of ages (Figure 1.6) with the largest percent of registered members falling in the 35-44 year old group (35%) followed by the 45-54 year olds (26%), 25-34 year olds (17%), 55-64 year olds (14%), and the 15-24 year olds and the 65 and older both at 4%.

While members aged 65 and older had the lowest number of registered participants almost half of those registered (46%) submitted contributions. 20% of registered members in the age groups 15-24 years old submitted contributions. The vast majority (89%) of members were aged 25-54, with each age group contributing actively to the conversation - ages 25-34 (15%), 35-44 (19%), and 44-54 (17%).

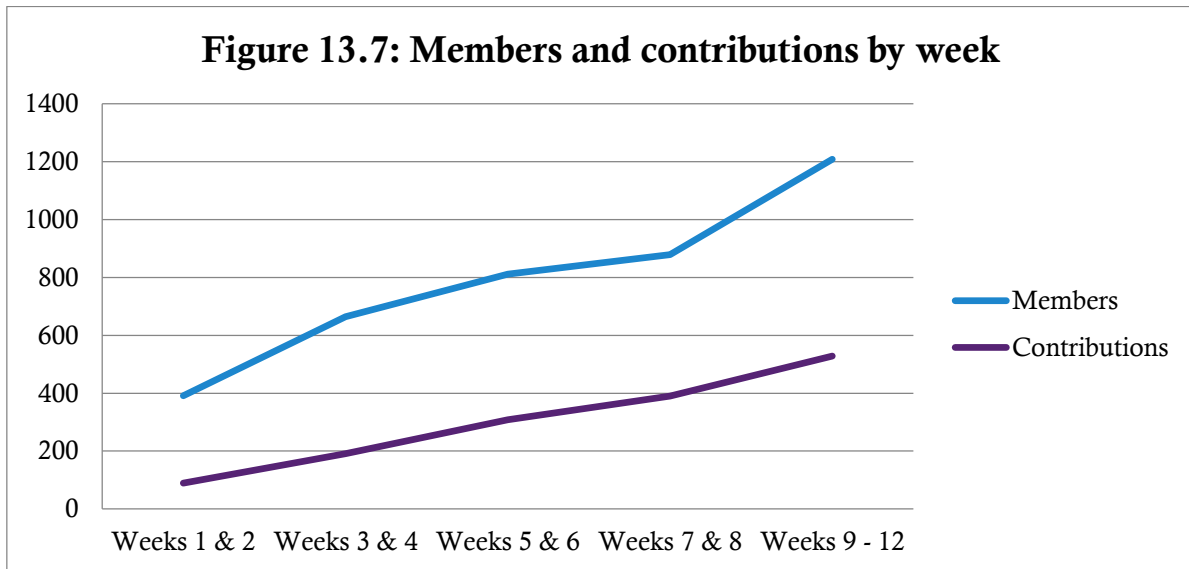


## Engagement

Members were passionate about sharing their voices and the concerns of their countries and regions. Individual contributions from the majority of the members provided thoughtful and well-considered responses to all of the questions asked for each of the thematic areas under discussion. In addition, some

members have gone out of their way to collect and share the opinions and perspectives of colleagues who did not have Internet access. Other members requested to be connected outside of the e-Forum to specific contributors from other countries in order to respond to requests for support, provide resource materials, and share innovative ideas, success stories and challenges.

Members continued to actively contribute throughout the entire discussion which was extended from 10 to 12 weeks to accommodate the continued engagement and participation of the individuals (Figure 13.7). The first 8 weeks of the discussion were focused on addressing specific strategic themes, and the last four weeks were left open so that members could revisit any previous topic or discuss any contributions received.



Many members responded to all 19 framing questions regardless of which themes were currently under discussion. Therefore, although 528 individual contributions were received, in actuality over 2,000 detailed and thought provoking responses to the individual questions were received and formed the basis for this synthesized report. In addition, some members discussed and responded to issues raised by different members and others who joined the e-forum while it was in progress, and took the time to respond to previous thematic questions that had already been discussed.

To further evaluate the engagement of the members we reviewed the download activity of the documents in the e-Forum library. The Master Compilation document is a list of every single submission to the e-Forum separated out by theme. During the course of this e-Forum, members downloaded this document 541 times. The themes and framing questions were downloaded 156 times and the Global Fund Strategy 2012-2016 was downloaded 98 times. This demonstrates a very active and engaged community.

## **D. Feedback on E-forum**

### **14. e-Forum evaluation**

#### **Introduction**

Upon completion of the e-Forum, members were asked to complete an 8-question online feedback form. A total of 158 members completed this survey, 106 in English, 29 in French, 13 in Spanish and 10 in Russian.

Overall, members were quite satisfied with the e-Forum and the vast majority (88%) of members felt that their views and perspectives were listened to for the development of the new Global Fund Strategy.



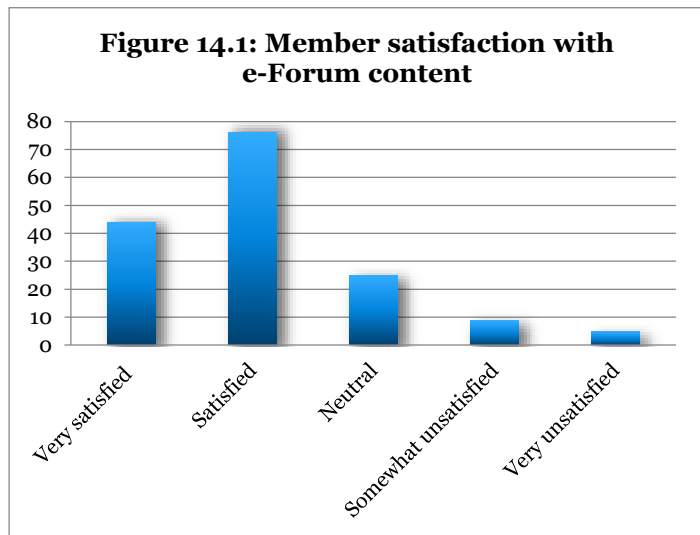
Members noted that this was a cost effective method of including the voices of a large number of individuals, specifically those who would have otherwise not had a voice in the Partnership Forum meetings.

Three major themes emerged from the survey comments:

- continue the e-Forum,
- increase participation of key populations, and
- make the discussion more country/region specific.

**Content**

With regards to the content of the e-Forum, 75% of the members reported they were very satisfied or satisfied with the discussion. Of the remaining respondents, 16% of the members were neutral, 6% were somewhat unsatisfied and 3% very unsatisfied (Figure 11.1).



Those that were satisfied, felt that the content was very valuable and informative and that they learned about perspectives from other countries.

Members suggested the e-Forum could be maintained as a voice for accountability and transparency and that theme or region specific sub-communities could be formed to discuss more specific content.

Those that were not satisfied with the content felt as though the objectives were unclear, it was too unstructured, too technical and difficult to reflect on the comments from other members.

They also noted the lack of involvement of a Global Fund voice to respond to comments and contributions. A couple of respondents suggested that future e-Forums have guest experts or Global Fund staff lead and actively respond to discussions.

It was proposed that moderators introduce topics, specifically controversial ones, which would generate more discussion and increase the thoughtful dialogue. Additionally, one respondent suggested that reports from on-going Partnership Forum meetings should be shared with the group for comment.

**Amount of discussion**

In regards to the amount of discussion, 66% of respondents were satisfied, 24% neutral and 10% were not satisfied. There were several requests for the development of smaller, country or region specific forums to continue the discussion. One participant acknowledged that they hesitated to participate as they felt their contributions would be too country or region specific for this e-Forum.

Several respondents acknowledged that this was a good starting point but that the issues must continue to be

**Feedback from a member**

*The e-forum created an avenue for stakeholders (from implementers to direct and indirect beneficiaries) to make contributions to a process that will shape the future of the Global Fund in terms of best practices, next steps and a strategic plan.*

*A more important fact is that, these contributions were made directly from all over the world devoid of any form of editing from superior officers or country representatives. (En)*

**Feedback from a member**

*I loved the process. I loved reading from stakeholders from different parts of the globe.*

*It was an eye-opener and apart from the Global Fund strategic plan, it will definitely shape future programming for me. (En)*



discussed. Additionally, respondents suggested lengthening the duration of the e-Forum to allow more time to read and respond to partner contributions. One partner recommended having an e-Forum discussion after each in-person Partnership Forum meeting to further debate the issues.

### **Weekly synthesized digests**

Seventy-six (76%) percent of the respondents believed the Weekly Synthesized Digests supported the sharing of contributions received from participants across the four language communities, 16% were neutral and 8% disagreed. Forty members acknowledged that it was a great way to stay current with the discussion as well as catch up with contributions if they missed a week of the discussion.

#### **Feedback from a member**

*The forum is the opportunity to comment and participate with the confidence of being heard. (Sp)*

Four members noted that they used the digest to identify gaps in the discussion, which helped to inform their future contributions. Members appreciated that the digest was simple and easy to understand, while still accurately reflecting the contributions submitted.

### **Bi-weekly summary reports**

The bi-weekly summary reports were also found to be useful with 75% of members responding they were satisfied or very satisfied, 17% neutral and 8% not satisfied with the reports.

Respondents suggested making the summary reports region specific. Several members appreciated that the reports mentioned them by name so they could be reassured that their contribution was received and read. There were several requests to have these reports shared at the country and community level. To do this, one respondent suggested sending the summary reports to the Country Coordinating Mechanisms (CCMs).

### **E-Forum success**

The vast majority of respondents (74%) believed that the e-Forum met its goal of generating a meaningful consultative process focused on receiving input from a broad range of stakeholders on the priorities for the formulation of the next Global Fund Strategy (Figure 14.2).

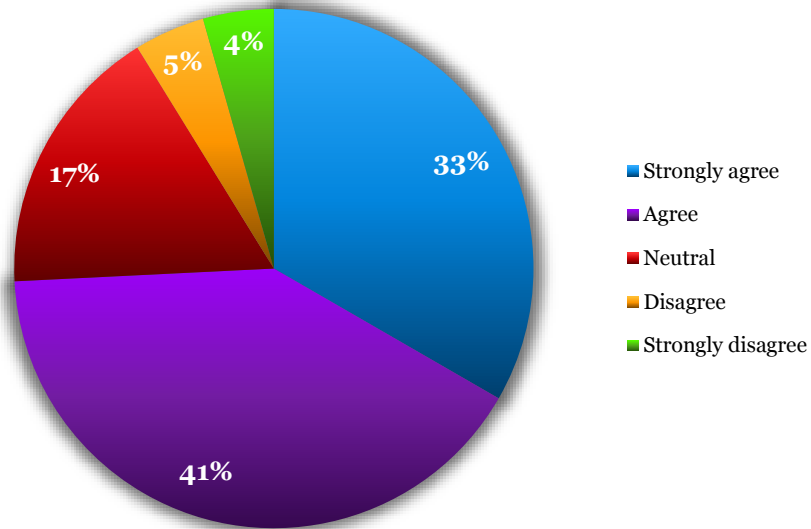
The majority of the respondents felt that an adequate range of stakeholders participated in the discussion and that they represented a broad range of countries. However, there were members that were very concerned that key populations may not have been adequately represented,

specifically at the country level, marginalized populations and individuals without access to the Internet.

#### **Feedback from a member**

*I think it is important to undertake these types of consultations at different stages of the design, implementation and assessment of the programmes and projects, so that the basic decisions can be made in real time and the investment and impacts of the strategies and processes we promote can be maximised. (Sp)*

**Figure 14.2: Member response to e-Forum meeting its goal**



Twelve members felt that they could not yet judge if the e-Forum was a success as they are waiting to see how the Global Fund will use the information. A few respondents felt that the discussion’s content was too broad and potentially not meaningful or structured enough to inform the Strategy. Several survey respondents requested a clear understanding as to how the Global Fund would use the information from the e-Forum to inform the formulation of the new strategy.

### **Suggestions for improvement**

Members suggested more outreach to key and marginalized populations using methods such as print media and the CCMs. To assist in the participation of these populations, respondents suggested using additional innovative solutions, such as the ability to participate in the e-Forum via text message, mobile application and social media websites. Two respondents noted that participation may increase if contributions were able to be accepted in all languages.

Thirty-six contributions suggested making the e-Forum either a permanent fixture of the Global Fund or undertaken several times a year.

Members requested that sub-communities be formed for regions or themes. Additionally, respondents requested more time to respond to the themes and one partner suggested sharing the questions/themes a month before the discussion and to send out background documents for each theme so that participants are adequately prepared.

#### **Feedback from a member**

*The Partnership forum is very ingenious and commendable. With the forum, major issues about partners were taken into consideration.*

*This model is worthy of emulation. (En)*

### 3 ANNEXES

#### Annex 1: Consultation themes and questions

1	General
1.1	Please tell us one or two priorities that you would like to see appearing prominently in the next Global Fund Strategy and why.
1.2	Do you have any big-picture concerns about the strategic direction of the Global Fund today?
1.3	How can the Global Fund best support countries in achieving greater programmatic impact?
2.	Priorities for the Three Diseases
2.1	What should be the major priority areas for investment for each of the three diseases (HIV/AIDS, TB, Malaria) over the period of the next Global Fund Strategy (2017-2021)? Please consider epidemiological, social and financial aspects in arriving at your response.
2.2	In order to end the three epidemics, resources must be geared to interventions and populations that are most strategic to achieve impact. For each of the three diseases, how can the Global Fund make best use of resources to maximize impact? What further improvements and changes should be adopted?
3.	Gender
3.1	The Global Fund is committed to addressing gender inequities in its operations, investments and supported interventions. What are the three main barriers to achieving this?
3.2	How can the Global Fund reduce inequities in accessing HIV, TB and malaria services?
4.	Human Rights and Key Affected Populations
4.1	The Global Fund is committed to protecting and promoting human rights as part of its Strategy. What can the Global Fund do better or do differently?
4.2	What can the Global Fund do to ensure equity in access to services for key and vulnerable populations?
5.	Sustainability and Transition
5.1	How can the Global Fund best support efforts to increase domestic financing and domestic support for health?
5.2	What has the Global Fund done well in its engagement with countries that have transitioned or are in the process of transitioning from Global Fund financing? What can it do better in the future?
6.	Funding Model Feedback
6.1	The funding model was designed based on the principles of flexibility, simplicity, shorter approval processes, enhanced engagement and improved predictability of funding. To what extent has it delivered on these principles?
6.2	What can be done to enhance input from technical members in the planning and implementation of grants?
7.	Challenging Operating Environments
7.1	What can the Global Fund do better in its engagement in challenging operating environments?
7.2	How can the Global Fund better support services for communities affected by HIV, TB and malaria, including women and girls, in conflict and post-conflict settings?
8.	Health Systems Strengthening
8.1	How can the Global Fund better support efforts to build resilient health systems while maintaining investments in the three diseases?
9.	Community Systems Strengthening
9.1	How can the Global Fund better support sustained community systems and responses for health?

**ANNEX 2: LIST OF e-FORUM MEMBER COUNTRIES (n=142)**

Afghanistan	Gambia (the)	*Nigeria
Albania	Georgia	Norway
Algeria	*Germany	*Pakistan
*Angola	*Ghana	*Panama
*Argentina	*Guatemala	Papua New Guinea
Armenia	Guinea	*Peru
*Australia	Guinea-Bissau	*Philippines (the)
Azerbaijan	Guyana	*Poland
*Bangladesh	Haiti	Portugal
Belarus	*Honduras	*Republic of Korea
Belgium	Hungary	*Republic of Moldova (the)
Belize	*India	Romania
*Benin	*Indonesia	*Russian Federation (the)
Bhutan	*Iran (Islamic Republic of)	*Rwanda
*Bolivia (Plurinational State of)	Iraq	Sao Tome and Principe
Bosnia and Herzegovina	Ireland	Saudi Arabia
Botswana	Israel	*Senegal
*Brazil	*Italy	*Serbia
*Bulgaria	*Jamaica	Sierra Leone
*Burkina Faso	*Japan	Singapore
*Burundi	*Kazakhstan	Somalia
*Cambodia	*Kenya	*South Africa
*Cameroon	*Kuwait	South Sudan
*Canada	Kyrgyzstan	Spain
Cape Verde	Lao People's Democratic Republic (the)	Sri Lanka
Central African Republic (the)	*Latvia	Sudan (the)
*Chad	Lebanon	Suriname
Chile	Lesotho	*Swaziland
*China	Liberia	*Switzerland
*Colombia	Lithuania	*Tajikistan
Comoros (the)	Luxembourg	Tanzania (United Republic of)
Costa Rica	*Madagascar	*Thailand
*Côte d'Ivoire	*Malawi	The former Yugoslav Republic of Macedonia
Cuba	Malaysia	Timor-Leste
*Democratic Republic of the Congo (the)	*Mali	*Togo
Denmark	Mauritania	Tunisia

Djibouti	*Mauritius	Turkey
*Dominican Republic (the)	*Mexico	Uganda
*Ecuador	Mongolia	*Ukraine
*Egypt	Morocco	*United Kingdom
*El Salvador	Mozambique	*United States
Eritrea	*Myanmar	*Uzbekistan
Estonia	Namibia	*Viet Nam
*Ethiopia	*Nepal	Yemen
*Fiji	*Netherlands (the)	*Zambia
Finland	New Zealand	*Zimbabwe
*France	*Nicaragua	
Gabon	Niger (the)	

\* indicates contribution(s) were submitted from that country (n=73)

### Annex 3: e-Forum members

We wish to extend our gratitude to all members who signed up to participate in the Global Fund e-Forum Consultation. Please find below a list of all members, excluding those who wish to remain anonymous.

Ramil Avkhadeyev, Uzbekistan  
Mahaman Abdou, Niger  
Titilola Abolade, Nigeria  
Micheline Abouchrouh, Lebanon  
Salma Mohammed Aboud, Tanzania  
Anthony Abura, Mauritius  
Kweku Ackom, United Kingdom  
Ize Adava, Nigeria  
Joyce Addo-Atuah, United States  
Sadia Adebisi Adam, Benin  
Olanike Adedeji, Nigeria  
Roméo Adegbite, Benin  
Ifedayo Adetifa, Kenya  
Adeleye Adewale, Nigeria  
Uzodinma Adirieje, Nigeria  
Andrei Agafonov, Ukraine  
Irina Ageyeva, Ukraine  
Mireille Aguessy, Benin  
Julio Cesar Aguilera Hurtado, Bolivia  
Peace Vera Ahadji, Mauritius  
Isaac Ahemesah, Mauritius  
Aliyu Aminu Ahmed, Nigeria  
Zara Ahmed, United States  
Seraphin Ahoui, Benin  
Clement Ahoussinou, Benin  
Nelson Akerele, Nigeria  
Ajaz Akhtar, Pakistan  
Tony Akunna, Nigeria  
Adel Al-Jasari, United States  
Chibuikwe Alagboso, United States  
Shah Alam, Bangladesh  
Chris Alando, Kenya  
Thomas Albuquerque, Uzbekistan  
Ayodele Alegbeye, United Kingdom  
Diop Aliou, Mauritania  
Akmal Aliyev, Uzbekistan  
Alvaro Alonso-Garbayo, Switzerland  
Raymond Alou, Togo  
Cesar Jesús Alva Chacon, Peru  
Nurali Amanzholov, Kazakhstan  
Joel Estiwen Ambrosio Arrecis, Guatemala  
Javier Pablo Anamaria, Peru  
Harivelo Rijaso Andrianiaina, Madagascar  
Hallo Angala, South Africa  
Dorothy Anjuri, Kenya  
Nikodemus Aoxamub, Namibia  
Lusiana, Aprilawati, Indonesia  
Elizabeth Arlotti Parish, United States  
Guiselly Arroyo, Peru  
Altynai Arstanbekova, Kyrgyzstan  
Amos Arubi, Nigeria  
Viktoria Ashirova, Uzbekistan  
Muhammad Aslam, Pakistan  
Sanaie Ataulhaq, Afghanistan  
Judex Atchole, Togo  
Samuel Yao Atidzah, Mauritius  
Jeronimo Augusto, United States  
Aliou Ayaba, United States  
Ruth Ayarza, United Kingdom  
Zeeshan Ayyaz, Pakistan  
Tonakpon Arnaud Fabrice Azelokonon, Benin  
Florent Babi, Rwanda  
Christophe Babunga, Rwanda  
Léopold Charles Badiane, Senegal  
Roberto Baeza, Mexico  
Djibril Bagayoko, United States  
Dennis Baide Henri\_Quez, Honduras  
Rebecca Bailey, Switzerland  
Østein Bakke, Norway  
Raul Ernesto Ballen Roza, Colombia  
Violet Banda, Malawi  
Hemant Kumar Bankhede, India  
Natalia Bareisha, Belarus  
Laura Barnitz, United States  
Adama Barro, Senegal  
Wildiley Barroca, Sao Tome And Principe  
Almamo Barrow, Gambia  
Celestino Basera, Zimbabwe  
Vicar Batundi Hangi, Rwanda  
Muratboki Beknazarov, Tajikistan  
Chérifatou Bello, Nigeria  
Adjibabi, Benin  
Unyimeabasi Ben, Nigeria  
Elvira Beracochea, United States  
Janet Tatenda Bhila, Zimbabwe  
Franck Biayi, Benin  
Frédien Bizimana, Burundi  
Ashit Bk, Nepal  
Aurelia Blin, Switzerland  
Rodrigo Boccanera, United States  
Olga Bogomolets, Poland  
Samuel Boova, United States  
Irina Borushek, Ukraine  
Ibrahim Boubacar N'gora, Niger  
Martina Bouey, United States  
Robert Bourgoing, France  
Daniel Brace, Australia  
Daniil Brindak, Ukraine  
Kathy Eridania Brito Garcia, United States  
Brendon Brooker, Australia  
Tim Brown, United States  
Henna Budhwani, United States  
Matthew Burns, United Kingdom  
Olga Byelyayeva, Lithuania  
Nagaraj C, India  
Angelica Cabezas Pino, Chile  
Margaret Caffrey, Myanmar  
Levent Cagatay, Turkey  
Nicolas Cantau, Switzerland  
Erika Castellanos, United States  
Gonçalo Castro, Switzerland  
Cristina Celan, Republic of Moldova  
Tarit Chakraborty, India  
Caitlin Chandler, Switzerland  
Kudakwashe Chani, Namibia  
Phorn Chanthorn, Cambodia  
Angela Chaudhuri, India  
John Chavasu, Kenya  
Enrique Chavez, United States  
Dmitry Chekhov, Ukraine  
Banza Chela, Zambia  
Sergei Chernov, Russian Federation  
Anna Chernyshova, Thailand  
Rumbidzai Prisca Chifamba, Zimbabwe  
Caroline Rumbidzai Chikaka, Zimbabwe  
Ismael Chikuru Zirhafera, Kuwait  
Edward Chilolo, Tanzania  
Silvester Chin'anga, Zimbabwe  
Christine Kapira Chingondole, Malawi  
Ketevan Chkhatarashvili, Georgia  
Ann Claxton, Switzerland  
Mac-Darling Cobbinah, Ghana  
Muhtar Cokar, Turkey  
Lee Collingham, United Kingdom  
Alberto Colorado, United States  
Catherine Connor, United States  
Morella Contreras Ruvinskis, Chile  
Francis Cook, United Kingdom  
Sharon Cooper, Jamaica  
Elmer Cornejo, Belize  
Amy Coulterman, United States  
Samyra Cox, United States  
Jorge Eduardo Cruastilloz, Colombia  
Rachel Dagovitz, United States  
M Dahir, United Kingdom  
Joan Daidone, United States  
Santosh Datta, Bangladesh  
Meg Davis, Switzerland  
Marius De Jong, Russia  
Alma De Leí, Guatemala  
Anja De Weggheleire, Belgium  
Isabelle De Zoysa, United Kingdom  
Rysaldy Demeuova, Kazakhstan  
Meaghan Derynck, Canada  
Anupa Deshpande, United States  
Deepak Dhungel, Nepal  
Mamadou Djemory Diabate, Ivory Coast  
Ismael Diallo, Chad  
Blessing Digha, Nigeria  
Sophie Dilmitis, Zimbabwe  
Mamadou Diop, Mali  
Boubacar Diop, Senegal  
Talla Diop, Senegal  
Serge Laurent Djacpou, South Africa  
Max Djikoloum, Chad



Zinsou Wilfried Djogbenou, Benin  
Daouda Djouma, Burkina Faso  
Ephraï M Djoumbe, Chad  
Vitaly Djuma, Denmark  
Oksana Dobrinskaya, Ukraine  
Kate Dolan, Australia  
Svetlana Doltu, Ukraine  
Maria Nerissa Dominguez, Philippines  
Colleen Donnelly, United States  
Lucien Dossou-Gbété, Benin  
Brendon Douglas, Australia  
Sosthene Dougrou, Switzerland  
Lisa Dulli, United States  
Antony Duttine, United States  
Olga Efimenko, Ukraine  
James Eghaghe, Nigeria  
Fareeda Ehtesham, United States  
Golda Eid, Lebanon  
Juris Ekšteins, Latvia  
Kabiru Elayo, Nigeria  
Fong Elizabeth Reade, Fiji  
Sheila Eustache, United States  
Seth Faison, United States  
Jum'atil Fajar, Indonesia  
Martin-Mary Falana, Nigeria  
Cecilia Falconi, Ecuador  
Endalkachew Fekadu, Ethiopia  
Pascal Dohou Ferso, Germany  
Saoirse Fitzpatrick, United Kingdom  
Evariste Fosso Dikko, Chad  
Jennifer Foster, United States  
Tim France, Thailand  
Marie Ange Frivet, Mauritius  
Andrew Fullem, United States  
Tamar Gabelnick, Switzerland  
Breda Gahan, Ireland  
Yash Gandhi, Japan  
Carlos Garcia de León M, Mexico  
Dario Garcia Sibala, Panama  
Merce Gasco, Honduras  
Rachel Gawses, Namibia  
Oluwakemi Gbadamosi, Nigeria  
Sesso Gbeleou, Togo  
Abdul Khaliq Ghauri, Pakistan  
Bedan Gichanga, Namibia  
Amina Gidado, Nigeria  
Mandhlenkosi Gijima, Zimbabwe  
Norman Gil, Colombia  
Michael Gles, United States  
Primous Godjedo, Burkina Faso  
Mikhail Golichenko, Canada  
Hayat Gommaa, Nigeria  
Fernando Germán Gonzalez, Colombia  
Andrei Gorobets, Ukraine  
Ivan Goryanin, Ukraine  
Frederic Goyet, Switzerland  
Galina Grebennikova, Kazakhstan  
Janet Gruber, United Kingdom  
Nikhil Gurung, Nepal  
Beatriz Elena Gutiérrez Rueda, Colombia  
Alain Guy, Democratic Republic Of The Congo  
Muluba Habanyama, Canada  
Desire Habonimana, Burundi  
Mourad Hadjamor, Switzerland

Silje Hagerup, Norway  
Pandu Hailonga-Van Dijk, Namibia  
Sona Hajiyeva, Russia  
Jason Harlow, United States  
Amira Maria Herdoiza, Ecuador  
Carmen Rosa Heredia Neciosup, Peru  
Clotaire Hien, Mauritius  
Paulina Doe Hilton, Liberia  
Nick Hooton, United Kingdom  
Ruth Hope, Nigeria  
Talita Horn, South Africa  
Masaya Hoshi, Japan  
Magloire Hounkpe, Benin  
Javier Hourcade Bellocq, Argentina  
Juan Guillermo Hoyos Aristizabal, Colombia  
Sai Htet Aung, Myanmar  
Jacqueline Huh, Switzerland  
Christian Hui, Canada  
Sydney Hushie, Nigeria  
Saskia Husken, Netherlands  
Innocent Ibegunam, Nigeria  
Emmanuel Ibiok, Nigeria  
Chikwe Ihekweazu, Mauritius  
Darko Iliev, Macedonia  
Masaki Inaba, Japan  
Ayo Ipinmoye, Mauritius  
Nyakaana Isagara, Uganda  
Zahedul Islam, United States  
Sharful Islam Khan, Bangladesh  
Patou Izai, Democratic Republic Of The Congo  
Dawson Jack James, Ghana  
Helen Jackson, Mauritius  
Troy Jacobs, United States  
Artidevi Jagnarain, Suriname  
Hristijan Jankuloski, Macedonia  
Philippe Johnson, Benin  
Peter Jones, United Kingdom  
Dokblama Kadam, Chad  
Angela Kageni, Kenya  
Faiza Kajee, South Africa  
Tcheukam Kamdem, Cameroon  
Simplice Kamdem, Ivory Coast  
Nadine Kampimbare, Burundi  
Roger Paul Kamugasha, Uganda  
Mwebaze Kanahe Brian Bilal, Uganda  
Atul Kapoor, India  
Syed Karam Shah, Egypt  
Beyonce Karungi, Uganda  
Tendayi Kateketa-Westerhof, Zimbabwe  
Kenfrey Katui, Kenya  
Victor Kaya, Democratic Republic Of The Congo  
Su Kaye, Uganda  
Kevin Keen, Switzerland  
Jill Keesbury, United States  
Phoebe Kenney, United States  
Lekehna Keo, Cambodia  
Sheraz Khan, Pakistan  
Basharat Khan, Pakistan  
Rozi Khan Kakar, Pakistan  
Bunyad Khasmammadov, Azerbaijan  
Harjyot Khosa, India  
Evaline Kibuchi, Kenya

John Kimani, Kenya  
Tonwe Kingsley, Nigeria  
Lende Kipupila Nzakay, Democratic Republic Of The Congo  
Laura Kirch Kirkegaard, Denmark  
Yasinta Kisisiwe, Tanzania  
Larissa Klazinga, South Africa  
Kent Klindera, Canada  
Vinay Kodukulla, Singapore  
Alexndre, Koenig, Mauritius  
Sushil Koirala, Thailand  
Martin Kopp, Germany  
Anna Koshikova, Ukraine  
Yevgenia Kotokova, Uzbekistan  
Michelle Kouletio, United States  
Aleksandr Kripak, Ukraine  
Xhevat Kurhasani, Serbia  
Olga Kurian, Belarus  
Volodymyr Kurpita, Ukraine  
Dmitry Kushch, Ukraine  
Lourdes Kusunoki Fuero, Peru  
Parkasio Kutingala, Kuwait  
Komla Martin Kutowogbe, Togo  
Msafiri Kweba, Namibia  
Ezra Kwiimba, Zambia  
Andrew Kyambadde, United States  
Catherine Kyobutungi, Kenya  
Marie Urcile Ladine, Mauritius  
Michelle Lafay, France  
Nawel Lahouel, Algeria  
Jonid Lamllari, United Kingdom  
Ilana Lapidos-Salaiz, United States  
Erika Larson, United States  
Carlos Laudari, Brazil  
Chicos Laurentiu Marcel, Romania  
Scott Lefevre, United States  
Fabien Lefrancois, United Kingdom  
Xiao Ying Leong, Japan  
Christian Lerch, Morocco  
Mpho Letima, United Kingdom  
Samuel Li\_Pez, Canada  
Hyeyoung Lim, Netherlands  
Emmanuel Lino, Denmark  
Mwewa Nkhoma Liswaniso, United States  
Michael Wei-Chih Liu, United States  
Nino Lomtadze, Georgia  
Ruth Lopert, United States  
Elena Loseva, United States  
David Omwera Luchendo, Germany  
Patrick Lukulay, United States  
Fedi Ernest Lungu, United Kingdom  
Furkat Lutfulloev, Tajikistan  
Sasi, Luxmanan, South Sudan  
Ismael Maatouk, Ukraine  
Hovhannes Madoyan, Armenia  
Uglubek Madzhidov, Uzbekistan  
Ishwor Maharjan, Nepal  
Surya Prakash Makarla, Japan  
Giri Kumar Makarla, Japan  
José Antonio Maldonado, Mexico  
Maimoona Malik, Pakistan

Ruslan Malyuta, Switzerland  
Djino Mamboleo Mwindo, Rwanda  
Weimar Mansilla, Bolivia  
Rui Maquene, Mauritius  
Roman Marchenko, Ukraine  
Gabriela Mariño Llamoya, Peru  
Peter Marimi, Zimbabwe  
Fortunat Maronga, Democratic Republic Of The Congo  
Edos Maronga, Rwanda  
Jack Marrkand, United States  
Gwewasang C. Martin, Cameroon  
Silvia Rosibel Martinez, Nicaragua  
Emily Maskey, United Kingdom  
Shiv Mathur, Australia  
Viola Matunhu, Zimbabwe  
Chancy Mauluka, Malawi  
Paul Urbain Mawong, Cameroon  
Mamadou Mbaye, Senegal  
Mary Mbukpa, Nigeria  
Affette Mccaw-Binns, Jamaica  
Casey Mccusker, South Africa  
Jomain Mckenzie, Jamaica  
Deepak Mehra, Denmark  
Larisa Melanich, Ukraine  
Donika Mema, Albania  
Nathalie Mendp, Cameroon  
Mary Anne Mercer, United States  
Etienne Michaud, Switzerland  
Raúl Mideros Morales, Ecuador  
Ludmila Lucia Mihailescu, Romania  
John Miller, Canada  
Carolyn Miller, United Kingdom  
Kyi Minn, Myanmar  
Celina Miranda, El Salvador  
Marvelous Moffat, Tanzania  
Daria Mogucheva, Russia  
Raja Mohamed, India  
Nochiketa Mohanty, India  
Natalia Moiseyeva, Ukraine  
Herve-Greg Mokwabo, United Kingdom  
Susan Monaghan, United States  
Beatrice Montesi, Switzerland  
Emilita Monville – Oro, Philippines  
Silvia Morales, Bolivia  
Rintaro Mori, Japan  
Vitalie Morosan, Republic of Moldova  
Silungile Moyo, Zimbabwe  
Glory Sibongile Msibi, Swaziland  
Noel Msiska, Malawi  
Joan Msuya, Mauritius  
Thandiwe Mudhumo, Zimbabwe  
Aleksandr Mudry, Ukraine  
Grace Kasereka Muhungi, Democratic Republic Of The Congo  
Jejamaije Mujoro, United States  
Philomene Mukendi, Democratic Republic Of The Congo  
Sugata Mukhopadhyay, India  
Elchin Mukhtarli, Azerbaijan  
Francoise Mukuku, Democratic Republic Of The Congo  
Ekaterina Mul, Ukraine

Veaceslav Mular, Republic of Moldova  
Oscar Munda, Zimbabwe  
Mohsin Muntazir, Pakistan  
Ramachandran Murali, India  
Angela Mushavi, United States  
Kudzanai Mutomba, Kuwait  
Mutinda Mutuku, Kenya  
Billy Mwangaza, Democratic Republic Of The Congo  
Michael Mwanza, Kenya  
Alphonse Mwendelwa, Mauritius  
Kogie Naidoo, South Africa  
Rajesh Nair, Switzerland  
Goretti Nakabugo, Uganda  
Suzan Nakawunde, Uganda  
John Nalubanda, Rwanda  
Naccatum Namibia, United States  
Thamsanqa Robert Ncube, South Africa  
Ficard Ndayimirije, Burundi  
Aminata Dior Ndiaye, Senegal  
Olivia Laure Ngou Zangue, Cameroon  
Bertin Gustave Niakamatchi, Central African Republic  
Salvator Nibitanga, Burkina Faso  
Galia Nikolayeva, Uzbekistan  
Ria Ningsih, Indonesia  
Nobuyuki Nishikiori, Philippines  
Clotilde Noudeviwa, Benin  
Ozioma Nwagwu, Nigeria  
Joanna Nwosu, United States  
Awanto Nwufor Ernest, Cameroon  
Samantha Nyamayedenga, Zimbabwe  
Jean Pierre Nyemazi, Rwanda  
Charlotte Nzeyimana, Burundi  
Vivian Ben Obiagwu, Nigeria  
Moses Obiero, Kenya  
Obasi Ogbonnaya, Nigeria  
Boniface Oguche, Nigeria  
Susana Oguntayo, United States  
Archana Oinam, India  
Foluke Ojelabi, Nigeria  
Jeff Okello, United States  
Ephraim Okon, Nigeria  
Sola Olagbemiro, Nigeria  
Charles Omofomwan, Nigeria  
Isaac Omondi, Kenya  
Adaobi Onwuasoeze, Nigeria  
Htun Nyunt Oo, Myanmar  
Georgina Orellano, Argentina  
Nelson Ortega, Cuba  
Aleksandr Ostapov, Ukraine  
Robert Owiti Otieno, Democratic Republic Of The Congo  
Amadou Ouedraogo, Burkina Faso  
Arsène Ouedraogo, Burkina Faso  
Naroua Ousmane, Niger  
Tigran Ovselyam, Armenia  
Peter Owiti, Kenya  
Segun Oyedeji, Nigeria  
Makaila Oyewole, Ivory Coast  
Andres Oyola, Colombia  
Mugenyi Paddy, Uganda  
Svetlana Pak, Kazakhstan  
Samir Pakhrin, Nepal  
Saroj Ranjan Patnaik, India

David Patterson, Netherlands  
Yolanda Paul, Jamaica  
Miguel Pedrola, Argentina  
Farah Marine Peña, Dominican Republic  
Lucrecia Peinado, United States  
Uliana Perepletchikova, Uzbekistan  
Freddy Perez, United States  
Udeme Peter-Ijeh, Nigeria  
Ioan Petre, Romania  
Botnaru Petru, Republic of Moldova  
Isidro Pérez Polanco, Dominican Republic  
Gopinathan Pisharath, India  
David Pitts, United Kingdom  
Alberto Piubello, Niger  
Erlinda Plotria, United States  
Robert Poccia, Senegal  
Diego Postigo, Panama  
Richard Bairon Prado Chamorro, Colombia  
Sam Prasad, India  
Raju Prasad, Nepal  
Sholpan Primbetova, Kazakhstan  
Pauline Pruvost, France  
Pathirana Pubudu, Sri Lanka  
Pravakar Pudasaini, Nepal  
John Quelch, Guyana  
Mouhammed Mouminy Radji, Ivory Coast  
Minal Rahimtoola, United States  
Nelyda Ramirez, United Kingdom  
Oscar Ramirez Kocotong, Peru  
Ugo Ramos Castillo, El Salvador  
Chandary Rang, Cambodia  
Hooshang Ranji, Canada  
Ando Tiana Raobelison, Kenya  
Dricile Ratib, Kuwait  
Maria Consuelo Raymundo Candido, El Salvador  
Fara Raminosoa Razafinjato, Madagascar  
Clarissa Regede, Zimbabwe  
Alysa Remtulla, United Kingdom  
Elena Reynaga, Argentina  
Chelsea Ricker, United States  
Barbara Rijks, Switzerland  
Jet Riparip, Thailand  
Juan Carlos Rivillas, Colombia  
Rhoda Robinson, Nigeria  
Christophe Rochigneux, Ivory Coast  
Kaite Rockett-Patel, United States  
Michael Rodriguez, United States  
Alicia Romero, Colombia  
Julio Rondinel Cano, Peru  
Donavan Roscoe, Mauritius  
Gennady Roshchupkin, Estonia  
Petro Rousseau, South Africa  
Nadia Rozendaal, Netherlands  
Tinashe Grateful Rufurwadzo, Zimbabwe  
Babou Rukengeza, Germany  
Shawn S, Saudi Arabia  
Alamgir S.M, Bangladesh  
Jorge Saavedra, Mexico  
Helen Sabwa, South Africa  
Faustinah Sakari, Kuwait

Cheikhou Sakho, Senegal  
Aysa Saleh-Ramirez, United States  
Abdul Tawab Saljuqi, Afghanistan  
Moussa Sesso Sama, Togo  
Georgia Sambunaris, United States  
Mélanie Samson, France  
Arturo Sanchez, Guatemala  
Alejandro Sanchez Casco, Nicaragua  
Rémy Sangulu, Rwanda  
Roshan Sapkota, Nepal  
Majhram Saren, India  
Shyamal Sarker, Bangladesh  
Bryan Schaaf, United States  
Viviane Sebahire, Rwanda  
Sylvester Segbaya, France  
Daniel Sejas Li\_Pez, Bolivia  
Joseph Senyo Kwashie, Netherlands  
Umanga Settinayake, Sri Lanka  
Catherine Severo, United States  
Kimaya Shah, India  
Lalita Shankar, United States  
Margaret Shelleng, United States  
Tingting Shen, China  
Hanna Shevchenko, Ukraine  
Thaddeus Shigwedha, Namibia  
Ashish Shrivastava, India  
Reena Shukla, United States  
Terthu Shuumbwa, Namibia  
Pinky Sikder, Bangladesh  
Deogratias Siku, Kuwait  
Bayardo Siles, Nicaragua  
Clive Simango, Zimbabwe  
Sylvia Siqueira Campos, Brazil  
Charles Siwela, Zimbabwe  
Mandy Slutsker, United States  
Margrethe Smidth, Denmark  
Musa Ansumana Soko, Sierra Leone  
Maria Sokolova, Ukraine  
Ana Gabriela Solano Rojas, Costa Rica

Aymar Narodar Some, Togo  
Amara Soonthornhdada, Thailand  
Mat Southwell, United Kingdom  
Srorn Srun, Thailand  
Umaru Ssekabira, Uganda  
Djurica Stankov, Serbia  
Suzanne Staples, South Africa  
Lisa Stevens, Bangladesh  
John Stover, United States  
Trevor Stratton, Canada  
Elena Strizhak, Russian Federation  
Mirzahid Sultanov, Ukraine  
Suriyon Sungkam, Thailand  
Irma Suryani, Indonesia  
Ibrahima Sory Sylla, Guinea  
Erin Tansey, South Africa  
Veronique Taveau, Switzerland  
Asel Terlikbayeva, Kazakhstan  
Isaac Terrance, Pakistan  
Mi Thich, Switzerland  
Martha Tholanah, Zimbabwe  
Belinda Thompson, Australia  
Aung Thura, Myanmar  
Issoufou Tiendrebeogo, Mauritius  
Poletti Timothy, Australia  
Martin Timothy, Papua New Guinea  
Estelle Tiphonnet-Diawara, France  
Ranjit Tiwari, Nepal  
Saiyad Basheer Tnrwdt, India  
Jimmy Toledo Castro, United States  
Luis Hernián Torres Cruz, Nicaragua  
Cheikh Traore, Nigeria  
Samuel Udemezue, Nigeria  
Ibrahim Umoru, Nigeria  
Sara Van Belle, Belgium  
Theodoor Van Boven, Netherlands  
Wim Van De Voorde, Belgium  
Joris Van Oss, Uzbekistan

Dennis Van Wanrooij, Netherlands  
Bart Vander Plaetse, Switzerland  
Naa Ashiley Vanderpuye, Ghana  
Srey Vanthuon, Cambodia  
Ivan Varentsov, Russian Federation  
Oliver Vembo, South Africa  
Ellen Vengere, Zimbabwe  
Fabio Verani, United States  
Koffi Afelete Vidzrakou, Togo  
Francesca Viliani, Denmark  
Marlon Villanueva, Papua New Guinea  
Shaina Vinayek, United States  
Lyudmila Vins, Russian Federation  
Isikeli Vulavou, Japan  
Shakin Kumar Vunnava, India  
Jeffrey Walimbwa Wambaya, Kenya  
Stanislas Whannou, Switzerland  
Loretta Wong, China  
Kenneth Wong, Malaysia  
Katy Wright, Canada  
Yina Xiao, Germany  
Bernabe Yameogo, Canada  
Andre Sourou Yebadokpo, Togo  
Oleg Yeremin, Poland  
Tomoko Yoshida, Japan  
Tariq Zafar, Pakistan  
Appolinaire Zagabek, Democratic Republic of the Congo  
Athanase Zagare, Mauritius  
Omid Zamani, Iran  
Marcel Zannou, Benin  
Andrew Zapfel, United States  
Albert Ze, Cameroon  
Apote Tovinyeawu Zekpa, Togo  
Vladimir Zhovtyak, Ukraine  
Boureima Zida, Germany  
Elena Ziminova, Republic Of Moldova  
David Zinyengere, Zimbabwe  
Kostiantyn Zverkov, Ukraine