JOURNEY TO THE GLOBAL FUND ROUND 10

Regional Consultation

24th March – 26th March 2010

Venue: Rembrandt Hotel, Bangkok, Thailand

Consultation Report

Documentation/Report Writer
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LIST OF ACRONYMS

APCOM	Asia Pacific Coalition on Male Sexual Health
APN+	Asia Pacific Network of People Living with HIV/AIDS
APTN	Asia Pacific Transgender Network
ASEAN	Association of Southeast Asian Nations
CAA	Commission on AIDS in Asia
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CS	Civil Society
CSAT	Civil Society Action Team
CSO	Civil society organization
CSS	Community Systems Strengthening
GNP+	Global Network of People Living with HIV/AIDS
IDU	Injecting Drug Users
INGO	International Non-Governmental Organization
Hep C	Hepatitis C
HCV	Hepatitis C Virus
ITPC	International Treatment Preparedness Coalition
KAPS	Key Affected Populations
MSM	Men who have sex with Men
NGOS	Non Governmental Organizations
PLHIV	People Living with HIV/AIDS
PUD	People who use Drugs
PR	Principal Recipients
OGAC	Office of the US Global AIDS Coordinator
OSI	Open Society Institute
RBB	Response Beyond Borders
SOGI	Sexual Orientation and Gender Identify Strategy
SW	Sex Workers
SR	Sub-recipients
TA	Technical Assistance
TG	Transgender
TS	Technical Support
TSF	Technical Support Facility
TSFseap	Technical Support Facility for Southeast Asia and the Pacific
TGF	The Global Fund to fight AIDS, Tuberculosis and Malaria
TGF CSO	The Global Fund Civil Society Officer
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	The United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organisation
7S	7 Sisters Coalition or The Coalition of Asia Pacific Regional Networks

Day 1: 24th March 2010

I. BACKGROUND TO THE MEETING

Mr. Vince Crisostomo, Executive Director of The Coalition of Asia Pacific Regional Networks on HIV/AIDS (7S), opened the session by stating that this consultation was the culmination of a series of similar consultations titled ***Journey to the Global Fund Round 10***. As suggested by the title, the aim of these consultations was to focus on the upcoming Global Fund round 10. This consultation was organised by the Civil Society Action Team for Asia Pacific (CSAT AP) in partnership with its host organisation 7S and supported by Grant Management Solutions (GMS).

CSAT AP (www.7sisters.org), which is hosted by 7S, has been actively involved in promoting CS involvement in The Global Fund (TGF) process since round 8. In round 9, CSAT supported countries in Asia to develop their community system strengthening (CSS) components. The aim of CSAT AP for round 10 is to promote the greater engagement of KAPS in country proposals, support the integration of community system strengthening (CSS) into country proposals and look at ways to support a KAP regional proposal; as per the recommendation from the December 2009 KAP consultation.

Grant Management Solutions (http://www.gmsproject.org) is an initiative of the US Government, designed as mechanism, to supply critically needed technical support to Global Fund grantees. Grant Management Solutions (GMS), follows TGF's innovative approach to health development, the GMS project provides a unique brand of urgent, short-term technical support to countries experiencing difficulty in managing their Global Fund grants.

The background to this process of consultations with key affected populations (KAP) began in March 2009, when Mr. Swarup Sakar joined The Global Fund (TGF) as the Director of their Asia Office. As part of developing effective responses to KAP in the region, there was a need to hear the voices of KAP. This resulted in meeting of 7S regional networks and partners at the first 'Journey to Round 10' consultation in Bangkok, Thailand in December 2009. This was then followed by a consultation with sex workers, which was held prior to this meeting from the 22nd to 23rd of March 2010 here in Bangkok, Thailand. This consultation is about hearing your voices and your recommendations by country, region and population group.

II. INTRODUCTIONS
Participants List: Annex 1

Mr. Vince Crisostomo introduced the representatives from GMS, Mr. Terry Anderson, communications officer, and Ms. Elena Decima, who oversees the provision of technical assistance to PRs and SRs in Global Fund grants. He also introduced Mr. Mauro Guarinieri, the CS representative for Asia at the Global Fund Secretariat and Ms. Cecilla Millado, who was the facilitator for this consultation.

The participants were then requested to share their backgrounds and how they represented their respective population. Below is a summary of the representation that was present at the consultation:

Population Groups
- People Living with HIV/AIDS (PLHIV)
- Migrants
- People who Use Drugs (PUD)
- Sex Workers (SW)
- Transgender (TG_
- Gay men
- Men who have sex with Men (MSM)
- KAP representatives on the CCM
- KAP representatives on the National AIDS Councils
- Other Sexual Minorities

Countries
- Nepal
- India
- Sri Lanka
- Malaysia
- Myanmar
- Pakistan
- China
- Indonesia
- Thailand
- Indonesia
- Philippines
- Singapore
- Bangladesh
- Cambodia

III. AGENDA: EXPECTATIONS, GOALS AND OBJECTIVES
Agenda: Annex 2

The facilitator then went over the agenda and the objectives of this consultation, which were as follows:

- Increase KAP's common understanding of TGF activities and initiatives.
- Identify Technical Support Technical/Assistance (TS/TA) needs to allow KAP better access to TS/TA to develop activities and proposals;
- 7 Sisters/CSAT AP strengthened with inputs from community to reflect in the strategic plan.

The facilitator further elaborated on the key outcomes of this workshop, which was a detailed plan for each population to move forward for round 10. She also wanted participants to understand that they are here to share their voices.

Comments made by the participants on the content of the consultation and issues they felt should be addressed:

- These are the same issues that we have discussed over a period of time, however, at least there is more focus to this agenda and hopefully we can fully capture the voices of the KAP.

Mr. Crisostomo in reply to this comment stated that this came up strongly in the December meeting, about how to take the recommendation from the consultations and have feedback from other KAP at the grassroots level. Another recommendation, which we are following up on, is to create a reference group of KAP at the country level to provided feedback to Mr. Guarinieri. It will be an early warning or monitoring system

- We would like to see a window or opportunity in the agenda for previous grantees to share their experiences in TGF process.

IV. THE GLOBAL FUND to Fight AIDS, TB and Malaria (Part I)

Presentation by Terry Anderson

1. **An Overview** (Presentation available upon request from 7S)

The presentation covered the following topics:

- Purpose of The Global Fund
- How is the Global Fund Innovative?
- Coverage, Scale and Funds Allocation
- Governance and General Principles
- The Global Fund Secretariat
- Key Results

Question and Answer Session:

Q1: How many seats does CS hold on the Global Fund Board?
A1: CS has three seats, one representing NGOs from Developed Countries, one representing NGOs from Developing Countries and one for People who live with Diseases.

Q2: How many seats does the Private sector hold?
A2: One seat

Q3: How is CS nominated to be on the Board and what processes do they follow to ensure representation?
A3: The Global Fund posts the vacancy for the Board seat through a list-serve. Those that apply are reviewed on the following criteria; background, what can they bring to the Board, what is their knowledge about TGF. The Communities Delegation then reviews the selected person and provides their approval.

Q4: How does the TGF help KAP to be involved in Grants at the Country level?
A4: Mr. Crisostomo stated that providing support for KAP engagement in TGF process at the country level was the mandate of CSAT AP and other Global Fund partners. Therefore if there are things that KAP require more training on or support, we would like to hear from you.

Q5: I feel that you did not speak about non-CCM proposals, as that is one of the key things areas where KAP has the potential to get direct funding.
A5: Mr. Guarinieri stated that a Non CCM is one of the possible ways to apply, but it is not commonly used to access to TGF funds. There can also be multi country proposals. In terms of non- CCM proposals, it is only used when specific issues cannot be addressed at the country level. However, there must be a strong case for applying for a non-CCM proposal.

Q6: What mechanism are available to increase private-public partnership or between state actors and non-state actors?
A6: One important innovation is Dual Track financing, countries are strongly encouraged to develop grant as dual track. One of the PR has to be a Government entity and the other CS or Private Sector. Almost 80% of grants from round 9 had some form of Dual Track financing. Dual Track financing is also a powerful mechanism to use for having a CSS component integrated into a country proposal.

Q7: I think the figures are impressive on treatment. However, I just wanted to know how many cases of HIV cases have been averted by TGF funding? Also do we have the costs of prevention for one population that gets prevention services and the cost of treatment?
A7: TGF website does have figures. You can also find the costs of ARV treatment, but they vary from country to country. Brazil and India produces their own drugs, while some countries have very expensive drugs.

Q8: The process that was presented was very detailed, but we know that there are problems with this process at the Country level. Why doesn't TGF have a better monitoring system in place?
A8: TGF would like 10 or 11% devoted to M&E in a country proposal; however, sometimes only 3% on average is being allocated on a global scale. We know that there are lots of problems. In 144 countries, some Countries this process works well and in some Countries they don't. Also there are some National Governments that are strong enough to limit CS involvement in the process. GMS provides technical support to strengthen CCMs. It is also tricky, since at its basic level, strengthening CCM means strengthening Governance and Democracy; many people do not like change.

Q9: How effective has the Global fund been in raising issues concerning CS? And how have the NGO representatives on the Board performed?
A9: The Delegation strength comes from the individuals that make up the Delegations. The Developed Nations delegation is strong. The developing countries are strong, as they represent the people who make up the networks and implementing the grants. The person who represents people living with the 3 diseases is usually not in a strong position. This is because how do you represent the entire population living with HIV, Malaria and TB. Therefore, they face difficulties communication with the constituents and competing interests? CS within the Global Fund structure has always been the weak link.

2. New Architecture at The Global Fund

This presentation covered the following topics:
- How will Grants work in the Future?
- Why a New Architecture
- Old versus New
- Some Changes Occurring Now

Summary of Question and Answer Session

Q1: Can the PR or SR be changed while a Grant is being implemented?
A1: Only If there is no performance shown by the PR or SR.

Q2: Should the CCM members be changed after a period of time?
A2: CCM members should be changed and they also must have a ToR. Most Countries have a two-year rotation period.

Q3: How can CS access information about who sits on their Country CCMs? Also who are the SRs and SSRs?
A3: Each Country should have a Global Fund website. Also you can check Global Fund's main website (http://www.theglobalfund.org), which will show all the CCM members for each Country. In terms of who are

the SRs and SSRS, there are no direct links, but if you read the proposals, which can be accessed through TGF website, they are might be identified.

- Mauro also commented, that it is his job to be an entry point to the Global Fund for CS from Asia. He can provide information to CS, if questions are directed to him.

Q4: In most Countries, the CCM sets the policy and criteria for selection of representatives on the CCM. These policies and criteria's make it hard for KAP to get representation. Does TGF have the influence to increase number of people living with Diseases or KAP on Country CCMs?
A4: TGF has limited influence with Country CCMs, but if it affects grant implementation then TGF will get involved. TGF upholds a neutral policy of non-interference in country processes.

- Mauro stated that TGF Secretariat can develop policies for eligibility, but is not empowered to enforce these policies once eligibly has been granted. They can provide Technical assistance and demand documents to monitor the performance of CCMs.

Q5: How many people at TGF Secretariat or on the TRP are from the Key communities? How much involvement is there of the communities? For example is a representative from each population group involved as resource people to review proposals targeting their communities?
A5: The TRP is made up mostly academics, but there are a few cross cutting experts there to address issues for each specific communities. There will be an open call for new TPR members this year.

V. PRESENTATION BY KEY AFFECTED POPULATIONS (PART I)

What are the HIV Prevention, Treatment, Care and Support Needs of KAPS?
What are the best ways of approaching KAPS and role of networks in mobilising new organisations and programmes?
What programmes at your country level should be expanded?
What TS/TA is needed by KAPS?

TRANSGENDER

What are the HIV prevention, treatment, care and support needs?

- HIV program exclusively for TG and owned by TG
- Access to health care centres/
- Health system strengthening for TG and positive TG
- Training for health providers including consolers and VCT clinic staffs to be friendly to TG clients
- Sexual health services including to HIV programs e.g. hormone uses, information about plastic surgery and
- SRS etc.
- Initiate rights based HIV/AIDS intervention
- Cross cuttings issues e.g. IDU, sex workers, religious, youth, Hijra, positive TG and elderly TG
- Funding for HIV prevention, treatment, care and support for TG
- FTM who have sex with men

What are the best ways of approaching KAP and role of networks in mobilising new organization and programmes?

- Seeking for partners both in existing country and regional networks e.g. MSM, sex workers and related networks
- Mentoring of new activists by existing organizations and experiences activist s in country and regional levels
- Create communication system for TG community e.g. mailing list, website and newsletters etc.
- Peer program/Outreach in different venues / Social programs
- Support for local/regional TG networks e.g. APTN

What programmes at your country level should be expanded?

- Initiate rights based HIV/AIDS intervention
- Comprehensive health packages on HIV prevention, treatment, care and support exclusively for TG
- TG exclusive drop-in centre and outreach programs
- HIV prevalence/behaviors researches on TG including comparative research and research on multiple issues in different geographical areas (e.g. IDU, sex workers, religious, youth, Hijra, positive TG and elderly TG)
- Research on discrimination, stigma and violence against TG/Human rights documentary
- Legal rights sensitization program for TG to reduce discrimination and stigma for TG
- Support for local TG network

What Technical Support/Technical Assistance is needed?

- Funding /Money
- Training and capacity building on grant/proposal writing, program management, Management Information System, M&E and strategic planning etc.
- Best Practices
- Allies to ensure TG community/organization's involvement in different levels
- Ability to speak out/Platforms and forums to voice TG needs/issues
- Research and academic back-up

MOBILITY AND MIGRATION

Defining Migrant Population: migrant workers/refugees/asylum seekers (legal status: regular or irregular).
Countries represented: Pakistan, India, Nepal, Sri Lanka, Bangladesh and Malaysia

What are the HIV prevention, treatment, care and support needs?

- Data gaps – how/where to reach migrants
- Care and support/ counselling;
- Referral
- Capacity building
- Economic reintegration
- Address the issue of data: risk vs. vulnerability; incidence and prevalence among migrant workers
- Address the issue of testing – results to biased data and impacts on data on HIV prevalence/incidence among migrants
- Include migrants in the National AIDS Plans (tricky for destination countries)

What are the best ways of approaching KAP and role of networks in mobilising new organization and programmes?

- Sub-regional dialogues (ASEAN and SAARC)
- Create a dialogue with SAARC (use JUNIMA as a model)
- Advocacy for bilateral dialogue/negotiation (MOUs, contracts) between origin and destination countries
- Work with trade unions (in destination countries)
- Migrant associations
- Strengthen links with PLHIV networks and other networks (e.g. on sex work issues)

What programmes at your country level should be expanded?

- Peer Education Trainings
- Involvement of communities in the response
- Condom distribution and other Commodities
- Referral mechanism
- Research on vulnerability; needs assessment; OR on programme
- Data and evidence
- Capacity building of stakeholders (CBOs, government agencies, recruitment agencies, testing centers)
- Building skills and competency
- Involvement of other stakeholders
- Network building, Partnerships and collaboration
- Policy Advocacy
- Migrant-responsive policies (national and regional level)
- Sensitization of testing centers (3Cs)
- Community-based education: migrants; returnees; spouses; male migrants; women migrants
- Education/awareness on HIV and AIDS (specific to migrants)
- Reintegration of HIV+ migrant workers

HIV programmes for migrants that still NEED to be developed.

- Improve existing education programmes for migrant workers – improved curricula; methodology; messages;
    - Pre-departure stage; onsite (for specific populations)
- Reintegration of HIV+ migrants: to address stigma and discrimination; economic reintegration; access to treatment; treatment literacy
- Addressing issues of deportation of migrants due to HIV status: Referral/Support Network between destination and origin country; counselling, etc.

- **What Technical Support/Technical Assistance is needed?**
- Training in programme development (incl proposal writing); management; monitoring and evaluation (M&E)
- Strong secretariat structure to enable inter-organizational collaboration; sharing; and, strategizing
- Build HIV competency of other partners who are involved in migration but not in HIV.
- Strengthen frameworks and perspectives (linkage of migration with sex work; gender and sexuality issues).

MEN WHO HAVE SEX WITH MEN (MSM)

What are the HIV Prevention, Treatment, Care and Support needs?

- Focus on youth-friendly MSM services.
- Non-gay identified males, (e.g.: in China, have to marry to continue family name).
- Need to address partners of MSM on information on gay sex, safer sex, sexual health, etc.
- Recreational drug use among middle-upper income MSMs who frequent the party circuit/sex parties. (Chemical sex)
- STI prevalence among some MSM communities is very high. What can we do to encourage them to seek treatment? Healthcare setting not always welcoming.
- Need to sensitize govt. and enforcement agencies.
- Focal points providing intensive services where highest risk happens.
- Innovative technologies need to be used. E.g. websites targeting MSM such as Fridae.com
- Different MSM subpopulations need to be addressed with different approaches.
- Mobile MSM sex worker population needs to be addressed.
- Address overlapping/multiple risk factors (e.g.: IDU MSM or MSW) and a need for linkage between NGOs working with different KAP.
- There is a lower focus on referral, care and support, which needs to be increased.
- Treatment literacy videos. (e.g. China)

What are the best ways of approaching KAP and role of networks in mobilizing new organizations and programmes?

- Mapping of global, regional and national networks. Know where is our target audience.
- More communications needed between stakeholders e.g.: NGOs, community organizations, government, etc.
- Engage broader MSM community among issues, raising awareness, still lots of denial.
- Targeted interventions to address needs, with appropriate information and easily accessible.

What programmes at your country level should be expanded?

- Different approaches for different sub groups.
- Targeted programmes for various groups, e.g. IEC materials for general, more intensive programmes at MSM venues, saunas, etc.
- Transparency and accountability among the NGOs/CBOs to their constituents e.g.: by M&E.

- **What Technical Support/Technical Assistance is needed?**
- Remove anti-MSM pressure from government
- Remove ignorance and discrimination from general populations. More focus towards acceptance education.
- Need advocacy to convince govt. for need of change and acknowledge HIV prevention among MSM as a public health issue and it should be addressed by Government on a national level.
- Legislative & policy advocacy: need to mainstream MSM and not consider them criminals in countries which have penal codes that criminalize sex between men.
- Need Taskforce with Government and community in partnership to bring together various Government agencies e.g. Immigration/Home Affairs (dealing with entry restrictions), Ministry of Health (medical aspects of HIV prevention), Ministry of Law (to decriminalize MSM).
- Need to have mini 7S office/secretariat in each country to coordinate programmes of MSM, SW, IDU, TG and PLHIV. Minimize overlaps and promote synergies between groups. No working in silos, please!
- Financial and Human resources required: Need capacity building for CBOs to carry out their work better.
- Access for Middle Income Countries to TGF: 7S to partner with APCOM on a regional proposal.
- Need to convene a forum of partners working with MSM to strengthen 7S, CSAT Asia Pacific work plan.

SEX WORKERS

What are the HIV Prevention, Treatment, Care and Support Issues?

- Staff attitude's bad
- Low supplies and skills
- Nothing for HIV positive sex workers
- Forced or coerced testing
- Costs,
- Location,
- Waiting times all wrong
- Nothing holistic

What are the best ways of approaching KAP and role of networks in mobilizing new organizations and programmes?

- SW must be in charge for the decision-making processes that concern them at country level (including budgets)
- Programs for sex workers are to be carried out by and for sex workers
- Network is responsible for the strengthening of its comprising committees
- Networks must also provide technical support to new as well as existing organizations that comprise it

What programmes at your country level should be expanded?

- Critical education provisioning for the SW in terms of HR, SRH and gender and sexuality
- No support to charity, welfare or … groups who use SW to raise money for themselves
- SW have enough money to do the things we know work e.g.
- Community strengthening, Public education etc, including resources for SW who are unwell
- Strengthen faith based orgs to recognize support and end discrimination of SW
- Advocacy, Funding support
- Technical support
- Skills & capacity building, proposal writing etc
- Smaller organizations under SW networks must be promoted to fight for HIV/AIDS from the field level (CBOs)
- CSS
- Empowerment in general, capacity building in particular, encouraging SWs to stand up and claim their rights including Muslim SW

What Technical Support/Technical Assistance is needed?

- Leadership and advocacy for management of organization
- Training by SW properly financed
- Support from the network in strengthening solidarity and experience sharing
- Respect and appreciation for SW organizations work method
- Good health services provisioning
- Training for health service providers

PEOPLE USING DRUGS

What are the HIV Prevention, Treatment, Care and Support Needs?

- Increase information, education and awareness for all PUD.
- Scale up access for OST and NSP as the two primary HIV prevention services.
- OST must be available to opiate non-injectors as a means to prevent and reduce initiation to injecting drug use.
- Address policies that criminalize the use of drugs, and the mismatch between HIV and drug control policies.
- Increase outreach, peer education, access to formal education.
- Increase access to condoms and prevent sexual transmission.
- Education about overdose and its prevention.
- Integrated prevention package for ATS and other drug use.
- All services in prevention section should be included in treatment - cross cutting issues.
- Testing, diagnosis and treatment for HIV, HCV and TB, provision of HBV vaccination.
- OST must be available to all opioid drug users.
- Increase access to optional ART regimens (to decrease co-morbidity and mortality).
- Treatment education and literacy on HIV, HCV and TB.
- Treatment should be available in a range of settings (community based, DIC, closed settings such as prisons and compulsory centres, detox and rehab centres, through hospital programs, etc)
- Housing/shelters for HIV infected homeless PUD.
- Make C&S available at drug rehabilitation centers.
- Education and health care for children of DU.
- Family re-integration program.
- Vocational training & skill development for job placement.
- Strengthening referral systems for primary health care, and TB, HIV, HCV interventions

What are the best ways of approaching KAP and role of networks in mobilizing new organizations and programmes?

- Ensure & encourage MIPUD principle.
- Providing TA/TS for long term planning and ensuring sustainability.
- Regional Networks must seed, support and strengthen country networks. If country networks do not exist, facilitate the initiation of country networks and specific women DU network.
- Explore linkages for funding.
- Share idea and best practices.
- Build bridges with stakeholders and forge strategic alliances.
- Avoid overlap amongst networks and avoid duplication of work of others (NGO services, etc)
- Facilitate complementary efforts rather then competition
- Empowering family and significant others to support the work.

What programmes at your country level should be expanded?

- Peer led interventions, through outreach, prioritized through networks of PUD
- User friendly services in range of settings including DIC, etc
- Drug use is a cross cutting issue and interventions must increase reach to others not identified as PUD (through groups of PLHIV, SWs, MSM, TG, Migrants...etc)
- Introduce HIV, harm reduction & drug education as well as support in closed settings
- Directory of referral services to those released from closed settings

What Technical Support/Technical Assistance is needed?

- Human resource development
- Organizational development
- Financial resources and management capability
- Training and Capacity Building

DAY 2: 25th MARCH 2010

VI. DECEMBER 2009 *JOURNEY TO THE GLOBAL* FUND CONSULTATION

Mr. Crisostomo opened this session by talking about 7S work in the region since 2008. He stated that this consultation culminates the process that was started in 2008, with the restructuring of 7S, based on the Commission on AIDS in Asia (CAA) findings, to better represent KAP in the region. As part of the restructuring process, 7S supported the formation of the Asian Network of People who use Drugs (ANPUD) and the Asia Pacific Transgender Network (APTN). These networks were formed to provide greater representation of KAP, as AP Rainbow was disbanded and there was only a harm reduction network in the region, but not one that represented all PUDs. 7S at present has five core members and two strategic partners; Asia Pacific Coalition on Male Sexual Health and International Coalition of Women living with HIV/AIDS (ICW for Asia Pacific).

We also have technical partners, such as The Technical Support Facility for Southeast Asia and the Pacific (TSFseap) and we are in the process of signing a MoU with the Burnet Institute.

Since 2008, this region has seen greater engagement of KAP; this was evident at the community forum during the 2009 ICAAP in Bali. Where the recommendations were as follows:

- Nothing for use without us
- Meaningful role
- Enabling Environment and Laws

In addition, The Global Fund has also restructured to promote greater engagement of CS in its grants, by establishing a Civil Society and Partnership office and its Asia Unit (there is also an Africa unit and Rest of the World Unit). The process for greater engagement with KAP was also led by 7S, through its CSAT AP project, which has been convening consultations for KAP. There was been consultations for PUD and Sex Workers. In addition, the December 2009 consultation was with regional networks and national partners.

This is the first time these consultations have been done in this region, in regards to KAP engagement in TGF.

1. December Key Finding and Recommendations

Below are some of the findings and key recommendations from this Regional Consultation:

Challenges to Accessing TA/TS

- Community organisations often don't know who provides what. When they do, they have limited capacity to fill out the proposal forms or meet the requirements for accessing this funding.
- There needs to be more support to build their capacity in accessing TA.
- The purpose for TA is still not clear.
- The system to access TA is so complicated that you need TA to access it.
- Regional mandate for providing TA is different from country level; we need to look at how to take regional UN mandates into country offices.
- At country level they will tell you what TA you will need and not what you want; it is based on supply not demand.
- Expertise exists within the community settings.

Challenges for Developed Countries

Developed countries in Asia are automatically excluded from most donors' criteria. Even though developed countries do have resources to manage their own HIV epidemics, because of stigma and discrimination HIV programs are often underfunded and resources are unlikely to increase without external stimulus. Furthermore, because of the restrictions placed on civil society in some of these countries (such as Singapore and Malaysia), there are even fewer opportunities for groups to organize and raise funds for programs that can effectively be scaled up. As a result, Taiwan, Japan, Singapore is fueling much of the new infections in the region, particularly in the case of MSM (ref?).

Recommendation: TGF should make funding accessible for programs targeting KAPS in high-income countries

Recommendations From Key Affected Populations in Asia

Recommendations: Challenges and Best Practice needs to be recorded
Best practice community led TA/TS success stories exist; there is a lack of documentation in the region.

Recommendations: Map TA/TS needs and resources available in the region.

Recommendation: Community Fund for TA/TS Provision

Recommendation: Community Technical Advisory Panel
- To develop a mechanism for TA provision to community organisations.
- To review and make the provision of TA to community organisations provided by the TSF and other TA providers more accessible.

Recommendation: Set up Global Fund reference group/Community reference group
- Develop a Global Fund reference group to support The Civil Society Officer, as he needs feedback from the region. This can be accessed through the KAP networks and coordinated by 7S.
- If there is a problem in the region in terms of TGF, then this group will be a quick reference point and the point of contact for The Civil Society Officer.
- This is the first step towards creating a community monitoring system/early warning system.
- The participants decided that this topic would require further discussion at a later stage.

Recommendation: Community Monitoring System
- Develop concept note and proposal for OSI.
- Integrate it into the regional proposal.

Recommendation: Regional Proposal for KAPS
- Convene a consortium of regional networks to look at processes and requirements for developing regional proposals.
- Advisory committees set up to steer things and further discussion at upcoming meetings.

The Findings and Recommendations from the December workshop have already been used to inform 7S work plan. They will also used to fill in any gaps that have been missed at this workshop.

Mr. Crisostomo closed this session by reiliterating that one of the one of the main recommendations that came out of the December 2009 consultation was that 7S should take the lead on facilitating the development of a KAP regional proposal.

VII. THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA (PART II)

(Presentation available upon request from 7S)

Presentation by Ms. Elena Decima and Mr. Terry Anderson

1. What is a CCM/Governance at the Country Level?

The presentation covered the following topics:
- 6 minimum eligibility criteria
- Principal responsibilities
- 5 key functions
- Representation
- Funding
- Oversight responsibilities

Summary of Question and Answer Session:

Q1: In your presentation you referred to the conflict of interest principles, however, in Indonesia this has not worked since there is lots of conflict of interests in the CCM. How can we make this principle work?
A1: This principle in most CCMs does not work as well as it was envisioned to do? However, if there are issues, then CS should directly contact The Office of the Inspector or their Portfolio Manager.

Q2: I believe TGF has an idea of how the CCM should work, which should included upward and downward accountability. However, it is downward accountability that seems to be missing most of the time and there has been no push by TGF to ensure this happens. Are there mechanisms the CS can use to make the CCM more accountability to KAP.
A2: Mechanisms for downwards accountability has to be written in the by-laws. If a member does not represent their constituency, then it is up to a member to either step aside and there should be election in a regular basis. This should be written in the by-laws of the CCMs. A good CCM should revisit its by-laws every year and revise them if required.

- A participant from India stated that if community people are not treated well, then the CS representative on the CCM should refuse to sign the proposal. We have the power of not signing the proposal, if there is no proper representation or accountability on the CCM.

- Mr. Anderson felt that it is wrong not to sign the proposal, just on principal. This will lead to stock outs and people will die.

- Mr. Crisostomo disagreed with Mr. Anderson, as he felt that even with the money from TGF coming to a country, people are still dying. He stated that Mr. Anderson's comment was what has always been used, but the truth of the matter is the commodities are not available, even with TGF money coming to Country. TGF has dispersed four billion dollars and only 2 billion has made it out to the communities.

- Ms. Decima agreed with Mr. Crisostomo, the only way that communities can be heard is if they don't sign the grant. Even if they complained to the OIG or others at TGF, there is only a small chance they will be heard. The community needs to demand for more accountability by the Governments and others on the CCM.

- A participant from Malaysia commented that one of the things that attracted him to TGF was the system in place to protect the community and insisting on KAP to have a say in TGF process. The system is quiet robust. However, unlike the issues above, in Malaysia the role has been reversed. The community wrote the proposal but the Government did not want to sign off on it. Even the UN refused to give funding to CS to develop the proposal till the Government gave their agreement to the proposal.

- Mauro also spoke about the CCM and he stated that it is probably the most challenged mechanism in the world. But it is difficult to come up with an alternative. TGF is a very young organisation, with a very bold plan to scale up treatment. I was one of the people fighting for the creation of the TGF in 2000, back then it was unconceivable that 2.5 million would be on treatment. Now we have more people accessing ARVS than ever before. However, I do feel the CCM's are a very imperfect mechanism, but it is a democratic process, which can get messy at times.

Q3: Will the TGF set up offices at the country level or have regional offices to have a greater control on oversight.
A3: Mauro replied that TGF is the only organization, where a donor country is assured that 100% of the money they contribute will be spent on programs. This is because TGF Secretariat is funded through the interest of the funds provided by donor countries. TGF is a needs based organisation. The Board will not agree to having regional or country offices.

Q4: In the recent OIG report it was mentioned that it was conflict of interest if a PR becomes a CCM member? Is that true?
A4: It is only a conflict of interest if the PR holds the Chair or Vice Chair position on the CCM. Most PRs are on the CCM.

- A participant from India commented that the answer to having a more effective CCM is using our strengths to advocate for it. We need to see how we can influence the CCM to allocate more funds in proposals for KAP.

- Mauro added to the comment by saying that most of the countries in this region are required to focus on KAP – since they are middle-income countries. Only concentrated epidemic in this region is PNG. So interventions in this region have to focus on KAP. It is a responsibility of the CCM to ensure that the proposal provides funding for interventions for specific key populations.

2. **Principal Recipients and Sub Recipients**

The presentation covered the following topics:
- Who Are They and What Is Their Role?
- What does it mean to serve as a PR/SR?
- Boundaries between a CCM and PR responsibilities
- Basics of grant management
- The grant agreement
- Six functions of a PR
- Financial Management Responsibilities
- Relationships among PRs & SRs, and between PRs and the CCM

Summary of Question and Answer Session:

Q1: In Thailand, we have been both an SR and SSR for TGF proposals. However, now as SSRs, almost everyday we get an order from the SR to do work that was not in the original proposals and we don't feel that the work is appropriate in terms of interventions for sex workers. How much power does the SR have? Since the SR is no a community based organisations, they have no idea how to work with sex workers.
A1: In order for good program management to happen, there should be a MoU or agreement clearly drawn out to describe what activities that an SSR should do, with a schedule, results and targets. From what you say it seems there has been none of that done. I think you need to ask the SR to give you a yearly work plan with a budget and you should agree to that. You shouldn't accept it if you think you should not do it. It is bad management by the SR.

- A participant from India wanted to reiliterate that it is the responsibility of CS to mobilize ourselves in order to influence the PRs. SRs and the CCM.

VIII. TECHNICAL SUPPORT
(Presentation available upon request from 7S)

Presentation by Ms. Elena Decima

1. Making The Most of Technical Assistance

Ms. Decima provided an overview of TA and how to plan for TA needs; she then covered the following topics:
- What Constitute 'Good TA'
- Know What You Want
- Your Responsibilities
- The Consultants Responsibilities

a. Grant Management Solutions (GMS)

Grant Management Solutions is a project created to give technical support to 140 countries that receive grants from the Global Fund. GMS is a partnership of several organisations, supervised and financed through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). This project is financed by 5% of the U.S contribution to the Global Fund, which is used for technical support. The mission of GMS is the improvement of the performance of the Global Fund grants, CCMs and all recipients. Therefore, CCMs, PRs, SRs that receive grants from TGF can ask for TA.

The Technical assistance provided by GMS is free and it is meant to supports PRs and SRs in the areas of management, finance, procurement, M&E, etc. GMS also holds workshops and consultations on building skills in specific technical areas. There has been lot of emphasis within GMS to develop local consultants and gives a country up to 90 days to select their consultants or select from the identified consultants provided by GMS.

Summary of the Question and Answer Session:

Q1: How can SRs and SSRs request for technical assistance from GMS?
A1: There is an application, which is submitted to the Office of the U.S Global AIDS Coordinator (OGAC). Once the application has been approved by OGAC, it takes GMS about 2-3 weeks to get a consultant.

Q2: If an organisations gets approved for TA, who decides on the Consultant? Can the organisations send recommendations?
A2: Even thought we are an American organization and paid by the U.S Government, we have only a limited number of consultants who are based in the U.S. We try as much as possible to find consultants who can work in the countries selected. It is fine for an organisation to send in recommendations for local consultants, but we will need two resumes.

Q3: The U.S Government funds GMS; do you also follow their policy in working with sex workers?
A3: There is a difference between contracts by the U.S. Government and our contracts. Our consultants have no issues working with sex workers or follow the U.S. policy. We have had a couple of cases that the organisation has complained about the consultant and we withdrew the consultant.

Q4: What sort of collaboration is there between GTZ and GMS?
A4: We don't have a written partnership agreement, but we have worked with them and they have funded some of our work. In Ghana asked GTZ provided money to build the capacity of the CCM.

Q5: You mentioned Philippines as one of the countries where you provided TA, I just wanted to know how and whom it was provided to, as TGF grant to the country was recently suspended. Also I wanted to know whether the recommendations you gave or assistance you provided was taking up by the organisations that requested the TA?
A5: There were two requests from the Philippines. We did provide TA to the Tropical Disease Foundation (TDF), whose grants were suspended. The reason for suspension was more the misuse of funds for other purposes. We helped TDF to look at their HR program, as there was too may people working in management. Our consultant stated that everyone at the Finance Department in TDF were scared to show their books, as we were not working on financial management, we could not provide recommendations. The other TA was with the Department of Health (DoH). They were getting a new grant and wanted to form a program management unit.

Q6: TDF has withdrawn from the TB project, which provides issues in terms of accessing Drugs. How much power does the PR have? What is the role of the LFA in monitoring this issue?
A6: Mauro stated that in the past the LFA was almost exclusively looking at financial issues, but now they can hire TA partners to provide technical programmatic overview. Now the LFA has resources. It can now hire consultants to look at programmatic issues. However, we don't want to get to the point where there is a problem. We need an early warning system in place, as we know that lot of people were affected by the suspension of funds. In the Philippines, it was a whistle blower who reported in the issues with TDF. Now you can report or send a signal to the OIG, who will take up any complaints very seriously.

b. Regional TA Support

Mr. Crisostomo opened this session by talking about CSAT's work in the region. He stated that CSAT has provided support to civil society organisations and networks during the proposal development stage for round 8 and 9. CSAT can also mobilize support for Round 10, only if organisations send in a request. In addition, CSAT uses local consultants; part of this consultation is for people to identify consultants who they want to work with. At the moment we are trying to document the work that we have done in Indonesia and other countries in the region.

CSAT was also contracted by TGF to do the Impact Assessment in the Philippines. It was the first time TGF has hired an organization to conduct its work in a country.

- A participant from Philippines wanted to know if there was an evaluation of TGF's work and its impact on supporting CS. Some of countries have been receiving grants for many years, but there does not seem to be any impact among our communities. For us in Philippines, we have a vibrant CS, which could not prevent the suspension of several grants.

- Mauro replied to the comment by talking about a plan that is in place to look how TGF grants has empowered and strengthened CS. Not just as a by-product of the funds, but also in terms of partnership for development. TGF has created a space for CS to have dialogue. We are aware of the issues and have been trying to document address the issues.

- Mr. Crisostomo stated that one-way CSAT has been trying to establish a more effective partnership is through the creation of a ***Reference Group***. This group will be made up of community-identified individuals who will provide feedback for Mauro and be the eyes and ears in country. If you want more information about CSAT, CSAT's reports and work plan, please go to 7S website (www.7sisters.org).

IX. WORK PLAN OF TGF'S CIVIL SOCIETY REPRESENTATIVE FOR ASIA

Mr. Guarinieri's Work Plan: Annex 3

Presentation by Mr. Mauro Guarinieri

Mr. Guarinieri provided a brief introduction about his background and about his interests. He then went on to give an overview of his role as the Civil Society Officer. He stated that the Asia Civil Society (CS) Officer's role is to support regional CS engagement in Global Fund processes and facilitate capacity development, problem solving, demand creation and information flows between CS organizations and the Global Fund. His primary objective is to support Regional Teams in developing effective relationships with CS organizations with the ultimate goal of enabling their contribution to the mitigation of the impact of the three diseases.

Below is a summary of his work description:

Develop and enhance partnerships with CS organizations

- Develop strong and effective working relationships with CS organizations at country and regional levels.
- Act as direct liaison with in-country technical partners.
- Work with CS organizations to provide balanced analyses to support FPMs.

Leverage skills, knowledge and experience of CS organizations to support implementation of GF financed programs;

- Identify implementation gaps, problem areas and bottlenecks;
- Facilitate and identify technical support needs for CS implementers with an emphasis on sourcing in-country support providers
- Provide recommendations to FPMs to strengthen CS involvement in both CS-managed and non-CS-managed grants
- Contribute, as part of the Regional team, to the grant specific contextual analysis for Phase 2 reviews
- Ensure and facilitate visibility of CS as key participants at Global Fund Regional Meetings.

Facilitate engagement of CS in Country Coordinating Mechanisms

- Work with the CCM Team to increase CS representation in CCMs. Participate in discussions with CCMs that have less than 40% representation of NGOs in order to reach this target.
- Work with technical partners and in-country NGOs and CBOs to increase participation of vulnerable groups in line with Global Fund strategic milestones for 2008.
- Ensure in-country understanding and communication regarding CS involvement, requirements and responsibilities in CCMs and other Global Fund-related processes.

Participate in the development and implementation of Global Fund strategies, policies and approaches on CS

- Contribute region-specific input into the development of the Global Fund integrated partnership strategy;
- Facilitate and monitor implementation of Global Fund policies and approaches on CS
- Contribute region-specific information to the Global Fund Website
- Work with Civil Society Partnerships Team and other relevant teams on CS issues, events and activities

DAY 3: 26th MARCH 2010

X. COMMUNITY SYSTEM STRENGHTENING
(*Presentation available from 7S*)

Presentation by Mr. Vince Crisostomo

Mr. Crisostomo talked about the process that was going on to create a CSS framework. As of the latest draft of the CSS framework the new goal of CSS is as follows:

The goal of community systems strengthening is to develop a leadership role for community-based organizations (CBOs) and Key Affected Populations (KAP) in the design, delivery, monitoring and evaluation of services and activities, in order to achieve improved outcomes for HIV, TB and malaria prevention, treatment, care and support programs.

The strategies for CSS, all of which are essential to the CSS approach, include:
- Development of an enabling and responsive environment through community-led documentation, policy dialogue and advocacy
- Support for core funding and implementation, including staff salaries, stipends and organizational overhead for CBOs
- Capacity building for CBO staff and other community workers
- Networking, coordination and partnerships
- Strategic planning and M&E, including support for operational research and evidence generation for results-based programming.
- Sustainability of local interventions (financial and other resources) carried out by CBOs

The key underlying principles of community systems strengthening include:
- Leadership role of community based organizations and KAP in all aspects of program planning, design, implementation and monitoring
- Programming based on human rights, including the right to health and non-discrimination
- Programming informed by evidence and responsive to community experience and knowledge
- Accountability to communities being served (for example, accountability of networks to their members, governments to their citizens)

Mr. Crisostomo stated that the CSS framework is still in draft form and once it has been finalized, it will be distributed in the region. The Asia region has done a lot in contributing towards the development of the finalized version of the CSS framework. There will also be recommended indicators for each component of the framework.

- Mauro wanted to reassure the participants that there would be a CSS framework for round 10 and by round 11 we are hoping to have a separate stream of funding for CSS. TGF will have a two-pager policy brief about CSS and another document covering frequently asked questions. It will be translated into TGF languages, but not in all the local languages.

Mr. Crisostomo wanted participants in the room to state if their country was going for round 10. The following countries were identified:
- **Malaysia**
- **Nepal**
- **India**
- **Thailand**
- **E. Timor**
- **Philippines**

Mr. Crisostomo wanted participants from countries that had not decided yet, to let him know once their country has decided whether they will be submitting for round 10.

Follow Up: APNSW will translate the framework into Vietnamese, Burmese, Thai, Bahasa Indonesia and Chinese. 7S will source out translators for the other local languages in the region. Anyone who is interested should contact 7S

XI. PRESENTATION BY KEY AFFECTED POPULATIONS (PART II)

(Presentations are available on request from 7S)

The participants and networks that represented KAP at this consultation were asked to develop their previous presentations into concrete recommendations for targeted interventions with each population group. As one of the objectives of this consultation, these recommendations were presented to partners from the UN system and International NGOs, based in Bangkok, Thailand. Those that attended were as follows:

Ms. Dawn Foderingham, UNAIDS Regional Support Team
Mr. Grace Settler, United Nations Office on Drugs and Crime (UNODC)
Ms. Nadia, UNFPA
Ms. Fiona Barr, International HIV/AIDS Alliance

The presentations were done by KAP groups or by the networks representing them. Below is a summary of the presentations:

1. Asia Pacific Transgender Network

Who Are We?

- The network set up Dec 09, supported by the 7 Sisters Coalition, APCOM and APNSW
- A network of transgender activists from 10 Asia-Pacific countries
- We represent a broad spectrum of transgender women from sex workers to career women, from *hijras* (South Asia), *warias* (Indonesia), Mak Nyah (Malaysia) *kathoeys* (Thailand) and *sao praphet songs* (Thailand) to specialised interest groups such as youth, Muslims and elderly transgender women.

Our Aims

- To champion transgender women's health, legal and social rights
- To tackle hot-button issues in the region such as HIV prevalence among transgender sex workers, especially in countries such as Indonesia and Cambodia, where infection rates are extremely high and resources in place are inadequate to ensure access to quality healthcare, as well as to protect the rights of the sex workers.

Our Issues

The main health concerns of Transgender women are feminization issues rather than sexual health issues such as STIs. A wide range of issues related to the health of Transgender women in Asia were identified, such as included:

- Feminization
- STIs including HIV
- Sexuality
- Relationships
- Drug use
- Depression
- Sex work
- Legal Issues
- Disclosure – Acceptance
- Ageing

Our Program Needs

More investment/improvement in the following areas:

- HIV program exclusively for TG and owned by TG
- Access to VCT clinics/health care centers/health system for TG and positive TG
- Training for health providers including counselors and VCT clinic staffs to be friendly to TG clients and to aware of sexual orientation and gender identity concepts
- Funding for HIV prevention, treatment, care and support for TG

Recommended Programs

- Comprehensive health packages on HIV prevention, treatment, care and support exclusively for TG
- Aware of cross cuttings issues e.g. IDU, sex workers, religious, youth, Hijra, positive TG and elderly TG
- Initiate program for FTM who have sex with men and male partners of TG (Not identified as MSM and TG)
- IEC materials which are designed specific for TG and users-friendly
- Sexual and reproductive health services including to HIV programs e.g. hormone uses, information about plastic surgery and SRS etc.

Best Way of Approaching TG

- Seeking for partners
- Mentoring of TG activists
- Create communication platform for TG community
- Peer program/Outreach in different venues / Social programs
- TA/TS for local and regional TG networks

HIV Programs required at Country Level

- TG exclusive drop-in centre and outreach programs
- HIV prevalence/behaviors researches on TG including comparative research and research on multiple issues in different geographical areas
- Research on discrimination, stigma and violence against TG/Human rights documentary
- RIGHTS sensitization program for TG to reduce discrimination and stigma for TG
- TA/TS for local TG network and partnership with strong existing HIV and issues related program/organizations in country level
- TG Youth specific program

Technical Support Needs

- Funding specific for TG program / organizations which cover various TG specific population
- Grant/proposal writing
- Program management
- Management Information System
- M&E
- Strategic planning etc
- Best Practices and experiences sharing platforms/forum at country and regional levels e.g. exchange program
- Allies to ensure TG Community / organization's involvement in different levels and to ensure TG specific representation on CCM for the country which receive fund from the global fund
- Ability to speak out/Platforms and forums to voice TG needs/issues
- Researches and academic back-up both in community level and with regional partners

2. Sex Workers

Sex work is a job. Sex workers have a right to livelihood and therefore should be recognized as workers irrespective of whether they are Youth, Transgender, Migrants, Serostatus Drug Users or men or women and intersexuals.

General Recommendations:

- Need funding to strengthen sex work organizations
- Sex worker organizations are organizations that are led and at least primarily managed by sex workers promoting the rights of sex workers
- Only organizations led and primarily managed by sex workers BE recognized as a sex worker organizations
- HIV prevention for sex workers must include full support for removal of punitive laws and policies and active rights promotion
- UN bodies must encourage our government administration to engage with sex worker organizations
- Donors and others need to build their capacity to understand, trust, respect and work with sex worker organizations and sex worker workplace e.g. brothel.
- We urgently need our networks and organizations to have access to the language resources needed to collaborate regionally
- Help us find allies to address religious and cultural issues that keep us in unsafe situations
- Our allies and supporting agencies need our help to come out of the closet and publicly support sex workers, including taking a lead role in loudly refuting all non-evidence based propaganda about sex work e.g. we are disease spreaders; we are trafficking victims.

Programmatic Recommendations

- Sex worker organisations MUST be involved in all stages of design, implementation and monitoring and evaluation of HIV prevention, treatment, support and care to sex workers
- Financial support for sex workers to ensure that their children have access to education (transport, extra tuition, books)
- Retired sex workers need inclusion in national safety nets/service
- Development of sex worker retirement planning by sex workers and inclusion of sex workers in national pension systems
- A needs assessment on how many condoms by sex worker organisation that is then followed by PR and SR in budgeting. Costing of programmes and services.
- Funding sex workers organisations to develop advocacy plans to remove criminalizing of sex work and other punitive laws and policy, which prevent effective prevention of HIV services.
- Funding sex worker exchange programmes to learn best practices both in advocacy and service delivery.
- Sensitizing of the justice system, police and legal officers on sex worker rights.
- Police must be stopped from using condoms as threats or evidence
- Provide access to legal services for sex workers (including migrant sex workers) when they are arrested including legal provision to access ARVs.

Issues with Health Services

- Staff attitude's bad
- Low supplies and skills
- Nothing for HIV positive sex workers
- Forced or coerced testing
- Times, costs,
- Location,
- Waiting times all wrong
- Nothing holistic

Recommendations for Provision of Health Services

- Sex workers require special SRH services
- SRH services must be extended transgender and male sex workers
- Health providers be sensitized to sex work and their health needs so proper referrals for non STI health issues.

Technical Support Needs

- We want to reach to rural areas;
- Design & do our own data collection and analysis; + develop our own capacity in areas like leadership and advocacy proposal writing;
- Mentor emerging sex worker organizations; provide for our communities

3. Asian Network of People who Use Drugs (ANPUD)

Key Principles

- Meaningful Involvement of People who use Drugs (MIPUD) – from planning to implementation, M&E and evaluation of services.
- Building/strengthening networks of PUD
- Services should be available and accessible in a range of settings (community based, closed settings such as prisons and compulsory centres, detox and rehab centres, DIC, etc)
- Services for PUD must be on a voluntary basis, without coercion.
- All services must be based on epidemiological factors, needs assessment, rapid assessment, research.
- Gender sensitive.

Prevention Services

- Increase information, education and awareness for all PUD.
- Scale up access for OST and NSP as the two primary HIV prevention services.
- OST must be available to opiate non-injectors as a means to prevent and reduce initiation to injecting drug use.

- Address policies that criminalize the use of drugs, and the mismatch between HIV and drug control policies.
- Increase outreach, peer education, access to formal education.
- Increase access to condoms and prevent sexual transmission.
- Education about overdose and its prevention.
- Integrated prevention package for ATS and other drug use.

Treatment Services
- All services in prevention section should be included in treatment - cross cutting issues.
- Testing, diagnosis and treatment for HIV, HCV and TB, provision of HBV vaccination.
- OST must be available to all opioid drug users.
- Increase access to optional ART regimens (to decrease co-morbidity and mortality).
- Treatment education and literacy on HIV, HCV and TB
- Treatment should be available in a range of settings (community based, DIC, closed settings such as prisons and compulsory centres, detox and rehab centres, through hospital programs, etc)

Care and Support Services
- Housing/shelters for HIV infected homeless PUD.
- Make C&S available at drug rehabilitation centers.
- Education and health care for children of DU.
- Family re-integration program.
- Vocational training & skill development for job placement.
- Strengthening referral systems for primary health care, and TB, HIV, HCV interventions

Programmatic Recommendations
- Peer led interventions, through outreach, prioritized through networks of PUD.
- User friendly services in range of settings including DIC, etc.
- Drug use is a cross cutting issue and interventions must increase reach to others not identified as PUD (through groups of PLHIV, SWs, MSM, TG, Migrants...etc).
- Introduce HIV, harm reduction & drug education as well as support in closed settings.
- Provide a directory of referral services to those released from closed settings.

Role of Networks
- Ensure & encourage MIPUD principle.
- Providing TA/TS for long term planning and ensuring sustainability.
- Regional Networks must seed, support and strengthen country networks. If country networks do not exist, facilitate the initiation of country networks and specific women DU network.
- Explore linkages for funding.
- Share idea and best practices.
- Build bridges with stakeholders and forge strategic alliances.
- Avoid overlap amongst networks and avoid duplication of work of others (NGO services, etc)
- Facilitate complementary efforts rather then competition
- Empowering family and significant others to support the work.

Technical Support Needs
- Human resource development.
- Organizational development.
- Financial resources and management capability
- Training and Capacity Building.

4. Coordination of Action Research on AIDS and Mobility in Asia (CARAM Asia)

Although migration is not a risk factor for HIV – the conditions of migration increase migrants' vulnerability. When they engage in high-risk behaviors, they are at increased risk due to their migrant status. Vulnerability cuts across migration continuum: pre-departure, post-arrival and reintegration
Our community partners are primarily migrant workers and their spouses.

Advocacy
- Sustain presence and representation in global, regional and sub-regional platforms (ASEAN; SAARC; GCC, UNAIDS, WHO, ILO, IOM) addressing migration, health and rights:
- Universal access for migrant workers (prevention and TCS)
- Mandatory testing (deportation)
- Reintegration of HIV+ migrant returnees (economic, social)

Scale Up and Sustainability
- Include migrants in the National AIDS Plans (prevention, treatment, care and support)
- Investment in and Involvement of migrant workers in the response (capacity building, mentoring and getting buy-in from institutions)
- Building skills and competency of other stakeholders (government, private sector, etc.)
- Strengthen links with PLHIV networks and other networks (e.g. on sex work issues)

Resources Needed
- Strong country/community partners (CARAM members at the country level) engaged in HIV work
- Functional secretariat (wherever it is based)
- Sustained advocacy (local, national, global level – e.g. international forums)
- Scale-up and sustainability of our programmes

Technical Assistance/Support Needs
- Programme Management (development, implementation, financial management, including costing and budgeting, monitoring and evaluation)
- Framework and perspective (recognize and understand inter-linkages between migration and other issues, e.g. sex work, drug use, gender, sexuality, including MSM/TG issues)
- Build HIV competency of other CARAM partners who are involved in migration but not in HIV.
- Data generation and evidence-based research
- HIV prevalence/incidence among migrants
- Operations research (needs assessment of migrants; which programmes work and don't work)

5. Men who have Sex with Men

Strategic Information
- Gather strategic information (population size, epidemic patterns, social and behavioural, etc)
- Mapping of global, regional and national networks. Know where our target audience is.

Policy Reform
- National consultation -because every country is different
- Dialogue with govt, public health agencies and civil society
- Need to sensitize govt and enforcement agencies and remove anti-MSM pressure from them.
- Remove ignorance and discrimination from general populations. More focus towards acceptance education.
- Need advocacy to convince Governments to acknowledge HIV prevention among MSM as a Public Health Issue.

Legal Reform

- Regional consultation on decriminalization
- Regional dialog between CS, Govt and multilateral agencies.
- Legislative & policy advocacy: need to mainstream MSM and not consider them criminals in countries which have penal codes that criminalize sex between men.
- This requires a Taskforce with Government and community in partnership to bring together various Government agencies e.g. Immigration/Home Affairs (dealing with entry restrictions), Ministry of Health (medical aspects of HIV prevention), Ministry of Law (to decriminalize MSM).

Access to Continuum of Care

- Develop a national strategy to ensure access to continuum of care (consistent with UNDP/WHO guidelines)
- Strategy development & implementation included in R10 proposals
- Focus on youth-friendly MSM services.
- Target non gay identified males, (e.g.: in China, who have to marry to continue family name).
- Need to address partners of MSM on information on gay sex, safer sex, sexual health, etc.
- Drug use among MSMs including those who frequent the party circuit/sex parties. (chemical sex)
- STI prevalence among some MSM communities is very high. What can we do to encourage them to seek treatment? Healthcare setting not always welcoming.
- Have focal points providing intensive services where highest risk happens
- Innovative technologies need to be used. E.g. websites targeting MSM such as Fridae.com
- Diversity within MSM subpopulations need to be addressed with different approaches. Targeted interventions to address needs, with appropriate information and easily accessible
- Mobile MSM sex worker population needs to be addressed
- Need to address overlapping/multiple risk factors (e.g.: IDU MSM or MSW) and a need for linkage between
- NGOs working with different KAP.
- Engage broader MSM community among issues, raising awareness, still lots of denial. E.g. treatment literacy
- videos.
- To increase awareness among general MSM populations (e.g.: in China). -Targeted programmes for various
- groups, e.g. IEC materials for general, more intensive programs at MSM venues, saunas, etc

Stigma & Discrimination vs. Acceptance

- Make the objective to raise acceptance rather than reduce stigma & discrimination
- Change the language to HIV Acceptance". Localized strategies to address situation in each country
- APN+/GNP+
- This should be lead by MSM regional, sub regional and national networks
- TA/TS for development of the strategy

Recommendations for Next Steps

- More communications needed between stakeholders e.g.: NGOs, community organizations, government, etc
- Transparency and accountability among the NGOs/CBOs to their constituents e.g.: by effective M&E.
- Need to watchdog Key Performance Indicators, e.g. UNGASS targets on Universal Access meeting targets (or not) and reporting it.
- Need to ensure all communications are filtered down to community.
- Need to have mini 7S office/secretariat in each country to coordinate programmes of MSM, SW, IDU, TG, Migrants and PLHIV. Minimise overlaps and promote synergies between groups. No working in silos, please!
- Need to have effective representation of young MSM & broader MSM in key decision making processes, e.g. national aids commission, global fund CCM working group.
- Financial and Human resources required: Need capacity building for CBOs to carry out their work effectively and efficiently.
- Regional networks/APCOM
- Consultants
- Access for middle income countries to TGF
- KAP in middle income countries to get access to much needed funding
- Regional proposal for MSM & TG
- Access for Middle Income Countries to TGF: 7S to partner with APCOM on a regional proposal.
- Need to convene a forum of partners working with MSM to strengthen 7S, CSAT Asia Pacific work plan.

Summary of the Question and Answer Session with Partners:

1. **Discussion with Partners**

Q1: In most countries UNODC's program focus is on PUD, however, you don't address drug use among the other KAP? Are there specific programs in your section to deal with drug use among the other populations?
A1: (UNODC focal point): There are different UN Agencies that take the lead on specific populations UNODC is the combination of two old agencies; one on crime and one on illicit drugs. UNODC's focus is primarily on drugs and crime. This does not mean it is exclusive to those two areas, as there are crosscutting issues. One of the interesting aspects of the presentation was that drug use was mentioned among all the populations; therefore, we need to initiate a discussion on how to address this issue. There is certainly no reason why UNODC cannot do a program targeting TG. The mandate of UNODC maybe limited to the two areas mentioned, however, it would be more effective for other agencies to work with us. At the moment UNODC is working with UNAIDS. Also the issue of drug use has implication on the health sector, where WHO takes the lead and therefore we work with them on specific programs.

- Mr. Crisostomo felt that this is a serious issue that needs to be addressed, as the division of labour often makes it hard for the communities to identify focal points or agencies to do crosscutting work; they have to go to all the Agencies. We need to find ways to better coordinate the division of labour.

- Ms. Dawn Foderingham from UNAIDS RST provided an overview on UNAIDS division of labour. She stated that at the country level you don't have to go to each agency, since there is a UN Theme Group or Joint Working Group, which comprises of the UN AIDS family. Community groups can get request for technical support or raises issues with this group.

Q2: My question is about the UN Theme Group/Joint Team mechanisms at the country level. In one country community organisations had tried to access this group through UNAIDS, but there was no response. How can we push a request with this group in country, if it is not being addressed? Should we come directly to the RST?
A2: (UNAIDS RST focal point): As I don't know was the request was for, I can only say that the Theme Group/Joint Team have a joint work plan in place and if the request is not addressed then it might not be a priority area. In addition, this mechanism works with the National HIV Department in a country, therefore, this request should be then sent to them. If not you can come to the RST, only if there are no options left in country. However, it is important that these issues are addressed at the national level and through your national authority on HIV. This is because they are provided with funding and have a plan in place to address your needs. It is really about holding the national body accountable.

- Mr. Crisostomo also added community organisations or networks can bring these issues to CSAT and we can facilitate this process for you.

- The focal point from UNFPA wanted to thank the participants for the recommendations provided during their presentations. As UNFPA is the lead Agency on HIV and Sex work we believe that all partners have to discuss issues facing each population together and come to an agreement on how best to move forward in addressing these issues.

- Ms. Foderingham in response to issues addressed in the presentations felt that there could have been more emphasis on the emphasis on strengthening the role of women in the programs. She further stated that although UNAIDS is not a funding agency, but we do have mechanisms to find funding.

- A participant from Malaysia felt that the country system as explained by UNAIDS is not working. At all the workshops we hear the UN or other partners tell us to go back home and work with the country systems. However, in the case of Malaysia, when CS tries to work with

the country system, it is always blocked. The plans should be done by CS, as the community knows what their own needs are and what interventions are required. I feel that UN Agencies should be part of all these consultations from the beginning and not just come at the end, as they need to understand the issues at the ground level.

2. Regional Proposal

Q1: When we talk about regional proposal? Would it be only for TGF grants?
A1: Mr. Crisostomo stated that the concept of a KAP regional proposal was a recommendation at the December 2009 consultation. We are looking for guidance from this group on whether or not we should go forward and pursue this idea of a regional proposal? South Asia had a regional proposal for MSM in round 9 and should see if we can duplicate this process for other KAP groups in the region. Also it does not have to be just for TGF grant, as we can also approach other donors.

- Ms. Fiona Barr from International HIV/AIDS Alliance commented how there should be a plan in place for all participants to use what they have learnt at this consultation to advocate for a stronger country proposal or regional proposals.

- Mr. Giten Khwairakpam, Regional Coordinator for 7S, stated that at the moment there has been a process going on for two regional proposals; one for PLHIV and the other is for MSM from Insular Asia.

- A participant representing the Migrant group felt that a regional proposal was important, since most countries do not address the needs of KAP in their national agendas. This is an issue when it comes to migrant workers, since the source countries say they have incorporated it into their agenda's, but usually don't implement any of the strategies and the source countries don't need TGF grants; so they don't need to address the needs of KAP.

- Mr. Greg Grey from the World AIDS Day Campaign felt that there has not been much success for regional proposal to the Global Fund. For me TGF should at the national level. It is about having strong CCMs for oversight and getting partnerships at the national level. If you want support from the UN system, then find out who is the lead agency for you population and make them accountable.

- Participants disagree with Mr. Grey, as many felt that for issues like legislation, etc there needs to be a regional proposal done in consultation with national networks.

XII. CLOSE OF CONSULTATION

Ms. Foderingham congratulated Mr. Crisostomo, 7S secretariat and everyone who supported this consultation and for pulling it together prior to TGF round 10. This helps everyone have a better understand of the issues, needs and gaps of key affected populations that have to be address at the country and regional level.

Mr. Crisosotomo thanked the participants and the other partners for attending the consultation.

ANNEX 1

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ANNEX 2A

Time	AGENDA DAY 1: 24th March 2010	Description	Who
8:00 - 9:00	Arrival	Registration	
9:00 - 9:15	**Welcome & Housekeeping**	Introduction of Hosts and GMS	7S
9:15 -9:45	**Introduction of Participants**		7S
9.45 - 10.15	**Background and snapshot of previous consultations**	Previous Consultations brief and how this binds together.	Vince
10:15 -10:30	**Objectives of the meeting**	Agenda Objectives	Vince
10:30-10:45	**Coffee BREAK**		
10:45 -12:30	Overview of the Global Fund -General principles - how the Global Fund works, innovative funding, an overview of performance-based funding	Presentation	Terry/ Elena
12:30 - 1:30	**Lunch**		
1:30 – 3:30	**KAPS Breakout Focus Groups** • What are the HIV Prevention, Treatment, Care and Support Needs of KAPS? • What are the best ways of approaching KAPS and role of networks in mobilising new organisations and programmes? • What programmes at your country level should be expanded? What TS/TA is needed by KAPS?	Small Group work in KAPS	**Resource People, Facilitators**
3:30-3:45	**BREAK**		
3:45-4:45	Presentation of Dec Findings How does this compare with Small Group work today?	Discussion	Ces
4:45- 5: 30	Presentation of Findings	Consolidate group outputs.	
5.30	Close of Day 1		

ANNEX 2B

Day/Time	Day 2: 25 Mar 2010	Description	Notes
9:00 – 9.30	**Continuation of presentation/ Questions**	Report Back by Groups	
9.30-10.45	December Workshop Validation	Plenary	Ces
10.45-11	**Break**		
11-12:30	What is a CCM/Governance at country level. -Structure, function, -6 minimum eligibility criteria, principal responsibilities, 5 key functions, representation, funding, oversight responsibilities	Plenary	Terry/Elena
	Principal Recipients and Sub-recipients: -Who Are They and What Is Their Role? (What does it mean to serve as a PR/SR? Boundaries between a CCM and PR responsibilities, basics of grant management, the grant agreement, six functions of a PR, financial management responsibilities, relationships among PRs & SRs, and between PRs and the CCM)		
12:30 - 1:30	**LUNCH**		
1.30-2.30	Technical Support: -How to Determine what your organization needs. -What kinds of technical Support Does GMS Provide		Terry/Elena
2.30-3.30	**Technical Support Available in the Region and group work**		Vince/ Denovan
3.30- 3:45	**BREAK**		
3:45 - 4:45	**Work plan for Asia Global Fund**		Mauro
4.30- 5.00	**UNGASS Letter**		Ces