



Independent observer  
of the Global Fund

## THE SOUTH EAST ASIA CONSTITUENCY OF THE GLOBAL FUND MET VIRTUALLY TO DISCUSS THE DEVELOPMENT OF THE NEW GLOBAL FUND STRATEGY

On 20 August 2020, the South East Asia (SEA) Constituency of the Global Fund held its first meeting for the 2020-2022 term virtually, via video conference. The SEA constituency provides a platform to governments, the private sector, and people infected and affected by HIV/AIDS, tuberculosis, and malaria, from 11 countries in the region, to voice their concerns to the Global Fund Board. These 11 countries are Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste. The SEA constituency is among the ten constituencies that form the Implementer Group of the Board of the Global Fund.

The meeting was convened by Dasho Kunzang Wangdi, the Global Fund Board Member (BM) for the region, and Dr. Kuldeep Singh Sachdeva, alternate Board Member (ABM). Representatives of the Country Coordinating Mechanisms (CCMs) of Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Thailand, and Timor-Leste attended the meeting. The leadership of the Global Fund Implementers Group and representatives of RBM Partnership to End Malaria, and UNAIDS Asia and the Pacific also attended. The South-East Asian regional office of the World Health Organization (WHO) tendered an apology for not being able to attend.

Aidspan was present at the SEA constituency meeting, in an observer capacity. In this article, we highlight some of the issues raised and summarize the updates provided in this meeting, co-chaired by Dr. Abdul Faiz and Dr. Kuldeep Singh Sachdeva, from the CCMs of Bhutan and India, respectively. Internet connectivity challenges meant that some delegates missed some of the discussions.

The SEA Global Fund Board Member opened the meeting by lighting a traditional butter lamp, in memory of individuals who succumbed to AIDS, tuberculosis, and malaria and for those affected by COVID-19. The BM, ABM and the constituency focal person made their opening remarks, followed by the introduction of the delegates.

Delegates were updated on the SEA leadership activities since 1 June 2020. The constituency leadership was involved in a series of updates on the Global Fund grant management and COVID-19 response. These meetings were organized as soon as the situation required an urgent Global Fund grant management and COVID-19 response. The constituency leadership was also involved in a series of the Global Fund Board Implementers' working group sessions. The BM invited the ABM and any interested members of the SEA CCMs to serve on the Implementers' working group, since this would enable them to play a dynamic role on the Global Fund Board.

The annual constituency plan, budget, and activities

According to Suneeta Chhetri, the current Constituency Focal Person (CFP), the previous CFP submitted the 2020-2022 constituency work plan to the Global Fund in December 2019, with a budget of \$336 399 that has been fixed for three years. However, due to COVID-19 travel restrictions, the Global Fund requested that the constituency revise the work plan and remove SEA leadership meetings and travel to SEA countries, since these were not governance activities.

After further discussion, the delegates resolved that rather than removing these two new activities from the work plan, the constituency would seek funding for these activities elsewhere. Delegates of the CCMs of Bangladesh, India, Indonesia, and Maldives proposed the inclusion of funds for internet connectivity in the budget, both at the SEA Constituency and country CCMs, as working virtually was becoming the norm. The delegates, however, suggested revisiting the issue at a later date.

The constituency meeting approved the proposed work plan activities in principle and recommended that the CFP considers these decisions when revising the work plan and budget. It was also agreed that the CFP would consult the SEA countries when revising the budget before submitting the work plan to the Global Fund Secretariat.

Global Fund Strategy development for 2022-2026

Dr. Wongkongkathep updated the meeting on the development of the Global Fund Strategy for 2022–2026. He requested that the delegates in their individual capacity, and collectively through their respective CCMs, give their input on the development of the strategy. The BM presented the regional coordinating mechanism (RCM) and CCM of Bhutan's responses to the strategy questionnaire. Input from other CCMs is still pending.

Participants explained that the current strategy had worked well for the region. However, they discussed the considerable burden of TB in relation to HIV and malaria and requested that more attention be paid to TB. Participants also highlighted the importance of health system strengthening, especially as some SEA countries were making the transition away from Global Fund support due to increasing income and the reduction of the burden of HIV, TB, and malaria. Participants requested that during grant proposals and grant-making, countries do not forget about displaced or refugee populations in HIV and malaria prevention and treatment.

The other CCM delegates requested more time to make their contribution; some requested to send it by email because of poor-quality internet connection. The meeting resolved that CCMs would provide their input on the strategy through the SEA Constituency but could also do so directly on the Global Fund website.

The nomination of candidates for member of audit and finance committee

The BM informed the delegates that, in order to avoid a conflict of interest, a three-member committee was appointed to nominate the constituency representative on the Audit and Finance Committee (AFC) of the Global Fund. However, since the committee was yet to complete the assignment, it was proposed that the nominations from Bhutan, India and Timor-Leste either be submitted directly to the Global Fund Secretariat or when the committee conducted an urgent session. The meeting resolved that the committee should nominate a representative as soon as possible.

Impact of COVID-19 on HIV and mitigation measures in the SEA countries

According to Shona Wynd, UNAIDS Senior Policy Advisor in Asia-Pacific, new HIV infection rates declined over the last decade and plateaued. The Asia-Pacific region has experienced a slightly higher decline in new HIV infections at 26%, compared to the global decline of 23% between 2010 and 2019. In 2019, 98% of new HIV infections in the region were among key populations and their partners. A higher proportion of the new HIV infections was among men who have sex with men (MSM), at 44%, followed by sex workers and their clients at 17%. Among key populations, young people are particularly at risk of contracting HIV. For instance, HIV prevalence among young MSM increased four times in Indonesia between 2011 and 2015, and two and a half times in Malaysia between 2014 and 2017.

Wynd explained that the coverage of HIV prevention and intervention programs for key populations in the region was lower than 50%. Thus, concerted efforts were required to increase coverage. The region is also making slow progress in pre-exposure prophylaxis (PrEP) rollout, and some countries were still at the trial stage. Almost half of the key populations in the region do not know their HIV status. Knowing their status would motivate them to seek help, if required. In terms of the UNAIDS 90-90-90 targets, 77% of people living with HIV in the SEA region know their status, and 60% of them are on treatment. More than half (54%) of those on treatment are virally suppressed.

Wynd also informed the delegates that it was too early to determine the long-term impact of COVID-19 on the HIV response. However, preliminary information indicated that the lack of, or limited access to, treatment and prevention, including HIV testing, due to COVID-19 will eventually impact on the HIV response. The restrictions on movement and lockdowns implemented in the region resulted in isolation, loss of work, and had a devastating economic impact on vulnerable and particularly key populations. COVID-19 has had a terrible effect on sex workers as their livelihood was cut off abruptly and they have struggled to feed themselves and their families. Some countries in the region have had social protection efforts, although those were not enough.

COVID-19 is thus reversing the gains made in the fight against HIV and threatening to give rise to the same risky behavior seen in the early days of the HIV response. Wynd noted, "if you are a sex worker, and you have the choice between having unprotected sex and eating, I think you would probably choose to eat."

However, despite the COVID-19 impact and response, civil society and networks of people living with HIV found ways to get medicine to those who needed them. One approach was to dispense ARVs for up to six months. Challenges such as stockouts and shortages of ARVs forced some countries to adopt a one-month dispensing strategy. Countries such as Indonesia, Laos, and Nepal, have struggled to get supplies

across their borders and to distribute them.

## RBM Partnership support in the region

Dr. Melanie Renshaw, Technical Advisor at the RBM Partnership to End Malaria, informed the delegates of the support the region received from the RBM Partnership. This was especially with regard to the coordination of country and regional activities by the country-regional support partner committee, co-chaired by the RBM Partnership and WHO. The RBM Partnership supported the region in preparing funding requests to the Global Fund, solving bottlenecks, and mobilizing resources for the COVID-19 response. The RBM Partnership has been coordinating sub-regional malaria programs. This includes arranging meetings and consultation for the development of the malaria elimination strategy for the region.

The RBM Partnership lobbied for a sub-regional malaria grant for South East Asia but the Secretariat and the Strategy Committee of the Global Fund rejected it. Instead, they were advised to focus on the impact of existing regional grants. They, however, managed to lobby for funds, amounting to \$900 000, for coordinating sub-regional malaria programs for three years. The RBM partnership is lobbying for funding from the Global Fund to be raised through innovative financing, to launch additional sub-regional malaria elimination efforts.

## Update and report on the regional coordinating mechanism

Dr. Jigmi Singay, the Executive Secretary of the South East Asia Regional Coordination Mechanism Forum (SRCMF), reflected on the formation of the SRCMF. According to Dr. Singay, the need for better coordination between the SEA constituency and other constituencies at regional level led to the formation of the SRCMF. He explained how, in the past, the WHO's regional office helped organize bi-annual meetings, which later became regional pre-board meetings. He also said that challenges with regional funding requests to the Global Fund motivated the formation of the SRCMF. The region had previously submitted a second regional proposal to the Global Fund to fight malaria through an international non-governmental organization, but the proposal was not approved. The Global Fund asked that the region should focus on the existing regional grant, which aimed to eliminate malaria in the Mekong Valley.

Based on the recommendations of an ad-hoc committee established to oversee its formation, the RCM was launched on 30 October 2018. The headquarters of the RCM Secretariat is in New Delhi, India. To be legally recognized and allowed to work in India, the RCM was registered under the Company Act as a not-for-profit non-government organization. The main roles of the RCM include coordination of the regional activities, including the development and submission of regional funding requests to the Global Fund and resource mobilization.

The RBM Partnership to End Malaria funded the first RCM meeting held on 1 and 2 November 2019, to develop a regional proposal for malaria elimination in seven countries: Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, and Sri Lanka. The second RCM meeting was held virtually on 5 June 2020, mainly to discuss the regional response to the COVID-19 pandemic.

During this meeting, delegates mandated the RCM to advocate for regional funding from the Global Fund for cross-border COVID-19 response in the region. The RCM was also mandated to facilitate the coordination of cross border malaria interventions between Indonesia and Timor-Leste.

## Conclusion

It was agreed that:

- Both the SEA Constituency Work Plan and Budget were approved.
- Each CCM in the region would share their input on the development of the new Global Fund strategy

- through the SEA Constituency but a CCM could also do so directly via the Global Fund's website.
- The nomination committee would elect a representative of the SEA constituency on the AFC committee of the Global Fund.
  - The SRCMF would convene its General and Executive Meetings to decide on plans and programs on a proactive basis as it was registered as RCM by the SEA Constituency.

The Chair adjourned the meeting and the BM expressed the wish that the SEA constituency could have a face-to-face meeting soon.

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