

**PROPOSED
ASIA-PACIFIC CONSULTATIVE MEETING
14-15 November 2001
Bangkok, Thailand**

Background

Asia and Pacific are the world most populous regions with 60 percent share of the world's population. For China and India alone, they account for around 36 percent of global population. Although true that the rates of HIV infection, TB and Malaria in Asia are in general lower than the rates in African region, but they are increasing in an alarming pace. With such huge number of population even low rate means large number of people living with the diseases. In India, for example, rate of HIV infection in 0.7 percent which means that 3.7 million people, the second largest number in the world, are now living with HIV/AIDS.

To help reduce the burden of diseases in every part of the world including Asia and Pacific regions due to HIV/AIDS, tuberculosis, and malaria, Global Fund to Fight AIDS, TB and Malaria (GFATM) has been established to attract additional and complementary resources in a public-private partnership basis. Since the Fund will be country-led processes, country consultation will provide necessary information for preparation arrangements to operationalise the Fund.

There are diversification in terms of culture, behavior pattern, health system, health care facilities and infrastructure and how they respond to the epidemic at both intra- and inter-region. Thus Asia Pacific country consultation will provide specific country level input, experiences and views on how the Fund should operate at country level from Asia and Pacific perspective.

Objectives

The objectives of the Asia Pacific country consultation are:

- To inform countries of background and progress on establishing the Fund
- To inform countries of Title, Principles, and Scope of the Fund that agreed upon by TWG in the first meeting on 11-12 October 2001
- To identify
 - How the Fund can best match resources with priorities and needs of countries in Asia and Pacific Regions.
 - How the Fund can support the expanded coverage of prevention, care support and treatment activities for HIV/AIDS, TB and malaria, with a good balance among the three diseases and choices of intervention
 - Ways of effective operation in conflict or disaster situations
- To discuss issues of governance, eligibility criteria, country processes, accountability and technical review and advise process of the Fund
- To identify how to enhance comprehensive dialogue and coordination among many actors including government organizations, non-governmental organizations, private sector, international organization, bilateral and multilateral collaborations at the country level in dealing with HIV/AIDS, TB and malaria and seeking supports from the Fund.

Expected Outcome

- Countries are informed and prepared to engage in the Fund when it becomes operational

- Countries contribute to their thoughts, position and suggestions as regard to the preparation documents of governance, eligibility criteria, country processes, accountability and technical review and advise process of the Fund. This will be an important input for the TWG 2nd meeting in November 2001.

Location

Bangkok, Thailand

Time

14-15 November 2001

Participants

Open ended participation by all countries in Asia and Pacific regions. It is indicated that participants include GO, NGO, Private sector and international organizations active in this field.

Host

The Government of Thailand

Organizer

Government of Thailand through Ministry of Public Health

**Summary Report of Asia-Pacific Consultative Meeting
14-15 November 2001
Siam City Hotel, Bangkok, Thailand**

PREAMBLE

The participants expressed their strong appreciation for the establishment of the Global Fund which will help combat the three major killers, AIDS, TB and malaria in all countries where these diseases constitute major problems.

A total of 59 participants from 19 countries and 5 UN agencies/international organizations attended the Asia-Pacific Consultative Meeting held in Bangkok from 14-15 November 2001.

The principle that the Fund will operate in a balanced manner in terms of different geographical regions, diseases and interventions was strongly endorsed by the meeting. The meeting strongly recommended that Fund governance should be well balanced among different regions. Countries in the Asia Pacific Region should be eligible for supports from the Fund, and commensurate with burden of diseases.

Reviews found that the overall health situation in Asia Pacific is daunting because of poverty and lack of resources. The Region accounts for 60% of world population. In South Asia, 522 million people are living on less than US\$ 1 per day.

Disease burden in the Asia-Pacific Region is very significant. Of the world's 8.4 million TB cases 4.8 million, or nearly 60% reside in this Region. It is estimated that 36 million people live with HIV/AIDS globally out of which 6 million are in Asia and the Pacific region. Moreover, the growth rate of HIV infection in this Region has become the highest in the world.

More than 22 million cases of Malaria were estimated in the Region during 2000, with drug resistance emerging now as a very serious problem in many countries. This affects mostly people in border areas. The drug-resistant malaria (both first and second line drugs) is now spreading to other countries/areas. Around 400 million people in the Region are estimated presently to be at risk.

Considerable works are needed to be done in the Region on engagement of the highest-level political leadership and the development of expanded and multi-sectoral national responses. As evidence shows, this approach will make the real difference in stemming the epidemic in the Asia/Pacific region.

In principles, delegates supported the papers prepared by TWG with additional comments and suggestions on 3 main issues as follows:

1. GOVERNANCE

1.1 Partnership Forum

In order to facilitate discussion of issues specific to the Region, it was suggested that the Partnership Forum should be organized at the regional as well as global levels. Existing mechanisms could be used as platforms for the regional partnership forums.

1.2 The Board

The membership of the Board should be balanced among the Regions and between those representing the developed and developing countries. Number of Board members should be

increased from the currently proposed 15 to about 20 in order to give a greater representation to the developing countries. This number appears adequate and would not necessarily sacrifice the manageability and efficiency of the Board. In order to draw in more representation from constituencies of developing countries, Board participation should be open to observers including NGOs and civil society.

Membership should be on a rotational basis so as to ensure an equitable representation of developing countries, NGO/civil societies and private stakeholders. Each member of the Board should have equal voting- one member, one vote.

Decisions making on the Fund should refer to the existing technical policies, strategies and priorities related to HIV/AIDS, tuberculosis and malaria developed by countries and accepted internationally.

1.3 Secretariat

A UN Organization such as WHO should host the Secretariat to speed the start-up and make the Fund quickly operational.

1.4 Technical Review Panel

The Technical Review Panel should be independent and represent developing country needs. The panel may seek advice from relevant experts within UN organizations.

2. ELIGIBILITY CRITERIA

Global Fund should stimulate countries to prepare quality proposals. The eligibility criteria should be applied flexibly and used as an opportunity to encourage maximum participation from countries to control these diseases in a transparent and cost-effective manner. The country proposals should enable greater participation from partners in addition to global fund.

2.1 Countries and Regions

General suggestion

(1) Sequential indicators are applied: Countries who pass the first level selection will then be ranked according to the second level indicators and priority will be given to countries at the higher rank and technical merits of the proposals.

(2) Eligibility indicators should be applied separately for HIV/AIDS, TB, and Malaria, and three lists of eligible country are drawn up accordingly.

Eligibility indicators may include:

First Level:

Burden of disease—Number of infection (incidence, prevalence and size of population infected) and/or potential for high disease burden (e.g., high prevalence of risk behavior, the rate of growth of the three diseases, the incidence of STIs, and the incidence of drug resistance for Malaria and TB.)

Second level:

Socio-economic/ development index (e.g., HDI and/or Poverty index).

Remarks:

- (1) Indicators selected should be clearly defined and data quality and availability at the national level should be considered. Improvement of quality and availability of data at national level can be part of a proposal.
- (2) National consensus and political commitment should be used as "Kick-in" criteria, for the proposal consideration.
- (3) General health indicators should not be included.
- (4) There may be different eligibility indicators for different purposes, e.g., direct activities support vs. technical assistance, prevention vs. care.
- (5) Variations within the country, vulnerable population, and the availability of technical expertise should also be considered.

Decisions on eligibility criteria should not be delayed: should be finalized by the TWG by Dec. 2001, and handed over to the board.

2.2 Organizations

Delegates at the meeting agreed in principles of the organization eligibility suggested in the TWG paper, which put more emphasis on collaboration between all concerned parties at country level. Additional point made by delegations is:

Multisectoral **country co-ordinating mechanism** should be involved in the preparation and implementation of the proposals.

2.3 Proposals

(1) Additional criteria for priority setting for proposals are:

- (a) Evidence-based: Best practices, proven effective interventions
- (b) Achievement of clear and measurable outcome
- (c) Scaling up interventions
- (d) Demonstrate medium term strategic plans indicating targets, monitoring and evaluation, for the three diseases.
- (e) Demonstrate sustained financial and political commitment.
- (f) Meet technical, programmatic and administrative criteria, guidelines and standards set by the Board.
- (g) Strengthening governance and multisectoral strategies including health system.

Note: The issue of strengthening of institutional capacity and program implementation should be considered as supported activities.

(2) The Fund should be used and disbursed according to achievement.

3. COUNTRY PROCESSES**3.1 Process of Proposal Preparation****Coordination Mechanism**

- (1) As a principle every country will have one country coordinating committee (CCC)
- (2) The CCC should be led by the government and include all relevant country level partners such as NGOs, private sector, UN agencies, inter-sectoral, and technical institutions.
- (3) CCC could be supported by three different disease taskforces (or thematic working groups, sub-committees)
- (4) CCC should also be manageable in size

3.2 Country Proposal

- (1) Eligibility for proposal should be in line with the decision made on eligibility criteria; a country could apply a maximum three proposals to the Fund, one proposal for each disease.
- (2) An approved format should be made available by TWG for three different diseases

3.3 Country Level Review Process

CCC will appoint a proposal preparation group (PPG) which will develop the proposal and submit it to a technical review group (TRG) for review at country level. The TRG should not be the same group of people who have prepared the proposal.

3.4 Channeling of Fund

The Fund should have a simple, rapid, efficient, effective and accountable mechanism of disbursing Funds at the country level.

- (1) The government takes a lead in channeling of Fund by using the CCC or the existing governmental mechanism. If the mechanism is not yet established, new innovative mechanism should be encouraged, for example, a trust fund.
- (2) Decision on channeling of funds should be flexible to suit country needs.
- (3) The Fund should provide broad guidelines on the channeling of Funds that would also ensure that small NGOs, and/or civil societies have access to the Funds.
- (4) The Fund should encourage performance and achievements of program output and/or outcome through an appropriate rewarding system.

3.5 Countries in special circumstances

- (1) UN agencies or other organizations should provide assistance in developing the proposal, in consultation with the countries. It was felt that in special circumstances e.g. in arm conflicts, international organizations and UN agencies could be supported by the Fund.
- (2) Inter-country collaboration and cross border issues should be considered as special circumstances, and be given priority.

3.6 Monitoring & Evaluation

Monitoring indicators should be part of proposal. Program evaluation by independent external reviewers such as UN Agencies, universities and other allied agencies, for example, IUATLD for TB is recommended. The evaluation for Global Fund should be carried out together with or as a part of an ongoing periodic evaluation each national program undergoes.

A separate evaluation by different donors should be avoided. The frequency of evaluation of programs depends upon the complexity, size and duration of project, which can be conducted one to three yearly. Goals, target & indicators for monitoring & evaluation should be developed and be consistent with those adopted in international forum such as UN General Assembly.

3.7 Capacity Strengthening

Technical and management capacity should be strengthened to ensure success of the program, however, this depends on country's need. Limitation in human resource development was also considered as it can hamper the program. A balance between resources and burden of diseases according to the respective country situation should be considered.