

Platform for ACT-A Civil Society & Community Representatives

Hosted by WACI Health, STOPAIDS & Global Fund Advocates Network (GFAN)

To:

Co-Chairs of the Facilitation Council (Norway and South Africa) (ACTACouncilCoChairs@who.int)
Members of the Facilitation Council of ACT-A and Lead Agencies

From: The Civil Society Platform of ACT-A

Date: 12 Oct 2021

As the updated ACT-A Strategic Plan & Budget is currently being developed, and following the publication of the ACT-A Strategic Review on 8 October 2021, we write as civil society and community organisations to outline 6 key issues to be addressed within the new strategy:

Key Issue 1: The strategic plan and the review of ACT-A are two processes running in parallel. There is no clear link between the processes or documents and no clear articulation of how the recommendations from the review will be taken forward in the strategic plan. (Annex 1 outlines some of the 'how'). It is unclear who will decide which recommendations will be taken forward from the review, who will be responsible for leading on this, and what will be the accountability mechanisms and reporting on implementing the recommendations. Thus far, there has been a lack of communication to CSOs about the link to the documents and processes.

Key Issue 2: Lack of common understanding on what constitutes meaningful civil society engagement and a lack of it in both processes: The ACT-A Strategic Review calls for transparent and accountable decision-making across all pillars. Rather than consulting civil society and communities after major decisions are made, a truly participatory governance approach calls for spaces to engage us as co-creators and partners. In reality, The draft strategy (with a key HSC pillar content missing) was shared with civil society with a two-day turnaround time. Some CS representatives (but not in all pillars) have been in meetings where the strategy was discussed as part of information sharing but meaningful consultation did not take place.

Key Issue 3: Absence of clear Test and Treat strategy in the strategic plan.

We know that demand for diagnostics is driven by access to treatment, while demand for treatment will be driven by access to diagnostics. The recent ACT-A Strategic Review mentions that "the [Diagnostics] Pillar is seeking to expand...test-and-treat strategies" yet the draft Strat-Plan for Diagnostics makes no mention of this at all. This despite calls for inter-pillar collaboration on test-and-treat which took months for the pillar leads to organize. Since that meeting there has been no meaningful boost in collaboration despite the announcement of extremely encouraging results for *Molnupiravir*. As if past and present lack of urgency were not perplexing enough, we are extremely alarmed by the continued neglect and total absence of work on test-and-treat in the draft strategy. This constitutes a massive blind spot in ACT-A's vision and is quite frankly inexplicable, given the potential for positive synergies across pillars.

Key Issue 4: The Health Systems Pillar needs to be urgently revived

The Platform for Civil Society and Community Representatives to the ACT-A recruited civil society and community representatives to the HSC pillar in April 2021. Since then, there have been no full pillar meetings with civil society stakeholders. The draft strategic plan was missing the entire HSC section when it was received for comments. The workstream of the HSC pillar lacks clear definition, vision, clarity and the basis for decisions and prioritisation is missing. Health systems are only seen as

provision of PPE to protect health care workers. The pillar does not prioritise, clarify nor articulate community systems strengthening and community led responses to COVID-19 as the integral element of the health systems. Community-led responses help to reach the poorest and hard-to-reach communities. Importantly, they also provide a platform for delivering other essential primary healthcare services as well as the pandemic preparedness responses. The biggest health system gap and challenge, that of severe shortage of healthcare workers, including community health care workers, to deliver the COVID-19 response, is missing. The Strategy does not acknowledge the fact that there is, pre-COVID-19, a shortfall of about 18 million health care workers to deliver essential care, and that over 100,000 of the limited health care workers have lost their lives, and many more burnt out or left their professions altogether. The pillar does not acknowledge nor address the impact shortages have on the delivery of other programs such as TB, Malaria, HIV, child immunisation, Maternal and Child Health Programs that the lead agencies also support. Missing also is a vision of how the pillar plans to harmonise, align and coordinate real investments in health systems, including health workforce, to deliver COVID-19 services and sustain other programs that the lead agencies fund, worsening the gaps.

An analysis of the existing global human resources for health financing by donors and government should feed into an investment case and costing of real gaps and needs inclusive of the additional recruitment, protection and care of the health workforce, and integrated data management needs to be developed or updated and resources mobilised aggressively.

Key Issue 5: Equity:

The strategic plan has a clear focus on addressing growing inequities in access to COVID-19 tools for underserved countries and areas but is a narrow definition of what this constitutes. ACT-A's strategy has not adequately addressed equity needs, particularly those affecting access to COVID-19 health technologies by socially marginalized populations. Inequalities within states based on gender, LGBTQ+, race/minority group, refugee/migrant status, disability, age, religion, and other relevant factors must be addressed through the Health System Connector (HSC) and other means. Although ACT-A has voiced consistent rhetorical concern about global inequalities in access, it has done so largely without naming culpable parties, corporate and governmental. ACT-A needs a broad equity strategy across all its activities.

Key Issue 6: Governance and decision-making

While Civil society appreciate the recognition of the importance of engagement of LMICs, LICs and CSOs in existing global and Pillar/Agency mechanisms, including the ACT-A Facilitation Council and its working groups, the Gavi AMC mechanism, Global Fund's C19RM, and through other available agency mechanisms in both the strategy and strategic review, taking forward the recommendation of the strategic review, the ACT-A must be bolder and more forward thinking. A clear decision-making structure must be in place and clearly communicated, with more formal engagement of civil society and communities in governance mechanisms and decision making structures of ACT-A, with permanent representation and equal participation. This is important to ensure meaningful engagement of civil society and communities with all existing lead agencies, and especially among those where none exist.

The ongoing development of the new ACT-A strategy offers an opportunity to address these key issues, in addition to the key concerns and recommendations raised by the Platform for ACT-A Civil Society & Community Representatives in response to the Strategic Review. A copy of the statement can be found [here](#).

Organisations:

Abubuwa Societal Development Initiative, Nigeria
ACT Alliance, Switzerland
Action against NCDs in Eswatini, Eswatini
Advocacy Initiative for Development (AID), United States
African Alliance, South Africa
African Network Of Adolescents and Young Persons Development (ANAYD), Nigeria
Alliance for Public Health, Ukraine
Association For Promotion Sustainable Development, India
Association of Women of Southern Europe, France
Basic Foundation for Socio-Economic Development of Rural Women and Youths, Nigeria
Ben Newman Hope Care Foundation, Ghana
Cancer Alliance, South Africa
Child Watch, Tanzania
Children and Young People Living for Peace (CYPLP), Nigeria
Civil Society Movement Against Tuberculosis (CISMAT), United States
Commonwealth Medical Trust, United Kingdom
Community Working Group on Health (CWGH), Zimbabwe
Connected Advocacy for Empowerment and Youth Development Initiative, Nigeria
Curtis business, RD Congo
FIRD-Uganda, Uganda
Foundation for Integrative AIDS Research (FIAR), USA
Frontline AIDS, United Kingdom
FSG Africa Ltd, United Kingdom
Global Fund Advocates Network (GFAN), Global
Global Health Advocates, France and EU
Haiti Cholera Research Funding Foundation Inc.. USA, United States
Health Global Access Project, Global
Ifarma Foundation, Colombia
Indigenous Peoples Global Forum for Sustainable Development, IPGFforSD (International Indigenous Platform), Global
Interagency Coalition on AIDS and Development (ICAD), Canada
International Federation on Ageing, Canada
KAPOTEC FOUNDATION UG, Uganda
Kenya AIDS NGOs Consortium (KANCO), Kenya
LiveWell Initiative LWI, Nigeria
MINSANTE, Cameroon
Partners In Health, United States
PATH, Kenya and South Africa
RESULTS UK, United Kingdom
Rwanda NGOs Forum on HIV/AIDS and Health Promotion, Rwanda
South African NCDs Alliance, South Africa
STOPAIDS, United Kingdom
Sustainable Development Council, India
Tanzania AIDS Forum, Tanzania
Tanzania Network of Women Living with HIV and AIDS, Tanzania

TB Proof, South Africa
Ukana West 2 Community Based Health Initiative (CBHI), Nigeria
WACI Health, Kenya
Water, Sanitation and Hygiene Network (WASH-Net), Sierra Leone
Women in Global Health, Global
Women Together Edu-Cultural Center, Kenya
World Vision International, Global
Wote Youth Development Projects, Kenya
YOUTH INITIATIVE FOR THE PROMOTION OF GOOD LEADERSHIP IN NIGERIA, Nigeria

Individuals:

Brian Hutler (Johns Hopkins University)
Dr. Clare Rayner (Representative in ACT-A Therapeutics Worksteam 1)
Dr Fifa Rahman (NGO Representative, ACT-A Facilitation Council)
Durami Alhamdu
Mercy Annapoorani
Peter Owiti (Communities Representative, ACT-A Facilitation Council)
Sara (Meg) Davis, Ph.D. (Global Health Centre, Graduate Institute)
Sharonann Lynch (Georgetown University)