

Feedback and recommendations to the Technical Partners from the Developing Country NGO Constituency on the use of Catalytic Investments

As general recommendations

1. The Developing Country NGO Constituency (DCNGO) recommends that catalytic funding not be used to replace evidence-based public health, prevention, diagnoses and medical care activities that were forgotten or not included in country grants and allocations.
2. Eighty per cent (80%) of catalytic investments should be directed to projects and interventions that have direct involvement of communities and where local CSOs are implementers.
3. Areas such as advocacy – needed in order to sustain gains and increase domestic funding on AIDS, TB and Malaria – should be funded through catalytic investment.
4. Catalytic investments must be driven, mainly, by the need of active involvement of CSOs through targeting and filling *gaps* that are traditionally not covered and not prioritized by governments or the formal health systems.
5. Civil society organizations should be actively involved in monitoring the use of catalytic investments and with the help of technical partners evaluate the impact of these investments.

Priority areas for Catalytic Investments in HIV

1. Catalytic investments should use a public-health approach in a framework of human rights that prioritizes the removing structural barriers to accessing HIV services by key populations.
2. We stress the importance of considering a wide variety of services that can be delivered by CSO, to include but limit to: advocacy, removal of structural and human rights barriers to access HIV testing and treatment, harm reduction, prevention and care services, adherence, retention in care. In addition, the provision of legal literacy and training for KP, should be prioritized, in order to increase capacity to demand access to the needed services.
3. There is need to use catalytic investments to reduce stigma, discrimination, homophobia, gender based violence and misogyny, as barriers that need to be addressed in order to increase impact of country grants.

Priority areas for Catalytic Investment – Malaria

1. We recommend the use of catalytic investments in order to train communities, CSO and CBO to make them engage in basic Malaria prevention and on monitoring community compliance with Malaria eradication rules
2. There is need for investment in CS advocacy in order to raise awareness on the need of Malaria eradication

3. Catalytic investment geared towards CSO advocacy with the aim to raise domestic funding and domestic efforts to eradicate Malaria and to sustain gains in malaria free zones that are high risk for malaria outbreaks

Priority areas for Catalytic Investment – TB

1. Countries in transition with high TB burden of disease and high gaps in finding people missed to TB, should receive special considerations for funding in order to assure sustainability after transition
2. Catalytic Funding should be made available to civil society and community based organizations for their direct involvement in finding people missed to TB
3. Civil Society-led organizations should be trained and be directly involved in finding missed people with TB
4. Task shifting should be a priority in order to expand the ability to find missed people with TB on a massive scale
5. Task shifting must be increasingly moved from traditional healthcare personnel to communities and members of CSO and CBO
6. DCNGO recommends that countries in transition with high TB burden of diseases and high gaps on finding missed people with TB should receive special consideration in order to assure sustainability after transition