AN EVOLVING PARTNERSHIP:
The Global Fund and Civil Society
in the Fight Against
AIDS, Tuberculosis and Malaria

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

Mongolia

A TB PATIENT AT A PRISON HOSPITAL WATCHES
AWARENESS-RAISING SKITS BEING PERFORMED BY
FELLOW INMATES FOR WORLD AIDS DAY.

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LIST OF TERMS & ABBREVIATIONS USED

AFRICASO	African AIDS Service Organizations
CBO	Community-based organizations
CCM	Country Coordinating Mechanism
CSW	Commercial sex worker
DFID	Department for International Development (UK)
DOTS	Directly Observed Treatment, Short-course
EANNASO	Eastern African National Networks of AIDS Service Organizations
FBO	Faith-based organization
FPM	Fund Portfolio Manager
GFDC	Global Fund Debt Conversion
GFO	Global Fund Observer
IDU	Injecting drug user
ITN	Insecticide-treated bed net
LFA	Local Fund Agent
MSM	Men who have sex with men
NGO	Nongovernmental organization
OAU	Organization of the African Union
OPCS	Operational Partnerships and Country Support
PCB	Programme Coordinating Board (of UNAIDS)
PLWHA	People living with HIV/AIDS
PR	Principal Recipient
PSC	Policy and Strategy Committee (of the Global Fund Board)
SRP	Screening Review Panel
TB	Tuberculosis
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel
TWG	Transitional Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization
ZNAN	Zambia National AIDS Network

EXECUTIVE SUMMARY

Civil society[1] has played a fundamental role in the design and development of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) as well as a critical part in advocating the necessity for multi-stakeholder participation in all areas of the Global Fund architecture. All through the development and evolution of the Global Fund, civil society has encouraged governments to commit more resources to address the most devastating infectious diseases and provide support for program implementation. Representatives from civil society organizations have been valuable voices on the Global Fund Board, where they hold equal voting rights alongside donor and recipient governments; on Country Coordinating Mechanisms (CCMs), representing the needs of vulnerable and marginalized groups infected with and affected by the three diseases and in program implementation. Civil society has a proven and effective role in targeting hard-to-reach communities and in improving prevention and treatment literacy.

THE PERFORMANCE-BASED FUNDING MODEL

The Global Fund's model is based on the principle of country ownership, with funds allocated on the basis of strict performance criteria. The Global Fund is a financial instrument rather than an implementing entity which allocates resources on the basis of demand and technical merit. Therefore, the model's efficacy and impact are reliant on countries for effective planning and implementation of programs and on technical partners for assistance and capacity building where necessary.

The uniqueness of this model is that a country's performance is not compared to that of another country, as every country will have developed its own core objectives. In addition, countries are able to adjust targets throughout the life of a grant to ensure that resources are spent in the most effective way.

The Global Fund has been in operation for five years with US$ 7 billion committed thus far to more than 450 programs in 136 countries. Of this amount, US$ 3.5 billion had been disbursed to public and private recipients as of 31 March 2007. The experience so far indicates that the model works — performance is high and there are early signs of impact related to the three diseases in several countries, especially in areas where partners have become involved in the decision-making around program design and in the implementation of programs on the ground. To date, more than 770,000 individuals have received lifesaving treatments for HIV, two million individuals have received Directly Observed Treatment, Short-course (DOTS) therapy for tuberculosis (TB) and 18 million insecticide-treated bed nets (ITNs) have been distributed.

CIVIL SOCIETY AND THE ORIGINS OF THE GLOBAL FUND

In April 2001, at the Organization of African Unity (OAU) Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases in Abuja, then-United Nations Secretary-General Kofi Annan called for an additional US$ 10 billion per year to fight HIV/AIDS. Civil society perceived this as an

[1] Civil society is defined by the UN as associations of citizens (outside their families, friends and businesses) entered into voluntarily to advance their interests, ideas and ideologies. The term does not include profit-making activity (the private sector) or governing (the public sector).

opportunity to secure access to urgently-needed treatment and care for millions of people worldwide. Civil society applied concerted pressure on governments of low-income countries and on bilateral donors to support the Global Fund and to increase the portions of their countries' gross national product dedicated to fighting the three diseases. The internationally-recognized role that civil society played in launching the Global Fund's first funding round and in the conceptualization and design of the Global Fund led to a sense of ownership; the Global Fund was an initiative that they had helped to create, fund and govern.

RECOGNIZING ADDED VALUE

During its five years of operation, the Global Fund has been able to measure the degree to which civil society has been involved in and essential to its processes, in particular concerning issues of representation on the Board, on the CCM and in implementation. It is important to document this evolution not only to acknowledge how far we have come but also to recognize the challenges the international development community still faces in ensuring that the added value of this sector is fully harnessed.

AN EVOLVING PARTNERSHIP

This report seeks to re-emphasize the role of civil society in Global Fund processes and to highlight the achievements of the sector in influencing how the Global Fund operates. It is also a record of the evidence the Global Fund has been able to collect of civil society as strong implementers of programs at the country level and of different financing models where civil society organizations, often alongside governments, serve as Principal Recipients (PRs) of Global Fund resources. The report examines five areas in which civil society is integral to the Global Fund architecture and where it has made genuine strides in influencing the work of the Global Fund.

1. Advocacy and Resource Mobilization:
The role of civil society in resource mobilization has remained fundamental to the Global Fund securing the money it needs to finance each of its funding rounds to date. In addition, civil society is often uniquely placed to determine whether the resources which are intended for affected communities are actually reaching and benefiting them.

Several "Friends of the Global Fund" organizations have been established, serving the purpose of raising awareness of the Global Fund among the general public. In addition, a sense of ownership has developed whereby civil society stakeholders themselves are working to inform their counterparts on the work of the Global Fund, as seen in publications such as *The Global Fund Observer*.

2. The Global Fund Board and Governance:
Civil society members hold three seats on the Global Fund Board, namely the Developed Country NGO, the Developing Country NGO and the Communities Affected by the Diseases (referred to as the "Communities Delegation") delegations. Each of these constituencies has full voting rights. This participation is an important channel for influencing policy decisions for all civil society stakeholders. In addition, civil society delegations bring the realities of individuals living with and affected by the three diseases and the realities of program implementation to the attention of the other Board members.

3. The Global Fund Secretariat:
Since the design of the Global Fund, the institutionalization of civil society into its work has evolved to the point that it is learning to ensure that the added value and experience of these key stakeholders is maximized throughout its key structures, particularly in the Secretariat. As the organization grows, the Global Fund is able to expand its contact with partners, including civil society, through other teams inside the Secretariat, including the Civil Society Team within the External Relations Unit, Operational Partnerships and Country Support (OPCS) and the regional cluster teams.

4. The Country Coordinating Mechanism:
The CCM is a cornerstone of the Global Fund's architecture, where innovative public/private partnerships are built to rapidly disburse funds in the battle against AIDS, TB, and malaria. The CCM was designed to mirror the structure of the Global Fund Board, whereby all relevant sectors would play a key role in determining how the Global Fund should be governed. In many countries, governments, private sector and civil society are collaborating together to decide crucial programmatic and policy outcomes. This has not only become a strong factor in a country's potential sustainability of disease-fighting efforts, but —

equally as important — a catalyst for democratic processes where vulnerable and marginalized groups acquire a key voice in national policy.

5. Civil Society in Implementation:

Throughout the eight regions in which the Global Fund has grants, governments, civil society and multilateral partners are key implementers. Over time, civil society organizations are proving to be effective implementers. Year-end figures from 2006 show that 83 percent of civil society PRs were A or B1-rated. Civil society as an entity received the largest percentage of A and B1-ratings (28 percent A-rated and 55 percent B1-rated) in comparison to the other entities involved in grant implementation. In addition, both the dual-track financing model and the multiple-PR model have become effective mechanisms for utilizing existing capacity in a given setting.

KEY ISSUES FOR THE FUTURE

Throughout these five areas, challenges for maximizing the comparative advantage this sector can offer in combating the three diseases still exist. These challenges include the lack of a "critical mass" of civil society advocates for malaria, reflected in the relatively low success rate for malaria proposals per round and the development of the capacity of civil society in the longer term to take on a stronger implementing role. Civil society stakeholders continue to report the difficulty of accessing up-to-date and easily-digestible information on the Global Fund and its procedures and in determining how civil society groups are represented and accountable in country processes.

Although there are challenges to the full participation of civil society at each level, the vital role of governments as well as other key stakeholders in the design and financing of effective programs cannot be bypassed. We must continue to consider what the Global Fund can do — and equally what civil society can do — to ensure that the experiences of vulnerable and marginalized communities have the impact which was intended when these models of the public/private partnership were initially developed.

Yemen

THE LARGE SCALE-UP OF ITN DISTRIBUTION IN YEMEN IS POSSIBLE WITH THE ACTIVE INVOLVEMENT OF DEDICATED FEMALE VOLUNTEERS, TRAINED WITH GLOBAL FUND SUPPORT. CONTRARY TO MEN, WOMEN CAN ENTER ANY HOUSEHOLD, ALLOWING THEM TO BRIEF ENTIRE FAMILIES IN MALARIA PREVENTION.

INTRODUCTION

1. Civil society has played a fundamental role in the design and development of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), as well as a critical part in advocating the necessity for multi-stakeholder participation in all areas of the Global Fund architecture. Throughout the development and evolution of the Global Fund, civil society has encouraged governments to commit more resources to address the most devastating infectious diseases and to provide support for program implementation. These organizations have been effective voices on the Global Fund Board, as they hold equal voting rights alongside donor and recipient governments; on Country Coordinating Mechanisms (CCMs), representing the needs of vulnerable and marginalized groups infected and affected by the three diseases as well as in implementation, where civil society has a proven and effective role in targeting hard-to-reach communities and in prevention and treatment literacy.

THE PERFORMANCE-BASED FUNDING MODEL

2. The Global Fund operates a performance-based funding model whereby countries determine their own individual targets according to what they consider to be the immediate priorities for fighting the three diseases. The uniqueness of this model is that a country's performance is not compared to that of another country, as every country will have developed its own core objectives. In addition, countries are able to adjust targets throughout the life of a grant to ensure resources are spent in the most effective manner. Countries with a less-developed health infrastructure or lower levels of human resources are not penalized, and, in fact, over time, the Global Fund has been able to demonstrate that poorer countries do not necessarily perform worse than their more-developed counterparts.

3. The performance-based model is also heavily reliant upon the concept of country ownership and country-driven processes, where a range of stakeholders are required to develop an effective response to the three diseases. This ensures that all key stakeholders are given the opportunity to contribute to strategy development for addressing AIDS, tuberculosis (TB) and malaria in a country. The Global Fund has been in operation for five years, with US$ 7 billion committed thus far to more than 450 programs in 136 countries. Of this amount, US$ 3.5 billion had been disbursed to public and private recipients as of 31 March 2007. To date, more than 770,000 individuals have received lifesaving treatments for HIV, two million individuals had received Directly Observed Treatment, Short-course (DOTS) therapy for tuberculosis and 18 million insecticide-treated bed nets (ITNs) have been distributed. The model is continuing to prove successful, as partners are increasingly involved in the decision-making process of program design and also in the implementation of these programs on the ground.

THE HISTORY OF THE INVOLVEMENT OF CIVIL SOCIETY IN THE RESPONSE TO THE PANDEMICS

4. From the beginning of the HIV/AIDS pandemic in the early 1980s, civil society became the driving force in drawing public attention to the impact of HIV/AIDS on their families, friends and communities. This was achieved through targeted advocacy campaigns aimed at key decision-makers and governments, demonstrating the necessity for action and treatment as the number of individuals infected and dying rose at an alarming and seemingly un-abating rate. Eventually civil society was able to gain international commitment and resources from governments and multilateral organizations to combat HIV and AIDS. Global resources to fight HIV/AIDS increased from approximately US $2 billion in 2001 to around US$ 8 billion in 2006.

5. In April 2001, at the Organization of African Unity (OAU) Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases in Abuja, then-United Nations Secretary-General Kofi Annan called for an additional US$ 10 billion per year to fight HIV/AIDS and the creation of a global fund to mobilize these resources. However, as governments and international donors had not been accustomed to spending this level of funding on health, it was civil society advocates who pushed increased global spending for the three diseases onto the agenda.

6. This led to the conceptualization and development of the Global Fund — an organization whose core purpose would be to raise and rapidly disburse greatly-increased resources to finance the prevention, treatment, care and support of people living with or affected by HIV, TB and malaria. Civil society perceived this as an opportunity to secure access to urgently-needed treatment and care for millions of people globally. The momentum grew, pushing the Global Fund to be distinct from previous UN initiatives — more streamlined, less bureaucratic and, most importantly, based on equal stakeholder involvement from every sector.

7. Civil society again quickly became organized internationally, applying concerted pressure on governments of low-income countries and bilateral donors to support the Global Fund and to increase the portions of their countries' gross national product dedicated to fighting the three diseases.

Uniquely, this pressure came from both Northern and Southern civil society members and succeeded in launching the Global Fund's first call for grant proposals (Round 1) in 2002. The internationally-recognized role that civil society played in launching Round 1 and in participating in the conceptualization and design of the Global Fund led to a sense of ownership; the Global Fund was an initiative that they had helped to create, fund and govern.

DEFINING CIVIL SOCIETY

8. In order to fully integrate the experiences and skills of civil society into Global Fund processes, it is necessary to be clear about whom that includes. For the purposes of the Global Fund, a definition is required that specifies the key groups it seeks to have represented in its processes, including not only people working in HIV/AIDS, but in TB and malaria as well. The Global Fund has therefore adopted the United Nations definition of civil society:

> The associations of citizens (outside their families, friends and businesses) entered into voluntarily to advance their interests, ideas and ideologies. The term does not include profit-making activity (the private sector) or governing (the public sector). Of particular relevance to the United Nations are mass organizations (such as organizations of peasants, women or retired people), trade unions, professional associations, social movements, indigenous people's organizations, religious and spiritual organizations and academic and public benefit nongovernmental organizations.[2]

THE COMPARATIVE ADVANTAGE OF CIVIL SOCIETY

9. The HIV/AIDS pandemic, as well as those of TB and malaria, has forced the international development community to work in innovative ways to require policy-makers and program implementers to devise a balance between developing short-term emergency and humanitarian relief programs to meet the urgency of the three diseases and longer-term sustainable humanitarian aid programs. This is an uncomfortable dichotomy between re-evaluating what defines an emergency and focusing on long-term development goals.[3] The scale and burden of the three diseases have also forced the

[2] United Nations (2004). [3] See Global Task Team (2005).

international community to look for and acknowledge support from stakeholders outside of conventional circles that had previously been limited to governments, bilateral and multilateral organizations, towards individuals and networks that are actually living with the day-to-day impact of such policies and programs and are experiencing the brunt of the three diseases.

10. However, the crucial role of civil society in low-income settings is not novel. Communities and social capital have continued to develop and strengthen in areas where formal infrastructure — such as in health and education — have failed to meet the needs of individuals. Civil society has been able to target hard-to-reach communities with prevention and education messages and information in urban as well as rural areas and across a range of age groups and marginalized populations. In addition, as treatment for the three diseases has become more widely available and affordable we are collectively learning the role civil society can play alongside governments to ensure communities gain access to treatment, care and support. Policy-makers are discovering that not only has civil society in northern and southern constituencies been at the forefront of treatment advocacy, but they have often been the first line of response for many communities, offering counseling, support and treatment.[4] People living with and affected by HIV/AIDS have been critical in offering treatment literacy, demonstrating the importance of adherence and the challenges of treatment resistance, serving as "treatment supporters" and advocating "treatment preparedness."[5] The peer support which can be offered by civil society organizations and their daily reality has helped to shape how the international development community should effectively address the needs of individuals living with and affected by the three diseases.

THE VALUE OF CIVIL SOCIETY TO THE GLOBAL FUND

11. In five years, the Global Fund has been able to increasingly measure the degree to which civil society is involved in and essential to its processes, particularly with respect to issues of representation on the Board, the CCM and in implementation. It is necessary to document this evolution to not only acknowledge how far we have come but also to recognize the challenges the international

development community still has ahead of it in ensuring the added value of this sector is fully harnessed. The sustainability of the Global Fund depends upon whether its structures and processes fully involve civil society, whether the voices of civil society are translated into action and whether the participation of civil society ensures that limited resources are rapidly distributed to the areas and communities that need them the most.

12. This report re-emphasizes the role of civil society in Global Fund processes and highlights the achievements of the sector in influencing how the Global Fund operates. It also documents the evidence the Global Fund has been able to collect of civil society as strong implementers of programs at the country level and of different financing models where civil society organizations (often alongside governments) are Principal Recipients (PRs) of Global Fund resources. As the Global Fund has been able to further define its operating processes at the country level, such as for CCMs, it has been able to provide examples of effective, country-driven processes and best-case examples of how countries are meeting Global Fund requirements.

13. The document is intended for:

- governments seeking to understand how better to work with civil society stakeholders

- bilateral and multilateral partners working within Global Fund processes seeking to better understand the implementation of CCM requirements as well as how to involve what are often vulnerable and marginalized groups in the CCM

- civil society stakeholders and organizations who are involved in Global Fund processes and who want to better understand the principles behind this role in the architecture of the Global Fund, and how to better put them into practice at the country level.

[4] UNAIDS. 24 March 2005. [5] SIDACTION/UNAIDS/WHO. 2005.

14. This report also aims to encourage civil society organizations to continue to be involved in efforts to fight the three diseases and to remind them of their essential and pivotal role in processes which determine how finite resources for AIDS, tuberculosis and malaria are to be spent.

15. This document examines five areas in which civil society has contributed most to Global Fund processes:

- **Advocacy and resource mobilization.**
  This includes the participation of civil society from when the Global Fund was first being set up through to the present, where civil society continues to mobilize resources to support and raise awareness of the Global Fund and its goals

- **Board and Governance.**
  Civil society has three seats on the Global Fund Board with voting rights and works in an efficient and highly-organized manner to influence and transform policy so as to ensure that the needs of people living with and affected by the three diseases are addressed

- **The Secretariat.**
  Communication with and representation of civil society are becoming increasingly important to core Secretariat tasks, from the orientation of new employees to regional civil society focal points where the Global Fund has grants

- **The CCM.**
  In many places, a range of stakeholders are coming together for the first time to determine the best and most sustainable response to the three diseases through the development of proposals and oversight of programs

- **Implementation.**
  Civil society organizations are playing an active and crucial role not only at the sub-recipient level but also increasingly as PRs, the main recipients of Global Fund grants

16. As the Global Fund continually evolves, additional points of entry for civil society are being created in monitoring and ensuring that countries are held accountable for Global Fund resources and in proposal design. Nevertheless, the total added value of this sector may not be fully maximized at present. It is therefore increasingly important to identify where challenges exist to the full inclusion of civil society and to seek out future solutions to increase their participation and genuine representation. The final section of this report further identifies existing challenges and ways forward with civil society. Civil society stakeholders continue to remind the Global Fund that it is an evolving institution with a unique model. In order for the model to remain distinctive and effective, it must consistently re-evaluate its processes and maintain its flexibility.

CASE STUDY 1
Civil Society and the Origins of the Global Fund

Civil society organizations — alongside concerned governments — had become increasingly concerned about the need to invest money in preventing, stopping and mitigating the impact of HIV/AIDS and in ensuring that money was used most effectively. The advocacy and campaigning pressure increased until eventually there was a firm commitment from governments at the OAU Summit on HIV/AIDS and Other Infectious Diseases in April 2001 to the creation of the Global Fund.

Work began almost immediately and a Transitional Working Group (TWG) was set up in Brussels to manage the development of the basic structure and principles of this new organization. With a strong emphasis on the Global Fund being "not business as usual" civil society, as one of the constituencies of the multi-stakeholder architecture, was involved from the very beginning.

A global nongovernmental organization (NGO) consultation on substantial issues — including governance, country processes and eligibility criteria — was commissioned through the UK NGO AIDS Consortium. The results of that consultation directly informed the structure and agenda of the civil society consultation meeting held in Brussels at which every region was represented. The whole process, from a global internet consultation to Brussels meetings and other civil society stakeholder meetings, produced clear recommendations that were adopted and continue to frame the way the Global Fund carries out its functions. These key recommendations included:

- NGO participation must be ensured in Global Fund decision-making activities at all levels

- The composition of the Global Fund Board should reflect the following proportions and status:
  - NGO participants should have full voting status (not less than 30 percent)
  - UN/multilateral organization participants should have observer status
  - Donors and recipient nations should have equal representation

- There should be a dedicated position on the Secretariat with responsibility for NGO liaison and outreach

- In order to ensure maximum transparency in Global Fund activities, all proposals, interim and final reports as well as other supporting/review documentation and working documents of the Global Fund Board, Secretariat and Partnership Forum should be available publicly and for comment in a timely way

- In circumstances where NGOs or vulnerable groups are not recognized by national governments, mechanisms must be in place to allow them to have access to the Global Fund

- The key roles of the CCM should be to bring together all key stakeholders, including NGOs, civil society and representatives of people living with and affected by the three diseases covered by the Global Fund, set country priorities and monitor programs supported by the Global Fund

This is not a definitive list of recommendations but demonstrates the degree of influence civil society had in the development of the Global Fund and its performance-based model.

Sri Lanka

PREVENTION OF MALARIA TRANSMISSION THROUGH THE PROMOTION OF INSECTICIDE-
TREATED BED NETS, INDOOR RESIDUAL SPRAYING AND DESTRUCTION OF VECTOR LARVAE
HAS BEEN A MAJOR FOCUS OF GLOBAL FUND FINANCING IN SRI LANKA

1 CIVIL SOCIETY IN ADVOCACY AND RESOURCE MOBILIZATION

1. From the initial phase of the development of the Global Fund, civil society has worked hard to secure additional resources for the Global Fund and to raise awareness of the organization and its core aims. It is in part due to the advocacy efforts of civil society that international attention and commitment was given to the three diseases and to the necessity to devote longer-term sustainable finances to fighting them. Not long after the development of the Global Fund, civil society became increasingly organized in order to ensure that governments and donors would remain committed to resourcing the Global Fund and to monitoring whether or not the Global Fund was performing according to the mandates it had set out: performance-based funding according to country-driven processes.

2. The role of civil society in resource mobilization has remained fundamental to the Global Fund securing the funds it needs to finance each of its rounds to date. After the Global Fund had launched its first round and began to mobilize resources for future rounds, it became evident that many of the key decision-makers in governments who could influence the amount of resources to be allocated to the Global Fund lacked information on its resource needs and its achievements. To address this, civil society networks developed advocacy campaigns targeted at public audiences, encouraging them to write to their local government representatives demanding higher levels of financial commitment to fighting the three diseases and to the Global Fund.

FRIENDS OF THE GLOBAL FUND

3. The Global Fund also began to work to support the development of smaller nongovernmental organizations which could raise awareness of its work while at the same time encourage key stakeholders to commit resources to the Global Fund. Since then, several "Friends of the Global Fund" organizations have been established, each of which has determined its own core aims and objectives. Some serve the purpose of raising awareness among the general public of the Global Fund, while others are beginning to play a crucial role not only in identifying additional resources but also in monitoring the effectiveness of Global Fund processes at the country/implementation level.

FUTURE FRIENDS

4. These independent "Friends of the Fund" organizations will continue to play a key role not only in raising awareness of the importance of the Global Fund but also in ensuring key decision-makers commit the resources necessary to finance the Global Fund. As their role is strengthened, it will become increasingly important to promote the development of these initiatives in recipient countries, in order to further support the ownership of these processes among southern partners. In addition to existing "Friends" organizations described below, potential future Friends of the Global Fund lie on the horizon in South and West Asia, East Asia and the Pacific, Latin America, Russia and the Middle East.

FRIENDS OF THE GLOBAL FIGHT

In 2003, Friends of the Global Fight (Friends U.S.) was set up in the United States for the purpose of educating, engaging and mobilizing decision-makers and leaders in Washington D.C. It works to identify and cultivate relationships with Congressional champions through serving as a conduit of dialogue between the U.S. leadership and the leadership of the Global Fund. Friends of the Global Fight also works to educate the general American public through the design and dissemination of fact sheets which translate complex information into easily-accessible formats appropriate for U.S. audiences, ranging from simple disease overviews to specific policy issues and the results of successful Global Fund programs around the world.

MAIN ACCOMPLISHMENTS TO DATE:
Since 2003, Friends U.S., together with other advocacy groups and partners, has been able to consistently increase the amounts appropriated for the Global Fund in relation to the original requests. It has also managed to increase the public awareness of the Global Fund through effective partnerships with media companies and celebrities.

FRIENDS OF THE GLOBAL FUND JAPAN

Coinciding with the establishment of Friends of the Global Fight, Friends of the Global Fund Japan was launched in Tokyo. Hosted by the Japan Center for International Exchange. It works to create an enabling environment for an effective response to the fight against the spread of HIV/AIDS and other communicable diseases in Japan. At the same time, it works to encourage its own national government to increase its support to the fight against communicable diseases internationally.

MAIN ACCOMPLISHMENTS TO DATE:
Friends of the Global Fund Japan organized in June 2005 a major symposium examining East Asian regional cooperation in the fight against AIDS. It was held in Tokyo in commemoration of the fifth anniversary of the Kyushu-Okinawa G8 Summit. During this event, Prime Minister Junichiro Koizumi announced in his address that Japan would dramatically raise its commitment to the Global Fund to US$ 500 million over the next few years.

CIVIL SOCIETY AS WATCHDOG

5. Civil society is uniquely placed to determine whether or not the resources which are intended for affected communities are actually reaching and benefiting them. They are often among the first stakeholders to report bottlenecks and misuse of resources. As mentioned above, civil society has played a key role in mobilizing governments to commit their resources to the Global Fund in response to the urgent need to provide treatment and care to people living with the three diseases. This sense of ownership that civil society has with regards to the Global Fund is a critical motivating factor for them to act as watchdog, holding countries as well as the Global Fund accountable for these finite resources. It is also this sense of ownership which has, in some instances, been formalized, taking the form of regular bulletins and updates by civil society stakeholders committed to guaranteeing that the Global Fund and those in receipt of its resources are held accountable. This watchdog role has in many places forced the Global Fund to adapt its policies and countries to re-evaluate their targets to ensure the needs of people living with and affected by the three diseases are sufficiently met.

FRIENDS OF THE GLOBAL FUND EUROPE
(AMIS DU FONDS MONDIAL EUROPE)

Following the creation of Friends of the Fund Japan, Friends of the Fund Europe (Amis du Fonds mondial Europe) was established. The role of Friends of the Global Fund Europe is to encourage and mobilize public and private initiatives from the European continent in support of the Global Fund. Similar to the other Friends of the Fund organizations, it works to influence public opinion in Europe about the Global Fund and to encourage high-level political commitment to resourcing the Global Fund. It also works with private sector entities in the the industrial and commercial sectors to promote the concept of the public/private partnership as an effective and sustainable response to fighting the three diseases. It encourages the participation of these sectors through co-investment or contributions to the Global Fund's work.

MAIN ACCOMPLISHMENTS TO DATE:
Friends of the Fund Europe organized a gathering of representatives of a number of European NGOs fighting against AIDS, tuberculosis and malaria in Paris in January 2006 on the topic of new sources of financing for development and, among them, the international airline ticket contribution. Friends in Europe has also been working with regional development agencies in Europe, encouraging them to support the Global Fund.

FRIENDS OF THE FUND AFRICA

In 2006, the Global Fund determined that its long-term sustainability would also depend upon the awareness of its aims and objectives among Southern partners — including recipient governments and civil society organizations — and that neglecting work with these key stakeholders could be detrimental to the resource mobilization aims of the Global Fund. In addition, it was felt that a Friends of the Global Fund based in the region which is currently experiencing the highest disease burden and consequently where the largest amount of Global Fund resources are committed would be essential to ensuring ongoing public and political support for the Global Fund. Friends of the Global Fund Africa was established to galvanize African government, the private sector and civil society for the purpose of bringing about sustainable and effective methods of addressing the issues of AIDS, TB and malaria in Africa through supporting the Global Fund and other innovative finance initiatives.

MAIN ACCOMPLISHMENTS TO DATE:
A highly-successful launch of Friends Africa in Kigali, Rwanda, in February 2007 in the presence of President Kagame and the First Lady.

THE GLOBAL FUND OBSERVER

6. One of the first Global Fund monitoring services was set up by AIDSPAN and is known as the *Global Fund Observer* (GFO). The GFO began its role shortly after the launch of the second round in December 2002. Its core mission is to reinforce the effectiveness of the Global Fund through its watchdog role and to act as an independent source of information for stakeholders both involved and not involved in Global Fund processes, including people and organizations in all sectors within developing countries who are applying for and implementing Global Fund grants, stakeholders who wish the organization to be more successful and members of the Global Fund Board delegations. The GFO provides monthly newsletters on the progress of the Global Fund and it is distributed to over 10,000 subscribers in 170 countries. It has served a valuable role in raising awareness of the Global Fund and its aims as well as in reminding civil society of their role in the core business of the Global Fund.

CASE STUDY 2
Civil Society and the Debt2Health Initiative

The Debt2Health initiative was formed through a collaborative effort between the Global Fund and several civil society organizations. The initiative built on debt relief advocacy efforts in the context of global health which had been raised by civil society groups such as Jubilee 2000 (and its network), the Global AIDS Alliance, Advocacy International and others.

In 2005, the Global AIDS Alliance and Advocacy International decided to conduct a six-month feasibility study of seven debtor nations that had successfully implemented Global Fund grants and were making sizeable investments in health care. The work arose from concern that traditional sources of finance for the Global Fund were likely to be insufficient to effectively address the global disease burden of the three diseases.

The report was produced as a result of collaboration between these civil society organizations, the Global Fund, and UNAIDS and included consultation with the World Bank. Funding support for the study was provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Ford Foundation, the Dorothy Ann Foundation, and the Global Fund. The Global Fund was eventually supported by experts on debt relief and communication/media from the civil society community, such as those based in Germany called "Erlassjahr" (or "Jubilee 2000"), to begin the implementation of Debt2Health and advocacy around the initiative.

The report, published by Advocacy International in July 2005, concluded that the Global Fund Debt Conversion (GFDC) would be able to generate significant new resources for health programs in poor countries, and recommended Indonesia, Peru, Pakistan, and Nigeria as the most viable countries for initial implementation of debt-for-health swaps. In addition, the report recommended establishing a pilot GFDC program and creating an advocacy campaign to expand the categories of debt eligible for conversion. Further analysis would also be planned to assess whether the GFDC mechanism would be feasible in other Global Fund recipient countries.

To date, the Global Fund is currently in the stage of securing an agreement with the first two champion countries, Germany and Indonesia, as well in discussion with several other additional countries that are interested in entering the model. The progress was achieved by constant collaboration with civil society stakeholders and by engaging with the governments involved as well as civil society counterparts in these countries. The background analysis for the debt conversion model and its arguments were put together through discussions with experts from the civil society community.

CASE STUDY 3
El Observatorio Latino

The GFO set a precedent in its function as watchdog, demonstrating an example to civil society in regions around the world of the importance of their voice in ensuring resources reach those communities which need them the most. In November 2005 at the FORO SIDA in El Salvador, a group of civil society stakeholders from the Latin American region came together to determine how they could ensure Global Fund resources in their region were used in the most effective way. From this meeting soon came *El Observatorio Latino*.

The *Grupo de Trabajo LAC-SC de Control Social frente al Fondo Mundial* (LAC Working Group for the External Monitoring of the Global Fund) was formed at the III Foro Latinoamericano y del Caribe en VIH/SIDA e ITS CONCASIDA in El Salvador in November 2005. Between 35 and 40 members of civil society from the region met over two days to form the group in an effort to better monitor the way in which Global Fund resources were spent and to ensure proper representation of civil society throughout the Global Fund architecture as it concerns the Latin American region.

The group soon created *El Observatorio Latino,* whose main objectives are to ensure access to HIV treatment, better monitor and hold accountable the PRs and sub-recipients, facilitate and identify technical support for civil society organizations and ensure stronger representation of civil society throughout Global Fund processes. *El Observatorio Latino* aims to work with national CCMs to ensure that countries are held accountable for the resources that are being spent as well as to communicate to the Global Fund when there are bottlenecks in implementation that affect the lives of their counterparts at the local level. Such watchdog entities are effective in bringing visibility to the issues and in keeping pressure on CCMs to carry out their functions in a fair and accountable manner.

Kyrgyzstan

IN A PRISON IN KYRGYZSTAN, PRISONERS LEARN ABOUT PREVENTING THE TRANSMISSION
OF HIV/AIDS THROUGH THE EXCHANGE OF DIRTY NEEDLES FOR CLEAN ONES.

2 THE PARTICIPATION OF CIVIL SOCIETY ON THE BOARD AND IN GOVERNANCE

1. When the architecture of the Global Fund was being designed, it was determined that its governing structure had to be different from other international aid organizations, and in particular that it could not, if it were to have the impact it envisioned, be considered "business as usual." Although some organizations like the GAVI Alliance and UNAIDS through its Program Coordinating Board (PCB)[6] already had a member representing civil society on their boards, no international funding institutions at the time had civil society playing such an integral role in governance both at the Board and at the country level. This involvement has influenced the way the international community considers democratic processes in the context of responding to the three diseases. The uniqueness of this structure should not be underestimated, as in many countries individuals are acquiring a powerful voice for the first time.

GLOBAL FUND GOVERNANCE STRUCTURE

2. Civil society members at present have three seats on the Global Fund Board, namely the Developed Country NGO, the Developing Country NGO and the Communities Affected by the Diseases (referred to as the "Communities Delegation") delegations, each of which have voting rights.[7] A key goal of this structure is to ensure equal voting rights for all stakeholders on the Board so that decisions are made in the best interests of people living with and affected by the three diseases. Civil society is also represented on the various committees of the Global Fund.[8] If one recognizes that there are twenty voting Board seats (with an additional four non-voting seats), and that civil society and the private sector and foundations represent one-quarter of total votes, it is clear that this is considerable influence which they are able to utilize in order to effect policy change.

CIVIL SOCIETY SEATS ON THE GLOBAL FUND BOARD AND ITS COMMITTEES

3. The civil society constituencies on the Board have up to ten delegates each representing Northern NGOs, Southern NGOs and disease-affected communities. This participation is an important channel for influencing policy decisions affecting all civil society stakeholders. In addition, civil society delegations bring the realities of individuals living with and affected by the three diseases and the realities of program implementation to the attention of the other Board members. The delegations themselves determine how the Board seat is going to be run, with their own constitutions, by-laws and election procedures. The constituencies vary in how they operate and how they choose their representation, and they therefore devote considerable attention in determining how they can best be effective. The three constituencies work together in the run-up to Board and committee meetings to ensure they are all well-versed in decision points being presented to the Board and in the strategies they intend to take forward.

[6] The PCB allows for an NGO delegation of five representatives and five alternates; delegates have formal terms of reference and can serve for up to three years and have non-voting status. [7] These seats do not include the Private Foundations and Private Sector seats which also exist in the current Board structure. [8] It should be noted that multilateral organizations do not have voting rights on the Board.

CASE STUDY 4
The Communities Living with HIV, TB and Affected by Malaria Delegation Constitution and By-laws

The Communities' delegation's mission is to bring the voices and issues of people living with HIV/AIDS, tuberculosis and affected by malaria to the deliberations of the Global Fund Board and its committees, and through this to ensure greater and sustained impact of the Global Fund at the community level.

The delegation actively participates in formulating policy and strategy positions on key issues of relevance and works closely with the developed and developing country delegations to ensure that issues relevant to communities infected and affected by the three diseases are addressed. The delegation is required to have informed representatives on the different committees and structures of the Global Fund, as well as implementing mechanisms and strategies to communicate with the broader community and partners affected by the three diseases. In order to strengthen the effectiveness of the delegation and ensure its impact at the Board and committee level, a development and support system has been developed in an attempt to:

- Strengthen and support the skills and performance of the Board Member and Alternate Board Member to participate effectively in the Global Fund Board and relevant structures
- Develop the skills and capacity of delegation members to participate effectively within the Global Fund structures
- Develop the ability of the delegation to influence policy and strategy of the Global Fund to the benefit of communities living with HIV, TB and affected by malaria
- Develop the institutional memory and impact of the Communities' delegation.

The support delegation
The *support delegation* is selected through an open and transparent process that is shared through various list-serves and platforms. Members (10 to 20) are selected by a committee consisting of *core delegation* members, and representatives from the developed and developing country NGO delegations. The *support*

delegation aims to consist of people living with HIV, TB and affected by malaria, and includes geographic and gender requirements. The *support delegation* aims to work closely with the *core delegation*, and relies primarily upon conducting work through email and conference calls. Appropriate training, information and development on Global Fund issues and structures are provided to *support delegation* members during their first year.

The core delegation
Core delegation members (of which there are ten) are chosen **only** from the support delegation through an open and transparent application process that meets geographic, gender and disease criteria. Selection from the *support delegation* is done to ensure that there is continuity and development of institutional memory and understanding of Global Fund structures, policies and issues that have been developed during the year of serving on the *support delegation*.

The **Board Member** and **Alternate Board Member** are chosen from the *support delegation* and/or core delegation pool, taking into account gender and geographic requirements. The **Board Member** will serve a term of 18 months (begins term at the first Board Meeting of the year and ends term at the second Board Meeting of the following year). The Board Member would have had to serve at least 18 months as the Alternate Board Member. The Board Member *must be a person living with HIV*, and must *come from the global South*. The Board/Alternate Board Member should ideally not come from the same geographical region, and the Board Member cannot serve more than one term. The **Alternate Board Member** will serve a term of 18 months (begins term at the first Board Meeting and ends term at the second Board Meeting of the following year). The Alternate Board Member would have had to serve at least one year on the support delegation.

CCM GUIDELINES
From Board Recommendations to Requirements

When the model of the CCM was created, the Global Fund wanted to be careful to ensure that although guidelines would be in place for how CCMs should function, countries should be able to determine themselves how they would operate in conjunction with the Global Fund mandate of country ownership. However, many key stakeholders involved in Global Fund processes found that in some countries civil society continued to be excluded from the CCM and in particular people living with and affected by the three diseases. Although all Board members agreed in principle with country ownership, some still felt that stricter guidelines had to be in place to ensure the participation and representation of non-traditional stakeholders.

A key argument was that the multisectoral representation that the Board implemented had to be equally reflected in practice on the CCM. Over the course of two Global Fund Board meetings in 2004 and 2005 and the Global Fund Partnership Forum held in Thailand in 2004, civil society (in addition to other stakeholders, including donors) worked to ensure greater guidance would be given to CCMs. At the Tenth Board Meeting it was recognized that *"the CCM, in its capacity to mobilize all actors involved in fighting the pandemics, was the most important innovation of the Global Fund"* and hence the Global Fund would adopt the CCM requirements (see section on CCMs for list of current CCM requirements). Here civil society continued to emphasize the value and experience of people living with and affected by the three diseases and the necessity of their voice in order to have a concerted response to the three diseases. During this meeting the Developing Country NGO Board member provided the following statement:

We would like to highlight the importance of not losing sight of the accumulated experience over so many years in the response to the HIV/AIDS epidemic, which constitute the social capital of countries. We mention this because we have reports that the pioneers in the AIDS response have been left out in some CCMs. Their inclusion would only contribute to an efficient scale-up of the response.[9]

The requirements are currently used as criteria to determine eligibility of grant proposals submitted from Round 5 onwards and Phase 2 Requests for Continued Funding from 1 June 2005.

[9] Global Fund to Fight AIDS, Tuberculosis and Malaria. (2005d).

CIVIL SOCIETY AND THE GLOBAL FUND POLICY AND STRATEGY COMMITTEE

As part of the development of the Global Fund Strategy, the Global Fund charged its Policy and Strategy Committee (PSC) with drafting strategic options for consideration by the Global Fund Board. In particular, the PSC was asked to address the question:

"How can the Global Fund more effectively tap the potential of civil society and the private sector and help maximize the impact of their contributions, including by enabling their effective engagement and the appropriate recognition of their contributions?"

In September 2006, the PSC's three civil society delegations volunteered to undertake the task. Their members agreed to develop and then present specific, strategic options for consideration at the PSC's 7th meeting in March 2007. The options discussed by the PSC would then be considered and reviewed by the Global Fund Board at its Fifteenth Board Meeting in April 2007.

As a key part of the process, members of the PSC's civil society delegations decided to solicit input, suggestions and advice from a diverse group of individuals with knowledge and experience-driven observations on the Global Fund in general, and its relationship with civil society in particular. A meeting took place in January 2007 in Amsterdam, where 23 people from around the world gathered to discuss and explore various strategic recommendations and options for the PSC to consider concerning civil society, in particular their ability to participate in Global Fund processes given its current model and the potential and increased role of civil society organizations in the implementation of Global Fund grants.

Those participating in the meeting included staff members from both the Global Fund and UNAIDS' civil society teams, representatives from the three NGO delegations (Developed, Developing and Communities) to the Global Fund Board, representatives from local civil society organizations receiving Global Fund assistance and civil society advocates and analysts, some of whom have written extensively about the Global Fund over the years.[10]

A total of seven measures were ultimately submitted to the PSC. From this a two-page decision point will be submitted to the Global Fund's Board in April 2007 with the aim of strengthening and scaling-up civil society and private sector involvement at both the country and Board levels.

[10] Hoover, J. (2007). www.icssupport.org

HOW CIVIL SOCIETY HAS INFLUENCED KEY BOARD DECISIONS

4.   Civil society has been very effective in influencing Global Fund policy at the Board level. They have been particularly effective in feeding into the CCM Guidelines and Requirements and in ensuring that the needs of vulnerable and marginalized communities are met, in particular by ensuring the Communities Board delegation acquired equal voting rights alongside their other civil society counterparts. Civil society delegations have the opportunity to sit on all the Global Fund Board Committees and not only feed back to their constituencies outcomes of these meetings, but also regularly include larger civil society constituencies in helping to shape how they approach Board decision points and policies under review.

SECRETARIAT SUPPORT TO BOARD MEMBERS AND CIVIL SOCIETY

5.   Understanding and interpreting Board procedure requires experience and time, which is one of the reasons why many of the Board constituencies have Alternate Board Members who eventually take on the Board member's role, having gained institutional knowledge of how the Global Fund Board operates. The Global Fund Secretariat provides an induction to all new Board Members and Alternates. This involves instruction on Board procedure, the Global Fund Framework Document, Global Fund architecture and mechanisms as well as time with each of the main units inside the Global Fund and briefings on key issues and challenges facing the Board. Normally this induction takes place annually one to two days before a Board meeting and involves a multitude of stakeholders. The orientation is being continually being modified and upgraded to give additional support to civil society members, with the understanding that for some this may be the first time they make decisions alongside governments and donors in such a political and strategic environment.

THE GLOBAL FUND PARTNERSHIP FORUM

6.   The Partnership Forum is a unique governance structure within the Global Fund by-laws and was designed to permit the Global Fund to receive feedback into its processes and performance from key stakeholders every two years. It is a unique part of the governance structure that contributes to the Global Fund's ethos of being a flexible, responsive and results-oriented organization. Its power lies in the moral and democratic authority associated with strong recommendations that emerge from a large, diverse and representative body of stakeholders.[11] Civil society was fundamental in ensuring a successful Partnership Forum in Durban in 2006 where more than 414 people from 118 countries attended. The participants included representatives of affected communities, NGOs and faith-based organizations (FBOs), donors, multilateral development cooperation agencies, technical and research agencies, foundations and the private sector. The Partnership Forum sought feedback from its stakeholders regarding the development of the Global Fund strategy, which will be completed by end 2007. In addition, countries made presentations on a range of topics as a way of sharing experiences and lessons learned from working with the Global Fund. It also served as a crucial opportunity for countries and partners to network and exchange ideas. Participants worked collectively during the Partnership Forum to develop a set of recommendations to the Global Fund. These recommendations were directed to the Board and Secretariat for their consideration and response.

[11] Global Fund to Fight AIDS, Tuberculosis and Malaria. (2004e).

India

IN INDIA, THE INDIAN NETWORK FOR PEOPLE LIVING WITH HIV/AIDS (OR INP+), HAS GROWN TO MORE THAN 50,000 MEMBERS. THIS GLOBAL FUND-SUPPORTED ORGANIZATION HELPS PEOPLE GAIN ACCESS TO TREATMENT BY FIRST HELPING THEM TO OVERCOME THE STIGMA ASSOCIATED WITH THE DISEASE.

3 HOW THE GLOBAL FUND WORKS WITH CIVIL SOCIETY WITHIN THE SECRETARIAT

1.   The Global Fund was designed according to a set of principles in the Global Fund Framework Document which were then operationalized according to the Board's vision of how they could be implemented in practice. Although the role of civil society stakeholders would be fundamental to the Global Fund's architecture, it would take time before these principles could be fully put into action. Since the design of the Global Fund, the institutionalization of civil society into its work has evolved, and it is learning how to ensure that the added value and experience of these key stakeholders is harnessed and maximized throughout its key structures, particularly in the Secretariat.

WHY THE SECRETARIAT SHOULD REGULARLY ENGAGE WITH CIVIL SOCIETY

2.   There are three principle reasons why it is important to maintain and strengthen relationships and contact with civil society organizations working at national and regional levels:

- The first is the essential role that civil society plays in the scale-up of the response to the three diseases. In order to have the response and reach originally envisioned when the Global Fund was designed, civil society must be an integral player in the process. Civil society organizations serve a core function in the implementation and delivery of services to the main targets of Global Fund grants — people living with and affected by the three diseases.

- The second reason is that civil society can, and in many places does, monitor the implementation of Global Fund resources to ensure that they are spent reasonably and used effectively. Because of their deep community roots, civil society organizations, in conjunction with governments, multilateral, bilateral, and private sector institutions, can provide a more nuanced and accurate picture of what is happening at regional and country levels. In order to have a sufficient understanding of country context, it is essential to engage with these relevant, key stakeholder groups.

- Thirdly, working with civil society is critical for the purposes of creating and sustaining an effective advocacy base for the three diseases and to support civil society, both in high- and low-income countries. Civil society has consistently been in large part responsible for the momentum behind support of the Global Fund. If these stakeholders were no longer convinced that the Global Fund is fulfilling its mandates, international commitment to the Global Fund could be hindered.

INCREASING ACCESS THROUGH GLOBAL FUND CLUSTER TEAMS

3.   The Global Fund's primary interface with country-level grants is through the Fund Portfolio Managers (FPMs), who work in regional clusters within the Secretariat's Operations unit. Through a direct contractual relationship, FPMs work primarily with PRs and Local Fund Agents (LFAs), but also in collaboration with CCMs to ensure rapid grant implementation. Part of the FPM role is to ensure that Global Fund structures are functioning well at the country level, including the CCMs and the work of the PRs and sub-recipients and to flag areas where technical support is needed. The FPM is the principal liaison between the Secretariat and country programs, and while contact with civil society stakeholders (including those not formally linked to Global Fund processes) is essential it may not be uniform in all regions or among all FPMs.

4.   At present, when FPMs visit countries, they do so in relation to a grant agreement that is being or has been signed. As a result, this may not include meeting with key stakeholder groups, including civil society. In addition, civil society at the country level is sometimes unaware of whom it should speak to within the Secretariat to voice concerns or challenges regarding Global Fund processes and, therefore, may not invite an FPM visiting the country to address those concerns. The Global Fund, once a small organization with less than 75 staff members,

several years on is an organization with more than 250 employees. As the organization grows, it is also evolving the implementation of its policies to ensure that the ideals instilled when the Global Fund was designed evolve from a set of principles to institutional practice.

5.   As the Global Fund does not have country or field offices, regular contact with a range of key stakeholders remains challenging. However, the expectation is that as the organization grows FPMs and other key Global Fund staff members will be able to spend more time with a range of partners. The Global Fund is also expanding its contact with partners, including civil society, through other teams inside the Secretariat, including the Civil Society Team within the External Relations Unit, Operational Partnerships and Country Support (OPCS) and other teams.

THE CIVIL SOCIETY TEAM

6.   The Civil Society Team at the Global Fund Secretariat has grown to match the increasing involvement in and demands of civil society throughout Global Fund processes. Each member of the Civil Society Team is currently responsible for different regions in which the Global Fund has grants, providing focal points for FPMs, facilitating regular contact with civil society networks and providing clearer channels of communication with civil society representatives at the regional

THE CORE OBJECTIVES OF THE CIVIL SOCIETY TEAM AT THE GLOBAL FUND SECRETARIAT ARE:

1.   To institutionalize the role of civil society as an integral part of Global Fund architecture, processes and functions
2.   To increase the involvement of civil society on CCMs
3.   To increase the involvement of civil society in proposal development
4.   To increase the involvement of civil society in implementation
5.   To provide facilitation for increased technical support to civil society
6.   To further identify and support civil society working in advocacy and resource mobilization for the Global Fund

and country levels. Because the experiences and challenges for civil society vary from region to region, the priorities for civil society participation and involvement can range from pure representational issues on the CCM to how to optimize the comparative advantage they may have in the implementation of programs.

ORIENTATION OF NEW STAFF MEMBERS

7. As the Global Fund has grown in size, it has become increasingly important for new staff to become familiar with and understand the core mandates and objectives of the Global Fund, including the origins of the design of the organization and the function its key stakeholders play in its processes. In the summer of 2006, the Operations Learning Program was developed by the Global Fund's Human Resources Team along with staff members from each unit of the Secretariat. One of the four components of the training is "Working Effectively with Partners". This component takes new staff through an understanding of the role of each of its key partners: governments, donors, recipients, Board members, civil society, the private sector/foundations, bilateral and multilateral institutions and key infected and affected communities. The training also provides employees with an understanding of the purpose of the design of the CCM and the critical nature of its role at the country level. The Operations Learning Program takes the Global Fund one step further in institutionalizing the

role of civil society in its processes and in ensuring staff understands the crucial part these actors play.

HIV SENSITIZATION

8. Although the Global Fund operates in the domain of HIV/AIDS, tuberculosis and malaria, some staff members of the Global Fund may never have worked with disease-affected communities, or have never been able to gain an in-depth knowledge of the factors and challenges involved in living with the diseases. HIV/AIDS in particular carries with it issues of stigma and discrimination as it involves in many countries individuals from vulnerable and marginalized communities, such as men who have sex with men (MSM), injecting drug users (IDUs), commercial sex workers (CSW), migrant workers and women and children. Often the challenges associated with living with HIV are what shape the programs that the Global Fund finances. In addition, during country visits, it is not uncommon to work with disease networks and to undertake site visits to programs delivering outreach to marginalized groups. Therefore the Global Fund has prioritized for the last several years that all of its staff undergo HIV sensitization. This sensitization exercise takes place over a full day and is delivered by a staff member living with HIV. Many staff find the sensitization extremely valuable and report being previously unaware of the issues and challenges of what it means to live with, educate, prevent, treat and care for individuals and communities affected by HIV.

Honduras

WITH GRANTS FROM THE GLOBAL FUND, THE UNITED NATIONS DEVELOPMENT PROGRAMME EDUCATES YOUNG HONDURANS ABOUT STRATEGIES FOR PREVENTING THE TRANSMISSION OF HIV/AIDS, TB AND MALARIA.

4 THE COUNTRY COORDINATING MECHANISM

1. The CCM is a cornerstone of the Global Fund's architecture where innovative public/private partnerships are built to rapidly disburse funds in the battle against AIDS, TB, and malaria. The CCM's structure, as outlined in the Framework Document,[12] is essential to the efficient and effective performance of all other grant operations. As the proposal coordinating and grant oversight body, the CCM makes decisions on the nature and quality of proposals submitted, selects PRs, oversees grant implementation, and determines the allocation and utilization of funding. The success of these decisions is based on the CCM's ability to draw on the country's collective intelligence by engaging a broad, multi-stakeholder process that genuinely includes civil society and people affected by the three diseases in an open and transparent manner.

2. The CCM was designed to mirror the structure of the Global Fund Board, whereby all relevant sectors would play a key role in determining how the Global Fund should be governed. The CCM, similarly, would be comprised of an equal balance of key stakeholders in order to determine fundamental elements for country proposals which would be most effective in fighting the three diseases. In addition, the CCM would, similar to a Board of Directors, play an essential oversight function in grant implementation so as to identify bottlenecks and challenges as they arise. In many countries, governments, private sector and civil society are collaborating together to decide crucial

programmatic and policy outcomes. This has not only become a strong factor in a country's potential sustainability of disease-fighting efforts, but, equally as important, a catalyst for democratic processes as vulnerable and marginalized groups acquire more and more a key voice in national policy.

3. Since the inception of the Global Fund, a programmatic tension has developed between the Global Fund's focus on principles, which stipulate, among other things, that countries should determine how they will manage their own processes such as CCM governance, and the need expressed by key stakeholders involved in these processes for more guidelines and regulations to avoid financial malfeasance by those looking to benefit from involvement with the Global Fund at the expense or exclusion of other groups.

4. There are two issues here: the first is the responsibility of the Global Fund to design and put in place the necessary mechanisms and systems to ensure that its resources reach the individuals and communities that need them the most and to ensure that funded programs are being properly implemented. The second issue is to ensure transparency and efficiency and that abuses of resources are reduced to a minimum.[13] At present, the Revised CCM Guidelines[14] and Clarifications on CCM Minimum Requirements for Round 6[15] set out a series of recommendations and requirements for CCMs and its members to follow.[16]

[12] The Framework Document of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, 2001 [13] See Moghalu (2005). [14] See Global Fund to Fight AIDS, Tuberculosis and Malaria (2004c). [15] See Global Fund to Fight AIDS, Tuberculosis and Malaria (2005b). [16] It should be acknowledged that with the recent revision of CCM Guidelines (November 2004), many CCMs are in the process of re-evaluating their membership numbers/composition, CCM constitutions/by-laws, operational procedures and, most importantly, their decision-making processes. Therefore, any issues that are raised and explored with regard to the challenges experienced by CCMs and CCM structure in general should take this into account.

Of the guidelines, six are requirements that are currently used as criteria to determine eligibility of grant proposals submitted from Round 5 onwards and Phase 2 Requests for Continued Funding from 1 June 2005.[17] All additional guidelines fall under the classification of recommendations.

THE CCM GUIDELINES AND RECOMMENDATIONS

5.   To ensure that CCMs would become open and transparent forums where public and private partners could work together to rapidly scale up prevention and treatment programs, the Board decided at its Ninth Board Meeting in November 2004 to change six of its recommendations into requirements that all CCMs would have to meet in order to be eligible for funding. Effective as of 1 June 2005, these requirements have had a profound impact on the composition and purpose of CCMs globally.

1. CCM members representing the nongovernmental sectors must be selected by their own sector(s) based on a documented, transparent process developed within each sector;
2. All CCMs are required to show evidence of membership of people living with and/or affected by the diseases;
3. CCMs are required to put in place and maintain a transparent, documented process to solicit and review submissions for possible integration into a national proposal;
4. CCMs are required to put in place and maintain a transparent, documented process for nominating and electing a PR for program implementation;
5. CCMs are required to create a transparent, documented process that ensures that CCM members and non-CCM members have the opportunity to contribute to proposal development and grant oversight;
6. CCMs must have a written plan in place to mitigate conflicts of interest when the PR and Chair or Vice-Chair(s) are from the same entity.

ZIMBABWE
Success Factors for CCM Reform

The CCM in Zimbabwe has maintained compliance to the Global Fund CCM requirements since the first quarter of 2005 despite the challenging macroeconomic issues which the country has experienced. Key factors in meeting the requirements were identified by the CCM as:

- ✓ Having good multi-stakeholder processes
- ✓ An effective and independent CCM secretariat
- ✓ Proactive action and planning
- ✓ Strong constituency representation
- ✓ Good governance instruments in place and in use — conflict of interest policy, constituency member guide, Standard Operating Procedures, clear criteria for PR selection
- ✓ A written CCM grant oversight plan
- ✓ Transparency in decision-making, in-country call for proposals, constituency member selection and documentation of requirements
- ✓ Predictability in the way the CCM functions
- ✓ Participation of members (any member can chair meeting in absence of Chair or Vice-Chair)
- ✓ Regular monthly meetings
- ✓ Active and functional technical committees which regularly report back to the CCM
- ✓ Effective linkages with civil society networks
- ✓ Strong people living with HIV/AIDS (PLWHA) constituency representation and voice
- ✓ Rotation of Chair and Vice-Chair between NGO and governmental sectors

[17] See Technical and Evaluation Reference Group (2005).

CASE STUDY 5
Making the Model Fit: Ghana and CCM Reform

Many CCMs were initially formed in order to qualify for Global Fund financing and did not necessarily consider composition, stakeholder representation or potential challenges in management or conflict of interest. Over the years, many countries receiving Global Fund resources have realized that if organized properly, these mechanisms can serve as effective domains to capture the experiences and skills of a multitude of stakeholders. Some countries have since reorganized their CCMs according to what works given their particular contexts as well as their national disease burdens, exemplifying country-driven approaches and ownership.

The CCM in Ghana had initially been set up in response to the call for Round 1 proposals with the selection of what many felt were too many members to operate effectively and without a transparent process. This resulted in challenges in the representation of key sectors on the CCM, concerns over conflicts of interest and lack of involvement of civil society in decision-making as well as a lack of clear terms of reference and by-laws for the CCM.

After Round 4, Ghana decided to restructure its CCM to run more effectively. It began by reducing its membership. The new CCM includes members from civil society, the public sector, bilateral and multilateral organizations and two representatives of communities living with or affected by the three diseases in addition to government representatives. A fair, transparent and democratic election process was adopted for selecting members using umbrella associations and networks, and facilitated by the CCM Secretariat with an electoral commissioner. The process was also advertised using popular national and local media. The CCM chose to have the Chair from the governmental sector and the Vice-Chair from the private sector.

By-laws were developed to ensure clear terms of reference and to give each member the right to vote on the CCM. In addition to voting rights, it was decided that each constituency would be allowed observers and, with advance notice, civil society is able to invite additional members depending on the meeting purpose. The Ghanaian CCM has tasked itself with going one step further to encourage participation, stipulating to its members in its by-laws that "all members of the CCM are expected to take their membership in the CCM seriously and to actively participate in all aspects of the CCM work in line with their resources and area of expertise". Furthermore, attendance at meetings by either the member or the alternate is compulsory and each member must participate in at least one of the CCM committees or task teams. All stakeholders are encouraged to participate in the CCM's key processes and, most importantly, civil society is encouraged to join the CCM's proposal writing team, with the result that civil society was earmarked for receiving funds in the proposal submitted for Round 5.

6. Requirements alone may not be able to guarantee the effective participation of civil society (including vulnerable and marginalized groups) in Global Fund processes, unless they are enforced and unless consequences exist for CCMs that do not comply. Therefore, the Global Fund must decide how it can continue to encourage countries to determine the operation of their CCMs — maintaining country ownership — while at the same time upholding the principles embodied in the Framework Document which explicitly highlight the importance of having a range of partners fully involved in its processes.

FROM A SET OF PRINCIPLES TO PRACTICE

7. As per Board policy, the Secretariat used these six requirements as eligibility criteria in Round 6 for screening proposals for Technical Review Panel (TRP) review. If a country was not able to demonstrate sufficient documentation that all requirements had been met, its proposal was screened out. Although many countries before Round 6 were meeting some if not most of the six requirements, very few were able to demonstrate that they could meet them all. In the Technical Evaluation Reference Group (TERG) analysis on the CCM Board-approved requirements[18] conducted in December 2005 it was determined that:

- 71 percent of CCMs reported and documented that its membership included people living with or affected by the diseases.
- 46 percent of CCMs had a transparent, documented process for nominating the PR and overseeing grant implementation.
- 58 percent demonstrated a transparent and documented process for soliciting and reviewing submissions for possible integration into the overall proposal to the Global Fund.
- 52 percent of nongovernmental sectors represented on CCMs demonstrated a transparent, documented process to select or elect their own sector representative.
- Of those CCMs with a potential conflict of interest, 23 percent had a written plan to mitigate against conflict of interest.

8. For Round 6, only three proposals were screened out for not having met the six requirements. This was a substantial improvement from CCM practices documented in 2005. Nevertheless, while a CCM may be able to provide sufficient documentation proving that a requirement has been met, this does not provide an in-depth picture of how well the CCM has operationalized the requirements' basic principles. It is not until one examines these processes in detail that one is able to determine if a requirement has been met. This is particularly relevant with respect to traditionally marginalized social groups.

9. While all of the CCM Guidelines apply to civil society, three in particular concern civil society's representation on the CCM:

1. CCM members representing the nongovernmental sectors must be selected by their own sector(s) based on a documented, transparent process developed within each sector;
2. All CCMs are required to show evidence of membership of people living with and/or affected by the diseases;
3. The membership of the CCM must comprise a minimum of 40 percent representation by the nongovernmental sectors such as NGOs/community-based organizations (CBOs), people living with the diseases, FBOs, the private sector and academic institutions.

CIVIL SOCIETY ELECTIONS TO THE CCM

10. The purpose of this requirement is to ensure that civil society organizations themselves are able to determine how they are represented at the national level, and to avoid situations where sectors with a stronger voice on the CCM determine how civil society should be represented. Although the selection/election of civil society representatives to the CCM creates an avenue for the genuine representation of the experiences of people living with and affected by the three diseases, it can also lead to challenges when civil society organizations themselves are tasked with identifying what is often less than four or five individuals on a CCM to represent them. Civil society represents a multitude of different interests and constituencies. Representing the sector as a whole is therefore complex, making it difficult to have just one voice expressing the needs of many. Civil society stakeholders and organizations face the difficult challenge of determining "representative democracy" and therefore selecting not the "individual" but a person who is capable of representing a constituency. Nevertheless, as the Global Fund evolves and countries themselves

[18] Secretariat Analyses of CCM Composition, Rounds 1-4, available at http://www.theglobalfund.org/en/files/about/terg/announcements/161205_TERG_Report_CCM_Assessment.pdf

CASE STUDY 6
Reaching out to Rural Constituencies in Pakistan

In order to meet all the CCM requirements to have their Round 6 proposal screened in by the Global Fund, the Pakistan CCM needed to hold elections among its civil society stakeholders for membership on the CCM.[19] Civil society, including national and international NGOs, recognized early on the challenge of reaching all provinces and equally the challenge of competition within the sector. They decided to bring on what they considered to be a neutral partner to help facilitate and organize the elections. Asia Foundation (a registered international NGO) and UNAIDS were brought in to take the lead in the elections. To access hard-to-reach communities and to ensure that as many civil society organizations were involved in the process as possible, a web-based election was organized. From the national UNAIDS website an email was sent out to all NGOs, and equally NGOs were encouraged to forward on the information. Four allotted slots would be for civil society on the CCM — three national NGOs which would represent each of the three diseases and a seat for an international NGO. The email asked for four nominations in total and identified selection criteria. In addition, information was provided on how the CCM operated, information on the Global Fund and key website addresses so that organizations would know where to acquire information.

After the nominations were received, the UK Department for International Development (DFID), UNAIDS and Greenster Organization sorted through those organizations and individuals which met the selection criteria. They provided the names/organizations and announced the day on which the elections would be held and the deadline for voting. Individuals could send votes by email or, in the event that access to the internet was limited, they could phone in their vote to the UNAIDS offices. Once the different organizations had been elected, UNAIDS worked with them to discuss how they could work together and how they could develop proper feedback mechanisms to the constituencies they now were responsible for representing. Overall, the process provided a methodical and fair mechanism for targeting hard-to-reach groups and for giving all key stakeholders the opportunity to understand the process as well as giving them the opportunity to understand the process and determine their degree of involvement.

[19] See CCM requirement number 1 mentioned under CCM Requirements section.

evolve towards more representative processes, there have been many strong examples of how the election of nongovernmental representatives to the CCM has taken place. Through these strong examples, countries are able to re-evaluate how best to ensure the representation of civil society, in particular the needs of vulnerable and marginalized groups.

ENSURING THE INCLUSION OF PEOPLE LIVING WITH/AFFECTED BY THE THREE DISEASES

11.   As of Round 6, the majority of countries submitting proposals to the Global Fund were able to demonstrate that PLWHAs were members of the CCM. Some CCMs allocate a space to a PLWHA or an individual representing a disease network. Nevertheless, there remains the challenge in some countries of ensuring that the needs of vulnerable and marginalized populations are adequately represented through this seat on the CCM. In some settings it is still very difficult, if not dangerous, for individuals to openly disclose their disease status, in particular when a person is living with HIV. Therefore, it is challenging for some CCMs to genuinely meet this requirement. The Global Fund stresses the importance of having the voice and experience of people living with or affected by the three diseases on the CCM through its Framework Document and the CCM Guidelines and Requirements and encourages CCMs to determine themselves how they think these stakeholders are best not only represented but also contribute to these vital processes.

CCM COMPOSITION

12.   At present, the 40 percent representation of nongovernmental sectors on the CCMs is listed as a recommendation in the Revised CCM Guidelines. Although the Global Fund actively encourages a broader balance between the different stakeholders on the CCM, a number of CCMs do not achieve this balance. By not having this balance between CCM members some sectors are able to more actively and forcibly pursue decisions that may not adequately reflect the needs of some constituencies. In most countries, the CCM is chaired by a representative of the national government. A Secretariat analysis of CCMs that submitted

a proposal in Round 4 shows that 96 percent were chaired by a government representative and 75 percent also had a governmental Vice-Chair.[20] As such, the national government has a powerful voice on CCMs and in country-level Global Fund processes. Given the strong representation of government in many countries, some groups — civil society in particular — may feel too intimidated to express their perceptions. In cases where they are expressed, the uneven balance in representation may affect whether or not these views are considered. Many CCMs at present are working towards the recommended composition. However, the challenge remains to ensure that vulnerable and marginalized groups are adequately represented.

ACCESS TO GLOBAL FUND RESOURCES FOR VULNERABLE AND MARGINALIZED POPULATIONS: NON-CCM PROPOSALS

13.   When the Global Fund was being conceptualized, there was the recognition that funding to effectively prevent and control the three diseases may not always be most efficiently channeled through national systems that, at least historically, have been dominated by government decision-makers determining the policy and implementation framework. Reasons include political or environmental instability, or because the populations implicated may be criminalized or persecuted. With this understanding, the Global Fund developed a mechanism for proposals, in extenuating circumstances, to be submitted outside a CCM, otherwise known as a non-CCM proposal.

14.   The Global Fund Framework Document and Guidelines for Proposals stipulates that non-CCM applications may be considered in three exceptional circumstances:

I   countries without legitimate governments;
II   countries in conflict, facing natural disasters or in complex emergency situations; or
III countries that suppress or have not established partnerships with civil society and NGOs.

A non-CCM proposal must also demonstrate why it could not be considered under the CCM process and provide documentation to this effect.[21] [22]

[20] Secretariat Analyses of CCM Composition, Rounds 1-4, available at http://www.theglobalfund.org/en/files/about/terg/announcements/161205_TERG_Report_CCM_Assessment.pdf [21] Global Fund to Fight AIDS, Tuberculosis and Malaria *Guidelines for Proposals — Fifth Call for Proposals,* Section II. C.4 [22] Out of 750 applications for funding received during Rounds 2-6, 251 (33 percent) were from NGOs applying outside the CCM process, of which a large percentage (over 80 percent) were deemed ineligible. The primary reason for their ineligibility is due to either the absence of a reason for applying outside of the CCM or a lack of evidence that the CCM had been contacted prior to submission to the Global Fund Secretariat.

CASE STUDY 7
Government Taking the Lead in Peru

The experience of the Global Fund in Peru sets a strong example of what can happen when governments realize the comparative advantage of civil society and the strong leadership role that governments can play in acknowledging this role publicly. From the outset, the Chair of the CCM, who was from the Ministry of Health, proclaimed a personal commitment to making the Global Fund work in Peru — its resources as well as its processes. She prioritized making the CCM broadly representative with very clear terms of reference and prioritized the overall strengthening of the CCM, in particular the capacities of civil society representatives. At present there are over 40 different organizations represented on the CCM, including representatives of people living with and affected by HIV and TB.

In addition, the CCM had very clearly defined the role it would play in oversight of its PR, maintaining a supervisory yet non-interventionist role. The CCM was also able to recognize, through this level of stakeholder representation, that it was the most effective way to address its grant implementation challenges and to meet its targets. Initially, the government worked with national and local hospitals to scale up the delivery of treatment. However, it realized early on that the anticipated number of people seeking treatment was not forthcoming and the target that had been set (9,000 people on treatment) might not be met. This required the CCM

and the PR to think of new strategies to encourage health-seeking behavior in hard-to-reach populations. It was decided to decentralize treatment and include civil society organizations in treatment programs to help reach key populations. This decision was effective and helped Peru in achieving its interim target goals by the 18-month point before it was evaluated for Phase 2 funding (years three to five).

The CCM also realized that treatment adherence was becoming a challenge, in particular because individuals with HIV were hesitant to go to mainstream medical staff and facilities. The TB grant in the country was utilizing a system of peer educators to give support on treatment education and literacy as well as peer support for DOTS. The CCM looked at this model and adjusted its HIV program to incorporate peer educators for HIV treatment, working through organizations and people who would be able to reach vulnerable populations (particularly outside of urban areas) and to educate people on treatment adherence and the risks of resistance and complex treatment regimes. The CCM and the PR realized early on in Peru that they would have to adopt innovative approaches involving civil society in order to avoid bottlenecks in grant implementation and to meet their targets. This required a collaborative relationship between the CCM members as well as with the PR.

15. Currently, the Global Fund finances only a small number of non-CCM proposals despite the relatively large number of non-CCM proposals which are submitted each round. Whilst this window of resources is difficult to access, it exists to support those countries and populations with a genuine need which cannot be met through the CCM framework. In particular, the Global Fund recognizes that a small number of civil society organizations genuinely perceive they are at risk of persecution or significant and sustained harassment if they were to contact/submit their proposal to their national CCM. The Global Fund's Screening Review Panel (SRP) gives due consideration to this small number of non-CCM proposals who have not made contact/presented their proposal to the CCM in the very limited situation of a genuine security threat. Relevant situations arise in respect of countries where MSM, IDUs, CSW and other marginalized groups are routinely jailed, threatened and/or physically abused, harmed or executed.

16. The non-CCM proposal process remains an important avenue for proposal submission in the framework of the Global Fund continuing to balance its promotion of a multi-stakeholder partnership model against the needs of vulnerable and marginalized communities who may be traditionally excluded from access to international resources to prevent and control the three diseases. Specifically, the non-CCM process remains an appropriate alternative for those limited circumstances where other international finance mechanisms may not be accessible, and where increasing the coverage of vulnerable groups perhaps merits something other than a "one-size-fits-all approach."

Nicaragua

CIVIL SOCIETY ORGANIZATIONS ARE IN ACTIVE PARTNERSHIP
WITH THE GOVERNMENT OF NICARAGUA TO STRENGTHEN TREATMENT
AND CARE ACTIVITIES FOR PEOPLE LIVING WITH HIV/AIDS.

Sri Lanka

EFFORTS TO STRENGTHEN THE TB CONTROL PROGRAM IN SRI LANKA ARE
ENHANCED BY INCREASING OUTREACH ACTIVITIES IN UNDER-SERVED COMMUNITIES
AND PROMOTING PARTNERSHIP WITH NGOS AND THE PRIVATE SECTOR.

5 THE ROLE OF CIVIL SOCIETY IN THE IMPLEMENTATION OF GLOBAL FUND GRANTS

1.   Since the beginning of the AIDS epidemic, civil society organizations have played an essential role in reaching out to communities with prevention and education messages as well as in the provision of care and support. When the Global Fund architecture was being determined, it was widely acknowledged that civil society would need to have a key role in its processes. This acknowledgement also came with the understanding that governments would be essential to the effective delivery of services, therefore any model would have to encompass the comparative advantage of all partners involved in combating the three diseases.

TRACKING SUCCESSES

2.   Countries have been able to determine, over the course of several Global Fund rounds, the kinds of programs and funding they need as well as which partners are fundamental to effective implementation. In all the countries with Global Fund-supported programs, governments, civil society and multilateral partners are key implementers. Depending upon the health infrastructure in the country or region, as well as the nature of the epidemic, civil society may play a smaller or greater part in implementation, either involved in direct implementation or as a manager of other implementers.

3.   The Global Fund is in the process of establishing a financial tracking system for following financial data by end-implementing entity in 2007. This will help to better understand which partners and sectors are involved in implementation at the country and local level and to further determine which entities are involved in the different diseases. The expectation would be that there would be more government entities serving as PRs of funds, given the often-large sums of finances being channeled and the necessity for a body with a large infrastructure to direct and implement the scale-up of larger programs. And also the supposition that many CBOs and people living with and affected by the three diseases, for example positive-persons networks and FBOs, should be more involved in the "on the ground" implementation of programs. This often involves community outreach, treatment education and literacy, and work with vulnerable and marginalized communities.

4.   The extent of civil society involvement in implementation varies by region, and a regional breakdown may provide more insight into the varying levels of civil society engagement in implementation. It is important that the Global Fund harness capacity where it exists and encourage the development of capacity where it does not. The available data on the implementation of Global Fund grants[23] takes us one step further in identifying where we could better utilize the added value of our key stakeholders.

CIVIL SOCIETY ORGANIZATIONS AS END-IMPLEMENTING ENTITIES

5.   Figure 1 shows the estimated degree of civil society involvement in implementation within Global Fund-supported programs. The percentage of grants in which the government institutions are the main implementing agencies is 59 percent,

[23] Data was collected based on the implementation of the total 2006 budget.

CASE STUDY 8

The All-Ukrainian Network of People Living with HIV/AIDS Paves the Way Forward for Civil Society

HIV came to Eastern Europe and the Commonwealth of Independent States relatively late. Driven by an explosion in drug use, it became a serious public health problem by the late 1990s in several of the region's countries. The Ukraine was hit particularly hard as HIV spread quickly just as the country was also struggling with numerous post-transition difficulties, including a steep economic decline in the wake of the collapse of the Soviet Union.

In 1999, a handful of PLWHAs in Ukraine decided that it was up to them to initiate change in their own country. They realized that their lives and the lives of the tens of thousands of others living with HIV could only be saved and improved through their own efforts and by pushing the government on its commitment to meet its responsibilities to care for PLWHAs and protect their rights. Soon the All-Ukrainian Network of People Living with HIV/AIDS was formed and now provides services and support to more than 14,000 people living with HIV and AIDS.

In November 2006, the Board of the Global Fund approved Ukraine's Round Six proposal for up to US$ 151 million to be disbursed over five years, with the Network in charge of distributing funds for treatment, care and support (including TB/HIV-related activities) as a co-PR to the grant. The size and scope of the grant are almost unprecedented, as the Ukraine's Round 6 proposal represents one of the largest grants to a network for people living with HIV/AIDS.

The Global Fund is currently providing just over US$ 1 billion in the Eastern European and Central Asian region, covering all three diseases over the next five years. Approximately one-third of this will go to and be managed by civil society organizations. The nomination of the network as co-PR is one of the most significant markers demonstrating the value of civil society organizations in the fight against the three diseases.

Ministries of Health	41%
NGO / CBO / Academic / FBO	30%
Other Government	18%
UNDP	6%
Other Multilateral Organizations	3%
Private Sector	2%
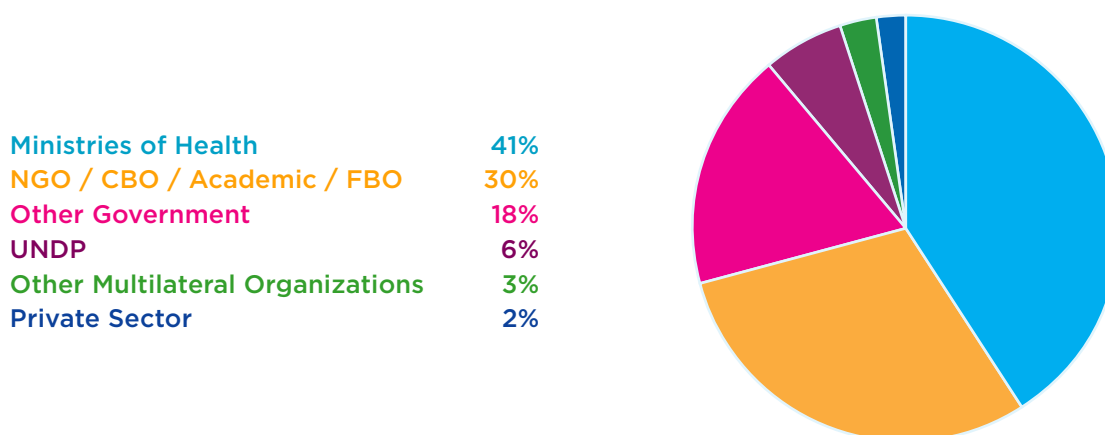
FIGURE 1: IMPLEMENTING ENTITY

with multilateral and private sector partners representing nine percent and two percent, respectively.

6. In Figure 2, the "Others" region (which includes Eastern Europe, Latin America and the Caribbean and the Middle East and North Africa) shows the highest level of involvement of civil society at 51 percent. The Asian region has the second-highest level of involvement, with 39 percent, and the sub-Saharan African region has the lowest level of civil society involvement at 23 percent. In contrast, government involvement appears to be stronger in both sub-Saharan Africa and Asia. This analysis is based on data obtained from a preliminary financial tracking exercise. However, the new financial tracking system being developed is expected to provide more robust data, which could lead to a better determination of the level of stakeholder involvement in implementation.

CIVIL SOCIETY INVOLVEMENT BY DISEASE

7. It is also worth examining the breakdown of involvement by disease, under the assumption that civil society involvement would be stronger in HIV/AIDS programs, given that they may have a longer history in outreach with marginalized and vulnerable communities as well as in prevention

and education initiatives. Equally it could be assumed that in TB and malaria treatment and prevention the majority of the programs would be implemented by government entities, as historically these services have been delivered through the public health-care system. The regions where civil society organizations are engaging in implementation of HIV/AIDS programs the most are "Other" (48 percent) and Asia (42 percent). Governments are more responsible for the implementation of HIV/AIDS-related grants in sub-Saharan Africa (63 percent). Overall, governments implement approximately 55 percent and civil society 33 percent of all Global Fund-supported HIV/AIDS programs. For malaria, governments implement 70 percent of all grants and civil society 19 percent and finally, for tuberculosis, government entities implement 51 percent and civil society 39 percent (Figure 3).

CIVIL SOCIETY ORGANIZATIONS PROVE TO BE STRONG IMPLEMENTERS

8. One of the core arguments used for not engaging civil society organizations in implementation is their perceived lack of capacity in financial management and delivery of services or in their inability to effectively scale up large programs. However, over time civil society organizations are

Region	Civil Society Organizations	Government Institutions	Multilateral Organizations
Asia	39%	58%	3%
Sub-Saharan Africa	23%	67%	10%
Other	51%	38%	11%

FIGURE 2: REGIONAL BREAKDOWN OF IMPLEMENTING ENTITY AS PR

Disease	Civil Society Organizations	Government Institutions	Other
HIV/AIDS	33%	55%	12%
Tuberculosis	39%	51%	10%
Malaria	19%	70%	11%

FIGURE 3: IMPLEMENTING ENTITIES BY DISEASE

proving themselves to be effective implementers throughout the regions in which the Global Fund has grants. Currently, 83 percent of civil society PRs were A- or B1-rated, with only two percent C-rated (see figure 4). In addition, civil society as an entity received the largest percentage of A and B1-ratings (28 percent A-rated and 55 percent B1-rated) in comparison to the other implementing entities involved in grant implementation.[24]

INTELLIGENT FLEXIBILITY

9.   Countries are choosing to adopt innovative models for implementation to ensure that the comparative advantage of a variety of sectors is harnessed. Some countries are now opting for a dual-track financing model — where a grant is split in two with one governmental and one civil society PR — to increase a country's financial absorptive capacity and ensure that obstacles in one area do not slow all other activities.[25] In addition, many countries have chosen to adopt multiple-PR models, where government, civil society, and private sectors are each involved in the

implementation of a grant. The countries implementing dual or multiple-PR models include (but are not limited to) Zambia, Zimbabwe, Ecuador, the Ukraine, Pakistan, Tanzania, Bangladesh, El Salvador, Sri Lanka and Nepal. Both the dual-track financing model and the multiple-PR model have become effective mechanisms for utilizing existing capacity in a given setting as well as for identifying and addressing bottlenecks and challenges in grants when they arise.

10.   These results and initiatives demonstrate the importance of civil society organizations in improving the financial absorptive capacity and implementation speed of prevention and treatment programs in grant-funded countries. Countries must find ways to make the most use of civil society organizations as implementers alongside the essential role of the governments. Although some countries may not be in a position to adopt these models at present, it is anticipated that as capacity is developed throughout all sectors, eventually such models could be utilized.
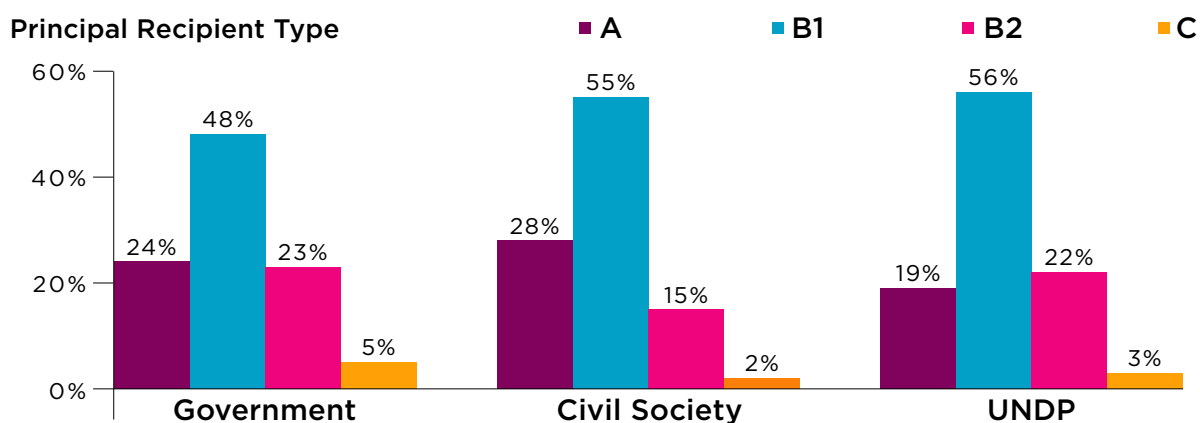
Principal Recipient Type ■ A   ■ B1   ■ B2   ■ C

FIGURE 4: VARIATIONS IN PERFORMANCE BY PRINCIPAL RECIPIENT TYPE

[24] Global Fund. *Partners in Impact: Mid Year Results Report,* Geneva 2007. [25] Ibid.

CASE STUDY 9
An Innovative Approach to Using Multi-stakeholder Capacity

To effectively avoid duplication and to maximize existing capacity at the national level, a multitude of stakeholders must be involved in program design and implementation. In Zambia, HIV prevalence has remained at over 16 percent in the adult population for the last several years. Given this rate of infection, the country used the opportunity presented by resources from the Global Fund to design a process to address HIV prevention and education by using the comparative advantage of a multitude of in-country stakeholders.

The Zambian CCM felt that the only way it could address the epidemic effectively would be to have different stakeholders taking on different aspects of implementation. This involved proposing multiple PRs for the Global Fund grant. The PRs were selected for their ability to implement programs, manage resources efficiently and effectively, harness community support and ensure accountability. For the HIV grant, the PRs chosen came from the Central Board of Health of Zambia, the Churches Health Association of Zambia, the Ministry of Finance and National Planning and the Zambia National AIDS Network (ZNAN). By choosing to have four PRs, the country increased the possibility of rolling out treatment and services more quickly through utilizing a multitude of capacities available in-country.

Involvement of the private sector in the national strategy is critical to the development of public/private collaborations in implementation. In this regard, the private sector is a member of the CCM and ZNAN. Once the Global Fund signed the grant, ZNAN made a public call for proposals through newspapers, advertisements and radio informing stakeholders that one of the areas that ZNAN would be supporting was the development and expansion of HIV/AIDS workplace programs. Private companies and organizations involved in setting up workplace programs were encouraged to apply and criteria for approval were made clear.

HIV/AIDS in the workplace is a new field where its core actors are not yet well organized and established, and the Zambian AIDS Business Coalition, which was selected as the main sub-grantee for the private sector, still needed major capacity-building support, including staff, transportation and access to computers. Knowing that it was important that the Zambian AIDS Business Coalition gets its capacity in place first before it could be expected to deliver, ZNAN provided support to strengthen the Coalition for its future role. In this way, a civil society organization worked with a private sector organization to strengthen on-the-ground capacity, just as they do for CBOs receiving funds from them.

Jamaica

OUTREACH WORKERS IN A JAMAICAN BARBERSHOP ADMINISTER
PREVENTION EDUCATION TO A CUSTOMER.

6 SUMMARY OF KEY ISSUES AND CHALLENGES AHEAD

1. The understanding of the fundamental role of civil society in Global Fund processes has evolved over the life of the Global Fund, where policies and procedures have been transformed to ensure that these important stakeholders are not only represented but are able to contribute to Global Fund processes. This document has detailed five key areas where civil society plays a crucial role in ensuring resources are targeted to those most in need throughout the eight regions in which the Global Fund has grants. Throughout these five areas, challenges still exist, acknowledged by both the Global Fund and civil society, to maximizing the comparative advantage this sector has to offer in combating the three diseases. The following section outlines issues where the Global Fund, bilateral and multilateral partners, recipient governments and civil society stakeholders, along with the private sector, still have a role to play. All of the challenges still experienced by civil society at present could not be explored in this document, nevertheless, as the Global Fund remains a flexible and learning organization, it will continue to explore and examine effective mechanisms to address the concerns of this key stakeholder group.

MALARIA: GETTING RESOURCES TO THOSE IN NEED

2. Over the course of six rounds, the average success rate of malaria proposals continues to remain in the 20th percentile, while the proposal success rate for tuberculosis was approximately 60 percent in Round 6. The Global Fund TRP noted in Round 6 that there had been noticeable improvements in the quality of tuberculosis proposals and that this was likely due to the improved support to applicants from the World Health Organization (WHO) and the Stop TB Partnership. The TRP noted that the tuberculosis proposals have become more focused, characterized by "greater standardization and simplification,"[26] whereas malaria proposals continue to experience higher degrees of technical problems. There remains a lack of a "critical mass" of civil society advocates for malaria and many civil society organizations working at the community level do not have the capacity or the resources to effectively engage in the Global Fund's processes. They also suffer from problems common across the three diseases — budgets which are too high and a disconnect between activities and budgets. How can civil society work to raise public and political awareness on the threat posed by malaria, in the same way that it has been able to collectively galvanize commitment for HIV/AIDS and now support for tuberculosis? The broader international development community needs to determine how it can expand capacity in order to support the creation of more technically-sound malaria proposals. Civil society organizations have an equally strong role in ensuring that the needs of these affected communities are reflected in future Global Fund rounds.

[26] Global Fund. *Report of the Technical Review Panel and the Secretariat on Round 6 Proposals.* Fourteenth Board Meeting, Guatemala City, 31 October to 3 November 2006. Geneva, 2006.

TECHNICAL SUPPORT AND CAPACITY BUILDING FOR CIVIL SOCIETY

3. While the Global Fund is able to increasingly acknowledge the vital role of civil society in implementation at the country level, as well as the overall strength of this sector in comparison to other implementing entities, many countries still find themselves with underdeveloped civil society sectors. The Global Fund is examining mechanisms to improve the capacities of civil society and to further facilitate the provision of technical support through partners to improve bottlenecks at country level. Civil society organizations themselves are beginning to recognize their role in developing the capacity of their counterparts through support in financial and program management and human resource management. Nevertheless, the challenge exists in developing the capacity of civil society in the longer term so that these organizations, where weaker, are eventually well-placed to take on a stronger implementing role.

ACCESS TO INFORMATION ON GLOBAL FUND PROCESSES

4. The Global Fund currently produces its publications in the languages of the target audience/region, and operates its website in all six UN languages (English, French, Spanish, Chinese, Arabic and Russian). However, civil society stakeholders continue to report the difficulty they have in accessing up-to-date and easily-digestible information on the Global Fund and its processes, in particular feedback from Global Fund Board meetings on key decisions taken, information on the functioning of CCMs and the roles and responsibilities of its members and information on how to become involved in the different levels of the Global Fund architecture. Over the last few years the Global Fund has recognized this information gap and has worked to translate more of its documentation into the different UN languages and to rely on print as well as electronic media. However, stakeholders with traditionally less or limited access to electronic media still report challenges in accessing information. Civil society organizations like AIDSPAN and ICASO are providing several up-to-date bulletins and documents on the Global Fund and how it operates. These documents serve to inform as well as instruct civil society organizations in particular on how to understand and work within the Global Fund's structures. As the Global Fund continues to grow, it will find the need to continually improve upon the mechanisms it uses to transmit information. Civil society will have a key role in ensuring its stakeholders remain well informed to effectuate greater representation and participation of civil society organizations.

CIVIL SOCIETY AS ACCOUNTABLE AND REPRESENTATIVE

5. A key challenge in ensuring the needs of individuals living with and affected by the three diseases are met is in how they are represented. Many countries have large and vibrant civil society sectors as well as a range of communities affected, including women, children, migrants, MSM, CSW and IDUs. Determining how these groups are represented in countries' processes continues to be a challenge for civil society throughout the Global Fund architecture. In addition, whoever the representative is, this individual also has to be accountable to their constituents. This requires civil society to work in close collaboration to guarantee its being properly represented at the Board and CCM level. In situations where civil society representation is not optimal, civil society stakeholders themselves must be accountable for ensuring they work to have proper and consensual representation.

CASE STUDY 10
National Civil Society Networks Strengthening Capacity

Some of the key civil society networks in Africa have provided support to strengthen engagement with the Global Fund. The group African AIDS Service Organizations (AFRICASO) has collaborated with partners like UNICEF, the United States Agency for International Development (USAID), AWARE, and ICASO to help civil society understand Global Fund processes better.

The Eastern African National Networks of AIDS Service Organizations (EANNASO) is a unique network of 13 HIV/AIDS national networks in 13 Eastern African countries, namely Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Mauritius, Rwanda, Seychelles, Somalia, Sudan, Tanzania and Uganda. From the inception of the Global Fund, they have focused their resources on providing technical assistance to position civil society for effective involvement in implementation and on creating a strong voice for civil society sitting on the Global Fund Board and governance structures.

Since 2003, EANNASO has provided support to the developing country civil society Board members by taking on the role of communication focal point. They have continued to communicate to civil society in Africa on behalf of the Board delegation. With the assistance of donors, EANNASO was able to support the participation of civil society in Global Fund meetings and processes in a number of countries including Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Mauritius, Rwanda, Seychelles, Somalia, Sudan, Tanzania, Uganda, Ghana, Zambia, Tunisia, Senegal, Mali and Zimbabwe. In 2004 they held the first joint regional meeting and invited 36 national network leaders, Global Fund Board Members and Global Fund staff, including the Vice-Chair of the Global Fund Board.

At the country level in the East African region they have worked with civil society to better understand the Global Fund and more effectively negotiate their involvement in the implementation of grants. They have brokered meetings with other partners such as governments, international organizations and the Global Fund to help grants in difficulty.

Niger

IN AN INTENSIVE TWO-WEEK COLLABORATIVE CAMPAIGN INVOLVING THE NIGER MINISTRY OF HEALTH, THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES AND THE GLOBAL FUND, MORE THAN TWO MILLION INSECTICIDE-TREATED BED NETS WERE DISTRIBUTED TO MOTHERS OF CHILDREN UNDER AGE FIVE THROUGHOUT NIGER.

CONCLUSION

1.   The Global Fund to Fight AIDS, Tuberculosis and Malaria was designed to reflect at every level the principle and practice of public/private partnerships. This approach recognizes the inherent necessity for all key stakeholders at each level to work together in a coordinated and collective way, as well as underscores the comparative advantage of each entity. The participation of three civil society delegations on the Board of the Global Fund is unique, as it allows civil society to have decision-making power and voting rights alongside traditional stakeholders (such as governments and donors) for the first time. Equally, the model of the CCM is unprecedented, as it harnesses the authority and power of governments along with the reach and knowledge civil society brings on the impact and reality of individuals living with and affected by the three diseases.

2.   The innovative nature of the Global Fund lies not only in how it has developed its architecture to include key civil society stakeholders, but also in the manner in which it regularly transforms its policies and procedures to ensure that its processes are genuinely being effective. The Global Fund accepts that it cannot determine how country processes are to be carried out. However, it is in a position to set a strong leadership example among donors and governments regarding the importance of multi-stakeholder involvement as well as to amend its policies to allow for the greater inclusion of marginalized groups at the Board and country levels.

3.   Civil society is in the unique position of being able to develop disease-fighting responses, implement programs according to the realities of people living with and affected by the three diseases and hold national bodies accountable for how limited resources are spent. Nevertheless, civil society must continue to organize itself and coordinate its advocacy, implementation and capacity-building efforts at the national, regional and international levels. Civil society must also consider carefully whom it chooses to represent its varied constituencies through Global Fund structures and through which channels their needs are best articulated. Although much of the responsibility to recognize the comparative advantage of civil society lies with governments, bilateral and multilateral organizations, civil society must continue to determine the comparative advantages inside its own sector in order to maximize its effectiveness.

4.   Although there are challenges to the full participation of civil society at each level, we cannot seek to bypass the vital role of governments as well as other key stakeholders in the design and resourcing of effective programs. We must continue to consider what the Global Fund can do (and equally what civil society can do) to ensure the voices of those who are more vulnerable and marginalized have the impact which we intended when these models of the public/private partnership were initially developed.

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Rwanda

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ACKNOWLEDGEMENTS

Disclaimers

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COUNSELING CENTERS SUCH AS THIS ONE IN RWANDA PROVIDE
EMOTIONAL SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS AS WELL
AS ACCESS TO TREATMENT SERVICES AND MEDICATION.