

GLOBAL FUND OBSERVER (GFO), an independent newsletter about the Global Fund provided by Aidspace to nearly 8,000 subscribers in 170 countries.

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1. NEWS: Main Decisions Made at November Board Meeting

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On Friday and Saturday (November 7-8), the Global Fund Board held its eighteenth board meeting, in Delhi, India. GFO was present, with observer status.

The main decisions made at the meeting were, in chronological order, as follows. (For precise wording of what the Board agreed, see the Decision Points document at www.theglobalfund.org/en/about/board/eighteenth. Background documentation will also, in time, be posted by the Fund at the same location.)

1. **Replenishment mid-term review:** The Board agreed that the mid-term review of the Second Voluntary Replenishment will take place some time prior to the 6-8 May 2009 board meeting. (At the mid-term review, donors will evaluate progress thus far with donations to the Fund for the 2008-10 period, and may agree to provide top-up donations for this period.) [See Decision Point 4.]
2. **In-kind donations:** In June 2004, after a very difficult discussion, the Board failed to agree on any procedures whereby the Fund would accept in-kind donations. (At that time, some donor countries, plus private sector and private foundations, felt that certain forms of in-kind donations should be accepted. But this was defeated by most developing countries, some developed countries, and the NGO delegations.) Then two years ago, the Board set up a Joint Steering Group on Product and Service Donations, consisting primarily of Global Fund board members, but backed by a technical working group consisting of outside experts from all sectors. The Steering Group, and then, at this latest board meeting, the GF Board, agreed that the Fund: (a) should develop guidelines for the Secretariat to accept service donations and to facilitate the provision of such donations to GF grant recipients; (b) should not accept health product donations, at least until the Voluntary Pooled Procurement Mechanism has operated for at least two years; and (c) should not accept non-health product donations until adequate information is available to assess the implications of doing so. [See Decision Point 5.]
3. **Budget:** The Board agreed that the 2009 Operating Expenses Budget will be formally approved by December 15. The budget will be for an amount not to exceed \$240 million, and will allow for no more than 570 staff positions. (The Fund generally has found that staffing needs to increase approximately on a straight-line basis as grant commitments increase.) [See Decision Point 6.]
4. **Affordable Medicines Facility for Malaria (AMFm):** The most effective anti-malaria drug is artemisinin combination therapy (ACT), but for many people it is too expensive. To help in this regard, the Board agreed a year ago to look into the Fund hosting the *Affordable Medicines Facility – malaria (AMFm)*, formerly known as the Global ACT Subsidy. The idea is to help reduce the price for ACTs by negotiating with drug companies as well as by providing co-payments or subsidies to purchasers of the drugs. Over the past six months, a policy framework and implementation plan has been developed by the Secretariat under the oversight of an Ad Hoc Committee of the Board and others. The Board approved this plan, and asked the Secretariat to start hosting and managing the AMFm for an initial Phase 1 in a limited number of countries. The Ad Hoc Committee will continue to provide oversight. At its next meeting, in May 2009, the Board will decide on the governance structure for the oversight and performance monitoring of the implementation of Phase 1. Approximately two years from now, after the completion of an independent technical evaluation, the Board will decide whether to expand, accelerate, terminate or suspend the AMFm business line. [See Decision Point 7.]
5. **Quality assurance for pharmaceutical products:** The Board approved a new quality assurance policy for pharmaceutical products, to come into effect in July 2009. Thereafter, the Board will consider the issue of quality assurance for diagnostic products. [See Decision Point 11.]
6. **Reducing TB mortality and prevalence:** The Board encouraged applicants for and implementers of Global Fund TB grants to take various specified actions that could lead to their grants being more effective. [See Decision Point 12.]
7. **Approval of Round 8 grants and delay regarding Round 9:** The Board approved Round 8 grants that will cost up to \$2.75 billion over the first two years. This is 2.5 times the largest amount approved in any previous round. However, because of financial shortfalls, the Board asked for “efficiency savings” averaging ten percent in the budgets of the Round 8 grants, and also delayed by six months the date at which Round 9 grants will be approved. The closing date for Round 9 proposals was changed from 21 January 2009 to 1 June 2009 (not 31 May, as was reported in GFO Issue 98). For full details, see GFO Issue 98, accessible at

www.aidspace.org/gfo. See also the Editor's Note on dates for Round 9 and later, below. [See Decision Points 13 and 14.]

8. **Gender Equality Strategy:** The Board approved a "Strategy for Ensuring Gender Equality in the Response to HIV/AIDS, TB and Malaria." The strategy document focuses on four main areas of action: (a) Ensure that the Fund's policies, procedures and structures (including the CCM, and TRP) effectively support programs that address gender inequalities. (b) Establish and strengthen partnerships that effectively support the development and implementation of programs that address gender inequalities and reduce women's and girls' vulnerabilities, provide quality technical assistance, and build capacity of groups who are not currently participating in Global Fund processes but should be. (c) Develop a robust communications and advocacy strategy that promotes the Gender Equality Strategy and encourages programming for women and girls and men and boys. (d) Provide leadership, internally and externally, by supporting, advancing and giving voice to the Gender Equality Strategy. [See Decision Point 18.]
9. **Changes to Global Fund architecture:** The Board agreed that with effect from Round 10: (a) the Fund will have a new round every six months rather than every twelve months; (b) an applicant whose proposal is recommended as "Category 3" by the TRP will be entitled to re-submit, in the next round, a revised version of the same proposal; and (c) the TRP may, when recommending a proposal for approval, make its recommendation conditional upon the removal of a limited set of specific elements from the disease proposal. For further details, see the article "Board Takes Further Steps Towards Single-Stream Funding," below. [See Decision Point 19.]
10. **National Strategy Applications:** In April 2007, the Board decided to create a new way in which countries can apply for Global Fund funding, in addition to the current rounds-based approach. In this new approach, a country that has developed a solid national strategy for tackling HIV/AIDS, TB or malaria will be able to apply for Global Fund support for implementation of this strategy. However, the Fund's requirements for "National-Strategy Applications" (NSAs) will be very strict. The strategy must be inclusive, costed, comprehensive and prioritized, and must include a workplan and budget. And the strategy must have successfully undergone a rigorous technical certification by an "independent review mechanism" (IRM). A key objectives of this whole approach is to make it possible for a country that has developed a high-quality national strategy to submit that strategy for certification by a single IRM and then to obtain support for the implementation of that strategy from the Global Fund and from other funding sources. This approach is intended to support alignment and harmonization, by being flexible enough to fit with the preferred timing cycles and planning approaches both of the applicant country and of the various funders. At the just-completed board meeting, the Board agreed that the Fund will seek applications for, and then approve, an experimental "First Learning Wave" of NSA grants, in a limited number of countries, with each such grant being funded for no more than two years. Early next year, the Secretariat will report to the Board's Policy and Strategy Committee on progress with the First Learning Wave. [See Decision Point 20.]
11. **Five-Year evaluation:** Two years ago, the Fund asked the Fund's Technical Evaluation Reference Group (TERG) to conduct a five-year evaluation of the Fund. The report for Study Area 1 of this evaluation, on the Fund's organizational efficiency and effectiveness, is accessible at www.theglobalfund.org/en/about/terg. At the just-completed board meeting, the Board welcomed the TERG's report for Study Area 2, on "the Global Fund partner environment at global and country levels." In that report, the TERG called for the Fund to work with partners to strengthen country monitoring and evaluation systems for performance and impact, to build analytical capacity in countries, and to support development of country-owned impact evaluation platforms. [See Decision Point 21.]
12. **HIV-related travel restrictions:** A year ago, during the weeks leading up to the board meeting that was about to take place in China, the government of China unexpectedly updated its visa application form to include, for the first time, a question regarding whether the applicant was infected with HIV. Arising from this incident and other factors, an international task team was asked to review HIV-related travel restrictions world-wide. And arising from the

recommendations of that task team, the Board resolved at this just-completed board meeting: (a) that no board meeting, board committee meeting, or Partnership Forum will be held in a country that restricts entry, stay or residence based on HIV status; (b) to support country-led efforts to eliminate such restrictions; and (c) to work with partners to ensure that countries have access to the latest guidance and information on such matters. [See Decision Point 22.]

13. Countries in which the Inspector General has found serious problems: The Board affirmed in principle, with final details to be agreed at the next board meeting, that the Fund will not sign a grant agreement with a Principal Recipient (PR) if the Fund's Inspector General has determined that there is clear evidence of fraud, abuse, misappropriation or corruption by that PR. [See Decision Point 23.]

14. Other points: Other Decision Points dealt with amendments to the policy on ethics and conflicts of interest (Decision Point 10), the relationship between the Fund and the UN (Decision Point 15), an MOU with the Islamic Development Bank (Decision Point 16), and an MOU with the Stop TB Partnership (Decision Point 17).

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2. COMMENTARY: In Search of the Best Second-Best

by Bernard Rivers

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The Global Fund is a remarkable creature, because although it has a budget regarding operating costs, it has no budget specifying how much it will give in grants each year. In effect, the Fund says to its applicants, "What will you do if you receive a grant? What results will you achieve? How much will it cost? If we believe that you can indeed achieve those results, if we believe that the results represent good value, and if we have enough money, we'll give you the grant."

This admirable attitude has inevitably led to a roller-coaster ride for the Fund; and never was that more apparent than at the board meeting that ended on Saturday.

In 2007, based on the fact that the number of people not receiving essential drugs and services is still escalating rapidly, supporters of the Fund (and, to a large extent, the Fund itself) encouraged donors to significantly scale up their giving, and encouraged implementers to significantly scale up their planned operations (and thus the amount of money they asked for). For instance, just six months ago the Board stated that it was "determined to scale up the Global Fund's response to HIV, Tuberculosis and Malaria."

The donors half-delivered. They had pledged \$1.5 billion for 2005, \$2.0 billion for 2006, and \$2.7 billion for 2007. After receiving the call for a significant scale-up, they pledged \$3.0 billion for 2008 – about an 11 percent increase on 2007. And they acknowledged that by 2010, the annual need would be \$6-8 billion.

But the implementers delivered much more wholeheartedly. In 2005, the five-year cost of TRP-recommended proposals that the implementers submitted came to \$1.8 billion. In 2006, it came to \$2.5 billion. In 2007, it came to \$2.8 billion. And then, in 2008, after implementers received the call for a significant scale-up, they submitted TRP-recommended Round 8 proposals with a five-year cost of \$5.8 billion, more than double the 2007 cost.

No wonder the board meeting was difficult. Funds weren't available to cover this situation. Some donors muttered "Oops!", and started talking of cutbacks such as approving the Round 8 Category 1 and 2 proposals but not the Category 2B proposals. Others talked of delaying the completion of Round 9.

Representatives of donors and implementers then spent many hours, day and night, negotiating in what used to be called smoke-filled back rooms, though now there was no smoke, just talk and spreadsheets.

The main arguments that the implementers had on their side were:

- In Round 8, the implementers only did what they had been asked; and the cost of what they submitted was totally within the Fund's expectations that it would grow to a \$6-8 billion operation by 2010.
- When Round 9 was launched only six weeks ago, there was no mention in the Fund's press release, application form, or application guidelines that there was a shortage of funds. (GFO, on the other hand, reported the launch of Round 9 with a headline saying "Global Fund Launches Round 9, But With No Money to Pay For It.")
- The Fund would look unprofessional if it changed the Round 9 ground rules so soon after launching the round.
- Delaying the closure of Round 9 would make the round larger, because it would provide more time for countries to develop and submit proposals.
- The whole idea of having a Round 9 decision just six months after the Round 8 decision was that it made it feasible for Round 8 Category 3 proposals to be improved and resubmitted.
- Swings in funding-availability regularly arise for institutions of all sizes. The Fund already has policies for handling such swings; it places approved proposals in a queue, and does not sign grant agreements until the necessary cash is in hand.
- This is not the time to cut good proposals; it's the time to increase donor pledges. And the Fund is now mature enough that it's time to move towards some kind of burden-sharing approach to funding the Fund (as with the payment of UN dues), rather than staying with an entirely voluntary mechanism.
- This is also not the time for the Fund to appear like a learner driver, pushing hard on the accelerator and moments later slamming on the brake.

And the main arguments that donors had on their side were:

- Sure, approved proposals can be placed in a queue until the funding arrives, but the longer the queue, the longer it will be before Round 10 or 11 applicants can get funding.
- Many of the Round 8 proposals have some "fat", with budgets that assume paying higher prices for purchased products than is necessary.
- None of the problems regarding the funding of Round 8 are the result of the recent global economic and financial crisis. But we can be sure that that crisis will soon have an impact on the Fund. So the time to get lean and mean regarding costing assumptions, and to get much more serious about efficiencies, is now. In the past, we asked for scaled-up proposals. Now we need proposals that are both scaled-up and efficient.
- If we postpone Round 9 by a few months, there is a reasonable chance that we can keep in place our plans to start testing National Strategy Applications. If we don't, we run a serious risk that we will have to postpone NSAs for a year or more.
- The concept that originally led to Round 9 was the need for a "malaria round". But in fact, Round 8 ended up being a "malaria round."
- In some cases, Round 8 proposals have been recommended for approval to countries that have Round 7 grants for the same disease; in one or two cases, those countries had not signed their Round 7 grant agreements nearly a year after the grant was approved. Are those countries really ready to implement Round 8 grants?

In the end, agreement was reached, the details of which were described two days ago in GFO Issue 98. The central component of the deal was that "efficiency savings" (a better term than "cuts", which is the term we used in GFO Issue 98) of ten percent could and should be found in the Round 8 proposals, in light of the fact that unit costs cited for commodities and other purchased materials were often higher than was necessary. And although budget levels for Phase 2 of Round 8 proposals were temporarily capped at 75% of the proposal levels, these caps were hopefully temporary, because Round 8 Phase 2 won't arrive until 2011, by which time donors will, one hopes, have significantly increased their pledges in 2010 at the third Replenishment, which will cover the years 2011-13.

All in all, it was probably the best second-best that could be found.

[Bernard Rivers (rivers@aidspan.org) is Executive Director of Aidspan and Editor of its GFO.]

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3. NEWS: Board Takes Further Steps Towards Single-Stream Funding
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As mentioned above, the Global Fund Board has just endorsed in principle the idea that the Fund will implement a “new architecture” in which Rounds-based grants and RCC grants will be replaced by a “single stream of funding” model.

The background to this decision is that grant implementers are having major problems with some aspects of the Fund's current grant architecture, as was discussed in the Aidspan white paper “Scaling Up to Meet the Need: Overcoming barriers to the development of bold Global Fund-financed programs,” accessible at www.aidspan.org/aidspanpublications, and in a Commentary article in GFO Issue 89.

These implementers are asking for action in two main areas. First, in cases where their proposal is rejected, they want the Fund to follow an iterative process whereby the TRP lets them know what kinds of change they need to make to their proposal, and permits them to resubmit their rejected proposal with the necessary fixes made.

Second, they are in effect also asking for the Fund to move towards having one “single-stream grant” for each country/disease/PR combination. Once a PR has been approved for a grant for a particular disease, the CCM and the PR don't want to be forced to go through the huge effort involved in submitting full-scale proposals for further rounds-based or RCC grants for the same PR and disease. Instead, they want to be treated rather like a small company that has a loan from a bank and is then able to apply at any time to have the loan be made larger (possibly in order to finance additional activities) and/or to last longer, so long as the company can prove that it is using the loan for its intended purposes and is making repayments on time. Ultimately, there needs to be one budget, one set of indicators and one timeline for disbursements and reviews per PR per disease.

Both of these needs will be met in the Fund's new architecture. While declaring that some aspects of the model require further consideration and development, the Board decided to approve some changes immediately. Specifically, the Board decided that commencing with Round 10:

1. The Fund will have a new round every six months rather than every twelve months. (Thus far, with one exception, the Fund has approved one Round in each year.)
2. An applicant whose proposal is recommended as “Category 3” by the TRP will be entitled to re-submit, in the next round, a revised version of the same proposal. (This concept was introduced, on a trial basis, in Round 8.)
3. The TRP may, when recommending a proposal for approval, make its recommendation conditional upon the removal of a limited set of specific elements from the disease proposal. (The TRP already has the ability to do this for proposals submitted under the rolling continuation channel.)

Considerable work remains to be done to flesh out the single stream funding model. For instance, care has to be taken that PRs do not become entrenched, getting regular extensions or additions to their single stream of funding even if they are not working hard to become more effective. The Secretariat is scheduled to present a detailed design for the implementation of the model to the Board's Policy and Strategy Committee in early 2009. The model is then scheduled to be presented for potential approval at the May 2009 board meeting.

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4. EDITOR'S NOTE: Dates for Rounds 9 and Later
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With Round 1 through 8, one round has been approved in each calendar year, except that two rounds were approved in 2003. (For precise dates, see the bottom of www.aidspan.org/grants.)

Given the decisions taken at the just-completed board meeting, discussed in the articles above, our understanding is that the dates for Rounds 9 and later will be as follows:

- Round 9: Was launched October 2008; deadline for applications has been changed from 21 January 2009 to 1 June 2009; approval by Board has been changed from May 2009 to November 2009.
- Round 10: Will be launched at a date to be agreed in November 2009. Our best guess is that Round 10 will be launched in early 2010 and approved in November 2010. However, the Board has retained the right to launch this round as early as November 2009. The Board also has the right to defer launch of Round 10 to any time later than our projection.
- Round 11: Will be launched six months after launch of Round 10.

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5. NEWS: New Health Systems Tools Released for Round 9

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HSS Strengthening Toolkit

The Health Workforce Advocacy Initiative and Health Systems 20/20 have developed a *“Health Systems Strengthening Toolkit for Global Fund Round 9 Proposals.”* The purpose of the Toolkit is to assist countries to develop high-quality proposals that include ambitious sections on health system strengthening (HSS).

The Toolkit includes information on how to use the Global Fund to support HSS, key opportunities that the Global Fund presents to do so (such as to build human resource management capacity), and a list of technical support (TS) providers to assist applicants in proposal development and implementation.

The Toolkit also contains background information on health systems and the health workforce, as well as information on community systems strengthening needed to achieve improved outcomes for AIDS, TB, and malaria programmes.

Finally, the Toolkit contains a guide on using the Global Fund to support health system strengthening, originally prepared by Physicians for Human Rights for Round 8 and updated for Round 9.

The full toolkit can be found at www.physiciansforhumanrights.org/hiv-aids/globalfund_round9.html.

The list of TS providers is at www.physiciansforhumanrights.org/library/documents/reports/global-fund-technical-support.pdf.

Health Information Systems Tools

The Health Metrics Network, an initiative of the World Health Organization, has released a collection of documents to support countries planning to apply for funding from the Global Fund to strengthen their national health information systems (HIS). The topics covered include guidance on recommended indicators, and costing the HIS gap.

Also included is a brief called *“Perspective on a Good Proposal”* which is a collection of suggested “dos” and “don’ts” in preparing proposals. Although developed with HIS activities in mind, this brief provides useful guidance on the preparation of any type of funding proposal.

The documents are available at www.who.int/healthmetrics/tools/gfapplication/en.

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6. NEWS: ITPC Report Provides Case Studies of Community Sector Representation on CCMs
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Note: In GFO Issue 96, we reported on an October 2008 publication by the International Treatment Preparedness Coalition (ITPC) that is based on case studies of CCMs that ITPC conducted in seven countries. The report, entitled “CCM Advocacy Report: Making Global Fund Country Coordinating Mechanisms Work Through Full Engagement of Civil Society,” can be accessed at www.itpcglobal.org/index.php. The main finding is that civil society has made important contributions on CCMs, but its engagement is seriously limited by several factors that require immediate attention at the national level and by the Global Fund. In the following article, we summarize three areas of the report.

Topic 1: Problems with Community Sector Representation on CCMs

There are significant problems with the selection process for community sector representatives on CCMs and with the quality and extent of that representation. Usually, these problems are identified more frequently by representatives of community sector organisations not directly represented on CCM than by existing CCM representatives. Examples are as follows:

Argentina

With respect to the Argentina case study, the report says that

- Many new groups of young people, adolescents, women and sexual minorities are not represented on the CCM.
- People in the community “see a need for more democratic mechanisms, such as periodic elections, the rotation of responsibilities, greater accountability, and diversification of and consultation with the wide variety of represented population groups.”
- The initial selection of community sector representatives was made in 2002 (before the Global Fund required that the selection process be run by the sector itself and be open and transparent) and subsequent changes have only occurred when members have resigned.

Interviewers conducting the case study asked about what mechanisms would improve representation of the community sector. For the most part, the answers depended on whether the interviewees participate in the CCM. The report says that “[t]hose that participate in the CCM report that representation is democratic and say it is unnecessary to make it more inclusive. Those who do not participate in the CCM say that because of the scarce number of organizations that currently make up the NGO Forum [which is represented on the CCM], and the way representatives are elected and have not rotated since 2002, representation is rendered illegitimate.”

The ITPC report says that the community sector in Argentina tends to understand representation “mainly in terms of defending their sector’s territorial interests and not in terms of building a national project toward which all stakeholders contribute their perspectives and support.”

Cambodia

Of the 20 respondents interviewed for the case study, about half said that the selection process for community sector members was unfair. They cited the lack of representation of most at-risk populations, and a lack of concern with the diversity of representation of civil society organisations (e.g., networks versus individual implementation agencies).

India

The ITPC report says that the selection of community representatives in India is “perceived as fair but non-inclusive.” Although there is an electronic voting system, and voting is done over the Internet, a lack of understanding of the role of civil society on the CCM hampers participation. The report says that “this is particularly true for community-based organizations (CBOs), since eligibility to vote depends on very elaborate capacities and qualifications developed by the CCM which can make it difficult for many CBOs to participate.”

Jamaica

Respondents from Jamaica indicated that community sector representatives on the CCM are not elected or selected by the constituencies they represent, but are generally appointed because of their sub-recipient status and selected by the executive of the National AIDS Committee. The report says that “[i]n order to ensure that civil society members on the CCM represent their constituencies more effectively, mechanisms for obtaining feedback from these constituents – the private sector, sex workers, youth, and others – should be improved.”

Respondents unanimously agreed that civil society’s ability to effectively take part in discussions and decision-making on the CCM and the working groups is limited by the quality of its representation on these bodies. Reasons offered for the lack of quality representation from civil society included that representatives do not understand the technical jargon of CCM documents, attend CCM meetings inconsistently, and do not understand their role on the CCM. With respect to the last point, the ITPC report says that representatives often appear to consider CCM meetings “just another HIV meeting” rather than as a mechanism that is accountable to them, and for which they should be accountable to other civil society organizations.

Other civil society sectors

The report said that that “[i]t is striking that, outside of the community sector, the legitimacy of representation of other sectors is not questioned” – when, for example, only one university is represented or only one scientific society is represented, even though there are many others that are involved in the response to the epidemic.

Topic 2: Poor Communication Hampers the Work of Community Sector Representatives on CCMs

The report identified poor communications as a barrier not only to the functioning of CCMs, but also to the effectiveness of the community representatives on the CCMs.

With respect to communications from CCMs to its members, respondents in Argentina indicated that “there is a lack of communication strategies and few established mechanisms for communicating.”

Respondents in Cambodia said that civil society representatives have uneven access to information, which makes proper participation in the Global Fund process difficult. They also said that some representatives “struggle with language barriers and are unable to digest the massive amounts information they receive from the central level.”

The ITPC report said that in India, civil society representatives do not receive information about CCM activities far enough in advance of CCM meetings to allow them to participate effectively.

The report also said that there are several civil society organizations in India doing good work, “but they do not have adequate information about the CCM, the benefits of participation in the CCM, or even its existence in India.

According to the ITPC report, civil society representatives in Uganda do not have access to the information needed to make meaningful and influential contributions to debates.

In both India and Uganda, the issue of Internet access was raised. The report points out that information tends to be disseminated via email in these countries, but that many people have no or inconsistent email access.

With respect to communications between community sector representatives and their constituents, the report says that, in some cases, there is little communication to the constituencies (e.g., Cameroon), and in other cases information is circulated to the community sector, but largely within a member’s own network or unevenly among other networks and organizations (e.g., Argentina).

In Cambodia, language is a major barrier. The ITPC report says that most organizations working at the grassroots level have difficulty digesting the information they receive because it is mostly in English.

The report says that in India, almost all respondents agreed that there are no systems or procedures for civil society representatives to use for reporting back to their constituencies. The report also says that the discussions, meetings and consultations about Global Fund proposals are mostly restricted to Delhi; and that, consequently, organisations based in other cities are at a disadvantage.

The report notes that “[d]evelopment of back-and-forth communication linkages with their constituencies might help civil society representatives to overcome non-engagement in CCM meetings because they would be able to obtain information from their constituencies, and the resulting discussions and decisions could be reported back to them.”

Topic 3: Participation of Community Representatives on CCMs is Uneven at Best

In the seven case studies that formed the basis of the report, ITPC found some examples of strong community participation on CCMs. However, it found more instances where effective participation was lacking.

How the participation of community representatives was categorised often depended on to whom one talked. Representatives of governments and development agencies tended to have a rosier view than did the community representatives themselves.

The ITPC report says that on the Argentina CCM, the community sector “enjoys true participation and a significant impact” on decision-making. The report says that this is due to the relatively large number of members from the community sector and their consistent attendance at meetings. The report contrasts the active participation of community representatives with the “the passive role of other members of the CCM.”

In India, the report says that “[w]hile government and some multilateral respondents said they believe that civil society members are treated as equal partners in the CCM, most others view civil society representatives as unequal. This perception is attributed to their unwillingness or inability to question powerful government representatives who maintain control over decision-making and resources.”

The report adds that even when civil society representatives have raised issues, “they are generally perceived as ineffective in influencing decision-making processes at the CCM.”

The ITPC report says that most respondents interviewed in Cambodia agree that although the Global Fund’s basic principles assure all members an equal vote with equal opportunity for expression, it is a government-led process. The report says that “[i]n Cambodian culture – especially in formal meetings – power relationships and the culture of hierarchy limit discussions and decision-making. The large number of government representatives may inhibit CSO representatives from voicing their issues – particularly controversial ones.”

With respect to Cameroon, the ITPC report says that in general the performance and effectiveness of community representatives “are limited by lack of technical capacity, lack of coordination, and a lack of respect by representatives from government and international NGOs.” The report says that, according to some CCM members interviewed, “many civil society participants are weak representatives because they do not strongly advocate for civil society at CCM meetings. The opinions of the government and developmental partners predominate over those of civil society representatives, who are not considered by academics and government representatives as qualified to serve as equals.”

Most of the people interviewed for the Jamaican case study said that civil society representation on the CCM is “for the most part tokenistic and ceremonial, and that civil society members are not seen as equal partners by other CCM members.” The report explains that this may be partly because “the PR is viewed as possessing superior knowledge, skills, and understanding and therefore is deferred to when its suggestions are discussed and voted on.” The report adds that the agenda of CCM meetings is normally driven by the PR and not by the full CCM membership.

The ITPC reports notes that in Jamaica, for the most part, some government representatives and the PR "saw things entirely different from all other interviewees." The former viewed civil society as well-represented and included, while the others described the sector's inclusion as limited and ceremonial.

In its report, the ITPC says that in Uganda, while civil society participates in proposal development, and while "vocal civil society representatives on the CCM have successfully questioned and influenced some key decisions," the involvement of civil society in the CCM is generally weak. The report says that "[b]ecause they come from a young and relatively immature civil society in general, Uganda's civil society representatives are treated as – and naturally feel – inferior when they sit in CCM meetings with donor representatives and high-ranking government officials."

The ITPC report says that a major impediment to civil society participation is that the CCM in Uganda has been mainstreamed into the government's existing structures. It goes even further, stating that "[t]he CCM in Uganda is not just dominated by government officials; it is largely government-controlled and government-directed."

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END OF NEWSLETTER
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This is an issue of the GLOBAL FUND OBSERVER (GFO) Newsletter.

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