Communities Consultation on the Global Fund's New Funding Model

COMMUNITIES DELEGATION
of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria

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Acronyms and abbreviations

CCM	Country Coordinating Mechanism
CSS	Community Systems Strengthening
GAC	Grant Approvals Committee
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCSS	Health and community Systems Strengthening
JANS	Joint Assessment of National Health Strategies
MARP	Most-At-Risk Population
NFM	New funding model
NGO	Non-governmental organisation
NSP	National Strategic Plan
SOGI	Sexual Orientation and Gender Identity
TRP	Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS

1. Introduction

1.1 About the consultation

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has developed a new funding model (NFM) that is being rolled out in 2013. It replaces the "Rounds-based" system that had been used since the Fund's launch. The development of the NFM was a main priority of the Global Fund's 2012-2016 Strategy, which aims to change how the Global Fund invests by more directly prioritizing resources to countries and contexts deemed most in need. Some of the NFM's objectives are to make processes simpler, more predictable, and better aligned with national strategies.

The Global Fund Board approved the NFM in November 2012. Since then, the Secretariat has been drafting relevant policies, procedures and guidance. It is also continuing efforts to explain the NFM and how it will be rolled out. One such effort, aimed at building awareness among communities of people living with and affected by the three diseases, was convened 25-26 January 2013 in Amsterdam by the Communities Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Communities Delegation).

The following overall objectives for the consultation were articulated in advance:
1. To build a **common understanding** among the participants about the key components and transition phase of the Global Fund's NFM.
2. To identify **priority issues** (opportunities, challenges and gaps) for communities in relation to the key components and transition phase of the Global Fund's NFM.
3. For each priority, to identify and **plan** entry points and actions for communities to engage, monitor progress and have influence.
4. To begin the development of a **road map** for a communications and technical support strategy to support communities—at country, regional and global levels—in relation to the Global Fund's NFM.

A total of 34 people participated in all or part of the consultation. They included representatives from national, regional and international networks of communities living with and/or affected by the three diseases from around the world. Joining them were representatives from the Global Fund Secretariat and key technical partners, including the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Stop TB Partnership. Annex 1 contains a list of all participants.

Participants were urged in advance not to revisit what had already been decided by the Board on the NFM and, instead, to focus on taking the model forward—in terms of its further development and roll-out. As such, they were asked to consider ways to influence the model as presented, and efforts were made to encourage discussions and observations "through the communities lens" primarily.

1.2 About this report

This report provides a summary of presentations, discussions and outcomes from the Amsterdam consultation. It is not intended to be an in-depth account of all proceedings and thus does not necessarily discuss all information and resources chronologically or

extensively (if at all). Instead, by providing an account of the consultation it aims to support advocacy and decision-making efforts on the part of communities in regards to the NFM.

The information and summaries throughout the report are based on what was known and discussed as of the dates of the meeting (25-26 January 2013). Subsequent developments regarding the NFM are not reflected, unless specifically stated otherwise.

The report is structured as follows:
- Background information about the NFM, including its specific components (Section 2)
- Current plans regarding roll out of the NFM (Section 3)
- Consideration of the current situation regarding human rights and Global Fund strategies of particular importance to communities, such as sexual orientation and gender identity (SOGI) and gender equality (Section 4)
- Identification of communities' expectations and support needs moving forward (Section 5)

The report also contains three annexes. Annex 1 contains a list of participants; Annex 2 contains the full text of one main outcome, a statement listing communities' priority "asks"; and Annex 3 includes the full text of the action plan intended to guide communities' efforts in regards to the priority "asks".

Background material, including full text of many of the presentations, is available on the Communities Delegation website at www.globalfundcommunitiesdelegation.org

2. Background: About the NFM

Section 2 focuses on the features and components of the NFM, which was approved by the Board in November 2012. It summarizes presentations from representatives of the Global Fund Secretariat as well as plenary discussions and associated working group sessions that followed.

2.1 Summary of components

Overview

All processes related to the NFM are based on the following principles approved by the Board:
- Greater alignment with country schedules, context, and priorities
- Focus on countries with the highest disease burden and lowest ability to pay, while keeping the portfolio global
- Simplicity for both implementers and the Global Fund
- Predictability of process and financing levels
- Ability to elicit full expressions of demand and reward ambition

These principles underscore the key features of the NFM. For example, the new model seeks to give applicants as much information in advance as to how much money they will be able to access over a three-year period. The amount will be determined by

allocation criteria based largely on a country's per capita income and disease burden. Two other changes are notable: i) applicants will be able to apply for funding whenever they want during this three-year period, and ii) applications will be "disbursement-ready" when submitted to the Board for approval, which means money can start flowing soon after.

The intention of these changes from the Rounds-based system is to increase predictability and better alignment with country planning. The process is also expected to be easier for both applicants and the Global Fund in that each grant will last three years and there is no need for reprogramming and other processes associated with Phase 2 renewals in the former system.

The new structure aims to get application success rates as close to 100 percent as possible. One approach will be to have the Secretariat and the Technical Review Panel (TRP)—which makes decisions on grants—play more active roles through upfront engagement with countries. For their part, countries can simplify and speed up processes by putting in place strong, realistic national strategic plans (NSPs) regarding the three diseases. The Global Fund intends to be more flexible, too, to address challenges in countries with weak NSPs and low capacity.

Specific structures and processes
Eligibility
Eligibility for Global Fund support through the NFM will continue to be determined by the Eligibility, Counterpart Financing and Prioritization (ECFP) policy, which the Global Fund Board approved in May 2011. Changes to the ECFP will most likely be required.

Funding availability
Under the NFM, the Global Fund will use an allocation formula to signal in advance the amount of funding available to a country over each three-year period. The total amount of all Global Fund resources available to be disbursed over each three-year period will be determined by the results of the relevant replenishment.

The allocation formula will take into account criteria including disease burden and gross national income (GNI). The overall strategic approach, as mandated by the Board, is to focus on countries with the greatest needs and least ability to pay. Countries are grouped into four *country bands* that reflect this approach. Countries in Band 1 are those evaluated as lower-income and higher-burden; they will receive highest priority under the allocation formula. By comparison, available resources per country are expected to be much more limited for those grouped in Band 4 (evaluated as higher-income and lower-burden). Of note in regards to the four country bands is that underlying allocation methodology differs somewhat for Country Band 4 in comparison with the other three as overall population sizes are also taken into consideration in Country Band 4. The overall NFM allocation formula—and thus country band groupings—will be updated prior to the beginning of each three-year cycle.

The main type of funding available is called *indicative funding*. This refers to a range for each country pre-determined by the allocation formula. Countries are essentially

"guaranteed" access to indicative funding provided they successfully complete the new application process.

The other type of funding is called ***incentive funding***. This refers to money that the Global Fund sets aside in a separate pool. Applicants are expected to compete for money provided through this source; among the benefits is that the money a country receives from this source is additional to the total it can receive through indicative funding. Incentive funding aims to "reward" countries that show evidence of high-quality programmes that have substantial impact. Ambitious requests based on national strategic plans are to be favoured, with substantial amounts to be made available to motivate what the Global Fund calls "full expression of demand".

At the time of the January 2013 consultation, the Global Fund had not designated the target percentage of all available funding that it will reserve for incentive funding. It was considered likely that the allocation will be far smaller than indicative funding.

Application process
The first step in the new Global Fund application process is the development of a ***concept note***, to be formally submitted (in most cases) by a country coordinating mechanism (CCM). A concept note may request financing for any of the three diseases or for cross-cutting support for health and community systems strengthening (HCSS). Each applicant can decide itself how it wants to "split" its guaranteed funding amount (the indicative range) among the three diseases and HCSS.

Each concept note should include basic information about a country's epidemiological context and response as well as details regarding the priority interventions to be funded through the indicative range allocated to the applicant. Applicants may also specify interventions for potential support through incentive funding.

The concept note should be drafted through a process called a ***country dialogue***, which remains unclear—although it is envisioned to be a multi-stakeholder process involving representatives from across the health and development spectrum, including governments, donors, civil society, and key affected populations. It is a separate process from the concept note development, and is intended as a much broader venue for participation and involvement at the national level. During country dialogue, the Secretariat informs the country of its available indicative funding estimate and the size of incentive funding it could compete for within its country band. The Secretariat can also be involved in discussions, if invited.

The concept note will then be reviewed by the TRP. Unlike in the previous system, under the NFM the TRP will seek to work directly with applicants to improve concept notes. Other Global Fund structures are also expected to be involved at this stage, including the Secretariat and Country Teams. The goal is thus to collaboratively draft an acceptable proposal.

Once the TRP has approved the concept note, it will serve as the basis for the development of a work plan. Discussions should include all relevant local-level Global Fund structures, including the CCM and principal recipients (PRs), as well as other in-

country partners and the Global Fund's fund portfolio managers (FPMs) and local fund agents (LFAs). This process should also include capacity assessment of PRs and the development of an integrated grant performance and reporting tool.

The work plan and all other elements of a fully fledged proposal will then be reviewed by the TRP, with the expectation being that approval will be given in nearly all instances. Following that approval, the proposal will be reviewed by the Grant Approvals Committee (GAC), which will have the authority to make revisions/changes before recommending it to the Board for final approval. The GAC is primarily a mechanism internal to the Global Fund Secretariat through which technical partners will be able to provide input.

The Secretariat will then present the proposal to the Board in "disbursement-ready" state. This means that no further negotiations are needed after Board approval, and funding can be disbursed immediately.

2.2 Initial concerns and clarifications

This sub-section summarizes lengthy plenary discussions following the initial presentations on the NFM (Section 2.1). Consultation participants sought clarifications on many aspects of the model and raised numerous concerns about its possible impact. Where possible, Global Fund representatives responded. The summaries of issues discussed are grouped below as per key topic areas.

Country dialogue
Many participants found the country dialogue process, as described, to be unclear. Questions centred on who or what would organise and run such a process; who would be involved; and how it would be monitored. According to Global Fund representatives, the county dialogue process is "not supposed to be a Global Fund-specific event, but should be a process that builds upon existing, ongoing mechanisms and dialogue that is happening in health and development."As a result, they said, it is different from the CCM.

Several participants said such descriptions were too vague to be practical: who should be in charge of organising such a process? The default, most thought, would be the CCM and/or a government agency. This possibility is a concern among many civil society and community groups because it increases the likelihood they will not be involved at all, or perhaps only in a limited manner. The result could then be concept notes and grants that do not support communities, especially most-at-risk populations (MARPs). Most participants agreed that communities' meaningful engagement could only be built and sustained through explicit criteria that are enforced and monitored.

National strategic plans
Concern was noted regarding the emphasis on NSPs as the basis for concept notes and as one criterion for deciding access to incentive funding. Participants wondered what would constitute a "robust" plan, which is the adjective used by the Global Fund to describe those it would favour and which should be used. Participants said that indicators are needed to define the term; moreover, indicators are also needed to

determine whether (and to what extent) communities were involved in developing national plans and how they are represented in them (if at all). In this view, simply making an "investment case" in an NSP does not seem sufficient to qualify as "robust" from participants' perspectives.

Another concern noted was in regard to a situation in which national plans are developed and are considered satisfactory for one or more diseases, but do not exist or are deficient in regards to others. How will such contexts be evaluated? This is a concern too if national strategies for health systems strengthening or gender, for example, do not exist.

Some participants suggested Joint Assessment of National Health Strategies (JANS) as a useful tool for NSP-related processes. Others, however, were highly critical of the JANS tool in general or for this specific purpose in particular.[1]

Concept note
Participants stressed the need for clear criteria and expectations regarding concept notes. In particular, those involved in the country dialogue process should understand that they can and should seek "full expression of demand" and not be constrained by assumptions about limitations on what they can request. As such, applicants should be reminded about the possibility of support through the incentive funding stream should their indicative funding range not seem high enough to achieve "full expression".

Roles and capacity of Secretariat and TRP
The roles of the TRP and Secretariat were questioned in regard to the entire NFM. The model aims to have both play a larger and more direct role, from concept note to monitoring of grants. How will both have the resources and capacity to do so in a way that does not disadvantage some applicants?

Some participants said that given the expanded role of the TRP, it is important to draft particularly explicit instructions and guidance to ensure that all members are evaluating on the same criteria and biases. This is important because groups of different TRP members will likely need to be formed to review different applications. Similarly, some respondents said that if the TRP is going to play a bigger role, it is important that an expanded range of technical skills be represented on it—for example, in regards to ensuring that human rights are better understood, recognized and supported in all programming.

Allocation criteria and country bands
Many participants expressed dissatisfaction with what they termed the inflexibility and unfairness of the allocation criteria. A common assertion is that the Global Fund will no longer be "global", regardless of the claims of the Secretariat or Board. In part their arguments stem from eligibility criteria that greatly restrict or even exclude some middle-income countries from receiving any Global Fund support at all. They point out, for example, that the majority of people living with HIV in the world live in middle-

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[1] Detailed information about the JANS tool is available at www.internationalhealthpartnership.net/en/tools/jans-tool-and-guidelines/.

income countries, not low-income ones. Many populous countries have millions of people who depend on Global Fund resources because their governments are unable or unwilling to provide adequate services and other sources do not exist. It is unfair to deny people in need in these countries based on limited criteria that do not more carefully consider realities on the ground.

Such arguments were especially forceful in regards to Country Band 4. The Global Fund has said there will be special conditions associated with Country Band 4 to ensure that a minimum level of resources are targeted for MARPs, regardless of what would otherwise be indicated through the allocation criteria. Yet even after such conditions are in place, only about 7 percent of all resources will be allocated to this band, which currently includes about 60 countries. That share is little changed from the past two years.

One participant noted that analysis clearly shows that countries in that band have been underfunded in recent years and thus need more than that share. Others focused on the fact that the majority of upper middle-income countries (UMICs) in Country Band 4 are home to concentrated HIV and TB epidemics that continue to spread, largely because governments refuse to provide services for MARPs. In such cases the Global Fund is the only realistic source of funding for services such as syringe exchange. The fact is, as several participants said, that "ability to pay" is not the same thing as "willingness to pay".

UMICs were also discussed in regards to the Global Fund's counterpart financing requirement under the ECFP policy. There appears to be no indication in the NFM as to how the Secretariat will verify that countries meet the required levels of financing that they must provide on their own. Nor, some added, is there any indication of what should be done if countries do not meet the requirements.

Another comment focused on the perceived bluntness of placing a country in one band only. Some countries are low burden for some diseases but high burden for others. In such cases, how will adequate resources be made available?

Disease split
For the transition phase (see Section 3), the Global Fund has said (as of January 2013) that it will distribute resources based on the historical distribution of disease-specific funding overall (52 percent for HIV, 32 percent for malaria and 16 percent for TB). That historical distribution is the basis for how funding will be split across the three diseases once the NFM is fully launched. Applicants are expected to have some flexibility in how they split funding among the three diseases and HCSS, although they will need to provide justification if their intended disease-specific shares vary more than 10 percent from the overall historical distribution. According to Global Fund respondents in Amsterdam, the TRP is particularly concerned about specifying guidelines and expectations regarding disease split, but some other stakeholders do not think the Global Fund should be prescriptive (and believe instead that countries should decide).

Some participants said they were concerned that a lack of clear guidance or more detailed recommendations and enforcement would mean HIV funding will crowd out TB

and malaria funding. One reason is that most CCMs are not well prepared to discuss those two diseases in comparison with HIV. Also, in most countries the HIV community is much more vocal and better organised.

2.3 Additional work: identifying preliminary community priorities associated with the NFM

Participants divided into working groups as part of the final step in the initial overview section of the consultation. The three groups focused on the following elements of the NFM: i) NSPs/investment phase, ii) country dialogue, and iii) concept note. Each group was tasked with identifying opportunities and challenges based on presentations and discussion to date, as well as articulating priorities (some of which were introduced as preliminary "asks") from the community perspective. These "asks" subsequently served as the basis for additional work on community priorities discussed in Section 5.

Most of the challenges and opportunities were similar to those noted in Section 2.2 above and were broadly the same across all three working groups. Listed below are the priorities noted in each working group:

Group 1. National strategic plans/investment case
- The Global Fund should define what constitutes a "robust" NSP. The definition should include clear and meaningful community engagement. The Global Fund should provide support for community systems strengthening (CSS) in order to build the capacity of communities to engage in developing NSPs.

- Support for community monitoring should be made available for all stages of relevance to the NFM process, including development of NSPs. Community monitoring should be funded and legitimized by the Secretariat. It should be undertaken during the pilot phase of the NFM that will take place from the end of February 2013.

- Efforts should be made to identify innovative ways to fully involve all communities at national level. In particular, communities that are marginalized and criminalized must be able to engage safely at all levels.

Group 2. Country dialogue
- Since the Global Fund does not have the means to evaluate and monitor NSPs, there should be minimum requirements for country dialogue. These should include monitoring tools, systems and frameworks with guidelines to ensure that the dialogue is working as envisioned, including in regards to extensive and thorough community engagement.

- Communities need "safe spaces" and resources to be able to influence, advocate and participate in country dialogue. The NFM should be communicated in a simple, effective manner to all involved in order to ensure meaningful participation.

- Clear roles and responsibilities are needed in regards to the country dialogue process. The questions of who, when and where must be answered, including in regards to how the Global Fund is to be engaged realistically.

Group 3. Concept note
- There is a need for a community-based validation process before a concept note is developed and/or submitted. This is important to ensure that human rights and the SOGI and gender strategies are reflected. Such validation could be done on a regional basis, which could help promote sharing of information and best practices.

- The concept note must show evidence that it has taken into account, and reflects, the input and perspectives of communities. This should be validated.

- At the global level, the scope and effectiveness of the review process in Geneva must be increased. This would mean enhancing the capacity and expertise of the TRP, ideally by including community members and/or representatives from community organisations.

- The definition of technical partners involved in the Global Fund's GAC must be broadened so as to include community organisations and peer-based networks, as well as human rights and gender non-governmental organisations (NGOs).

3. Roll Out of the NFM

Based on the presentations by the Global Fund Secretariat, the NFM will be implemented in stages. The first stage, a transition phase, will continue through most of 2013. The first major step is essentially a pilot test of all elements of the NFM for what the Global Fund is calling "early applicants". This group will consist of a small number of applicants invited to participate in a process expected to begin by the end of March 2013. As of the end of January 2013 the names of the countries had not been announced, although the Global Fund was expected to do so by the end of February. Priority for participation in this phase is given to countries that i) are "significantly underfunded" over the 2013-2014 period as per formulas the Global Fund is running that are based in part on recent allocations; ii) are evaluated as at risk for service interruptions (e.g., in regards to replacing bed nets); and iii) are positioned (according to the Global Fund) to "achieve rapid impact". The Board has also mandated, however, that selected participants be diverse in areas including size, geography, capacity and type of proposal. This means that at least one proposal will be either regional in nature or not submitted by a CCM.

A second category is what the Global Fund is calling "interim applicants". This phase will also be undertaken in 2013, but only selected elements of the NFM will be applied. Funding made available in this phase will largely be provided for renewal and extension of existing grants. Criteria for participation in this part of the transition phase will be similar to that of early applicants, with potentially eligible participants required to meet at least one of the three: significantly underfunded, at risk for service interruption,

positioned to achieve rapid impact. The GAC will have responsibility for recommending resource amounts to the Board.

The final category is called "standard applicants". They will be allowed to request funding only with the full launch of the NFM. That is expected soon after the final pledging conference of the fourth replenishment drive, which is currently expected to take place in October 2013. In the meantime, the Global Fund will offer encouragement and support for the development of country dialogue structures and strengthening national disease strategies.

Money for the transition phase (including for both early and interim applicants) will come from the Global Fund's current reserve of uncommitted assets. Funding for the full roll out will be based on the amounts pledged at the final replenishment conference. This means that realistically, money will not be available for most eligible countries until 2014.

The Global Fund plans to monitor early applicants to "capture learning" in regards to the NFM. This is something that is being developed with the Technical Evaluation Reference Group (TERG). Among the mechanism likely to be used are bi-weekly transition meetings with applicants and implementers; country visits by Country Teams and Secretariat staff; questionnaires submitted to in-country actors and Country Teams; and quantitative analysis of select topics. Also under consideration are informal channels in which feedback can be sent directly to the Global Fund or Country Teams via email, etc. The monitoring is expected to be undertaken continuously, with changes made as needed; as such, there is no expectation there will be a formal paper at the end of the process.

Global Fund respondents also said there was interest in having some sort of community watchdog system throughout the transition phase. It was anticipated that further discussions are needed to determine what community monitoring might best consist of and how it could engage with the TERG.

4. Human Rights, CSS, SOGI and Gender Equality: Current and Future Impact

As noted in Section 2.2, consultation participants were particularly concerned about the impact of the NFM at the grassroots level (within communities), and among MARPs. They therefore spent considerable time discussing the Global Fund's SOGI and gender equality strategies—which were proposed by and developed with extensive input from civil society and communities—as well as human rights and CSS in the Global Fund context more broadly.

This section summarizes extensive plenary discussions regarding how the two existing strategies, human rights and CSS can be strengthened in regards to the NFM. Listed below are brief descriptions of the current status of each of the four topics, including a few observations from participants about their impact. That is followed by a summary of points made during a discussion on how to prioritize these important strategies and concepts in all Global Fund work in the future (including through and with the NFM).

Overview and current situation

Human rights

There is no specific Global Fund policy on human rights at the moment, although advocates have been trying to get one adopted for several years. The overall concept of human rights is, however, the focus of one of the five main strategic objectives in the Global Fund Strategy 2012-2016. The specific strategic objective is to "promote and protect human rights". The following four strategic actions are associated with that objective:

- Ensure that the Global Fund does not support programs that infringe human rights
- Increase investments in programs that address human rights-related barriers to access
- Integrate human rights considerations throughout the grant cycle

Getting human rights into the 2012-2016 Strategy required overcoming significant opposition among some stakeholders. Its inclusion is important in regards to the NFM in that the model derived directly from that strategy. Yet there is no indication as to how the human rights-specific strategic actions will be implemented, monitored or enforced across all Global Fund processes and systems.

SOGI strategy

The SOGI strategy was based on the Board's recognition of the need to focus on sexual minorities. The process began after the Board acknowledged, in 2007, that they face major challenges in regards to access to Global Fund money and decision-making processes, among other obstacles. Moreover, it was recognized that members of many of these minorities are disproportionally affected by the diseases (and HIV, especially).

The finalized SOGI strategy was first utilized in Round 10, which was launched in May 2010. The Global Fund had previously committed to an independent evaluation of the strategy two years after its integration; that evaluation, prepared by the Pangaea Global AIDS Foundation, was released in 2012. The overarching conclusion was that the strategy has had some effect, but that the Global Fund has not consistently or comprehensively used and enforced the policy. One key recommendation was for the Global Fund Secretariat to develop individual operational plans linked to SOGI and the gender equality strategy for the following populations: girls and women (particularly in sub-Saharan Africa); men who have sex with men; transgender peoples; sex workers; and injecting drug users.

Gender Equality Strategy

The gender equality strategy was developed in 2009. Through it, the Global Fund committed to ensuring equality both externally and internally: in the response to all three diseases through the programmes implemented at country level, and through all of its policies and procedures. Examples include guidance and expectations regarding gender equality for CCMs and the TRP. As noted above in regards to SOGI, a recent two-year evaluation concluded that the impact to date has been mixed. Based on the findings, the independent evaluators concluded that more targeted attention is needed to fully maximize the potential of the gender equality strategy.

<u>Community Systems Strengthening</u>
Policies regarding CSS and health systems strengthening (HSS) have evolved over time, especially with Round 8 and beyond.[2] Efforts have been made to allow for more funding for CSS in more grants, and there is hope that this trend will continue and be more successful given that CSS and HSS are "critical enablers" to ensure four of the five priorities in the Global Fund Strategy 2012-2016. Another reason for optimism is that the Secretariat contains a dedicated CSS focal point.

Nevertheless, experience shows how difficult it is to get specific funding for CSS in grants. Part of the problem is that definitions vary in regards to the overall concept and specific activities that may be considered part of CSS. Most governments also remain reluctant, if not opposed, to recognize CSS as a critical enabler and/or to support funding for relevant activities and interventions.

<u>Impact to date: summary of comments</u>
In the opinion of most participants, the two strategies (SOGI and gender equality) have not been implemented well or effectively. One notable observation was that the recent evaluation was extremely negative in its findings as to the introduction and impact of gender-related programming. It concluded that most attention is placed on prevention of mother-to-child transmission (PMTCT) programmes, which are mostly focusing on babies and not women. Human rights, meanwhile, appears to be a "siloed" area of work instead of being intrinsic to all aspects of the Global Fund.

Representatives from some specific communities—including transgender individuals, people who use drugs and sex workers—observed that the strategies appear to have done little to support their communities, including by increasing opportunities for representation in Global Fund processes.

A few participants said they had seen some positive changes related to the strategies, however. They noted that the strategies have helped raise awareness about such issues in places with little previous inclination to consider them. Also, an example was cited of the consequences of the rejection of a Round 10 application from Malawi on the basis that sexual minorities were not addressed. This rejection reportedly is among the reasons the new president is seeking to reform laws such as those criminalizing same-sex practices.

Moving forward: points and concerns of note
Discussion of human rights, CSS and the SOGI and gender equality strategies concluded with a plenary discussion regarding how to move these concepts forward. Listed below

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[2] Most stakeholders, including advocates and community representatives, have historically differentiated between CSS and HSS. In recent years, however, the two concepts have been merged into one by some policy makers and observers: health and community systems strengthening (HCSS). The Global Fund itself referred to the newly merged acronym and concept when developing the NFM, including in regards to possible funding opportunities. Many stakeholders nevertheless prefer to keep the two original terms (CSS and HSS) separate and distinct based on what they argue are different needs, approaches and priorities. Some in particular are concerned that subsuming CSS into HCSS will limit understanding of and responses to key needs faced by communities, including in regards to the importance of support for advocacy activities.

are summaries of some of the key points, concerns and suggestions that arose. They are presented in verbatim language (where possible), as stressed by different participants.

The Global Fund does not seem to understand human rights or want to identify ways to ensure key rights-based principles are enforced. The development of the SOGI and gender equality strategies was an excellent opportunity to raise awareness about these issues at all levels, from Geneva to country level. A human rights strategy could have as important of an effect and thereby improve programming. Cambodia offers a good example of the Global Fund's lack of understanding. It considers the country to be one of its best performers, partly because of the high levels of HIV testing among sex workers. Yet this is a blunt and imprecise way to measure success because of the clearly documented human rights abuses that sex workers face regularly in the country. Testing is not an indicator of prevention; aggressive efforts to do it often merely lead to abuse. One way the Global Fund could stop human rights abuses would be to change indicators for voluntary counselling and testing (VCT). But as long as the current indicators remain—and as long as Cambodia is touted as a best practice—the Global Fund is an enabler of human rights violations instead of a mechanism through which they can be overcome.

Gender equality can only be achieved through more proactive efforts in both Geneva and at country level. Far too few women are employed at the Global Fund Secretariat, especially in senior positions. This sends a terrible message regarding gender equality. At local level, more efforts should be made to ensure more money and support goes to women's groups, including (for example) HIV-positive women's groups.

The Communities Delegation's expertise should be exploited. There is a huge amount of expertise on issues related to CSS, sexual minorities, gender and human rights in the Communities Delegation. These individuals should be involved in helping develop training packages for Global Fund portfolio managers and others involved in all aspects of Global Fund programming.

The Global Fund should pay closer attention to what the strategic investment framework[3] actually recommends in regards to good investments. The framework emphasizes evidence-based policies and interventions that are not only cost-effective but are more successful and comprehensive in terms of addressing HIV. It highlights the importance of CSS, which is an important way to get resources for interventions that respond to the SOGI and gender equality strategies and uphold human rights. Better efforts should be made to raise awareness about this framework among CCMs and elsewhere at the local level. The discourse could and should be that such interventions are good investments.

Evidence and data regarding the effectiveness of human rights programming should be collected more rigorously and disseminated more widely. With such evidence in hand (and with effective advocacy strategies), it will be easier to prompt the

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[3] The framework was first developed by UNAIDS and the World Health Organization (WHO). The Global Fund has endorsed its findings. See: Schwartländer et al (June 2011), "Towards an improved investment approach for an effective response to HIV/AIDS". *The Lancet*, Vol. 377, Issue 9782: pp 2031-2041 Accessible at: www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60702-2/fulltext.

Global Fund to consider ways to better enforce human rights standards and increase relevant programming. The opportunities seem clear: the Global Fund Strategy clearly indicates the importance of effective, evidence-based interventions, and the new Executive Director has emphasized the importance of data on decision-making.

Strategies are not the only approach, as others may be more effective. The biggest changes—including in regards to the engagement of sexual minorities, etc.—have not necessarily come from the SOGI and gender equality strategies. Instead, the really major changes occurred when the Global Fund introduced the MARPs channel and released CCM guidance specifying expectations regarding participation and engagement. New and improved strategies may therefore not be the best approach to ensure real positive change; instead, other options should be considered that could have more tangible impact.

Box 1. Technical partners' tools and guidance

The Global Fund has asked technical partners to support it in developing guidance relevant to the NFM. **UNAIDS** is in the process of doing this in regards to HIV. Its intention is to provide high-level guidance to countries, to help them boost their potential in maximizing access to the NFM.

Among other steps, it is developing a package of tools that will be presented to countries at the beginning of the NFM process. This guidance aims to prompt applicants to focus on the best way of putting money into HIV programming. As such, it will help applicants make a clear and evidence-based "investment case" for its funding requests. An information note and associated material will focus on encouraging countries to apply "investment thinking" to their responses. UNAIDS will make the case that optimizing investments requires close consideration of the following issues, all of which are intended to help countries frame their proposals and programming:

- *Understand.* Know your epidemic—e.g., where were the last 1,000 infections (and who and where)?
- *Design*. This refers to "the what"—i.e., focusing on the right things
- *Deliver.* This refers to "the how"—i.e., doing things the right way to go to scale. Efficiency in delivery is an important element; so too is bringing in communities. Commodity-driven approaches should be avoided because they are limited and ineffective.
- *Sustain*. How can a comprehensive and effective response be sustained for impact? Who or what else should be involved to share responsibility?

UNAIDS is also developing a four-step self-assessment and decision-making tool as part of the package made available at country level. This is aimed at ensuring that the "right" inputs are considered when making decisions, for example, and that critical questions are asked to ensure that MARPs are included.

Other tools and guidelines in development focus on "critical enablers"—important elements of the investment framework (or "thinking") that UNAIDS is promoting—and synergies with other partners such as the United Nations Development Programme (UNDP). The agency is also working to support countries in regards to benchmarking, which includes considering how and where various allocations might best be made.

The **Stop TB Partnership** is in the process of development a draft investment tool regarding TB that will serve as guidance at country level. The organisation wants to work with communities to influence and change TB plans that already exist, including in most high-burden countries.

Another priority is determining how best to address TB and HIV in Global Fund documents and programmes. This is important because a major component of costs is antiretroviral treatment (ART) for HIV-positive people who are also living with TB. Countries should recognize that this budget item can and should be included in HIV programmes.

Once finalized, the draft investment tool will be made available on the Stop TB Partnership website.

5. Identifying Outcomes, Needs and Next Steps

5.1 Outcomes: statement and action plan

Two outcomes from the consultation stemmed from the information and observations summarized in Sections 2 through 4 above. Participants first agreed on the need to influence the transition phase of the NFM, given that this offers the best and most immediate opportunity to identify and address challenges and concerns from the community perspective. Through working groups and subsequent plenary discussion, participants collaboratively drafted a **statement** summarizing expectations with regards to community engagement in the transition to the NFM. The five priority areas associated with these "asks" are:

- community monitoring, watchdog and validation function;
- community dialogue platforms;
- roles and responsibilities;
- SOGI and gender equality strategies, human rights and CSS; and
- communications.

The statement was finalized shortly after the consultation ended on 26 January 2013. It was subsequently disseminated widely to a range of Global Fund stakeholders and media and information outlets, as well as presented to the Joint Partner Consultation organised by the Global Fund in Geneva on 30-31 January 2013. Broadly speaking, the statement expresses consultation participants' concerns about how, and the extent to which, communities can be involved in all NFM components and structures. The underlying message is that the NFM cannot and will not meet the objectives of the Global Fund Strategy 2012-2016 without explicit, enforceable mechanisms to ensure such involvement at global, regional and local level. (The text of the final statement is presented in Annex 2 of this report.)

The other outcome was an **action plan** based on the five priority areas specified in the statement. For each priority, the action plan details a series of actions (i.e., *what* needs to happen) along with responsibility for moving the action forward (*who* needs to do it) and timeframe (*when* it should happen). The action plan was an initial brainstorm and is intended primarily for internal use by the Communities Delegation. It was understood that communities' priority issues and needs will be further identified and clarified in the months to come. (The text of the action plan is presented in Annex 3 of this report.)

5.2 Technical support needs

Both community respondents and Global Fund representatives acknowledged communities' needs for specialized technical support as the NFM rolls out. Such support is essential to build capacity to understand the NFM, monitor its impact and influence change. It is especially important that adequate technical support is made available as soon as possible during the transition phase.

With this sense of urgency in mind, participants broke into two working groups to consider the topic. One group identified a series of "additional" technical support needs, while the other focused on needs regarding delivery of technical support. They were asked to focus primarily on needs associated with two NFM components at the early

stages of the application process: country dialogue and concept notes. The understanding was that these needs would be brought to the attention of the Global Fund over the next several weeks—including by being placed on agendas of key meetings—as the NFM rolls out in transition phase.

A full and unprioritized list of the proposed needs in these two categories is presented below. They are listed mostly verbatim as suggested by participants. Some of the items refer to what communities need and want, while others are more general in regards to raising awareness of the NFM and ensuring full, representative engagement with all of its processes.

Technical support regarding the NFM
- Helpline for communities to access the NFM process
- Keep the UN Office on Drugs and Crime (UNODC) away from drug-user groups
- Technical assistance on monitoring budgets
- Sensitivity training for CCMs and Global Fund staff
- Facilitate community town hall-style meetings (and provide funding for them)
- Support for communities to develop concept notes and develop and present robust investment cases
- Explain and communicate the "new Global Fund"
- Fund communities to evaluate the process
- Train and fund communities to participate in the country dialogue
- Train community members on the NFM, the Global Fund Strategy, and the Global Fund's architecture and decision-making structures
- Train community members on policy development and policy analysis
- Improve and simplify Global Fund website
- Provide training on the NFM for members of CCMs and civil society organisations

Needs regarding delivery of technical support
- Delivery via local/national civil society/community groups in selected countries
- Communities must define what their technical support needs are, and where possible they should be delivered by their own constituents
- An NFM communications tool would be helpful for communities to use to reach out to constituents and motivate for participation
- Facilitate exchanges among communities (at and across country, regional and global levels)
- Longer-term capacity and organisational development

It was pointed out by several participants that technical support is a two-way street. As such, communities should be able to provide technical support to governments and other stakeholders, especially around issues such as human rights and MARPs. Similarly, peer-to-peer technical support among community groups can be beneficial.

Other participants noted the value in collecting evidence and presenting it in effective ways, especially in regard to making an investment case for communities' priorities during the country dialogue process. Others observed that several community groups already do excellent work in their regions, including the Eurasian Harm Reduction

Network (EHRN) and Association de Lutte contre le sida (ALCS). Documenting such examples, including what they do, would be useful—as would be investing in them further.

5.3 Next steps

The consultation concluded with a list of next steps to be taken. Some referred specifically to specific outcomes from the meeting—including the finalization of a communities statement and action plan to guide advocacy efforts, especially during the NFM's transition phase. (Those outcomes were achieved within days after the end of the consultation. The text of the statement was translated into French, Spanish and Russian prior to being widely disseminated, including at the Joint Partner Consultation, a pivotal meeting on the NFM in Geneva held the week after the Amsterdam consultation.)

Other steps designated as "immediate" included the following:
- the drafting and dissemination of a press release regarding the consultation, by GNP+;
- presentation of the technical support needs to the Global Fund; and
- discussing the results of the consultation during various regular teleconferences (e.g., those organised by ICASO).

The three steps above were also undertaken shortly after the consultation ended. The initiation of other steps depends on external factors. Most notably, only after the Global Fund announces the list of countries to participate in the transition phase (expected by the end of February) will it be possible to determine a plan of action that is specific to those contexts. At that point, a Communities Delegation call will be one of several activities undertaken. A plan is needed because, for example, sharing of information and resources with community groups at local and national level in participating countries will be critical. During this call and others, Delegation members will identify roles and responsibilities moving forward.

In regards to the action plan drafted at the consultation, participants agreed on the need to ensure that it is monitored and that adequate support is made available to support individuals and organisations specified as responsible. Such priorities are to be discussed during regular Delegation calls.

COMMUNITIES DELEGATION
of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria

Annex 1: List of Participants

The following individuals attended all or part of the 25-26 January 2013 consultation in Amsterdam. They are listed in alphabetical order within two separate categories: civil society/communities, and resource/technical partners. (A third category includes two support personnel.) The country listed is where the individual is currently based.

Civil society and communities

Name	Country	Organisation	Email
Pablo Aguilera	Netherlands	HIV Young Leaders Fund (HYLF)	Torresaguilera@gmail.com
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COMMUNITIES DELEGATION
of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria

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Hilaire Zon	Burkina Faso	Lutheran World Relief	hilairezon@yahoo.fr

Resource/technical partners

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Support personnel

Name	Country	Organisation	Email
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Sarah Middleton-Lee	UK	Facilitator/consultant	Sarah@middletonlee.com

Annex 2: Communities Statement

Listed below is the final, approved text of the Communities Statement drafted immediately following the end of the 25-26 January 2013 consultation. (Note: The version disseminated to Global Fund stakeholders and media included different formatting and translations of the final text in French, Spanish and Russian. The English text in that disseminated version is the same as presented below.)

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COMMUNITIES STATEMENT
Communities Consultation on the New Funding Model
25-26th January 2013, Amsterdam, the Netherlands

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Evidence and experience from more than a decade of the work of the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria (Global Fund) unequivocally show that HIV, TB and malaria programming is most effective when communities are extensively and meaningfully involved in all processes. This pivotal role is acknowledged and reflected in the Global Fund Strategy 2012–2016, which notes that "communities living with or affected by the diseases" are key partners in the Global Fund model. The New Funding Model (NFM), which is based on the Strategy, represents an important opportunity to further expand and enhance community engagement. Communities therefore need and expect to influence all aspects of the NFM. The following are some key expectations with regards to community engagement in the transition to the NFM.

1. Community Monitoring, Watchdog and Validation Function

Community engagement is critical to the effective implementation of the NFM. It ensures that resources and support reach the people most affected by the three diseases and that human rights are not abrogated in the course of any proposed interventions. In particular, community leadership and participation in monitoring all aspects of the transition to the NFM are essential for scrutinising the process, assessing the impact and determining successful approaches. To ensure and strengthen community engagement, independent community-led monitoring mechanisms must be put in place. Communities will lead and take responsibility in these efforts. Technical and financial support must be provided for these mechanisms in order to carry out this critical watchdog function.

2. Community Dialogue Platforms

In many contexts, key communities remain marginalised, criminalised, and subject to high levels of stigma and discrimination. This prevents or limits their access to decision-making processes, including CCMs and national disease policy development. The Global Fund and partners must ensure support and resources are made available to communities so that they can effectively influence all stages of the process, including a sustained and on-going country dialogue. How this engagement is facilitated must respond to the needs and different ways of working of communities, whilst ensuring the safety and security of participants. Countries where such community dialogue platforms cannot be established should not be allowed to participate in the transition phase. This criterion should be a core principle of the NFM beyond the transition phase.

3. Roles and Responsibilities

There remains a lack of clarity of the various roles and responsibilities different stakeholders will play in key components of the NFM. At both global and country levels, there is no guidance on "who" will play "what" roles and "who" makes decisions. Unequal power

dynamics amongst main stakeholders, including on the CCM are challenges. Solid guidance, clear assessment criteria and inclusive validation/monitoring processes are necessary for communities to effectively take advantage of entry points, participate in key decision making processes, and hold stakeholders accountable. The roles of key Global Fund structures, such as the Technical Review Panel (TRP), are not adequately defined. In addition, action needs to ensure appropriate capacity, including expertise round community issues on these structures. The Global Fund must clarify such guidance and potential roles at the beginning of the transition phase and ensure that they are evaluated throughout the pilot process.

4. Sexual Orientation and Gender Identity (SOGI), Gender Equality, Human Rights and Community Systems Strengthening (CSS)

In the transition to the NFM, the Global Fund should fully apply existing policies (notably SOGI, Gender Equality and CSS) that have been proven to enhance communities' participation. In addition, prior to full implementation of the NFM, the Global Fund must integrate guidance on policy and programming that addresses human rights and the specific intersecting needs of women, transgender women and men, men who have sex with men, people who use drugs, male, female and transgender sex workers, as well as young people and adolescents within these populations. Special attention should be paid to the multiplying effects that intersecting forms of marginalisation, and stigma and discrimination could have on people's vulnerability to HIV, TB and malaria. The existing policies should be updated and new policies on human rights, drug use, sex work, and intersectionality should be developed and integrated into one overarching policy in close consultation with communities. Evaluation of the effectiveness of these policies should be an integral part of the NFM.

5. Communications

Community knowledge and understanding of the NFM is currently extremely limited. There have been few strategic and resourced efforts to strengthen community knowledge on changes in Global Fund processes. This is an urgent priority if communities are to engage in all aspects of NFM development, implementation, and evaluation, including holding stakeholders accountable. The Global Fund should address this gap in knowledge by developing a mechanism to raise awareness, improve understanding of, and increase engagement of communities prior to and during the transition to the NFM.

Annex 3: Action Plan

Listed below is the text of the action plan drafted immediately following the end of the consultation. It is presented in the original format in which it was drafted and presented on 29 January 2013.

COMMUNITIES ACTION PLAN

Communities Consultation on the New Funding Model
25th and 26th January 2013, Amsterdam, The Netherlands

Introduction:

Evidence and experience from more than a decade of the work of the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria (Global Fund) unequivocally show that HIV, TB and malaria programming is most effective when communities are extensively and meaningfully involved in all processes. This pivotal role is acknowledged and reflected in the Global Fund Strategy 2012 – 2016, which notes that "communities living with or affected by the diseases" are key partners in the Global Fund model. The New Funding Model (NFM), which is based on the Strategy, represents an important opportunity to further expand and enhance community engagement. Communities therefore need and expect to influence all aspects of the NFM.

The following plan outlines some key expectations with regards to community engagement in the transition to the NFM. The expectations are grouped under five priorities:

Priority 1: **Community Monitoring, Watchdog and Validation Function**
Priority 2: **Community Dialogue Platforms**
Priority 3: **Roles and Responsibilities**
Priority 4: **Sexual Orientation and Gender Identity (SOGI), Gender Equality, Human Rights and Community Systems Strengthening (CSS)**
Priority 5: **Communications**

Priority 1: Community Monitoring, Watchdog and Validation Function

Community engagement is critical to the effective implementation of the NFM. It ensures that resources and support reach the people most affected by the three diseases and that human rights are not abrogated in the course of any proposed interventions. In particular, community leadership and participation in monitoring all aspects of the transition to the NFM are essential for scrutinising the process, assessing the impact and determining successful approaches. To ensure and strengthen community engagement, independent community-led monitoring mechanisms must be put in place. Communities will lead and take responsibility in these efforts. Technical and financial support must be provided for these mechanisms in order to carry out this critical watchdog function.

Action (*What* needs to happen?)	Responsibility (*Who* needs to do it?)	Timeframe (*When* must it happen?)
1.1. Include MARPs community representatives in the **TRP and GAC** to assess concept notes on their compliance with human rights, SOGI, Gender and CSS principles and to ensure country plans that invest in evidence and human rights-based programmes.	Global Fund Secretariat	According to timeframe of transition phase
1.2. Establish a **community-led watchdog function**: a) **During the pilot phase**, in each pilot country - by identifying communities/groups to monitor the country dialogue process, the development of the concept note and the impact of the NFM on levels of financial support to community-led initiatives. b) **Over the mid to long-term** - monitoring the roll-out and implementation of Global Fund- supported grants to ensure that they are used to fund programmes that are respectful of human rights, target the appropriate communities and are in alignment with the Global Fund SOGI, Gender and CSS policies. This must be funded by donors/other partners and used as a resource by the Secretariat.	Communities, groups and civil society in countries; global networks; donors (to facilitate the work and build capacity among watchdog groups)	For pilot countries, before June 2013; also over the longer-term
1.3. Engage with regular Global Fund **review/check-in processes** on the development and implementation of the NFM (including the pilot and transition phases). Establish clear communications channels with FPMs and ensure that these are respected and adhered to via regular feedback and interaction. The results of community-led monitoring and watchdog processes should be reported to the three Civil Society Delegations to the Board of the Global Fund and the SIIC- to ensure that appropriate changes to the funding model are made.	Community-led global networks in partnership with regional and country level communities groups	From start of the pilot onwards
1.4. Clarify with the SIIC the procedure and timeline for **influencing Secretariat/Board decisions** on the NFM and establish how community recommendations are taken into account and acted upon.	SIIC; Global Fund Secretariat	From the next SIIC meeting (April) onwards

Priority 2: Community Dialogue Platforms		

In many contexts, key communities remain marginalised, criminalised, and subject to high levels of stigma and discrimination. This prevents or limits their access to decision-making processes, including CCMs and national disease policy development. The Global Fund and partners must ensure support and resources are made available to communities so that they can effectively influence all stages of the process, including a sustained and on-going country dialogue. How this engagement is facilitated must respond to the needs and different ways of working of communities, whilst ensuring the safety and security of participants. Countries where such community dialogue platforms cannot be established should not be allowed to participate in the transition phase. This criterion should be a core principle of the NFM beyond the transition phase.

Action (*What* needs to happen?)	Responsibility (*Who* needs to do it?)	Timeframe (*When* must it happen?)
2.1. The Global Fund should build on its existing policies and ensure that, if a country is selected for the pilot phase and excludes any key community in the country dialogue process, its indicative funding will be reduced and additional funding will be available for a **non-CCM concept note**.	Global Fund Secretariat	Immediately
2.2. The country dialogue process should be ongoing and **jointly led** by communities and government.	Global Fund Secretariat	Immediately
2.3. The community dialogue platform should be resourced via the existing **expanded CCM funding stream** – as a means for communities to discuss and organise on the NFM among themselves and, in turn, play a full role in the country dialogue process. Should a CCM refuse/fail to apply and direct resources to the platform communities can make direct application to the Global Fund Secretariat	Global Fund Secretariat	Immediately

Priority 3: Roles and Responsibilities

There remains a lack of clarity of the various roles and responsibilities different stakeholders will play in key components of the NFM. At both global and country levels, there is no guidance on "who" will play "what" roles and "who" makes decisions. Unequal power dynamics amongst main stakeholders, including on the CCM are challenges. Solid guidance, clear assessment criteria and inclusive validation/monitoring processes are necessary for communities to effectively take advantage of entry points, participate in key decision making processes, and hold stakeholders accountable. The roles of key Global Fund structures, such as the Technical Review Panel (TRP), are not adequately defined. In addition, action needs to ensure appropriate capacity, including expertise round community issues on these structures. The Global Fund must clarify such guidance and potential roles at the beginning of the transition phase and ensure that they are evaluated throughout the pilot process.

Action (*What* needs to happen?)	Responsibility (*Who* needs to do it?)	Timeframe (*When* must it happen?)
3.1. The Global Fund, together with its stakeholder partners, should compile a review of what constitutes global **good practice for a country dialogue** that is inclusive, transparent, evidence-driven and country owned. This would facilitate the development of a **set of criteria** to be used to assess the validity and robustness of the process.	Global Fund; technical partners; communities	Immediately/on-going
3.2. The CCM chair should be tasked to present a review of existing country processes for country dialogue and investment decisions, coupled with a country plan on how to proceed and improve for the NFM.	CCM; Country Team/FPM	As appropriate
3.3. The Global Fund, together with partners, should facilitate resources to enable a robust and informed country dialogue to take place.	Global Fund and partners	As appropriate
3.4. The Global Fund, together with partners, should identify a potential mechanism to generate feedback on the process and suggest improvements.	Global Fund and partners	As appropriate
3.5. The CCM will endorse the disease split and submit a brief justification to the Secretariat which will consult with TRP and GAC and approve.	CCM; FPM/ Country Team; TRP/GAC; technical partners	As appropriate
3.6. The validation of the country dialogue process should be done through a consultative process by a multi-stakeholder group in-country (and potentially some regional peer assessment).	Multi-stakeholder group in-country; regional peers	As appropriate
3.7. Once the process has been validated, the concept note(s) will be developed.	CCM	As appropriate

Priority 4: Sexual Orientation and Gender Identity (SOGI), Gender Equality, Human Rights and Community Systems Strengthening (CSS)		
In the transition to the NFM, the Global Fund should fully apply existing policies (notably SOGI, Gender Equality and CSS) that have been proven to enhance communities' participation. In addition, prior to full implementation of the NFM, the Global Fund must integrate guidance on policy and programming that addresses human rights and the specific intersecting needs of women, transgender women and men, men who have sex with men, people who use drugs, male, female and transgender sex workers, as well as young people and adolescents within these populations. Special attention should be paid to the multiplying effects that intersecting forms of marginalisation, and stigma and discrimination can have on people's vulnerability to HIV, TB and malaria. The existing policies should be updated and new policies on human rights, drug use, sex work, and intersectionality should be developed and integrated into one overarching policy in close consultation with communities. Evaluation of the effectiveness of these policies should be an integral part of the NFM.		

Action (*What* needs to happen?)	Responsibility (*Who* needs to do it?)	Timeframe (*When* must it happen?)
4.1. Prior to full implementation of the NFM, the Global Fund should **integrate guidance on policy and programming** that addresses Human Rights and the specific and intersecting needs of women, transgender women and men, men who have sex with men, people who use drugs, male, female and transgender sex workers, as well as young people and adolescents within these populations. Special attention should be paid to the multiplying effect that intersecting forms of marginalization and stigma and discrimination can have on people's vulnerability to HIV, TB and malaria.	Global Fund, including the SIIC; technical partners; communities, networks and organisations.	Before full implementation of the NFM (December 2013)
4.2. Existing policies (on SOGI, Gender and CSS) should be **updated and new policies** on Human Rights, People who use Drugs, Sex Work and Intersectionality should be developed and integrated into one **overarching policy** in close consultation with communities.	Global Fund, including the SIIC; technical partners; communities, networks and organisations	By November 2014
4.3. The **monitoring and evaluation** of the effectiveness of these policies should be an integral part of the NFM.	Communities Delegation (with partners); independent experts	Ongoing: Phase 1 - December 2013; Phase 2 - November 2014; etc.

Priority 5: Communications		
Community knowledge and understanding of the NFM is currently extremely limited. There have been few strategic and resourced efforts to strengthen community knowledge on changes in Global Fund processes. This is an urgent priority if communities are to engage in all aspects of NFM development, implementation, and evaluation, including holding stakeholders accountable. The Global Fund should address this gap in knowledge by developing a mechanism to raise awareness, improve understanding of, and increase engagement of communities prior to and during the transition to the NFM.		
Action (*What* needs to happen?)	**Responsibility** (*Who* needs to do it?)	**Timeframe** (*When* must it happen?)
5.1. Assessment and action on **how best to communicate**/engage with local communities on the NFM in each of the pilot countries, with an emphasis on identifying and operationalizing practical and appropriate "bottom-up" communication methods.	Communities Delegation; Communities Consultation participants	When pilot countries are announced
5.2. Mapping of existing **regional communications opportunities** (meetings, e-forums, etc.) where communities will be involved. With financial support from the Global Fund Secretariat and technical support from the Global Fund and technical partners, national networks of people living with HIV and TB and malaria organisations should support one/two day **regional communities consultations** - bringing at least one community member from a number of countries to become acquainted with the NFM and become country community ambassadors for the NFM.	Communities Delegation; Global Fund; technical partners; GNP+; national networks of PLHIV; TB and malaria organisations	Before next Global Fund Board meeting (June 2013)
5.3. National networks of PLHIV and for TB and malaria should hold one/two day **national communities consultations** (attached to an existing meeting) - to sensitise members on the NFM, with support on the content and facilitation provided by Global Fund technical partners.	National networks; technical partners; country ambassadors	As soon as possible (for transition countries)
5.4. Global networks to engage and garner FAQs from communities on the NFM and transition phase to be fed through the Communications Focal Point to the Global Fund Secretariat to, in turn, provide answers in **monthly communiqués** (no more than two pages) to communities via networks and strategic partners (such as RBM, Stop TB, GNP+ and EHRN).	Communications Focal Point; global networks; Global Fund Secretariat	Monthly, from February 2013
5.5. Development of a **community strategic analysis tool** that articulates community perspectives of the NFM and their implications for funding, engagement and entry points for participation. This should include key advocacy messages to support country dialogue and global policy decision-making processes. It should be based on the outcomes of the Communities Consultation and be disseminated through global networks and other strategic partners.	Communications Focal Point; Communities Consultation participants	As soon as possible (by March 2013)