RAPID ASSESSMENT OF

Local Civil Society Participation in the Global Fund to Fight AIDS, TB and Malaria's

New Funding Model

June 2013

OPEN SOCIETY
FOUNDATIONS

Abstract

BACKGROUND

The Open Society Foundations (OSF) is currently conducting a rapid assessment of civil society participation and support for most-at-risk populations involved the roll out of the Global Fund to Fight AIDS, TB and Malaria's New Funding Model (NFM).

METHODOLOGY

To provide early feedback to the Fund in hopes of contributing to the model's development, this assessment was confined to three "accelerated early applicant" countries that will have completed the process by the Fund's June 2013 Board meeting—Burma, El Salvador and Zimbabwe. Research is on-going, targeting Fund Portfolio Managers, Country Coordinating Mechanism (CCM) representatives, UNAIDS staff, and civil society stakeholders who were involved in the process in Burma or Zimbabwe. This preliminary report is based on a sample of 26 interviews conducted to date, about two-thirds of which were conducted with local civil society; all but two had directly participated in some aspect of country dialogue in their country.

However, it is important to note that Zimbabwe accounted for 70 percent of the entire sample surveyed. Only eight respondents were drawn from Burma and thus country results should be treated with caution as they remain very preliminary. El Salvador has been excluded from preliminary interviews following requests from both government officials and the Global Fund to allow the country to focus on finalising grants.

RESULTS

The assessment found that despite constraints resulting from tight timeframes for the completion of Country Dialogues and concept notes, respondents overwhelmingly felt that Country Dialogue processes involved a wide range of civil society stakeholders, including most-at-risk populations such as sex workers, men who have sex with men (MSM) and people who inject drugs. This is a great step forward and should be applauded. However, people living with disabilities, rural communities, migrants, and internally displaced people could have been better represented. Importantly, the new discussion space created by Country Dialogues, and the presence of civil society representatives on both countries' proposal writing teams, meant that for some respondents, particularly non-CCM members, the NFM process marked the first time they were able to input into or see Global Fund grant proposals prior to grants being awarded.

In terms of the content of the grant proposals, interviewees felt both that countries made important strides in the inclusion of most-at-risk

populations in programming and that civil society-led critical enablers such as community-based programming and community mobilizations were included both in the grant narrative and in budgets. However, it is important to qualify that only some civil society respondents saw the final concept note delivered to the Fund. Moreover, aspects of the concept notes and budget may have changed during final grant negotiations held with principle recipients. Thus, civil society respondents answered questions based on the information available to them at the time they were interviewed.

The assessment also noted the positive role played by the Global Fund Secretariat in encouraging the inclusion of civil society and most-at-risk populations.

The most significant challenges reported were the limited inclusion of stakeholders located outside of main cities, difficulties in using the Fund's new web-based "module" system to both share draft concept notes and submit finalized versions, and challenges in costing and advocating for Community Systems Strengthening (CSS) interventions vis-a-vis the Fund's emphasis on performance-based indicators.

RECOMMENDATIONS

The Fund should issue clear guidance outlining the country dialogue process, and clarify steps involved in proposal development, grant-making, and finalization of the concept note and budget. To build on positive lessons learned to date about participation by civil society and most-at-risk populations, the Fund should formally mandate the inclusion of stakeholders from these sectors on concept note drafting teams. Relatedly, the web-based modular template should be modified to allow for the production of concept note drafts in Word document format, in order to facilitate sharing over email and gathering inputs from civil society.

Support for human rights programming needs to be strengthened by Fund Portfolio Manager (FPM) training, and/or by support from technical agencies to applicant countries during the Country Dialogue and concept note processes. Technical partners should also assist in translation of documents into predominant local languages, particularly the concept note template, and should share a costed package of minimum services for community systems strengthening interventions and programs aimed at most-at-risk populations, with guidelines for appropriate performance indicators. Finally, as the Fund continues to consider the on-going inclusion of both indicative and incentive funding streams in the NFM, the report recommends that the incentive funding stream, used to encourage the full expression of demand, remain until sufficient lessons learned are garnered over a longer period of time to better understand and finesse the operationalization of this important concept.

Executive Summary

Approved by the Board in November 2012, the Global Fund to Fight AIDS, TB and Malaria's New Funding Model has six main objectives, including simplifying applications, eliciting full expressions of demand and enhancing participation, particularly that of civil society.

To assess the degree to which the new model fostered participation from local civil society and communities, OSF commissioned a rapid assessment of civil society participation among HIV applications from three early applicant countries—Burma, El Salvador, and Zimbabwe—in late April 2013.

The on-going assessment seeks not only to gauge civil society participation in the preparation of grant proposals, but also to ascertain to what degree most-at-risk populations (MARPs) were included in the content and budgets of the final applications submitted via the NFM. The research also aims to assess the level of support secured for largely civil society-led "critical enablers" such as community systems strengthening, community mobilization and community-based programming.

Preliminary results were drawn from 24 interviews, comprised primarily of local civil society representatives from Zimbabwe and, to a lesser extent, Burma. CCM representatives, UNAIDS staff and Fund Portfolio Managers were also included in the sample. El Salvador was not included in the interview sample due to requests from both Global Fund and government officials, who cited the need to focus on grant finalization.

Participants described Country Dialogues in each country as participatory and having included both civil society and key MARPs, although participants from Zimbabwe said they felt people with disabilities, rural communities, migrants, and internally displaced people could have been better represented. Both countries also included at least one representative of people living with HIV (PLWH) on concept note drafting teams. In Zimbabwe, PLWH made up half of civil society representation on the drafting team.

Overall, respondents reported that concept notes included dedicated budgets for community mobilization, community-based programming,

CSS and MARPs. However, civil society highlighted that securing funding for CSS was complicated by difficulty in providing measurable indicators for this vis-a-vis the Fund's emphasis on performance-based indicators. Human rights programming was also included in both countries' concept notes, according to respondents. However participants were, on the whole, less able to pinpoint exact interventions, perhaps because activities were not specified as "human rights programming" per se. It should be noted that not all participants nor OSF were able to see final concept notes prior to their submission. Importantly, none had been made aware of what if any changes were affected during final grant negotiations with principle recipients.

Neither OSF nor the majority of civil society respondents had seen the finalized concept note and budgets post grant negotiations, thus responses were confined largely to participants' perceptions.

The assessment also pointed to the important role the Global Fund Secretariat, the country teams, the technical review panel (TRP) and the grant allocation committee (GAC) played in advocating for civil society inclusion and, particularly, for the meaningful inclusion of MARPs. Both countries charted first time inclusions of Global Fund-supported programming for ethnic minorities, people who inject drugs (PWID) and/or men who have sex with men (MSM) in the countries under review.

This report concludes with preliminary recommendations, namely on the need for practical steps by the Fund in the form of clear guidance outlining the country dialogue process, particularly surrounding the sharing of concept notes and modification of the web-based modular template, to facilitate civil society input. The report also recommends that the Fund move to mandate civil society and MARPs representation on writing teams, as this was key to fostering participation in both countries. It also suggests that technical partners provide assistance to support the inclusion of human rights programming, CSS and civil society not fluent in Global Fund working languages. Lastly, the report cautions against any decisions to exclude the incentive funding stream until more lessons learned have been collected.

TIME CRUNCH

Participants from Burma and Zimbabwe widely acknowledged that the timeframe for Country Dialogue and submission of concept notes for these early applicant countries was extremely short. The timeline below outlines the process in Zimbabwe as described by a CCM secretariat official:

► **4 March:** Country receives official invitation to participate as an early applicant country in the New Funding Model.

► **5 March:** Global Fund team arrives in country and the CCM holds an HIV and AIDS committee meeting that includes civil society representatives.

► **6 March:** The CCM convenes another meeting with CCM and non-CCM members in which the new funding model is explained and potential focus areas for the concept note are presented.

► **13 March:** The CCM meets with provincial medical directors on the HIV and AIDS committee, heads of major hospitals, municipal health directors, as well as Ministry of Health and Child Welfare members. This meeting was organizsed by the National AIDS Council, however, the CCM successfully requests three hours of the meeting to discuss the new funding model.

► **14 March:** A consultative meeting is held with stakeholders after the CCM extends an open invitation via email to HIV and AIDS stakeholders. This served as part of the gap analysis and included representatives from technical partners, gender groups and at-risk populations. This meeting was attended by more than 80 people.

The United Nations Population Fund and a civil society representative from the Zimbabwe National Network of People living with HIV (ZNNP+) also held specific meetings with commercial sex workers.

INTRODUCTION—THE MODEL MOVES FROM PAPER TO PRACTICE

Approved by the Board in November 2012, the Global Fund to Fight AIDS, TB and Malaria's New Funding Model has six main objectives, including simplifying applications, eliciting full expressions of demand and enhancing participation, including that of civil society.[1] The new model also aims to support continued funding for "most-at-risk populations" (MARPs), which the Fund defines as those with significantly higher risk of disease, mortality and/or morbidity and with significantly lower rates of access to services than the general population due to cultural or political disenfranchisement.[2]

The Global Fund formally announced early applicant countries on 28 February, 2013 and both countries under review, Burma and Zimbabwe, aimed to submit their concept notes by 1 April for technical vetting by the TRP and subsequent budget allocation by the GAC.

While there were notable differences between the actual timeframes of Burma and Zimbabwe, respondents across the two countries admitted that timeframes had been tight.

Following a visit to Burma in June 2012, former Fund General Manager Gabriel Jaramillo indicated the country would receive funding in 2013, according a representative of a regional MARPS network. The Global Fund had also advised Burma that Phase Two renewals slated for 2012 be delayed and instead aligned with funding to be made available through the new funding model in the following year. According to a number of respondents, former Fund General Manager Gabriel Jaramillo then indicated the country would receive funding in 2013.

In October 2012, the country began drafting separate concept notes for all three diseases with inputs from the CCM members, principle recipients and CCM working groups called technical and strategic groups (TSGs).

These concept notes were then redrafted after it was formally invited to participate in the new funding model as an early applicant. TSGs then met several times to validate priorities and issues. According to UNAIDS staff, small groups also submitted revisions on most areas including to scale up HIV preventions services—harm reduction aimed at PWID. Revisions to the old concept note then introduced new aspects such as CSS and human rights that had been missing in original 2012 concept note.

However a regional network member, said use of this 2012 concept note as the basis for the country's final submission detracted from the spirit of Country Dialogue as envisioned in the new funding model:

> *The main problem is that it's not really been a pilot of the new funding model... it was just sort of tacking the new funding model process at the end. The concept note was developed last year and little changed from that. The key part, the writing of the concept note, had already been decided and this contributed to the conflicts that arose with groups that had been left out of the process in the past.*

In Burma there had been an ongoing dialogue on the concept notes as mentioned above. Invitations to participate in the country dialogue meeting which GF staff attended to explain the NFM were sent to the all three deases TSGs including the "expanded" HIV TSG which includes non-formal members of this body, organizations who expressed interest in attending as well as newly identified partners in conflict areas. Some also turned up and participated at meetings without any formal invitation as HIV TSG meetings are open to all partners, according to UNAIDS. However, tensions arose during the Country Dialogue regarding the alleged initial exclusion of one sex worker network. Respondents gave several possible explanations for this tension, including former technical partner representatives' resistance to including this group groups after initial work had been done with seven of the country's nine networks, questions regarding these networks' legitimacy, as well as infighting and a lack of coordination between national networks.

▶ **18–23 March:** A team of about 30 people comprising the writing team convene a writing retreat south of Harare in Masvingo to draft the concept note. Prior to this, the CCM calls for volunteers or nominations for civil society representatives for the team. Zimbabwe National Network of People living with HIV (ZNNP+), Zimbabwe HIV and Aids Activists' Union (ZHAAU), Southern Africa AIDS Trust (SAT) and Organization for Public Health Interventions and Development (OPHID) are ultimately selected.

Technical support is provided by technical partners such as UNAIDS, the World Health Organisation and ministry of health staff. The Global Fund Country Team is also present and remains in country until the concept note is submitted to the TRP.

At least one civil society stakeholder visits the site and is allowed to sit with writing teams to observe the process.

▶ **23 March:** A draft of the concept note is circulated to all those who attending meetings for input as to whether the draft reflected concerns that had been raised during the previous meetings. Initial recipients of the draft are requested to circulate it as widely as possible. The country will ultimately submit one draft of its concept note to the TRP for preliminary feedback.

▶ **26 March:** The CCM holds an HIV and AIDS committee to update the technical committee on progress in drafting the concept note.

▶ **27 March:** CCM meets to provide comment on the first draft in an open meeting attended by non-CCM members.

▶ **25 March to 2 April:** The writing team works on two subsequent drafts of the concept note, calling civil society participants to gain inputs and source local data to justify the concept note's contents before the final concept note is submitted to the Global Fund via the Fund's new web-based module system.

> **"When it comes to the New Funding Model, what we need to understand is that the Country Dialogue does not start when you start preparing."**

Ultimately, this network was included in in-country discussions on community systems strengthening facilitated by the Fund, which are discussed later and did attend half of another two-day meeting.

Zimbabwe formally received its invitation to participate as an early applicant on March 4. Prior to this, the Global Fund country team, led by the fund portfolio manager, conducted an important pre-assessment that outlined weaknesses in the HIV response. These included inadequate government support to retain health workers, weak supply chain and information management, and the need to address MARPs or vulnerable populations. The country then engaged in a month-long process of Country Dialogue and concept note drafting. During this time, Zimbabwe, like Burma, also took the opportunity to submit a draft concept note to the TRP and GAC for early guidance. Ultimately, Zimbabwe would submit its final concept note on April 2—just 21 working days after it was formally invited (See Figure 1).

In Zimbabwe, a UNAIDS representative credited the presence of on-going dialogue in the country as a key factor in Zimbabwe's its ability to successfully meet the tight timelines while conducting what reportedly was a highly participatory process:

> *"In Zimbabwe, the process of consultation and engagement with civil society is on-going. When it comes to the new funding model, what we need to understand is that the Country Dialogue does not start when you start preparing proposals. This, for me, is probably the key message. Without a dialogue in place, the [Country Dialogue process] may not give the results that are expected."*

However, the Country Dialogue may have marked a special opportunity for key affected and criminalized

populations that may not have always been as historically included in processes previously, as alluded to by one member of local civil society who said there was "surprisingly, open participation by the Gays and Lesbians Association in Zimbabwe minus the security and uniformed forces."

THE NEW FUNDING MODEL ENCOURAGED CIVIL SOCIETY ENGAGEMENT

About 72 percent of the sample reported that a wide range of civil society stakeholders had been included in the process. This percentage was consistent when non-civil society participants—i.e. fund portfolio managers, government officials, technical partners, and donors—were excluded.

There are also indications that the New Funding Model fostered an increase in civil society participation. Several respondents from Zimbabwe stated that the country's concept note marked the first time that they were not only able to engage in the process but were also able to see a Global Fund proposal development process prior to its approval by the Global Fund.

One of the four civil society representatives, who was asked to sit on Zimbabwe's concept note drafting team, however alluded to the fact that the need for resources in order to participate in the process may have been a particular issue for members of civil society networks who are not formally employed to carry out related work.

Across both Zimbabwe and Burma, there was limited if any support specifically dedicated to fostering civil society participation within the dialogues. In Zimbabwe however, donor support to the CCM helped cover the cost of logistics around the Country Dialogue process. Meanwhile, although UNAIDS continues to fund capacity building for local networks in Burma, UNAIDS received no special requests or indications of need around resources to support networks' engagement. However, the technical partner did, for instance, cover meeting costs, assisted in organizing logistics, and coordinated feedback from all stakeholders.

Stakeholders from both Burma and Zimbabwe noted that consultations had been confined to the respective major urban cities of Yangon and Harare, which they felt limited engagement particularly by rural communities. While tight timeframes may have fed into this, one CCM secretariat official from Zimbabwe also noted that the CCM had not budgeted funding for this.

The need to budget funds to include those outside of major urban centres was a lesson learned, according to UNAIDS staff in Burma who said they felt that further inclusion of these groups in the process would have lessened perceptions that some groups were intentionally excluded.

According to several respondents in Zimbabwe, other communities that were not adequately included in the Country Dialogue included people with disabilities, internally displaced populations, migrants and youth.

In Burma, respondents also said that language barriers posed a challenge to the broad inclusion of civil society. While translators were present at some Country Dialogue meetings, translating Burmese to English, none of the related documents were translated from English into Burmese.

Interestingly, in both Myanmar and Zimbabwe, respondents who were linked to global networks received information not only about the new funding model but also about country processes that allowed them to advocate for their inclusion in process despite feeling that they had not been formally invited.

Civil Society Representation on Concept Note Drafting Teams

While civil society and key affected populations gave inputs in both countries as part of large or small consultations, several members of civil society were represented on the drafting teams of both countries, meaning that they sat side-by-side with CCM and government officials as the module templates were being completed.[3] One civil society drafting team member described the advantage of this representation:

> "You want to make sure that the people who are doing the planning are planning with the best interest of the people they are planning for in mind."

> *"We are by and large looking out for the interests of our sectors and that's the biggest advantage to having civil society on drafting teams. You want to make sure that the people who are doing the planning are planning with the best interest of the people they are planning for in mind."*

In Zimbabwe, several respondents also pointed to the role that civil society representatives on drafting teams played in convening meetings with MARPs such as sex workers.[4] All four civil society representatives kept in close contact with other civil society stakeholders during the actual writing process, calling actors and organizations to obtain additional inputs as well as sourcing locally conducted research to justify concept note contents.

Past research conducted by the Open Society Foundations in Swaziland has suggested that civil society was best able to track whether their priorities were included in or cut from previous grant proposals when civil society representatives sat on drafting teams alongside consultants.[5]

However there were concerns that it was unrealistic and unfair for a limited number of civil society representatives on drafting teams to shoulder the burden of ensuring this kind of engagement with multiple sectors in light of their already heavy workloads and a lack of financial support. Respondents from Zimbabwe also stressed that it was also perhaps unfair to expect that a few civil society members could represent the ambit of civil society's diverse views.

> *"The writing teams could only take so many people, however (representatives') niched areas of interest were more for the meaningful inclusions of people living with HIV rather than, for instance, that of*

Technical Partners' Roles:
The UNAIDS Case Study

While there remain calls from international civil society for a clearer definition of technical partners' roles, it is clear that UNAIDS representatives played large supporting roles in both Zimbabwe and Burma.

In Zimbabwe, the country drew on the recent UNAIDS national investment framework in the writing process and the UNAIDS country coordinator was on hand throughout the concept note writing process, according to multiple respondents.

In Burma, the UNAIDS country team worked collaboratively with partners to identify barriers to access to HIV services, and key components for inclusion in the concept note, including harm reduction, CSS and human rights.

According to a draft UNAIDS document, the UNAIDS Regional Support Team for Latin America provided the concept note team with data collection and analysis to ultimately support a concept note "strategically focused on men who have sex with men, transgender populations and sex workers." *(UNAIDS, "UNAIDS' support to countries in the Global Fund's New Funding Model," 17 May draft)*

Additionally, the paper cites that the Technical Support Facility for East and Southern Africa was, as of mid-May, developing CCM training documents to prepare the national bodies for the new funding model. The organizsation was also planning to release a guidance document for early and interim applicants.

community or faith-based organisations," said a staff-person from one of the Fund's donor partners there. "(Representatives) may have been looking more towards treatment and care by virtue of representing people living with HIV but there were broader constituents that were not as represented."

While people living with HIV were included on writing teams in both Burma and Zimbabwe, there is no indication that MARPs, such as sex workers, people who inject drugs or MSM, were represented on teams that did the actual writing.

FROM PARTICIPATION TO BUDGETS

Given wide HIV treatment gaps, proposals from both Burma and Zimbabwe prioritized the procurement of antiretrovirals (ARVs) and medical commodities, which comprised about 40 and 70 percent of budgets respectively in the concept notes.

In addition, with this funding, Zimbabwe plans to introduce the World Health Organization's Option B+ to prevent mother-to-child HIV transmission.[6] The country also asked for additional funding, via a request for incentive funding, to allow the country to begin initiating HIV-positive people on 'early' ARV treatment, (i.e. to begin at CD4 counts of 500) in anticipation of new World Health Organization (WHO) treatment guidelines. Currently, people living with HIV are initiated at a lower CD4 count of 350 in Zimbabwe. However, with an incentive pool of US$29 million[7] for accelerated early applicants, this request remains unfunded.

Both countries will move to or continue phasing-out the ARV stavudine, associated with an increased number of side effects in many patients, in favour of tenofovir. One UNAIDS official in Burma said the country would not enrol new patients on Stavudine and complete the phase-out of existing patients on stavudine within eighteen months. Additionally, Burma prioritized the scale-up of HIV counselling and testing (HCT) and prevention, with a heavy emphasis on harm reduction for people who inject

drugs as the Global Fund is one of the only donors in Burma funding HIV prevention for this community. According to respondents from both countries, civil society backed these priorities.

Support for Critical Enablers

Among respondents, 87 percent of the sample reported having seen at least one draft of their country's concept note—however, this was not necessarily the final draft. Therefore, participants were asked to describe what civil society had advocated for and what was included in concept notes in terms of interventions concerned with human rights programming, community-based programming, community mobilisation and CSS.

In an attempt to gauge whether concept note narratives matched budgets, respondents were also asked to indicate whether they had seen designated budgets and/or budget lines for the above-mentioned categories.

Respondents felt the least confident in describing interventions that could be specifically designated as addressing human rights issues, however measures to reduce discrimination of people living with HIV were addressed and funded as part of Burma 's CSS section. According to one country-level Global Fund official, According to the Fund Portfolio Manager, hHuman rights activities were present in all drafts of Zimbabwe's concept note; however, the details continue to be refined as principal recipients move to select implementers.[8]

Both Zimbabwe and Burma also included aspects of community mobilization, community-based programming and CSS in concept notes. In Burma, the Global Fund secretariat specifically asked the country to include a human rights and CSS component, which was supported by UNAIDS. According to one country-level Global Fund official, the Fund's Senior Human Rights Specialist also travelled to Burma in March to hold a workshop with civil society that included all nine national networks, as well as sex worker, PWID, MSM and transgender representatives.

The meeting discussed inputs for the CSS component for inclusion in the concept note that focused on supporting the scale up of HIV treatment as well as diagnosis. The concept note contained three main activities that were included in the proposal:

- strengthening ARV adherence support though peer counsellors;

- the creation of a community feedback mechanism to allow civil society to monitor the scale up of and access to HIV and TB treatment;

- policy and law reform to protect the PLWH's rights that included the creation of a working group, research to ascertain the extent to which policies and laws fuelled HIV infection and impact adherence and service uptake by PLHWA and affected populations.

According to a representative of an international non-governmental organization in Burma, US$2.2 million will fund these activities between 2013–2016.

Similar to Burma, Zimbabwe also included community-based adherence support for ARV patients and allocated about US$3 million to community health workers and treatment buddies, according to a Zimbabwe CCM secretariat official. One Zimbabwean civil society leader also added that, like Burma, Zimbabwe also budgeted money to support civil society monitoring of access to treatment, in part, to respond to stock outs of ARVs and medicines to treat opportunistic infections. According to the country's fund portfolio manager, Zimbabwe ultimately received US$3.6 million for CSS, which was at that time linked to health systems strengthening (HSS) under the Health and Community Systems Strengthening (HCSS) banner. The country also received US$34 million to fund health worker retention schemes under this category.

Civil society representatives on draft teams in Zimbabwe noted some difficulty in pushing for the inclusion of CSS activities in concept notes as these initiatives are often harder to cost than biomedical interventions and more difficult to measure. OSF is

following up on reports that stakeholders in Zimbabwe understood there was a 15 percent cap for the maximum budget allocation to HCSS. It is not clear if this was the result of misinformation, or a benchmark derived internally through the Country Dialogue process. Regardless, this again points to the need for transparency and clear guidelines for the application process.

Respondents alluded to the difficulty in pushing for difficult to measure interventions particularly when countries may worry that a failure to chart measurable gains in CSS would hurt their position with the Fund, which they perceive as becoming increasingly concerned with performance-based indicators. According to one civil society representative on Zimbabwe's drafting team, they too faced similar difficulties in trying to effectively argue for budgets for CSS interventions in the face of other programming asks that were easier to cost and monitor:

> *"There was no technical support expert to guide our writing team on the CSS section. We felt our team was heavy on programme people but weak on costing and M&E, yet the Global Fund is now about demonstrating impact. We were literally scrambling to find M&E people. So when we are pressing our case and budgets need to be cut, teams will look at the weakest points and (CSS) is where they cut."*

Respondents from both Burma and Zimbabwe noted that several aspects of the new funding model were confusing, including the move to a modular, web-based system and the concept of incentive and indicative funding streams. In Zimbabwe, participants found it difficult to disaggregate demands into modules and input the information into the web-based system. However, the Global Fund team that designed the web-based system was on-hand during the drafting to offer technical support and made on-going adjustments to the system based on the drafting team's input. A CCM secretariat official also noted that the use of a web-based system, which was not periodically able to produce concept note drafts in Word document formats, meant teams had to do double the work—filling out both the online modules and

the Word document concept note template, the latter of which facilitated the team's ability to electronically distribute the draft or present it for comments.

The country ultimately produced a very ambitious incentive funding ask, and one civil society representative on the drafting team said the continued inclusion of the incentive funding track should be encouraged:

> *"I would recommend that the Global Fund keep the incentive funding track... with even a little extra money, you are going to be able to reach extra portions of the population. It also helped get partners thinking about investments. I wouldn't want them to throw it away because our initial experience was a bit rocky. We had a very short timeframe to come to grasps with it. If we do it again, I think we'd have a much clearer view of [it]."*

LANDMARK MOVES FOR THE MOST-AT-RISK

About 94 percent of respondents also indicated that concept notes included designated budgets for vulnerable or MARPs. Importantly, roughly the same percentage (93 percent) said that interventions for these populations had been included within countries' indicative funding streams.

In both Burma and Zimbabwe, countries charted significant "firsts" in terms of including most-at-risk or vulnerable populations. For example, the new funding model marks the first time that some ethnic minority or conflict areas of Burma have been included in a Global Fund proposal. It also the first time that representatives from these areas have been identified and their participation in Global Fund processes has been financially supported. Although this may be in part a consequence of the gradual opening up of the country in recent years, respondents said both donors and the Global Fund are capitalising on this new space. The NFM also marked the first time an open dialogue occurred on the needs of these areas particularly in regards to PWID, for whom the new government is trying to expand services for.

Burma's HIV epidemic remains concentrated among sex workers and their clients as well as MSM and people who inject drugs.[9] While programming for MSM and sex workers was largely a continuation of past programming, the country included a push to significantly scale up programmes addressing the needs of people who inject drugs for the first time, according to a UNAIDS country-level official.

As mentioned above, HIV prevention ranked as one of the country's top three funding priorities in its concept note and harm reduction comprised the bulk of this prevention budget. Services to be rolled out include outreach, drop-in centers, needle exchange programs, and scaling up methadone services.

Burma included aspects of law review and reform under its CSS component, which civil society respondents said was aimed at addressing risk factors and barriers to treatment—including criminalisation—for the country's MARPs: sex workers, MSM and people who inject drugs. While language contained in draft CSS proposals does not formally mention these populations, but rather focuses on reducing discrimination against people living with HIV, one local civil society representative said it marked an important political step in a country that has only recently begun to increase the space for civil society engagement:

> *"The important thing is to get consensus around that activity from government officials and buy-in from the CCM," said the representative, who spoke to OSF as the grant was being negotiated in Geneva in late May 2013. "Even if Global Fund funding is cut for it, the important thing is that we have put law reform on the agenda and that that has been approved by the CCM so we can easily now go and discuss this with Parliamentarian and authorities, including government."*

In Zimbabwe, the national strategic plan notes that the majority of new adult infections are likely to occur within stable partnerships (55.9 percent). The country has included plans to initiate "early" treatment (i.e. at CD4 counts of 500) for HIV-positive partners

within sero-discordant couples and certain at-risk populations, thereby allowing the country to capitalise on recent research from the HPTN-052 study that showed that earlier treatment may reduce the risk that people living with HIV transmit the virus to their partners by about 96 percent. The country has also

The new funding model marks the first time that ethnic minority or conflict areas of Myanmar have been included in a Global Fund proposal.

included specific outreach to at-risk populations, including prisoners, that will include behaviour change communication and the purchase of other medical commodities needed for HIV prevention.

However, it should be noted that because principle recipients seemed to negotiate directly with the Fund and, in the case of Burma, in Geneva, participants could not say what, if anything, had been cut during final negotiations. It remained unclear then how civil society was supposed to input into the final negotiation—one of the most important phases of grant development. Similarly, there seemed to be a great deal of confusion among civil society participants—especially those that had not been directly involved in Country Dialogues—as to whether sub-recipients had already been selected. For some community-based organizations, this raised suspicions and calls for greater transparency.

THE ROLE OF THE GLOBAL FUND

As noted above, Zimbabwean participants did highlight vulnerable populations that they felt had not been adequately engaged in the Country Dialogue process and/or whose needs were not reflected in the concept note, including people with disabilities, rural communities and migrants. However, both Zimbabwe and Burma made major strides in includ-

ing other MARPs, particularly ethnic minorities, sex workers and MSM. In both countries, the Global Fund actively worked to promote some areas of interest, including civil society engagement and the inclusion of MARPs.

For the first time, ethnic minorities in conflict areas of Burma will receive Global Fund money The Global Fund Secretariat asked the country to include a specific component looking at human rights and CSS. This helped civil society to include more community-based programming and monitoring of treatment access, but also for the first time the GF provided these groups with resources to strengthen their capacity to participate in decision making processes.

In both countries, as in many, data on MARPs is scarce. While respondents from Burma said that data on MARPs was included to justify interventions included in its concept note, they noted that this data was outdated. In Zimbabwe, both 2012 reports by the Global Fund's Office of the Inspector General and the Global Fund's country team had highlighted the lack of interventions aimed at such key affected populations, recommending that at a bare minimum the country begin gathering population estimates to support programming aimed at sex workers or MSM.

While a local civil society network organization had some preliminary data on MSM and HIV risk, this was not included in the concept note, according to a representative from this organization, who also cited that the work had not yet been finalised.

Initial drafts of the country's concept note included funding for these recommended population size studies, however did not include specific interventions that could address these populations' HIV needs while population size data were collected. The GAC and the Global Fund country team, however, provided feedback that led to the inclusion of such interventions in the final concept note. Thus, the new model's iterative process in which draft concept notes were shared with the Fund allowed Global Fund mechanisms to safeguard the MARPs' inclusion in the grant and promote a public health approach, as these populations have been found to have HIV prevalence rates of almost twice the national average in neighboring countries.[10]

Stronger national data on key populations—including population size estimates—for example on HIV epidemiology and access to health services, will be necessary to ensure strong and appropriate programs for inclusion in future proposals.

ENDNOTES

1.   Global Fund, "Transition Manual for the New Funding Model of the Global Fund," p. 2.

2.   As defined by a Board Decision Point arising from the Board's November 2012 meeting GF/B28/DP5. While this terminology is contested, this report utilises the term as defined by the Global Fund.

3.   El Salvador also included three long-time activists from the gay and transgender communities on its drafting, according to research done by the Global Forum on MSM and HIV (MSMGF). Baños, Omar. MSMGF. "Summary Report: Meeting with MSM and Trans Activists in El Salvador." 14 March 2013.

4.   The United Nations Population Fund also reportedly convened a sex worker meeting but it is unclear if these were two separate meetings.

5.   Lopez Gonzalez, Laura. Open Society Foundation for Southern Africa. "The First to Go: How Communities are Being Affected by the Global Fund Crisis," July 2012.

6.   In April 2012, the World Health Organization updated its PMTCT guidance to recommend starting HIV-positive pregnant women on ARVs for life regardless of CD4 counts. This not only helps simplify PMTCT for healthcare but also allows for earlier treatment initiation that can reduces the risk women will transmit the virus to their partners or babies. World Health Organization, "Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants programmatic update," 2012.

7.   Global Fund, "Countries Participating in the New Funding Model," part of the Global Fund's core documents for the new funding model.

8.   The interview protocol did not ask participants to state whether human rights programming had a designated budget or budget line.

9.   Myanmar AIDS Programme, Global AIDS Response Progress or UNGASS report, 2012.

10.   Baral S, Trapence G, Motimedi F, Umar E, Iipinge S, et al. (2009) HIV Prevalence, Risks for HIV Infection, and Human Rights among Men Who Have Sex with Men (MSM) in Malawi, Namibia, and Botswana. PLoS ONE 4(3): e4997. doi:10.1371/journal.pone.0004997.

Recommendations

1. DEVELOP CLEAR GUIDANCE

The Global Fund should issue clear, easy to understand guidance on what constitutes a country dialogue process, and clarify the specific steps of the proposal development and grant-making process. To foster transparency, this should include at what stages concept notes should be broadly circulated to civil society, and mandate that this include the final draft prior to submission to the Technical Review Panel (TRP). The Fund should specify when and how sub-recipients (SRs) and sub sub-recipients (SSRs) will be selected. It should also recommend that while data on most-at-risk populations may be lacking, countries should strive to utilize locally-produced data to help fill these gaps and include interventions aimed at these populations, while countries strive to gather population-level data on these groups. This guidance should also clarify what, if any, are the fund portfolio managers' responsibilities for ensuring an inclusive country dialogue.

2. MANDATE CIVIL SOCIETY REPRESENTATION ON CONCEPT NOTE WRITING TEAMS

The Fund could also move to include a requirement, driven by the principles underlying dual track financing, that mandates civil society inclusion on concept note writing teams, with representation from most-at-risk populations. Lessons learned from transition countries reveals that this strengthens the content of the final proposal, as well as transparency and communication with broader civil society networks and key populations.

3. SUPPORT ON-GOING HUMAN RIGHTS TRAINING FOR FUND PORTFOLIO MANAGERS

In order to mainstream human rights programming, Fund Portfolio Managers should receive regular training on the inclusion of human rights in concept notes. Currently, this knowledge seems to be centralised with only one senior specialist for human rights at Global Fund Secretariat. Additionally and/or alternatively, technical partners with human rights expertise should move to take active roles in Country Dialogues.

CLEAR GUIDANCE

CIVIL SOCIETY REPRESENTATION

HUMAN RIGHTS TRAINING

MODIFY THE
MODULE

INCENTIVE AND
INDICATIVE
FUNDING STREAMS

COSTING
GUIDELINES
AND M&E TOOLS

TRANSLATION

4. MODIFY THE MODULE SYSTEM

The module system should be modified to allow countries to generate Word document drafts of their concept notes at any point in the proposal development process, in order to facilitate sharing with stakeholders.

5. MAINTAIN BOTH THE INCENTIVE AND INDICATIVE FUNDING STREAMS

Although difficult to operationalize, the Global Fund should maintain its two-track, indicative and incentive funding streams to encourage the full expression of demand. This is a complex concept that will take time to implement effectively. More time should be allocated to pilot this process and grapple with lessons learned before a final decision is made.

6. DEVELOP COSTING GUIDELINES AND M&E TOOLS FOR CSS

Technical partners should work to produce a costed package of minimum services for community systems strengthening interventions and programmes aimed at most-at-risk populations. This should include sample indicators to assist civil society to advocate for the inclusion of currently difficult to measure interventions. This should also involve developing civil society capacity in monitoring and evaluation, prioritizing (where necessary) organizations that may be likely to be drawn onto future writing teams. This may include developing separate national strategic investment frameworks for generalized and concentrated epidemics. This may also help to clarify what constitutes community systems strengthening.

7. TRANSLATE MEETINGS AND DOCUMENTS

Technical partners should also strive, when possible, to provide the necessary translation of meetings and documents related to the process into the local language(s). At the very least, this should involve translating the concept note template into predominant local languages.