

GLOBAL FUND OBSERVER (GFO) NEWSLETTER, a service of Aidspace.

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This is a "double issue" of GFO. It contains articles based on three significant presentations about the Global Fund that were made at the Bangkok International AIDS Conference in July. It also has articles on two other topics.

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The Global Fund has launched a campaign to raise awareness about the Fund. It includes a video that conceptually illustrates disease being confronted by the Global Fund. It does this by showing a street-fighting bully who is eventually knocked flat by an even bigger fighter.

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by Gracia Violeta Ross Quiroga

The author is a Bolivian woman living with HIV. When she first visited the Global Fund Secretariat, she felt like David facing Goliath. That, she says, is also how she and her fellow PWAs felt when they first dealt with the Bolivian CCM. But they eventually had something of a victory, because PWAs now play a key role as members of a much more effective CCM.

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The author describes how the Zambian HIV grant has four Principal Recipients (PRs), each one dealing with sub-recipients in the sector of society it knows best, yet all cooperating to maximize the chances of success. (This approach has sparked interest around the world, because it overcomes many of the problems encountered by single PRs.)

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1. NEWS: Global Fund Launches Public Awareness Campaign
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The Global Fund has launched a campaign in France to raise awareness about the Fund. It will feature advertisements in nearly 40 French magazines and newspapers, on several French television channels, and in the largest network of cinemas in France. By early next year the campaign will extend to Germany, Italy, Japan and the UK. The Fund had previously announced a partnership with VH1, a music channel in the United States, which will produce and air Global Fund public service announcements to an audience of more than 90 million U.S. households.

In France, all of the advertising space has been donated, including \$1 million worth of media placements in September alone. In a letter to the Global Fund board, Executive Director Richard Feachem wrote that these initiatives will raise the profile of the Fund beyond the inner circle of stakeholders, arguing that "if we are to ensure sustainable, long-term funding for the Global Fund, we need to ensure that the populations of our main donor countries are aware of the positive impact of their governments' contributions." He went on to describe the media campaigns as "a prime example of private-sector support for the Global Fund."

The media campaign was designed by the Publicis Group, the world's fourth largest communications company, on a pro bono basis. In July of last year Maurice Lévy, Chairman and CEO of Publicis, said that the company had already worked on the campaign for several weeks. He said that to find the right concept of how to present the Global Fund is "not an easy task" if what you want to get is "not tears, but commitment." The company concluded that the best approach should be to come up with "something positive." He added that the company had been working "very hard" on showing that we want to live in a better world. The concept to be illustrated "is not about charity, it is about investing in our future."

Evidently, Publicis ran into difficulties with those plans. It took another year-and-a-quarter before the campaign was ready. And the resulting video that is starting to run on TV and in cinemas is very different from the "positive" concepts that Mr. Levy discussed.

Set in a gritty neighborhood in Glasgow, Scotland, the ad shows a street-fighting bully making trouble wherever he goes. "I love to fight," he says. "The young, the old, the big. Nobody frightens me. Nobody can beat me." But then he meets his match when an even bigger fighter knocks him out cold with a single blow. The screen fades to black, and the words, "The Global Fund," appear, along with – in French, for now – the words "To win a fight, size matters."

The print campaign is less unconventional. Dramatic photographs show objects chosen to symbolize prevention and treatment – a gigantic tube of anti-malaria medicine, along with an equally large capsule and syringe – being carried through difficult ocean, desert and jungle environments by a ship, a helicopter and a truck.

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**2. COMMENTARY: David and Goliath – PWAs and the Global Fund CCM in Bolivia
by Gracia Violeta Ross Quiroga**

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[Adapted by the author from a presentation she gave on July 14 at the Bangkok International AIDS Conference, at a satellite session entitled, "The Global Fund: How CCMs Can Be More Effective," organized by Aidsplan and other NGOs. A translation of this article into Spanish will shortly be posted at www.aidsplan.org/gfo/docs/gfo62.pdf.]

I was once invited as a community representative to attend a meeting at the Global Fund (GF) headquarters in Geneva. I entered the building and saw many people working hard. I felt I was looking at a machine with human parts. While in that big building, I felt so small, so insignificant, so lacking in information and skills – I felt hardly qualified to speak to the GF staff person who deals with my country.

Yet I speak English; I was able to attend university; I am middle class, single, without children, and able to travel. Imagine then how people feel if they have HIV and are already sick, if they do not have basic English language skills or basic education, if they have never been in an airplane or been to Europe, if they are poor and isolated. I am sure that when they want to deal with the Global Fund, they feel like David facing Goliath. Yet isn't it the goal of the Global Fund to save the lives of precisely these people?

My aim in using this metaphor is not to highlight a tense relationship with the GF, but to illustrate the conditions faced by PWAs (People Living with HIV/AIDS) who want to get involved in the GF process. Unfortunately, the Global Fund has become a bureaucratic Goliath. And unfortunately, PWAs are still Davids. The happy ending for this story is not the death of the giant, which we certainly do not want. It is that sometimes PWAs do succeed in dealing with the GF giant.

A Weak Start

When the Global Fund began to accept Round 1 proposals, few people in Bolivia had heard of the Fund. Many PWAs, even PWA leaders, knew nothing about what was being done in Bolivia about the GF. One reason may be that most of the information was only available in English.

Proposals were written to the Fund almost in secrecy. During Round 1, for example, a Bolivian network of NGOs presented its own proposal to the GF without telling anyone else about the initiative. We only learned about their proposal much later – when this network asked for a seat on the CCM – and fortunately, their proposal was rejected.

As for the CCM, PWAs were only invited to join after we applied pressure.

During the second round, a Bolivian CCM as a national mechanism was created for the first time. Unfortunately, most of its members were from La Paz, the capital.

The GF guidelines suggested that CCM members should belong to already existing networks. But we at the grassroots level suspected that some of the networks claiming to have worked on AIDS were coming only for the money. We said to them, *“If you were already working on AIDS, why did we feel lonely for so long?”*

At this stage we formed REDBOL, the Bolivian Network of PWAs, but our new network lacked formal legal status as an NGO. This was the principal argument people used to block our participation on the CCM. We were seen as beneficiaries but not as legitimate voices to design and implement the proposal.

Much of Bolivia’s Round 2 proposal was written at the last moment; certainly PWA leaders were consulted only at the very end. This situation produced a very weak proposal, which was rejected.

Strategies for Pressing the CCM and the Government

After the Round 2 failure, before the buildup to the third round, the Bolivian CCM was open to becoming more inclusive, and invited membership from TB and Malaria organizations, organizations of indigenous people, traditional healers, members of the army, and others.

REDBOL decided at this point to develop a serious advocacy strategy for effective PWA membership of the CCM. And since a principal objective of the Global Fund grants was to save the lives of PWAs, we believed our inclusion was mandatory. This is how we set about achieving our goal:

- Our first task was to **learn about the Global Fund**. Most of the available information was in English. We turned for help to REDLA, the Latin America Network of PWAs, and ICASO, the International Council of AIDS Service Organizations. (The inputs of Rodrigo Pascal, a member of the "Communities" delegation to the GF board, were especially important for us.) These friends provided us with information in Spanish. They taught us it was our right to be involved. They helped us understand the GF and its principles and goals. They provided technical and practical tools to help us advocate for our participation and to play an active role.
- We then started **advocating with the government**. We started to put this issue on the national AIDS agenda.
- **We wrote a position paper calling for the inclusion of PWAs in the CCM**. By this time, our knowledge about the GF was quite good. PWAs across the country developed **a unified position related to the GF**, and we did not fight each other for access to the funds.
- We were persistent in **sending letters** denouncing the fact that PWAs were not involved in the CCM and the whole GF process. We kept emailing these letters to national and international networks, even to the GF. These letters were intended to embarrass the CCM and the Bolivian government. They were very effective.

- At that point, the CCM not only excluded PWAs, it excluded most cities and regions outside La Paz, the political capital. **We networked across the nation.** We had leaders in the three principal cities of Bolivia who were open about their HIV status, and ready to go to the media. We agreed on the key issues and then publicly said, *"We demand to be included in the CCM as the national network of PWAs; we demand this, that, etc."*
- We also started a **personal skills-building process.** Using materials from REDLA, we learned how to **negotiate, come to a consensus and maintain the dialogue,** all critical skills that allowed our leaders to become active CCM members. It was especially important for us to learn how to put a firm line around our "not negotiable issues" for the GF proposal (e.g. access to treatment, support for REDBOL, etc.)
- REDBOL took on the **constant role of watchdog.** We encouraged all PWAs to read the failed Round 2 proposal which was to be the basis for the Round 3 proposal, and to give their opinions.
- Our strategy was completed by setting up **strategic alliances** with the government's National Program on STDs and HIV/AIDS, with NGOs, and with key officers of some UN agencies. All of these actors supported our demand to be included more seriously in proposal development.
- At the GF regional meeting in Panama last November, Julio César Aguilera, a PLWA from Bolivia, commented *"I am grateful that almost all of the agencies who are here [USAID, PAHO, GTZ, UNAIDS, the World Bank, etc.] are working to help us in Bolivia. But I wonder how it is possible that as yet not even one PLWA in my country has received ARV treatment?"*

A Summary of Victories

The above actions were very effective.

- Since the time of development of the Round 3 proposal, we have had three national representatives of PWAs on the CCM, one from each of the main cities, up from zero before.
- The REDBOL coordinator is not only a CCM member but also a member of the CCM's executive committee. Even though he lives in Santa Cruz, we successfully negotiated with the CCM to cover his travel expenses to La Paz.
- PWAs in Bolivia are now among the experts on the GF. And it is generally accepted that whenever something is being done related to the GF, PWA representatives must be consulted.
- The Bolivian CCM now uses an election process for choosing members, whereas members were originally appointed.
- The reconstituted Bolivian CCM developed a spirit of unity and harmony, focusing on the fight to develop a successful Round 3 proposal.
- The GF accepted all three proposals (HIV/AIDS, TB and malaria) that Bolivia submitted in Round 3. The GF's Technical Review Panel wrote, *"Good Government/NGO partnership. Defense of human rights of PLWHA is a priority."*
- Sixty percent of the Bolivian proposal on HIV/AIDS is destined to purchase ARV medication. This was one of the "not negotiable" items of REDBOL. Part of the grant will also support existing networks of PWAs.
- The CCM has become a place where PWAs can sit at the same table with policy makers and other national leaders, talking and negotiating.
- The CCM has become a more transparent mechanism. It has developed a constitution with agreed goals, structure, and responsibilities.

- During a recent political crisis, in which there was an unexpected change of political leaders within Bolivia, the Bolivian CCM managed to keep working with unity and harmony, despite having a new chair.

Challenges Ahead

We have had many successes, but we still have a long way to go. We have to analyze how the approved grants will function at the grass roots level. The CCM doesn't yet cover the transportation costs of most of those members who have to travel from around the country to meetings in the capital city. REDBOL still lacks offices of its own and has only a small group of leaders. The CCM has grown too large, including many representatives of organizations with no background in AIDS, TB or malaria. The CCM has yet to fully implement the GIPA principles (Greater Involvement of People Living with HIV/AIDS), and must improve its dissemination of key information to PWAs across the country. The CCM does not have currently any female PWA members. We face political instability in Bolivia, which means the government representatives to the CCM often change, disrupting the CCM's functionality. Lastly, CCM members still sometimes think of the CCM as a governmental institution, and view the desires of the government representative as requirements. We must not forget that the CCM is a mechanism of the country, which includes civil society, not just government.

[Gracia Violeta Ross Quiroga (graciavioleta@yahoo.co.in) is a Bolivian woman living with HIV, a member of the Bolivian Network of PWAs (REDBOL), and a representative to the WHO's 3x5 working group of the Latin American Network of PWAs (REDLA) and of ICW. Prior to her leaving Bolivia for personal reasons, she was a member of the CCM. She thanks Julio César Aguilera, Jorge Herrera, and Daniel Ruiz, her colleagues at REDBOL, for their input into this article.]

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**3. COMMENTARY: Multiple Principal Recipients: The Zambian Approach
by Elizabeth Mataka**

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[Adapted by the author from a presentation she gave on July 14 at the Bangkok International AIDS Conference, at a satellite session entitled, "The Global Fund: How CCMs Can Be More Effective," organized by Aidsplan and other NGOs.]

Zambia, one of the countries hardest hit by the AIDS epidemic, is also very resource constrained. So while the response to the epidemic in Zambia is now well into the second decade, that response has largely remained at the pilot stage. The advent of the Global Fund to Fight AIDS, TB and Malaria was therefore seen as an important opportunity for Zambia to scale up interventions that work.

The Zambian government quickly put in place a Country Coordinating Mechanism (CCM) to begin developing a proposal. From the start, the CCM was representative of all sectors – the church, academic institutions, civil society, government, traditional healers, youth, the business sector and PLWAs. This was achieved in great part because the National AIDS Council (NAC), in existence since late 2000, launched an active and consultative process to aid in the CCM's development. The NAC, which now provides secretarial services to the CCM, wrote to umbrella organizations of the various stakeholders – such as churches, NGOs, and community organizations (CBOs) – asking each to nominate a representative who would speak for their interests at the CCM. Because CCM representatives from each sector were nominated by their own constituency, they received a mandate from the groups they represented. My organization, for example, the Zambia National AIDS Network, held a consensus-building workshop with CBOs and NGOs to fully brief them on the Global Fund process and to get a mandate from them to proceed.

The process of developing each Global Fund proposal in Zambia included all stakeholders. This involvement ensured that the concerns of the different sectors were taken on board. And since people owned the process, they committed themselves and their constituencies to the full implementation of the program. Furthermore, this consultative approach to the development of the proposal meant that the CCM had no difficulty endorsing the proposal for submission to the Global Fund. All five proposals that the Zambian CCM has submitted to the Global Fund (three in Round 1 and two in Round 4) have been approved.

It turned out that developing the Round 1 HIV proposal and getting it endorsed by the CCM was a much simpler task than the steps that lay ahead: ensuring that the funds were speedily, effectively, equitably and transparently moved to where they were needed most, in all sectors – communities, private sector, groups of PLWAs, high-risk groups, the church, government departments, academic institutions, and treatment centers. Bringing together different interest groups, with different approaches and outlooks, proved quite challenging. The process, however, was assisted by an intense level of communication and consultation. Through this process, it became clear that all stakeholders had one common agenda: to have a meaningful impact on the epidemic. The challenge was to find a *modus operandi* that was acceptable to all.

The first important principle we established was to use indigenous existing structures. The CCM decided that no new structures were to be established for the Global Fund. Rather, existing structures would be examined and, if necessary, strengthened.

Second, civil society was quite strong in advocating that funds destined for civil society programs be received by a civil society organization serving as a Principal Recipient (PR). In Zambia, government and civil society have a long history of working together responding to AIDS, but civil society organizations had concerns that channeling funds through a government bureaucracy might lead to unnecessary delays. We in civil society also believed that the government was not structured to reach very grass roots organizations, while civil society organizations have a direct interface with the local CBOs best positioned to make a contribution in the fight against AIDS. We could easily tailor our programs to reach these grass roots groups.

As we debated how to choose PRs for our Round 1 Global Fund proposal, many options were advanced. The first option was the Ministry of Finance. But this Ministry explained that there were legal restrictions on their issuing checks to civil society directly, unless the civil society groups were already named in the national budget. So funds would have to be channeled through another agency. The excess bureaucracy surrounding this method was obvious to all. Additionally, since this ministry was already overwhelmed with fiscal responsibilities to the nation, it was unlikely to prioritize AIDS, TB and malaria.

The second option was the Central Board of Health under the Ministry of Health. After lengthy discussions, it was agreed that AIDS was not just a health issue, it was a cross-cutting issue with complex ramifications. In this regard, we agreed that the Central Board of Health would be better left to deal with funds directed at treatment and other technical issues in line with their mandate of providing health care, but that it could not reasonably be expected to prioritize socio-economic aspects of the epidemic, such as orphans and vulnerable children.

After debating other options, we finally agreed that it would be feasible and desirable to have more than one PR in Zambia, with each PR using its special advantages to move the much-needed funds in an efficient manner. The CCM's flexibility on this front was facilitated by the long history of Zambian NGOs and CBOs in responding to AIDS. Many of these organizations have successfully attracted bilateral and other external funding, as well as support from the government, for delivering care to orphans and vulnerable children. The Churches Health Association of Zambia already provides half of Zambia's rural health services, supported by a government grant. Given the severity of the epidemic in Zambia, the government is quite open about embracing all of these existing resources.

In the end, the CCM decided to use four existing institutions to disburse the global funds, two from government and two from civil society:

- Central Board of Health (under the Ministry of Health): funds for treatment and other technical health issues.
- Ministry of Finance: funds for government line Ministry programs.
- Churches Health Association of Zambia: funds for faith-based civil society organizations.
- Zambia National AIDS Network: funds for non-faith-based civil society organizations, including private sector work place programs and groups of PLWAs.

Having received this approval, the four PRs had to ensure that they would pass the assessment by the Global Fund's Local Fund Agent. During this proposal development phase, the Zambia National Aids Network (ZAN) had to acknowledge that it was still a weak institution with very limited capacity and certainly could not pass the assessment. But civil society members of the CCM saw this as an opportunity to build the capacity of an indigenous NGO that would remain in country to coordinate the achievements of Zambian AIDS service organizations, whether funded by the Global Fund or other donors. This concept was successfully sold to bilateral donors such as NORAD, who gave funds for rapid capacity-building in terms of human resources, infrastructure and systems. ZAN also signed a contract with an international accounting company for continuous financial management capacity-building over one year. This approach allowed ZAN to meet the minimum requirements of the Global Fund's Local Fund Agent. (The role of the Local Fund Agent was initially unclear to both the LFA and the PRs; luckily this has evolved and we now clearly understand our roles, a process assisted by the LFA's decision to designate an officer specifically to the Global Fund grant.)

ZAN was able to use its first Global Fund disbursement of US\$425,000 to further enhance our capacity, as the initial first-quarter work plan to the Global Fund was devoted to strengthening the Network. The Global Fund contribution facilitated the purchase of a permanent office building, vehicles, computers, and hiring additional staff. The Global Fund was very amenable to supporting ZAN in this way, as the Secretariat sees capacity-building as a necessary contribution to the success of the program. Once this first-quarter program was successfully implemented, the Local Fund Agent recommended a second disbursement, which according to our plan would go directly to sub-recipients. From this point on, ZAN would become a grant-making organization, passing Global Fund money to sub-recipients who would be the main implementers of the grant.

ZAN moved quickly to ensure that information about funds for sub-granting was published as widely as possible. We did media outreach, including a breakfast briefing for the media, newspaper and radio interviews and advertisements (including community radio stations in local languages), television ads, and fliers. We held discussions in provincial centers. We developed and widely distributed a grants manual that laid out clear guidelines for accessing the funds, and specified details such as unit costs and service delivery areas. We convened a multi-disciplinary technical review committee to review project proposals that we received, taking care not to include implementers of civil society programs on the review committee as this would result in a conflict of interest.

So far, the multiple PR structure is working well for Zambia. First, each PR focuses on its primary strength and specific target groups. Second, since the target groups are well defined, there is no feeling of rivalry. Each PR knows that its continued success depends on its successful implementation of its own agreed work plan. Third, PRs have been helpful to each other, sharing their strengths, because they know that for the program to make a meaningful impact on AIDS in Zambia, each PR's success is crucial. Last, because the different PRs have demonstrated their capacity and potential, bilateral donors are becoming increasingly attracted to using these same channels for additional funding.

A few aspects of the Zambian approach were critical in allowing our multiple PR model to work so well:

- Highly inclusive CCM composition, reflecting 40% government; 25% NGOs, CBOs and PLWAs; 20% development partners; 5% academics; 5% faith-based organizations, and 5% private sector representation.
- The decision to utilize existing structures and devote significant resources to strengthening them where necessary.
- Broad publicity regarding the Global Fund.
- Close cooperation between government, multi- and bilateral donors, civil society, and the church, who all worked together within the CCM to identify gaps in the program. This was extremely helpful for the development of the Round 4 proposal, which sought to address gaps in treatment by seeking funds to scale up ARV access .
- Regular meetings of the CCM with briefings from PRs.

Several important challenges remain: Expectations from civil society regarding the Global Fund are quite high, and so the role of the Global Fund in scaling up, rather than taking over the financing of entire organizations, needs to be further emphasized and constantly so. Capacity-building among sub-recipients, especially with regard to monitoring and evaluation, is critical because it is now time to urgently put the emphasis on *results*. This requires PRs to have a very strong monitoring and evaluation system to track down both the funds and the impact on the epidemic. Above all, the Global Fund, PRs and all stakeholders must accept that this is a new program that is dynamic and evolving and must constantly review its approaches in order to maintain its relevance and effectiveness in getting the funds where they are needed most – certainly *not* in the bank.

[Elizabeth Mataka (znan@zamnet.zm) is the Executive Director of ZNAN, the Zambia National AIDS Network.]

[Editor's note: The Zambian approach of having several PRs has sparked interest around the world. Each PR can work with sub-recipients in the sector of society it knows best, yet all can cooperate to maximize the chances of success. This overcomes many of the problems encountered by single PRs. Other countries may not choose to have as many as four PRs. But they might want to consider having two PRs, one from the government working with governmental sub-recipients, and one from civil society working with civil society sub-recipients.]

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4. COMMENTARY: A Critical Review of New Funding Mechanisms
by Mabel van Oranje

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[Excerpted and condensed, with permission of the author, from a July 12 keynote presentation at the opening plenary (on Access to Resources) at the International AIDS Conference in Bangkok.]

The fight against HIV and AIDS is one of the biggest challenges we face today. This disease, together with tuberculosis and malaria, is ravaging the lives of tens of millions across the world. It undermines hope for pulling people out from poverty, raising living standards, and even jeopardizes peace and stability.

For many years this “chronic crisis” was ignored by those with the most power to stop it. Finally, that has begun to change.

UNAIDS estimates that AIDS funding in low- and middle-income countries increased from \$300 million in the mid-1990s to \$4.7 billion in 2003. These funds mostly come from international donors, but domestic spending by governments of affected countries and out-of-pocket spending by directly affected individuals and their families is also substantial. The increase is impressive, but not sufficient.

A massive increase in funding is needed. So the question is, if you want to put serious new money into fighting AIDS, where can you get the best bang for your buck? By going bilateral? By choosing the UN route? By using new funding mechanisms? Let's take a look.

Overview of funding channels and mechanisms

The United States has set up a new initiative, the President's Emergency Plan For AIDS Relief (PEPFAR), which favors a bilateral approach. It allocated \$2.4 billion in 2004, its first year of operation, to 15 target countries. It aims to get five million people on anti-retroviral therapy within five years.

Europe's support for the three diseases flows through a multitude of bilateral channels, multilateral agencies and NGOs. This reduces the visibility and political leverage of Europe's contribution – even though the total of all European contributions is bigger than that of the US.

The World Bank has also become an important AIDS funder. In addition to its traditional loans, the Bank in 2000 initiated the Multi-Country AIDS Program (MAP). This new mechanism, which provides

funding and technical assistance, has been praised for being demand-driven and flexible. Half of MAP support goes to small-scale, high-impact efforts by local grassroots organizations. After a slow start, MAP has approved approximately \$1 billion in grants to some 25,000 projects in 28 countries in sub-Saharan Africa and the Caribbean. It is, however, difficult to assess what has been achieved so far.

Another innovative funding mechanism is the Global Fund to Fight AIDS, TB and Malaria, which has only been operational since 2002. It has mobilized significant new resources, and is the first instrument to recognize the deadly synergy among these major diseases.

Many members of the UN family are also engaged in the fight against AIDS; some provide funding for projects, others are involved in coordination, advocacy and monitoring. Lastly, private foundations and corporations are making significant contributions. The Gates Foundation set a fine example with its major contribution to the Global Fund, while some companies have launched programs to treat their employees and families.

So what do all these global initiatives add up to? Well, not enough to keep pace with AIDS. If we want to stand a chance in the battle against AIDS and TB, donors should make more funding available, and increase effectiveness by enhancing collaboration and developing comprehensive programs.

Challenge 1 – Funding levels

Looking at the resource gap, UNAIDS estimates that we will need \$12 billion annually by 2005 – and \$20 billion by 2007. This means a fourfold increase of current spending.

Existing donors will need to multiply their efforts. Without a global authority to tell each donor how much they should contribute, donors must give their fair share. The amounts have been articulated by the NGO community in the so-called “equitable contributions framework,” and governments should take them seriously.

Of course, resources for the fight against AIDS cannot come at the expense of other efforts to tackle poverty and reach the Millennium Development Goals. Funding must be additional.

Challenge 2 – Donor cooperation and harmonization

While recipients need to use AIDS funds effectively, international donors can and must increase their cooperation in order to have the most impact.

While preparing for this speech, it was difficult – sometimes impossible – to obtain data from donor governments on their current and future AIDS spending. This lack of information impedes donor collaboration. No one is accountable for duplication of efforts, or for the fact that some countries receive disproportionately high levels of support while others receive little or nothing.

Timely information sharing is also crucial. The World Health Organization last year launched its “3x5” initiative. This is not actually a funding mechanism. The WHO is to provide much-needed technical assistance while others are to finance the actual treatment. This division of responsibility can only work if such initiatives are developed and implemented in close consultation with funders and recipient governments.

Donors will always have different priorities and funding channels. But they need to coordinate aid flows so that they support nationally owned plans and frameworks. All stakeholders – including NGOs – should be involved in their design and implementation. We at the Open Society Institute know from our experience on the ground that in each country where the response to AIDS has shown success, civil society has helped to catalyze action at the community level, influence national plans, and hold inactive governments to account. Civil society’s ability to bring AIDS to the public sphere – despite stigma and discrimination – is a vital complement to the actions of governments and donors.

Streamlining and harmonization of donor procedures – such as programming, reporting and monitoring – would enhance country capacity to use international assistance effectively. UNAIDS put

it bluntly: “The lack of harmonization kills people.” Donors need to provide resources in a coordinated way to make access as easy as possible for those who need it most.

Challenge 3 – Developing comprehensive programs

Another challenge is the policy gap. The priorities set by donors too often are driven by ideology rather than by need.

Take PEPFAR for example. It earmarks a specific proportion of spending for abstinence-only programs. At issue is not only the effectiveness of the “A” of “abstinence” versus the “B” of “being faithful” or the “C” of “using condoms.” It is also about whether in-country experts should design programs shaped by the realities on the ground. In Africa, many new infections occur in monogamous married women. They are already “being faithful,” and “abstinence” is just not an option.

Many donors are under pressure to produce quick, measurable results – “deliverables.” It is easy to link donor dollars to numbers of people on anti-retroviral treatment – and much harder to show measurable returns on investments in prevention or health care systems. Thus, it is tempting to focus on ARV treatment. Treatment is essential, but it must be part of a broader approach that gives prevention and care their proper place.

When setting priorities for an all-inclusive approach to fight AIDS, donors – and recipient governments – must have the will to address controversial aspects of the pandemic. Increased support for programs focusing on disenfranchised and marginalized people – such as injecting drug users, sex workers, prisoners, asylum seekers, and refugees – is compulsory.

For example, injecting drug use has become the driving force behind the spread of HIV in the Eurasia region – including China, Iran and Russia. To halt the spread of AIDS there, donors must provide strong support for harm reduction programs such as needle exchange and methadone substitution – which have proved the most effective means of reducing new infections.

Donors and recipients must also confront the underlying structural barriers – political and legal – to the effective deployment of funds.

And finally, we need to address the problem of human capacity and brain drain that hinders many countries from mounting an effective response.

In summary, we need a wholesale, not piecemeal, approach. AIDS must be seen within the broader context of development.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

At OSI, we believe that the Global Fund has the potential to address the three challenges that I have just described.

Several features make the Global Fund unique in the way it delivers assistance. Projects are supposed to be designed and implemented by the recipients themselves, through processes that involve governmental and non-governmental actors. The Fund attracts finances and technical assistance from a wide variety of donors – including private ones. It has attempted to implement transparent and accountable procedures for its decision-making and operations. The process is designed to be participatory; and from the Country Coordinating Mechanisms (CCMs) to the board level it includes donors and recipients – governmental and non-governmental. And the Fund aims to be flexible and responsive, while maintaining only a small bureaucracy.

You might think that these aspects are common to most aid delivery mechanisms; but I am afraid they are not.

Operationally, there are points of contention and failure. Grant signing and disbursements have been slow – although they are starting to pick up. Civil society groups in many countries complain that they are excluded from the CCMs – and that these are far from transparent.

These problems need to be met head on. Not just by the Secretariat, which has shown great willingness to re-evaluate and modify its procedures; but also by the Fund's board members.

Overall, the first results are impressive. The Global Fund has currently committed \$3 billion for two years to 130 countries.

But the Fund is at a critical juncture. It will need at least \$3.5 billion in 2005 – of which only \$880 million has been pledged so far. French President Jacques Chirac and others have suggested that the Fund's needs should be provided on the following basis: one-third by the US; one-third by the European Union; and one-third by other countries and private contributions. Europe currently provides just over half of the Global Fund's needs. The US should continue to honor its commitment to give one-third of the Fund's budget; and the rest of the world should provide its share.

The donors that created, resourced and promoted the Global Fund – including the US – have to see it through financially.

Conclusion

To win the fight against AIDS, international donor should increase their funding and spend their money more effectively – by improving cooperation and harmonisation and developing comprehensive programs. At the beginning, I also asked how donors could get the best bang for their buck?

It is too early to definitively judge the various new funding mechanisms. But based on the early evaluations and OSI's first-hand experience, I would put my money in the Global Fund.

It is more than a funding mechanism; the Fund is rewriting the rules on delivering assistance.

It tries to marry the best of all other instruments – an emergency spirit, recipient-owned programs, and participatory processes. And, just as important, it is addressing problems it encounters.

I hope that we will leave Bangkok with the commitment and political resolve to make the Global Fund work and flourish.

[Mabel van Oranje (mabel.vanoranje@osf-eu.org) is director for EU Affairs at the Open Society Institute. The transcript of her original presentation is available in pdf form at www.kaisernetwork.org/health_cast/uploaded_files/071204_ias_plenary.pdf.]

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5. ANALYSIS: Global Fund Secretariat Country-by-Country Contact Information
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A common complaint overheard by GFO at the Global Fund Partnership Forum and the Bangkok International AIDS Conference in July was that people who have been excluded from their country's CCM process often do not know how to contact the Global Fund, and sometimes do not know how to contact their CCM.

Below are the relevant contacts at the Global Fund Secretariat for each country.

(For information on Global Fund activities in any country that has received a grant, those with web access should go to www.TheGlobalFund.org and choose the country of interest under "Choose a Country" on the left hand side of the screen.)

Southern Africa

Cluster Leader: Duncan Earle

Portfolio Managers:

- Angola, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, multi-country (Africa), Zimbabwe – Duncan Earle
- Botswana, Zambia – Toby Kasper

Duncan Earle +41 22 791 1779; Duncan.Earle@TheGlobalFund.org

Toby Kasper +41 22 791 1728; Toby.Kasper@TheGlobalFund.org

Team Assistant: Karin Nasheya +41 22 791 1756 Karin.Nasheya@TheGlobalFund.org

East & Indian Ocean Africa

Cluster Leader: Elizabeth Hoff

Portfolio Managers:

- Burundi, Comoros, Madagascar, Uganda – David Powell
- Eritrea, Ethiopia, Kenya – Elizabeth Hoff
- Rwanda, Tanzania, Zanzibar – John Ochero

Elizabeth Hoff +41 22 791 1724; Elizabeth.Hoff@TheGlobalFund.org

David Powell +41 22 791 1983; David.Powell@TheGlobalFund.org

John Ochero +41 22 791 1752; John.Ochero@TheGlobalFund.org

Team Assistant: Marie-Stephane Gruenert +41 22 791 1731; Marie.Gruenert@TheGlobalFund.org

West and Central Africa

Cluster Leader: Mabingue Ngom

Portfolio Managers:

- Benin, Burkina Faso, Equatorial Guinea, Gabon, Sao Tome & Principe – Tina Draser
- Cameroon, Nigeria – Duncan Earle and Mabingue Ngom
- Congo DRC, Central African Republic, Cote D'Ivoire, Guinea, Guinea-Bissau, Togo – Mabingue Ngom
- Gambia, Ghana, Liberia, Mali, Senegal, Sierra Leone – Nankhonde Kasonde

Eligible countries that have yet to receive a grant (Cape Verde, Congo Rep.) should contact the Cluster Leader, above.

Mabingue Ngom +41 22 791 1743; Mabingue.Ngom@TheGlobalFund.org

Tina Draser +41 22 791 1766; Tina.Draser@TheGlobalFund.org

Duncan Earle +41 22 791 1779; Duncan.Earle@TheGlobalFund.org

Nankhonde Kasonde +41 22 791 1744; Nankhonde.Kasonde@TheGlobalFund.org

Team Assistant: Roselyne Souvannakane +41 22 791 1778;

Roselyne.Souvannakane@TheGlobalFund.org

Middle East and North Africa

Cluster Leader: Hind Khatib-Othman

Portfolio Managers:

- Algeria – Roberto Garcia
- Chad, Mauritania, Niger – Tina Draser
- Djibouti, Morocco – Bintou Toure
- Egypt, Somalia, Sudan, Yemen – Hind Khatib-Othman
- Jordan – Angela Smith

Eligible countries that have yet to receive a grant (Iraq, Syria, Tunisia, West Bank & Gaza) should contact the Cluster Leader, above.

Hind Khatib-Othman +41 22 791 1741; Hind.Othman@TheGlobalFund.org

Roberto Garcia + 41 22 791 1713; Roberto.Garcia@TheGlobalFund.org
Tina Draser +41 22 791 1766; Tina.Draser@TheGlobalFund.org
Bintou Toure + 41 22 791 1733; Bintou.Toure@TheGlobalFund.org
Angela Smith + 41 22 791 1722; Angela.Smith@TheGlobalFund.org
Team Assistant: Bintou Toure +41 22 791 1733; Bintou.Toure@TheGlobalFund.org

South Asia

Cluster Leader: Taufiqur Rahman

Portfolio Managers:

- Afghanistan, Bangladesh, Sri Lanka, Bhutan – Angela Smith
- India, Iran, Nepal, Pakistan – Taufiqur Rahman

Eligible countries that have yet to receive a grant (Maldives) should contact the Cluster Leader, above.

Taufiqur Rahman +41 22 791 1776; Taufiqur.Rahman@TheGlobalFund.org
Angela Smith + 41 22 791 1722; Angela.Smith@TheGlobalFund.org
Team Assistant: Nagwa El-Abd +41 22 791 1700; Nagwa.El-Abd@TheGlobalFund.org

East Asia and Pacific

Cluster Leader: Tom Hurley

Portfolio Managers:

- Cambodia, China, Mongolia, Myanmar – Tom Hurley
- East Timor, Indonesia, Philippines, multi-country (Pacific Island countries) – Sandii Lwin
- Laos, Thailand, Vietnam – Roberto Garcia
- North Korea, Papua New Guinea – Angela Smith

Eligible countries that have yet to receive a grant (Fiji, Kiribati, Marshall Islands, Micronesia, Samoa, Solomon Islands, Tonga, Vanuatu) should contact the Cluster Leader, above.

Tom Hurley +41 22 791 1775; Tom.Hurley@TheGlobalFund.org
Sandii Lwin + 41 22 791 1726; Sandii.Lwin@TheGlobalFund.org
Roberto Garcia + 41 22 791 1713; Roberto.Garcia@TheGlobalFund.org
Angela Smith + 41 22 791 1722; Angela.Smith@TheGlobalFund.org
Team Assistant: Seble Abebe +41 22 791 1745; Seble.Abebe@TheGlobalFund.org

Latin America and Caribbean

Cluster Leader: VACANT

Portfolio Managers:

- Argentina, Chile, Ecuador, Guatemala, Honduras, Panama, Paraguay, Peru, multi-country (Andean) – Aleph Henestrosa
- Belize, Colombia, Guyana, Haiti, Jamaica, Surinam, multi-country (OECS, CARICOM, CRN+) – Jessie Schutt-Aine
- Bolivia, Costa Rica, Cuba, Dominican Republic, El Salvador, Nicaragua, multi-country (Mesoamerica) – Ricard Lacort

Eligible countries that have yet to receive a grant (Brazil, St. Vincent & the Grenadines) should contact the Cluster Leader, when that position is filled.

Aleph Henestrosa +41 22 791 1729; Aleph.Henestrosa@TheGlobalFund.org
Jessie Schutt-Aine + 41 22 791 1770; Jessie.Schutt-Aine@TheGlobalFund.org
Richard Lacort + 41 22 791 1777; Ricard.Lacort@TheGlobalFund.org
Team Assistant: Nicole Gorman +41 22 791 1730; Nicole.Gorman@TheGlobalFund.org

Eastern Europe/Central Asia

Cluster Leader: Urban Weber

Portfolio Managers:

- Armenia, Belarus, Georgia, Kazakhstan, Kyrgyz Republic, Moldova, Tajikistan, Uzbekistan – Valery Chernyavskiy
- Azerbaijan, Croatia, Kosovo, Serbia, Turkey, Ukraine – Karmen Bennett
- Bulgaria, Estonia, Macedonia, Romania, Russian Federation – Urban Weber

Eligible countries that have yet to receive a grant (Albania, Bosnia & Herzegovina, Montenegro, Turkmenistan) should contact the Cluster Leader, above.

Urban Weber +41 22 791 1753; Urban.Weber@TheGlobalFund.org
Valery Chernyavskiy +41 22 791 1751; Valery.Chernyavskiy@TheGlobalFund.org
Karmen Bennett +41 22 791 1917; Karmen.Bennett@TheGlobalFund.org
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END OF NEWSLETTER
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