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# Global Fund to Fight AIDS, Tuberculosis & Malaria

## Country Processes – Discussion Paper

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Submitted to the UK NGO AIDS Consortium in preparation for  
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This discussion paper will make reference to the following key documents:

- “Title, Purpose, Principles and Scope of the Fund” – Transitional Working Group (also found at: [www.globalfundatm.org](http://www.globalfundatm.org))
- “A New Global Fund” Working Paper by the World Health Organisation 27 May 2001 [*WHO Working Paper*]
- “An International Fund for HIV/AIDS: a concept note prepared by the UNAIDS Secretariat”, consultation draft, 13 March 2001 [*UNAIDS Working Paper*]
- “Governance Issues Discussion Paper” - Global Health Fund [*Governance Paper*]
- “Accountability, Eligibility, Technical Review and Advice: A Discussion Paper” - Roger Drew, Healthlink Worldwide [*Healthlink Paper*]

## Global Fund Country Processes Discussion Paper – November 2001

- “Report Concerning the Meeting of the Transitional Working Group (TWG) to Establish a Global Fund to fight AIDS, Tuberculosis and Malaria – Richard Burzynski, ICASO/TWG [*ICASO Paper*]
- Draft paper on Country Processes for discussion at Regional Consultations, TWG, 2 November 2001 [*TWG Country Processes Draft*]

# Global Fund Country Processes

## 1. Introduction

The Global Fund to fight AIDS, Tuberculosis and Malaria [the Fund] is a new financial mechanism targeting countries in need of support to reduce existing or potential high burden of diseases. It has arisen out of key initiatives and discussions taking place from mid-2000 onwards in the European Commission, the US Congress, the G8, the UK Government, and the United Nations General Assembly Special Session on HIV/AIDS. Much of the impetus for the Fund came from the global devastation of HIV/AIDS, especially upon developing countries. The remit has been expanded to include Tuberculosis and Malaria. AIDS, Tuberculosis and Malaria are the world's greatest killers and account for 25% of all deaths worldwide.

The purpose of the Fund is:

To attract, manage, and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, and thereby mitigate the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contribute to poverty reduction as part of the Millennium Development Goals.

A Transitional Working Group [TWG] was created in July 2001 to make decisions that will lead to the creation of the Global Fund by the beginning of 2002. The TWG held its first official meeting in Brussels 11-12 October, supported by the Technical Support Secretariat [TSS]. Effort is being put into consulting with Civil Society and NGO representatives<sup>1</sup>. This will include a Civil Society and NGO Consultation in Brussels 12-13 November.

This discussion paper is intended to stimulate and focus dialogue for NGOs and Civil Society on the issue of *country processes*. Country processes refers to both interaction between specific countries and the Global Fund, as well as processes which take place in-country concerning the Global Fund. This paper aims to provide an overview of proposed models for country processes and highlight key areas of concerns for NGOs and Civil Society.

Within the TWG and TSS, this area of discussion is to be led by the government representative of the TWG from Norway. The TSS staff member assigned as a focal point for this issue is Macharia Kamau (e-mail: macharia.kamau@tss-twg.be).

## 2. Liaison between donor recipients and the global fund

The following system has been proposed for dispersing resources through the Global Fund:

- An Independent Proposal Review Panel is established to assess country proposals.

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<sup>1</sup> This paper will use the term "Civil Society and NGO" to refer to non-governmental organisation and civil society representatives. In some countries, the terms "Community-Based Organisations" and "Community Sector" are used. This paper does not consider the private sector as part of Civil Society.

- Countries applying to the fund provide a proposal outlining its rationale and processes for managing it.
- An in-country process takes place involving all stakeholders to manage both the detailed proposal of country programming and if funds are received, program activities and monitoring.

Underlying all of the discussions that follow are the core principles of accountability and transparency of decision-making. All information must be made available to the stakeholders and to the public, in particular Civil Society and NGOs. A full understanding of all aspects of the Fund by as broad a constituency as possible will make the fund more legitimate, and therefore more effective.

### *2a. Country Focus*

It is proposed that applications to the fund be made through a country-led formulation and implementation process. Furthermore, it is intended that the Fund work on programs that reflect national ownership. Key questions for Civil Society and NGOs are:

- Can they work within a country-led process and be able to access funds?
- In what cases would it be desirable to work around this process?
- How can Civil Society and NGOs best influence national governments in relation to the Fund?
- How will the fund ensure that country processes truly include civil society organisations and NGOs?

### *2b. Countries in special circumstances*

The TWG Country Processes Draft states that countries can be considered outside of this country-focus due to special circumstances. This includes situations where countries are lacking legitimate governments or are in conflict or facing natural disasters. In these cases, it is proposed that a Consortium including recognised international organisations and NGOs coordinate and manage applications, or that NGOs apply directly to the fund. The *Healthlink paper* also asks in its section on “Eligibility” if countries that violate human rights should have access to the Fund.

Of key importance for Civil Society and NGOs is the commitment from the Fund to be open to NGOs in “special circumstances” where countries suppress or have not established partnerships with civil society NGOs. It will be necessary to develop a criteria in partnership with international civil society and NGOs to decide which countries fit this criteria. While process described above has also been proposed (applications through consortium or directly), criteria will need to be developed as to which NGOs may apply – the Fund will need to balance recognition of need for in-country work with the desire to not operate as a small-grants scheme. The Fund may also wish to consider sound proposals that deal with regional and cross-border issues that lack funding from other sources.

### *2c. Eligibility for Funding*

The need for the Global Fund will outstretch available resources. How will the fund decide which countries are eligible for funding? It is recommended that eligibility be

broad while criteria should be more defined. Some options include: the 78 countries that are eligible for International Development Assistance; the 42 Heavily Indebted Poor Countries; all countries with high rates of poverty, countries with low GNP per capita; the 49 Least Developed Countries; countries with the highest current disease burden; countries with a projected high disease burden.

These options focus on the two measurements of economic wealth and disease burden. However, the interrelation between these measurements is yet another factor. Would a poor country with low incidence of disease, or a richer country with high incidence of disease be less eligible? In terms of disease burden, will each disease be assigned a different weight of importance, or would assessment be strictly limited to overall incidence or mortality rates? As well, many countries do not have sufficient surveillance and monitoring, and in the case of HIV/AIDS, lack voluntary testing and counseling facilities that may aid in determining incidence.

### Discussion Points

- Should the fund establish priorities within the eligibility criteria?
- How can the Fund identify areas of greatest need, as well as emerging epidemics?

### *2d. Criteria for Funding*

The *WHO working paper* gives a partial list of criteria for the Fund to consider in relation to country-proposals:

- existence and quality of national policies and strategic plans
- Civil Society and NGO participation in the development and implementation of proposals
- clear indication of how additional resources can translate into better outcomes – with indicators of achievement
- current and projected national financial commitments in key areas
- assessment of national institutional capacity – particularly in relation to procurement and financial management
- current disease burden and potential for averting worsening of epidemics in low burden countries.

In considering these proposed criteria, it is possible that many countries that are in need of funds may need to work to strengthen national strategy and capacity, and NGO involvement, before proposals will be seriously considered. Will this be an added beneficial outcome for the Fund, that it will encourage the building of stronger national health infrastructures and planning before funds are even distributed? Or will it prevent countries that lack capacity from access to funds, even when they may be facing emerging or heavy epidemics? Criteria should be set not only to determine countries that have the capacity to carry out submitted proposals, but also to identify countries that are need of more basic technical assistance (see below, section 2g).

While the Fund intends to support established national priorities, will there also be a need for the Fund to identify its own priorities, and clarify how priorities will be ranked? If so, civil society and NGOs should take part in identifying these priorities. Also, because of the speed at which the Global Fund is being established, flexibility

will need to be paramount. If the initial criteria set are faulty or omit key priorities, they should be open to change at a later date.

It is strongly recommended that a priority criteria for the Fund will be the involvement of NGOs and civil society in proposal development and in-country programs. This is clearly noted by the TWG:

In making its funding decisions, the Fund will support proposals which: strengthen the participation of communities and people, particularly those infected and directly affected by the three diseases, in the development of proposals.

Not only will proposals chosen on this basis be more effective through the involvement of affected communities, but the criteria will encourage applicant countries to make greater commitments to partnership with Civil Society, a key to much success in global health promotion.

A question for Civil Society and NGOs to explore is how to facilitate the involvement of communities affected by and at risk of the diseases. This concept has been clearly established in the field of HIV/AIDS (the principle of Greater Involvement of People living with AIDS) to demand that People Living with HIV/AIDS (PLWHA) are key actors at all levels of work. However, is this model immediately transferable to Tuberculosis and Malaria? Is this a desirable model for these disease areas even if it is transferable?

As well, the question of how priorities will be set in relation to the three named diseases is important. Will proportions of the fund be reserved for AIDS, TB and Malaria specific work? Even considering the prevalence of co-infection, the new grouping together of the three diseases will require a new framework of collaboration, and little discussion has taken place on the balance between the diseases and whether HIV/AIDS will be of primary importance, as has been proposed by a number of parties.

## Discussion Points

- How can civil society and NGOs influence the criteria set by the Fund?
- Should there be limits set on the amount that can be accessed from the fund so that the fund is not exhausted by large countries with great burden of disease?
- What specific requirements for Civil Society and NGO involvement could be incorporated into the criteria for applications Global Fund?
- How will the balance between the three diseases be discussed and decided upon?

### *2e. Specific Program Funding*

More specific criteria will need to be set for the type of programs to be funded. The TWG has identified a wide scope of activities that could be supported by the fund. However, the range of criteria is very wide, and key priorities remain unstated. There remains widespread confusion, for example in civil society discussion on the Break-the-Silence list-server, as to what type of projects the Fund will actually fund. Two particular concerns expressed by community advocates are the balance between prevention and treatment and care, and commodity funding by the Fund, particularly antiretroviral and OI drugs.

## Discussion Points

- Concern has been raised that the fund will be primarily used for projects in Africa, where there is greatest need, at the expense of regions with emerging epidemics. Will criteria be set on a geographical basis?
- How will the balance be struck between prevention and treatment and care? Will countries be required to balance education and prevention with treatment and care initiatives?
- What will be the balance between funding programs and supplying commodities, in particular antiretroviral drugs and opportunistic infection prophylaxis and treatment?

### *2f. Processes for Application for Funding*

Consideration is being given to the formation of an Independent Proposal Review Panel with the responsibility for assessing country proposals against the agreed criteria and standards.<sup>2</sup> Further, a process is proposed where the Review Panel consider a single Comprehensive Country Proposal (CCP) from an applicant country. The CCP would describe existing national policies and strategies concerning HIV, TB and Malaria, outline how these efforts could be strengthened, estimate additional resources needed to achieve this, and propose a process for monitoring and country review. The CCP would also include a budget, describe how key outcomes will be evaluated and substantiate how Fund support is *additional* to existing resources.

The *Governance Paper* states in Section 2.2.6 that the Application Process to the fund must be clear and forthright, with requirements and eligibility to be made clear to potential applicants. This will require a strong communications strategy. The process should be reviewed periodically to ensure that it meets the Fund's objectives and the Fund should establish clear funding cycles, and whether proposals can be made outside of these cycles in special circumstances.

### *2g. Programming at country level*

A process will need to be developed where government, the private sector and the NGO and civil society sector jointly support proposals to be put forward to the fund. It is suggested that a national oversight group, a Country Co-ordination Committee (CCC) involving government, technical agencies, NGOs and others will review the work programme that is described in the CCP. It is proposed that the CCC include in its duties:

- Acting as a peer review body to deal with issues of competition between partners
- Developing the framework and setting priorities
- Ensure consistency with national policy and strategies
- Monitoring and Reporting on Implementation

It is recommended that this body be attached to an existing one, rather than be newly formed. It would depend on each country whether an appropriate body already exists. One option is for the CCC to link with committees attached to national health programs such as Poverty Reduction Strategy Papers (PRSP) or the Sector Wide

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<sup>2</sup> As described in the Governance Issues Discussion Paper from the Global Health Council

Approach (SWAP). Another suggestion from the TWG is to merge existing coordinating mechanisms for HIV/AIDS, TB and Malaria if there is no appropriate coordinating body. This highlights questions about the focus of fund, the balance of attention to each disease, and how to moderate conflict between different priorities. It is also likely that the severity of the AIDS crisis has led to stronger national HIV/AIDS bodies than ones for malaria and TB.

UNAIDS Country Offices may be the strongest option to be country-level coordinators. They are established, seen as neutral or supportive of Civil Society and NGOs, and have infrastructure at the regional level which would be useful to link to the Fund. However, strengthening of resources for these offices would be necessary, as they are sometimes criticised as having limited impact due to lack of funds. Whatever option is used, the existing or newly-formed body will need to be seen as acceptable and legitimate by community.

In addition, while Civil Society and NGO have strong expertise and capacity in many countries, in some circumstances, capacity-building may be necessary for Civil Society and NGO representatives to function at an effective level as part of the CCC. While it has been stated that NGO representatives from umbrella organisations are preferred, these may not exist in-country. It is therefore recommended that the Fund work with civil society representatives to develop policy on how NGO representatives are chosen in countries lacking umbrella organisations. The CCC may also be an opportunity to encourage the formation of national and umbrella NGO organisations where none exist.

It is proposed that the CCC is to be assisted in reviewing these proposals by a technical review panel (TRP) that includes civil society representation. Criteria for putting forward proposals will need to be formulated and it may be desirable for countries to work with the Global Fund to develop in-country criteria that will be consistent with other countries. The work of the selection board of the Fund may be made more difficult if criteria varies from country to country.

Some criteria that may be considered at country-level in evaluating proposals are:

- Work that fits clearly into a national policy and strategic plan but lacks resources
- Essential goods that are part of a country's prevention and care strategy but may be underfunded (for example, safe sex prevention and harm reduction supplies, essential drugs)
- Work that encourages new partnerships between the public and private sector and civil society

However, the in-country process for deciding priorities may be even more complicated than the one that will take place in the Global Fund. Many examples have been given of sorts of activities that could be supported. These range from increased access to health services to drug-provision to care for the sick and orphans. Groups representing the three diseases will be unused to working with each other and may have competing priorities. Government priorities may clash with those of civil society. Private programs will need to deal with conflict-of-interest issues. Judicious and careful coordination between the Global Fund and country-level processes should be developed. It is also worthwhile to reiterate that resources that go into participating in country-processes for the Fund should not be taken away from existing work. This includes time and organisational commitments as well as funds.



It is also important in countries where the health system is very poor that Fund activities be sustainable and realistic (i.e. for HIV/AIDS, a focus on the widespread prevention and treatment of OIs as opposed to access to antiretrovirals for a few). Care should be taken to ensure that treatment and care programs under the Fund actually deliver on-the-ground treatment and care for people with HIV, TB and Malaria and their families. NGOs and civil society have a key role here. As well, there should be a balance between improving technical treatment and providing care.

### Discussion Points

- How do Civil Society and NGO representatives ensure that they have a strong voice on a body charged with coordinating applications to the Global Fund?
- What recourse do Civil Society and NGO representatives have if they are excluded from this process?
- How can conflict at the in-country level be moderated?
- What capacity-building will be necessary for Civil Society and NGO representatives to work well in relationships with government, and potential new relationships with corporate and philanthropic representatives?

### *2h. Appraisal, Monitoring and Evaluation*

All applications to the fund should receive a proper appraisal as well as clear feedback and evaluation on how their application was evaluated.

It was earlier proposed that monitoring would be a country responsibility while evaluation and audit would remain a task for the Fund. A more recent recommendation is that monitoring and evaluation at country and global level will be closely linked.

Some countries will need technical assistance to carry out monitoring and the Global Fund will need to work with donor recipient countries to ensure that a monitoring system is agreed upon, and that the evaluation and audit process will be understood and accepted by both parties. It would also be beneficial if the Fund encourage the development of national monitoring capabilities.

All evaluation should be based on impact/outcome rather than activity reporting. In the NGO area, resources should be allocated to ensure that NGOs are in the best position to demonstrate the impact of their work – partnerships with social researchers and others should be supported

Monitoring and evaluation needs to be done in a bureaucratically leaner fashion than in some development work where funding goes to external evaluators instead of programs or building in-country capacity. We know in many areas what models are likely to work and should use the fund to implement them as quickly as possible with an effective but expedient system of monitoring and evaluation.

It has also been suggested that future tranches of funding will be linked to results. However, there is wide variation in how results are collected and considered to be evidence of successful health promotion. While it may be easier to evaluate the number of condoms or educational reports distributed, behaviour change and other markers of successful health promotion may be harder to assess and take longer time to show results in epidemiology. Civil Society and NGOs may have a clearer

idea of important markers of success, being closer to and representing infected and affected communities. A close partnership should be developed for all aspects of monitoring, evaluation and auditing.

Furthermore, a key concern for Civil Society and NGOs will be the ongoing evaluation of Civil Society and NGO involvement in all aspects of country processes as well as a review of benefits to civil society and community. If programs without significant Civil Society and NGO involvement fail, to whom will the country-led process be accountable too? Future funding may be cut and governments chastised, but it will be affected and at-risk communities that will lose out in these countries.

A larger discussion needs to take place on the composition of the body in charge of monitoring and evaluation. At country-level, this process, in order to be unbiased, should not be done by the same bodies or organisations that have been involved in the application process or program activities.

Finally, the proposed annual assessment of progress at country level could be tied in with other review processes, such as PRSP and UNGASS (see below).

### Discussion Points

- Will the quality of national strategic plans be assessed on the basis of the content of the plan or on the progress of its implementation?
- Do the proposed governance bodies for the Fund also have enough capacity to undertake monitoring and evaluation?
- What is the scope for regional or external NGO involvement in this assessment?

### *2i. Technical Support and Capacity Building*

Technical support and assistance will be crucial for both the application process to the Fund and monitoring and evaluation of work carried out. A clear discussion of technical support is found in the Governance Issues paper from the Global Health Council (sections 2.4.2 – 2.4.6). Key points include the need for country-level inventories of need and capacity to assess initial applications, and the need to assess community-level needs. NGOs should play a key role in providing technical assistance for such purposes, especially in reaching vulnerable populations and community groups that may be disenfranchised by the government. In the longer term, support for monitoring and surveillance, social research and epidemiology will be necessary to be able to accurately assess and compare countries “most affected” and “most at risk”. Capacity-building may also be necessary to facilitate effective involvement by Civil Society and NGOs at all levels of country processes. The TWG has indicated a commitment to prioritise capacity-strengthening, though warning that resources may have to be leveraged from other sources than the Fund. Civil Society and NGOs should provide input on their particular needs for technical assistance and capacity-strengthening in relation to the Fund. In order to reduce the risk that a substantial portion of the Fund is spent on consultants from the North, there will need to be mechanisms or guidelines to ensure that technical support and capacity building is aimed directly at sustainability and involves local or regional personnel, both as experts and as counterparts.

## *2j. Relationship with national health system, funding and development assistance*

A key principle for the Fund is that it must not duplicate existing efforts nor should it increase the burden on countries for administration and management of the funds. The country should instead use existing instruments and processes rather than instigate new planning and proposal writing activities. Proposals should fit clearly with the priorities and strategies of the national health system.

However, Civil Society and NGOs may not agree with the priorities of the national health system. For example, a government may refuse to recognise the magnitude of the health problem or refuse to work with vulnerable groups such as injecting drug users or sex workers. Also, there may be ideological differences, for example in South Africa where the government and civil society groups disagree on the provision of treatment to prevent Mother to Child Transmission of HIV/AIDS.

The Fund may represent an opportunity for lobbying and advocacy by Civil Society and NGO to improve national strategies. On the other hand, resources may go to work that is not prioritised by Civil Society and NGOs.

Also important is to ensure that the receipt of funds from the Global Fund does not impact other development assistance and mobilisation of resources at country level. Civil Society and NGOs could play an important role in monitoring this.

## 3. Liaison between the Global Fund and donor countries

While the majority of the work of the Global Fund will concern countries receiving funds, liaison will also need to take place between the Fund and donor countries. While a structure for this has already been initiated through the TWG, a process should be developed by which

- The contributed funds and intended use of funds from a country are reported in a transparent manner
- The donor country clearly understands the processes of the Global Fund, including decision-making and reporting mechanisms
- An ongoing relationship with the donor country is continued and deepened

Donor countries will likely have their own mechanisms and processes in place for evaluating their continued involvement in the fund, but should be supported by the Fund's Secretariat.

Civil society and NGOs may wish to take an active role in evaluating the performance of the Global Fund to ensure that their own country's contribution to funds are reaching civil society and NGOs in donor recipient countries.

### *Discussion Points*

- How can the Fund ensure that donor countries and private sector that make larger contributions do not control priorities? This is especially pertinent if their desired conditions place limitations on NGO and civil society involvement.

#### 4. Liaison between non-donor countries and the global fund

To date, not all countries have contributed to the fund, and it is possible that some countries will not want to make direct contributions. It will still be necessary for the Global Fund to develop a relationship with these countries to ensure that their aid programs work in cooperation with the Fund rather than competing with or duplicating efforts.

Civil Society and NGOs in non-donor countries should not be excluded from involvement in the Global Fund, whether as observers, technical advice providers, or regional representatives.

#### 5. Private Sector Donors and Providers

One of the early stated aims of the Global Fund is to leverage additional grant funding, particularly from private and philanthropic donors. This is hoped to provide donors with a rapid and accountable way of contributing funds to the global fight against the three stated disease. At the same time, the private sector at country-level could play an important role in the delivery of essential health services in the areas of HIV/AIDS, TB and malaria.

##### *Discussion Points*

- What kind of role could the Global Fund play in encouraging partnerships between public and private sectors and civil society groups in strengthening health infrastructure to mitigate the impact of HIV/AIDS, TB and malaria?
- How can Civil Society and NGOs prepare for new, cooperative relationships with the Private Sector?

#### 6. Country consultations

A vital part of in-country processes will be country consultations, to involve a wide range of constituents from Civil Society and NGOs. Greater transparency and accountability will result in greater legitimacy and participation in the processes of the fund. Country consultations may have already taken place for UNGASS, and Civil Society and NGO organisations have much experience in consulting with their constituents. Global Fund consultations should build on past experience and existing structures.

Consultations will mobilise national and local bodies working in relevant fields of health, disease, development and other multi-sectoral players. The process may assist in the formation of the CCC or the monitoring and review body. Aside from this, regular consultations will be crucial to building continued legitimacy for activities sponsored by the fund, and in identifying critical issues that need to be incorporated into Global Fund discussions.

Already the consultation processes of the Global Fund are flawed. While Civil Society and NGO representatives are doing their best, the limits on time have meant that our constituencies have not been adequately informed or may not be able to participate in consultations because of time constraints. Further, the Global Fund must be seen to be encouraging Civil Society and NGO participation in consultations. For example, the Asia-Pacific regional consultation in Thailand did not originally envision NGOs as part of attending delegations.

## 7. Links to other Development Processes

### *7a. PRSPs – A model for in country processes?*

The Poverty Reduction Strategy Paper (PRSP) approach was launched in September 1999 by the IMF and the World Bank. Currently, 36 countries have prepared interim strategies and 5 countries have completed their first full PRSP. PRSPs could serve useful for in-country processes for the Global Fund in providing an example of a process driven by international bodies but necessarily integrated into countries' own core processes for policy and decision-making.

A comprehensive review of the PRSP, launched in August 2001, is not yet completed, and therefore, it may be difficult and unwise to tie in Global Fund Processes with PRSP processes at this early stage. However, some initial lessons may be learned.<sup>3</sup>

The initial country timetables for developing full PRSPs have proven to be ambitious and the Boards of the World Bank and the IMF have stressed that "The quality of PRSPs should not be sacrificed to the speed of preparation." There is a clear push for the Global Fund to be operationalised as soon as possible. However, as shown by the PRSP experience, in-country processes, such as establishing proper mechanisms for putting forward proposals, may take more time than expected.

An even greater lesson is found in the reservations expressed by NGOs "about the quality of country ownership, participatory processes and program implementation." They argue that the Fund and the Bank "still retain a strong influence over policy content." Furthermore,

...with regard to participation, NGOs have called for: the Bank and Fund to be more active in encouraging participation, while respecting government leadership; greater civil society participation in the choice of macroeconomic and structural reforms; greater inclusion of local NGOs...

The message for the Global Fund is clear. While encouraging countries to take part, the Fund must be seen to respect national priorities and views on country programming, and at the same time, facilitate strong Civil Society and NGO participation.

### *7b. UNGASS – Lessons and Collaboration*

The United Nations General Assembly Special Session on HIV/AIDS [UNGASS] was a watershed event resulting in a "Declaration of Commitment" with tangible and concrete outputs envisioned. However, UNGASS showed a lack of community involvement and representation. NGOs and civil society were mainly blocked from proceedings. Few national delegations included civil society representatives and only one country allowed an NGO delegate to speak on its behalf. Like the Global Fund, UNGASS was convened under tight time constraints and involved national governments, international agencies, the private sector and civil society. Using this example, the Global Fund will have to work much harder in order to ensure that civil society plays a part in in-country processes.

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<sup>3</sup> Discussion of PRSPs is drawn from "Poverty Reduction Strategy Papers – Progress in Implementation" prepared by the staffs of the IMF and World Bank, 14 September 2001.

A potentially important collaboration resulting from UNGASS lies in the recommendation for follow-up, monitoring and evaluation mechanisms to be established at country-level to evaluate a country's progress in terms of the Declaration.

- Clause 94. Conduct national periodic reviews with the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments, identify problems and obstacles to achieving progress, and ensure wide dissemination of the results of these reviews;
- Clause 95: Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, and develop appropriate monitoring and evaluation instruments, with adequate epidemiological data.

While the Declaration focuses specifically on HIV/AIDS, many of the stated aims of the Global Fund can also be found in the Declaration. A body in charge of this UNGASS evaluation process, whether it be an established NGO, government department or committee, or a newly-formed one, would necessarily need expertise that is relevant to the Global Fund's need for proposal-making, evaluation, and monitoring.

As an annual review of the Fund is proposed at country-level, it may reduce duplication if this review were to be combined with the UNGASS reviews which are yet to be established. Civil Society and NGOs should support this as a way to encourage action on the Declaration of Commitment, ensuring that their governments are fulfilling their obligations, as well as to provide a body with assured civil society participation to oversee monitoring of the Global Fund. An UNGASS review body may also be usefully linked to the Country Co-ordinating Committee.

## 8. Conclusions

The Global Fund is intended to be an innovative initiative that works in new and effective ways to mitigate the effects of HIV/AIDS, TB and Malaria, to make desperately needed improvements in basic health infrastructure, and to contribute to poverty alleviation.

With new ways of thinking comes the opportunity to act in new ways. The Global Fund should be encouraged to bring levels of Civil Society and NGO involvement to new heights. At the country level, this will mean not only accountability and transparency but also an active facilitation of community involvement in application procedures, program activities, and monitoring and evaluation. This will also involve a continual process of consultation with and participation from Civil Society and NGOs who can provide an overall role in the Fund of providing support and monitoring progress, advocating on behalf of affected and at risk communities, contributing to capacity-building, and sharing best practises learned from the community level. Civil Society and NGO involvement should be a requirement at all levels of the Global Fund.

Civil Society and NGOs will also need to actively engage with the Global Fund if they see benefits to come from that engagement, or the possibility of ensuring that the Fund meets community concerns. We should continually question how to ensure strong Civil Society and NGO involvement, whether the Fund is the best model for funding and resource distribution and whether alternative models exist. At the same

time, we will need to exert influence on our own national participation in the fund. It is possible that Civil Society and NGOs may choose to opt out of a process that is not seen as directly beneficial to the work in which they are engaging.

While recognising the speed and urgency with which the fund aims to be established and begin operation, we must also be conscious of the time needed for proper consultation and Civil Society and NGO involvement. We should be conscious of whether donor agendas are exerting influence on the overall direction of the Fund and demand that our voices are equal to government and private donors. We also must be conscious that work engaging with the Fund does not duplicate or take time away from other effective work. At the same time, we could remain hopeful of more resources for needed work and the potential greater efficacy of integrated and collaborative efforts.

This discussion paper is only a starting point. The Global Fund, together with Civil Society and NGOs, has much more work and discussion to do.