



Strategy 2014-2016

This document describes the Global Fund Advocates Network (GFAN) Strategy for the years 2014 – 2016, which includes the Global Fund's Fifth Replenishment process. The (draft) strategy builds on input provided by the GFAN Steering Committee, and the GFAN membership in the regions: the Africa Civil Society Platform and the newly established GFAN Asia Pacific.

Introduction

The Global Fund Advocates Network is an open network, consisting of over 340 civil society actors with over 160 different NGOs and institutions. – a diverse group of activists, advocates, individuals or organizations – and Friend of the Global Fund organizations. GFAN was established in 2011 by Global Fund advocates in response to the disappointing outcomes of the Third Replenishment in 2010. That outcome made clear that advocacy for a fully funded and effective Global Fund requires an ongoing effort and concerted action of a growing group of well-informed advocates in donor as well as implementing countries.

Over the past couple of years, the Global Fund Advocates Network (GFAN) organized global meetings on an annual basis to determine its strategic goals and concrete actions for the year(s) ahead. In 2014, we can look back at a relatively successful Fourth Replenishment that resulted in a commitment from donors of over US\$12 billion for 2014-2016. This new GFAN strategy looks ahead at the remaining challenges in this Fourth Replenishment period (2014-2016) and the upcoming Fifth Replenishment (2017-2019). The pledging meeting for the Fifth Replenishment is expected to take place in June – July 2016.

In the [Needs Assessment](#) paper that was published to inform discussion in the Replenishment Process, the Global Fund presented an estimate of the global funding needed to reach the MDG goals for AIDS, tuberculosis (TB) and malaria and work towards the defeat of these epidemics. The total needed was estimated at US\$87 billion (figure 1). The Global Fund's optimal investment level was set at US\$15 billion (an increase of 50% compared to the Third Replenishment) and the total of domestic funding was set at US\$37 billion (an increase of 60%). The US\$12 billion outcome therefore leaves a US\$3 billion funding gap for 2014-2016, which limits the Fund's ambitions in contributing to the defeat of AIDS, TB and malaria and the Fund will therefore need to mobilize additional resources to close this gap.

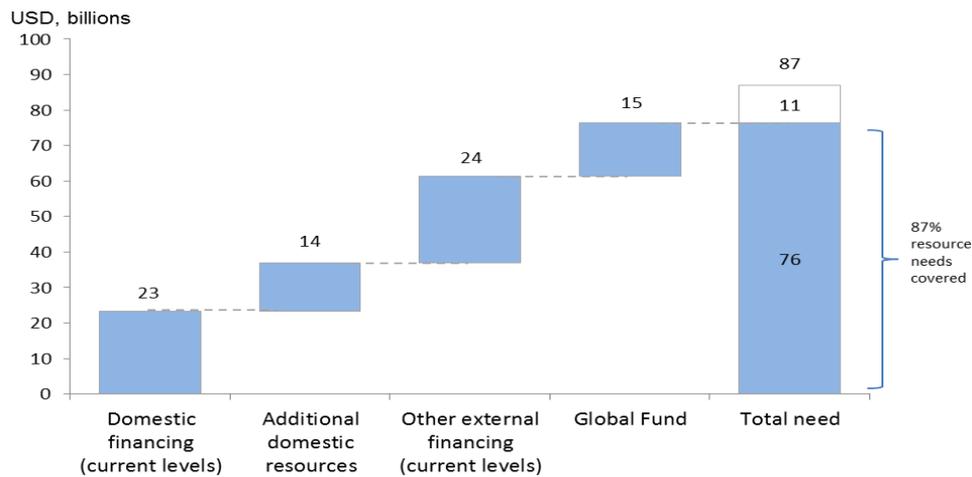


Figure 1

The end of this Fourth Replenishment process coincided with the launch of the New Funding Model, the Global Fund's new business model in grant making. This method of grant making moves away from the Rounds-based model, which did not provide predictable funding and did not sufficiently address issues such as repeatedly failing countries or the failure to address the needs of key communities in successful quality programmes. The new model is still based on country ownership, but it is more focused on investing for impact, which requires evidence-based interventions and engagement of civil society and key populations.

For GFAN members to be credible advocates for the Global Fund, it is important to understand the features and impact of the model on two levels. Firstly, many Global Fund advocates are strongly committed to the Fund because they believe it is the preferred funding mechanism for achieving results that include the most vulnerable groups, including women, people living with HIV and key populations; the success of the new way of doing business for these groups is therefore of key interest to these advocates. Secondly, understanding the operational details of the model and its linked policy implications are essential in any dialogue with policy and decision makers about increased investments in donor and implementing countries.

In the new funding model countries are informed right after the pledging meeting of the new Replenishment period about the funding allocations for the next three years. Countries are encouraged to submit a "full expression of demand", regardless of the size of these allocations. The Global Fund Technical Review Panel (TRP) will review this demand as expressed in the concept notes. They will assess which elements of the "full demand" are of sound quality, even if the country allocation is insufficient to cover these funding needs. The TRP will then recommend to the Fund's Grant Approvals Committee (the GAC) which elements of the full demand should be included on the register of 'Unfunded Quality Demand' (UQD), which could then be funded should additional resource become available from the Global Fund or other donors. As additional resources that the Global Fund will mobilize in this replenishment period (2014-2016) become available, they will be invested in this register.

The UQD register represents a unique tool and new opportunity for ongoing resource mobilization because it will highlight quality programming in the response to AIDS, TB and malaria that would help us move towards the defeat of the epidemics, but that cannot be implemented due to lack of funding. The UQD therefore also represents a measure of how serious the international donor community and implementing countries take the historic opportunity of ending the epidemics.

Addressing the short-term funding gap of USD\$3 billion, addressing the need for increased domestic financing (an additional US\$14 billion), optimally using the UQD register in this effort, advocating for implementation of the NFM that is effective and inclusive, and preparing for the Fifth Replenishment in 2016 constitute the GFAN agenda for the next three years.

A changing advocacy landscape

A global, ongoing resource mobilization advocacy effort for the Global Fund Replenishment needs to be understood in the context of continued impact of the financial and economic crisis, changing perspectives on aid and, despite some economic recovery, flat lining and cut backs of development budgets by a number of donors.

Development aid in general reached in 2013 the highest level ever recorded (US\$134.8 billion), making a rebound after two years of decreases; modest growth is expected for 2014, after which stabilization is expected. The OECD however signals that assistance to some of the most needy countries will likely fall.¹

Development assistance for health (DAH) shows a mixed picture: since 1990, DAH increased 5.5 times to a level of US\$31.3 billion in 2013. In the last four years, however, we see only very modest growth, which coincides with a period in time in which we see the impact of the financial crisis and the move away by some donors from the commitment to work towards a 0.7% of GNI spending on aid. The general public's appreciation of and support for international development is changing accordingly. The data are both encouraging and concerning: encouraging because DAH has increased despite the economic downturn, which signals a relatively strong commitment to global health; at the same time, there is reason for concern because all trends indicate a flat lining of DAH.

In many lower and (especially) middle-income implementing countries we see economies growing, which points to an opportunity and a need for increased domestic investments in health. African political leaders have adopted the AU Roadmap on Shared Responsibility and Global Solidarity for the AIDS, TB, and Malaria response in Africa (July 2012), acknowledging the need for scaled-up investments.² It is also expected that donors will need to see some serious increase of domestic funding commitments to be able to continue, let alone increase their contributions to the Global Fund in the Fifth Replenishment. Because of these positive economic developments, the Needs Assessment paper assumed an opportunity for additional investment at a level of US\$14 billion in 2014-2016 over and above the current level of investments of US\$23 billion - an increase of over 60%. Other analyses however point to an annual increase of a maximum of 4-8% per year, which would lead to a

¹ <http://www.oecd.org/newsroom/aid-to-developing-countries-rebounds-in-2013-to-reach-an-all-time-high.htm>

² http://www.au.int/en/sites/default/files/Shared_Res_Roadmap_Rev_F%5B1%5D.pdf

potential increase of US\$2.8 – US\$6.0 billion instead of US\$14 billion.³

An issue of concern for many Global Fund advocates in this in positive economic development is that countries that traditionally have been classified as low-income countries are now “graduating” according to World Bank classifications which can impact on the eligibility for aid of these countries, regardless of the levels of disease burden and the fact that most poor people currently live in these countries.

Finally, the United Nations is reconsidering its MDG framework and working on a Post 2015 Sustainable Development Framework, which will be accepted in 2015 – a year before the pledging session in 2016 for the next GF replenishment period (2017-2019). It is expected that the new Framework will seek a much broader approach towards development and aid, both in terms of the issues (health being one theme instead of several related but separate goals) as well as the political dynamics between countries (less based on the classic divide between the North and South).

Building a global social movement for health

Implications of these developments for GFAN are that the network needs to explore how it can broaden the advocacy base in donor and implementing countries and how it can include increased domestic investments more prominently into its advocacy agenda. Currently the GFAN advocacy base is limited to the network of professional policy advocates with a strong history in AIDS activism. In the coming years, however, it will be important to expand the advocacy focus and base; we will need to frame Global Fund advocacy as part of a broader global health effort and be able to demonstrate that a much wider group of supporters in the general public (voters and political constituents) demand support for global health and for the Global Fund in that context as one of the preferred funding mechanisms.

Building the advocacy base requires building a social movement for global health and the Global Fund among interested audiences. These audiences might be different in donor and implementing countries and mobilization tools will also depend on cultural preferences, technical opportunities and actual Global Fund investments in specific regions. In donor countries it makes sense to mobilize a wider group of audiences that are already engaged in international development issues, while in implementing countries it would require building new constituencies, potentially with a focus on youth.

Towards a new GFAN partnership: one + one = three

The agenda as laid out in the above, calls for a different way of working in a different partnership. GFAN members from donor and implementing countries have an interest in working on both increased donor as well as increased implementer investments, that are less defined in terms of the classic aid paradigm but are understood in the context of the right to health and are promoted as part of a changing world in which shared responsibilities and global citizenship are key concepts. Given its roots in AIDS activism the GFAN membership is uniquely positioned to help develop this new

³ *Responding to Health Challenges: the role of domestic resource mobilization*. Alan Whiteside and Gavin Surgey (Researcher, HEARD) with input from Robert Greener (OPM), Samantha Bradshaw (Research Assistant, BSIA) and Collins Mucheuki (Research Intern, HEARD) – 2013.

agenda and to build linkages with other global development themes and social movements based on a broad and inclusive vision on the right to health, social cohesion and social justice.

From its inception, GFAN has brought together Global Fund advocates from implementing and donor countries, but there seemed to be a natural divide; advocates in donor countries focused almost exclusively on donor contributions, and advocates in implementing countries supported that call on donors in parallel to advocacy for increased domestic investments in health. The Africa Civil Society Platform, supported by World AIDS Campaign International, coordinated this advocacy work that increasingly combined Global Fund and domestic resource mobilization. In a recent Platform meeting this commitment was confirmed, and domestic resource mobilization as well as the mobilization of African youth through a social movement were identified as the main strategic priorities.

Global Fund activism in Asia has thus far been low. Around one fourth of Global Fund investments however are happening in the Asia Pacific region, and its continued and substantial role as an investor is to be expected. In collaboration with the Communities Delegation to the Global Fund, a regional network – GFAN Asia Pacific – was established in May 2014. Advocates from this region have identified domestic financing of health and innovative financing mechanism as the main strategic priorities for the years to come.

Advocacy in donor countries will focus on at least sustaining and, where possible, increasing the current level of donor contributions. In some donor countries economic recovery will provide at least some space for short-term top ups and increased donor contributions in the longer-term. New developments around the Financial Transaction Tax (FTT) also provide opportunities for leveraging additional funds for the Global Fund. In this context the Unfunded Quality Demand register will be an essential tool.

More than ever before advocates from donor and implementing countries need to work together and show that adequate funding of global health is a joint effort, based on a globally shared responsibility and joint set of messages: none of us can do it alone, but together we can defeat AIDS, TB and malaria in our lifetime. Politicians and taxpayers in donor countries need to be educated about this historic opportunity and understand that implementing countries have and will be covering by far the largest part of the health costs in their countries themselves. In essence this is also true for politicians and taxpayers in implementing countries: politicians need to be held to account and communities who in essence are the electoral constituencies need to be the ones who drive this.

For every dollar we ask from donor countries, we ask an additional dollar to be invested in health by implementing countries!

Advocacy will not be limited to the level of donor and implementer investments only, but include quality of implementation and policy development. With regards to implementation the effectiveness of the New Funding Model will be a core issue to monitor and evaluate. Policy issues will coalesce around the Development Continuum discussion as part of the development of the Global Fund's new Strategy (2017 and beyond), which will need to answer the question how 'global' the Fund will remain to be.

Advocates in donor and implementing countries jointly need to keep the Global Fund to account, to make sure it stays global and it is committed to human rights based programming and to ensure that it continues to serve civil society and the most vulnerable communities, including key populations.

To achieve this the international Global Fund Advocates Networks advocates for a fully funded and effective Global Fund!

November 2014

Vision

A world without AIDS, TB and malaria in which all people can fulfill their right to health and enjoy full and productive lives.

Mission

The Global Fund Advocates Network has been established to unite voices and efforts from all over the world to support a fully funded and effective Global Fund to Fight AIDS, Tuberculosis and Malaria.

GFAN builds on and brings together existing structures, expertise and experience in support of the Global Fund, working with advocates, activists and affected communities in donors and implementing countries, including Friends of the Fund organizations.

Goal

To build a global social movement to demand health for all by recruiting, connecting and mobilizing advocates to communicate the urgent need and to demand a fully funded and effective Global Fund to Fight AIDS, Tuberculosis and Malaria for all.

Objective 1: Support Advocacy and Resource Mobilization

To empower and support GFAN members in developing and implementing advocacy strategies, including media work, on global health, resource mobilization for the Global Fund and effective implementation of its programmes.

Impact

Increased investments from donor and implementing governments for Global Fund programs and enhanced implementation of these programs

Impact Indicator & Data source

Global Fund 4th Replenishment final donor contributions (GF website)

Outcome 1 – The Secretariat	Indicator	Method of measurement
Increased number of informed advocates (understanding the Global Fund funding processes and the funding needs at country level) with capacity and tools to campaign for enhanced quality and effectiveness of programme implementation and an adequate level of financial investments	<ul style="list-style-type: none"> - # of affiliated GFAN registered organizations (baseline 140) - % of positive appreciation of members in annual survey's of GFAN services provided - Global CS/KP networks' self-reported increased participation of civil society and key populations at country level in GF processes in target countries 	<ul style="list-style-type: none"> - Mailing list registration - Annual online survey - Annual online survey
Output	Output indicator	Method of measurement
Strategic plan that sets the direction for the global campaign for GF advocacy	Strategic plan 2014 – 2016 completed and disseminated	GFAN website
GFAN secretariat annual activity plans for 2014, 2015 and 2016	Activity Plans for 2014, 2015 and 2016 completed and disseminated	GFAN website
Process convened to establish consensus paper on a civil society and key populations global ask for the Fifth Replenishment	Global Civil Society “ASK” paper completed and disseminated	GFAN website & NFR from Information sharing & Strategy Platform meetings
Report “Cost of inaction” (if targets for Fourth and/or Fifth Replenishment are not met)	Cost of Inaction Report completed and disseminated	GFAN website & mailing list publication
Report “Missing the target” (demonstrating the gap reflected by the UQD register)	Missing the Target Report completed and disseminated	GFAN website & mailing list publication
“Information sharing & Strategy Platform” calls convened (at least 20 per annum)	At least 20 Platform call NFR's disseminated	GFAN mailing list
Speakers bureau operational: 2014 - four contacts; 2015 - eight contacts; 2016 - eight contacts	20 country visits	Visit reports
Campaign tool kit	Tool kit developed in 2015, available via website and updated in late 2015 and 2015	GFAN website & mailing list publication

Two global strategy meetings convened (early 2015, early 2016)	GFAN strategy meeting reports completed and disseminated	GFAN website & mailing list publication
Global and country level campaign supported by social media campaigning	Tool kits, online actions and informational materials completed and disseminated	GFAN website & social media account updates
Website used as resource for campaigning	Traffic comparison every 6 months	Website analytics
Two global CS/KP networks meetings convened	Meeting reports for 2015 and 2016 include GF advocacy actions	GFAN website & mailing list publication
GFAN members (including global CS/KP networks) engaged in high-level political processes (UNGASS, P2015, etc.)	At least two post-2015 HIV civil society working group meeting reports (2015, 2016) demonstrating GFAN and CS/KP network participation	GFAN website & mailing list publication
Outcome 2 - The Network	Indicator	Method of measurement
Sustained and increased donor and implementing government investments in high quality Global Fund programs through successful roll out of a Global Fund advocacy campaign with country specific implementation	<ul style="list-style-type: none"> - increased support of donor contributions to the GF in 2016 in 50% of target countries - increased domestic investments in GF programmes by 2016 in 50% of target countries in Asia and Africa 	<ul style="list-style-type: none"> - Global Fund contribution data
Output	Output indicator	Method of measurement
Twelve country-specific strategy and activity plans for GF advocacy	Twelve strategies completed and disseminated	New Venture Fund for Global Fund Advocacy report
Two regional strategy and activity plans (Asia and Africa) for GF advocacy.	Asia and Africa GFAN action plans completed and disseminated	GFAN website & mailing list publication
Two regional strategy and planning meetings convened (2015, 2016)	Asia and Africa GFAN action plans completed and disseminated	GFAN website & mailing list publication
"Information sharing & Strategy Platform" calls convened in Asia and Africa (at least 10 per annum)	At least ten platform call NFRs disseminated in Asia and in Africa	NFR from Information sharing & Strategy Platform meetings

GFAN focal points established in Africa and Asia	Members and focal point for each region confirmed and terms of reference and work plan completed	GFAN website
Objective 2: Build a global social movement for health To facilitate and expand the network's advocacy base that constitutes a global social movement in support of investments in Global Fund programmes in donor and implementing countries		
Impact Increased global awareness and support for appropriate investments in global health, including the Global Fund		Impact Indicator & Data source Level of political support for a strong global health goal in the Post 2015 UN processes, demonstrated in the 2015 UN GA declaration
Outcome – The movement	Indicator	Method of measurement
Expanded and broadened advocacy base for Global Fund resource mobilization and advocacy in selected European, Asian and African countries by 2016	Support in voting target audiences for increased contributions to the Global Fund	Online data collection
Output	Output indicator	Method of measurement
Global social movement strategy developed	Strategy completed and shared with partners	
One targeted youth campaign developed, tested and implemented in at least 2 African countries	# of youth campaign supporters	Online data monitoring
One targeted voters constituencies campaign developed, tested and implemented in at least 2 European countries	# of campaign supporters	Online data monitoring