

Strategy Meeting on Resource Mobilization for the Global Fund to Fight AIDS, Tuberculosis and Malaria

Global Fund Advocates Network (GFAN)
28-30 January 2013
Amsterdam, the Netherlands

Made possible with funding from Capital for Good; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Ministry of Foreign Affairs of the Netherlands; the Open Society Foundations; and the United Nations Foundation.

International Civil Society Support

Contents

Executive Summary	4
1. Introduction.....	6
1.1 About the Global Fund Advocates Network	6
1.2 About the meeting	6
1.3 About this report	7
2. Overview: Global Fund Resource Mobilization and Disease-Specific Needs.....	7
2.1 Update and review from the Global Fund	9
2.1.1 Rolling out the new funding model (NFM)	9
2.1.2 Fourth replenishment: plans for 2013	12
2.1.3 The Global Fund’s replenishment-related communications strategies	15
2.2 Opportunities and challenges regarding target diseases	17
2.2.1 HIV/AIDS	17
2.2.2 Tuberculosis	19
2.2.3 Malaria	20
3. Preparing a Joint Civil Society Advocacy Strategy.....	22
3.1 Background information.....	22
3.1.1 Draft GFAN advocacy strategy and proposed civil society ‘ask’	22
3.1.2 Preliminary feedback to draft strategy	24
3.1.3 Overview of Here I Am Campaign.....	26
3.2 Crafting thematic and regional advocacy plans to support the Global Fund replenishment.....	29
3.2.1 Key themes and focus areas advocacy	29
3.2.2 Advocacy planning on a regional basis	35
4. Conclusion	43
Annex 1. List of Participants	44

Acronyms and abbreviations

AU =	African Union
BRICS =	Brazil, Russia, India, China and South Africa
FTT =	financial transaction tax
G8 =	Group of Eight
G20 =	Group of 20
GFAN =	Global Fund Advocates Network
Global Fund =	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCSS=	health and community systems strengthening
HIAC =	Here I Am Campaign
ICSS =	International Civil Society Support
MARP =	most-at-risk population
NFM =	new funding model
NGO =	non-governmental organisation
ODA =	official development assistance
UNAIDS =	Joint UN Programme on HIV/AIDS

Note on text: All '\$' figures are US dollar amounts.

Executive Summary

The Global Fund Advocates Network (GFAN) is an informal network of civil society health advocates and organisations currently facilitated by International Civil Society Support (ICSS), an Amsterdam-based non-governmental organisation (NGO). Its two main goals in 2013 are to:

- mobilise broad support for a fully funded and functional Global Fund; and
- support Global Fund advocates in the global North and South.

As part of its work on behalf of GFAN, ICSS convened a strategy meeting from 28-30 January 2013 in Amsterdam. The following overall objectives were articulated in advance:

1. To provide an opportunity for civil society advocates to be briefed by the Global Fund Secretariat on its strategy for resource mobilisation and communication for the fourth replenishment, which is taking place in 2013
2. To consult with a wider group of key advocates on a civil society strategy and key messages for the 2013 replenishment
3. To plan jointly for global and national action

Some 70 people attended all or part of the Amsterdam gathering. They included representatives from the Global Fund; international, regional and national civil society groups that focus on one or more of the three priority diseases; and technical agencies such as the Joint UN Programme on HIV/AIDS (UNAIDS) and the Stop TB Partnership. Of note is that new Global Fund Executive Director Mark Dybul attended on the first day and discussed his vision and ideas for the Global Fund over the next few years.

The first part of the meeting included updates from Global Fund representatives on key developments in its two most high-profile initiatives throughout 2013: the launch of the new funding model (NFM), which was approved by the Board in November 2012, and the fourth replenishment drive, which will conclude with a pledging conference in the fall of 2013.

Most discussion of the NFM centred on its roll out and implementation. Several participants did, however, raise concerns about various components of the NFM, including the impact of reduced support for countries in Eastern Europe and Central Asia (EECA), a region in which HIV and TB epidemics are concentrated among most-at-risk populations (MARPs) that face social, legal and political obstacles to critical prevention and treatment services. Historically, the Global Fund has provided important support in many countries by funding civil society and community groups that work with and for MARPs. If the Global Fund restricts support, the consequences could be

grave for people living with and at risk for HIV and TB in the one region in the world where HIV prevalence continues to rise.

Discussions regarding the fourth replenishment focused on 'The Big Push', the Global Fund's resource-mobilization campaign. According to the Global Fund, the strategy behind 'The Big Push' is slightly different from previous replenishment drives in that it is dependent on leadership and support from four key sectors assuming joint responsibility: traditional donors, implementing countries, emerging economies and the private sector. Civil society advocacy is considered critical across all four pillars, as well as in regards to supporting the Global Fund's replenishment-related communications strategies. Meeting participants provided several suggestions regarding the current strategy, including in regards to how it might be altered to be more effective in implementing countries.

The meeting's second part focused on strategizing and planning in regards to how GFAN and the broader civil society sector can best support the Global Fund resource-mobilisation effort and continue to provide suggestions and requests regarding the implementation of the NFM. Participants proposed various advocacy actions and activities at global, regional and country level. Their preliminary—yet highly detailed—work is intended to provide a basis for coordinated efforts over the next several months in the lead up to the pledging conference.

One priority is the development of a comprehensive and evidence-based civil society 'ask' for the replenishment. Once this 'ask' is validated, GFAN and its partner at global, national and local level will initiate advocacy actions to highlight the success of the Global Fund and its importance in the future.

The ICSS-supported Here I Am Campaign is expected to play an important role in this effort and others related to Global Fund resource mobilisation in 2013. Participants at the meeting discussed ways to increase the campaign's reach and effectiveness, including in regards to social media activities.

Participants identified numerous opportunities to advocate on behalf of the Global Fund and a 'successful' replenishment. Among the highest profile were summits for various country groups, including the BRICS, Group of 8 and Group of 20. Discussions also began laying the groundwork for strategies to influence policymakers and other civil society advocates in different regions, including Africa, Asia and the Pacific, and Europe. These discussions also aimed to identify messages, tools, themes and partners to support and facilitate viable advocacy. The ultimate goal is to get as many donors as possible to pledge—and pledge ambitiously—at the final replenishment conference expected in the fall of 2013.

1. Introduction

1.1 About the Global Fund Advocates Network

The Global Fund Advocates Network (GFAN) was formed in 2011, building on existing efforts in support of resource mobilisation for the Global Fund by partners in multiple countries over many years. It is an informal network of civil society health advocates and organisations currently facilitated by International Civil Society Support (ICSS), an Amsterdam-based non-governmental organisation (NGO), and operating under the guidance of a global Steering Committee with representatives from the various constituencies and geographical regions.

GFAN's two main goals in 2013 are to:

- mobilise broad support for a fully funded and functional Global Fund; and
- support Global Fund advocates in the global North and South.

1.2 About the meeting

As part of its work on behalf of GFAN, ICSS convened a strategy meeting from 28-30 January 2013 in Amsterdam. The following overall objectives were articulated in advance:

4. To provide an opportunity for civil society advocates to be briefed by the Global Fund Secretariat on its strategy for resource mobilisation and communication for the fourth replenishment, which is taking place in 2013
5. To consult with a wider group of key advocates on a civil society strategy and key messages for the 2013 replenishment
6. To plan jointly for global and national action

The first part of the meeting included updates from Global Fund representatives on key developments on its two most high-profile initiatives throughout 2013: the launch of the new funding model (NFM), which was approved by the Board in November 2012, and the fourth replenishment drive, which will conclude with a pledging conference in the fall of 2013.

The meeting's second part focused on strategizing and planning in regards to how GFAN and the broader civil society sector can best support the Global

Fund resource-mobilisation effort and continue to provide suggestions and requests regarding the implementation of the NFM. Participants proposed various advocacy actions and activities at global, regional and country level. Their work is intended to provide a basis for coordinated efforts over the next several months.

Some 70 people attended all or part of the Amsterdam gathering. They included representatives from the Global Fund; international, regional and national civil society groups that focus on one or more of the three priority diseases; and technical agencies such as the Joint UN Programme on HIV/AIDS (UNAIDS) and the Stop TB Partnership. Of note is that new Global Fund Executive Director Mark Dybul attended on the first day and discussed his vision and ideas for the Global Fund over the next few years.

Most participants from civil society, including communities of people living with and affected by HIV, TB and malaria, are engaged in advocacy efforts aimed at maximizing access to resources and services from the Global Fund and other donor entities. (Annex 1 contains a list of all participants.)

1.3 About this report

This report provides a summary of presentations, discussions and outcomes from the Amsterdam meeting. It is not intended to be an in-depth account of all proceedings and thus does not discuss all information and resources. Instead, it aims to present the main highlights in order to help support additional work moving forward. In particular, information in this report focuses on discussions by civil society participants regarding proposed campaign-related advocacy activities and entry points in the short- and medium-term.

Background material, including full text of many of the presentations, is available on the ICSS website at <http://icssupport.org/gfan-global-strategy-meeting-january-2013>.

2. Overview: Global Fund Resource Mobilization and Disease-Specific Needs

The first part of the meeting aimed to provide information and observations to influence participants' advocacy strategies and planning over the next several months. Section 2.1 provides an overview of important developments in regards to the Global Fund specifically. Section 2.2,

meanwhile, summarizes the current situation regarding the three diseases more generally.

Box 1 offers a selection of comments from Mark Dybul, the new Global Fund executive director. They reflect his priorities and interests in a broad sense.

Box 1. Selected comments and observations from Mark Dybul, new Global Fund executive director

Mark Dybul, the new Global Fund executive director, attended the first day of the Amsterdam meeting (28 January 2013). He spoke at length twice, once to help set the stage for the meeting and later in a more informal question-and-answer session. Excerpts from his introductory comments are listed below.

I'd like to make three quick points to start off this important meeting.

1. We are at a unique and remarkable moment in history. Literally two years ago we couldn't have said we have the information and technological ability to end AIDS, TB and malaria. We should seize this moment...we are still a wealthy world, and we can afford to provide resources to end these diseases...For example, if we can push infections down to an 'inefficient' level, it won't take long to win. Even a vaccine that is 50 percent effective might work to get to this level. If we lose this opportunity, we might not have the money and technology in the future to have the same impact. The moment would be lost.

2. Replenishment and the NFM [new funding model] are two sides of the same coin. A successful replenishment will give us the opportunity to use the NFM to get money to those in countries that are working to end the epidemics. We are trying to make the NFM simpler to help it work for you.

3. I want to stress my belief that 'we are the Global Fund'—and by that I mean everyone in this room and the people you work with and support. The Global Fund is not the Secretariat. We'll be shifting our messaging to be clear that the Global Fund is simply a vehicle for all of you to save lives. The Global Fund is a partnership; we want to emphasize this. We must take this seriously because we are all responsible. Civil society is an integral part of all the Global Fund is and wants to be. Civil society and communities are key for advocacy around the Fund, including as we seek new resources, and for implementation. You must be central to all of these things.

Elsewhere in the meeting Dybul spoke at length about his desire for the Global Fund to “get more intelligent” to achieve higher impact. His comments in this regard include the following:

There is no such thing as a generalized epidemic, we've learned. Most are just average rates. For example, in South Africa there are huge regional and at-risk population discrepancies regarding HIV; this shows the existence of concentrated epidemics...This is why I have pushed to look at different epidemics in individual countries. With such drilling down, you can be most effective by identifying the needy areas where you'll have the most and important impact...

In these highly affected places, it's gay men, young women, people who use drugs and sex workers who are often at greatest risk, and it makes sense to work with them. Communities are key to get national and religious leaders, among others, to understand this. We can bend the curve down by focusing on high-risk geographies and high-risk populations, and this is equally true for TB and malaria as well. We're modelling this. Bending this curve is an exciting opportunity we must seize.

Many of Dybul's other comments, including from the question-and-answer period, were in regard to the presentations by Global Fund staff at the meeting. His observations and feedback in those areas are integrated into this report in Section 2.1.

2.1 Update and review from the Global Fund

Data and observations in Section 2.1 are based on presentations delivered by Global Fund personnel at the Amsterdam meeting. They also reflect discussions among all participants during and after the various presentations. (Note: Listed below are summaries primarily. More detailed information may be found by reviewing the full text of the presentations at the ICSS website: <http://icssupport.org/gfan-global-strategy-meeting-january-2013>.)

2.1.1 Rolling out the new funding model (NFM)

The Global Fund Board approved the new funding model (NFM) in November 2012. That followed several months of consultations and discussions with a wide range of stakeholders around the world. The development of the NFM was a main priority of the Global Fund's 2012-2016 Strategy, which aimed to change how the Global Fund invests. Among the objectives are to make processes simpler, more predictable and better aligned with national strategies. According to the Global Fund, the NFM also was designed to offer better 'value for money' for both implementing countries and donors. That objective, which is a central part of the Global Fund's new five-year strategy, means that the Global Fund and its partners should direct resources to where they are most needed and can have the biggest impact. As a result, decisions will place even greater emphasis on data and evidence regarding such need and impact.

The NFM is to be rolled out in stages in 2013. The first is a pilot phase in which a handful of participants will be invited to 'test' the model in a transition phase. The names of those participants were expected to be announced by the end of February 2013. The Board mandated that selected participants be diverse in areas including size, geography, capacity and type

of proposal. This means that at least one proposal will be either regional in nature or not submitted by a country coordinating mechanism (CCM).

The lessons learned from this transition phase will be used to finalize the model before it is fully implemented. That will take place after the replenishment conference in the fall of 2013, when the Global Fund will have more solid information about the amount of funding it can disburse through 2016.

Other important dates in 2013 include a meeting of the Global Fund's Strategy, Investment and Impact Committee (SIIC) in April to review opportunities, challenges and gaps regarding the transition phase. At that point the SIIC may recommend modifying parts of the NFM. Another review, by a SIIC committee, is expected in either July or August. A final assessment is expected in October 2013, after which additional modifications may be made before the full launch.

Civil society groups have the chance to give feedback for consideration prior to all of these meetings. The Global Fund also aims to establish monitoring mechanisms in which civil society and communities are invited to participate. Such mechanisms will also be developed, according to the Global Fund, for after the NFM is fully launched. Global Fund representatives said they expected civil society to participate in all aspects of the NFM—from development of concept note to implementation and monitoring—at country level in particular.

Issues raised by participants regarding the NFM

Most discussion of the NFM centred on its roll out and implementation. As a result, most questions were about process and timing. Several participants did raise concerns about various components of the NFM, however. Among them were the following:

- The eligibility criteria governing the NFM will likely mean **fewer resources are allocated to Eastern Europe and Central Asia (EECA)**. Countries in that region that are eligible are mostly categorized as 'high income, low burden', which means they are lowest priority. Some participants argued that such criteria and decisions ignore the reality of HIV and TB epidemics in the region, which are concentrated among MARPs. Members of those highly stigmatized populations are often denied access to comprehensive health and social services. The Global Fund has provided important support in many countries by funding civil society and community groups that work with and for MARPs. Instead of investing less in such contexts,

several participants said, the Global Fund should be doing more. Otherwise people in need will have few options in the one region of the world where HIV prevalence continues to increase and MDR-TB is growing.

- Some participants expressed concern about the '**country dialogue**' component of the NFM, which is supposed to be a widely inclusive process in which all stakeholders are involved. The main worry was that this process would end up being dominated by country coordinating mechanisms (CCMs) and/or governments, thereby diluting the influence of communities and civil society (or ignoring those stakeholders completely).

Global Fund respondents said that the specifics of the country dialogue had yet to be determined. They said, though, that the Global Fund intends it to be much more than just a discussion between the Secretariat and governments. According to Global Fund respondents, one strategy to address participants' concerns will be to provide training and more resources to fund portfolio managers (FPMs). They will be expected to closely monitor country dialogue processes and seek to ensure (by reviewing 'check-lists', e.g.) that all sectors are represented meaningfully.

- A concern was raised in regards to **community systems strengthening (CSS)**. In many contexts, according to some participants, funding for CSS is done at the level of 'big NGOs'. Smaller, grassroots groups get nothing and are not strengthened. These participants urged the Global Fund to develop strategies and mechanisms to direct more CSS support to where it is truly needed.

Additional input associated with participants' comments to presentations

- The Global Fund stresses that once the first NFM countries are identified (i.e., for the transition phase), the Secretariat and partners will conduct **proper mapping and monitoring** to ensure that communities are involved in all stages of the process. Efforts will also be undertaken to ensure there are 'safe spaces' to protect and encourage engagement of communities at grassroots level and elsewhere.
- The Secretariat is in the process of drafting **guidance and position papers on the three diseases as well as on HCSS** (health and community systems strengthening). These documents are undergoing extensive review across multiple sectors, including representatives

from civil society and communities. They will be shared when closer to completion.

Similarly, the Secretariat is planning to create **simpler information notes regarding HCSS and the three diseases** that are not so technical and detailed. These notes will be useful for advocacy and can be updated over time. They will be included in information packages shared with countries.

2.1.2 Fourth replenishment: plans for 2013

The year 2013 is a major one for the Global Fund in terms of resource mobilisation. In the fall, it will host its fourth replenishment conference, at which donors will formally announce pledges for the three-year period from 2014 to 2016. The announced amount will indicate, more or less, what the Global Fund will have available to fund all programming. As a result, the overall reach and scope of the NFM will depend on the results of the replenishment. The more money that is raised from the replenishment, the more money will be available for all countries and the people in need who live there—including in middle-income countries, which are lower priority for future funding as per the allocation models to be used in the NFM.

The Global Fund believes that a successful replenishment relies on making a strong, solid case as to why such investment is needed, and what its impact is on people's lives. As such, the replenishment drive is a core focus of 'The Big Push', the Global Fund's resource- mobilization campaign. According to the Global Fund, the strategy behind 'The Big Push' is slightly different from previous replenishment drives in that it is dependent on leadership and support from four key sectors assuming joint responsibility: traditional donors, implementing countries, emerging economies and the private sector. Civil society advocacy is considered critical across all four pillars.

UN Secretary-General Ban Ki-moon will be asked to play a leadership role in the replenishment, as he did in the previous drive. He will be supported by high-level co-chairs from the four pillars. This approach is based on the recognition that the Global Fund cannot rely solely on traditional donors; instead, the entire resource-mobilisation effort should be a political movement in which different partners work together.

Traditional donors: The effort to shift to a broader approach across sectors does not diminish the importance of traditional donors, however. The Global Fund expects to ask one major donor (preferably from Europe) to host the pledging conference, as usual. As of the end of January 2013 no country had

been identified. In terms of 'champions' for the replenishment, France and the United States stand out based on relatively generous levels of support in previous years. Each country is also home to strong advocacy networks and scientific and technological leadership.

One notable recent development occurred in January 2013, when Germany announced it would provide an additional 600 million Euros (\$807 million) over the 2014-2016 period. The per-year average amount is the same as the country has given in recent years, thereby offering further proof that official development assistance (ODA) trends are not encouraging. The situation is worse in regards to Japan and the Netherlands, where ODA levels are declining. Governments in other countries, such as the United Kingdom and Norway, have announced intentions to increase ODA levels, but they also face intense budgetary (and political) pressure to limit development aid due to the lingering economic downturn across most of the developed world.

Civil society is being urged by the Global Fund to focus more on promoting innovative funding sources such as financial transaction taxes (FTTs). There is excellent opportunity in this regard, as seen by the fact that an FTT has already been implemented in France and the concept has been accepted in principle in 10 other European countries. This shows there is political space for new sources of revenue generation that could increase development aid over time.

Implementing countries. As part of 'The Big Push', the Global Fund hopes to have a head of state from one or two implementing countries serve as a co-chair of the replenishment drive. This is intended to help make a stronger and more direct case for greater resources. One priority will also be to show how and the extent to which many implementing countries are demonstrating commitment through increased domestic resources to the relevant disease programmes (and to health in general).

Among the potential champions noted were the presidents of Indonesia, Liberia, Mali, Nigeria, Senegal and Tanzania, as well as the prime ministers of Ethiopia and Zimbabwe. The Global Fund hopes to receive help from civil society groups in approaching these individuals.

Emerging economies. The Global Fund has long tried to get emerging economies, particularly members of the Group of 20 (G20), more involved with the Global Fund, especially in regards to financial support. Efforts have had limited success, however, because most do not consider themselves to be donors and are focused more on domestic funding issues. Possible entry points could be through other mechanisms such as co-investment (e.g.,

Brazil in Lusophone Africa) and provision of technical assistance and services, especially in their own regions.

Yet although some of these countries may eventually be supportive, the Global Fund does not expect to receive large amounts of money from the BRICS¹ or other emerging economies for this replenishment. Russia is considered to be among the countries that could serve as an example for others in this category, in that it has deliberately moved from being a recipient to a net donor. (Note: Several Amsterdam meeting participants expressed concern about positioning Russia as a 'champion' because of its poor record on human rights and refusal to invest in several critical evidence-based interventions.)

Private sector. The Global Fund hopes to work with longstanding partners such as Chevron, Product (RED) and Anglo American to encourage them to make a strong case for support elsewhere in the sector. Another goal is to announce at least one significant innovative financing scheme that the Global Fund develops and implements with partners.

The Global Fund considers civil society advocacy to be critical to its resource-mobilisation efforts, including during the entire year of the fourth replenishment. Also of note in terms of likely support are i) Friends of the Fund groups, which (among other things) often arrange high-level visits in many donor countries; ii) work with and among parliamentarians, especially by arranging site visits for legislators to see the Global Fund's impact on the ground; and iii) multilateral partners such as UNAIDS, Roll Back Malaria and the Stop TB Partnership. Coordination with these partners is considered vital.

Additional input associated with participants' comments to presentations

- The Global Fund acknowledges the need to allocate **current uncommitted assets**; this is important to demonstrate that it can and does spend the funds it collects in a timely and efficient manner. The goal is to get as much money out as possible during 2013 through different streams, including the NFM, top-ups and other funding. Global Fund Secretariat respondents said the total amount of money to be made available was not yet clear because numbers were being run and validated. More detailed information was expected to be available by the end of March.

¹ The BRICS acronym refers to Brazil, Russia, India, China and South Africa. They are considered among the world's most influential emerging economies. In recent years their leaders have met on a regular basis.

- During previous replenishment drives the Global Fund has suggested three total funding scenarios as options for consideration by donors. That policy was strongly opposed by Amsterdam meeting participants, many of whom noted that the immediate response among potential donors has been to focus on the lowest scenario. The Global Fund signalled that it is likely to abandon that policy and would be as ambitious as possible when **developing a single 'ask' only**.

2.1.3 The Global Fund's replenishment-related communications strategies

The Global Fund is developing a communications strategy aimed at achieving a high-impact replenishment. The support and engagement of civil society and communities are essential for the reach and success of this multi-pronged effort. As presented in Amsterdam, the Global Fund's communications strategy associated with the 2013 replenishment consists of four key prongs:

- Tell the 'story', and use the news to tell it. For example, the launch in February or March of the NFM's transition phase is an opportunity to do this. Key elements of the story include:
 - We now have the scientific and implementation know-how to defeat AIDS, TB and malaria. This is a critical moment; now is the time
 - Completely controlling the three diseases will save and dramatically improve the lives of millions of people, their families, their communities and their countries
 - Investing heavily now will save billions of dollars: invest now or pay later
 - The Global Fund is an effective vehicle to bring partners together
- Engage all partners in the Global Fund
- Get the key messages right and repeat them over and over
- Act on opportunities. We must be agile and jump on things that come along

The three main messages being developed by the Global Fund to use during the remainder of 'The Big Push' campaign follow from these prongs:

1. We can defeat AIDS, TB and malaria
2. We need funding
3. We are at a critical moment

Points to make through such messages are that the Global Fund offers tremendous value for money because it bases its decisions and

programming on evidence and impact. That will become even more so with the adoption of the NFM.

The Global Fund Communications Department plans to use a variety of mediums to get the messages out. It has put together social media toolkits centred on one-line messages, for example. Other tools to be used are blogs (including a partnership with Huffington Post that was launched in September 2012), videos and infographics, and ads and banners. The department acknowledges the importance in the current media environment of linking across as many platforms as possible, including better coordination with the Here I Am Campaign.

The department has identified some key events in 2013 to maximize in terms of messaging. They include the new executive director's official start and the announcement of Germany's new commitment (both in January); the launch of the NFM, expected by late February; World TB Day, in March; the first replenishment meeting and World Malaria Day, in April; the African Union (AU) summit, in May; and the Group of 8 (G8) summit, in June.

Additional input associated with participants' comments to presentations

Listed below are some comments and suggestions from participants in response to the Communications Department's presentation. Global Fund personnel agreed to take all into consideration.

Several participants recommended **greater attention in messaging on saving lives**. The main focus, in their view, should be less about financial efficiency than the human impact.

The **current name of the campaign, 'The Big Push'**, may not be useful, relevant or effective in parts of the world. Different options should be explored that all partners can comfortably rally around.

The **communications strategies and messages may not necessarily 'speak to' many implementing countries**. This is a concern because implementing countries collectively comprise one of the main pillars of the overall campaign. Mobilizing a critical mass of people on the ground is essential, but some of the approaches highlighted will not really work in places such as parts of Africa. It is important for the Secretariat to consider what groups on the ground are already doing, and how they are doing it—and then tailor approaches based on what works.

Missing from the three key messages is a reference to solidarity and the remarkable achievements built over the past decade. The important impact

of this collaborative effort and societal movement should be reflected, perhaps in **a fourth message around the theme of 'we are the Global Fund'**.

The Global Fund is not sufficiently 'visible' in many implementing countries. This means, for example, that many people who benefit from its support assume instead that it is the government that is paying for the treatment keeping them alive. Increasing awareness about the Global Fund's impact in these countries can help bolster advocacy efforts in regards to resource mobilisation.

2.2 Opportunities and challenges regarding target diseases

Data and observations in Section 2.2 are based on presentations delivered by representatives of technical partners and civil society organisations at the Amsterdam meeting. The summaries are listed in order of presentation at the meeting, not in regards to any priority among the three diseases.

2.2.1 HIV/AIDS

Talk of 'ending AIDS' has become increasingly common, based in part on new evidence showing how it might actually be done in practice. Getting there will be a challenge, however, because sufficient funding must be obtained and key opportunities recognized and exploited. Both of these issues are summarized below.

Costs

Global HIV investment needs are currently estimated at about \$24 billion annually through 2015. About two-thirds of that is available now, due to extraordinary increases over the years in funding for HIV in low- and middle-income countries. Of note is that domestic spending (public and private) now accounts for more than half of overall funding; this is the result both of increased domestic funding and stagnant international support since 2009.

More direct support from international donors and domestic sources is critical to close the funding gap. Various modelling exercises in recent years have shown that by increasing investments now, funding needs will go down over time. UNAIDS Executive Director Michel Sidibé has signalled this in his "Pay now, or pay forever" comment.

Additional money from the traditional sources is not the only thing that is needed in regards to costs, however. Other important steps include

supporting and strengthening existing financial mechanisms (including the Global Fund); ensuring that programmes are more cost-effective and evidence-based, and deliver better 'value for money'; breaking the 'upward trajectory of costs' through more efficient utilization of resources (e.g., through simplified treatment regimens and delivery); and expanding voluntary and additional innovative financial mechanisms.

That list of priorities highlights the importance of ensuring that programmes are the right investments, reach the right communities and are implemented with full human rights considerations. Much work needs to be done in particular to support funding for most-at-risk populations (MARPs), which receive disproportionately small shares of donor and national investments in HIV prevention.

Opportunities

The opportunities for success are greater than ever before. As many in the HIV/AIDS world are saying, "We know what we need to do and we have the tools." Stopping disease progression and ending the AIDS crisis can realistically be achieved through accelerated scale-up of treatment and combination prevention. This will require improved disease-control programmes and better drugs (e.g., those that are less toxic and easier to take) in order to halt fall off from the 'treatment cascade', the series of steps from diagnosis to full adherence to antiretroviral treatment (ART) regimens. Combination HIV prevention can and should be scaled up, including strategic use of ART as a preventive tool and offering all HIV-positive pregnant women lifelong ART even if they are above clinical indication (to help eliminate vertical transmission).

Communities already are involved in many of these things and should be more engaged and supported moving forward, especially in regards to services they are particularly effective in providing. These include HIV counselling and testing and the provision of condoms and clean injecting equipment. Their efforts would be more successful if reforms were made around the world to policies, laws and programmes that currently do not defend, protect and promote the human rights of those with HIV and at greatest risk of infection.

The 2011 Political Declaration on HIV/AIDS offers a great starting point for all of this work. Member states have committed to targets that are not necessarily perfect, but may nevertheless be bold ones—for example, reducing sexual transmission by 50 percent and getting 15 million people on ART overall. According to UNAIDS, an estimated seven million deaths and 12 million new HIV infections can be averted by having all countries set treatment eligibility thresholds of 350 CD4 cells and ensure that all in need

initiate as per that level. In many low- and middle-income countries, however, the share of those in need who have access to ART remains extremely low.

It is important to note positive developments in recent years that offer great hope to achieving these goals. As many as 23 countries in sub-Saharan Africa are showing improvements in regards to HIV incidence, in some cases with reductions of 60 percent or more. Yet some are moving far more slowly, and the fact that incidence is rising again in Uganda highlights the importance of more resources and improved, evidence-based programming to avoid more reversals.

2.2.2 Tuberculosis

As most Global Fund personnel acknowledge, progress on TB both within the mechanism itself and beyond has not been as significant as that on HIV and malaria. Part of the problem relates to huge gaps regarding undetected cases and in regards to multi-drug resistant (MDR-TB) diagnosis and treatment. In addition, far too few HIV-positive TB patients are getting ART; among the reasons is that only 40 percent of TB patients are tested for HIV, and similarly low rates of HIV patients are tested for TB.

Nevertheless, there are some important opportunities as new tools are available for the first time in four decades. Most notable is the diagnostic tool GeneXpert. Expanded access to this effective tool is expected in response to an agreement signed in August 2012 by the Bill & Melinda Gates Foundation, UNITAID, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). Also of note is the approval by the U.S. Food and Drug Administration (FDA) in December 2012 of bedaquiline, a new drug that could be used as part of a treatment regimen for MDR-TB in adults. The World Health Organization (WHO) and other partners are currently considering how this new medicine can and should be used. Also on the treatment front, a total of 11 new or repurposed drugs to treat TB are in clinical trials, and several new diagnostic tests are in development.

In terms of resources, an estimated \$8 billion is needed every year worldwide, but only \$5 billion is currently available. Eliminating this gap will be difficult because the majority of money comes from domestic financing, and many countries cannot do more domestically. There are few bilateral TB programmes to support them.

As a result, the Global Fund provides 90 percent of all external financing for TB, which highlights how critical the mechanism is to millions of people's lives. That is a major burden, but also represents a potentially strong advocacy message in regards to the Global Fund's resource-mobilisation efforts. Other conceivably useful messages would be those highlighting that TB is relatively inexpensive to address because people can be cured in just six months, assuming they are diagnosed early enough and have access to acceptable treatment.

2.2.3 Malaria

One of the conundrums about malaria is that it is totally preventable yet so many people (especially children) continue to be at risk. It is estimated that one child dies from malaria every minute.

Significant progress has nevertheless occurred. In the decade from 2000, there was a 50 percent drop in malaria cases and deaths in eight countries in sub-Saharan Africa. A one-third decline in malaria mortality rates was recorded across the continent. Outside Africa, 24 countries are on track to eliminate malaria, with four countries certified as 'malaria-free' from 2007 to 2011.

Such progress has been driven by the substantial increase in global funding for malaria. Funding levels have declined since 2011, however, including a 'loss' of \$3 billion for malaria partly as a result of the cancellation of the Global Fund's Round 11. The funding slowdown has greatly affected country progress in malaria control, including in regards to reduced commodity delivery (e.g., long-lasting insecticidal nets, or LLINs) in 2012. Such reductions are a major concern because malaria can resurge quickly if prevention efforts are not maintained. Its resurgence is often extremely devastating due to population growth and lower levels of resistance among people in many countries where prevention efforts had been expanding.

New and sustainable resources are also important to help maximize some new and current opportunities. They include rapid diagnostics tests and new (and less expensive) treatments for severe malaria. Universal coverage for prevention should also be a goal; this could save 3 million lives by 2015. A potential vaccine may also become available by 2015—and even if it is not 100 percent effective, it would be better than nothing for the time being.

Additional challenges include emerging resistance to some insecticides and to artemisinin, the core of current treatment regimens. Also needed are strengthened surveillance structures and mechanisms. All of these challenges, including the worrying resource gap, are vital to address given

the devastating impact of malaria resurgence in particular. New Global Fund funding, high levels of which would be made available after a successful 2013 replenishment, is essential to safeguard and build on the gains made in the fight against malaria worldwide.

3. Preparing a Joint Civil Society Advocacy Strategy

This section summarizes activities during the Amsterdam meeting aimed at drafting a joint civil society advocacy strategy in support of the Global Fund's resource-mobilisation efforts. The starting point for discussions was a draft strategy first developed in 2012 and recently updated by a small planning group. (Participants received a copy of the most recent draft prior to the Amsterdam meeting; that draft is also available at the ICCS website.)

Section 3.1 summarizes developments undertaken through GFAN in recent months, including the proposed draft GFAN draft strategy and a joint civil society 'ask' for the upcoming replenishment. It also discusses the Here I Am Campaign.

Section 3.2 summarizes results from two series of working groups in which participants discussed steps and priorities for civil society to support the Global Fund replenishment effort. They were reminded that a proposed ultimate goal is the further development of a common, aligned approach for and with advocates at all levels around the world.

3.1 Background information

3.1.1 Draft GFAN advocacy strategy and proposed civil society 'ask'

Members of the planning group noted that the draft paper is not necessarily a strategy per se; instead, it is more accurate to consider it a handbook that reflects collective work and thinking to date. The paper was presented as being 'owned' by participants. As such, their ideas, feedback, requests and priorities should and will shape it going forward.

The draft noted that GFAN has two main goals in 2013:

1. Mobilise broad support for a fully funded and functional Global Fund
2. Support Global Fund advocates in the global North and South

Objectives specified under the first goal include the following:

- Mobilize GFAN members and implementing governments to advocate for a successful fourth replenishment process outcome in 2013
- Mobilize GFAN members to advocate for increased domestic funding for health in implementing countries
- Develop and implement a GFAN communication strategy to inform stakeholders and the general public

- Build an active global social movement in support of a fully funded and effective Global Fund
- Advocate for the establishment of a robust replenishment mechanism to ensure enhanced sustainable and predictable resourcing of the Global Fund.
- Advocate for full deployment of all innovative financing opportunities, but especially financial transaction taxes (FTTs), with the Global Fund as a beneficiary
- Monitor the effectiveness and efficiency of the GF business model and promote full expression of unmet needs.

The following objectives are specified under the second goal:

- Support GFAN members in implementing and donors countries through facilitation of information sharing, sharing of best practices and policy strategy discussions
- Develop and implement campaign tools
- Develop and implement a communications strategy

Many of the objectives were proposed as essential priorities for joint advocacy work over the next few months.

In addition, the draft strategy proposes the articulation of key messages and joint slogans. Several preliminary options are noted in the paper.²

Civil society 'ask' for the replenishment

Members of the planning group also raised the prospect of defining a joint civil society 'ask' for the replenishment. Important principles and considerations underlying this 'ask' should be i) that it is ambitious (i.e., that it is for a number that would constitute adequate funding from the civil society perspective); and ii) that longer-term predictability and sustainability are taken into account.

A small group of GFAN members and technical experts undertook some preliminary analysis to come up with a rough 'ask' based on a vision of what the Global Fund could and should do. Most numbers used were obtained from technical partners, although the quality of such numbers varied somewhat. HIV/AIDS numbers are more comprehensive and detailed than those for the other diseases, largely because TB and malaria numbers are not updated as often or extensively. With that caveat in mind, the Working

² The draft paper that includes the proposed messages and slogans is available on the ICSS website at <http://icssupport.org/gfan-global-strategy-meeting-january-2013>. The link to the paper is titled 'Day 2: DRAFT Joint Civil Society Strategy –Peter van Rooijen, ICSS'.

Group came up with the following preliminary numbers for the 2014-2016 period:

- Malaria: Rough global gap of \$4 billion to \$5.5 billion. (Note: More updated data will be available in February that could influence this amount.)
- TB: Rough global gap of \$5.5 billion to \$6 billion. (Note: More updated data will be available in February that could influence this amount.)
- HIV: Rough global gap of \$6.7 billion. (Note: This number is based in part on the Global Fund's historical share of 21 percent of external financing, and domestic financing accounting for 50 percent of total.)

Taking the median for both malaria and TB estimates, **the cumulative total would be around \$17 billion**. This could be the starting point for determining a joint civil society 'ask' that, ideally, would be finalized before April, when the replenishment process begins.

The presentation concluded with a reminder that a serious and well-regarded 'ask' requires additional work on the underlying numbers. Toward that end, liaising is needed with technical partners and the Global Fund Secretariat over the next several weeks. Such work should include seeking greater clarity and specificity in areas such as taking into account cross-cutting issues (e.g., health and community systems strengthening) and determining true expectations of successful retention in care.

Additional information about the proposed civil society 'ask' is included in Section 3.2.1 of this report. That section summarizes discussions among a small group of Amsterdam meeting participants who met to consider potential next steps in drafting an acceptable and influential civil society 'ask'.

3.1.2 Preliminary feedback to draft strategy

Participants divided into two groups to briefly discuss the following in regards to the proposed GFAN draft strategy:

- Group 1: what is *missing* from the strategy
- Group 2: what are the *optimal tools and strategies* that might be useful and needed to move the strategy forward at country level

Summaries of report-backs are provided below.

Group 1

- The strategy could be clearer about the added value of the Global Fund and investing through it. It is important to be specific about the consequences of *not* investing in terms of lives lost, economies weakened, etc.
- It is not clear whether the strategy aims to focus on this replenishment only. Is the assumption that it will be revised every year, or perhaps be positioned to cover multiple years (and perhaps focus on more than just resource mobilisation)? Additional changes may be needed if the intention is to position it beyond this replenishment.
- The strategy does not refer to being part of a wider social movement. How does GFAN fit within a wider strategy in regards to the Global Fund and/or to issues regarding the three diseases more broadly?
- Networks such as the Africa Civil Society Platform should be created in other regions. This is important for efforts to ensure the Global Fund remains global.
- GFAN participants cumulatively are involved in a huge number of networks. All, including GFAN, need to do a better mapping of who's doing what, who has access to resources and celebrities, etc.
- Ways to engage communities in GFAN and the larger Global Fund discussion need to be identified. This is part of an important overall effort to ensure grassroots voices are heard at global level.

Group 2

Tools and strategies potentially needed and useful at country level include the following:

- Simple communications tools are needed to reach and influence government officials and parliamentarians. These could be policy briefs that focus on raising awareness of the Global Fund and sharing its successes as a way to prompt increased domestic funding.
- Support is needed to engage with civil society. For example, civil society groups need to understand government budgets better, which

will help them do effective lobbying regarding domestic funding and hold governments accountable.

- Developing dialogue and communications with the scientific community would be useful. It is influential with many policymakers.
- Better understanding of, and alignment with, the Global Fund Secretariat's communications strategy should be pursued. This is important in order to avoid duplication and to share resources and messages.
- Country-specific messaging is needed to ensure relevance on the ground.
- A calendar of action would be useful to coordinate national and regional level actions.
- Regional-level discussions would be useful to support and promote advocacy in individual countries.
- Access to a full list of all civil society platforms in all countries would be helpful for advocacy. Perhaps GFAN can oversee this effort.
- Efforts must be undertaken to address the lack of awareness of the Global Fund and its impact at grassroots level. Increasing the visibility of the Global Fund in countries should be an advocacy imperative.

3.1.3 Overview of Here I Am Campaign

GFAN has been instrumental in developing the Here I Am Campaign (HIAC), which is currently supported by ICSS. Its key message is as follows: 'The Here I Am Campaign brings the voices of people affected by or infected with HIV, tuberculosis and malaria into dialogue about funding the Global Fund'.

Several tools are used in the campaign, including a dedicated website, blog posts, HIAC ambassadors and social media coordination. It is understood that the needs and expectations are different in different countries; as such, it is not crafted as a country-specific campaign.

The website (www.hereiamcampaign.org) includes information about the campaign as well as components such as video stories in which people living with and affected by the three diseases are featured in person. The campaign is regularly soliciting participation in this feature. The videos can

be easily shared, including with policymakers as part of an effort to influence them. Another notable section, 'Take Action', includes recommendations about how and where to get more directly involved.

Developers of HIAC urged Amsterdam meeting participants to help them "bring this campaign to life". Greater feedback was encouraged as to what does and does not work from participants' perspective, as well as what sort of changes and approaches might be most useful to maximize the campaign in different countries and contexts. Other requests included assistance in getting more 'followers' on the website; input on the value and usefulness of the GFAN Weekly Digest; and comments on how HIAC ambassadors and social media strategy can help with advocacy efforts within countries.

The following were among the comments from participants during a brief plenary session after the presentation:

- The campaign is very online heavy. It would be good to consider how to expand and use it offline, while still using new media. For example, SMSes are a good tool in much of Africa (e.g., in Ghana).
- Many potentially influential respondents (e.g., parliamentarians) receive huge numbers of emails, SMS messages and Tweets every day. They are therefore unlikely to pay much attention to alerts/messages sent through HIAC. Strategies are thus needed to ensure that these important messages are recognized and read by key recipients.
- Country-specific messaging and prioritization would be useful. This would help raise interest and awareness within individual countries as to the campaign and its goals.
- The Huffington Post blog is a good start, but it has a limited reach that is almost exclusively in the developed world (and the United States). It would be good to reach beyond this outlet to seek broader audiences for similar posts and stories.
- HIAC ambassadors can be influential in generating media about the Global Fund and the three diseases. Their visits with legislators and other policymakers should be maximized, especially in donor countries during this replenishment drive. Even having just one ambassador visit is useful.
- In addition to Global Fund partners, technical partners (e.g., UNAIDS, Roll Back Malaria, Stop TB Partnership) should be promoting the

campaign on their own websites. This could include having HIAC videos showcased both globally and on country-specific websites. Linkages should be explored in this regard.

- One way to drive interest in the campaign is to focus on using politicians and parliamentarians as ambassadors. When they speak (and/or tweet, e.g.), thousands of people are listening.
- It only takes a small amount of money to get several thousand 'likes' associated with a website. After that, it often snowballs on its own. It might be worth exploring placement of this sort.

The discussion on HIAC concluded with the following requests and comments from those involved in developing and running the campaign so far:

- GFAN participants can help make **campaign messages stronger**, especially in regards to human rights, most-at-risk populations (MARPs), MDR-TB, new bed nets, etc. New messages about each of these topics are needed, including how they can be noted in the draft advocacy strategy.
- GFAN participants were asked to consider the usefulness of the GFAN-sponsored '**events and opportunities' calendar** through 2013. This calendar aims to collect and coordinate all important events and opportunities of relevance through 2013, divided by global, regional and national level. It is intended to be a living document on the GFAN and HIAC websites.
- GFAN participants were asked to consider the usefulness of a **proposed social media toolkit** to be developed by GFAN. This toolkit would aim to help organise and coordinate email and social media engagement, with a goal of coordinating on behalf of civil society participants around the world.
- The number of **HIAC ambassadors** is expected to be expanded to six from four. GFAN participants were asked to contact Katy Kydd Wright (email: kkw@icssupport.org) with suggestions of possible candidates. Suggestions are also welcome as to key opportunities to use the HIAC ambassadors as fully as possible (taking into account their availability) over the next several months and beyond.

- **Regarding social media tools:** Some GFAN participants have agreed to work with campaign developers to consider ways to best use Facebook and Twitter, as well as how to integrate SMS messages into the campaign.

3.2 Crafting thematic and regional advocacy plans to support the Global Fund replenishment

Much of the intensive work of the Amsterdam meeting took place in two series of workshops aimed at developing a joint preliminary advocacy agenda. In the first set, discussed in Section 3.2.1, participants considered different themes and entry points for focused advocacy (global level and cross-cutting). They further developed strategies on a regional basis and country level in workshops summarized in Section 3.2.2.

Similar work in regards to Global Fund resource mobilisation is being done by other civil society networks, including on a regional basis. Box 2 below highlights the work of the Africa Regional Civil Society Platform, many members of which attended the Amsterdam meeting.

3.2.1 Key themes and focus areas advocacy

Participants were divided into four groups to discuss global and cross-cutting issues of relevance to the Global Fund's 2013 resource-mobilisation drive and civil society's engagement and support. The pre-determined themes were the following:

- FTTs as a tool for Global Fund replenishment
- High-profile country groups (specifically, G8, G20 and BRICS)
- Defining and advocating for a civil society 'ask' in regards to the replenishment
- Other potential events to target (e.g., beyond those associated with the G8/G20/BRICS meetings and associated gatherings)

Participants were urged to discuss the key opportunities and challenges regarding the theme/issue, define goals, plan actions, and indicate who or what should be involved. They were guided by templates encouraging responses in the following categories; i) overall goal(s); ii) objectives; iii) target groups (if needed); iv) actions; and v) 'reality check'.

Listed below are summaries of the individual workshops, based on the report-backs and comments from other participants during subsequent discussion.

Group 1. Financial transaction taxes (FTTs)

FTTs are a promising source of resources, but they are currently unpredictable because of continued uncertainty as to how much money they will raise and how funds will be allocated. The overall goal will be to ensure that a big share of FTTs will be reserved for development and, ideally, that a share of that will be specifically earmarked for the Global Fund. One message for donors will be that they can diversify what they give to the Global Fund by targeting FTT resources to it.

France is currently the only major country with an FTT, although Italy is in the process of implementing one. Governments of neither country have indicated how resources will be divided; as elsewhere, current discussions and negotiations are mostly about the design of such taxes and not allocation. France appears to be the best target given that it has had an FTT since August 2012 and the new government is keen on development assistance. Nine other EU members have agreed to implement their own FTTs, including economic heavyweight Germany. Despite such remarkable developments, it is difficult to estimate potentially available resources (if any) through FTTs for this replenishment period.

Over time, though, the possibility looks good. Advocates have undertaken informal discussions with policymakers, and many appear receptive. Future advocacy efforts can focus on influencing EU member states to divert FTT revenues for development and the Global Fund. Such efforts could be supported by countries in the South introducing similar levies, even if far smaller in size, to indicate solidarity and commitment to addressing their own development challenges.

Other entry points might include advocacy prior to and during bilateral meetings and other summits over the year, with particular focus on the four largest countries of the 11-country EU subset (France, Germany, Italy and Spain). The Catholic Church might be helpful in exerting pressure in some countries such as Germany, where it has historic links to the ruling party in the federal government. High-profile individuals such as Bill Gates and George Soros might also be approached to support by exercising influence with policymakers.

Group 2: G8/G20/BRICS

Each of these three influential country groups holds a summit in 2013. An overarching objective is to advocate for a clear commitment from all to securing a fully funded Global Fund, which in practical terms would mean a successful replenishment. Countries could be urged to show their commitment by either (or both) pledging significantly to the replenishment or increasing domestic allocation to HIV, TB and malaria in their own countries. The second option is considered to have the greatest possibility of success among BRICS.

Targets for support and influence include leaders from all involved countries as well as sherpas³ involved in setting summit agendas.

Advocacy actions proposed in advance of and during the March 2013 BRICS summit include:

- placing an editorial in major media outlets in South Africa;
- attending and supporting the impact of a side event already being planned to include the Global Fund and the singer Yvonne Chaka Chaka;
- civil society groups lobbying BRICS leaders in their own country; and
- using the Civil Society Health Forum, a side event to the summit, to detail and publicize civil society demands (including in regards to the Global Fund and its replenishment).

Advocacy actions proposed in advance of and during the June 2013 G8 summit include:

- civil society groups from G8 countries having advance lobbying and intelligence-gathering sessions with sherpas and then feeding back to GFAN calls;
- getting HIV, TB, malaria and the Global Fund on the G8 agenda; and
- cultivating U.S. Secretary of State John Kerry as a champion within the G8.

Advocacy actions proposed in advance of and during the September 2013 G20 summit include:

- cultivating relationships with civil society groups outside of GFAN for support;
- utilizing G20 meeting platforms to enforce key messages, a process that will have already begun since similar cultivation will have been

³ The term 'sherpa' is used to refer to individuals in governments who negotiate and set meeting agendas and procedures on behalf of ministers and other high-level attendees.

undertaken prior to the earlier BRICS meeting (including in regards to increasing domestic resourcing); and

- developing targeted advocacy focused on getting Russia, the host, to improve its human rights environment, including in regards to its obstruction of key evidence-based programming for people living with and at risk for HIV and TB.

Participants discussed using the GFAN listserv and regular calls to help prompt rapid and effective action in regards to the BRICS summit in particular, given that it will take place little more than two months after the Amsterdam meeting.

Group 3: Civil society 'ask' in regards to replenishment

The workshop looking at civil society 'asks' based much of its work on responding to the plenary presentation given earlier (and summarized in Section 3.1). There was agreement that the ability and capacity exist to determine solid, verifiable disease numbers and related gaps. One objective would be to develop a useful advocacy paper for GFAN members to use at global and country level. The overall 'ask' and associated information in that paper can be cited and referred to during a media event to announce the 'ask'. An essential priority in all efforts will be to work with the Global Fund to coordinate messaging and ensure as much consistency as possible in regards to approach and requests.

There is considerable urgency to the overall initiative given that the 'ask' should be completed and publicized prior to the first step in the replenishment process—the preliminary meeting scheduled for April. Therefore, the majority of actions are expected to take place in February and March. They include:

- discussions with key personnel at technical partners and other groups (e.g., the Gates Foundation) to obtain up-to-date and relevant numbers. This will include ensuring that numbers cover the period from 2014 through 2016, exclude ineligible countries from calculations, and take into account the best available technology and innovations;
- using input to draft a detailed 'ask' document and have versions of it reviewed widely; and
- finalizing the document and communicating with GFAN members.

A critical priority is that the 'ask' be credible so it is not dismissed or ignored out of hand. This must be kept in mind even while proposing an amount that is ambitious enough to address the clearly defined gaps and needs. Close coordination with the Global Fund Secretariat will be necessary in this

regard—to manage risks associated with requests seen as unrealistic. Another point to consider when undertaking this effort is that the United States will never provide more than one-third of overall funding for the Global Fund (a level set by law in the country).

One potentially contentious issue among GFAN participants arose during discussion, in regards to the issue of what it means to be 'realistic' in the 'ask'. For example, some participants opposed the idea of automatically excluding countries deemed ineligible for Global Fund support when determining the amount of the 'ask'. An example was cited regarding malaria. The Global Fund has played a vital role in helping dozens of countries reach a position of ending malaria as a public health threat. Some of them are no longer eligible for Global Fund money, or face extensive restrictions on support in the future. Without continued support, they may be unable to fulfil the promise of universal coverage with reliable bed nets. Millions of people are sleeping under bed nets that need to be replaced. If replacement is not supported, the consequences could be catastrophic because most of those individuals have lost their immunity to malaria. Some participants stressed that the Global Fund and its donors have a moral imperative to not let them die after helping them live.

Group 4: Other potential events to target

The fourth workshop focused on identifying events other than the high-profile G8/G20/BRICS meetings around which replenishment-related advocacy might be useful. The output was a preliminary calendar that listed events over several months in 2013. Most of the events were also associated with suggested messages, tools and partners. Listed below is a summary of discussions, with some key events specified by month. Also noted are suggestions regarding possible monthly themes, tools, messages and partners aimed at helping focus advocacy.

March

- Theme: 'The Global Fund is essential'
- Event: World TB Day
- Tools: TB impact information and the role of the Global Fund
- Message: The Global Fund is an essential tool in the fight against the three diseases (especially TB)

April

- Theme: 'Impact and inspiration'
- Events: World Malaria Day; first Global Fund replenishment meeting

- Focus: Malaria, with attention given to successes due to Global Fund support over the years
- Tools: Documents, targets, impact numbers
- Targets: Donors (showcase impact and inspiring target of defeating the diseases); African Leaders Malaria Alliance (ALMA), with leaders agreeing to be champions of the Global Fund within the AU

May

- Theme: 'We are the Global Fund'
- Event: AU summit
- Messages: It is not just traditional donors and governments that make up the Global Fund and the fight against the diseases; building awareness in places where the Global Fund saves lives but its impact is often unrecognized
- Target: African leaders in implementing countries

June

- Theme: 'We're accountable'
- Event: G8 summit
- Target: Both G8 (donors) and implementing countries (regarding domestic resources)
- Tools: Analysis of existing commitments and how those can be leveraged for advocacy purposes
- Message: Meeting commitments made in the past
- Partners: Advocates focused on the G8, including those based in its countries

July

- Theme: 'The Global Fund is global'
- Target: Stakeholders who are pushing the Global Fund to allocate its resources to the lowest-income countries only
- Message: Global solidarity, with a special focus on not abandoning MARPs in middle-income countries

September

- Theme: 'We choose now (to defeat AIDS, TB and malaria)'
- Event: Replenishment pledging conference
- Target: Donors
- Tools and partners: HIAC ambassadors, country and individual champions
- Message: We are choosing now as the moment to commit to defeating these three diseases, by fully funding the inspiring vision of the Global Fund

Workshop participants also considered a potential 'week of action' that could take place in late August or early September, in the run up to the pledging conference. Potential activities associated with this event could include open letters to ministers, pushes on social media, direct advocacy at donors' embassies; petitions; paid media ads; and visits by HIAC ambassadors to donor countries, with visits including media outreach and meetings with influential officials.

Additional events that could be considered were suggested during report-back to plenary. They included:

- April: Association of Southeast Asian Nations (ASEAN) summit, to be followed in May by ASEAN+3 meeting⁴
- June: Tokyo International Conference on Africa Development. (Note: Efforts could be directed as well at final preparation meeting for this, which will take place in March in Ethiopia)
- August: Review of Abuja Declaration targets⁵

3.2.2 Advocacy planning on a regional basis

The second set of workshops focused on identifying areas of work to do on a regional basis, including which countries offer the greatest opportunity for Global Fund resource-mobilisation advocacy over the coming year; what sort of messages and approach should be considered; and who or what should be involved in regards to advocacy. Participants were asked to consider the possible entry points and focus areas identified in the first workshop (Section 3.2.1). They were guided by templates encouraging responses in the following categories; i) overall goal(s); ii) objectives; iii) target groups (if needed); iv) actions; and v) 'reality check'.

A total of three groups were formed: i) Asia-Pacific and Latin America and the Caribbean; ii) Africa; and iii) Europe. Summaries of report-backs are provided below.

Group 1: Asia-Pacific and Latin America and the Caribbean (LAC)

In Asia-Pacific, mobilising smaller countries in the region is useful to help put pressure on larger existing donors and potential new ones. This effort will be best undertaken by identifying 'champions' from the region to make the case for the Global Fund.

⁴ ASEAN+3 refers all ASEAN countries as well as China, Japan and South Korea.

⁵ The Abuja Declaration commits all African Union countries to allocate at least 15 percent of their national budgets to health each year. Only a handful of countries have met the target since the declaration was agreed to in 2001.

The three donors of significant heft in the region are Australia, Japan and South Korea. Overviews of them follow:

Australia

The window of influence is likely to extend only to mid-August because a national election will take place on 14 September. It is therefore best to seek to get Australia to announce its commitment before then, as it is unlikely a new government will be in place before the replenishment pledging conference begins.

A key priority on the part of the Australian aid bureaucracy is the scope and effect of the NFM. Its decision-makers will be less willing to consider increased support if it is clear that the impact over three years will be reduced Global Fund financing for countries of primary importance to Australia in the region (including Indonesia, Papua New Guinea and Timor-Leste) as well as of second-tier importance (including Cambodia, Myanmar and Vietnam). Aid officials' main rationale is that they do not want to be 'hit twice' in terms of having to cover Global Fund shortfalls. Based on the context cited above, relevant Australian officials need access as soon as possible to data regarding anticipated Global Fund commitments in the region over the next few years.

Visits from Mark Dybul and Bill Gates could be helpful politically at the high level, as would U.S. Secretary of State John Kerry stressing the importance of the replenishment.

South Korea

South Korea increasingly sees itself as a donor. Its ODA budget is relatively small, but it is expanding to 0.25 percent of gross national income (GNI) by 2015. Challenges include the fact that the Global Fund is largely unknown in the country and that countries newly engaged in external development aid tend to prefer bilateral options. Possible entry points are that South Korea is interested in Africa and Latin America and has close and expanding donor relations with the Philippines. Also mentioned as a potentially helpful step would be a mission to South Korea to raise awareness of the Global Fund among policymakers and national/local civil society. A similar mission was undertaken previously to Japan.

High-profile individuals who could be influential in South Korea include UN Secretary-General Ban Ki-moon and World Bank President Jim Kim. There may be space as well to approach and influence the new South Korean president, who will be inaugurated in February.

Japan

Japan has been a relatively generous contributor to the Global Fund, but many in the country do not feel it has received the recognition it deserves. Advocates might consider encouraging the Global Fund to make a bigger and higher profile effort to highlight its contributions. Another notable point is that Prime Minister Shinzo Abe has difficult relations with the Ministry of Foreign Affairs, which is not supportive of the Global Fund. As such, he and his government may want to find opportunities to impose their own priorities on development assistance. Such efforts take on greater urgency given that, according to one participant, Japan has signalled it will only commit to contributing perhaps one-third of what it has committed before. If correct, its contribution would amount to as little as \$100 million a year instead of \$300 million.

The June 2013 Tokyo International Conference on Africa Development offers an excellent opportunity for African leaders to lobby for the Global Fund.

Other likely sources of financial support in the region are limited. New Zealand is not currently a donor, though it is hoped it will contribute at some point. In terms of advocacy and influence from the region, India is notable because of its strong civil society environment and experienced activists. Linking with them could be useful for efforts to increase support from across the region. India's extensive cultural reach and impact might be tapped usefully as well, such as by having Bollywood stars advocate for the Global Fund. A long-shot for a Global Fund champion is Nobel laureate Aung San Sui Kyi; also worthy of consideration in the region is UNDP Administrator Helen Clark, a former New Zealand prime minister.

Latin America and the Caribbean (LAC) is a challenging region for Global Fund-related advocacy because most countries have small disease burdens and are classified as middle-income. As a result, with one major exception (Haiti), they currently receive little or no support from it and are not expected to in the future due to eligibility requirements. This is a concern because the Global Fund is actually poised to become even more important in certain parts of the region—including among MARPs, who receive limited domestic support—as Spain and the United States lower ODA levels. Despite tightened eligibility rules, a case can be made that regional proposals (for example) should and will be supported by the Global Fund in LAC as a way to reach MARPs.

Former Brazilian President Fernando Henrique Cardoso could be an influential champion as he has a good track record on HIV (in particular) and is well-respected in the region and elsewhere.

Group 2: Africa

Workshop participants in the Africa group did not limit themselves to the continent; instead, they proposed an agenda that is more global in nature and scope. GFAN participants whose organizations or governments have a focus on Africa also indicated their desire to coordinate closely with the Africa Regional Civil Society Platform (see Box 2) in advocacy work regarding Global Fund resource mobilisation. Both the global nature and close linkages with the platform are reflected in the **four objectives** specified during the workshop:

- That the BRICS, G8 and G20 would commit themselves to securing a fully funded Global Fund
- To get the BRICS, G8 and G20 to acknowledge that significant progress has been made and that defeating AIDS, TB and malaria is possible
- To get the BRICS to increase domestic allocation to HIV, TB and malaria and health in their respective countries
- To get the BRICS, G8 and G20 to support the inclusion of HIV, TB and malaria in the post-2015 agenda given there is still unfinished business

Participants identified a lengthy list of **potential targets** to help achieve these objectives. They include leaders of the BRICS, G8 and G20 countries, as well as sherpas involved with all of them. Other targets to be reached out to in advance of the BRICS summit (and beyond) include international NGOs, Friends of the Global Fund, embassies of BRICS countries based in South Africa, and civil society groups in the BRICS countries.

Box 2. GFAN model and partner: Africa Regional Civil Society Platform

Among the models for GFAN's proposed work in Global Fund replenishment efforts is the Africa Regional Civil Society Platform on Health and Universal Access. Hosted by the World AIDS Campaign, the platform brings together a wide range of African civil society partners. The current main aims of the platform are to:

- Significantly increase and sustain advocacy efforts to hold African governments accountable to their commitments to the Abuja Declaration, which calls on all countries to devote at least 15 percent of their national budgets to health, and to all subsequent health and HIV plans and commitments set at regional level.
- Promote the enforcement and protection of a human rights-based approach to health service delivery toward all MARPs.
- Increase civil society engagement in ensuring universal access and MDG targets are achieved and consultation on the sustainable development agenda post-2015 is considerate of health and HIV.

The platform plans to support the Global Fund's resource-mobilisation drive in a variety of ways, generally as part of broader advocacy efforts. Among them are efforts to get various entities in the region, including governments, to deliver on key funding commitments for health. This can help boost domestic resources for Global Fund programming priorities. Other potential actions include targeting the resource-extraction processes under way in much of Africa, with a goal of getting beneficiaries to provide funding and support for health.

The platform also plans to be clear about its expectations from the Global Fund. One important need is for greater understanding of the NFM and what it might mean on the ground. Strengthening CCMs is another priority, with particular focus on ensuring extensive and meaningful participation by civil society and communities.

Several entry points for advocacy and action on the part of the platform have already been identified for 2013. Among them are the following:

- March: BRICS summit in South Africa
- March: Meeting of African ministers of finance and health, at which a platform representative will speak on domestic resource mobilisation and Global Fund replenishment
- June: Tokyo International Conference on Africa Development. The platform will attempt to work with Japanese civil society organisations to exploit opportunity
- September: G20 summit in Russia. The platform hopes to identify linkages with and from the BRICS summit to further exploit
- September/October: Global Fund replenishment pledging conference. The platform hopes to partner with GFAN in regards to strategies and activities
- December: International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in Cape Town

Participants want information from the Global Fund as to who is being proposed to serve as replenishment-related **ambassadors and champions**. They have concerns about which individuals and countries have been selected, and why; therefore, the Africa Regional Civil Society Platform will solicit clarification by writing directly to the Global Fund. Among the

countries participants proposed as being particularly helpful as champions—in regards to donors and peers—were Malawi, Nigeria, Rwanda and Senegal. Ethiopia is another option mainly because it is the current AU chair.

The group correlated **proposed activities** with key events. Activities associated with the March 2013 BRICS summit and the June 2013 G8 meeting are essentially the same as those summarized in Section 3.2.1. Additional information provided by workshop participants included which GFAN members could be responsible for leading the activity; what is needed to ensure its successful achievement; and indicators for success. Participants stressed that their main priority is the BRICS summit, given how soon it will take place (March) and where (South Africa).

Other events around which activities were proposed include the following:

- 21-26 March: Meeting of AU ministers of finance and health in Abidjan
- 1-3 June: Tokyo International Conference on Africa Development. One possible activity is for African and Japanese civil society groups to arrange a side meeting to which decision makers are invited.
- August: Abuja Declaration Follow-up meeting in Nigeria. A useful activity might be the preparation and dissemination of a 'shadow report' to show impact of Global Fund in different countries and make the case for increased domestic resources, etc.

Group participants stressed the importance of reliable numbers regarding what would constitute a sufficiently ambitious replenishment (i.e., the civil society 'ask'). Such numbers are needed, including specifically for Africa, as soon as possible in order to have the greatest impact possible during all advocacy actions and activities.

Group 3: Europe

Analysis by region and country

Participants discussed the European Union (EU) primarily, but also the EECA (Eastern Europe and Central Asia) region and the European Commission.

Regarding **EECA**, participants acknowledged the difficulty in getting any of the countries to mobilise for more resources for the Global Fund. A better option was thought to be advocating for them to invest more in their national disease responses and health more broadly. Two entry points cited in 2013 were the International Harm Reduction Conference, to be held in Lithuania in June, and the G20 meeting, which Russia will host in September.

Activities could include highlighting Global Fund success stories and seeking to put pressure on countries to do more. There is thought to be a slight possibility that Russia can be influenced around the G20, as it will want to highlight its global weight and efforts to become a more 'normal' nation such as developed countries that dispense substantial ODA.

Workshop participants observed as well that many countries in need face diminished Global Fund support due to eligibility criteria that will be tightened even further through the NFM. Moldova, notably, is heavily reliant on the Global Fund for its HIV and TB programming; it and some other countries may be unable to cover shortfalls should Global Fund support decline substantially. Advocacy around such impacts may help prompt better responses in the region in regards to domestic financing as well as put pressure on the Global Fund to be more flexible in applying strict eligibility criteria.

Countries in the **European Union (EU)** were grouped at a top level into two categories: i) traditional donors to the Global Fund, and ii) those that had rarely or never supported it. The traditional donors' category was further sub-divided into countries doing 'well' and 'less well' economically. Support for the replenishment looks relatively strong and solid in France, the United Kingdom and Germany (which just announced a multi-year pledge). Priority efforts should be placed on those countries as they have the greatest potential to make substantial commitments.

Big countries in the 'less well' category—e.g., Spain and Italy—do not look promising for substantial commitments, if any. Regular efforts should be made, however, to maintain high levels of Global Fund visibility for the time when those countries are better prepared to resource the Global Fund. Spain is thought to be possibly receptive to being influenced by the Here I Am Campaign, even if the result is only a small commitment. The general election in Italy, in February, makes the country difficult to gauge. The possibility exists that, depending on the results, a new government will want to show global solidarity through interventions such as the Global Fund. Advocates should consider ways to exert influence.

Few significant opportunities are expected in countries such as Austria that have never supported the Global Fund. The same is true regarding new EU states (e.g., those that have joined in the past decade).

The European Commission (EC) increased its contribution by a sizable amount at the 2013 replenishment. For political reasons it will be harder for it to do so again in 2013. Some countries, including the Netherlands, think

the EC should do more, however; they may therefore be good entry points to advocate for greater EC support.

Other issues of note

The ***first replenishment-related meeting*** will take place in Brussels on 9-10 April. Given the location of this meeting, the EC and EU member states are logical targets for advocacy efforts—including for the EC to increase its contribution to the Global Fund. This represents an opportunity for GFAN members to work together to achieve three objectives:

- organise a high-level meeting or press conference to highlight Global Fund progress and success;
- organise a civil society pre-meeting to adopt a replenishment call to action, including a resource 'ask'; and
- ensure media coverage of the civil society 'ask' on the replenishment.

Discussions and developments around ***FTTs*** may also open opportunities. France (which launched an FTT in August 2012) and Italy (which is about to launch one) should be the focus targets. Neither has yet indicated how FTT-derived resources will be allocated. Advocates in those countries and more broadly in the region should accelerate their efforts to have governments commit a share of those revenues to the Global Fund. If that is not possible, then a significant share should at least be allocated to development in general and/or health. The April 2013 initial replenishment-related meeting is a good opportunity to make this case to a broad audience.

4. Conclusion

The meeting concluded with participants agreeing to coordinate advocacy efforts as closely as possible to support the Global Fund's resource-mobilisation efforts in 2013. Many acknowledged having concerns about the NFM and other recent changes, but nearly all recognized the important impact of the Global Fund on global, national and local responses to HIV, TB and malaria. Adequate funding is needed through the replenishment to sustain and increase this impact, especially in countries and contexts where other sources of support are limited.

Participants also vowed to hold the Global Fund accountable to its pledge to be a more open and transparent partnership. Throughout the meeting, they stressed the need to fully realize principles recognizing the essential value of civil society and communities in all aspects of the Global Fund work. Future success in turning the tide in HIV, TB and malaria cannot be achieved otherwise.

Annex 1. List of Participants

The following individuals, listed alphabetically by last name, attended all or part of the 28-30 January 2013 meeting in Amsterdam. The country noted refers to where the individual is currently based; the exception in the list is the use of 'Geneva' in regards to secretariats of various organisations based in that city.

Name	Organisation	Country
Olayide Akanni	Journalists Against AIDS	Nigeria
Kerstin Akerfeldt	Médicins Sans Frontières	Sweden
Javier Hourcade Bellocq	International HIV/AIDS Alliance	Argentina
Heather Benjamin	Open Society Foundations	USA
Christoph Benn	Global Fund Secretariat	Geneva
Patrick Bertrand	Global Health Advocates	France
Kolleen Bouchane	ACTION	USA
Bill Bowtell	Pacific Friends of the Global Fund	Australia
Stefania Burbo	Osservatorio AIDS	Italy
Joanne Carter	RESULTS	USA
Lucy Chesire	Global Fund Communities Delegation	Kenya
RukiaCornelius	World AIDS Campaign	South Africa
Louis Da Gama	Global Health Advocates	UK/France
Pim de Kuljer	STOP AIDS NOW!	Netherlands
Mark Dybul	Global Fund Secretariat	Geneva
Khalil Elouardighi	Coalition PLUS	France
Emmanuel Etim	African Union Youth Expert Panel	Ethiopia
Arben Fetai	Stop AIDS Alliance (Brussels)	Belgium
Seth Fiason	Global Fund Secretariat	Geneva
Ruth Foley	Ecumenical Advocacy Alliance	Geneva
Laurindo Garcia	B-Change	Phillippines
Guillaume Grosso	ONE / Paris	France
Mauro Guarinieri	Global Fund Secretariat	Geneva
Nombasa Gxuluwe	Eastern Cape Civil Society Platform South Africa	
Choolwe Haamujompa	AIDS Alliance Zambia	Zambia

Jessica Hamer	Stop AIDS Campaign	UK
Heejong Han	G-Hands	South Korea
Erin Hohlfelder	ONE Campaign	USA
Jeff Hoover	Rapporteur	USA
Andrew Hunter	Asia Pacific Network of Sex Workers	Australia/Thailand
Sydney Hushie	Global Youth Coalition against HIV & AIDS	Ghana
Hristijan Jankuloski	Global Fund Developing Country NGO Delegation	Macedonia
James Kayo	Central Africa Treatment Access Group	Cameroon
John Kennedy	Purple States	USA
Laura Kirkegaard	AIDS-Fondet	Denmark
Innocent Laison	AFRICASO	Senegal
Linda Mafu	Global Fund Secretariat	Geneva
Vanessa Lopez	Salud por Derecho	Spain
Pauline Mazue	Global Fund Secretariat	Geneva
Rosemary Mburu	World AIDS Campaign	South Africa
Noah Medheny	Global Forum on MSM & HIV	USA
Shaun Mellors	Global Fund Communities Delegation	South Africa
Annemarie Meyer	Malaria No More	UK
Daniel Molokele	Southern Africa Regional Programme on Access to Medicines and Diagnostics	South Africa
Sophie Müller	STOP TB Partnership	Geneva
Olive Mumba	Eastern Africa National Networks of AIDS Service Organizations (EANNASO)	Tanzania
Maurine Murenga	HIAC ambassador	Kenya
Fionnuala Murphy	International HIV/AIDS Alliance	UK
Jeftor Mxotshwa	Network of African People Living with HIV in Southern Africa Region	South Africa
Steave Nemande	Evolve Cameroon	Cameroon
Aki Ogawa	Africa Japan Forum	Japan
Rachel Ong	Global Fund Communities Delegation	Singapore
Aaron Oxley	RESULTS UK	UK
Sheel Pandya	Friends of the Fight USA	USA
Thokozile Phiri	HIAC ambassador; Malawi Interfaith AIDS Association	Malawi
Adam Rabinovitch	Friends of the Global Fund Africa	Nigeria

Beate Ramme-Fuelle	Action Against AIDS	Germany
Kataisee Richardson	International Coalition of AIDS Service Organisations (ICASO)	Canada
Oxana Rucsineanu	HIAC ambassador	Moldova
David Ruiz	Stop AIDS Alliance	Switzerland
Asia Russell	Health Gap	Uganda/USA
Nicci Stein	Interagency Coalition on AIDS and Development (ICAD)	Canada
Beatrijs Stickers	KNCV Tuberculosis Foundation	Netherlands
Cheikh Tidiane Tall	Global Fund Developing Country NGO Delegation	Senegal
Esther Tallah	Cameroon Coalition Against Malaria	Cameroon
Kate Thomson	UNAIDS	Geneva
David Traynor	Asia Pacific Network of People Living with HIV/AIDS (APN+)	Australia/Thailand
Peter van Rooijen	ICSS	Netherlands
Serge Votyagov	Eurasian Harm Reduction Network (EHRN)	Lithuania
Katy Kydd Wright	ICSS	Canada