

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



Kenyan activists Global Day of Action 30 January 2012

Global Fund Advocates Network (GFAN)

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Acronyms and abbreviations

CTP =	Consolidated Transformation Plan
FTT =	financial transaction tax
GFAN =	Global Fund Advocates Network
Global Fund =	Global Fund to Fight AIDS, Tuberculosis and Malaria
IAC =	International AIDS Conference
ICSS =	International Civil Society Support
NGO =	non-governmental organization
TFM =	Transitional Funding Mechanism
UNAIDS =	Joint UN Programme on HIV/AIDS
WHO =	World Health Organization

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

Executive Summary

This report summarizes discussions at a meeting of the Global Fund Advocates Network (GFAN) held 8-10 February 2012 in Amsterdam. The meeting is an essential step in a recently launched process to develop a joint civil society advocacy strategy, over both the short- and longer-term, in support of resource mobilization for the Global Fund. Participants included representatives from the Global Fund Secretariat, and international, regional and national NGOs, affected communities and Friends of the Fund organizations that focus on one or more of the three Global Fund priority diseases. Also in attendance were staff from the Stop TB Partnership and UNAIDS.

Impetus for the February meeting and development of a collective GFAN strategy came from decisions announced at the Global Fund's November 2011 Board meeting. Citing a deteriorating financial portfolio and negative immediate projections, the Board cancelled Round 11 and said to expect that no new funding windows would be launched until 2014. It also unveiled sweeping changes to its eligibility criteria and introduced a stopgap Transitional Funding Mechanism (TFM) that could be tapped only to provide continuation of essential prevention, treatment and/or care services to existing grantees. As currently structured, the TFM cannot be used to support scaling up interventions.

The problems are occurring at a time that in many other respects is remarkably hopeful. Global responses to AIDS, TB and malaria have achieved substantial success in recent years. The scaling-up of resources and programming have saved millions of lives and improved the health, economic and social well-being of millions more as well. Recent developments in regards to treatment and prevention offer cause for optimism and have been greeted excitedly by advocates and public health policymakers worldwide. Opportunities to turn the corner and drastically change the course of the epidemics have never been more evident or seemingly in reach.

Participants at the February meeting used a draft GFAN advocacy strategy as the basis for brainstorming on a more comprehensive and robust one that links as closely as possible to the Global Fund's resource-mobilization efforts. The following were among the key areas of discussion regarding a collaborative campaign:

- what the parameters of a campaign should be (e.g., whether it should focus on the Global Fund solely or more broadly to addressing the three target diseases);
- how and why to highlight the message that greater investment now will save money and lives in the long run;
- how to explain the Global Fund better and defend it as a preferred mechanism, including with evidence-based information;
- how to expand the advocacy base in support of the Global Fund, increase North-South collaboration and work with social media;
- how to ensure that the needs of communities and gaps in disease responses should be prioritized; and
- what types of messaging and media would be most influential.

Participants developed a preliminary list of objectives and entry points regarding a short-term strategy; a longer-term strategy; communications and media work; and building support for financial transaction taxes (FTTs) that include the Global Fund as a preferred recipient. Key short-term objectives include a new funding window in 2012 and advocacy aimed at getting countries to meet their pledging commitments and/or to make new ones and raise US\$2 billion in 2012.

Though participants are broadly supportive of the Global Fund, many urged the Secretariat and Board to be more proactive and aggressive in addressing the resource challenges. They also called on the Global Fund to revisit decisions that limit funding for increased scale-up and impose new eligibility criteria excluding countries where epidemics are poorly addressed, especially in regards to the needs of marginalized and key populations. Participants agreed on sending a letter that calls on the new General Manager of the Global Fund - Gabriel Jaramillo - to address these and other concerns and make bold progress in restoring donor and implementers' confidence in the Global Fund (the letter can be found in Annex 3).

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 mobilization for the Global Fund by partners in multiple countries over many years. It is an informal network of civil society health advocates and organizations currently facilitated by International Civil Society Support (ICSS), an Amsterdam-based non-governmental organization (NGO), and operating under the guidance of a global Steering Committee with representatives from the various constituencies and geographical regions.

GFAN's three main goals are to:

- mobilize broad support in civil society and among donor and implementing governments for the Global Fund;
- advocate for resources to fully implement the Global Fund Strategy 2012-2016; 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 8-10 February 2012 in Amsterdam. The meeting is an essential step in a recently launched process to develop a joint civil society advocacy strategy, over both the short- and longer-term, in support of resource mobilization for the Global Fund. The meeting followed a gathering in January 2012 (in New York) of a small Working Group and the subsequent release of a discussion paper outlining a draft advocacy strategy. That draft paper was circulated in advance of the February meeting.

Nearly 50 people attended all or part of the Amsterdam gathering. They included representatives from the Global Fund and international, regional and national NGOs, affected communities and Friends of the Fund organizations that focus on one or more of the three Global Fund priority diseases. Also in attendance were staff from the Stop TB Partnership and UNAIDS and a rapporteur. Four participants facilitated different parts of the meeting. (Annex 1 contains a list of all participants.)

The following overall objectives for the meeting 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 mobilization in 2012 and the fourth replenishment in 2013
2. To consult with a wider group of key advocates on the (draft) joint civil society advocacy strategy 2012-2014 prepared by the GFAN Working Group
3. To provide a forum for the Global Fund Secretariat and key civil society advocates to jointly strategize and to i) explore the creation of aligned strategies and messages, ii) to establish clear understanding of where/how approaches and strategies can be distinct, and iii) to clarify roles and responsibilities and division of labour
4. To develop the framework of a specific advocacy action plan both for the short term (for 2012) and over the longer term, and to identify communications and media priorities
5. To agree on a joint way forward and what is needed to successfully implement a global strategy

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 necessarily discuss all information and resources chronologically or extensively (if at all). 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/what-we-do/global-fund-advocates-network-gfan/global-fund-resource-mobilization-meeting-8-10-februari-2012-in-amsterdam>.

The report is structured as follows:

- overview of the Global Fund's recent funding crisis and related Board decisions, including direct input from Global Fund personnel, as well as summaries of opportunities and threats to disease responses globally (Section 2);
- overview of campaigns and movements already undertaken by GFAN, as well as a draft GFAN strategy for 2012-2014 (Section 3);
- proposed core elements and messages of a GFAN campaign, as identified during the Amsterdam meeting (Section 4); and
- targeted strategies for obtaining financial support for the Global Fund from sources potentially able to provide it in the short-term (Section 5).

The report also contains two annexes:

- Annex 1 contains a list of participants as well as their affiliations
- Annex 2 provides a list of events, including those prioritized by the Global Fund's Communications Department in 2012

2. Setting the Stage: Where We Are Now

2.1 Overview of Global Fund crisis

Impetus for the February meeting and development of a collective GFAN strategy came from decisions announced at the Global Fund's November 2011 Board meeting. Citing a deteriorating financial portfolio and negative immediate projections, the Board cancelled Round 11 and said no new rounds would be launched until 2014. It also unveiled sweeping changes to its eligibility criteria and introduced a stopgap Transitional Funding Mechanism (TFM) that could be tapped only to provide continuation of essential prevention, treatment and/or care services to existing grantees. Essentially, the Global Fund announced it is in a holding pattern and would not support scaling up interventions for the time being.

Though the Board's decisions mark a radical step back, they are not entirely unsurprising. For more than a year the Global Fund had been dealing with unprecedented media attention regarding a few high-profile corruption cases in country-level programs. Confidence was shaken both internally and externally, including among several key donors. The negative repercussions extended beyond the Global Fund's reputation to its financial situation, which became even more precarious due to the consequences of delayed disbursement of donor commitments.

The problems occurred during a year that in many other respects was remarkably hopeful. New studies underscored the tremendous health and cost-effectiveness impact of expanded HIV treatment and prevention interventions;¹ the expanded roll out of a new TB diagnostic tool promises to increase access to effective TB treatment; and millions of people obtained access to critical malaria-prevention services such as long-lasting insecticide-treated nets for the first time. These opportunities were noted by influential policymakers such as US Secretary of State Hillary Clinton, who called for an "AIDS-free generation". The end of the diseases no longer seems impossible to imagine or achieve.

The Global Fund's funding crisis represent a serious blow at what should be an advantageous time. Advocates and many researchers and public health experts have been making the case that the new opportunities ideally should be seized with increased resources and attention, not less. That urgent conclusion holds true not just for the Global Fund but for all other financing sources, including the US President's Emergency Plan for AIDS Relief (PEPFAR) and domestic budgets in recipient countries. GFAN and its stakeholders and allies are therefore seeking to overcome the

¹ See Resch S, Korenromp E, Stover J, Blakley M, Krubiner C, et al. (2011) Economic Returns to Investment in AIDS Treatment in Low and Middle Income Countries. PLoS ONE 6(10): e25310. doi:10.1371/journal.pone.0025310. Available at www.plosone.org/article/info:doi/10.1371/journal.pone.0025310.

real and perceived challenges associated with the global economy and the shift away from steady scale-up of the HIV, TB and malaria responses worldwide.

2.2 Update and review from the Global Fund

Data and observations in Section 2.2 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.

The results of the Global Fund's third voluntary replenishment, announced at a pledging conference in New York City in October 2010, were the first warning sign of difficulties ahead. Though the amount pledged for 2011-2013 (\$11.7 billion) was larger than previous replenishments, it was even below the low-end scenario of the three scenarios put forward by the Global Fund (\$13 billion, \$17 billion and \$20 billion). The pledged amount was considered barely enough to sustain ongoing programs and launch funding opportunities on a (relatively) limited scale.

The pending resource gaps became increasingly evident as 2011 progressed. By the third quarter, the Global Fund was projected to experience a serious accounting and cash-flow challenge. It faced a shortfall of around \$1.5 billion of timely and accessible funds due to reasons including the following:

- Some donors have reneged on their initial pledges and said they will provide less money than before (Denmark)
- Some donors continue to delay meeting pledges and have given no indication of when or if they might respond (Italy and Spain, which cumulatively are responsible for hundreds of millions of dollars in unfulfilled pledges - Spain has since the meeting announced an intention to resume contributions to the Global Fund but provided no detail on amounts or timing)
- Some forecasts of donor contributions had to be decreased (risk adjusted) for 2011 to 2013 due to concerns around full appropriations by legislative bodies and to reflect various domestic budgeting and approval processes which mean that funds will be received only in 2014 or 2015 (the United States)
- Projected income from the private sector had to be decreased substantially as talks relative to large partnerships stalled or were broken off following negative media reports.

Also notable is that in the wake of the fraud and corruption media firestorm in early 2011, some donors imposed new conditionalities that have further delayed disbursements. For example, some have tied future payments to undefined "progress" with the Global Fund's new reform agenda, which was approved by the Board in September based on the recommendations from the High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms. Other donors now require additional narrative reporting regarding the Global Fund's efforts to fight against fraud and corruption.

All of these developments contribute to administrative and disbursement delays that have operational consequences on the ground. The result is that, in the Global Fund's analysis, it has no money to give new grants at the scale and scope it had in the past. That analysis underlay the Board's decisions at the November 2011 Board meeting.

GFAN will develop advocacy messages to address the issues of conditionalities and timely payments with donor governments. The messaging will seek to explain the direct consequences of both issues, including in regards to disbursements to country programs and resulting delays (such as holding up the signing of grants because of quarterly deficits).

2.2.1 The Global Fund's response: TFM and resource-mobilization priorities

The Board's response to the current and projected resource crunch was to instruct the Secretariat to seek various new measures to increase uncommitted assets and stretch money further ("kick the can down the road"). Among the measures announced are the following:

- Applying current, and stricter, eligibility, prioritization and counterpart financing policies to grant renewals (Phase 2s, etc.) from January 2012 onward. This step is projected to

achieve \$400 million in savings as a number of countries would no longer be eligible now, though a transition period is provided for;

- Committing grant renewals one year at a time using the “1+1+1” rule instead of standard three-year committed renewals. This is a technical measure that should have no impact on the amount provided in a grant or activities supported, but it is projected to free up \$400 million as commitments are deferred to future years.

Moreover, the Global Fund imposed strict eligibility criteria that essentially exclude most upper-middle income countries for the foreseeable future. Most notably, G20 upper-middle income countries (UMIs) including China, Russia, Mexico, Argentina and Brazil are essentially excluded from all Global Fund support. Other countries may be squeezed out by a rule stating that funding for lower-income countries (LICs) must be at least 55 percent of portfolio distribution in any given funding opportunity (NOTE: It was recognized during the meeting that as part of a separate policy advocacy track, a strategy around the continued inclusion of key affected populations in middle-income countries in Global Fund programs should be developed.)

The cumulative effect of these and other measures is expected to yield about \$1.2 billion through the end of 2013. Correlated with a \$600 million shortfall (which is about where the Global Fund currently stands in terms of its shortfall in the total of uncommitted assets), an amount of up to \$600 million has been forecasted as available for new commitments. That sum forms the basis for the Transitional Funding Mechanism (TFM) that “replaces” Round 11.

The TFM is designed primarily to “protect the gains” already achieved by the Global Fund. In practice this means that it aims to provide continuation of essential prevention, treatment and/or care services to existing grantees. TFM resources cannot be used to scale up existing services. In regards to the TFM, and the Global Fund also signalled that it would only fund “high-impact” interventions. To that end, the Global Fund identified some interventions that are “likely” to be funded through the TFM (ART provision, male circumcision, etc.) as well as others that are less likely to be funded (See for full details at: [link of the TFM Information Note](#)).

TFM proposals are due on 31 March 2012. The Global Fund currently expects to receive about 70 proposals, which is half of what it might have received in Round 11.

In addition to the TFM, countries with existing grants might be eligible for bridge funding through a separate funding line. Criteria for that source are the same as for the TFM. Another option is for countries to take advantage of reprogramming opportunities at any point in the grant cycle or during the Phase 2 renewal process.

The Global Fund Board may ultimately decide to revisit some decisions, regarding eligibility, if more money comes in on a timely basis, however, this would be an issue the Board would be cautious to reopen.

Its 2012 resource-mobilization priorities include the following:

- “move the needle back” to ensuring the contribution of the entire \$11.7 billion amount pledged in October 2010 for 2011-2013;²
- carry out a thorough review of the replenishment mechanism; and
- prepare the ground politically for a successful fourth replenishment process in 2013 (and ideally scheduling it as early in the year as possible)

The Global Fund has also identified some specific objectives of its overall resource-mobilization efforts, including the following:

- strengthen confidence in the Global Fund model among core donors;
- secure full appropriation and more timely payment of US pledge;
- secure increases from the United Kingdom and Australia, two countries that have announced plans to increase overall development funding;
- secure (partial) payment of arrears from Spain and Italy;
- ensure continued support from France;
- build on initial momentum among wealthy Arab nations and secure pledges from countries such as Kuwait and the United Arab Emirates, which have signalled interest; and

² Although the full \$11.7 billion contribution is the ultimate goal, the Global Fund has said that it realistically expects to only raise \$1 billion of the \$2 billion gap between the amount pledged and the amount currently estimated to be available (\$9.7 billion)

- refocus efforts on a reduced list of emerging donors (such as Mexico, South Korea and Turkey).

Key dates in 2012 include the Global Fund's mid-term review, currently expected to take place in September, which could become a pledging opportunity. Another such opportunity (to secure new pledges) could come via a separate gathering organized before the International AIDS Conference (IAC) in July. In general, the Global Fund acknowledges that the United States and United Kingdom are the major targets - the former is by far largest donor and the latter has ring-fenced development aid even in the midst of government austerity programs.

2.2.2 The Global Fund's communications strategies

From both a communications and resource-mobilization standpoint, the Global Fund has identified interventions where support from civil society and other advocates would be particularly useful. Priority areas of focus include the following:

- effective, targeted advocacy aimed at governmental, legislative and technical decision makers;
- high-impact interventions by key individual advocates at the highest level;
- partners in advocacy working closely in support of the Consolidated Transformation Plan (CTP) and reform of replenishment mechanism; and
- political pressure focused on countries that have defaulted or where support is visibly (or may be) slipping

The Global Fund considers rebuilding its reputation as a priority communications challenge. This will include efforts to change the conversation in the media so that it is no longer referred to automatically in press accounts as "troubled", "crisis-ridden", "corruption-plagued", etc. The goal is to reaffirm values such as "life-saving", "efficient" and "essential", all of which were commonly associated with the Global Fund before the recent corruption announcements.

The communications strategy currently being undertaken has a four-fold approach:

- Mitigate/minimize the effect of bad news.
- Provide a continuous stream of reassuring updates on the transformation process to donors, implementers and partners. Such updates could be progress reports that the general public may not be automatically interested in, but that should nevertheless be widely and openly available.
- Create a positive, forward-looking, emotional environment of support. The Global Fund intends to use the 10-year anniversary to highlight its achievements and remind observers and policymakers that despite a year of challenges, the core work of the Global Fund (saving lives) continues every day. Emphasis will also be placed on highlighting that it is one of few global entities that works toward achieving targets.
- Stress the need to continue increased investments and be clear about the catastrophic effects of stagnating and slipping backwards. The objective should not be to create panic, however, but to emphasize what is actually being done and how important it is. This effort will accentuate the detrimental consequences of standing still and the fact that progress built on momentum could disappear altogether.

The Global Fund has drafted a timeline of events in 2012 on which to focus its likely media and communications efforts, including in regards to engendering new pledges. Among them are the G8 and G20 meetings (in May and June, respectively); the International AIDS Conference (in July), which will ideally coincide with the release of a progress update on meeting the reform agenda; the mid-term review meeting (planned for September); and Access to Life (October) in Australia. (Annex 2 contains a detailed list of dates in a timeline presented by the Global Fund at the Amsterdam meeting.)

One of the Global Fund's major communications efforts throughout the year is its partnership with South Africa's Isango Ensemble to develop a new version of the opera "La Bohème".³ It will be premiered in Cape Town in February before a gala production in London in May. Additional venues

³ The new version of "La Bohème" places the action in a South African township in the 1950s and includes an adapted libretto partly in English and partly in Xhosa. The partnership with Isango, the developer of the opera, stipulates that the production will be presented over the next couple of years wherever and whenever arranged by the Global Fund. The aim will be to provide opportunities for positive local government and media support and to raise awareness. (This particular opera was chosen because TB plays a major role in the plot.)

and dates are being planned. Other media “assets” that the Global Fund plans to focus on in 2012 include arranging trips for the media to implementing countries to see achievements first-hand and screenings of “Every Life Has Equal Value”, a film created for the Global Fund (and paid for fully by a supporter).

One other notable Global Fund communications entry point is through its work with parliamentarians. A main goal is to educate legislators on what the Global Fund does and how it works, with particular emphasis on its impact on people’s lives and performance-based funding model. Some of this work is done at the national level in both donor and recipient countries. For example, the Global Fund arranges site visits for parliamentarians from the global North to see the impact first-hand; the hope is that this effort will increase their support for funding the mechanism. The main objective of engagement with legislators in the global South is to mobilize domestic resources. Another element of this work is engagement with multinational groupings such as the Inter-Parliamentary Union (IPU) and regional networks of parliamentarians.

2.2.3 Preliminary feedback from meeting participants

Amsterdam meeting participants had numerous comments and observations about the Global Fund’s resource-mobilization and communications plans. Among them were the following:

Insufficient acknowledgement of corruption. Conspicuously absent in the Global Fund’s communications strategy is the issue and role of corruption and how it is being approached. Concern was expressed that the Global Fund had let the situation get out of hand in 2011 by not acting more forcefully in response, as it did in similar situations previously (including Ukraine and Uganda).

Restrictions on civil society and partners’ access to information. In its efforts to control and contain crises (and leaks), the Global Fund is limiting the information it provides to civil society and partners, including about contentious issues. In the view of many participants, such lack of regular engagement and openness restricts civil society’s ability to adequately support and promote the Global Fund.

The Office of the Inspector General (OIG) is too disengaged. Little advance notice is provided—to either the Secretariat or external partners—as to when OIG reports will be released. The OIG has yet to provide the Secretariat with a calendar, though apparently achieving this initial goal is a priority of the new general manager. Also of note regarding the OIG is the lack of a clear communications strategy for improving its image in the South in the wake of its aggressive and highly publicized reports on corruption and fraud.

The communications messages are too reactive. According to this view, the Global Fund is not being bold or “game-changing”, including perhaps by discussing innovative financing mechanisms such as financial transaction taxes (FTTs) or highlighting the cost-effectiveness of moving forward strongly on the treatment-as-prevention approach.

Potential discrepancy regarding amount of resource shortfall to highlight. Global Fund documentation appears to focus on the drive to raise \$1 billion in 2012. However, some meeting participants noted that the “real” gap is \$2 billion and that the larger figure should be at the core of all messaging, including in the effort to secure money for a new funding window by the end of the year. The Global Fund and civil society advocates should be in synch with desired amounts in order to create a more unified front and avoid confusing messages or even allegations of hyperbole.

2.3 Opportunities and challenges regarding target diseases

Data and observations in Section 2.3 are based on presentations delivered by civil society representatives 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.

Global responses to AIDS, TB and malaria have achieved remarkable success in recent years. The scaling-up of resources and programming have saved millions of lives and improved the health, economic and social well-being of millions more as well. Recent developments in regards to treatment and prevention offer greater cause for optimism and have been greeted excitedly by

advocates and public health policymakers worldwide. Opportunities to turn the corner have never been more evident or seemingly in reach.

Many challenges are in the path to overall success, however. Many immediate ones relate to the current overall funding environment. The Global Fund is not the only source of funding for most countries' responses to the three target diseases and it is not the only one that has scaled back its resourcing levels. Yet due to its relative size and influence, its funding shortfall and recent operational decisions are likely to have—and in some cases have already had—major consequences.

Listed below are brief summaries of some of the opportunities and challenges associated with the global responses to the three target diseases:

HIV/AIDS

Many advocates and policymakers believe a tipping point has been reached in the fight against HIV. Among other developments, they cite recent studies showing the effectiveness of male circumcision and treatment-as-prevention (the HPTN 052 trial). Such reports offer a glimpse of reduced epidemics through the implementation of combination prevention approaches, which are among the most important priorities of a high-profile strategic investment framework unveiled in June 2011 and since endorsed by many policymakers and institutions involved in the global HIV/AIDS response. That framework calls for sharply increased HIV/AIDS investments in the short- and medium-term to avoid higher costs further down the road. Between 2011 and 2020, according to the framework's analysis, some \$40 billion in future treatment needs and 7.4 million deaths could averted worldwide if the framework were implemented rapidly and fully. (Similar positive conclusions regarding the impact of ART on prevention efforts have been drawn from analysis conducted by PEPFAR.)

The Global Fund's lack of resources is thus occurring at the very time that momentum should be re-established and resources and efforts should be majorly increased in response to new evidence. Instead, the direct negative impacts on HIV programmes will likely be extensive if recent decisions are allowed to stand. Some such impacts reportedly have already surfaced, according to some meeting participants, including the following:

- treatment scale-up plans being revised/delayed/deprioritized (in the Democratic Republic of the Congo, Guinea and Myanmar);
- delayed or rationed implementation of World Health Organization (WHO) treatment guidelines (Uganda, Malawi and Mozambique); and
- increased risk of ARV stock-outs and thus treatment interruption.

Tuberculosis

The majority of TB resources are allocated by countries themselves, but of the donor funding provided more than four-fifths comes through the Global Fund. Based on these figures and additional analysis, the mechanism's TB investments have yielded over half of the lives saved so far in the past several years. It thus is clear that taking the TB response to the next level depends on a fully resourced Global Fund.

The cutbacks are also occurring just as countries have begun to ramp up access to the Xpert diagnostic test endorsed by the WHO in December 2010. That rapid test for TB, which also detects drug resistance, is a critical tool in TB responses worldwide and is an extremely cost-effective approach. Without Global Fund support, some countries may be unable to roll out access as quickly as they planned (if at all). That likely outcome is supported by findings that up to 56 countries had been planning to submit Round 11 TB proposals, with many of them specifying the use of funds to scale up Xpert. Delaying or missing this opportunity will have deadly consequences as several hundred thousand infected individuals may not have the opportunity to be diagnosed and then offered access to TB treatment.

Malaria

By some accounts, malaria is the biggest Global Fund success story. It provides about two-thirds of all malaria funding, and the huge expansion of resources in the past several years has played a major role in reducing worldwide deaths from malaria by 20 percent (and by 50 percent in some

parts of Africa). One reason is that programmers and advocates know what is needed to be done and how to do it, with provision of insecticide-treated nets and indoor residual spraying being the two most important interventions. Global Fund money pays for both in many countries.

These successes could be greatly jeopardized by the Global Fund's step back. One reason is that it is important to sustain programmes. Most notably, insecticide-treated nets must be replaced every three years or so in order for malaria prevention to remain effective. According to recent estimates, more than 590 million new nets should be delivered over the next five years across Africa alone. It will be a struggle to achieve that goal without robust Global Fund support. Other gaps are equally momentous. For example, i) an estimated 1 billion diagnostic tests will be needed from 2012 through 2015, but less than half have been financed; and ii) the majority of funds needed to provide malaria treatment with ACT (artemisinin-based combination therapy) has yet to be financed over that period.

The potential gaps raise the likelihood of quick and deadly reversal of success and growing drug resistance. Countries may also be forced to decide between allocating scarce resources to prevention at the expense of treatment.

3. Steps and Strategies Already Undertaken to Advocate on Behalf of the Global Fund

This section summarizes some potentially relevant advocacy campaigns and strategies already under way in direct or indirect response to the Global Fund's recent decisions. Section 3.2 provides an overview of the draft GFAN strategy for discussion at the Amsterdam meeting.

3.1. Notable ongoing initiatives

GFAN advocates have been at the forefront of a campaign aimed at addressing the resource shortfalls as quickly as possible. Days after the November 2011 Global Fund Board meeting, advocates called on the Board to provide a new funding opportunity (or "funding window") and convene an "emergency donor conference" within 200 days, before the International AIDS Conference in Washington, DC in July 2012. The Call to Action had been endorsed by more than 215 organizations by February 2012 (see <http://icssupport.org/home/call-to-action>).

The Call to Action is based on the belief that the TFM is not an acceptable solution because it is an extremely thin and limited lifeline. Advocates propose a new funding window of at least \$2 billion to be made available in 2012 and the emergency donor conference to pay specifically for it. Holding the conference before the IAC is considered critical to fully fund the scale-up of programmes. The campaign urges the Global Fund and its allies, including throughout civil society, to pressure donors (especially governments such as the United States, Italy and Spain) to deliver on the commitments they have made. Another important revenue-generating option would be to seek new top-up funding from sources such as the United Kingdom and Australia.

Also discussed at the Amsterdam meeting was a new initiative of the Joint UN Programme on HIV/AIDS (UNAIDS) aimed at getting African governments and leaders from across the spectrum on the continent to take greater responsibility for their HIV/AIDS responses overall. Recommendations are based on the theme "sourcing sustainable solutions" and include governments allocating greater shares of their budget to health, including HIV/AIDS programming; creating an African Medicines Regulatory Agency to oversee drug approval and quality; and building the capacity for more local production of medicines, including antiretroviral drugs.

The main elements of this initiative were outlined in a recent UNAIDS report ("AIDS Dependency Crisis: Sourcing African Solutions"⁴). The publication has engendered strong reaction at both local and global level, with many observers disagreeing with some of the proposed recommendations and solutions. Many participants at the February 2012 Amsterdam meeting were particularly opposed to the idea of prioritizing local production of medicines, which they said would be costly to

⁴ The version as of February 2012 is available at www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2286_Sourcing-African-Solutions_en.pdf.

put in place and would not necessarily prove cost-effective given how inexpensively drugs are made in India.

UNAIDS reportedly has acknowledged the contentious response to the publication and is considering revising all or parts of it. Nonetheless, the overall initiative is likely to remain an organization priority. UNAIDS personnel are working with African Union (AU) stakeholders on the drafting of an AU resolution in support of the concept of increased local responsibility for HIV/AIDS responses. One potential outcome reportedly will be a call from African leaders for a “crisis summit” to be held in June, ideally associated with the AU meeting that month in Malawi.

3.2 Draft GFAN joint civil society advocacy strategy

A GFAN Working Group met in New York in January 2012 to brainstorm about a joint civil society advocacy strategy aimed at responding to the Global Fund’s resource crisis. A draft strategy including both short- and long-term objectives and potential messaging priorities was completed in late January 2012 and circulated prior to and for discussion at the Amsterdam meeting. The draft is intended to be viewed as a starting point for the eventual development of a common approach.

Short-term objectives prioritized in the strategy include the following:

- Fully support the campaign for “\$2 billion in 200 days” and an emergency donor meeting prior to the International AIDS Conference in July 2012
- Advocate for FTTs, and for a significant share of their revenues to be allocated to development and the Global Fund. (In other words, the Global Fund would be a “preferred recipient” of FTT-generated resources.)
- Analyse the impact of the cancellation of Round 11 and promote full responses to unmet needs
- Develop a campaign and campaign tools for the short and longer term to mobilize resources for the Global Fund Strategy 2012-2016
- Mobilize civil society in the North and South and support advocates
- Develop a GFAN communications strategy and restore confidence
- Build a global social movement in support of the Global Fund to defeat the three diseases

Mid- and longer-term objectives include the following. It is assumed that all should be evidence-based and grounded in reality in order to potentially generate most support:

- Promote implementation of the Global Fund Strategy 2012-2016
- Develop and implement a global resource-mobilization campaign to achieve a fully funded Global Fund (including a successful fourth replenishment process in 2013)
- Advocate for a range of other innovative financing opportunities while continuing to push for FTTs that allocate significant revenues to development and include the Global Fund as a recipient
- Advocate for the establishment of a new, robust replenishment mechanism
- Further develop an active global social movement
- Advocate for increased engagement of the private sector and emerging economies
- Support Global Fund advocates in the global North and South

GFAN conveners proposed that a joint global campaign can and should be developed with these objectives in mind, though with substantial refinement regarding specific messages and identification of target audiences.

4. Creating a New Collaborative Campaign among Civil Society

Section 4 focuses on discussions among meeting participants regarding development of a joint campaign and movement aimed at addressing the Global Fund crisis specifically and the broader challenges facing the overall responses to HIV, TB and malaria. Actions and proposals undertaken to date, including those discussed in Sections 2 and 3, helped lay the groundwork for this work. Participants discussed not only specific activities and interventions but also potential strategies—including messaging and approaches—to make them as effective as possible. One overarching goal was to identify some core elements of a collaborative campaign (discussed in Section 4.2).

4.1 Priority discussion areas, principles and methods associated with a GFAN campaign

During various brainstorming sessions, participants articulated a series of priority discussion areas and principles associated with a GFAN campaign. Many of them were linked with various activities aimed at raising awareness and building greater support for the Global Fund. Some of the key discussion points and suggestions are summarized below.

Key point to consider: What are parameters of a campaign?

Several participants stressed the need to be clear about whether the campaign and GFAN itself intend to focus on the Global Fund solely or more broadly. Are organizations and members advocates on behalf of their diseases generally or in regards to the Global Fund primarily? The answer has a significant impact on what advocates do and how they do it. Should mobilization be undertaken specifically for the Global Fund or, say, for fighting malaria more broadly? If the ultimate goal is to end the diseases, then advocates should consider ways to obtain resources from any and all sources.

Most agreed that the broader goal should be prioritized. In their view, an essential element of the advocacy must be about mobilizing around a range of issues not strictly associated with the Global Fund. These issues might include human rights, access to medicines (including against trade deals that restrict access to medicines), and ensuring that scarce resources go where they are needed. Participants from regions mostly excluded from Global Fund eligibility were especially supportive of the broad view. In Eastern Europe and Central Asia, for example, preliminary analysis indicates that three countries at most are eligible to apply to the TFM. Yet at the same time, many people in the region will be left without support because governments refuse to support harm reduction and other services of particular importance to responding to local epidemics. Meeting attendees from the region said that since they have been abandoned by the Global Fund, they see little reason to support it now that they cannot expect to benefit.

A critical message is to make the case for increased investments now. The slogan “Pay Now or Pay Forever” encapsulates this priority noted by many participants. They stressed the need to highlight analysis and evidence—including that contained in the strategic investment framework unveiled in 2011—that greater investment now will save money and lives in the long run. Not responding adequately would mean wasting an opportunity to maintain progress and turn the corner in the fight against the three diseases.

Explain the Global Fund better and defend it, including with evidence-based information.

Participants largely agreed on the need to **better explain the Global Fund, including what it does and why**. This effort should be targeted to policymakers, the media and the general public both in the global North (particularly in donor countries) and the global South. One objective is to overcome lack of knowledge about the mechanism, including in nations where it is responsible for a substantial share of disease responses. Another is to show its impact on people’s lives in a direct, clear way.

A related call was to **ensure that the Global Fund is discussed and promoted in ways that are more accessible to politicians** in both executive and legislative branches. Special emphasis should be placed on emphasizing that it is an open, transparent institution as well as on frankly discussing how it is dealing with issues such as fraud and corruption. According to this view, highlighting the fact that the Global Fund is a modern and effective mechanism would be useful in getting politicians to defend it—notably in donor countries.

Two other points in this area were stressed. One centred on the **need for advocates to be more invested in defending the principles of the Global Fund**, especially as the entity itself undergoes reform. The unique core principles—that it is needs-driven, country-driven, etc.—should not be sacrificed. The other priority is that civil society must be involved in making the case that **the Global Fund emphasizes funding evidence-based actions** to end the pandemic and is greatly focused on ensuring programme effectiveness (performance-based funding, etc.). As part of this effort, the Global Fund’s unprecedented track record of success should be spotlighted.

And finally, “defending” the Global Fund should also include showing what happens when it is not able or willing to support comprehensive services and scale-up. **Mapping the needs of communities and gaps in disease responses should be part of this effort.** A model for such

work is a mapping report prepared quickly by the International HIV/AIDS Alliance after Round 11 was cancelled in November 2011. Titled "Don't Stop Now: How Underfunding the Global Fund to Fight AIDS, Tuberculosis and Malaria Impacts on the HIV Response", the report provides case studies of five countries with different challenges and needs (Bangladesh, Bolivia, South Sudan, Zambia and Zimbabwe).⁵ For each, the report highlights likely consequences of not continuing to scale up HIV/AIDS responses. Among the warnings is that lack of funding for care and support services will have a major impact on treatment adherence, thereby limiting treatment options for thousands of people and dramatically raising costs across health systems.

More people and communities, including in the global South, should be directly involved in raising awareness of the Global Fund's impact. Personal stories can be powerful in a campaign, and there are millions of them waiting to be told. The Here I Am campaign⁶ from previous years focused on such efforts; they should be expanded and amplified.

Consider how to use social media in sensible, comprehensive and flexible ways. The checklist might include the following:

- First, determine the purpose of using social media. For example, is social media being used to broaden constituencies, to influence donors, to build solidarity, and/or to build impact?
- Second, it is important to consider whether social media is a priority of the strategy in the near term, or perhaps would be more effectively exploited further down the road in terms of making/having an immediate impact and influence.
- Third, the most effective practical use of social media tools should be identified. For example, should they be used to build and expand communication among advocates, for fundraising, or to build demonstrations of support?
- Fourth, a range of advocacy movements (including some focusing on health issues) already use social media effectively and extensively. It is worth exploring the possibility of collaborating with such existing platforms in order to save money and maximize impact.

Many of these considerations were highlighted during a long-distance presentation by Purpose, a New York-based firm that specializes in designing and implementing social mobilization strategies.⁷ ICSS raised the possibility of contracting the company to help create a robust and effective social movement for GFAN, including activities associated with specific dates and priorities. For example, the larger movement could be targeted as "End HIV, TB and malaria", while campaigns within it could aim to get for instance Italy to honour its pledges.

Most participants supported the idea of GFAN exploring work with Purpose or a similar firm as part of the overall strategy. They agreed, though, that social media should only be considered one element of a comprehensive strategy, and that it would therefore be necessary to ensure that other critical elements (e.g., in-person rallies and direct contact with key stakeholders) receive sufficient attention. In other words, social media tools and approaches would amplify but not replace other tools and approaches.

African participants expressed some scepticism about how useful social media would be in their campaigning efforts, given the relatively limited way most tools are currently used in their countries. They noted, though, the high and continually growing penetration of mobile phone use, a development that has already begun to improve access to health care by giving people (including in remote areas) access to critical information about health and services. A great potential therefore exists for increased reliance on mobile technology to build and sustain social movements and campaigns.

The consensus among participants was that GFAN should continue exploring the possibility of working with Purpose or another similar company, but should come back to the joint group with specific suggestions.

⁵ The report is available at http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_524.pdf.

⁶ <http://www.hereiamcampaign.org/>

⁷ See www.purpose.com/. Purpose was the creator of the "All Out" campaign aimed at halting progress of the anti-gay legislation in Uganda in 2011. (The bill was abandoned that year, but its supporters are relaunching their effort in 2012.) Purpose's website notes the following: "Our principals are co-founders of Avaaz, the world's largest online political movement with more than nine million members operating in 14 languages, and the creators of Australia's Get Up! an internationally recognized social movement phenomenon with more members than all the country's political parties combined."

GFAN should seek to add value and steer the conversation during a campaign. One priority could be to **improve synergies between North and South** in areas such as regularly scheduled GFAN calls. Such calls could, for example, have thematic subgroups—including those that focus more on participants from the South and issues of highest priority there. Another step could consist of **initiating post-Board meeting briefing procedures**. Recent developments underscore the amount of new and often complicated information coming from Global Fund Board meetings. GFAN could add value by reviewing and synthesizing information (including outcomes and policy shifts) into different documents such as briefing papers/fact sheets that are tailored for different stakeholders and audiences. Such publications could also discuss the potential impact of policy and structure changes.

4.2 Core elements of a campaign: specific proposed interventions and timelines

The focus areas noted during brainstorming sessions (see Section 4.1) underpinned some of the extensive work at the meeting toward identifying core elements of a joint civil society advocacy strategy. That work continued in break-out sessions focusing on four main areas:

- short-term strategy (through 2012)
- longer-term strategy (through 2016)
- FTTs and securing the Global Fund as a preferred recipient
- communications and media work

Outcomes from those four sessions are summarized below in Sections 4.2.1 through 4.2.4. In some cases the information, observations and recommendations overlap. Altogether, it is expected they will help inform the further development of a comprehensive GFAN strategy. ICSS has agreed to prepare a master calendar based on proposed intervention activities and dates.

4.2.1 Short-term strategy

The overall goals of a short-term strategy are to ensure that scale-up across the three diseases recommences following the injection of new funds, and that disbursements are provided before 2014. The main element would be a “pledging moment”—ideally an emergency donor conference—to take place before the IAC in July 2012. The success of such a conference requires securing a host and date, securing Global Fund Board support for the creation of a new funding window, and securing cash from donors for that new funding window.

The table below outlines proposed feasible targets and amounts to be sought in this process. It is considered timely as of the consultation dates (early February 2012). Other potential donors discussed but not mentioned in this table include emerging economies such as Mexico and Turkey.

Notes regarding table:

1. New funding window refers to soliciting proposals in 2012 and making disbursements available in 2013.
2. The table does not refer to one potential source of funding noted specifically by some participants: the European Commission’s European Development Fund. That fund reportedly has unspent discretionary funds available at the end of fiscal years that could be tapped for the Global Fund. This option discussed in Section 5.

	Contribution committed at emergency donor conference	Funding for new funding window
Based on pledges already made:		
United States ⁸	\$1.6 billion in FY13 \$250 million in FY12	\$700 million
Spain/Netherlands/Denmark	\$100 million	\$100 million
Top ups (beyond existing pledges):		
United Kingdom	\$400 million ⁹	\$250 million

⁸ The US contribution to the emergency donor conference would not be fully reflected in the new funding window because roughly \$1 billion of its total \$4 billion contribution (already pledged) can likely only be released to the Global Fund in 2014 and 2015. Also, the Global Fund Secretariat is more conservative about the funding available for a new funding window and estimates it rather around \$530 million.

Australia	\$100 million	\$100 million
Canada and others	\$100 million	\$100 million
TOTAL	\$2.55 billion	\$1.25 billion

One option for hosting the emergency donor conference would be the United States, perhaps during or around the G8 heads of state meeting in Chicago in May. Another would be Mexico, which hosts the G20 meeting in June.

Listed below are key action areas proposed to achieve success. Each is associated with timelines.

1. *Clear Southern leadership and articulation of need* –Timeline: February through May 2012
2. *Direct lobbying on hosting emergency donor conference* –Timeline: February-March 2012
3. *Agreement on realistic numbers and definition of success* –Timeline: February 2012
4. *Public campaign to deliver donor cash, with priority country campaign plans shared* –Timeline: March through June 2012
5. *Define agreed tactics for the campaign* –Timeline: March through June 2012

Participants specified some additional specific action points to be undertaken as part of a short-term strategy. They will be detailed in a separate Action Plan.

4.2.2 Longer-term strategy

Discussions centred on what could and should be done between now and 2016, with the overall goal a fully funded Global Fund Strategy for 2012-2016. The main objectives are to:

- have leaders in the South articulate need for Global Fund support;
- tie pledges to contributions more robustly;
- support advocates in donor countries that are traditionally recalcitrant, with the goal of restoring their pledge rates and reducing delays; and
- encourage widening of Global Fund donor base.

Key target groups for all efforts include existing donor governments, advocates in both donor and implementing countries, and governments and in-country advocates in potential donor countries.

Listed below are key activities proposed to achieve success. Only those deemed essential prior to the Global Fund's September 2012 mid-term review are specified at this stage. Each is associated with a timeline; for each, additional work is needed to identify specific participants charged with driving the effort(s).

1. *Develop arguments to donors based on investment in cost-effectiveness terms* –Timeline: By May 2012 Global Fund Board meeting
2. *Develop mechanisms for robustly linking pledges and contributions* –Timeline: By May 2012 Global Fund Board meeting
3. *Work with Global Fund Secretariat to calculate funding need for Global Fund Strategy implementation* –Timeline: Immediate start, to be completed by May 2012 Global Fund Board meeting
4. *Build improved advocacy links within Africa and in other regions* –Timeline: Immediate start, with significant progress to be made by May 2012 Global Fund Board meeting
5. *Build links with advocates in potential new donor countries* –Timeline: Initiate in March/April 2012, to be completed by June 2012
6. *Strengthen support for advocates in recalcitrant traditional donor countries* (in particular, Spain and Italy in the near term) –Timeline: Ongoing
7. *Advocate for innovative financing mechanisms (e.g., FTTs)* –Timeline: Ongoing
8. *Develop advocacy strategy regarding 2012 IAC* –Timeline: Completed by June

Other notable topics of discussion and comments related to session

Initial analysis among participants in this session focused on **what was learned from previous Global Fund replenishments**. Among them are the following: i) advocacy among implementing

⁹ This amount represents a doubling of UK commitments. Yet the total available for the new funding window would only net \$250 million because \$150 million has already been listed in the Global Fund's forecasting.

countries was started far too late: ii) robust links and expectations were not made between pledges and contributions, which means there are few consequences from delays in payments and renegeing on pledges; iii) the Global Fund considered the 2010 replenishment drive a “success” yet most advocates considered it a failure; and iv) for the 2010 replenishment the Global Fund and advocates used only minimal cost-effectiveness arguments, preferring instead to focus on a moral obligation argument.

The last observation is important in regards to the 2013 replenishment, which participants agreed should prioritize return on investment arguments (including those articulated in the strategic investment framework proposed in June 2011). Other participants argued that advocacy efforts should be undertaken to get the Global Fund to consider changing its replenishment model.

Significant support was noted for the idea that civil society should develop a proposal for a new replenishment/resource-mobilization model, articulate why it is an improvement, and then fight for it. Such an initiative should be a priority in 2012.

Greater involvement of the South was another major focus area of discussion. Many participants, including some from the region, said that strategies aimed at getting Southern leaders more engaged in supporting the Global Fund (and lobbying donors on its behalf) had not worked well so far. Health ministries in particular are urged to be more direct and aggressive in articulating their need for Global Fund support and advocating for it.

GFAN can and should develop an “agenda for change” within the Global Fund. This could also be conceptualized as a “manifesto for change”. It could highlight specific actions that civil society wants the Global Fund Secretariat to undertake and prioritize, such as disbursing resources more quickly and efficiently and reducing overall complexity in grant processes. The list could also cover governance and resource-mobilization issues.

GFAN should challenge the Board to develop a strategy for reversing (at least partly) its stricter eligibility criteria that essentially exclude most middle-income countries. In particular, it should prioritize the funding and sustaining of programmes that governments in those countries refuse support—most notably those providing services to key affected populations such as injecting drug users.

4.2.3 FTTs: How to ensure revenues go to the Global Fund

Context and history

Financial transaction taxes (FTTs) refer to small tariffs placed on different kinds of financial transactions, such as currency and derivatives trades. The concept was first raised decades ago as part of a movement to restrain or “punish” financial institutions for manipulative and/or illegal behaviour. More recently, FTTs—which can theoretically be introduced by governments anywhere—have been presented as a relatively simple and painless way to raise significant revenues. Over the past few years health and development advocates have championed FTTs as a leading innovative financing mechanism to raise funds for their priorities, including the Global Fund.

The longstanding advocacy efforts to secure FTTs have shown great promise in recent years. Given the role financial institutions played in precipitating the ongoing global economic problems, including sovereign debt crises plaguing much of the euro zone, governments are far more receptive to the idea. Many policymakers are also no longer swayed by arguments that such levies are distortive or are bound to chase capital out of countries. (Sweden’s failed experiment with an FTT in the 1990s is regularly cited by opponents, but many economists and other analysts argue that the real problem was the bad model implemented.)

Brazil has had a sort of FTT for several years that focuses on, among other things, insurance and credit transactions. It raised the equivalent of \$14 billion in 2011 and, according to participants from Brazil, has not driven capital from the country. More recently, the European Commission has sought to implement an FTT across the European Union, but that effort has been blocked by two countries, the United Kingdom and Sweden. (The other 25 EU members support the initiative.) France has moved ahead alone and will implement an FTT in August 2012; though it has a relatively limited reach, it is still expected to raise about 1 billion euros (\$1.3 billion) a year. German policymakers are thought to be considering following France’s lead.

Proposed GFAN advocacy efforts regarding FTTs

Action on implementing FTTs is generally welcomed by civil society advocates from health and development sectors. However, they have had little success so far in getting revenues raised through the levies allocated for their priorities. In both Brazil and France, for example, the money raised is currently allocated solely or primarily to paying down the national debt.

Session participants therefore identified two complementary overall goals moving forward:

- Make it difficult for FTT implementers to neglect development
- Ensure that a substantial share of revenues raised through FTTs go to the Global Fund, other health sources, and other development priorities (e.g., education, food and the environment)

Key objectives include the following:

- Lobby French presidential candidates—in the lead up to the two rounds of elections in April and May—to commit to allocating eventual FTT revenues to development and the Global Fund. These efforts should be ramped up after the elections to target policymakers who will make ultimate decisions about revenue recipients before the French FTT is formally launched in August.
- Lobby the German chancellor to follow France's lead and implement an FTT, with revenues allocated to the Global Fund and other priority development sources. Focusing on Germany is important because of the size of its economy and its influence in the European Union.
- Reach out to leaders in emerging economies to become champions.
- Build a momentum for broad acceptance of FTTs for development as a legitimate proposal.

In addition to the high-level leaders mentioned above, targets of advocacy efforts should include political leaders in other countries, social activists, parliamentarians (especially in France and Germany), and the media. **Educating journalists should be a main priority** as many do not appear to understand how FTTs can and should work in practice, and instead repeat myths fed to them by opponents.

Listed below are key action areas/activities proposed to achieve success. In this session, participants associated actions with specific events in 2012 where targeted advocacy could have a beneficial impact.

G8 meeting in May 2012

- Seek to have support for FTTs included in communiqué

Timeline: Now through meeting

G20 meeting in June 2012

- Seek to have support for FTTs included in communiqué

Timeline: Now through meeting

Rio+20 (United Nations Conference on Sustainable Development) in June 2012

- Seek to have support for FTTs included in document

Timeline: Now through meeting

International AIDS Conference in July 2012

- Organize press conference and plenary on FTTs and the need for revenues to be allocated to health (in general) and the Global Fund (specifically)

Timeline: Now through meeting

Other notable topics of discussion and comments related to session

The Global Fund should consider the FTT concept a priority and start talking about them immediately. It should highlight FTTs as an example of an innovative financing mechanism that can make a major difference in global health and development resources without major impacts on donor countries' development budgets.

GFAN members should consider developing an agreed "ask" regarding source of revenues from FTTs. Meeting participants all agreed that the Global Fund should receive a share of revenues from FTTs. No consensus currently exists, however, as to what that share should be

or, more broadly, what share should be allocated for development priorities in general. One vocal supporter of FTTs, Médecins Sans Frontières (MSF), does not currently have a position on how revenues should be distributed, though it does emphasize the need for sufficient, predictable funding. In a recent report, MSF said it “supports calls to direct a small but permanent portion” of FTTs “to meet global health needs”.¹⁰ The UK-based Robin Hood Tax campaign is more specific in that it calls for 50 percent of revenues to be allocated to fight poverty in the UK and 25 percent each to fighting poverty in developing countries and fighting climate change. But those priorities are country-specific and are thus not relevant for a coordinated, global response.

Unified messaging would be useful. Examples might include “Don’t tell us there’s no money”, which would draw attention to governments’ finding billions of dollars to bail out banks even while pleading poverty, and “FTTs are the only foreseeable horizon for HIV/AIDS funding”. Etc.

Participants also agreed on the need to **schedule a GFAN call as soon as possible to discuss specific strategies regarding FTTs.** In particular, many believe it is necessary to develop a clear set of goals regarding the European Commission as it is expected to revisit the issue in 2012.

4.2.4 Developing a proactive longer-term communications and media strategy

Three overall goals were proposed by session participants:

- Raise awareness of the Global Fund and its model in order to restore stakeholder confidence
- Respond to emerging issues effectively in order to maintain confidence in the Global Fund
- Champion the Global Fund reform process, and where appropriate positively critique the process to ensure the founding principles of the Fund are maintained

Objectives were also identified, based on a consideration of what associates of the GFAN platform can do proactively in regards to communications and media work (and recognizing limitations based on organizations’ size and resources). The following four objectives were highlighted:

- To share information and resources in order to improve communications across GFAN/the three diseases
- To develop communications plans around specific moments (including preparing for reactive communications work)
- To create a forum for sharing ideas and refining messaging
- To develop a campaign/social movement—and consider linking to or building on the Here I Am campaign.

Key target groups include the Global Fund Secretariat, the Board and the Office of the Inspector General (OIG). They are prioritized because in many instances the Global Fund Secretariat may need to take a leading role in communications and media efforts, with civil society in a supportive role. The main objectives noted above, however, can be undertaken internally (i.e., within the civil society sector, including through the GFAN platform).

Listed below are key activities proposed to achieve success. The numerous activities are organized in three chronological categories: February-March 2012 (before the Global Fund Board retreat); March-May 2012 (before the May Board meeting); and April-July 2012 (prior to an emergency donor conference and the International AIDS Conference).

Activities to undertake before Global Fund Board retreat (February-March 2012)

1. *Extend listserv* –Timeline: End of February
2. *Letter to new Global Fund General Manager Gabriel Jaramillo (or multiple letters, depending on input from regions)* –Timeline: By Board retreat
3. *Establish Virtual Communications Group via Google Group (or similar) to share info* –Timeline: End of February
4. *Establish GFAN Twitter account (perhaps hashtag #EndATM) and link social media colleagues across GFAN members* –Timeline: End of February
5. *Establish an events list—of proactive and reactive opportunities for advocacy/communications activity* –Timeline: End of February

¹⁰ As cited in “Five Lives: How a Financial Transaction Tax Could Support Global Health”, published in October 2011. Available at www.doctorswithoutborders.org/publications/reports/2011/MSF-5-Lives-Financial-Transaction-Tax-Global-Health.pdf.

Activities to undertake before May Global Fund Board meeting (March-May 2012)

1. *Develop briefing materials—e.g., what is the Global Fund, what is GFAN, highlights of the Global Fund strategy, proof of concept, where have we come from in regards to fighting the three diseases and where are we going, impact of Round 11 cancellation, etc.*
–Timeline: End of March
2. *Continue to collect case studies/evidence of impact* –Timeline: Ongoing
3. *Consider submission of IAC 2012 satellite concept* –Timeline: End of March
4. *Create a **manifesto for change** (10 key asks relating to Global Fund reforms, donor commitments, etc.), perhaps as part of “Agenda for Change” noted in long-term strategy (see Section 4.2.2 above)* –Timeline: By Board retreat

Activities to undertake before proposed emergency donor conference and IAC (through July 2012)

1. *Explore video production: making the case for the Global Fund specifically and/or more broadly the “end of AIDS, TB and malaria”* –Timeline: By emergency donor conference or IAC, whichever is first
2. *Explore journalist site visits (pre-IAC) focusing on impact of Global Fund* –Timeline: Undertake in May and June
3. *Recruit more media champions, especially Southern leaders, civil society advocates, individual testimonies (e.g., people who have benefitted directly from Global Fund support), and use these in communications/media outreach* –Timeline: Ongoing

Other notable topics of discussion and comments related to session

Strong support was voiced for **developing more case studies showing actual and/or projected impact of the Global Fund’s retrenchment**. A good example is the recent publication from the International HIV/AIDS Alliance, “Don’t Stop Now: How Underfunding the Global Fund to Fight AIDS, Tuberculosis and Malaria Impacts on the HIV Response”.¹¹ Such publications will likely resonate even more with extensive evidence and data as well as use of personal stories.

Several session participants **strongly supported the hiring of Purpose** (see Section 4.1) or a similar entity to develop and sustain a robust social media movement. They believe visibility and reach justify the expenditure, adding that costs could be shared among different organizations engaged in similar advocacy efforts regarding the three diseases.

Some meeting participants raised **concerns about the use of terminology such as “emergency” and “crisis” when referring to the Global Fund** in media and communications work—including in regards to an “emergency donor conference”. In their view, such strong words reflect negatively on the Global Fund—including among donors—because they reinforce perceptions that the structure and mechanism are in danger of falling apart and therefore are not worth supporting. Other participants disagreed, arguing that using less blunt terms would minimize the problems and limit attention to the real and growing problems.

5. Targeted Strategies for Three Potential ‘Game-Changer’ Donors

The Amsterdam meeting concluded with a brief discussion of targeted strategies for the short-term to influence three main donors that could be “game changers” in terms of overcoming the Global Fund’s current resource crisis. While more money may eventually be available from other donors, more immediate success may also come from targeted advocacy aimed at the governments of Spain and Italy (both of which have large outstanding pledges and have delayed action on fulfilling them) and the European Commission.

Brief summaries are provided below of specific strategies agreed to by break-out groups focusing on those three donors:

¹¹ The report is available at http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_524.pdf.

Spain

It is not yet clear where the new government stands on the Global Fund, including when (or if) it will meet Spain's outstanding commitment to the Global Fund.¹² Meeting participants thought that one potentially useful strategy would be to focus on Latin America, a region with strong ties to Spain. Getting Latin American leaders to make the case for the Global Fund, including its critical impact in their countries, with their Spanish counterparts might be effective.

Italy

The new technocratic government of Prime Minister Mario Monti seems keen to be recognized at the international level and to restore Italy's global reputation. Meeting its Global Fund pledges could be portrayed to him and others in the government as one good way to achieve these goals. Among the figures that could be enlisted to make this case would be the following: former Prime Minister Romano Prodi, who has long supported the Global Fund and could be contacted through the Secretariat; US President Barack Obama, whom Monti admires and seeks to build closer ties with; Ethiopian Health Minister Tedros Adhanom Ghebreyesus, the former chair of the Global Fund Board, who is from a country that is a leading recipient of Italian development aid; and Andrea Riccardi, the new minister for international cooperation and integration policies. Riccardi is the founder of the Community of Sant'Egidio, an Italian-based NGO active in charity work around the world (including in regards to health and fighting HIV in Africa). He could be influential with Monti, but it is first necessary to determine the NGO's positions regarding the Global Fund.

European Commission (EC)

A potentially effective campaign could be built around HIV prevention, based on the EC's strong support of prevention programming. The case could be made that the Global Fund's resource shortfalls and retrenchment threaten the successes achieved in prevention in recent years and make it unlikely that evidence-based combination prevention programmes can be rolled out in many countries.

In the long run, enhanced EC support for the Global Fund is likely because its overall external development budget for 2014-2020 is expected to be 30 percent higher than previous multi-year commitments. More immediate, though, is the possibility of securing funding from European Development Fund (EDF) reserves. Hundreds of millions of euros might currently be available for discretionary disbursement; if those funds are not used, they are rolled over to the following year.

Additional research will be needed to determine the feasibility of this option. It is likely that outreach to European Parliament members and influential officials from member-states could be helpful.

¹² Press accounts from later in February, after the Amsterdam consultation, indicated that Spain will resume its contributions to the Global Fund. It was not clear upon completion of this report whether this would actually happen and/or what amount of funding would be released.

Annex 1. List of Participants

The following individuals, listed alphabetically by last name, attended all or part of the 8-10 February meeting in Amsterdam. The country noted refers to where the individual is currently based; the exception in that list is the use of "Geneva" in regards to secretariats of various organizations based in that city. (Note: "MSF" refers to Médecins Sans Frontières. All other acronyms are associated with official names of organizations when mentioned.)

Participant	Organization	Country
Kerstin Akerfeldt	MSF-Stockholm	Sweden
Corey Barber	MSF-Berlin	Germany
Don Baxter	Australian Federation of AIDS Organizations (AFAO)	Australia
Kolleen Bouchane	RESULTS US / Action	United States
Bill Bowtell	Friends Pacific	Australia
Stefania Burbo	Osservatorio AIDS	Italy
Joanne Carter	RESULTS US	United States
Sylvie Chanterreau	Friends Europe	France
Louis Da Gama	Global Health Advocates	France
Kieran Daly	Bill & Melinda Gates Foundation	United States
Sandy Harnisch	Action Against AIDS	Germany
Pim de Kuijer	STOP AIDS NOW!	Netherlands
Khalil Elouardighi	Coalition Plus	France
Stefan Emblad	Global Fund Secretariat	Geneva
Claudio Fernandes	GESTOS	Brazil
Arben Fetaj	Stop AIDS Alliance	Brussels
Philipp Frisch	MSF-Berlin	Germany
Ruth Foley	Ecumenical Advocacy Alliance	Geneva
Richard Kasesela	Friends Africa	Tanzania
Shannon Kowalski	Open Society Foundations	United States
Jon Lidén	Global Fund Secretariat	Geneva
Simon Logan	RESULTS UK / APPG TB ¹³	United Kingdom
Vanessa Lopez	Salud por Derecho	Spain
Sharonann Lynch	MSF	United States
Lynette Mabote	AIDS & Rights Alliance for Southern Africa (ARASA)	South Africa
Linda Mafu	World AIDS Campaign	South Africa
Pauline Mazué	Global Fund Secretariat	Geneva
Diarmaid McDonald	Stop AIDS Campaign	United Kingdom
Billie-Jean Nieuwenhuys	Stop AIDS Alliance	Geneva
Jayne Obeng	International HIV/AIDS Alliance	United Kingdom
Michael O'Connor	Global Fund Secretariat	Geneva
Aki Ogawa	Africa Japan Forum	Japan
Jove Oliver	RESULTS US	United States
Alena Peryshkina	Infoshare	Russia
Mike Podmore	International HIV/AIDS Alliance	United Kingdom
Svend Robinson	Global Fund Secretariat	Geneva
Asia Russell	Health GAP	Uganda
Joel Spicer	Stop TB Partnership	Geneva
Beatrijs Stickers	KNCV Tuberculosis Foundation	Netherlands
Kate Thomson	UNAIDS	Geneva
Cheick Tidiane Tall	AfriCASO	Senegal
David Traynor	Communities delegation	Thailand
Jean-Francois Tardif	RESULTS Canada	Canada
Moniek van der Kroef	Aids Fonds	Netherlands
Peter van Rooijen	International Civil Society Support	Netherlands
Sergey Votyagov	Eurasian Harm Reduction Network	Lithuania
Jacqueline Wittebrood	International Civil Society Support	Netherlands
Jeff Hoover	Rapporteur	United States

¹³ APPG TB refers to: All -Party Parliamentary Group on Tuberculosis

Annex 2. Timeline of events, highlighted by the Global Fund for 2012¹⁴

FEBRUARY

23: La Bohème, Cape Town

MARCH

24: World TB Day

25-28: Francophone AIDS Conference, Geneva

APRIL

25: World Malaria Day

MAY

3-4: MDG Summit, Cape Town

6: Presidential election, France

10-11: Global Fund Board Meeting, Geneva

17-21: World Health Assembly, Geneva

19-20: G8, Chicago

22: La Bohème, Global Fund Day, London

JUNE

1: Results

8: Kick-off Euro 2012 (explore)

17-18: G20 Baja, Mexico

22-24: Solidays, Paris (explore)

JULY

22-27: International AIDS Conference, Washington DC

27-12 August: Olympics, London (explore)

Results report

SEPTEMBER

13-14: Mid-term review meeting, Geneva¹⁵

17: United Nations General Assembly

MDG Awards Concert

Clinton Global Initiative

OCTOBER

Access to Life, Australia

NOVEMBER

6: Presidential election, United States

Global Fund Board meeting

DECEMBER

1: World AIDS Day

Results report

¹⁴ A more inclusive events calendar can be found on www.icssupport.org

¹⁵ This meeting had not been officially scheduled as of the February Amsterdam gathering. It is the date that reportedly will be proposed to the new Global Fund general manager, who formally took office on 6 February 2012.

Annex 3. Letter to the General Manager of the Global Fund

Mr. Gabriel Jaramillo
General Manager
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Chemin de Blandonnet 8
1214 Vernier - Geneva
Switzerland

5 March 2012

Dear Mr. Jaramillo,

As advocates working together in the Global Fund Advocates Network, we welcome you and look forward to working with you as General Manager of the Global Fund. We support the Global Fund because of the enormous impact it has already had and the even greater impact that is possible going forward.

As you know well, the Global Fund is at a critical period in its history. We strongly believe that efforts to strengthen the Fund should be inspired and guided by new evidence that shows we can end the three epidemics with the right investments and the necessary political will. As the Consolidated Transformation Plan (CTP) is implemented, we urge you to go beyond a narrow focus on systems and fiduciary control. With bold vision and the right changes, you will help chart a course for this accomplished institution to become the Global Fund to **End** AIDS, Tuberculosis and Malaria.

Many of us received your letter in which you share the three goals you want to achieve in your term. We would like to express our support in reaching these goals. Moreover, as civil society activists who want to work with you to build the political will necessary for the Global Fund to reach its true potential, we submit for your consideration several key issues:

1. Given the dire financial predicament that the Global Fund faces, we strongly support your focus on resource mobilization. We believe that the most urgent priority is ensuring that there is a pledging opportunity this year and that preparation of a new funding window start. We know from experience that if the Global Fund Board, Secretariat and advocates align efforts and speak with one voice about the need, the historical opportunity and the Fund's capacity to have even greater impact going forward, we can succeed in making the challenge before us a defining success in global health history.
2. The Global Fund's exciting new strategy (2012-2016) will be instrumental in working towards ending the epidemics. However, in order to fully grasp the current momentum we must act now to begin the implementation of this strategy. This should include working with technical partners, countries and civil society to conduct a comprehensive assessment of the resources required for countries to fully implement aggressive programs to change the trajectory of these diseases—in line with the new strategy and strategic investment frameworks, and as called for in Decision Point 16 from the last board meeting. A proper assessment of the impact of the cancellation of Round 11 and fully employing the opportunities of the Phase 2 renewals to move toward more strategic investments is also needed.
3. The Global Fund must remain committed to being a demand-driven, results-focused, and people-centered organization, rather than an organization at the mercy of donor country politics.

4. Improving the speed of disbursements is a critical challenge. The Global Fund must take measures to cut down on bureaucracy and quickly overcome barriers to more rapid disbursement of funds. This may require your leadership in providing direction to move past specific bottlenecks. We also urge you to move away from the risk-averse approach that has slowed down action at the Secretariat in recent years. Your challenge will be balancing risk management with the urgent need to service people dying of these three diseases.
5. The Global Fund must re-think and re-tool its communications and media strategy building on lessons learned in the Global Fund's early years. For example when grants to Uganda and Ukraine were suspended early on, the Secretariat boldly and loudly broke the news itself. Subsequently, donors hailed the Global Fund as an unprecedented tool for investing development funds with accountability and transparency. Acknowledging challenges over the 18 months, with IG reports being leaked to the press, this is all the more reason that a more proactive strategy is critical now. The absence of such a strategy has given space for uninformed critics, notably the Associated Press, to blame the Global Fund rather than heralding its transparency and ability to police itself. Rather than driving the story, we were run over by it. We urge you to put the Secretariat back in the driver's seat and embrace an aggressive and forward-leaning communications strategy.
6. It is critical that implementing countries have a strong and trusting relationship with the Secretariat. The Secretariat's working relationship with stakeholders at the country-level, especially in the CCMs, must be strengthened and the architecture should be simplified. This must be more central in the CTP. Redesigning the Secretariat into a more efficient, non-bureaucratic institution will return major dividends in terms of greater impact and strengthened relationships at the country-level.

In 2001, Kofi Annan's bold vision – calling for a \$10 billion AIDS war chest that would provide three grants rounds per year – rapidly mobilized an unprecedented effort to improve the health of people living in poverty. With the end of AIDS, TB and malaria finally in sight, such visionary and audacious leadership is needed again. We are committed to working with you and the Secretariat team to achieve the transformation that is possible in this moment.

Sincerely,

(Supported by over 50 organizations by March 5th, 2012)