

Ms Ursula von der Leyen  
President, European Commission

Dr Tedros Adhanom Ghebreyesus  
Director-General, World Health Organization

Dr Richard J. Hatchett  
Chief Executive Officer, CEPI

Dr Seth Berkley  
Chief Executive Officer, Gavi

Dr Jeremy Farrar  
Director, Wellcome Trust

Dr Philippe Duneton  
Executive Director a.i, Unitaid

Dr Catharina Boehme  
Chief Executive Officer, FIND

Mr Peter Sands  
Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria

Mr David R. Malpass  
President, World Bank Group

5 June 2020

### **Civil Society & Community Engagement in the ACT Accelerator (ACT-A)**

Dear President Ursula von der Leyen, Dr Tedros Adhanom Ghebreyesus, Dr Richard J. Hatchett, Dr Seth Berkley, Dr Jeremy Farrar, Dr Philippe Duneton, Dr Catharina Boehme, Mr Peter Sands, and Mr David R. Malpass,

As communities and civil society involved in advocating for and delivering strong and resilient health services to support people around the world, we are sharing the below set of principles for community and civil society representation within the ACT Accelerator (ACT-A).

Many of us are engaged in implementing programmes funded by, acting as national and sub-national partners to, advocating for or actively participating in the governance of many of the organisations co-leading various pillars, working groups and cross-cutting platforms within the ACT-A. Too often civil society and communities are asked their opinion too late, and as a result, initiatives lose valuable insight on implementation, demand generation, gender perspectives and launch considerations. We therefore respectfully request direct, supported, and globally and publicly nominated community and civil society representation within all the various bodies being constituted as part of the ACT-A.

**Civil society and communities must be meaningfully involved and enabled to effectively represent their constituencies in the development and governance at every level of the ACT-A including, but not limited to the ACT-A Facilitation Group and across the coordination mechanisms for the three pillars to ensure equitable access.** Civil society and community involvement is critical for ensuring the voice of those most likely to be forgotten or ignored. They provide a feedback loop from the poorest and most marginalised to decision-makers - identifying gaps quickly, where problems and challenges are emerging or where things are working well. For example, it is widely understood that the commitments to and reaching of incredibly ambitious treatment targets in the HIV response were in large part a result of civil society and community involvement in the governance of global health institutions and partnerships.

The meaningful involvement of civil society and communities in the ACT-A requires the following:

- **Civil society and communities must each have representation in the Facilitation Group and in the coordination mechanisms of each of the three pillars as well as the Health Systems and Crosscutting Issues platform of the collaborative framework.** The Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi and Unitaaid have experience of the benefits of meaningfully involving civil society and communities in their governance structures and it is important for this to be ensured across the ACT-A. Such representation is in addition to civil society and community representation across each of the technical work streams for each ACT-A pillar.
- **Civil society and community involvement should reflect both their expertise and their diversity.** For example, the Global Fund's typology model at a governance level has three constituencies – Communities (those affected by the three diseases); Developing Country NGO (mainly NGOs in countries implementing grants); and Developed Country NGO (mainly NGOs in non-implementing countries). This model highlights the importance of ensuring civil society organisations in different parts of the world are represented and, in

particular, the critical importance of recognising the right to self-representation and the distinct voice of communities affected by the health issues that global health institutions and partnerships focus on in their work.

- **Which organisations are involved is as important as the structure of the mechanism in which they are involved.**
  - **There must be a clear process for electing civil society and community representatives** (managed temporarily at the start by existing recognised civil society and community constituencies or organisations)
  - **There must be strong procedures in place to publicise and mitigate Conflicts of Interest of any representatives.** While fully recognising the need of all actors involved, we note with particular concern the involvement of both companies and company lobbying associations throughout the ACT-A without first having in place a clear policy to manage commercial conflicts of interest to the on-going work of each of the technical workstreams.
  - **There must be clear mechanisms for civil society and communities to input** into governance discussions through their representatives. A constituency approach in governance structures works well because this avoids individual organisations speaking for their own interests.
  - **There must be adequate resourcing to effectively convene and facilitate community and civil society voices.** As examples, the civil society and community delegations of the Global Fund and Unitaid are responsible for representing expansive constituencies. Civil society and community representatives need financial resources to support the costs of communicating with, and seeking the approval of their global constituencies, to ensure they are legitimate and effective representatives.

These are still early days in the response to COVID-19. Our response to this pandemic will dominate the global health and geo-political landscape for some years yet. We would also note that lower and middle-income countries must also be meaningfully engaged in the governance structures, pillars and working groups of ACT-A to ensure the diversity of environments where we seek to address COVID-19 are part of the decision-making structure.

We commend all of the actors taking leading roles for coming together so quickly and putting forth such an ambitious partnership to address COVID-19 and its impacts. We respectfully request our seat at the table as the decisions are being made and the support needed to ensure that those who will be most impacted and affected by COVID-19 are early, integral and valued members of the partnership. As representatives of civil society and communities on the Boards of Global Fund, Unitaid and Gavi, and as the Civil

Society Engagement Mechanism of UHC2030 (CSEM), we would like to offer our support in coordinating the meaningful engagement of civil society and communities within the ACT-A and its governance structures.

Yours sincerely,

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