
Key Recommendations from the NGO Consultation Meeting

Brussels 12 - 13 November 2001

Contextual information

This document presents the conclusions of a consultation meeting among 70 individuals from nongovernment organizations and networks working in all regions, held in Brussels on 12-13th November, 2001.

We are encouraged by the underlying principle of the Fund to strengthen the participation of communities and people, particularly those infected and directly affected by the three diseases, in the development of proposals. This is particularly important with regard to the involvement of people living with HIV/AIDS, whose experience in representing affected communities may be usefully transferred to the other conditions covered by the Fund.

The deliberations of this group are just one way that NGOs are contributing to the development of the Global Fund against AIDS, Tuberculosis and Malaria (GFATM). These comments were compiled with reference to NGO inputs previously shared through the Break-the-Silence email discussion forum, but are not intended to reflect or pre-empt any other NGO contributions, past or future, received directly by the Transitional Working Group (TWG) or through other means. They reflect areas in which agreement and unity were reached during the meeting.

We must also qualify this contribution to the GFATM process by acknowledging the limited information made available to NGOs prior to this meeting. While we appreciate that these circumstances have been shared by other consultations and the Fund process in general, this has crucially restricted the depth and scope of this consultation, and the extent to which fully informed debate could take place.

Despite these limitations, the NGO consultation engaged NGO organizations in animated and constructive deliberations, which resulted in a meaningful outcome.

We have intentionally limited our discussions and conclusions to those specific decision-making areas that we understand will be the focus of the forthcoming TWG meeting on November 22-24, 2001. The conclusions and recommendations are therefore not intended to be comprehensive, and do not preclude NGOs from making contributions on these or any other priority areas in due course.

These comments and recommendations are provided in an effort to improve the Fund and its impact. We strongly urge the TWG/TSS to respect basic principles of effective consultation by providing, as agreed, a written summary of what the TWG has heard from this consultation, including a list of the recommendations the TWG accepts and those it rejects - giving relevant reasons.

The TWG should also ensure that regular progress updates, including conclusions of other Fund-related consultations taking place this week, are communicated to NGOs in a timely way.

We recognise that our participation in these meetings as representatives of the NGO sector carries with it a responsibility to communicate back to our communities the proceedings and decisions, and in turn to reflect accurately their perspectives at any future meetings.

Governance

1. Any conditions for donation/earmarking of resources to the fund should not support, promote or tolerate stigma and/or discrimination on the basis of race, gender, health status or specific behaviours.
2. NGO participation must be ensured in Fund decision-making and activities at all levels.
3. Within the governance structure, there should be a channel for appeal and arbitration to address civil society concerns and complaints.

Board

1. Considerations for NGO participation on the Board should include: regional representation on rotational basis; gender balance; representation of PLWHAs.
2. The Head of Board and/or Head of Secretariat should be selected from NGO/CSO candidates - to ensure that at least one key position is held by the NGO community.
3. The composition of the GFATM Board should reflect the following proportions and status:
 - NGO participants with full voting status (not less than 30%);
 - UN/multilateral organization participants have observer status;
 - There should not be pharmaceutical industry participants;
 - Donors and recipient nations should have equal representation in Board participation;
 - Nomination of NGO participants should be conducted through an open, and NGO-led, process (not within TWG mandate).
4. The Board should be responsible for ensuring and overseeing a thorough organisational and procedural review of the GFATM, and report on its findings to the Global Partnership Forum before the end of 2003 for the purpose of appropriate restructuring.

Secretariat

1. Due consideration should be given to diversity and gender balance during recruitment for all Secretariat positions. Every effort should be made to recruit individuals from the NGO community including PLWHAs for the Secretariat.
2. The Secretariat must recognise and fully accomplish its outreach and communications responsibilities, in order to ensure transparency in all processes and decisions related to the fund.
3. There should be a dedicated position on the Secretariat with responsibility for NGO liaison and outreach.

Technical Advisory Panels/ Global Partnership Forum

1. Technical advisory panels should include people infected and affected by the three diseases, as well as NGOs.
2. NGO should be fully represented at the Partnership Fora. As with other delegates, this requires financial and communications support. Also, to facilitate communication between NGO representatives and to help them prepare for full participation in the meetings, a full-day preparatory meeting should be held immediately preceding the formal Partnership Forum.

Accountability & Eligibility

1. The fund application process should be a two stage proposal process. Firstly, an eligibility note should be submitted which. If they are eligible, they can submit a more detailed proposal.
2. NGOs agree that strong accountability and monitoring mechanisms should be built into the fund. However, current proposed indicators for program accountability are insufficient and focused on national program indicators. They should include indicators of added value of the Fund, and issues such as leveraging national resources, sustainability and specific program outcomes.
3. Reports on implementation of funded programs should be signed off by all partners, including NGOs and civil society partners.
4. In order to ensure maximum transparency in GFATM activities, all fund proposals, interim and final reports, as well as other supporting/review documentation, and working documents of the GFATM Board, Secretariat and Global Partnership Forum should be available publicly and for comment in a timely way.
5. Current proposals should be posted and open for comment on the internet. The comments should be made available to the Technical Review Panel (TRP) within the established proposal review time frame. This is to ensure transparency, to allow sharing of ideas between countries and to contribute to capacity building. It is in keeping in with the environmental impact assessment precedent requiring public hearings.
6. In circumstances where NGOs or vulnerable groups are not recognized by national governments, mechanisms must be in place to allow them to have access to the Fund.
7. In some countries there may not be sufficient capacity to effectively apply for funds and this will need technical and financial support in order to prepare and submit a Fund proposal. The Fund should provide for this type of support and related capacity-building.
8. The Fund should obtain commitments of resources from national, regional, and international sources (including the UN system, national governments, foundations and private sector) to support regional and national NGO networks and build their capacity to fully participate in country-level processes.

Country Processes: Country Coordination

1. The key roles of the Country Coordinating Committee (CCC) should be to bring together all key stakeholders, including NGO, civil society and representatives of people living with and affected by the three diseases covered by the Fund; set country priorities; and monitor programs supported by the Fund.
2. The CCC should build on existing structures. However, it must be recognized that, currently, these are rarely truly participative and action must be taken to ensure that all stakeholders can participate effectively.
3. The Fund must set clear criteria for participation on the CCC. If criteria are not met by a given CCC, then the Fund should not consider proposals from it. Participation must include affected and vulnerable populations, particularly the disenfranchised.
4. Interim principles and contingency guidelines should be set so that proposals can be approved in the first year.

5. Participants in the CCC should have equal status
6. The most appropriate person should chair the CCC and it should not be assumed that this person shall be from the Ministry of Health or from a government. They should be nominated by the CCC.

Country Processes: Country Proposal

1. The Fund should include consideration of regional, sub-regional and multi-country proposals in addition to country-specific proposals. This is because countries can often work better collectively. This will also increase cost effectiveness, adapt to economies of scale and facilitate south-south collaboration and technical assistance.
2. The Fund should support: inter-sectoral activities, public health approaches, health system development, operational research, innovative and scaling up approaches.
3. In addition to the CCC option, the Fund must provide a contingency for national NGOs and civil society organizations to access the Fund directly.
4. A two-stage proposal process should be developed to include, in the first stage, a Concept Note incorporating objectives, a framework for a consultative process, and a clearly explanation who is involved in the consortium and how they will work together, and may also include a request for pre-proposal funding, technical assistance and resources to support the consultation process. This will be followed by the submission of a final proposal.
5. The Fund should NOT accept any proposals that have not been developed through a participatory mechanism including NGOs, private sector and affected communities.
6. The Fund should develop standard proposal review guidelines that are widely communicated to all potential grantees including - but not limited to - submission deadlines, review periods, response turnaround and funding disbursement timelines.
7. Country proposals with a commodity component must use best value procurement such as bulk purchasing and least cost/best quality products through use of safeguards foreseen in trade agreements as appropriate.

Country Processes: Monitoring and Evaluation

1. The core requirements to be monitored through existing and new monitoring and evaluation mechanisms include:
 - The involvement of NGO and civil society in proposal development and program implementation
 - Program benefits reach PLWHA and marginalized groups including children, women, drug users, men who have sex with men, sex workers, youth and mobile populations
 - Evidence of added value
 - Increase in absorptive capacity of the grantee
 - Increase in efficiency
 - That funds are allocated and spent according to the proposal
 - Increase in provision and quality of treatment, care and support services for people affected by HIV/AIDS, malaria and tuberculosis
 - Success in scaling-up

- Outcome indicators which are not limited to health, but include health and social indicators including poverty, access to IEC materials, coverage and sustainability
2. Innovative reporting mechanisms should be developed including regional and national reports to regional and national evaluation panels, the Board, the Secretariat and civil society.

Country Processes: Finance

1. The fund should be proactive in leveraging in-country finance and policy and process objectives.
2. It is preferable that funds to be used by NGOs as part of a coordinated proposal should be dispersed directly to NGOs rather through any intermediary.