

**RECOMMENDATIONS  
FROM LATIN AMERICA AND THE CARIBBEAN  
FR THE GLOBAL FUND  
TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**

**NOVEMBER 18-19, 2001  
São Paulo, Brazil**

**1. GENERAL RECOMMENDATIONS**

1.1. This document presents the outcomes of a consultation meeting with delegations from governments, NGO networks and people living with HIV/AIDS from Latin America and the Caribbean

1.2. The Fund has to be established and operate in consistency with the UNGASS declaration.

1.3. The Fund has to reflect broad participation and representation of people living with the three diseases.

1.4. The representation and participation of Latin America and the Caribbean has to be reflected transversally in all governing bodies of the Fund.

1.5. The Fund should give its support to:

- Work meetings
- Elaboration and follow-up of funding proposals

**2. COMMENTS ON GOVERNANCE**

**2.1. Partnership Forum**

The participation of the different regions and stakeholders in this Forum has to be equitable.

**2.2. Executive Board**

2.2.1. The Executive Board should be expanded to a maximum of 21 members, maintaining the principle of flexibility and efficiency in its decision making process. The composition of the Board has to reflect regional representation, and has to include at least two representatives from Latin America and the Caribbean. In total, seven representatives from recipient countries have to be in the Executive Board. Within this mechanism the regional representation will rotate.

2.2.2. For the Latin America and the Caribbean region, the Group of Horizontal Technical Cooperation and CARICOM will nominate the representatives in the Board.

2.2.3. At country level, the nomination of the representative has to reflect appropriately the three diseases.

2.2.4. WHO and UNAIDS, with a representative each, are the most appropriate agencies to represent multilateral organizations in the Board.

2.2.5. Pharmaceutical companies will not be represented in the Executive Board.

2.2.6. NGO networks and users (people living with HIV/AIDS, malaria or tuberculosis) will have six representatives in the Executive Board.

2.2.7. Donor countries and the private sector will also be represented in the Executive Board.

2.2.8. The Executive Board has to ensure that the principles of participation will be respected in all governing bodies of the Fund, including the Global Partnership, the Secretariat, and the Technical Review Panels. Funding proposals and national coordination mechanisms will be guided by the same principles.

2.2.9. The chair of the Executive Board and the representation in the Technical Panels have to rotate.

### **2.3. Secretariat and Technical Review Panels**

Latin America and the Caribbean, NGOs, and people living with the three diseases have to be represented in each of these governing bodies. Secretariat and Technical Panels have to reflect a multidisciplinary composition.

## **3. COMMENTS ON ELIGIBILITY**

3.1. Latin America and the Caribbean has to be eligible for funding and not to be excluded because of economic indicators or burden of disease. The high degree of inequity in the region, its human development indicators, and the concentration of the three diseases among the poor and vulnerable, make Latin America eligible for funding.

However, it is a fact that the absorptive capacity of the region contributes to maintain a relatively low level of the diseases in general and through this it mitigates the social and economic impact of the three diseases.

3.2. Given that the countries of Latin America and the Caribbean are in different situations regarding the three diseases, eligibility criteria have to be very broad to guarantee inclusion of all countries in the region.

3.3. Other epidemiological criteria have to be included, such as prevalence in sub-populations (without absolute numbers), economic indicators (GDP, NOT GNP or PPP); poverty indicators, the percentage of budget for health from funds available from

international development cooperation, level of inequity, human development indicators, debts etc.

3.4. The Fund should not request proposals containing a balance of the three diseases. Some countries are more affected by only one of the three diseases and need urgent help. The country itself should decide on which diseases its funding proposals will concentrate.

3.5. For countries in conflict exceptions must be made.<sup>1</sup>

### **3.6. Minimum eligibility criteria**

3.6.1. Proposals have to be evaluated based on their efficiency.

3.6.2. Proposals have to respect a human rights approach.

3.6.3. Criteria have to be dynamic and periodically revised by the Global Partnership Forum.

3.6.4. Participation has to be multisectoral, including people living with AIDS, NGOs (for TB and malaria), UN agencies.<sup>2</sup>

3.6.5. Proposals not exclude basic research or technological transfer in cases where this could be important to make progress in prevention, treatment and care.

3.6.6. The political will of the countries has to be taken into account, as well as support (special budget for each of the three diseases) and other efforts these countries provide in relation to the three diseases.

### **3.7. Suggestions**

3.7.1. A balance of prevention, treatment and care has to be stressed throughout all eligibility criteria.

3.7.2. The private sector which might get involved into funding proposals would have to be represented by institutions that undertake some kind of work in the field of HIV/AIDS, TB and Malaria and that do not have conflict of interest.

3.7.3. The eligibility criteria have to include proposals which will improve technical capacity and management in countries to respond to the challenge of HIV/AIDS, TB and malaria.

3.7.4. A minimum percentage has to be allocated for the region.

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<sup>1</sup> See point 5 for countries in special circumstances.

<sup>2</sup> NGOs are defined here as non governmental and non profit organizations working in the field.

## **4. RECOMMENDATIONS FOR COUNTRY PROCESSES**

### **Role of stakeholders**

#### **4.1. Country mechanisms**

4.1.1. The Fund will not be a new organization but use the ones already existing.

4.1.2. The convocation has to be directed (?) through an agency of the United Nations (resident coordinator, WHO, chair of Thematic Group). Within a country the most efficient agency has to be elected.

4.1.3. All agencies involved have to respect a human rights approach.

#### **4.2. Coordinating group**

4.2.1. The mechanism chosen within a country has to ensure a multisectoral approach, efficiency and transparency in all processes.

A coordinating commission has to be created including representatives from governments, NGOs<sup>3</sup>, civil society, users (people living with HIV/AIDS, TB and malaria) and UN agencies. The right to vote for UN agencies will be equitable (?). Each proposal has to be signed by one representative of each sector.

4.2.2. The group will make decisions based on consensus which will be communicated by the technical Secretariat which will be nominated by members of the group and which will be rotating.

#### **4.3. Country Proposals**

##### **Accountability of received funding (?)**

4.3.1. The coordinating group at country level will have the mandate to undertake a technical revision and to approve proposals.

4.3.2. The country will decide on which diseases it will concentrate its proposals, depending on its situation and necessities. In the proposals this decision has to be justified in the frame of epidemiological characteristics and vulnerability to the three diseases.

##### **4.3.3. Monitoring and evaluation**

When the coordinating group at country level presents the proposal has to indicate one or more institutions independent from the group which are already operating in the country (national or international) and which will be responsible for monitoring and evaluation (for example, universities, research institutes, bilateral cooperation agencies, or multilateral organizations).

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<sup>3</sup> The NGO representatives have to be elected under democratic principles by the same NGOs.

#### **4.3.4. Capacity building**

4.3.4. Capacity building in the realm of project management and evaluation has to be included, as well as capacity building within the public health system and of the actors involved in the absorbing capacity. This has to be done in view of sustainability of the projects.

4.3.5. It is proposed to strengthen in particular the technical capacity building of the social actors involved, including civil society and governments, without excluding any of these, who guarantee a true and broad participation of all sectors of a country project.

**4.3.6. The region of Latin America and the Caribbean stresses the need to include (THE PROVISION OF ?) antiretrovirals, antifimicals and antimalarials (DON'T KNOW HOW TO SAY THIS) into the proposals eligible for the Fund.**

### **5. COUNTRIES IN SPECIAL CIRCUMSTANCES**

5.1. The Executive Board has to define the conditions and characteristics which will define countries in special circumstances in each of the proposals.

5.2. In the case of countries in special circumstances the following mechanisms to access funding are proposed:

5.3. Countries with an illegitimate government will create a consortium comprising a small number of organizations with international reputation (NGOs and UN agencies). The consortium will play the role of the coordinating group and will be responsible to process the country proposal. It will be responsible for financial management of the project, as well as for the presentation of reports.

5.4. In countries without appropriate conditions for civil society and NGOs to get access to funding a consortium comprising different NGOs, representatives of organized civil society, people living with AIDS and users of anti malaria and TB services will be created to access funding.

5.5. In countries in conflict or affected by natural disasters the consortium will advise the government in preparing the proposal, it will also undertake the financial management of the funds and the preparation of reports.