

# **UNAIDS Support for Countries Accessing the Global Fund to Fight AIDS, Tuberculosis and Malaria**

## ***HIV/AIDS Proposals: Lessons from Round One***

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Joint United Nations Programme on HIV/AIDS

**UNAIDS**

UNICEF • UNDP • UNFPA • UNDCP  
ILO • UNESCO • WHO • WORLD BANK

**Country and Regional Support Department**

## List of Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
CCM	Country Coordinating Mechanism
CRD	Country and Regional Support Department
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immuno-deficiency Virus
LAC	Latin America and the Caribbean
MENA	Middle East and North Africa
NGO	Non Governmental Organization
PAHO	Pan American Health Organization
TB	Tuberculosis
TRP	Technical Review Panel
SIDALAC	Regional Initiative on AIDS for Latin America and the Caribbean
UN	United Nations
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Fund for Children
UNDP	United Nations Development Programme
WHO	World Health Organization

## Contents

Introduction.....	1
Response to the First Call for Proposals .....	2
First Round Decisions and UN Country Support.....	2
Key Lessons from Round One .....	6
Priorities for UN Support to Global Fund Processes at Country Level .....	10
Conclusion.....	12
Annex 1. Case Study: Tanzania Process.....	13
Annex 2. Case Study: A Unique Opportunity for Haiti .....	14
Annex 3. UNDGO Letter.....	15

## **List of Figures and Tables**

Figure 1	Typical steps in the Round 1 proposal development process
Table 1	UN Assistance and First Round Decisions
Box 1	UN Support for Indonesia as it Takes UNGASS One Step Further
Box 2	UN Operational Support in Honduras
Box 3	Setting the Foundations for Transparency in Guatemala
Box 4	GFATM Additionality and UN Support for Budgeting and Costing Exercises
Box 5	UN Agencies and the Global Fund

# UN Support for Countries Accessing Resources of the Global Fund to Fight AIDS, Tuberculosis and Malaria

## *Lessons from Round One*

### Introduction

With the objectives of documenting, assessing and improving UN System support to countries submitting proposals for the Global Fund, the Country and Regional Support Department (CRD) of UNAIDS reviewed UN support for the development of HIV/AIDS proposals in the first round. This review has involved consultations with Secretariat and country level staff, national counterparts, bilateral donors and NGO networks, and has focused primarily on the country level process of developing HIV/AIDS “components” for submission to the Global Fund. Several of the UNAIDS co-sponsors conducted similar reviews of the experiences of their country offices, and some of their major findings are included in this report.<sup>1</sup> Issues related to the Global Fund and the role of the UN at country level have been discussed at length at several meetings of the UN Development Group (DGO) and the UNAIDS Committee of Cosponsoring Organizations (CCO), most notably in April (Rome) and June (New York).

In addition, the UNAIDS Secretariat also sponsored an April meeting in Nairobi to review experiences in Eastern and Southern Africa, and collaborated with USAID in the organization of a similar sub-regional meeting for West Africa (Abidjan). Since the March deadline, other meetings to review Round 1 experiences have been held in Douala, Rio de Janeiro, and Washington DC. Regional meetings currently underway to help countries prepare for Round 2 have in some cases also reviewed Round 1, and where possible their conclusions have also been taken into account. These workshops explored country-level experiences during the first round with members of national proposal development teams. Participants of these meetings included government leaders, members of national proposal development teams, consultants contracted with the support of the UN system to support national teams, representatives of UNAIDS cosponsors and secretariat, Global Fund representatives and civil society networks. Detailed recommendations for the Global Fund secretariat, its Board of Directors, the UNAIDS Secretariat and countries participating in subsequent funding rounds were developed at these meetings, including detailed reviews of guidelines and proposal formats. These latter were submitted to the Global Fund in early June to help inform the proposal revision process.

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<sup>1</sup> Documents reviewed included a UNICEF review of country level experiences, an extensive UNDP chart summarizing the status of country level support, a report from the WHO working Group on the GFATM, UNAIDS field staff questionnaire, and meeting reports from Abidjan (April), Nairobi (April), Bangkok (March), Rio (May), Washington (June) and Dhaka (July).

## Response to the First Call for Proposals

The response to the first call for the GFATM proposals was overwhelming. Despite the time constraint of less than six weeks, 322 country and regional proposals were received from 101 countries. Proposals for first-year funding alone amounted to US\$ 1.1 billion.

In part, the number of proposals exceeded expectations because of the large proportion that came from sources *other than* CCMs: approximately 70% of the proposals were submitted by NGOs, private individuals, and other sources. But a surprising number of countries were able to organise a CCM and develop proposals by the deadline. In total, 98 of the submitted proposals (for all three diseases) came from CCMs in 72 countries.

The UN focused its assistance on supporting CCMs to develop proposals. CCMs were identified in the guidelines to be the principal source of proposals, and were the logical target for UN support. Many NGOs prepared and submitted proposals directly without government or UN knowledge.

Nearly all CCM-sourced proposals passed the GFATM Secretariat's initial screening and were submitted to the Technical Review Panel (TRP), which reviewed 145 proposals. In the case of HIV/AIDS, 93% of CCM-originated proposals were passed on to the TRP. Of these, approximately 40% were from Africa, and amounted to almost 65% of financial requests reviewed by the TRP. In almost every case where the UN provided significant assistance, the proposal advanced through the Secretariat's initial screening to TRP review.

## First Round Decisions and UN Country Support

The Fund's first call for proposals sparked the acceleration of country level processes. In most countries, proposal development was led by the CCM, which was either a new entity or an existing coordination structure that was adapted or expanded. For example, in some countries actors in tuberculosis and malaria (or representatives of their respective associations) were invited to participate in National AIDS Councils. Elsewhere, an *ad hoc* "Global Fund commission" – generally high level and with broad representation -- was convened to respond to the call for proposals, and oversaw associated working groups that developed the technical proposals. Generally these working groups were comprised of the heads of national programmes within Ministries of Health, chairs of national commissions on specific diseases and representatives of the Office of the President/Prime Minister. Development partners generally supported these teams with national and international consultant advice. Many proposals were finalized in broad consultation workshops before being forwarded to CCMs for their endorsement for submission to the Global Fund.

The UN system, bilateral agencies and other partners played a key role in supporting these country level processes. This support is reflected in the number of proposals developed with UN support that were recommended for immediate (Groups 1 and 2) or deferred funding (Group 3), as indicated in Table 1 below. The UN provided support to

more than three-quarters of CCMs submitting HIV/AIDS proposals. Of the 50 countries where the UN provided significant assistance to CCM proposal preparation, the Global Fund Secretariat recommended that 18 either receive “Funding with no or minor adjustments” (Group 1) or “Funding needing more extensive adjustments” (Group 2). Another eight countries obtained “Deferred Funding” requiring adjustments/another TRP review (Group 3). More than 60% of the GFATM resources allocated during the first round, or \$429 million, are for HIV/AIDS “components.”

While encouraging that UN support was instrumental in 25 successful countries, the fact that another 25 country proposals were not approved reveals weaknesses that must be addressed. Many of the countries not receiving immediate funding in the first round are highly affected countries in desperate need of additional resources. The purpose of this document is to highlight the areas where UN support can be strengthened in subsequent rounds in order to contribute to a higher success rate.

**Table 1: UN Assistance and First Round Decisions**

Region	Countries submitting HIV/AIDS components through CCM	Countries receiving significant UN assistance	GFATM Board Recommendations For Countries Submitting HIV/AIDS Components through CCMs		
			Approved for Funding (Categories 1 and 2)	Deferred Funding (Category 3)	TOTAL
Africa	27	23	9*	3	12
Asia, Pacific, Middle East and North Africa	18	11	3	2	5
Latin America and the Caribbean	14	11	4	1	5
Europe and Central Asia	6	5	2	2	4
<b>TOTAL</b>	<b>65</b>	<b>50</b>	<b>18**</b>	<b>8</b>	<b>26</b>
<b>UN Support</b>			<b>17</b>	<b>8</b>	<b>25</b>

\*11 components submitted by 9 countries.

\*\* 20 components submitted by 18 countries.

UN support in the first round entailed active participation in each stage of the proposal development process, and was generally concentrated in the areas listed below and illustrated in Figure 1:

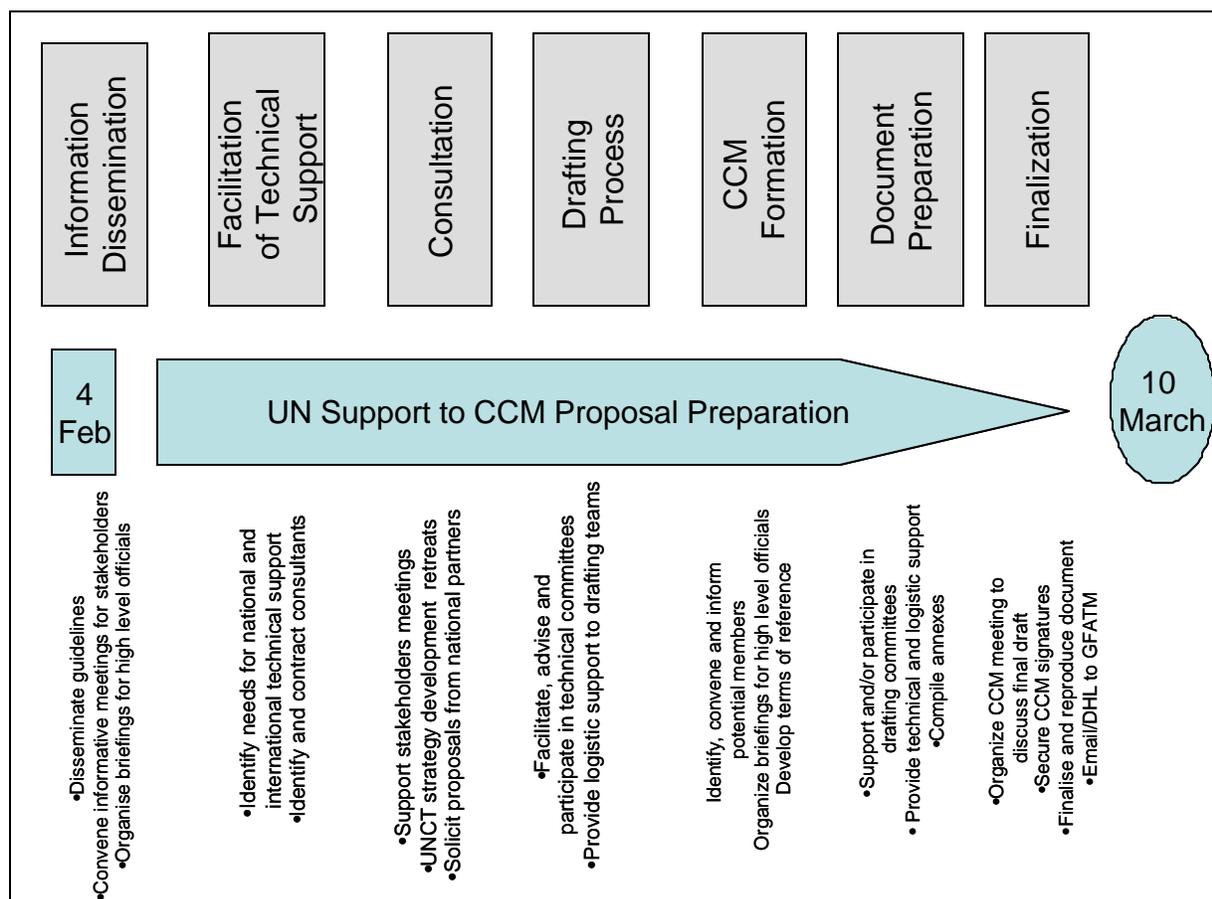
- Analysis of requirements and guidelines
- Support to strategy development
- Facilitation of the proposal development process
- Direct provision/mobilization of technical support
- Financial support for local costs
- Capacity-building

**Analysis of requirements and guidelines:** While some countries had been involved with the Global Fund during its formative stages, for most others the February Call for Proposals and Guidelines was the first time concrete information was received. UN

Theme Groups played a key role in dissemination to national partners, and was generally seen by partners as a critical source of accurate information about the Fund. The format and guidelines are complex, and the UN facilitated a more complete understanding of requirements through high level briefings with senior Government officials, expanded Theme Group retreats, and broad informative meetings with stakeholders. In Cambodia, for example, UNAIDS offered “secretariat” services throughout the process, disseminating information to partners as quickly as it evolved and becoming a resource centre for all involved. In Indonesia, too, reports suggest that a key function of the UN was the provision of strategic information.

**Support to strategy development:** Though the Global Fund offers badly needed extra resources, some countries were uncertain as to whether to proceed in the first round or begin more integrated, medium-term processes to submit proposals in later rounds. UN Country Teams worked with national counterparts to help assess their situations, capacities and needs, to ensure adequate integration with existing strategies, and to develop realistic plans for proposal development in appropriate time frames. In several countries in Asia and Africa, discussions with UNDP on capacity-building support for programme and financial management for national partners was an important step in the strategy development process. (See Box 1)

**Figure 1: Steps in the Typical Round 1 Proposal Development Process**



**Facilitation of proposal development process:** Logistic and operational support for the CCM and its technical working groups took on a special significance within the very short time frame in Round 1. Speed and clarity of information dissemination, the organization of multiple political and technical processes, support to CCM and stakeholder meetings, and the logistics of bringing together and maintaining a team, were priorities assumed by UNAIDS Country Programme Advisors, cosponsoring agencies and their staff at country level. (See Box 2)

**Direct provision and mobilization of technical support:** Despite Round 1 time constraints, the UN system managed to provide and mobilize high quality technical assistance to more than fifty countries preparing proposals. National and international consultants contracted to support the development of proposals were in large part supported by the WHO regional and country offices and the UNAIDS Secretariat (Geneva, Inter-Country Teams, and CPA). Support from the WHO Roll Back Malaria and Stop TB programmes was particularly important in many countries. Other cosponsors as UNICEF provided technical support in development of proposals related to prevention of vertical transmission and care for affected children, as did other agencies according to their mandates. While many other bilateral and NGO partners also assisted countries, this was often (though not always) organized through or coordinated with the UN. For example, the French Government seconded and/or funded experts who teamed up with UNAIDS staff to provide facilitation and technical support in Benin, Burkina Faso, Burundi and Mali. In the Caribbean, the proposal development team was able to incorporate several regional dimensions of employment issues with the support of ILO.

**Financial support for local costs:** The level of UN support at country level for the proposal development process varied according to country needs. Though the UN was involved in some way in almost every CCM proposal submitted to the Global Fund, some priority countries received more intensive support than others. This generally entailed financial support for local coordinators and consultants, meeting costs, and international technical assistance. In Rwanda, for example, cosponsors WHO and UNICEF financially supported efforts in proposal preparation. UNAIDS Programme

**Box 1: *UN Support for Indonesia as It Takes UNGASS One Step Further***

The Global Fund process comes at a particularly auspicious time for Indonesia, a country in the process of strengthening the national response to HIV. GFATM proposal development in Indonesia built upon the UNGASS process of last year, which gave impetus to an extensive review of the national programme and incorporation of UNGASS principles, priorities and targets. "Without UNGASS we wouldn't have gotten past the initial [GFATM] screening," says one Indonesian official.

UN support to the GFATM process in Indonesia was facilitated by a common understanding of the complementary roles of UN partners. In particular, this understanding allowed UNAIDS to focus on the partnership building aspects of the process, while WHO focused on providing its technical expertise to the national working committees. Combined with significant operational support for the proposal development process through the UNAIDS CPA, the complementary expertise provided by UN system was a continuous support to the CCM. Both the Theme Group Chair/WHO Representative and the UNAIDS Country Programme Advisor are members of the CCM, and participated in the technical committees that reviewed proposals solicited from national partners. The fact that the UN spoke with one voice in Indonesia during the GFATM proposal development process served to facilitate and strengthen partnership among all partners.

Acceleration Funds (PAF) have been and will continue to be used to respond to the opportunity which the Global Fund provides to leverage resources. Thanks to the flexibility of USAID, resources from this bilateral donor channeled through UNAIDS have been, and will continue to be, mobilized to support Global Fund proposal preparation and implementation of activities.

## Key Lessons from Round One

Having highlighted the critical resource gaps that loom so large in the global fight against AIDS, UNAIDS is committed to assisting countries access the resource the Global Fund brings to bear against the pandemic. In its Framework Document,<sup>2</sup> the Global Fund sets out principles pertinent to its success at the country level, including:

- Basing its work on **national ownership**
- Funding activities based on **best practices**
- **Strengthening political involvement**
- Make available and leverage **additional** financial resources
- **Scaling-up and increasing coverage** of proven and effective interventions
- **Building on, complementing, and coordinating** with existing programmes
- Developing and expanding **government-private-NGO partnerships**
- **Strengthening the participation of communities and people**, particularly those infected and directly affected

### **Box 2: UN Operational Support in Honduras**

In addition to substantive technical support to the GFATM proposal development process in Honduras (national and international consultants), the local UN Theme Group provided workspace for the drafting team. Recognizing the Government's strong, high-level commitment to the GFATM process, the UN responded by identifying ways to make the process easier. A conference room in the common UN premises in Tegucigalpa was converted into "headquarters" and equipped with computers, a photocopier, telephones and internet access. Given the team's long working hours (averaging 12-hours over a three-week stretch, including weekends) meals were often provided. The drafting team's "headquarters" was also accessible to other partners, who regularly joined the team for consultative meetings, review of drafts, and to discuss their own sub-proposals.

The fact that the AIDS, TB, malaria and costing specialists shared a common workspace over this intense period facilitated a great deal of exchange among the programmes, and resulted in a stronger common vision. Proximity and a sense of common purpose enabled the drafting team to identify shared priorities and joint opportunities. Their accessibility as a group to other national partners enhanced the transparency of the process.

Honduras' proposal was well-received by the Technical Review Panel, and was recommended for funding pending some adjustments to the proposal (Group 2), a process currently underway.

UNAIDS and its cosponsors share these principles, and aims to provide support to counties in such a way as to help realise these principles. The issues raised below aim to correlate lessons learned with specific principles as laid out by the Global Fund.

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<sup>2</sup> Selected principles from [www.globalfundatm.org](http://www.globalfundatm.org) and the Global Fund's *Framework Document*.

## **New resources and the risk of product over sustainable processes**

While few questioned the urgent need for more resources to fight AIDS, TB and malaria, participants at the country level noted several concerns associated with the nature and scale of resources being offered by the Global Fund, and their “fit” with existing structures and ongoing processes. In this regard, the newness of the Global Fund and its

**GFATM Principle:  
Building on, complementing and  
co-ordinating with existing  
programmes**

accelerated timeline had several important implications for the Round 1 proposal development process. Pressure on countries during Round 1 to produce detailed, quality proposals in a very short time resulted in an excessive focus on products -- proposal preparation, collection of supporting documentation and signatures, and organization of endorsement meetings -- often inadvertently excluding processes that have taken years to build. These include participatory consensus building processes on priorities in all three diseases (but especially AIDS), national strategic planning processes conducted through broad, multisectoral consultation, and strengthening of coordinating bodies and mechanisms.

It is clear that the Global Fund recognizes that these processes have been underway for years. The very concept of “additionality” articulated by the Global Fund demonstrates that they hope to build on existing processes, not stimulate wasteful duplication. During the first round, however, experience in some countries suggests that reinforcing of sustainable, nationally owned processes took a back-seat to producing a proposal in time. For example, among the Fund’s most important criteria is the functioning Country Coordinating Mechanism, which is envisioned as a representative, transparent, and operational entity with clear roles, responsibilities and decision-making capacity. While it is not surprising that in many countries, the CCM was a new body (bodies treating these three diseases together before had little reason to exist), Round One experience suggests that approximately half of all CCM were an entirely new bodies, not significantly building upon existing coordination structures.

This observation has important implications. If CCMs are not “real” entities based on or directly linked to existing national structures, but parallel ones created simply to meet GFATM requirements and deadlines, already stretched national capacities could be further diffused in a non-productive manner. Many fledgling national AIDS councils or commissions have struggled for years to become established, credible and, in some cases legal, entities. The establishment of the Global Fund in general – and the creation of the CCM in particular – must avoid undermining the progress made by incorporating such structures and building on their capacities. When it comes to the oversight functions of the CCM during implementation of AIDS activities, for example, CCM’s should profit from the capacities of national AIDS commissions and their Secretariat’s, rather than building new capacity.

Though the short time frame of Round 1 was the primary factor preventing the full “exploitation” of healthy participatory processes, and to a lesser extent existing coordination mechanisms, for purposes of proposal development, a particularly important area of UN support in the future will relate to the role of the CCM, its structure, and operating needs, and the oversight role it will play vis-a-vis implementing partners at national level.

### **Verticality versus additionality**

Some of the same observations about the CCM’s “fit” into the national political and institutional context can be made at the programmatic level. During Round 1, some perceived that the offer of large-scale Global Fund resources for AIDS, TB and malaria projects upset and weakened ongoing planning processes in many countries. There was particular concern that the arrival on the scene of a large pot of new resources stimulated a chase for funds by projects, inadvertently undermining work to promote sectoral integration, rights based approaches and other long term, comprehensive and sustainable programming.

**GFATM Principles:  
National ownership  
Additionality**

Special efforts must be made to ensure that GFATM-supported activities are well-integrated into national strategies and monitoring and management frameworks, to avoid further burdening already-stretched national programmes. Increased verticality also runs the risk of fostering a reliance on external financing: individual projects are likely to cease when funding dries up, whereas a coordinated national programme can at least manage in a coherent manner how to react to any unplanned reduction in resources. In providing assistance, the UN should try to counter tendencies towards verticality and insist upon integration of activities with national plans. Any reviews of proposals should take the

#### **Box 3: *Setting the Foundations for Transparency in Guatemala***

The need to convene and inform as many partners as possible, the short time frame and a commitment to transparency led the UN in Guatemala to a quick and effective solution: in addition to formal invitations to key CCM members, information about the GFATM process and the CCM meetings was published in the daily newspaper with the largest circulation. This strategy resulted in rapid and broad circulation of information, well-attended meetings, better understanding among partners about the GFATM process, and a multisectoral forum for discussion of national needs and priorities.

#### **Box 4: *GFATM Additionality and UN Support for Budgetting and Costing Exercises***

When asked to identify the more challenging aspects of the proposal development process, many countries mention difficulties in compiling reliable information on existing financial resources (national and international). This information was required so that overall unmet needs could be calculated, and that the “additionality” of resources requested from the GFATM could be demonstrated. Fortunately, several countries in Central America and the Caribbean that had decided to submit GFATM proposals had undertaken national accounts in HIV/AIDS exercises in recent years, with the joint support of UNAIDS, the Futures Group and SIDALAC (both of which are supported by USAID). In these countries, the GFATM proposal development process was an important opportunity to use this strategic information, and enabled a detailed analysis of both needs and absorption capacities.

In Eastern and Southern Africa, many countries noted the need for capacity building support in the area of budgetting and costing, and voiced concerns that given the magnitude of resources that may become available through the Global Fund at country level, the implications for other existing investment plans (debt relief and poverty reduction plans), financial management and procurement systems deserves special attention.

institutional and national programme management contexts into account, rather than focusing simply on the technical merits of proposals.

### **Challenges to scaling up: Weak programmatic analysis**

Review of the first round experiences found that capacity for budgeting and financial analysis at country level is relatively weak among governments and implementing partners within civil society. Though some countries were able to use existing national health accounts information to advantage, many found themselves ill-prepared to

**GFATM Principle:**  
Scaling-up and increasing coverage of proven and effective interventions

respond to the Global Fund requirements (via the proposal format) for financial analyses of existing and planned resources (national and international) and realistic assessments of absorptive capacities. Major gaps in this information and limited capacity did not allow

thorough analysis of programmatic and resource needs. The fact that the guidelines did not establish any budget ceilings led some to believe that even very large (and hence possibly unrealistic) proposals would be reviewed favourably.

The same observations can be made on monitoring and evaluation capacities. Though many countries have been implementing AIDS interventions for years, many proposals did not adequately reflect analysis of “best practice” at national level, or incorporate a sense (much less empirical evidence) of what was really working, and hence “worth” scaling up to a national scale. Given UNAIDS and its cosponsors have long emphasized the importance of situation analysis, strategic planning cycles, and participatory evaluation, the Global Fund processes provide excellent opportunities to put methodologies and skilled human resources to use. Specifically, each of the cosponsors has assumed special responsibilities for support in programmatic areas likely to be highlighted in many countries as they develop proposals (see Box 5)

**Box 5: UN Agencies and the Global Fund**

At the recent meeting of the UNAIDS Programme Coordinating Board, UNAIDS cosponsoring agencies committed themselves to supporting the Global Fund. Agencies are focusing their support at country level during Global Fund proposal development and will continue with their support during implementation. Areas of focus are:

UNDCP	injecting drug use
UNESCO	education
UNFPA	young people
UNFPA/UNIFEM	gender
WHO	care and support
UNICEF	prevention of HIV transmission to pregnant women, mothers and children
ILO	workplace

In addition to these areas, cosponsors and other UN agencies agreed to depend upon Theme Group chairpersons as UN focal points on HIV/AIDS, and WHO

### **The crucial role of community participation**

Like the UN system, the Global Fund is strongly committed to the principles of national ownership and strengthening government’s partnerships with NGOs, community groups, the private sector and civil society in general of all kinds. However, in many cases, the limited time frame in Round 1 prevented adequate building of sustainable partnerships at country level, and participation of many partners was often limited to

**GFATM Principle:**  
**Strengthening the participation of communities and people, particularly those infected and directly affected**

attendance at large endorsement meetings and rapid reviews of proposals prepared by others. Key actors were not sufficiently involved in the actual drafting of proposals or participate in technical working groups, where many important questions are addressed and trade-offs negotiated. The Global Fund's commitment to the civil society and private sector participation offers real opportunities for the UN to advance support countries as they advance the agenda of real, sustainable partnerships in the national responses to HIV/AIDS, TB and malaria.

## **Priorities for UN Support to Global Fund Processes at Country Level**

The Global Fund presents an opportunity for the UN to demonstrate its critical contribution to development, to disease elimination, to poverty eradication and to the general achievement of the Millennium Development Goals. In order to seize this opportunity, the UN must:

**Prioritize countries with the greatest needs:** Countries with great needs but limited capacities should be prioritized for assistance with proposal development and implementation. The Global Fund's commitment to assisting affected countries and communities provides the UN with an opportunity to mobilize resources for countries that need them most. At the same time, the need for the Global Fund to demonstrate rapid success provides an incentive for them to favor countries with strong capacity. The UN should use its comparative advantages including long-standing relationships with Governments and non-governmental partners and wide-spread presence in developing countries to ensure that this trend does not lead to the exclusion of the neediest. Countries in complex emergency situations, for example, can benefit from UN assistance to help them access the Global Fund (as was the case in the first round in Burundi). Some countries that did receive UN support for proposal development during Round 1 but whose proposals require substantial adjustment before being reconsidered by the TRP will also need UN support in that process.

**Strengthen joint UN guidance and support to UN Country Teams:** The UN DGO guidance note to Resident Coordinators and UN Country Teams (20 February 2002) signed by Executive Directors 2002 (*see Annex 3*) provided an important tool for those working on the coordination of UN support to countries. It clarified roles within the UN system at the country level. This guidance should be reinforced in subsequent rounds, and enhanced with more detailed analysis and case study materials illustrating best practices of joint UN support in the field. Adequately supported, the UN Country Team mechanism can assure coherent and consistent UN support to future processes involving all players, including coordination of advisors and consultants hired by the UN system, by reviewing experiences and planning for future cooperation. As the Global Fund evolves and more countries become involved, this support will need to respond to varying needs of countries preparing proposals, "first round countries" revising proposals with provisional GFATM approval, and those entering the implementation phase.

**Strengthen the collaboration between UNAIDS and WHO:** The special partnership between WHO and UNAIDS at country level is of great importance to efficient support to national processes. As members of the GFATM Board, UNAIDS and WHO have jointly identified the following areas as key for joint support: information dissemination and communication; technical assistance; capacity development; and fostering participation and partnerships.<sup>3</sup> To the extent possible support activities such as regional capacity building workshops and other activities should be organized and conducted jointly.<sup>4</sup>

**Support Country Coordinating Mechanisms in needs assessment, proposal development and oversight:** The UN should support the establishment and strengthening of Country Coordinating Mechanisms to ensure their functioning as representative fora that do not duplicate, undermine or conflict with the current roles and responsibilities of existing national structures for HIV/AIDS, TB and malaria. Through needs and resource mapping exercises, for example, the UN can assist CCMs to ensure the additionality of GFATM resources to existing National Strategic Plans, poverty reduction strategies, and other development frameworks. Once Principal Recipients (PR) negotiate proposals successfully with the Fund, the CCM must continue in an oversight capacity, as the principal representative body of multiple stakeholder groups and the institutional reflection of the Global Fund's goal to build partnerships. The UN must support CCMs to ensure that they have the capacity to carry out their oversight functions, as well as working with Principal Recipients to assist implementation. The UN can use its existing relationships and capacities on the ground to help develop feasible management, implementation, disbursement and monitoring modalities for Global Fund resources.

**Build partnerships—civil society and the private sector:** To maximize the opportunity that the Global Fund provides for building partnerships, the UN must support the real and sustainable participation of NGOs and the private sector within the accountable management structure, the CCM. The Global Fund experience should be used to increase the opportunities for dialogue between Government and non-Governmental actors. The UN must continue its work building capacity of civil society organizations so that they can participate meaningfully. The UN should work to advance civil society and private sector participation beyond token participation in broad consultations, but ensure that in addition they are involved in the technical working groups for proposal design, for example, or have a hand in implementation.

**Examine accumulated experience:** Timely, effective and transparent execution of GFATM activities will depend on national capacities to absorb, manage, and disburse funds to local implementing partners. Monitoring of the results that these new resources produce will be key. Many countries, especially in Africa, already have experience executing large projects and World Bank loans in the health sector, and the need to build upon these experiences and avoid past mistakes is essential. Many

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<sup>3</sup> UNAIDS and WHO. Joint paper on *Support for Countries in Preparing Proposals* to the 13 June 2002 meeting of the GFATM Technical Review and Proposals Working Group.

<sup>4</sup> Many of the regional capacity-building meetings for Round 2 are already being organized jointly by UNAIDS and WHO, and are being opened up to civil society, government and bilateral partner.

countries entering the implementation phase in 2002 will require external support to examine and document their own analyses and restructuring efforts. UNAIDS and its cosponsors must employ their networks to place examples of useful experiences at the disposition of countries establishing mechanisms.

**Address cross-cutting issues and synergize complementary expertise:** As indicated in Box 5, UNAIDS co-sponsors have already identified key areas of their technical mandates for focused support at country level, and contributed significantly to proposal development along these lines in Round 1. In addition to these key areas, country-level capacity for analysis of cross-cutting issues such as gender, decentralization, impact mitigation, and monitoring and evaluation must be a priority for UN system support. UNAIDS co-sponsors must involve themselves in Global Fund processes at country level, using their complementary mandates to ensure that the GFATM achieves its goal of supporting integrated, multi-sectoral responses.

## Conclusion

The existence of the Global Fund to Fight AIDS, Tuberculosis and Malaria presents enormous opportunities to ensure that countries most in need of increased resources are supported to scale-up programmes that work. Through its cosponsors and secretariat, UNAIDS has a unique capacity to provide assistance at country level in the Global Fund process. With offices in almost every country, and strong relations with governments, civil society and partners in the cooperation community, and close involvement in the ongoing evolution of the Fund and design of its mechanisms, the UN is ideally placed to both support and influence Global Fund processes. The entire UN System must contribute to the success of the Global Fund if its increased resources are to be put at the disposition of national responses. This document offers some insights on the first Round of proposal development at country level so that UN system support can continue to evolve, improve, and meet countries' needs as they emerge.

In summary, among the most relevant areas of the UN system's comparative advantage vis-a-vis the Fund are:

- Brokering technical support for proposal development and implementation
- Dissemination of Fund-related information to partners at country level
- Support to needs assessment and capacity development at country level
- Support for monitoring and evaluation, especially linking efforts to impact
- Oversight and resource tracking
- Advocacy role in support of the involvement of civil society / private sector
- Direct policy dialogue with the Global Fund

## Annex 1. Case Study: Tanzania Process

The Tanzanian GFATM proposal process began in mid-February, when the Permanent Secretary of the Prime Minister's Office convened more than fifty representatives of government, civil society, multi- and bilateral agencies, and embassies. The purpose of the meeting was to provide information about the Global Fund, to determine the membership of the CCM and the CCM Secretariat/Technical Review Team (TRT). The meeting issued a call for proposals from national partners on AIDS and malaria for submission to the CCM Secretariat later in the month. The Tanzania CCM includes nine government governments (Offices of the Prime Minister and President, the Planning Commission, Regional Administration and Local Government and other Ministries, and the Tanzania Commission for AIDS), four representatives of multi- and bilateral agencies, six NGOs, and the Tanzania Private Sector Foundation. The TRT is composed of the national programme managers for tuberculosis and malaria, the Tanzania Commission for AIDS, UNAIDS WHO, and project development experts supported by UNDP and World Bank. Its main responsibilities the review of proposals received from national partners, and the identification of strategic areas for support in keeping with the national focus on district development. also functions as the Secretariat for the CCM.

In late February, the first meeting of the CCM Secretariat/Technical Review Committee selected its chairperson, defined the terms of reference and criteria for partner proposals, and discussed operational issues. A few days later, the second meeting reviewed seventeen proposals submitted. Three proposals for AIDS and one for malaria (needing revision) were accepted to form part of the Common Country Proposal (CCP) for first round; others were recommended for later rounds or rejected. The third meeting discussed two additional proposals that had been received but not meet all of the criteria. Finally, a two day consultative workshop was held with all stakeholders to review and finalise the consolidated proposal (CCP).

The second meeting of the CCM in early March considered the results of the consultative workshop, and inputs from the Technical Teams for Malaria and AIDS. All stakeholders (government, civil society, multi and bilateral agencies, private sector) were represented. This meeting determined how to integrate Zanzibar into the proposal and decided not to include concerns about drugs for AIDS, TB and malaria in the first round proposal. The meeting also called for stronger partnerships with private sector and civil society, and reaffirmed the place of faith organizations in the implementation of activities.

Finally, the third meeting of the CCM just days before the GFATM deadline discussed the CCP and eventually approved it, despite that fact that some members still felt that the proposal needed better preparation and inputs. In the end, all CCM members signed the final document, expressing the hope that the GFATM will provide comments if the CCP requires further improvement.

When asked about the process' constraints, some members of the CCM felt that the role of the CCM was not clear, and some NGOs did not feel adequately represented in the CCM -- partly a reflection on the complexities of securing appropriate NGO representation. Some NGOs whose proposals were not accepted by the TRT forwarded their proposal directly to the Global Fund, which eventually received thirteen proposals from Tanzanian NGOs and other partners. Some questions on the guidelines were raised over the course of the month. Specifically, the TRT was not clear if one or several country proposals could be forwarded to the GFATM, or whether it should cover one or more years. the need for complimentary/additional funding and funding gaps was difficult to identify, as other potential projects and funding sources (PRSP, MAP, debt relief) are not yet finalized.

On the positive side, a systematic and fairly transparent process was chaired by the highest authority of the country, and included all major stakeholders despite the extreme time constraints. Collaboration among a wide range of partners was smooth, and support for the process from UNAIDS and its co-sponsors, especially WHO, UNDP, World Bank, UNICEF – was comprehensive and consistent. The UNAIDS CPA participated in all aspects of the process, and provided continuous support to the process. Major stakeholders expressed general satisfaction with the process, as well as their commitment to continue the initiated process for next round.

## Annex 2. Case Study: A Unique Opportunity for Haiti

Haiti clearly fulfils the priority criteria identified by the GFATM: high HIV prevalence, widespread poverty, strong political commitment and a national coordination mechanism in place. As in other countries, the UNGASS process of 2001 re-invigorated this coordination mechanism. Under the guidance of the First Lady, the Commission de Lutte Contre le SIDA (CNLS) has been meeting regularly since UNGASS to review the 20021-2002 interim strategic plan and to develop a new five year national strategic plan.

The CNLS and the NGO community were informed about the Global Fund in November 2001, when information from UNAIDS Geneva was broadly circulated. Once available, application guidelines were widely distributed. Individual organizations, private sector institutions, and Government ministries were requested to prepare proposals and submit them to the Technical Working Group led by the chief of cabinet of the Ministry of Health.

Other members of the Technical Working Group included the HIV/AIDS National Coordinator, representatives of NGOs, PWAs, multilateral (UNAIDS) , bilateral (USAID) donors, research institutions and several AIDS specialists, including a Haitian public health physician who was designated as the principal drafter of the proposal and contracted by UNAIDS). The TWG received and reviewed all proposals, called several meetings to discuss the strategy for the application, and all components of the consolidated proposal. The TWG was also assisted in specific areas by specialists (from the Future Group and other UN agencies) who identified and contacted the commercial firms who would be tasked with financial, programmatic management and oversight: Sogenbank Foundation and KPMG, both of which are highly regarded institutions with international credentials.

The UN Theme Group provided technical and financial resources, and all UN agency heads and focal points reviewed and discussed the draft proposal, providing important comments and suggestions for the final version.

The proposal preparation process had an important capacity-building component, and the overall process was very compressed. The final guidelines were delivered in mid-February; meaning that the country level process started very late (end of February), leaving insufficient time for preparation and briefing. However, information updates from the UNAIDS Secretariat, technical support from the UNAIDS LAC Desk, and consultations with the Global Fund focal point proved to be essential.

The Haiti proposal was largely based on the recently approved five year National Strategic Plan for HIV/AIDS, which is multi-sectoral and includes a broad based set of jointly identified needs and strategies. The consolidated application contains proposals from a total of fifteen 15 national and international organizations working in health, education, youth issues, vulnerable populations, orphans, etc. For example, the proposal includes an innovative project managed by Partners in Health (PIH) a Boston based NGO working in the central regional region of Haiti. The PIH project is currently providing 125 patients with ARV therapy using the Directly Observed Treatment (DOT) strategy adapted for resource poor settings, which is already being used among TB patients. With GFATM resources, the project will be scaled up in the entire region and demonstrate that providing ARV to people living with HIV/AIDS and poverty is feasible and cost-effective.

## Annex 3. UNDO Letter



20 February 2002

Dear Colleagues,

### UNDG Guidance Note on Global Fund to Fight AIDS, Tuberculosis and Malaria

As you know, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has been established and will be formally launched in April 2002 under the patronage of the Secretary-General. Countries have been invited to submit proposals by 10 March 2002. The purpose of this letter is to provide guidance to the United Nations system to strengthen our collective support to countries in the preparation, implementation and monitoring of proposals for the Global Fund.

The Global Fund is not an independent programme, but a new financial mechanism designed to attract, manage and disburse additional resources to scale up the fight against these diseases. It will base its work on programmes that reflect national ownership and respect country-led formulation and implementation processes. The Fund is intended to promote partnerships and alliances among all relevant players within the country and across all sectors of society.

Proposals will be submitted through a country coordination and partnership mechanism (Country Coordination Mechanism, or CCM) that includes broad representation from governments, NGOs, civil society, multilateral and bilateral agencies and the private sector. The role of the United Nations at the country level will be driven by this country partnership. It has been agreed that United Nations agencies will not apply directly for funding.

While countries are encouraged to submit coordinated proposals on AIDS, TB and malaria, the Global Fund will consider proposals on one or more of the three diseases or crosscutting aspects of these, depending on country realities and readiness. A country proposal to the Global Fund may consist of an existing and already costed plan for any, or all of the three diseases. Proposals should demonstrate how the Global Fund would add value and allow countries to scale up their national response.

United Nations country teams (UNCT), under the guidance and leadership of the Resident Coordinator, are urged to consider taking the following actions:

- 1) Ensure coordinated United Nations support for the establishment and operation of the CCM, including participation of both government and non-government partners;
- 2) Upon request of governments, provide technical support and assist in the development of high quality proposals based upon existing strategic plans;

To All United Nations Resident Coordinators

/...

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- 3) In order to co-ordinate United Nations system support:
- Designate the HIV/AIDS Theme Group Chairperson as the focal point within the UNCT for all aspects of support to the Global Fund process related to HIV/AIDS;
  - Designate the WHO Representative as the focal point within the UNCT for all aspects of support to the Global Fund process related to tuberculosis;
  - Designate the Chair of the Roll-Back Malaria Sub-Group (where present) and if not, the WHO Representative as the focal point within the UNCT for all aspects of support to the Global Fund process related to malaria.
- 4) Work with government and other partners to define how best United Nations country offices can support the implementation, monitoring and reporting of activities funded through the Global Fund.

The Resident Coordinator is accountable to ensure that United Nations system support to the Global Fund process is coherent and well coordinated. We encourage the Resident Coordinator to transmit an explicit expression of United Nations system support to national authorities (such as the Ministry of Foreign Affairs or the Ministry of Planning) in the preparation of their proposals to the Global Fund. The communication should clearly outline the organisational aspects of United Nations support as described above. A draft letter is attached for your guidance, which you could adapt to fit your local situation.

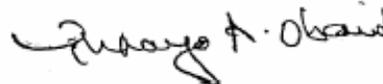
Should you need further information or guidance about United Nations involvement with the Global Fund process, please don't hesitate to contact any of the United Nations system's Global Fund focal points. (See attached list). We also urge you to consult the Global Fund website (<http://www.globalfundatm.org>) with particular reference to the Framework Document, and the section therein on country processes.

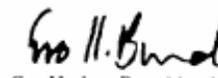
Yours sincerely,

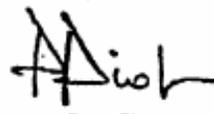
  
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