



Country experiences

Country dialogue

Niger, Madagascar, Senegal and
Mauritania

April 2015

The Global Fund's new funding model and the country dialogue process in the context of developing HIV concept notes.

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Acronyms and Abbreviations

ARRE	AIDS-related resources and expenditure
CCM	Country Coordinating Mechanism
CNLS	National AIDS Committee (Conseil ou Comité national de lutte contre le sida)
CSO	Civil society organizations
ES/CNLS	Executive Secretariat of the CNLS (National AIDS Committee of Senegal)
FEI	France Expertise Internationale
FIMIZORE	A network of associations working to combat AIDS amongst sex workers in Madagascar
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Grant Management Solutions
GTN	Groupe technique national
HSS	Health systems strengthening
IDU	Injecting drug-users
IOM	International Organization for Migration
MAD'AIDS	Network of Associations for people living with HIV/AIDS in Madagascar
MSM	Men who have sex with men
NFM	New funding model
NGO	Non-governmental organization
NSP	National strategic plan
PDC	Proposal Development Committee
PMTCT	Prevention of mother-to-child transmission (of HIV)
PLEROC	Plateforme des Leaders Religieux et Organismes Confessionnels [Platform for Religious Leaders and Faith-Based Organizations]
PLHIV	People living with HIV
SW	Sex worker(s)
TB	Tuberculosis
TFP	Technical and financial partners
TFDP	"Country Dialogue" Task Force project
USAID	United States Agency for International Development

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I. Executive Summary

Within the framework of the new funding model of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Country Dialogue is one of the core principles and provides evidence of broad consultation with stakeholders on national priorities. In order to access funding, the Country Coordinating Mechanisms must apply this principle during the concept note development phase and, beyond that, during implementation. However, the principal challenge facing the Country Coordinating Mechanisms is to give a concrete sense to the concept of the Country Dialogue as it is outlined in the guidelines relating to the new funding model. During the Country Dialogue process, Country Coordinating Mechanisms must provide the Global Fund with evidence that the needs expressed in the funding request are based on reliable data and reflect the strategic, harmonized and consensual guidance of the national stakeholders in connection with the three diseases (HIV, TB and malaria) and the strengthening of the health system, with particular emphasis on the participation of key populations.

The Country Dialogue Project Task Force was conceived with the aim of responding to a need to provide support to the five Country Coordinating Mechanisms in Francophone countries (Burundi, Madagascar, Mauritania, Niger and Senegal), to develop a Country Dialogue approach/methodology that is suitable for the respective contexts of the countries concerned. This support would need to enable the Country Coordinating Mechanisms to promote Country Dialogue approaches, methodologies and tools within the context of the new funding model operated by the Global Fund. The targeted Country Coordinating Mechanisms were selected by virtue of needs expressed and on the basis of criteria associated with their ability to conduct a Country Dialogue process. The five Country Coordinating Mechanisms benefited from a support measure known as the Country Dialogue Task Force, which was made up of international experts from OASYS and local consultants recruited in each individual country when the priorities of the concept note were being developed.

This Country Dialogue Project Task Force is an innovative approach that has enabled the Country Coordinating Mechanisms of the selected countries to stimulate, guide and host debates/discussions culminating in the formulation of national priorities for the concept notes for HIV, TB and malaria that were submitted to the Global Fund. OASYS and the five partner Country Coordinating Mechanisms worked together effectively and defined an approach to national dialogue that is participative, inclusive and consensual.

In order to achieve this result, the Country Dialogue Project Task Force supported the Country Coordinating Mechanisms with:

- Ownership of the process, the objectives of the Country Dialogue and the development of a roadmap. This first iterative stage was achieved by means of organized consensus visits to the five Country Coordinating Mechanisms and long-distance exchanges between experts belonging to the Task Force.
- The development and launch of the Country Dialogue by the Country Coordinating Mechanisms with hosting and facilitation by the national consultants during the key stages defined on the roadmap. A consultant was recruited for each Country Coordinating Mechanism to strengthen the support and guidance provided by the Task Force in facilitating the Country Dialogue.
- Learning how to conduct a Country Dialogue by organizing a regional retreat that brought together experts from the Task Force, local consultants and the leading members of the Country Coordinating Mechanisms. The participants had an opportunity to share information regarding best approaches when conducting a Country Dialogue that the countries followed during the process of developing their concept notes.
- The preparation and organization of national Country Dialogue workshops, focusing on arbitration, consensus on national priorities and implementation arrangements.

In order to be able to conduct a Country Dialogue that complied with the guidelines of the Global Fund, the Country Coordinating Mechanisms had to face several challenges, including:

- Creating conditions that would enable all stakeholders within the country to participate, and would provide them with every means of exercising their right to participation (dissemination/discussion of individual countries' needs, strengthening capabilities, etc.), while optimizing the human, financial and organizational resources available
- Encouraging the inclusion of key populations in less-favorable national contexts, while allowing the support of organizations and their representatives
- Turning the defined priorities in the national strategic plans the basis for the development of concept notes, on the assumption that the review/development of the concept notes will be included in the activities undertaken prior to stages of the Country Dialogue process under the leadership of the CCM, during the concept note development phase, and/or to strengthen the collaboration with the national programs relating to the various diseases.

In four of the five partner countries (Madagascar, Mauritania, Niger and Senegal)¹, examples of good practice with regard to Country Dialogues have been identified and brought together in the present document that is being given as a guide to those Country Coordinating Mechanisms that wish to submit funding requests to the Global Fund, to technical support providers or to experts driving the Country Dialogue process in individual countries. *In this regard, the tools and approaches contained in the present document cannot be regarded as approaches suitable for every country. Each one is intended to serve as an inspiration to those Country Coordinating Mechanisms that wish to conduct a Country Dialogue in accordance with the guidelines of the Global Fund within their own context.*

The Task Force Country Dialogue Project was implemented by OASYS between December 2013 and April 2015, in partnership with the five Country Coordinating Mechanisms and with technical and financial support from GIZ, GMS and the CCM Hub of the Global Fund Secretariat.

¹ As the consolidation of the Country Dialogue process in Burundi had not been fully completed at the time that this report was written, OASYS will, if need be, publish the case study for that country in a future edition. We can say, however, that with regard to the way in which the Country Dialogue was approached and conducted, Burundi and Senegal are relatively similar.

II. Definitions of Country Dialogue as a concept

Under the new funding model, the *Country Dialogue* is of critical importance to the Global Fund. The Global Fund defines Country Dialogue as a *continual and participative consultation process in which all stakeholders take part*. The responsibilities that apply when conducting a Country Dialogue are defined for each of the key stages, ranging from the development of national strategies to the implementation of grants awarded by the Global Fund (see the image below).

It is crucial to remember that any request for funding might include the Country Dialogue stage and must include a high level of participation, particularly of key populations.

During the course of the regional retreat organized in April 2014 by OASYS within the framework of the Country Dialogue Task Force Project and after several intense discussions, the participants proposed and adopted a consensual and operational definition of the term "Country Dialogue" that will apply to the project.

For them, the Country Dialogue therefore takes the form of *a national, participative, inclusive, interactive, iterative, continuous, cyclical and documented process*.

They added that the ultimate aim of this dialogue must be to bring about:

- National ownership of the grants awarded by the Global Fund
- A broad and active participation of all stakeholders in the decision-making process (while the funding requests are being developed and during the implementation of grants relating to the three diseases and health systems strengthening)
- Ongoing efforts to achieve a consensus when defining the priorities of the concept note, in the transparent allocation of resources and in the choice of implementing partners
- Maximizing impact of the interventions proposed to the Global Fund

On the other hand, the participants in the retreat acknowledged that the Country Dialogue is not:

- Exclusively for the purpose of obtaining grants from the Global Fund
- A competition between personal and organizational interests
- An exercise conducted only for a limited time
- A decision-making process or body that will circumvent the official coordination bodies
- A political forum
- A consultation process without clear or well-defined objectives
- A process to develop or submit concept notes

III. Approach and methodology

01. Development/conception of a Country Dialogue project

In order to propose his services providing support and monitoring of the process, the facilitator of a Country Dialogue must use, as a starting point, needs expressed by one or several of the Country Coordinating Mechanisms applying to take part in the new funding model. The facilitator must anticipate the date on which the concept note will be submitted by the Country Coordinating Mechanism and ensure that it has taken all of the necessary measures in connection with the financing and implementation of the Country Dialogue in close consultation with the Global Fund Secretariat (Country Team, CCM Hub, etc.).

02. Confirmation/ownership of the Country Dialogue by the Country Coordinating Mechanism:

The leadership and management by the Country Coordinating Mechanism of the Country Dialogue process serve as the first indication of success of a Country Dialogue as part of the concept note development phase. The service-provider must provide the Country Coordinating Mechanism with its offer for technical support and details of its facilitation/support methodology and must obtain endorsement and ownership in return.

The nature of the technical support activities and the constituencies/stakeholders with which it will be working, as well as the planning dates, must be established, discussed and validated by the Country Coordinating Mechanism and shared with the Country Team of the Global Fund Secretariat and the other strategic partners on a national level.



Letter of agreement between the Country Coordinating Mechanism and OASYS



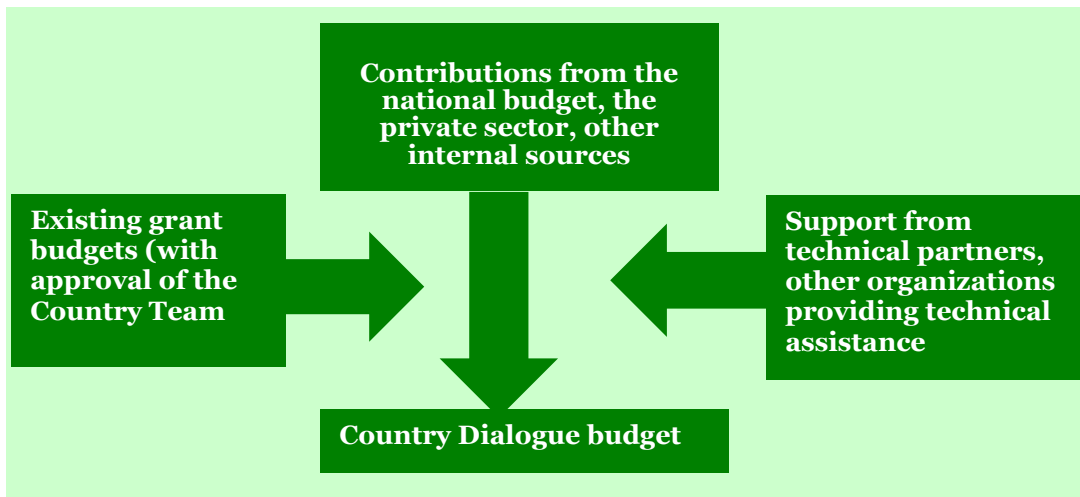
(Photos of Presidents of Country Coordinating Mechanisms : from left to right: President of the Country Coordinating Mechanism in Mauritania, President of the Country Coordinating Mechanism in Burundi, President of the Country Coordinating Mechanism in Madagascar, President of the Country Coordinating Mechanism in Niger, President of the Country Coordinating Mechanism in Senegal)

03. Mobilization of financial resources and technical expertise

The Country Dialogue is a process that requires financial resources (see diagram below) and high-quality facilitation in order to respond to the requirements of the Global Fund.

Developing the resource mobilization plan is one of the first tasks of the Country Coordinating Mechanism before launching the Country Dialogue process.

In addition to external resources, the Country Coordinating Mechanism must actively lobby the government (an example of this being the Country Coordinating Mechanism in Niger) and other domestic sources of finance (such as the private sector), in order to raise the funds needed for constituency consultations and national workshops concerning the budget allocation and national priorities.



04. Facilitation of the Country Dialogue support/guidance by the Country Coordinating Mechanism

During the concept note development phase, full responsibility for facilitating the Country Dialogue process will lie with the Country Coordinating Mechanism, in accordance with the stipulations of the new funding model. The Country Coordinating Mechanism is responsible for providing leadership, steering and coordination until the development process has been completed and the concept note submitted.

The Country Coordinating Mechanism may have recourse to external consultants/service providers - taking into account possible conflicts of interest with current or future grants – for support and guidance in conducting the Country Dialogue, as the five Francophone Country Coordinating Mechanisms in the Task Force Project did.

IV. Country Dialogue case study of four Francophone countries

Case study no 1: Niger

Country Coordinating Mechanism leadership mobilizes political decision-makers and domestic resources to implement a decentralized Country Dialogue.

Niger and the Global Fund

Component	Number of grants	Number of active grants	Amount agreed (in US\$)	Amount disbursed to date (in US\$)	Allocations in the context of the NFM (in US\$)
HIV	2	1	45,787,940	37,910,703	24,277,913
Tuberculosis	2	2	25,090,326	17,767,651	36,066,436
Malaria	5	2	105,635,847	89,539,492	88,105,925
Health systems strengthening	1	1	9,457,485	1,818,771	15,555,199
Total	10	6	185,971,598	147,036,617	164,005,473

Source : <http://portfolio.theglobalfund.org/en/Country/Index!NER>

*Source: Global Fund Country Allocations: 2014-2016-12 March 2014

The implementation of the Country Dialogue in Niger was marked by the growing support of the Country Coordinating Mechanism leadership. The President of the Country Coordinating Mechanism, who is also an adviser to the Prime Minister, succeeded in mobilizing all of the key stakeholders involved in the response to the three diseases, together with the domestic resources required in order to implement the Country Dialogue. The elements determining the success of the process were present both at the start of the preparatory phase and during the course of the Country Dialogue itself.

1. Preparatory phase

From the time that the Country Dialogue project was first presented by OASYS and was endorsed by the Country Coordinating Mechanism in January 2014, the president of the Country Coordinating Mechanism expressed her desire to commence the process by evaluating the strengths and weaknesses of the Country Coordinating Mechanism. Among other weaknesses, this exercise, which was led by OASYS, revealed a lack of knowledge among the national stakeholders with regard to the functions and roles of the Country Coordinating Mechanism, because the Country Coordinating Mechanism lacked a communications strategy.

The regional workshop on the Country Dialogue, organized by OASYS from 21 to 25 April 2014, provided an opportunity to guide the Country Coordinating Mechanisms involved in the project toward relevant actions in relation to their respective communication strategies.

The Country Coordinating Mechanism in Niger therefore decided to put in place, in early June 2014, an ad hoc committee tasked with advocacy and information, in order to ensure the buy-in and involvement of stakeholders in the Country Dialogue process. First, the committee organized stakeholder meetings focusing on the state's contribution, its willingness to pay and the Global Fund's requirements with regard to the implementation of a Country Dialogue that is inclusive, participative, interactive and documented. The members of the committee were:

- Representing the public sector: the Minister of Public Health, the Budget Minister and the Minister in Charge of the Cabinet of the President of the Republic of Niger
- Representing the technical and financial partners: WHO, UNDP and UNICEF
- Representing the private sector: the President of the National Business Coalition on HIV/AIDS, Tuberculosis and Malaria and the General Manager of the ASUSU microfinance agency.

At the same time, the Country Coordinating Mechanism set about producing a detailed and budgeted plan for the Country Dialogue process, as a support for the committee in its advocacy work. The aims of the Country Dialogue were therefore clearly defined; the periods and geographical coverage were established; the stakeholders that would be involved had been identified; the formats defined and the budget developed (around 150 million CFA francs, or US\$300,000).

The Proposal Development Committee of the Country Coordinating Mechanism was also involved in the planning of the Country Dialogue process in order to harmonize the various phases of identifying the priorities for each constituency, writing the concept notes and submitting them.

The Country Coordinating Mechanism then developed a communication strategy based on one question: *How do we ensure that the right information reaches the maximum number of stakeholders, in order to enable them to participate actively in the new funding model process, from its conception to the implementation of the activities financed by the Global Fund?*

The Country Coordinating Mechanism established a directory of all of the key stakeholders and leaders, developing points that could be made during advocacy in relation to the various categories of stakeholder, according to the aims being pursued. The Country Coordinating Mechanism also identified and made use of existing consultation frameworks. In this way, the first major meeting in connection with the Country Dialogue took the form of a presentation to a meeting already organized between technical partners and the Ministry of Public Health. Stakeholder meetings were also organized for each constituency represented on the Country Coordinating Mechanism.

The Country Coordinating Mechanism developed communication kits to support these actions and build capacity with respect to the Country Dialogue process. The documents included in the kit provided information on: the relationship between the Global Fund and Niger; the roles and responsibilities of the Country Coordinating Mechanism; the requirements of the new funding model; the definition and elements of the Country Dialogue; the results of the investigations carried out by the Office of the Inspector General of the Global Fund and the contribution of the state and its willingness to pay.

2. The implementation of the Country Dialogue

Thanks to the combined efforts of the Country Coordinating Mechanism and the Advocacy and Information Committee, 80 percent of the budget for the Country Dialogue process was provided by the government of Niger and 20 percent was provided by the Global Fund, UNAIDS and GIZ (in the form of the contribution of the project driven by OASYS).

An official launch ceremony for the Country Dialogue was organized on 17 June 2014, under the chairmanship of the Minister of State for Mines, interim Prime Minister of Niger. She acknowledged the participation of members of government, representatives of the Global Fund, the governors of the various regions of Niger, representatives of the technical and financial partners, representatives from civil society, including people living with the diseases and key populations, the regional Directors of Public Health and members of the Niger Country Coordinating Mechanism.

The Country Coordinating Mechanism took advantage of that occasion to emphasize that the project had the support of the highest levels of government. It also outlined the schedule of regional and national stakeholder consultations, as well as the results expected.

From the launch date to 13 August 2014 (a period of eight weeks in total), the Country Coordinating Mechanism implemented an intensive Country Dialogue process, the key outcomes of which were:

- the implementation of key population working groups that were tasked with identifying and putting forward their priorities (during the course of the month of June).
- meetings between the Proposal Development Committee and the three disease programs to discuss the national strategies, any programmatic or financial gaps, prioritize interventions, outline technical assistance needs and the contribution made by technical and financial partners (during the course of the month of July).
- meetings with the Proposal Development Committee to organize regional workshops and to evaluate the applicants for Principal Recipient (12 to 14 July 2014)
- preparatory meetings with the facilitators of the regional workshops (11 to 18 July 2014)
- a meeting to evaluate potential Principal Recipients (19 July 2014)
- organization of the regional workshops concerning the country allocation and the regional priorities of the HIV component to be taken into account in the concept note (21 to 25 July 2014)
- organization of the national workshop for the validation of the country allocation and the national priorities of the HIV component, under the chairmanship of the Minister of Public Health and the participation of the General Secretaries of the governorate, of members of the Country Coordinating Mechanism, of the regional directors of public health, of the regional intersectoral coordinators of the fight against AIDS, the representatives of the programs to fight against TB and malaria, of the Intersectoral Coordination of the fight against STDs/HIV, of nongovernmental organizations and community associations, of representatives of the key populations, of representatives from the national hospital, the civilian prison in Niamey and consultants from OASYS (11 August 2014)
- organization of an Extraordinary General Meeting of the Country Coordinating Mechanism which selected the Principal Recipient, validated the country allocation and validated the national priorities for the HIV component (13 August 2014)

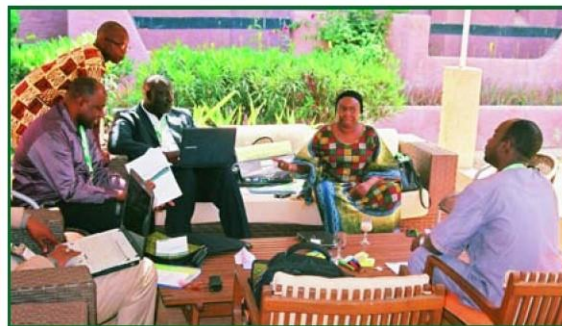
2.1 Focus on the regional workshops

The regional workshops served as a kind of “decentralization” of the Country Dialogue to ensure the involvement of the stakeholders (community stakeholders and institutional stakeholders alike) from the eight regions of Niger and to ensure that regional priorities were also taken into account.

The Country Coordinating Mechanism developed kits for the regional workshop, which included the agenda, the reporting template, the terms of reference for the workshops, presentations on the national strategy to fight AIDS, the Global Fund's new funding model, etc. The facilitators of the regional workshops were designated within the Country Coordinating Mechanism and followed a training session on the Country Dialogue from 17 to 18 July 2014.

Responsibility for organizing the workshops was assigned to the governorates. The General Secretary of each governorate had been tasked with organizing the workshop for their region. This made it to involve authorities at all levels in the success of this stage of the Country Dialogue, and all the more so in view of the fact that the Country Coordinating Mechanism of Niger is linked to the Prime Minister's Office.

In each region, a regional steering committee that is the responsibility of the Secretary General of the Governorate has been put in place to coordinate the process, with facilitation by a representative of the Country Coordinating Mechanism. Each regional workshop lasted two days per component with an additional day devoted to bringing together the regional priorities.



In each region, the stakeholders discussed the following points: the distribution of the country allocation proposed by the Global Fund, as well as the gaps and priorities in relation to HIV, TB, malaria and health systems strengthening.

The specific objectives of these workshops were:

- To present the Global Fund's new funding model to the stakeholders in the region
- To present the country allocation to the stakeholders in the region
- To present the financial and programmatic gaps of the three programs
- To present the priorities of the HIV component under the new funding model
- To lead the sectors to state their position regarding the distribution of the country allocation
- To help the constituencies in identifying the regional priorities of the HIV component under the new funding model.

2.2 The national validation workshop

The national validation workshop essentially focused on the summaries coming from the regional workshops in order to come to a consensus on the national priorities and, in so doing, reflect a bottom-up approach. To that end, each region was represented at the national workshop by a delegation of five people, including a key population representative and a representative of civil society organizations. A final report validated the work of the national workshop and was submitted to the Country Coordinating Mechanism for consideration at its meeting to validate the national priorities, which was held on 13 August 2014.

3. Structures and organizations at the heart of the Country Dialogue in Niger

3.1 Proposal Development Committee

This is a required committee of the Country Coordinating Mechanism. Its primary role is to coordinate the activities relating to the Country Dialogue. Made up of ten members, it is this committee that piloted a component of the Country Dialogue, acting under powers delegated by the Country Coordinating Mechanism in a directive. The Proposal Development Committee:

- Monitored the implementation of the Country Dialogue;
- Monitored communication and advocacy activities
- Organized meetings with the three national disease programs, primarily in order to discuss the situation in connection with the strategic documents (national strategic plan, investment framework, etc.), programmatic and financial gaps, etc.
- Piloted the organization and reporting of the regional workshops
- Submitted a report to the Country Coordinating Mechanism for each initiative, in order to provide information for evaluation and decision-making.

3.2 The Advocacy Committee

The overall aim of this committee was to mobilize and involve the technical and financial partners, private sector organizations and the government, with specific aims for each category of stakeholders according to their role in the fight against the diseases. Composed of members of the Country Coordinating Mechanism, the committee had been provided with:

- A schedule of meetings
- A list of target organizations and institutions for advocacy purposes
- A task sheet, specifying the expected aims and outcomes for each task
- A documentary kit including: an information memo regarding the Global Fund in Niger, documentation about the Country Coordinating Mechanism, the new funding model, the Country Dialogue, the contribution of the state and its willingness to pay, etc.

The efforts of the committee enabled the successful mobilization of the necessary resources in order to carry out the Country Dialogue in Niger in an effective and efficient way and in a manner that involved all of the stakeholders in the regional and national workshops.

4. The principal success factors for the Country Dialogue in Niger:

Ultimately, the principal success factors for the Country Dialogue process in Niger were:

- The early identification of the strengths and weaknesses of the Country Coordinating Mechanism in terms of carrying out the process
- The detailed and budgeted planning of the process and the adherence to the schedule
- The mobilization of the resources needed to implement the process, mainly from the national budget
- The development of an effective communication and advocacy strategy
- The involvement of high-level government authorities in order to ensure genuine national ownership of the process
- The constant involvement of the Global Fund country team, technical and financial partners in Niger, the private sector, the civil society stakeholders and key populations in all stages of the process
- The commitment and determination of the members of the Country Coordinating Mechanism
- The leadership shown by the president of the Country Coordinating Mechanism and her relationships with government authorities
- The decentralized and consensual approach to identifying priorities

Major Challenges	Solutions
Weak leadership of the Country Coordinating Mechanism	<p>A rapid evaluation of the strengths and weaknesses of the Country Coordinating Mechanism, which enabled them to correct their weaknesses, in particular the Country Coordinating Mechanism's visibility with respect to the various stakeholders and the general public</p> <p>Organized advocacy with respect to the highest levels of political authority and the authority given to decentralized government structures to conduct regional activities related to the development of the concept note</p> <p>Involvement of the Global Fund country team, which provided support to the Country Coordinating Mechanism at every stage of the process</p> <p>The authority given to the Proposal Development Committee of the Country Coordinating Mechanism, including workplan and structure for reporting to the Country Coordinating Mechanism</p>
Communication with and mobilization of all stakeholders	<p>Establishment of an Advocacy Committee</p> <p>Creation of advocacy documentation, detailed budget and workplan for the development of the concept note</p> <p>Involvement of the Prime Minister's office and the governors</p> <p>A high level of resources, most notably financial resources, provided by the government (80 percent of the total budget for this phase of the Country Dialogue came from the national government)</p> <p>Production and distribution of information kits</p>

Case study no 2: Madagascar

The advocacy and influence of the representatives of the people living with the diseases and of the key populations on the Country Coordinating Mechanism, in order to bring about a Country Dialogue oriented towards the needs of the direct beneficiaries.

Madagascar and the Global Fund

Component	Number of grants	Number of active grants	Amount agreed (in US\$)	Amount disbursed to date (in US\$)	Allocations in the context of the NFM (in US\$)
HIV	5	2	42,214,080	37,041,263	17,239,871
Tuberculosis	3	2	21,778,961	19,157,894	10,569,620
Malaria	12	7	253,258,248	221,239,403	84,611,304
Total	20	11	317,251,289	277,438,559	112,420,795

Source : <http://portfolio.theglobalfund.org/en/Country/Index/MDG>

* Source: Letter from the Head of the Grant Management Division of the Global Fund dated 12 March 2014

The involvement of key populations in the Country Dialogue process forms a major requirement of the Global Fund, due to the impact expected of the grants awarded to the countries. The identification and the taking into account of the actual needs and priorities of the key populations must, by their very nature, be carried out by them. In Madagascar, Mr Johnson Victorius Firinga, the representative of the people living with the diseases and of key populations within the Country Coordinating Mechanism and National Coordinator of the MAD'AIDS network, brought to bear the full power of his influence and leadership in order to ensure that those stakeholders were effectively involved in the Country Dialogue on the regional and national levels.

1. Contextual aspects

Madagascar was in a deep political crisis from 2009 to 2013, which led to impoverishment, the decay of the health system and the failure of any social security system. During that period and in the absence of a legitimate governmental partner, the principal financial partners in the country preferred to implement a strategic withdrawal, while awaiting the restoration of the institutionalized rule of law. This was ultimately forthcoming following the official proclamation, on 17 January 2014 by the Special Electoral Court, of the results of the second round of presidential elections, in which Mr Hery Rajaonarimampianina was elected to power for a period of five years.

It was in the context of this emergence from a crisis and at the instigation of the other countries eligible under the Global Fund's new funding model that the Country Coordinating Mechanism in Madagascar received the letter (dated 12 March 2014) confirming the resources allocated and distributed to the country by the Global Fund for the period 2014-2016.

In order to face up to the enormous needs for financing for health programs, the Country Coordinating Mechanism had written a letter to the Global Fund dated 30 January 2014, informing it of the dates on which the concept notes were expected to be submitted and when it was hoped the signature of the grants for HIV, TB and malaria would take place (*see the table below*).

Component	Predicted date for submission of concept note	Predicted period for signature of grant
HIV	15 June 2014	January 2015
Tuberculosis	15 October 2014	July 2015
Malaria	15 May 2014	February 2015

Source: letter from the Country Coordinating Mechanism in Madagascar to the Global Fund dated 30 January and bearing the reference 241/CCM/MAD.

In the same period, the Country Coordinating Mechanism requested and obtained technical and financial support from France Expertise International (FEI - which has recently become known as Expertise France) in order to undertake the restructuring of the Country Coordinating Mechanism and the development of the concept note for HIV. The implementation of the Country Dialogue Task Force Project by OASYS coincided with the FEI's mission to restructure the Country Coordinating Mechanism, under the chairmanship of the Secretary General of the Ministry of Health (at the time, it was attached to the Prime Minister's Office). The complementary nature of those two missions therefore enabled the Country Coordinating Mechanism to fully achieve its role in the context of the new funding model.

The Country Coordinating Mechanism was faced with a dysfunctional situation caused by a lack of financial resources, which was affecting all of its bodies, including the permanent secretariat. The membership therefore decided to assign the management of the Country Dialogue and the development of the concept notes to the national disease programs, by putting in place national technical groups for each disease.

A national technical group is a multi-disciplinary and multisectoral group made up of representatives of the government, technical and financial partners, the Principal Recipients from civil society, including one representative of key populations and two representatives of people living with the disease.



2. The Madagascar Country Coordinating Mechanism and the Country Dialogue Task Force Project.

The Country Coordinating Mechanism in Madagascar endorsed the Country Dialogue Task Force Project, following a series of consultations between the two entities facilitated by Mr Johnson Victorius Firinga, the National Coordinator of the MAD'AIDS Network and a representative of people living with the diseases and of key populations on the Country Coordinating Mechanism and a member of the Conseil National de Lutte contre le Sida (CNLS) (National Aids Control Council) and of the national technical group for the HIV component.

The first activity undertaken in the context of the TFDP Country Dialogue Task Force project was a visit by experts from OASYS to Madagascar, which took place from 9 to 16 February 2014. The purpose of that visit was to achieve a consensus regarding the process and to establish a national schedule for the Country Dialogue. The aims of the visit were i.) To share information on the new funding model operated by the Global Fund with the members of the CCM and the strategic partners in the context of the Country Dialogue process; ii.) To facilitate consensus meetings/get-togethers with the relevant strategic partners regarding the Country Dialogue process; iii.) To move forward the development of a national Country Dialogue schedule with all of the stakeholders in the CCM.

Composition of the Country Coordinating Mechanism in Madagascar

Sector	Number
Government	9
NGO	6
Private sector	1
People living with the diseases	3
Faith-based organizations	2
Technical and financial partners	9
Total	30

That visit enabled the national technical groups to better understand the requirements for a Country Dialogue and to review the dates initially specified for the submission of the concept notes: 15 October 2014 for the HIV component; 15 January 2015 for the TB and malaria components.

Furthermore, OASYS recruited a local consultant to provide technical support to the Country Dialogue Process in collaboration with the experts from the Task Force project. That support covered all aspects of planning the Country Dialogue process, primarily in relation to the HIV component, its organization and the partial financing of the national consultation on the priorities to be included in the HIV concept note, which took place in Antananarivo on 25 and 26 August 2014. It also included advocacy undertaken with UNAIDS to request a workspace for the Country Coordinating Mechanism with Internet access (a lack of financial resources within that body meant that the permanent secretariat could no longer be pay for Internet access).

Just as for the other Country Coordinating Mechanisms participating in the Task Force project, the regional retreat, which was organized by OASYS from 21 to 25 April 2014, enabled Madagascar's Country Coordinating Mechanism to refine its plan for the implementation of the Country Dialogue. As soon as they returned home, the representatives of Madagascar's Country Coordinating Mechanism (the permanent secretary, the representative of people living with the diseases and of key populations, along with the local consultant) carried out the rest of the tasks resulting from the retreat and supported the national technical groups for HIV with the implementation of the most relevant recommendations. It was in this way that a roadmap for the entire process, linked to the Global Fund's new funding model (commencing with the effective launch of the Country Dialogue through to the submission of the concept note for approval and signature) was drawn up on 6 June 2014 with a total budget of US\$192,558.59.

The national technical group for HIV set out to implement that roadmap and to update it on a regular basis, until the actual submission of the concept note, which finally took place on 30 January 2015.

3. The involvement of key populations in the Madagascar's Country Dialogue

The Madagascan organizations and associations of people living with HIV and of key populations played an active part in the process of developing the national strategic plan for AIDS for 2013-2017. They took advantage of this part of the process prior to drawing up the concept note to establish themselves as essential stakeholders within the Country Dialogue process, thanks to their significant mobilization and the quality of their contributions.

MAD'AIDS (*the Network of associations of people living with HIV*), FIMIZORE (*Network of associations working to combat AIDS amongst sex-workers*), the Solidarité des HSH (*Network working to combat AIDS in men who have sex with men*) and the Réseau de femmes séropositives au VIH de Madagascar (*Network of HIV-positive women in Madagascar*) joined with PLEROC (*Platform for Religious Leaders and Faith-based Organizations*) to harmonize their positions and their contribution to the National Strategic Plan for AIDS 2013-2017. They also worked together in the working groups in order to draw up the investment framework and the ARV scale-up plan. This spirit of consensus continued during the concept note development phase and the Country Dialogue.

3.1 Implementation of a National Coordination Committee

The national technical group for HIV, tasked with coordinating and facilitating the Country Dialogue until the concept note was written, included representatives of organizations and networks of people living with HIV and of key populations. Under the leadership of the National Coordinator of MAD'AIDS, representatives of people living with HIV and of key populations put in place a coordination committee which met at each stage of the Country Dialogue process in order to ensure that a consensual approach and position were adopted. This committee produced statements outlining the priorities of people living with AIDS and key populations, which were then shared with the national technical groups for HIV.

3.2 Mobilization of people living with the diseases and key populations

The Country Dialogue took place in the 22 regions of Madagascar from 1 to 24 August 2014. The regional meetings brought together members of the regional task forces. As a member of the CNLS, the MAD'AIDS network was copied on the invitations sent to the regional organizations. It was therefore able to ensure that networks of people living with HIV, of men who have sex with men, and of sex workers were informed of those regional meetings and were invited to take part.

In that way, the networks that were members of the Coordination Committee mobilized their members within the regions in order to play an active part in the regional meetings. MAD'AIDS organized visits to every region to help community organizations prepare so that they could play a more effective part in the Country Dialogue process.

Capacity building to improve participation in the Country Dialogue was an ongoing process which began as soon as Madagascar decided to submit an HIV concept note. Every occasion that national or regional meetings took place was utilized as an opportunity to inform people living with HIV and key populations of the new funding model and about the Country Dialogue at the same time. Abilities were also reinforced by disseminating the key points from the National Strategic Plan for HIV in Madagascar for the period 2013-2017, together with the outcomes of the studies carried out on the key populations.

As a result of the regional workshop held in Namibia (relating to the new funding model of the Global Fund) and the regional retreat (organized by OASYS in April 2014 on the subject of Country Dialogue), MAD'AIDS also initiated an information and awareness-raising campaign targeted at community associations regarding the challenges of the new funding model and the need for key populations to be effectively involved in the Country Dialogue process.

3.3 Taking the priorities of key populations into account

The key function of the representatives of people living with the diseases and of key populations is to ensure that the priorities defined by their groups are respected. It was a case of ensuring that those priorities would be taken into account in the reports from the regional meetings, in the documents produced by the national workshop and in the HIV concept note.

In order to fulfil that role, the representatives involved themselves in working groups and writing groups and advocated for their priorities.

In preparation for the national workshop that was held on 25 and 26 August 2014, the representatives of key populations organized a meeting in order to define their strategy and to create the tools with which to collect information regarding the priorities to be proposed. A questionnaire and an information sheet were produced and distributed.

The national studies carried out among sex workers and people who inject drugs, the behavioural and biological study of HIV and sexually transmitted infections among men who have sex with men in the urban zones of Madagascar, the geography and the estimation of the size of the key populations were used as evidence during the advocacy work carried out by the Coordination Committee.

3.4 A participation built upon the place and role of the MAD'AIDS network

MAD'AIDS is a network of 29 networks of people living with HIV covering the 22 regions of Madagascar. The purpose of the network is to promote general and high-quality care for people living with HIV. The principles and values on which its actions are based are equality, respect of human rights and justice and it sets out to combat all forms of discrimination and stigmatization.

The nature of the network, its composition, its geographical base, together with the populations with which its members become involved are what makes MAD'AIDS an indispensable organization in the fight against AIDS in Madagascar.

From an early stage, MAD'AIDS, which is a member of the CNLS and of the Country Coordinating Mechanism, took it upon itself to share information and ideas with its members. For this reason, meetings with its member associations and the Solidarité and FIMIZORE networks were organized on a regular basis long before the Country Dialogue was launched. These meetings, which were part of the workplan and the budget of the Country Coordinating Mechanism, as well as other formal and informal small-group meetings, including those with men who have sex with men, and sex workers, took place at MAD'AIDS offices, which is a central gathering point for associations of people living with HIV and of key populations in Madagascar.

MAD'AIDS also made successful use of training sessions and meetings with the technical and financial partners in order to advocate for the need to involve key populations in the Country Dialogue process.

"It is essential that representatives of key populations play a direct part in the Country Dialogue. In certain cases, there has been some reticence, but each time, we have stuck to our principle that the representatives of men who have sex with men and of sex workers must be present. We have been mandated to represent them within the Country Coordinating Mechanism and this is a decision made by the networks. On the other hand, we cannot accept that this role is imposed upon us in the context of the Country Dialogue. It is necessary for the representatives of key populations to be present, so that they are able to defend their priorities together."

Mr Johnson Victorious Firinga,
Executive Director of the MAD'AIDS
Network

All of those meetings created a positive dynamic that encouraged the exchange of information and an analysis of the implementation of the programs financed by the Global Fund. That dynamic will form the basis of the involvement of key populations in the Country Dialogue process in Madagascar.

The consolidation of this consultative program within the Country Dialogue process, combined with the confirmed and acknowledged leadership within the Country Coordinating Mechanism in Madagascar, of the representative of people living with HIV constitutes the primary success factor with regard to the involvement of key populations in the process referred to above.

Principal Challenges	Solutions
Limited technical and financial capabilities within the Country Coordinating Mechanism to lead the Country Dialogue process, especially during the concept note development phase.	Implementation of a National Technical Group under the leadership of the CNLS and reporting on a regular basis to the Country Coordinating Mechanism for the validation of the options proposed.
	Financial contribution to OASYS for the organization of the national priority validation workshop.
	The provision by OASYS of a national consultant to provide dedicated technical assistance to the Country Coordinating Mechanism.
	Identification and utilization of planned activities not included in the development of the concept note (especially those relating to MAD'AIDS), in order to inform civil-society organizations
Identification of key populations, other than people living with HIV	Mapping of the key populations (men who have sex with men, sex workers and people who inject drugs), including an estimate of the size of each population.

Case study no 3: Senegal

How the Country Coordinating Mechanism relied on a national coordination body (CNLS) in order to ensure the success of its Country Dialogue. Complementarity and delegation of responsibility

Senegal and the Global Fund

Component	Number of active grants	Amount agreed (in US\$)	Amount committed (in US\$)	Amount disbursed to date (in US\$)	Allocations in accordance with the new funding model (in US\$)
HIV	3	127,284,468	116,374,394	106,638,005	47,768,339
Tuberculosis	2	26,844	18,811,104	17,968,730	13,532,217
Malaria	2	131,876,000	122,198,802	94,418,954	62,384,636
Total	7	286,005,23	257,384,300	219,025,690	123,685,193

Source : <http://portfolio.theglobalfund.org/en/Country/Index/SEN>

* Source: Global Fund Country Allocation

The Global Fund regards Senegal as a model country with respect to its management of grants. The Country Coordinating Mechanism in Senegal is often presented as one of the most dynamic in Western Africa and frequently receives delegations from Country Coordinating Mechanism members from the region who come to learn about Senegal's Country Coordinating Mechanism. For the development of the HIV concept note, Senegal's Country Coordinating Mechanism opted, due to limited technical and financial resources, to enter into a strategic partnership with the SE/CNLS, which involved delegating a significant part of the responsibility for conducting the Country Dialogue in that country.

Throughout the entire process, the two key stakeholders (the Country Coordinating Mechanism and the CNLS) had complementary roles and responsibilities.

1. A Country Dialogue that began with a review of the national strategic plan

Senegal took the decision to submit a concept note to the Global Fund as soon as the Board announced the launch of the new funding model. The Country Coordinating Mechanism began preparations for the concept note development process in fourth quarter of 2013. This primarily consisted of evaluating the Country Coordinating Mechanism's eligibility and performance and updating the national strategic plans. As far as the National Strategic Plan to Fight HIV/AIDS was concerned, it turned out that it needed to be revised. In most countries, the writing and the reviewing of national strategic plans is the responsibility of the National AIDS Committee.

Created in 2001, the National AIDS Committee (CNLS) is the body that coordinates and directs the response to HIV in Senegal. Its Executive Secretariat is the national, multisectoral planning and coordination and advocacy body and is responsible for monitoring the national strategic plan. The SE/CNLS is a member of the Country Coordinating Mechanism, representing the government sector.

The SE/CNLS was tasked with carrying out the review of the national strategic plan. Because this is part of the first stage of the Country Dialogue, the Country Coordinating Mechanism assigned the SE/CNLS the task of implementing the phase that was intended to lead to the development of the concept note, while respecting the principles requiring a participative and inclusive process that would involve all of the stakeholders in the fight against AIDS, including key populations and people living with and/or affected by the disease.

2. CCM and SE/CNLS: Roles and responsibilities with respect to the Country Dialogue

The Country Coordinating Mechanism gave the responsibility of leading the Country Dialogue process to the SE/CNLS while retaining strategic guidance role.

The Country Coordinating Mechanism created a writing committee responsible for drafting gave it the responsibility of overseeing the entire process leading to the development of the concept note itself. The writing committee has a workplan that also includes coordination meetings with the Country Coordinating Mechanism to review progress.

This committee included members of the technical secretariat of the Country Coordinating Mechanism, resource personnel from the public sector, technical and financial partners and representatives of civil society, including representatives of the most vulnerable key populations and of people infected with and/or affected by the disease.

The Executive Secretariat of the CNLS was assigned the responsibility of overseeing the committee.

3. Key steps of the Country Dialogue workplan

Acting under its term of reference and in the name of the Country Coordinating Mechanism, the role of the committee was to carry out:

- The revision of the national strategic plan for HIV
- The training of key populations on the new funding model and the concept note
- The scheduling of consultations in order to define priorities with the stakeholders
- The development of tools and documentation relating to the Country Dialogue
- The writing of the concept note and its submission to the Country Coordinating Mechanism.

The first version of the workplan was developed following the country's decision to submit a concept note. A review of that note was carried out following two periods of discussions and idea-sharing between the stakeholders.

- A visit by the Global Fund country team to Dakar in February 2014 This was the occasion for all of the stakeholders to focus on the state of progress of the work connected with the submission of a concept note, especially with regard to the eligibility of the Country Coordinating Mechanism, the technical needs that existed, the availability of the national strategic plans, etc.
- Participation in the regional Country Dialogue retreat organized by OASYS in Dakar in April 2014. This workshop primarily enabled the sharing of the tools developed by the Task Force and the planning of consultation and capacity-building workshops held for key populations and for associations of people living with the diseases.



The process then continued with the following steps:

- Based upon the national strategic plan 2014-2017:
 - Gender assessment of the new national strategic plan;
 - Review of national expenditure to fight AIDS (REDES)
 - Organization of concept note development workshops involving all of the stakeholders
 - A meeting of the Country Coordinating Mechanism regarding the allocation split
- The organization of separate consultations with key populations and with people living with HIV.
- Writing a first draft of the concept note and sharing it with the stakeholders involved in the response to HIV and then incorporating their input
- The validation of the concept note by the Country Coordinating Mechanism

4. The effective participation of key populations

Key populations were at the center of the Country Dialogue. In the context of this process, civil society took responsibility for certain modules of the concept note. The Country Coordinating Mechanism requested the support of technical partners to assist key populations (FEI, OIM, Royal Netherlands Embassy, FHI360, etc.). Representatives of key populations, who were members of the Country Coordination Mechanism, have been integrated in all steps of the Country Dialogue process.

The Country Coordinating Mechanism organized "Constituency Consultation Days" in connection with the National Strategic Plan 2014-2017 and guidance sessions in connection with the HIV concept note for men who have sex with men, sex workers, people who inject drug and organizations for people living with HIV. These consultations were held in July and August 2014.

The content of those consultation days essentially focused on:

- A presentation of the national strategy for 2014-2017 and the state of progress regarding the concept note.
- A review/diagnosis of the national strategic plan and the concept note by key populations: analysis and observations
- An identification of priorities for key populations
- Prioritization of key population needs.
- Drafting explanatory text to support the selection of the priorities.

The consultations were facilitated by OASYS, so as to encourage attendees to speak. Afterwards, a summary was written which reiterated the priorities for each group and put them in order of urgency. The consultations also enabled each group to evaluate the preceding steps of the Country Dialogue process, especially with regard to the involvement and participation of key populations in each of the steps. This led to developing avenues for improvement.

All of these elements were presented to the Country Coordinating Mechanism and to the Concept Note Steering Committee. They were analyzed and incorporated into the priorities validated at the national workshop.

The principal results of those consultations with the key populations were as follows:

- A consultation report was produced and shared with the CCM and the CNLS
- A priorities pyramid was defined for each key population
- Priority intervention trajectories for each category of key group identified and proposed to the Country Coordinating Mechanism
- A review of the operational plan and the launch of a process of reformulation of additional activities undertaken

5. Monitoring and Coordination of the Country Dialogue by the Country Coordinating Mechanism

The Country Coordinating Mechanism provided strategic guidance during the process, within its abilities. To that end, it carried out the following activities:

- The monitoring of the Country Dialogue workplan and the discussion/validation of the submission dates, based upon progress
- A discussion of the priorities
- The supervision of the development of the concept note during the technical workshops
- Holding a discussion on the possibility of accessing financing over and above the indicative amount
- Conducting of negotiations with the government regarding the counterpart financing and willingness to pay requirements, in the form of meetings
 - The Country Coordinating Mechanism and the Minister of Health, Minister of Finance
 - CCM/CNLS and the Minister of Finance, departments of the Office of the Prime Minister

6. Outcomes of the Country Dialogue

- The guidelines for the new funding model were shared and the concept note tools reviewed.
- The priorities in the concept note and in the national strategic plan were validated with the different stakeholders via consensus.
- Programmatic gaps were identified and six modules were completed: men who have sex with men, sex workers, people who inject drugs, treatment/care/support/TB/HIV, eTME, prevention for vulnerable populations.
- Funding gaps and a report of the REDES study were produced.
- The concept note was produced
- The Principal Recipients were designated.
- The concept note was submitted online on 15 August 2014.

Principal Challenges	Solutions
Technical capacity within the Country Coordinating Mechanism to lead the "Country Dialogue" process, during the Concept Note development phase	<p>Assigning responsibility to the CNLS for the HIV component, taking account of the process</p> <p>Accountability to the Country Coordinating Mechanism for the validation of the options proposed</p> <p>Financial contribution by OASYS for the organization of the national workshop</p> <p>The provision by OASYS of a national consultant to provide dedicated technical assistance to the Country Coordinating Mechanism.</p> <p>Requesting (and obtaining) the additional support from France Expertise International by means of the Initiative 5%, in order to have access to an international consultant who would be required to work together with OASYS</p>
Key populations	<p>Contribution by the ANCS (community component) towards the guidance of key populations with regard to the new funding model and the Country Dialogue in appropriate and secure locations</p> <p>Requesting (and obtaining) an expert from OASYS in order to facilitate the consultations</p>
Information and mobilization of all	Consolidation of the outcomes of the stakeholder meetings during the development and validation of the national strategic plan for HIV 2014-2017

Case study no 4: Mauritania

Conducting a Country Dialogue in a country where the context is unfavorable (restrictive legislation governing key populations, an absence of domestic finance, a weak civil society, etc.).

Mauritania and the Global Fund

Component	Amount agreed (in US\$)	Amount disbursed to date (in US\$)	Allocations in the context of the NFM (in US\$)
HIV	11,146,941	9,147,740	8,209,416
Tuberculosis	5,674,953	5,474,953	5,474,953
Malaria	4,676,987	4,476,987	4,476,987
Total	21,498,881	19,099,680	18,161,356

Source : <http://portfolio.theglobalfund.org/en/Country/Index/MRT>

* Source: Global Fund Country Allocation

Since 2010, the situation between Mauritania and the Global Fund has been tense and has resulted in additional safeguards being put in place. The acknowledgement and involvement of certain categories of key populations, especially men who have sex with men and sex workers, has been difficult because of criminalization. In such conditions, combined with the very limited resources of the Country Coordinating Mechanism, conducting a Country Dialogue in accordance with the directives of the Global Fund would turn out to be a very complex exercise. Added to this would be the weak capacity of the civil-society organizations represented within the Country Coordinating Mechanism.

1. Principle steps of the Country Dialogue

Mauritania decided to submit funding requests under the new funding model as early as July 2013. A meeting of the stakeholders in the fight against the disease (Country Coordinating Mechanism, civil society organizations, technical partners, national programs to fight the disease, etc.) determined the objectives and the structure of the steps:

- Development or revision of national strategic plan;
- Implementation of a committee to develop each component;
- Creation of a Country Dialogue monitoring committee;
- Creation of an writing committee for each component;
- Implementation of the activities per step of the process of writing the concept notes;
- Strengthening of the functionality, the representation and the coordination capabilities of the Country Coordinating Mechanism.

The development activities began at the end of 2014, as a result of the electoral process that was underway in the country itself.

The first stage of the Country Dialogue consisted of developing/revising the national strategic plans. Stakeholder consultations (government, technical partners, civil society) were organized to that end, along with validation workshops at each level. After that, other meetings were organized with stakeholders in order to refine the priorities established for the interventions.

At that time, Mauritania did not have any active grants. The country was however in receipt of funding to ensure the continuity of services. This situation resulted in a certain loss of expertise, particularly within the civil-society organizations. This gap emerged from the analyses of the situation carried out in the context of the stakeholder consultations.

Within the Country Dialogue process associated for the HIV component, the Country Coordinating Mechanism in Mauritania was confronted with large challenges, especially in relation to the strategies for:

- Involving key populations and vulnerable groups in an unfavorable social, political and regulatory context
- Strengthening the capacity of civil society stakeholders to participate in the consultations.

2. Involvement of key populations and vulnerable groups in the Country Dialogue

The network of people living with HIV represents people living with or affected by the disease, as well as the most vulnerable populations within the Country Coordinating Mechanism.

Key populations identified in the national strategic plan are people living with HIV, men who have sex with men, women and young girls, long-haul drivers, men in uniform, prisoners and the inhabitants of border zones.

The inclusion of key populations in the Country Dialogue was not a simple matter for the Country Coordinating Mechanism. This was emphasized in the progress report for 2014 on the fight against AIDS in Mauritania (source: UNAIDS):

"The Islamic Republic of Mauritania is a country in which the sociocultural and religious realities still constitute a major handicap when it comes to taking a large number of strategic decisions, especially in the area of reproductive health, and more specifically with regard to the distribution of condoms." This observation applies in equal measure to the inclusion of key populations, in terms of the actual or perceived stigmatization/discrimination experienced by members of these communities.

The discussions that have taken place within the Country Coordinating Mechanism have enabled a strategy of consultation and involvement to emerge that is in keeping with the context and is focused towards mobilization via existing networks (primarily those relating to people living with HIV) and by means of a ripple effect. Any opportunity for contact was used, as well as those opportunities available through social networks.

HIV and AIDS	Tuberculosis	Malaria
• People living with HIV	• Mine workers	• Pregnant women
• Men who have sex with men	• Prisoners	• Agricultural workers in humid zones
• Women and young girls	• People living with HIV	
• Long-haul truckers	• Refugees	
• Populations in border zones		
• Men in uniform		
• Prisoners		

2.1 The behavioral survey carried out by SE/CNLS: an opportunity for contact

This survey was commissioned by SE/CNLS in order to gather data from men who have sex with men, indispensable to determining the right interventions to be included in the concept note. The survey was conducted by an accredited nongovernmental organization with a lot of experience in handling interventions targeting key populations. One advantage of carrying out this survey was that it provided an opportunity to raise awareness amongst men who have sex with men of how essential it was that they should take part in the Country Dialogue process. The enquiry confirmed the willingness of the members of the community to take part in the process, in order to defend their right to health while at the same time they wished to maintain their anonymity.

2.2 The focus groups : a method adapted to the context

Based upon the wishes expressed by individuals during this enquiry and in view of the context, the Country Coordinating Mechanism held discussions with the Secretariat of the Global Fund, in order to identify the most suitable consultation methods, such as focus groups. This method was approved by the Global Fund. In the focus groups, discussions took place regarding the priorities of the national strategic plan and about the strategies and interventions that are most suitable to the needs of key populations.

In addition to the formal focus groups, the Country Coordinating Mechanism organized formal or informal get-togethers throughout the entire process. These were intended for people from vulnerable communities and were intended to bring their attention to the Country Dialogue.

3. Use of communication tools and social networks

The Country Coordinating Mechanism also had recourse to the messaging services, using social networks, especially Facebook, Twitter and Skype. By using those tools, it was possible to conduct a dialogue with people who did not wish to become involved in groups, or for whom geographical distance would hamper participation.



4. Strengthening the capacity of civil society

In a context of social and medical welfare characterized by multiple difficulties in terms of access and in terms of the quality of health care services, civil society organizations, by their very proximity to the communities, their visibility and their knowledge of the matters of concern to key populations and vulnerable groups, have a crucial role to play. The observation shared within the Country Coordinating Mechanism in Mauritania by the representatives of civil-society organizations and of the infected or affected persons is one of fragility and a lack of expertise within those organizations when it comes to ensuring effective participation in the Country Dialogue process. Acting upon those observations, the Country Coordinating Mechanism requested and obtained support from Initiative 5% operated by Expertise France for capacity building.

Technical assistance for civil society organizations was provided in the form of a "train the trainers" course on the Global Fund's new funding model and the Country Dialogue.

The training course, which took place between 17 and 21 November 2014, was facilitated by experts from OASYS and involved civil society organizations and associations of vulnerable groups, whether they were members of the Country Coordination Mechanism. A total of 23 people took part in the training, which focused on the principal stages of the macro process that forms part of the Country Dialogue (developing the national strategic plan, the development of concept notes, the development of the funding and the implementation of the grant). In this way, the participants were able to identify the level at which they were able to introduce the matters that concerned their sector, in relation to the responses to the three diseases. They were also able to see that the priorities of civil society and the key populations were definitely taken into account within the process put in place to develop and submit the concept notes on behalf of the country.

The participants in that workshop were then asked to facilitate/present the interactive parts of the Country Dialogue process.

By means of these initiatives to consolidate capabilities and these mobilization processes, the Country Coordinating Mechanism succeeded in organizing inclusive and participative debates in what is a complex context.

5. Principal activities connected with the Country Dialogue process:

- Planning the concept note development process by defining the key steps of the Country Dialogue process;
- Mobilization of technical assistance
- Definition of the stakeholders involved in the Country Dialogue for each disease/component
- Identification of key populations according to the directives of the Global Fund and the local peculiarities for each disease/component
- Implementation of a Country Dialogue workplan for each disease/component
- Official launch of the Country Dialogue process (15 May 2014)
- Implementation of concept note editorial committees and a supervisory committee
- Organization of stakeholder consultations
- Organization of a validation meeting for the national priorities for each disease/component
- Compilation of the concept notes
- Concept note validation meeting
- Submission of the concept notes

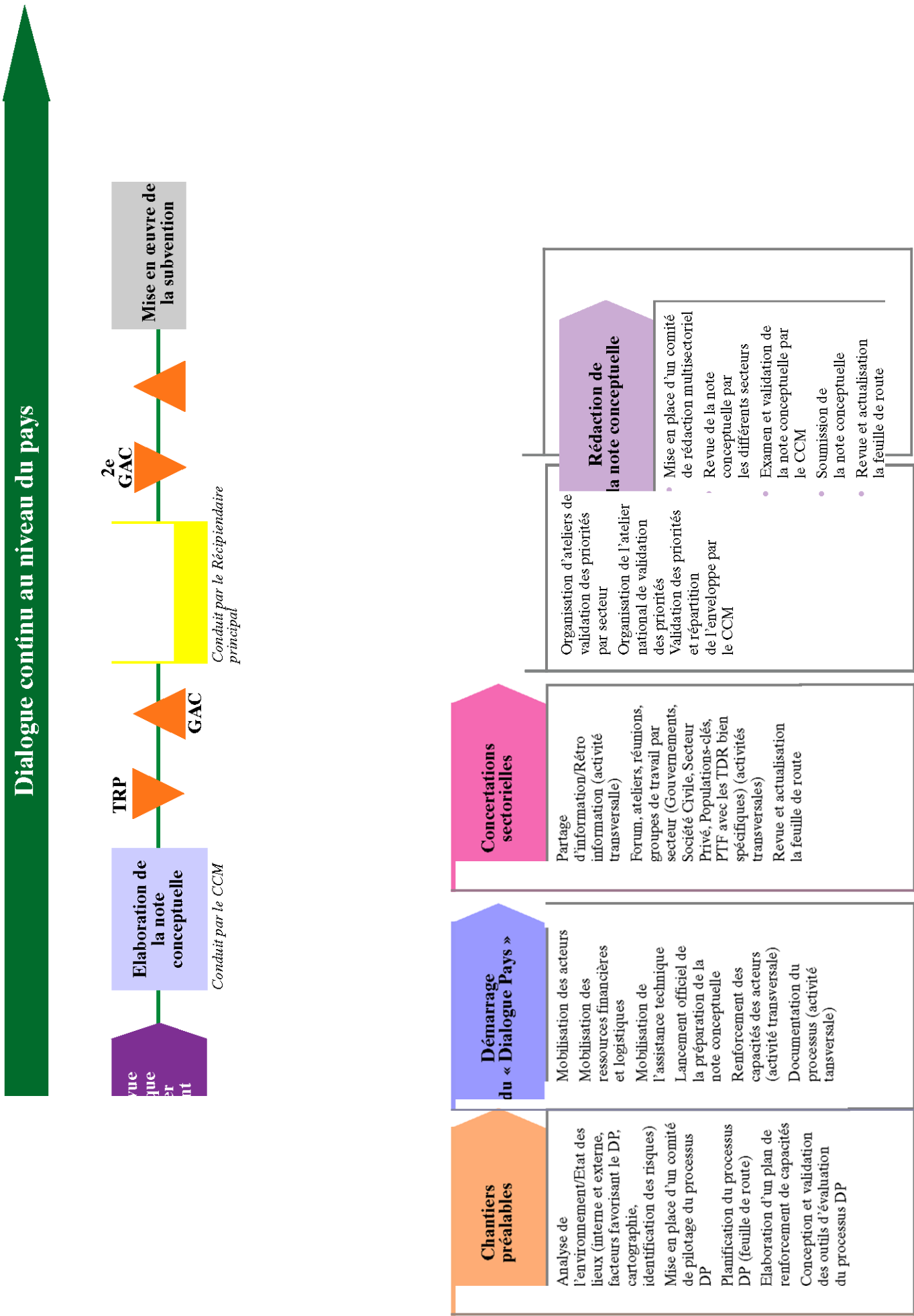
Principal Challenges	Solutions
Limited financial capacity of the Country Coordinating Mechanism to carry out the Country Dialogue, particularly the concept note development phase	Prioritize activities to retain only those which are essential and necessary and which can be financed through Global Fund support and OASYS Capitalize on the outcomes of the stakeholder consultations during the development of the national strategic plans
Identification of key populations in a context of criminalization	Request the assistance of civil society organizations working with key populations
Mobilization and involvement of key populations in a context of criminalization	Task the civil society organizations working with key populations Use social networks (Facebook, Twitter, Skype) to conduct dialogues with key populations and thereby get their input for strategic decision-making Organize informal, secure meetings/workshops

V. Ten good practices for conducting a Country Dialogue

Ten key points for conducting a Country Dialogue:

1. Leadership and the capacity of the Country Coordinating Mechanism to steer the Country Dialogue process
2. Mobilize resources and technical expertise (both internal and external) for the facilitation of the Country Dialogue
3. Make sure that all stakeholders share the same understanding of the concept and process of the Country Dialogue
4. Make a clear distinction between the “macro” steps of the new funding model and the “micro” steps of the Country Dialogue
5. Define the characteristics of an effective Country Dialogue: inclusiveness, broad participation, consensus with regard to national priorities
6. Alignment of the Country Dialogue process with the existing planning and coordination frameworks in the health sector
7. Agreeing on the calendar for the Country Dialogue, in line with deadlines for the submission of the concept note
8. Identify the constituencies and the key stakeholders that need to participate in the Country Dialogue, in particular the populations affected by the diseases and/or their acknowledged representatives on a national level
9. Agreement on the activities and key events that need to be organized as part of the Country Dialogue; the three or five at the top of the list that must be documented and presented to the Global Fund along with the concept note
10. Documentation and evaluation of the Country Dialogue activities that must be carried by the Country Coordinating Mechanism before writing and submitting the concept note.

Annex 1: Standard Cycle for the Country Dialogue



Annex 2: Definition of the Country Dialogue by the stakeholders on the ground

"Country Dialogue" is a term that is used by the Global Fund to refer to an ongoing process that takes place on a national level in connection with the fight against the three diseases, as well as in relation to the measures undertaken to strengthen the health and community systems.

During the course of the regional retreat on the Country Dialogue, organized from 21 to 24 April 2014 by OASYS for the Country Coordinating Mechanisms benefiting from the Country Dialogue Task Force Project, the participants defined this as being a national, participative, inclusive, interactive, iterative, continuous, cyclical and documented process.

In the opinion of the participants in the retreat, the Country Dialogue must culminate in:

- National ownership of the grants awarded by the Global Fund
- Broad and active participation of all stakeholders in the decision-making process (while the concept notes are being written as well as during the implementation of grants for the three diseases and for health systems strengthening)
- Ongoing efforts to achieve a consensus when defining priorities for the concept note, in the transparent allocation of resources and in the choice of implementing organization
- Research into the impact of the interventions proposed to the Global Fund

The participants in the retreat also acknowledged that the Country Dialogue is not:

- Exclusively for the purpose of obtaining grants from the Global Fund
- A competition between personal and organizational interests
- Conducted only for a limited time
- A decision-making process or body to circumvent official coordination
- A political forum
- A discussion space in which consultations lack clear or well-defined objectives
- A process in which the concept note can be developed and submitted

Annex 3 : A few Country Dialogue facilitation tools

Step	Tool/Facilitation aids
Preparatory work	<ul style="list-style-type: none"> National strategic plans
	<ul style="list-style-type: none"> List of civil society organizations involved in responding to the three diseases, including groups representing key populations
	<ul style="list-style-type: none"> Documents evaluating the capacities of civil society organizations involved in responding to the three diseases, including groups representing key populations
	<ul style="list-style-type: none"> Directives and information sheets from the Global Fund on the new funding model and the Country Dialogue
	<ul style="list-style-type: none"> Letter from the Global Fund to the Country Coordinating Mechanism, allocating and distributing the grants under the new funding model.
	<ul style="list-style-type: none"> Assessment of the Country Coordinating Mechanism
	<ul style="list-style-type: none"> Report on resource mobilization strategies
	<ul style="list-style-type: none"> Guidebook entitled "Dialogue au niveau du pays" (Country Dialogue), issued by OASYS
Launch of the Country Dialogue	<ul style="list-style-type: none"> Plans for capacity building of stakeholders, including the Country Coordinating Mechanism
	<ul style="list-style-type: none"> Information kits on the new funding model and the Country Dialogue process
	<ul style="list-style-type: none"> Letters addressed to the various stakeholders, inviting them to play a part in the process.
	<ul style="list-style-type: none"> Web page dedicated to the Country Dialogue process
	<ul style="list-style-type: none"> Press releases
	<ul style="list-style-type: none"> Process evaluation grid
Stakeholder consultations	<ul style="list-style-type: none"> Letters and plans to involve the various stakeholders
	<ul style="list-style-type: none"> Terms of reference of the ceremony officially launching the process
	<ul style="list-style-type: none"> Letters addressed to the various stakeholders, inviting them to play a part in the consultations.
	<ul style="list-style-type: none"> Grid on which to summarize the priorities of the key groups (Senegal)
	<ul style="list-style-type: none"> Updated national strategic plans
Consensus with regard to national priorities	<ul style="list-style-type: none"> Grid on which to summarize the priorities by region (Niger)
	<ul style="list-style-type: none"> Updated national strategic plans
	<ul style="list-style-type: none"> Documents confirming the amount of the allocation and the allocation split
	<ul style="list-style-type: none"> Documents confirming the contribution of the other technical and financial partners during the specified period
	<ul style="list-style-type: none"> Documents confirming the contribution from the state and its willingness to pay
	<ul style="list-style-type: none"> Evaluations of existing grants for the three diseases and for health systems strengthening
	<ul style="list-style-type: none"> Analysis of priorities (Burundi)
Concept note writing	NB: See the information sheet from the Global Fund regarding the concept note

Annex 4: Estimated budget for the facilitation of a Country Dialogue process

Cost items	Unit	Quantity	Unit cost (in US\$*)	Total cost (in US\$*)
Experts'/Consultants' fees		153		\$80,350
Technical coordinator (1)	Day	30	\$650	\$19,500
International Experts (2)	Day	76	\$600	\$45,600
Local consultant (1)	Day	39	\$350	\$13,650
Administrative assistant (1)	Day	8	\$200	\$1,600
Transport				\$15,890
Airline ticket (return)*				
Technical coordinator	Visit	1	\$1,970	\$1,970
International Experts (2)	Visit	6	\$1,970	\$11 820
Local transport	Day	35	\$20	\$700
Visa	Visit	7	\$150	\$1,050
Airport transfers (return)	Visit	7	\$50	\$350
Daily rate for the experts**				\$16,380
Hotel	Day	63	\$157	\$9891
Subsistence	Day	63	\$103	\$6,489
Meeting facilitation fees				\$3,450
Hall rental	Day	12	\$100	\$1,200
Coffee break	Participant	120	\$10	\$1,200
Reprographics (publishing, copying, etc.)	Visit	3	\$250	\$750
Miscellaneous expenditure	Visit	3	\$100	\$300
Sub-total				\$116,070
Indirect costs	Rate	15%		\$18,571
Total costs (direct and indirect)				\$134,641
Management fees	%	\$134,641	5%	\$6 732
TOTAL COST OF A COUNTRY DIALOGUE TECHNICAL SUPPORT MISSION				\$141,373

* Estimated cost for the journey from Dakar to Bujumbura (Burundi) to Dakar (1 visit for the coordinator, 3 visits for the 2 international experts)

** USAID Daily Rates for Dakar (Senegal)

Annex 5: List of Country Dialogue contacts

Resource institutions:

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Country Coordinating Mechanism Hub)

Telephone: + 41 58 791 1700

E-mail: renefrederic.plain@theglobalfund.org

German BACKUP Initiative (GIZ)

Telephone: + 49 6196 791598

E-mail: backup@giz.de

Initiative 5% (Expertise France)

Telephone: + 33 1 43 17 61 30

E-mail: initiative5pc.fei@expertisefrance.fr

Grant Management Solutions (GMS)

Telephone: + 1703 6 67 37 39

E-mail: csevero@gmsproject.org

E-mail: cgibson@gmsproject.org

OASYS Financial & Management Services

Telephone: + 22133 867 90 11

E-mail: osy@oasysgroupe.com

African Council of AIDS Service Organizations (AfriCASO)

Telephone: + 221 33 859 39 42

E-mail: liaison@africaso.net

International Experts taking part in the "Country Dialogue" Task Force Project

1. Ousmane Amadou SY (Senegal)
2. Innocent Laison (Senegal)
3. Aline Sylvie Pawele (Kenya)
4. Alioune Badara Sow (Senegal)
5. Eustache Akpane (Côte d'Ivoire)
6. Dr Safiatou Thiam (Senegal)
7. Dr Fatim Louise Dia (Senegal)
8. Mach-Houd Kouton (Benin)